

## 2005 PAA Extended Abstract

### POVERTY AND MENTAL HEALTH ACROSS THE ADULT LIFE COURSE

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#### INTRODUCTION

An examination of past PAA programs and especially prominent demography journals reveals that there is relatively little attention devoted to processes of mental health and illness among the population. Until recently, there was little longitudinal data representative of the national population covering mental health as well as other sociologically relevant processes. This study begins to fill in this significant gap by employing a life course framework to examine how patterns of poverty are related to mental health, particularly depressive symptoms, using the National Longitudinal Survey of Youth 1979 cohort (NLSY79). The NLSY79 is an ongoing nationally representative sample that has collected prospective data from adolescence to early adult midlife, as well as retrospective data about childhood family circumstances.

#### RESEARCH QUESTION

It is well-established that depressive symptoms are related to low socioeconomic status (SES), and especially poverty (Hollingshead and Redlich 1958; Miech, Caspi, Moffitt, Wright, and Silva 1999; Miech and Shanahan 2000). Beyond this robust association, however, much remains to be explained regarding the timing and duration of

poverty across the adult life course (George 2003). Using a life course framework, I examine whether the timing and accumulation of poverty across the adult life course matters for mental health. I ask whether it is a poverty spell at any time, the most recent, or the accumulation of years in poverty that is associated with depressive symptoms.

Young adulthood is a crucial time period to study these unfolding processes for three reasons: First, it is when one attains the SES that sets the stage for much of the life course (Blau and Duncan 1967). Second, spells of poverty are very common during this period compared to other times in the life course (Rank and Hirschl 2000). Third, it is the period when the prevalence of depression peaks (Kessler et al. 1994).

## DATA AND METHODS

The NLSY79 is well-poised to answer these research questions based on several accounts. First, it is comprised of a large, nationally representative sample of the noninstitutionalized civilian population (N=6,111, not including the oversampled minorities and military samples). Since, 1979, it has been prospectively surveyed annually, and biannually since the mid-1990s. Second, given its primary aim of collecting data related to labor market processes, it has extensive data on socioeconomic status and poverty, including information regarding parental socioeconomic status. Third, it has three waves of data on depressive symptoms—an incredibly rare asset with nationally representative surveys—collected in 1992, 1994, and 1998/2000/2002. (After the 1994 wave, the survey asked respondents about depressive symptoms only once after their 40<sup>th</sup> birthday. Therefore, some answered this in 1998, others in 2000 and 2002, and some in the 2004 wave that is not yet released).

## RESULTS

Preliminary findings from OLS models suggest that there is a significant effect of poverty spells on depressive symptoms, but the converse of this is weak. More specifically, both recent and accumulated spells of poverty over the adult life course exerted independent, significant effects on depressive symptoms. Those people with a recent spell of poverty, as well as those with more years accumulated living in poverty, experienced more depressive symptoms.

## DISCUSSION

In conclusion, these findings are discussed in relation to both the recent increase in poverty in the United States, as well as the interrelationships between globalization, the welfare state, and poverty over the life course (Leisering and Walker 1998; McDonough and Berglund 2003; Raphael 2003). I also tie this research into the sociology of mental health literature by discussing how poverty represents previously unexplored measures of stress exposure (Turner, Wheaton, and Lloyd 1995).