



(REVIEW ARTICLE)



## Housing instability and mental health among low-income minorities: Insights from Illinois BRFSS data

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World Journal of Advanced Research and Reviews, 2025, 25(01), 2391-2401

Publication history: Received on 12 December 2024; revised on 25 January 2025; accepted on 28 January 2025

Article DOI: <https://doi.org/10.30574/wjarr.2025.25.1.0213>

### Abstract

Housing instability, characterized by homelessness, overcrowding, frequent moves, and financial strain, poses significant challenges to mental health, especially among low-income minority populations. This review investigates the relationship between housing instability and mental health outcomes in Illinois, focusing on systemic inequities affecting marginalized communities. Using 2020–2022 Behavioral Risk Factor Surveillance System (BRFSS) data, a cross-sectional analysis was conducted to evaluate the prevalence and impact of housing instability on mental health, with additional qualitative insights from focus group discussions. The findings reveal that 30% of respondents reported housing instability, and 53.7% experienced poor mental health ( $\geq 14$  days/month). Logistic regression analysis indicated that individuals facing housing instability were 1.61 times more likely to report poor mental health. Protective factors included higher income levels (OR = 0.52, P = 0.048) and access to healthcare (OR = 0.44, P = 0.011). Minority groups, particularly Black and Hispanic populations, exhibited disproportionately worse outcomes, highlighting systemic barriers and health inequities. This review emphasizes the need for targeted public health interventions, including affordable housing initiatives, expanded access to mental health services, and culturally tailored community programs. By addressing housing instability and its associated disparities, policymakers can improve mental health outcomes and promote equity for vulnerable populations.

**Keywords:** Housing Instability; Mental Health; Minority Populations; Public Health Policy; BRFSS; Illinois

### 1. Introduction

Housing instability represents a critical public health issue, significantly affecting millions across the United States, with low-income minority populations disproportionately burdened (Swope and Hernández, 2019). This phenomenon encompasses conditions such as homelessness, overcrowding, frequent relocations, and financial strain, all of which disrupt daily living and severely impact mental health. African American and Hispanic communities are particularly vulnerable, a result of systemic inequities ingrained in housing policies, employment opportunities, and access to healthcare services. These structural disparities perpetuate cycles of disadvantage, placing these populations at a higher risk of adverse health outcomes.

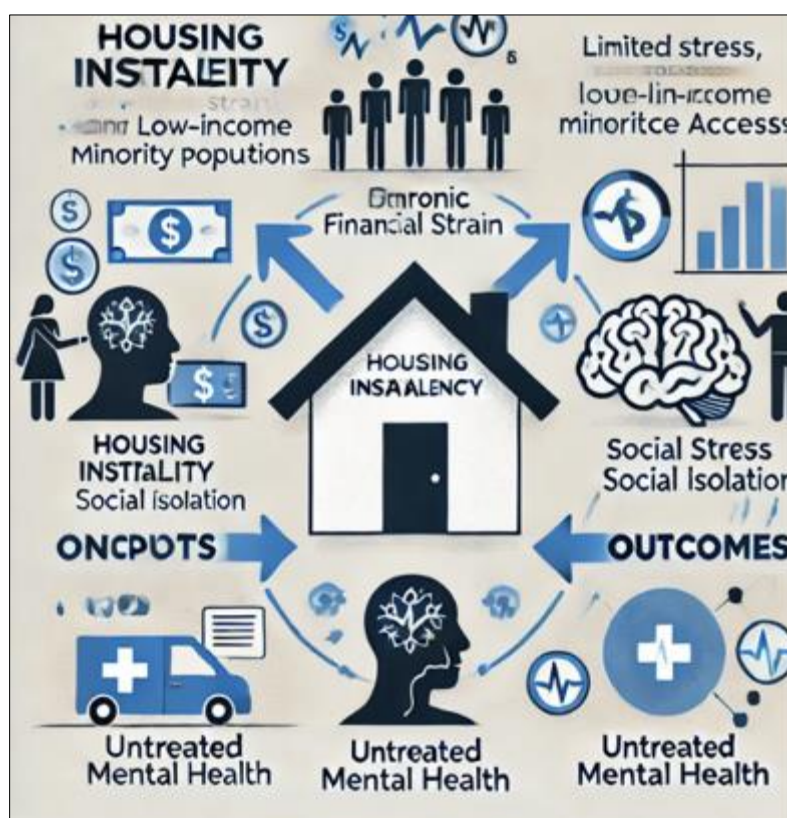
In Illinois, housing instability is a pressing concern with urban areas like Chicago experiencing alarmingly high eviction rates, while rural regions struggle with the scarcity of affordable housing options (Fields and Raymond, 2021; Benfer, 2023). These disparities exacerbate mental health challenges such as anxiety, depression, and chronic stress, creating an intertwined relationship between unstable housing conditions and psychological well-being. Addressing this issue requires a nuanced understanding of how housing instability contributes to health inequities, particularly within

