Mental Illness Quiz

Instructions
Following is a quiz on the effect of demographic factors on mental illness. Read each statement and respond by circling “T” (True) or “F” (False) in the space provided.

T  F  1. Persons who are of low income or low socioeconomic status tend to have higher rates of mental disorders.

T  F  2. Most minority groups tend to have higher rates of admission into state and county mental hospitals compared with European Americans.

T  F  3. Minority groups tend to have greater access to private inpatient care in private psychiatric hospitals.

T  F  4. The median length of stay at state and county mental hospitals is comparable for most racial/ethnic groups.

T  F  5. Schizophrenia is diagnosed more often among African Americans than European Americans.

T  F  6. In general, the rates of mental disorder are higher for ethnic minorities than European Americans.

T  F  7. Women experience more depressive symptoms in response to economic hardship compared to men.

T  F  8. Married women with young children are more likely to suffer from depression than single women with young children.

T  F  9. Social programs, such as welfare and workfare, that intervene to prevent problems, such as pregnancy and bad parenting, for poor women do a good job of addressing the women’s mental health needs.

T  F  10. Minority women suffer from eating disorders (anorexia and bulimia) at higher rates than European American women.

Key

1. True. Decades of research have found that poverty is related to psychological distress and the prevalence of mental disorders. Psychopathology is at least two and one half times more prevalent in the lowest social class than in the highest.

2. True. Inspection of 1980 admission rates indicate that European Americans are admitted to state and county mental hospitals at a rate of 137 per 100,000, African Americans are admitted at rates of 364 per 100,000, Native Americans are admitted at rates of 306 per 100,000, and Latino/as are admitted at rates of 146 per 100,000.

3. False. Because of their greater earnings and likelihood of having health insurance, European Americans have greater access than minority groups (African Americans, Latino/as, Native Americans) to private inpatient care.
4. True. At state and county mental hospitals, the median length of stay is 23 days for European Americans, 22 days for African Americans, and 24 days for Latinos. The median length of stay is comparable across racial/ethnic groups for private psychiatric hospitals and VA medical hospitals as well.

5. True. For all types of inpatient organizations, schizophrenia is diagnosed more frequently among African Americans than among European Americans. The rate of diagnosis of schizophrenia is sometimes almost twice as great among African Americans as among European American. Part of this high rate of diagnosis is thought to be due to misdiagnosis by clinicians based on lack of knowledge of the culture of African Americans. However, this pattern was almost exactly reversed when examining African Americans and European Americans and rates of affective disorders.

6. False. It is a generally held belief that the rates of mental disorder are higher in ethnic minority populations due to factors such as poverty, racism, and discrimination. While these factors do lead to greater levels of distress for ethnic minorities, the best conclusion that can be drawn from the research is that there are no significant ethnic group differences in the overall rates of mental disorder.

7. False. Although both men and women experience depressive symptoms in response to economic hardship, men experience elevated symptom levels in association with low income levels. It is argued that men’s primary role obligation in the family is economic and that success in this role affects well-being over and above its effect on family and finances.

8. False. Studies find that women who live in financially strained circumstances and who have responsibility for young children are more likely than other women to experience symptoms of depression. High levels of depression are particularly common among women without confidants, child-rearing assistance, or employment.

9. False. Low-income women are the target of many social programs, e.g., welfare and workfare. Such programs have important effects on factors such as providing information on economic strain, helplessness, role performance, coping strategies, and the functioning of social networks. Yet mental health diagnosis and treatment is rarely assessed or addressed as part of these programs.

10. False. Minority women are less likely than other Western White women to report eating-related problems. There is some evidence that the risk of eating disorders such as anorexia and bulimia appears to rise with exposure to Western culture.