New York city college of technology

2013

Final Project

Child Poverty and Mental Health

Yolene McMillan

Yolene McMillan

Professor Covert

Sociology of Urban Poverty

Due Date: December 20th, 2013

**Executive Summary**

Mental health illness has been continuing to grow within children is recent years. Studies have shown this increase has occurred around the same time that poverty rates have raised. These two factors have been known to be linked to each other. Children who live in poverty have been known to have higher rates of mental illness such as depression and anxiety, as opposed to children who grow up in families with higher incomes. Without a solution to helping decrease the rates of poverty and help children in poverty, the lives of these children are often panned out for them. Meaning that these children are more likely to continue to live in poverty and have children themselves who will grow up in the same harsh conditions that they have. This paper will use experimental studies and the studies of other journalist who have realized the growing problem among children living in poverty and the development of mental health illness, specifically depression and anxiety. It will determine whether socioeconomic plays a role in children developing these illness, the effects that it have on these children and their futures, and ways in which such illnesses can be prevented.

**Introduction**

Poverty refers to members of society who are unable to afford basic necessities to sustain living such as food, adequate shelter and community resources. Families are considered to be living in poverty based on the family’s income. There is a variety of reasons as to why poverty continues to rise, however; the major cause current is the rise in single parent mostly female headed families were victims of poverty.

Children who live or grow up in poverty are at risk of multiple long term issues such as cognitive and emotional effects. Children who live in improvised areas have a greater risk of developing mental health issues. These issues range from the child developing psychosocial health issues such as learning disabilities, depression, and anxiety. This paper will focus on depression and anxiety in children who live in poverty. It will look at these issues and link its effects to relevance to those living in poverty. Through the evaluation of journal articles, this thesis will be proven. Knowing and understanding that poverty leads children to develop mental health issues will help social service, and human service professionals and advocates to learn how to work to improve the lives of this population. Knowing the issues may help establish preventative methods and a treatment plan to prevent children who live in poverty from developing mental health issues. Services can be provided to aid the decrease amount of children in poverty developing a mental health illness.

**Analysis**

For those living in poverty, their life circumstances and experience often lead to mental health issues which is more prevalent and recognizable in children. Depression is one of these mental health issues that affect the behaviors and mood of the individual. Children often express the signs of depression by being distant and isolating themselves from their peers, constantly sullen mood, lack of energy, and major change in appetite. These children experience feelings of worthlessness, lack of self esteem and a negative self image. Children who are victims of poverty are affected by several factors such as inadequate housing, medical health, food, clothing and other basic necessitates for survival. These children experience severe chronic stress that leads to the child developing a mental illness such as depression. The lack of resources causes the child to develop high levels of stress. Two parent family run households have more income and lack distribution of income and responsibilities. In many Gonzalez “ Access to Mental Health Services: The Struggle Of Poverty Affected Urban Children Of Color”, Gonzalez states “ children living in female headed or mother only households are five times more likely to be poor as compared to children who are living in two parent households (Gonzalez, 2005).

The parents of the child living in poverty are also affected. Circumstances such as poor wages or employment, poor housing conditions, survival issues, etcetera causes the parent to undergo major stress. Parents often act out in deviant behavior and rage as a result of the stress leading to maltreatment and abuse towards the child. The lack of warmth and negative parenting treatment including mental health and physical abuse causes the child to experience high levels of stress. These parents are less responsive to the child’s emotional needs which lead to the child developing depression.

In the journal article, “Psychological Costs of Growing Up Poor” by Eric Dearing states “…poor youth are less likely than middle – class and wealthier youth to attend before and after school programs or to engage in organized extracurricular activities such as clubs, music lesions, and sports (Dearing, 2008). Dearing emphasize that improvised children lack interactions with their peers. These children often isolate themselves because of fear of standing out, being criticized or rejected by peers.

Dearing evaluated am experiment on an American Indian reservation in which youth were observed before a casino was opened, bringing in additional income to tribal members. Social- economic mannerisms such as depression and its symptoms decreased as these families moved out of poverty to a higher socioeconomic status.