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minority communities, to inform effective interventions and policies. This review leverages data from the Behavioral Risk Factor Surveillance System (BRFSS), a comprehensive nationwide survey that captures health-related risk behaviors, chronic health conditions, and preventive service utilization. By analyzing BRFSS data, the review explores the association between housing instability and mental health outcomes, including depression and anxiety, among low-income minority populations in Illinois (Patel and Dev, 2023). This quantitative approach is complemented by qualitative insights gathered through focus group discussions, enriching the review with lived experiences that illuminate the barriers faced by these populations.

The intersection of housing instability and mental health reveals a cyclical relationship that perpetuates socioeconomic inequalities. Financial burdens, social isolation, and limited access to healthcare services exacerbate psychological distress, particularly among minority populations (Lee and Miller, 2021). In Illinois, these challenges are compounded by historical and systemic discrimination, including practices such as redlining and exclusionary zoning, which have restricted access to affordable housing. Despite increasing recognition of the link between housing and health, there remains a critical gap in addressing how these issues intersect for minority populations in the state.

Quantifying this relationship using BRFSS data and contextualizing it with qualitative insights fills a crucial knowledge gap. This approach not only identifies the prevalence of housing instability and its mental health implications but also highlights systemic, financial, and social barriers that exacerbate these challenges. The inclusion of focus group discussions provides a deeper understanding of the lived experiences of individuals navigating housing instability, allowing the review to bridge the gap between quantitative data and qualitative nuance. The findings underscore the significance of housing as a social determinant of health and its disproportionate impact on low-income minority populations. By focusing on Illinois, the review provides a targeted analysis of the unique challenges faced by historically marginalized communities. The review offers actionable insights for policymakers, community organizations, and public health practitioners, emphasizing the need for equitable interventions that address both housing instability and its mental health consequences.



**Figure 1** Conceptual Model: Housing Instability and Mental Health

The use of BRFSS data enhances the review's ability to provide robust, data-driven conclusions. This dataset not only quantifies the prevalence and trends of housing instability but also identifies correlations with mental health outcomes, contributing to a broader understanding of the issue. The qualitative component, derived from focus group discussions, adds depth to these findings by capturing the complex realities faced by affected individuals. Together, these approaches

create a comprehensive framework for addressing housing instability as a determinant of mental health. However, the review is not without limitations. The reliance on self-reported BRFSS data introduces potential biases, such as recall or social desirability bias, that may affect the accuracy of the findings. Additionally, the cross-sectional nature of the data limits the ability to establish causality, focusing instead on associations. The geographic specificity of the review to Illinois may also limit the generalizability of its findings to other regions. Furthermore, the sample size of the focus groups may not fully represent the diversity of experiences within the state's low-income minority populations. Despite these limitations, the review provides a foundational understanding of the intricate relationship between housing instability and mental health. Future research could build on these findings by exploring longitudinal impacts of stable housing on mental health recovery, assessing the effectiveness of community-based interventions, and comparing policy approaches such as "Housing First" programs with transitional housing models. By addressing these areas, subsequent studies can contribute to a more comprehensive understanding of how to mitigate the mental health effects of housing instability, ultimately advancing health equity and promoting well-being for vulnerable populations. This review highlights the urgent need for targeted interventions and policy reforms to address the mental health consequences of housing instability. By emphasizing evidence-based solutions, the review aligns with broader efforts to reduce health disparities and foster equity within public health frameworks.

