

Neoliberalism and Schizophrenia

Introduction

Schizophrenia, a chronic and severe mental disorder, disrupts the social and political functioning of individuals, but what conditions lead to its perpetuation in modern society? Most centrally, this research aims to assess how neoliberal societal structures affect the frequency of diagnosed schizophrenia in impoverished communities, noting both economic and interpersonal influences. To this point, economic disparities hindering social mobility deteriorate the accessibility of essential medical resources, living conditions, and education in underprivileged communities, creating environments prone to mental malhealth. Centrally, communities exhibiting high levels of income disparity conjointly exhibit higher levels of mental illness as compared with the general population. Furthermore, neoliberal policies of austerity reduce government-sponsored healthcare programs, especially in low-income communities in which individuals rely heavily on public funding for medical aid. In other words, fiscal frugality inhibits access to preventative and prescriptive medical care fundamental to the treatment of mental instabilities such as schizophrenia. Additionally, persisting poverty conditions and homelessness dramatically increase the severity of schizophrenic symptoms, characterizing the effects of social immobility stemming from neoliberal capitalist structures on impoverished communities. In essence, neoliberal societal structures perpetuating income inequality, austerity policies, and lasting poverty conditions inhibit mental health, ultimately augmenting levels of schizophrenia in disadvantaged communities.

Literature Review

To begin, income inequality resulting from neoliberal economic structures significantly affects mental stability, especially in disadvantaged communities deeply affected by rising unemployment. In fact, according to the IHH, income inequality negatively influences health through several pathways, one of which “is the ‘psychosocial pathway’, which is also referred to as the ‘status anxiety pathway’”. Higher levels of income inequality imply that there are larger and more visible differences among individuals (in terms of income and otherwise). One consequence of this is that friendship relationships, which are ‘naturally egalitarian’, are more difficult to establish in a society with many inequalities and status hierarchies” that prevent individuals from attaining a sense of social equality with their peers (Rozer & Volker 38). Disruption of natural social interaction patterns within a community inherently originates increased degrees of social anxiety that interrupt mental health on both the individual and communal level. In other words, the physical manifestations of income inequality obstruct the psychosocial health of persons residing in low-income areas in which unemployment and poverty persist as a result of neoliberal structures hindering social mobility. Consequently, the empirical effects of income disparity resulting from neoliberal capitalism deteriorate communal bonds, creating environments of increased anxiety, socio-economic strain, and mental instability.

Moreover, the research conducted by Richard Wilkinson and Kate Pickett (2009) characterizes a link between national income inequality and rising rates of mental illness, illustrating parallels between economic disparity and increased levels of schizophrenia in impoverished communities. Most crucially, “in Germany, Italy, Japan and Spain, fewer than 1 in 10 people had been mentally ill within the previous year; in Australia, Canada, New Zealand and the UK the numbers are more than 1 in 5 people; and in the USA, as we described above, more than 1 in 4. Overall, it looks as if differences in inequality tally with more than threefold

differences in the percentage of people with mental illness in different countries” (Wilkinson & Pickett 67). That is to say, international research assessing the effects of income disparities in neoliberal, capitalist countries illuminates the direct relationship between rising economic inequality and rising rates of mental malhealth. Most notably, the industrialized nations exhibiting the most exacerbated levels of income inequality also exhibit the highest levels of depression, anxiety, and, most importantly, schizophrenia. Therefore, the research of Wilkinson and Pickett characterizes incontestable ties between the income disparity rooted in neoliberal economic structures and its physical manifestation through mental illnesses such as schizophrenia in individuals residing in disadvantaged communities.

Next, austerity policies arising from neoliberal structures in modern, capitalist economies hinder access to medical resources essential to treatment of schizophrenia and mental instability in low-income communities in which government funding remains indispensable to healthcare provision. For example, after the 2008 market crash, Iceland, faced “with a large rise in debt, the universal healthcare system faced bankruptcy. The entire system was publicly funded and run; there were virtually no private hospitals, clinics, or insurance. So if government funding dried up for the health service, people’s access to healthcare would be directly impacted. Another threat was that if Iceland’s currency, the krona, depreciated, the cost of importing essential medicines would soar,” making access to prescriptive medical care fiscally unfeasible for impoverished individuals (Stuckler and Basu 58). As Iceland exemplifies, neoliberal austerity policies threaten the continuance of publicly funded medical care central to the overall wellbeing of disadvantaged communities and pose a considerable threat to the procurement of psychological aid in such communities. In other words, the deterioration of government-provided healthcare in times of fiscal strain tangibly affect the accessibility of healthcare resources for

individuals in low-income regions suffering from mental illnesses such as schizophrenia on an international scale. Centrally, austerity policies precipitate multi-tiered healthcare structures that suppress the mental stability of lower socio-economic classes by privileging psychological and prescription-based medical care. At the crux, austerity policies stemming from neoliberal societal institutions limit the breadth of healthcare capital available to impoverished individuals evoking increased levels of socio-economic anxiety that generate an intensifying of both the magnitude of individuals affected by schizophrenia as well as the severity of symptoms experienced.