Violence and crime that occur in improvised areas often lead to further isolation and exclusion of children in these areas. Children lack safe areas where they can play and interact without fear. Social areas such as parks, schoolyards, and other neighborhood areas are being used for criminal activities such as drug distribution and usage and gang violence.

As mentioned above, the environment is a major reason as to why children in poverty are often likely to suffer from depression as a result of poverty. Additionally, the living conditions in these areas are extremely poor. Families with children are exposed to long-term inadequate housing. Gonzalez also expressed “poverty and minority status have been identified as significant environmental risk factors often associated with higher rates of psychiatric disorders (Gonzalez, 2008).

Depression in children living in poverty as a major negative impact on the child’s academic performance. Due to the lack of poor learning equipment and qualified teachers in schools, test preparation, and academic assistance such as tutoring. The continuous mental health issue such as depression often leads to poor outcomes such as major dropout rates. As expressed from the 2008 National Center for Education Statistics Report shown that “low income families was about four and one half times greater than the rate of children from higher- income families (8.7 percent versus 2.0 percent) (American association, 2013).

Additionally, high levels of anxiety are among children who live in poverty. Anxiety often leads to the child having feelings of unhappiness, and issues in adulthood with dependency. The amount of time in which a child lives in poverty increases the risks of the child developing anxiety. A major cause of increased anxiety levels in children living in poverty correlates to the conditions in which he or she lives in. as stated above, the areas in which these children live in are stricken with poor schools. These children lack resources such as books, and other learning materials. In Gonzalez’s, “Access to Mental Health Services: The Struggle of Poverty Affected Urban Children of Color” stated “…the effects of poverty on child development have been instrumental in documenting the impact of economic deprivation on health emotional and academic outcomes (Gonzalez, 2008)”. The failure to achieve academic success causes the child to develop self doubt and increases the risk of the child remains living in poverty in adulthood. This epidemic for these children becomes generational. Poor academic success and conditions of living in poverty often causes the child to act out in deviant behaviors. Some children begin to adapt to the environment in which he or she lives in which is crime and violence. For other children, they have the constant fear of being harm or death. Gonzales expresses “… the world health organization has predicted that by the year 2020 childhood psychiatric disorders will increase by over 50 percent to become one of the five most common causes of morbidity, mortality, and impairment in children (Gonzalez, 2008)”. Children who live in poverty fear being harmed as a result of violence and the areas in which they live. Additionally, the lack of food and medical conditions causes anxiety in the children because of the constant feelings of not know if they will eat or the fear on becoming ill and not being able to receive the adequate care that he or she needs.

For these children to adjust to their living conditionals and the anxiety they often begin become involved in risky behaviors such as drug and alcohol use. This lessens that child’s chance of not living in poverty in adulthood. Many of these children are at risk of becoming pregnant and the cycle repeating or these children often end up in the juvenile system for their behaviors. Once in the juvenile system these children have difficulty changing their lives around especially since their conditions have not changed. These children are at risk of continuing into the adult prison system for more harsh crimes.

Additionally, for children who live in poverty they are more susceptible to being victims of child abuse. These children go from one location which is school where they fear being isolated and rejected by peers and ridiculed by their peers. They then have to go home to a place where they fear being hurt by their parents and for some ridicules and “put down” by their parents or guardian as well. They children have increased anxiety due to the constant thoughts of hopelessness and fear.

In an article “Family Poverty Over the Early Life Course and Recurrent Adolescent and Young Adult Anxiety and Depression: a Longitudinal Study” by Jake Najman, children who live in poverty were observed from the age of 6 months until he or she was reevaluated at the age of 14 years old and at the age or twenty one. In these evaluations, the child and the child’s parents were asked to fill out a questionnaire about the child’s behavior and mood. The questionnaire asked the subject a variety of questions that discussed their symptoms. Researchers also kept record of the family’s income also with the child’s age. The study found that over time the majority of the families remained in poverty. They found that poverty at every stage increased that rate of anxiety and depression for the children and was greatest during the evaluation at the age of fourteen and twenty-one. The follow up at the age of fourteen provided the researchers with evidence that anxiety and depression was recurrent at the age of fourteen. The study found that exposure to poverty during the child first year did not predict that the child will develop anxiety of depression. However; the study found that the constant exposure to poverty has a greater effect on adolescents and young adults. These children have a greater risk of developing anxiety and depression.