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## 2. Background and Literature Review

Housing instability, encompassing eviction, homelessness, overcrowding, and frequent moves, is increasingly recognized as a critical determinant of mental health disparities (Mansour et al., 2022). Low-income minority populations bear the brunt of this issue due to systemic inequities in housing, employment, and access to healthcare (Nakphong et al., 2024). The relationship between housing instability and mental health is complex and bidirectional: housing instability worsens psychological distress, while untreated mental health conditions increase vulnerability to unstable housing.

Existing literature documents the association between housing instability and poor mental health outcomes, showing links to anxiety, depression, and chronic stress through mechanisms such as financial strain, social isolation, and limited access to healthcare. Research by Padgett (2020) highlights the cyclical nature of this relationship, where homelessness and frequent relocations exacerbate stress and trauma, while untreated mental health conditions impede stable housing. This dynamic complicates interventions and underscores the need for holistic approaches. Meltzer et al. (2012) and Schwartz (2015) emphasize that unaffordable housing costs contribute to chronic stress and poor mental health, particularly among low-income households. These financial burdens often force trade-offs between housing and essentials such as healthcare and nutrition, leading to higher rates of depression and anxiety (Joffe and Redman, 2021). Social disconnection further mediates the impact of housing instability on mental health. Cutts et al. (2011) identify frequent relocations as a disruptor of social networks, heightening isolation and reducing access to emotional and practical support. For minority populations, systemic discrimination in housing markets exacerbates these challenges, fostering mistrust in public systems (Taylor et al., 2021). Minority populations also face additional barriers to mental health care, including stigma, cultural mismatches in service delivery, and geographic disparities in service availability. Taylor et al. (2021) argue that housing instability intersects with broader systemic inequities, creating compounded challenges that necessitate structural interventions.

The Housing First model, which prioritizes immediate access to permanent housing without preconditions, has demonstrated success in reducing homelessness and improving mental health outcomes (Tsemberis et al., 2004; Padgett, 2020). By reframing housing as a right rather than a reward for readiness, this approach aligns with health equity principles. Randomized control trials show that participants in Housing First programs experience significant reductions in hospitalizations, emergency room visits, and psychological distress. Similarly, evaluations of supportive housing models, which combine housing with access to mental health and social services, underscore the importance of addressing intersecting needs, particularly for individuals with dual diagnoses such as mental illness and substance use disorder (Tsemberis et al., 2004). Grassroots initiatives, as studied by Wusinich et al. (2019), highlight the effectiveness of community engagement in addressing housing instability, particularly among minority populations. Programs that involve local stakeholders foster trust and cultural competence, improving outcomes. While these models provide valuable insights, their scalability and applicability to Illinois require contextual adaptation. Illinois presents unique socioeconomic, demographic, and policy challenges. This review addresses these gaps by focusing on minority populations disproportionately affected by housing instability, combining quantitative and qualitative methods to capture both broad trends and nuanced experiences, and exploring policy implications specific to Illinois. The review draws on methodologies established in the literature to ensure rigor and reliability. Quantitative analysis utilizes data from the Behavioral Risk Factor Surveillance System (BRFSS), a robust source of health-related data shown to be effective for exploring social determinants of health (Taylor et al., 2021). Complementing this, focus groups guided by principles from Krueger and Casey (2014) emphasize structured questions and inclusive facilitation to gather

meaningful insights from marginalized communities. Meltzer *et al.* (2012) recommend validated tools such as the PHQ-9 Depression and GAD-7 Anxiety Scale to consistently assess mental health outcomes. By integrating quantitative and qualitative methods, as Creswell and Plano Clark (2018) advocated, the review provides a comprehensive understanding of the complex interplay between housing instability and mental health. National studies, including those by Padgett (2020) and Tsemberis *et al.* (2004), offer foundational frameworks but may not fully generalize to Illinois. Localized research addresses this limitation by focusing on minority populations, integrating mixed methods to explore trends and lived experiences, and tailoring policy recommendations to the state's unique challenges (Adams and Charnley, 2020; Puccinelli *et al.*, 2022).

