

Stress

What We Know

Stress influences almost everyone at some point in life. High levels of chronic, lifetime stress can have harmful effects, including shortened lifespan. Having stress is a part of life, but it affects some people more than others. Those in lower social classes or ethnic minorities often experience greater amounts of lifetime stress from economic burdens and social discrimination⁵.

Life Course Stress

The social status into which people are born typically follows them through life, making it difficult to ease the burdens of poverty, economic stress, and discrimination. Education is one of the few interventions that can improve life chances. Yet, people born into lower social class families are less likely to have access to a good education⁴. With little education, unstable, high stress, and low wage work is a certainty. Work-related stress strains the body and can lead to a number of chronic health problems and early mortality (see, “Work”).

Low social class influences where one may live. Poorer neighborhoods are often more dangerous, both due to environmental problems—such as brownfields and diesel particulate matter—and crime and personal safety⁵. These factors combine to add stress layer by layer to life, resulting in shorter lives and poorer health.

Trauma

Trauma puts a strain on the body. Trauma can include witnessing violent acts, vehicle crashes, abuse, and being a witness to war. Trauma does not discriminate between class and ethnicity, however, minorities and people living in poverty are more likely to have repeated trauma in their lives⁴.

Children exposed to trauma are at particular risk for poor health in^{2,3}. Children who experience abuse are more likely to be involved in other stressful life events. These children also achieve less in school and have chronic sleep problems (See, “Early Life”).

Local Implications for Harrisonburg/Rockingham

Stress is linked to mental distress and difficulty achieving well-being. In H/R, 18-29 year olds are hospitalized at a rate 20% higher than in Virginia as a whole, with the leading causes being affective psychoses, schizophrenic disorders, alcoholic psychoses, drug psychoses, alcohol dependence syndrome, and depressive disorder.⁶

Mental distress, inadequate social support, and life dissatisfaction are behavioral health indicators. Thirteen percent of Harrisonburg adults report frequent mental distress (more than 14 days of poor mental health per month), compared to 10% of Virginians.⁷ Harrisonburg residents report 3.9 poor mental health days per month, higher than the 3.3 days per month reported by Virginians in general.⁸ Behavioral health was identified as the third highest priority problem by SRMH stakeholders,⁶ yet there are limited resources for mental health services, particularly

those that are affordable.⁹

One exciting local development is that the H/R Free Clinic and the Medical Suitcase both offer behavioral health counseling for their low-income patients. These integrated mental health services are provided through a bilingual private counselor and James Madison University's Counseling and Psychological Services (CAPS). CAPS also provides behavioral health counseling at The Health Place in rural Page County. Veterans can receive much-needed counseling through the Harrisonburg Contract Outpatient Clinic (U.S. Department of Veterans Affairs).

The Strategies for Trauma Awareness and Resilience (STAR) program, offered through Eastern Mennonite University's The Center for Justice and Peacebuilding (CJP), teaches people who work with traumatized clients to be trauma-informed. CJP also offers the Summer Peacebuilding Institute, for local and international peacebuilders. Both programs help local care providers and refugees, who either care for or who have been victims of trauma.

References

- ¹Davison, E. H., Pless K. A., Spiro III, A., Moye, J., King, L. A., & King, D. W. (2016). From late-onset stress symptomatology to later-adulthood trauma reengagement in aging combat veterans: Taking a broader view. *Gerontologist, 56*(1), 14-21. doi:10.1093/geront/gnv097
- ²Greenfield, E., Lee, C., Friedman, E., & Springer, K. (2011). Childhood abuse as a risk factor for sleep problems in adulthood: Evidence from a U.S. national study. *Annals of Behavioral Medicine, 42*(2), 245-256. doi:10.1007/s12160-011-9285-x
- ³Horwitz, A. V., Widom, C. S., McLaughlin, J., & White, H. R. (2001). The impact of childhood abuse and neglect on later mental health: A prospective study. *Journal of Health & Social Behavior, 42*(2), 184-201.
- ⁴Montez, J., & Hayward, M. (2014). Cumulative childhood adversity, educational attainment, and active life expectancy among U.S. adults. *Demography, 51*(2), 413-435. doi:10.1007/s13524-013-0261-x
- ⁵Pearlin, L. I., Schieman, S., Fazio, E. M., & Meersman, S. C. (2005). Stress, health, and the life course: Some conceptual perspectives. *Journal of Health and Social Behavior, 46*(2), 205-219. doi:10.1177/002214650504600206
- ⁶Community Health Solutions. (2015). A community health needs assessment prepared for Sentara Rockingham Memorial Hospital. Retrieved from <http://www.sentara.com/Assets/Pdf/About-Us/Community-Health-Needs-Assessments/SRMH-2015-Community-Health-Needs-Assessment.pdf>

⁷County Health Rankings, Frequent Mental Distress. Retrieved from:

<http://www.countyhealthrankings.org/app/virginia/2016/measure/outcomes/145/dat>

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⁸County Health Rankings, Poor Mental Health Days.

<http://www.countyhealthrankings.org/app/virginia/2016/measure/outcomes/42/map>

⁹Harrisonburg Healthy Community Council survey (2015).