Continuing, social immobility inherent to neoliberal societal structures perpetuates long-term poverty and homelessness in disadvantaged communities, ultimately limiting the accessibility of public resources imperative to mental health and precipitating an increased prevalence of schizophrenia in homeless populations as compared to the general population. That is to say, fiscal wealth “increases the level of private resources available, thereby ‘decommodifying’ individuals...[thus, it may] in the form of legal regulations, protections, and controls may influence mental well-being by increasing predictability and security... Primary examples of this are education and health systems. At the individual level higher educational levels are associated with better mental well-being both as a result of the impact of education on earnings (and thus living standards) and because of the impact of education on physical and mental health” (Layte 502). Thus, the opposite holds true in impoverished communities – severely hindered access to education, suitable living standards, and social services negatively impact physical and mental health, establishing augmented levels of schizophrenia and other mental illnesses. Without access to the necessary public resources, mental instability remains untreated, allowing it to manifest at younger ages with increased severity. To this point, lower education levels and poor living conditions tangibly strain impoverished individuals suffering

from homelessness by increasing psychosocio anxiety alongside fiscal distress. Altogether, the physical effects of homelessness combined with the detriment of poverty on educational achievement resulting from neoliberal policies preventing social mobility increase the frequency of schizophrenia in disadvantaged communities.

Even further, international studies on homeless populations illuminate the frequency of schizophrenia and detail the onset of symptoms to depict the manner in which neoliberal policies perpetuating long-term poverty and social immobility negatively influence the mental health of individuals in disadvantaged communities. To this point, “homeless populations have increased rates of mental illness, especially schizophrenia, compared to the general population. A recent study by Teesson, Hodder, and Buhrich (2004) found that the 1-year prevalence of schizophrenia in the homeless population in Australia was 23% in men and 46% in women: both figures are considerably higher than the 1% lifetime prevalence reported for the general population...One study in the United States found that homelessness was associated with greater severity of symptoms, younger age at first hospitalization and the presence of substance abuse” (Kelly 724). Thus, neoliberal societal structures perpetuating homelessness through the inhibition of social mobility in low-income communities inflate the effects of schizophrenia and mental instability, creating an environment in which malhealth permeates entire homeless populations. In other words, the psychosocio conditions stemming from homelessness and prolonged poverty inhibit preventative care and post-onset treatment for schizophrenia, allowing such mental illnesses to persist and spread throughout low-income communities. Most importantly, the disparity between the frequency of diagnosed schizophrenia in the general population and the frequency in homeless populations for industrialized nations globally characterizes social immobility as a driving force behind the socio-economic circumstances spawning mental malhealth. Moreover,

international studies reveal the devastating effects that neoliberal policies have on impoverished populations, depicting the significantly increased prevalence of schizophrenia in homeless populations resulting from the social immobility and persisting poverty.

In conclusion, augmented levels of schizophrenia in impoverished communities stem from neoliberal policies affecting several societal structures. Jesper Rozer and Beate Volker's *Does Income Inequality Have Lasting Effects on Health and Trust?* alongside Richard Wilkinson and Kate Pickett's *The Spirit Level: Why Greater Equality Makes Societies Stronger* illustrate the tangible impact of income inequality on mental stability in disadvantaged communities. Continuing, David Stucker and Sanjay Basu's *The Body Economic: Why Austerity Kills* depicts the manner in which austerity policies affecting government-funded healthcare further precipitate psychosocio malhealth. Lastly, Richard Layte's *The Association Between Income Inequality and Mental Health: Testing Status Anxiety, Social Capital, and Neo-Materialist Explanations* and Brendan Kelly's *Structural Violence and Schizophrenia* characterize the social immobility inherent to neoliberal capitalism in the context of increased frequencies of schizophrenia surrounding persistent homelessness and poverty. In essence, an increase in the frequency of diagnosed schizophrenia within disadvantaged communities both in the United States and internationally results from neoliberal societal structures perpetuating income inequality, austerity policies, and lasting poverty conditions.

Data and Methods

In order to definitively assess the tangible effects of neoliberal societal structures on schizophrenia levels in low-income communities, several approaches must be utilized. First, four focus groups of ten medical doctors engaging in discourse on the symptoms, onset, treatment, and availability of treatment in various communities will be recorded. Ideally, two of these

groups will consist of doctors from disadvantaged communities while the other two consist of doctors from middle or upper class communities, allowing the research to illustrate the disparities in medical care across communal boundaries. Next, ten low-income individuals suffering from schizophrenia with healthcare insurance will be followed and analyzed with special care taken to determine the level of healthcare available, the cost of healthcare, and the quality of medical resources obtained. Then, a second group of ten individuals residing in either middle or upper class communities also suffering from schizophrenia and mental instability will be observed to determine the variances in healthcare procurement. A third group of ten individuals residing in low-income communities who do not have healthcare insurance will be followed in order to empirically establish the extent of hindrances to medical aid for uninsured, impoverished individuals suppressed by the neoliberal societal structures discussed. Finally, the qualitative evidence recorded in these focus groups will be compared with the quantitative evidence drawing parallels between schizophrenia levels and neoliberal policies precipitating economic inequality, austerity, and prolonged homelessness.

References

- Kelly, Brendan D. 2005. "Structural Violence and Schizophrenia." *Social Science & Medicine*. 61:721-730.
- Layte, Richard. 2011. "The Association Between Income Inequality and Mental Health: Testing Status Anxiety, Social Capital, and Neo-Materialist Explanations." *European Sociological Review*. 28:498-511.
- Rozer, Jesper Jelle and Beate Volker. 2016. "Does Income Inequality Have Lasting Effects on Health and Trust?" *Social Science & Medicine*. 149:37-45.
- Stuckler, David and Sanjay Basu. 2013. *The Body Economic: Why Austerity Kills*. Chapter: 4 "God Bless Iceland." 57 – 75.
- Wilkinson, Richard and Kate Pickett. 2009. *The Spirit Level: Why Greater Equality Makes Societies Stronger*. Chapter 5: "Mental Health and Drug Use" 63 – 73.