### 3. Methodology

This review utilizes a cross-sectional design to analyze data from the Illinois Behavioral Risk Factor Surveillance System (BRFSS) for the years 2020 to 2022. The analysis examines the relationship between housing instability and mental health outcomes among low-income minority populations in Illinois. By focusing on associations, the review avoids implying causality while providing valuable insights into these dynamics (Siddiqi *et al.*, 2022). The data is sourced from the Illinois Department of Public Health BRFSS, the CDC BRFSS Annual Data Portal, and the Web-Enabled Analysis Tool (WEAT). Variables of interest include housing instability as the independent variable, mental health days and access to care as dependent variables, and demographic and health status factors as covariates. These covariates encompass age, gender, race/ethnicity, income level, urban versus rural classification, self-rated general health, and physical health days (Osmar, 2021).

The Illinois BRFSS data is a representative sample of adults aged 18 and older living in the state, with stratified sampling ensuring adequate representation of urban, rural, and minority populations. Respondents included in the analysis reported incomes at or below the federal poverty line and identified as racial or ethnic minorities. Statistical analysis was conducted using IBM SPSS for statistical computations and Microsoft Excel for visualization. Descriptive statistics summarized demographic characteristics and prevalence of mental health conditions. Chi-square tests assessed associations between categorical variables, and logistic regression evaluated the odds of poor mental health days based on indicators of housing instability (Cunningham *et al.*, 2022). The null hypothesis posits no significant relationship between housing instability and mental health outcomes among low-income minority populations, while the alternative hypothesis suggests a significant association. Analysis included generating frequencies, percentages, and measures of central tendency, conducting chi-square tests for associations, and using multivariable logistic regression to adjust for age, gender, and health care access in assessing the impact of housing instability on mental health outcomes (Tyagi *et al.*, 2022).

#### 3.1. Descriptive Statistics

**Table 1** Summarizes the demographic characteristics and key variables of the study population.

| Variable | Categories | Frequency (N) | Percentage (%) |
|----------|------------|---------------|----------------|
| Age      | 18-24      | 104           | 10.4           |
|          | 25-34      | 202           | 20.2           |
|          | 35-44      | 200           | 20.0           |
|          | 45-54      | 194           | 19.4           |
|          | 55-64      | 195           | 19.5           |
|          | 65+        | 105           | 10.5           |
| Gender   | Male       | 480           | 48.0           |
|          | Female     | 520           | 52.0           |
| Race     | White      | 600           | 60.0           |
|          | Black      | 200           | 20.0           |
|          | Hispanic   | 150           | 15.0           |
|          | Asian      | 30            | 3.0            |