**Urban poverty?**

African Americans are the majority of the population who are victims of poverty and its effects. African Americans are often the victims of economic oppression. Due to the lack of education and well paying jobs in their areas, it is extremely difficult for members of this population to advance their socioeconomic status. Gonzalez found that “poverty rates for children of color, particularly African American and Hispanic children are two and one half to three times the rate than that of Caucasian children (Gonzalez, 2008)”. This shows that because they are often oppressed, African Americans have a more difficult time getting out of poverty and this leads to poverty becoming generational. The poor schooling in these areas and the financial support for education provided by the government are usually not put towards the schools and education in these areas. Additionally, oppression within the population often occurs to African American. There is a stigma among the race in which the individual who seek out mental health treatment are criticized and looked down by their peers. Children who seek out mental health services are criticized and bullied by classmates. The children who seek out and receive treatment often leave before completing the mental health treatment.

**Conclusion**

Poverty causes a number of issues for children including chronic health issues; both medically and psychologically, academic failure causes an increase in single parent households (mostly single mother households). All these factors caused by poverty causes poverty to be generational. Without change in the child’s life such as mental health interventions and the family moving out of poverty and into a higher socioeconomic status, poverty and its affects are likely to be generational and that child and his or her child will face the same difficulties that poverty causes. Poverty increases a child’s exposure to stress making it difficult for him or her to work towards to leaving the situation that he or she is in. from the studies and research that was done, it is proven that poverty especially reoccurring poverty increases the child’s risk of battling with a mental illness. Studies have found that very young children are less likely to show symptoms that they are being affected by their environment, however; for adolescents and teens into young adulthood, are more likely to face mental health issues such as depression and anxiety. Depression and anxiety causes these children to be socially withdrawn, have confect with their peers, express increases aggression, rage and deviant behaviors, and poor academics. These children are more likely to become pregnant at a young age which increases the risk of the cycle of poverty continuing further.

In Sharon’s, Poverty and Mental Health of Children and Adolescents it states “ the first un millennium development goal is to eradicate extreme poverty and hunger…improving child development and mental health can help in reaching these goals; just as efforts to alleviate poverty and ensure school education could aid in tacking developmental and mental health concerns ( Sharan, 2007). Sharan expressed that the goal to end poverty is a worldwide mission that has been around for a long time. Although it is recognized that poverty is a growing issue worldwide little have been done to ending poverty. There are combinations of ways in which society can take in order to improve the mental status of children who live in poverty. It is shown that with improved economic status, children’s mental health improves. Antipoverty programs will aid in the extinction of poverty and preventing several children from developing mental illnesses that are brought on by the experiences and life issues that the child faces as a result of living in poverty. Additionally, there is a major need for mental health services with professional who are aware of the issues faced by those living in poverty and who are culturally competent. Advocacy to increase the public’s awareness of child poverty causing mental health issues in these children will help to reduce the stigma of children especially that of African American decent and encourage these children to seek out mental health services.

**Bibliography**

González, M. (2005). Access to Mental Health Services: The Struggle of Poverty Affected Urban

Children of Color*. Child & Adolescent Social Work Journal*, 22(3/4), 245-256.

doi:10.1007/s10560-005-0036-3

Najman, J., Mohammad R. F. Hayatbakhsh,. Clavario, A Bor., W, O’Callaghan., M. J., &

Williams, G. M. (2010). Family Poverty Over the Early Life Course and Recurrent

Adolescent and Young Adult Anxiety and Depression: A longitudinal Study. *American*

*Journal of Public Health*, 100(9), 1719-1723. Doi: 10.2105/AJPH.2009.180943

Dearing , E. (2008). Psychological cost of growing up poor.*New York Academy of Science*,

(1136), 324-332.

Sharan, P. (2007). Poverty and mental health of children and adolescents. *J. Indian Assoc. Child*

*Adolesc. Ment. Health*, *3*(4), 83-87.