

Mitigating Mental Health Disparities in Low-Income Urban Areas: A Multi-Faceted Community-Based Approach

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Abstract. Mental health disparities in low-income urban populations constitute a pressing global public health challenge, exacerbated by socio-economic inequalities. This study employs a mixed-methods design, integrating qualitative interviews and quantitative surveys across three urban communities. Our findings reveal critical barriers to mental health access, including stigma, economic constraints, and lack of culturally competent care. Furthermore, we propose a multi-faceted community-based intervention that includes peer support networks, educational workshops, and policy advocacy to enhance mental health service delivery. Preliminary results demonstrate significant improvements in mental health awareness and resource utilization post-intervention. This research highlights the urgent need for targeted strategies to reduce mental health disparities in vulnerable populations.

Keywords: mental health disparities, public health, community-based intervention, urban health, socio-economic inequalities, mental health access, policy advocacy

Introduction

Mental health issues have emerged as a dominant public health concern, particularly in low-income urban areas where socio-economic factors exacerbate the prevalence of these disorders. Recent estimates suggest that approximately one in five adults in the United States experiences mental illness annually, with the burden disproportionately affecting economically disadvantaged groups. The intersection of poverty, limited access to healthcare, and social stigma creates a formidable barrier to mental health support, resulting in untreated conditions that can lead to severe consequences for individuals and communities alike. As we move towards 2024-2026, the urgency to address these disparities is amplified by ongoing global crises, including economic downturns and

pandemics, which have further marginalized these populations. This article aims to explore the various dimensions of mental health disparities, highlighting the multifactorial causes and proposing actionable solutions rooted in community engagement. In the following sections, we will discuss the methodology employed in our study, present the findings, and finally, suggest an integrated model for addressing these mental health inequities through community-based interventions.

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References

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