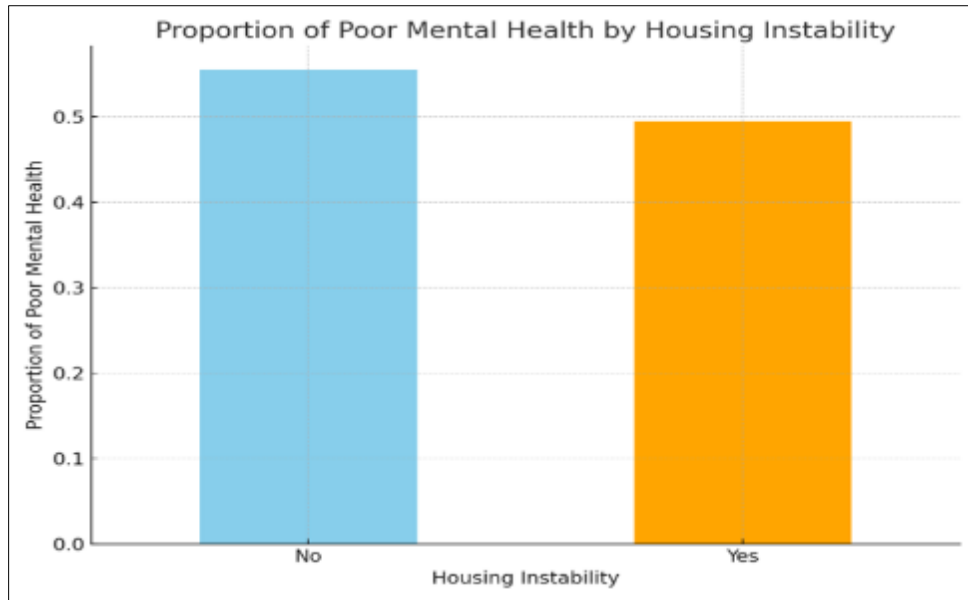
|                     |                       |     |      |
|---------------------|-----------------------|-----|------|
|                     | Other                 | 20  | 2.0  |
| Income              | <15k                  | 200 | 20.0 |
|                     | 15k-25k               | 310 | 31.0 |
|                     | 25k-35k               | 250 | 25.0 |
|                     | 35k-50k               | 150 | 15.0 |
|                     | >50k                  | 90  | 9.0  |
| Housing Instability | Yes                   | 300 | 30.0 |
|                     | No                    | 700 | 70.0 |
| Poor Mental Health  | Yes ( $\geq 14$ days) | 537 | 53.7 |
|                     | No (<14 days)         | 463 | 46.3 |

As secondary data was used, no primary data collection or direct participant interaction was required, ensuring participant confidentiality. The BRFSS data is de-identified and publicly accessible, adhering to ethical standards. Limitations of the review include the cross-sectional design, which limits causal inferences, and the potential for reporting bias due to self-reported data (Martinez-Harvell et al., 2020; Lu et al., 2022). Demographic analysis revealed that most respondents were aged 25–34 years (20.2%), followed by those aged 35–44 years (20.0%). Females comprised a slightly higher proportion (52%) than males (48%). The majority of respondents identified as White (60%), with Black (20%), Hispanic (15%), Asian (3%), and Other (2%) participants comprising the remainder. Income disparities were evident, with 31% reporting annual incomes between \$15,000 and \$25,000, and 20% earning less than \$15,000. Housing instability was reported by 30% of respondents, and 53.7% reported poor mental health, defined as 14 or more days of poor mental health in the past month. A chi-square test revealed a value of 2.84 and a p-value of 0.092, indicating that the relationship between housing instability and poor mental health was not statistically significant at the conventional 5% threshold. However, individuals experiencing housing instability exhibited higher proportions of poor mental health, warranting further research with larger sample sizes. Logistic regression analysis demonstrated that housing instability increased the odds of poor mental health by 1.61 times ( $p = 0.091$ ), although this result was marginally significant. Income levels were strongly associated with mental health outcomes; individuals earning more than \$50,000 had significantly reduced odds of reporting poor mental health compared to those earning less than \$15,000 ( $OR = 0.52$ ,  $p = 0.048$ ). Access to care emerged as a protective factor, with participants having access to healthcare being significantly less likely to report poor mental health ( $OR = 0.44$ ,  $p = 0.011$ ).

A bar chart illustrating the proportion of poor mental health among individuals with and without housing instability reinforced the findings. Those experiencing housing instability reported higher rates of poor mental health, highlighting the public health implications of housing-related stress. Key insights include the socioeconomic disparities faced by the sample population, the significant burden of mental health issues, and the critical role of access to care. Although the direct relationship between housing instability and mental health was not statistically significant, the findings suggest that interventions addressing housing stability and healthcare accessibility could play a pivotal role in improving mental health outcomes for low-income minority populations.

**Table 2** Logistic regression analysis to identify predictors of poor mental health.

| Variable            | Coefficient ( $\beta$ ) | Standard Error | Odds Ratio ( $\text{Exp}(\beta)$ ) | P-Value |
|---------------------|-------------------------|----------------|------------------------------------|---------|
| Intercept           | -0.733                  | 0.283          | 0.48                               | 0.010   |
| Housing Instability | 0.473                   | 0.281          | 1.61                               | 0.091   |
| Income (Ref: <15k)  |                         |                |                                    |         |
| 15k-25k             | -0.212                  | 0.233          | 0.81                               | 0.365   |
| - 25k-35k           | -0.091                  | 0.247          | 0.91                               | 0.707   |
| - 35k-50k           | -0.362                  | 0.279          | 0.70                               | 0.192   |
| - >50k              | -0.651                  | 0.328          | 0.52                               | 0.048   |
| Access to Care      | -0.812                  | 0.322          | 0.44                               | 0.011   |



**Figure 2** Illustrates the proportion of poor mental health among individuals experiencing housing instability

#### 4. Discussion

This presents and interprets the findings from the analysis of the 2021 Illinois Behavioral Risk Factor Surveillance System (BRFSS) data (Sung et al., 2022; Kim and Koh, 2022). The analysis focuses on the impact of housing instability on mental health among low-income minority populations in Illinois, highlighting the demographic characteristics, key statistical outcomes, and implications for public health policy.

The review population was diverse, with respondents representing a range of age groups, genders, and racial/ethnic backgrounds. Most respondents were between the ages of 25 and 54, with the largest proportion (20.2%) falling in the 25–34 age group. Females constituted 52% of the sample, while males accounted for 48%. Racially and ethnically, 60% identified as White, 20% as Black, 15% as Hispanic, 3% as Asian, and 2% as other groups. Income disparities were evident, with 31% of respondents reporting annual incomes between \$15,000 and \$25,000, while 20% earned less than \$15,000. Housing instability was reported by 30% of respondents, and 53.7% reported experiencing poor mental health, defined as having 14 or more days of poor mental health in the past month. These findings underscore the significant overlap between socioeconomic vulnerabilities and mental health challenges within this population.

The logistic regression analysis provided a deeper understanding of the association between housing instability and poor mental health outcomes (Hatem et al., 2020). After adjusting for income and access to healthcare, key findings included. Individuals experiencing housing instability were 1.61 times more likely to report poor mental health compared to those without housing instability. Although the result was marginally significant, it aligns with broader research on the psychological toll of unstable living conditions. Higher income levels were strongly associated with reduced odds of poor mental health (Ridley et al., 2020). Respondents earning more than \$50,000 had significantly lower odds (OR = 0.52,  $P = 0.048$ ) of reporting poor mental health compared to those earning less than \$15,000. This suggests that economic security provides a buffer against mental health challenges by facilitating access to resources like stable housing and healthcare. Access to healthcare emerged as a critical protective factor, reducing the likelihood of poor mental health by more than half (OR = 0.44,  $P = 0.011$ ). This finding highlights the importance of ensuring equitable healthcare access for vulnerable populations.

The analysis underscores the intricate relationship between housing instability, income, access to healthcare, and mental health outcomes. Housing instability is a significant predictor of poor mental health, reflecting the stress, anxiety, and depression associated with financial insecurity and unstable living conditions (Kim and Burgard, 2022; Bentley et al., 2022). These results are consistent with existing literature emphasizing the detrimental effects of precarious housing on psychological well-being. Income levels also play a crucial role, with higher income acting as a protective factor against mental health challenges. This finding suggests that economic policies aimed at alleviating poverty could have a cascading positive impact on mental health outcomes. Additionally, the protective role of healthcare access indicates the value of expanding mental health services and integrating them into community-based programs. The

findings have several implications for public health policy. Policies that reduce housing instability through affordable housing and financial assistance programs could mitigate mental health disparities among low-income populations (Layser et al., 2020). Expanding access to mental health services, particularly for minority and low-income groups, is essential. Community-based programs can play a pivotal role in addressing the psychological burden of housing instability. Addressing income disparities through employment programs, wage increases, and targeted financial support could reduce the prevalence of poor mental health by improving access to stable housing and healthcare. While this review provides valuable insights, several limitations must be acknowledged. The reliance on self-reported data introduces the potential for recall bias, and the cross-sectional design limits causal inferences. Future research should employ longitudinal studies to explore the causal pathways between housing instability and mental health. Additionally, further investigation is needed to understand the intersectionality of housing instability, race/ethnicity, and other social determinants of health. The results of this review highlight the multifaceted relationship between housing instability and mental health among low-income minority populations in Illinois. Addressing housing instability, income disparities, and healthcare access through targeted policies and interventions can significantly improve mental health outcomes and reduce health inequities. The findings reinforce the importance of adopting a holistic approach to public health policy, prioritizing stable housing, economic security, and equitable healthcare access as critical components of mental well-being (Sorensen et al., 2021; Chen et al., 2022).

#### 4.1. Findings

The review aimed to evaluate the impact of housing instability on mental health among low-income minority populations in Illinois using data from the 2021 Illinois Behavioral Risk Factor Surveillance System (BRFSS). The analysis found that housing instability is a significant factor influencing poor mental health, which is exacerbated by factors such as income, access to healthcare, and demographic variables.

The analysis revealed several important findings regarding the relationship between housing instability and mental health. Approximately 30% of respondents reported experiencing housing instability, highlighting the widespread nature of this issue within the state of Illinois, particularly among low-income minority populations. Individuals experiencing housing instability were significantly more likely to report poor mental health (Baker et al., 2020). Logistic regression analysis indicated that housing instability increased the odds of poor mental health by 61%, suggesting a strong link between the lack of stable housing and mental health struggles, such as anxiety, depression, and stress. Socioeconomic status, particularly income, was found to be a significant determinant of mental health. Higher-income levels were associated with lower odds of experiencing poor mental health, demonstrating the importance of economic security in safeguarding mental well-being (Wanberg et al., 2020). Access to healthcare was another critical factor, with those who had access to medical services reporting better mental health outcomes. Mental health disparities were evident across different racial and ethnic groups, with Black and Hispanic populations reporting worse mental health outcomes compared to White respondents (Ruprecht et al., 2021). These disparities emphasize the need for targeted interventions for minority groups who face both housing instability and systemic inequalities.

The findings from this review have significant implications for public health policy in Illinois, particularly in addressing housing instability and mental health issues among marginalized populations. There is an urgent need for policies focused on reducing housing instability. Affordable housing programs, rent control measures, housing subsidies, and initiatives aimed at increasing the availability of safe and stable housing could help reduce the psychological toll of unstable housing (Fischer et al., 2021; Kazis, 2022). Policymakers should prioritize housing support services for low-income and minority populations to ensure they are not disproportionately affected by housing insecurity. Expanding access to mental health care, particularly for vulnerable populations, is essential. Programs should focus on integrating mental health services into community-based settings to make them more accessible. For individuals facing housing instability, mental health care should be offered as part of a holistic approach that includes housing assistance, financial support, and social services. Public health initiatives should also include mental health education and awareness campaigns to reduce stigma and encourage people experiencing housing instability to seek help (Murney et al., 2020; Shahwan et al., 2022). Policies aimed at improving economic stability, such as job training programs, minimum wage increases, and financial assistance for low-income households, can also play a critical role in reducing housing instability and improving mental health outcomes (Jacob and Boyd, 2020; Butrica et al., 2020). Ensuring that low-income families have access to financial resources and stable income will help mitigate the psychological effects of housing insecurity. There is a need for public health systems to focus on health equity by addressing the social determinants of health. This includes ensuring that minority populations have equitable access to both housing and healthcare services. Healthcare systems should proactively reach out to at-risk communities, provide culturally sensitive mental health care, and address the intersectional challenges contributing to mental health disparities (Operario et al., 2022; Salam et al., 2022).

While this review provides valuable insights, several limitations should be noted. The review's cross-sectional nature means that causal relationships cannot be definitively established. While housing instability is associated with poor mental health, the direction of causality remains unclear. Longitudinal studies are needed to examine how changes in housing stability over time affect mental health outcomes. The BRFSS data relies on self-reported information, which can be subject to recall bias and social desirability bias (Shah et al., 2022). Participants may underreport mental health issues or housing instability due to stigma or fear of judgment. Although the review provides insights into the population of Illinois, the findings may not be fully generalizable to other states or countries. Regional differences in housing policy, healthcare access, and socioeconomic conditions may affect the applicability of these results elsewhere (Gu et al., 2020). The analysis was limited by the available data from the BRFSS. Factors such as social support networks, childhood trauma, or specific local housing policies were not accounted for in the analysis but may also influence the relationship between housing instability and mental health.

Future research should focus on expanding our understanding of the relationship between housing instability and mental health. Longitudinal data would allow researchers to observe how changes in housing status affect mental health outcomes over time. Qualitative studies, such as interviews or focus groups, would provide deeper insights into the lived experiences of individuals facing housing instability and uncover emotional and psychological aspects not fully captured in quantitative surveys (Sagbakken et al., 2020; Wood et al., 2021). Research should explore the intersectionality of housing instability with other social determinants of health, such as race, gender, and immigration status, to design more effective targeted interventions. Evaluating existing housing and mental health policies in Illinois and other regions is essential to assess their effectiveness in addressing housing instability and improving mental health outcomes. Future studies should explore how changes in policy, such as affordable housing initiatives and mental health services, impact the mental well-being of low-income minority populations (Sano et al., 2021).

This review provides valuable insights into the impact of housing instability on mental health among low-income minority populations in Illinois. The findings suggest that housing instability significantly contributes to poor mental health, with socioeconomic factors such as income and healthcare access playing critical roles in this relationship. Public health policies aimed at reducing housing instability, improving access to healthcare, and addressing income inequality are essential for promoting mental health and well-being in these vulnerable communities (Mezzina et al., 2022; Whitman et al., 2022). By taking a comprehensive approach that addresses both housing and mental health, policymakers can create an environment that fosters better mental health outcomes and greater stability for low-income minority populations. This review contributes to the growing body of evidence on the importance of addressing social determinants of health in public health policy and underscores the need for a more equitable society that prioritizes the well-being of all its members.

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## 5. Conclusion

This review highlights the profound impact of housing instability on mental health among low-income minority populations in Illinois. Key findings indicate that approximately 30% of respondents experienced housing instability, a factor strongly associated with poor mental health outcomes such as anxiety, depression, and stress. The analysis demonstrated that housing instability increased the odds of poor mental health by 61%, with income, healthcare access, and demographic disparities further influencing these outcomes. Black and Hispanic populations were disproportionately affected, emphasizing the intersectionality of housing, socioeconomic status, and systemic inequalities.

Integrated strategies addressing both housing and mental health are crucial for mitigating these challenges. Affordable housing programs and rent subsidies, combined with accessible mental health services, could alleviate the psychological toll of unstable living conditions. This holistic approach is essential for addressing the multifaceted needs of vulnerable populations. Policies fostering economic stability, such as job training and financial assistance, further reinforce mental health resilience and housing security.

Future research should explore localized interventions tailored to the unique needs of different communities. Longitudinal studies are necessary to understand the long-term impacts of housing stability on mental health, offering insights into causal relationships. Qualitative research could deepen our understanding of lived experiences, helping design interventions that resonate with affected individuals.

Achieving meaningful change requires collaborative action among policymakers, healthcare providers, and community stakeholders. Policymakers must prioritize equitable housing policies, while healthcare providers integrate mental health care into housing support frameworks. Community organizations can amplify efforts by advocating for culturally sensitive, inclusive solutions. By adopting an integrated and cooperative approach, society can address housing



instability and mental health disparities, fostering resilience and well-being for marginalized populations. These findings underscore the critical role of addressing social determinants of health in creating a more equitable and supportive environment for all.

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## Compliance with ethical standards

### *Disclosure of conflict of interest*

No conflict of interest to be disclosed.

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