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The Impact of Generational Poverty of Children's Mental Health and a Pandemics Effects

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Abstract

The impact of poverty on the mental health of children, especially from the ages of 0-10, is extensive and the affects can cause lifelong consequences. This article will look at the different areas of impact on children living in poverty, how generational poverty and factors related to a pandemic can exacerbate this impact and lifelong consequences.

Keywords: Child • Children • Poverty • Pandemic • COVID-19 • Family

Introduction

Roughly 12 percent (38.1 million) of people lived in poverty at the time that our 2018 census data was gathered [1]. Out of those 38.1 million, 16.2 percent of those were children under the age of 18 years of age. In yearly earnings, to be at the poverty threshold in 2020 a two person household would make no more than $17,000 annually, a three person household, $21,720, and a four person household, $26,200 according to the Office of the Assistant Secretary For Planning and Evaluation (2020). Research suggests that living in poverty can increase stress which increases the risk for psychological disorders, but this is cyclical in the fact that having severe mental illness can often lead to living in poverty [2]. Additionally, increases in income and living out of poverty has been linked with decreases in psychological symptoms. These risks are not just for adults living in poverty, but also children who grow up in poverty. This paper will look at three specific areas of impact that effect children in poverty: family, environment, and social. Additionally, pandemic effects will be looked at as related to COVID-19 and how these effects can exacerbate these areas of impact.

Areas of impact

Family: Families play an important role in how children grow developmentally, emotionally, socially and are the main determinants as to how/what a child learns. Poverty and its negative impact on attachment, inattentiveness, and resulting parental neglect can change this growth for children and their families.

Attachment: Early interactions are the backbone of early child attachment. When looking at poverty and its effects on the mental health of children, it is important to start at the beginning of life; specifically, the child's reaction to their parent/caregiver. How the child gains the skills of self-regulation, that is the ability to calm one's emotions and take action to soothe, depends heavily on how positive one's early interactions are with a primary caregiver [3]. When a primary caregiver is a reliable source of comfort and strength, the child gains lifetime advantages going out into the world, including a self-reliance and sense of empathy later in life. Early research into attachment focused mainly on "securely attached" children and "insecurely attached" children. Infants who can explore away from their caregiver, interact with them upon their return, and then go back to exploring, have formed a secure attachment [4]. Infants who have difficulty in settling or tend to avoid the caregiver upon their return are deemed insecurely attached. Van Der Kolk [3] also brings up the importance of attunement with secure attachment. Van Der Kolk describes attunement being achieved when babies feel that their needs are being met and understood by their primary caregiver in even the most subtle physical interactions. In secure attachments, attunement can look like the caregiver responding in a way of ease to the child's needs, such as switching to soothing mid play when the baby becomes overstimulated by their interaction. When a child lacks attunement with their caregiver, they are susceptible to shutting down the feedback between their body and pleasure, purpose, and direction. Having presented two forms of attachment, secured and unsecured, there is also disorganized attachment. Disorganized attachment includes many contradictory behaviors such as a mix of avoidant and resistant behaviors as well as direct approach followed by avoidance. Disorganized attachment affects a smaller percentage of infants at 15% in low-risk samples, but that increases in maltreatment samples where it is closer to 80% [4]. Children with disorganized attachment are at greater risk of negative outcomes such as behavioral problems, internalizing and externalizing symptoms, and dissociation. Disorganized attachment can show up in different ways. In Van Der Kolk's [3] research he explains that there are two different types of caregivers in disorganized attachment. One type is too preoccupied with their own problems to attend to their infant while the other type is too fearful and helpless, seeming to want the infant to comfort them. Either way the child is lacking attunement with their caregiver and is not getting their needs met. Children from lower socioeconomic groups are more likely to develop disorganized attachment due to parental stress from familial and economic instability [3]. Economic instability, caused by low income and unstable work, manifest feelings of emotional distress, lowering parent's confidence in their ability to care for their child, often feeling over-whelmed by their own stressors, to handle the stress felt from raising a child [5]. While all parents and caregivers face some form of stress, those doing so in the face of poverty experience significantly higher levels of stress. This is exacerbated by taking into ac-count the adverse childhood experiences (ACEs) these parents may have faced in their own childhood [6]. These ACEs, such as abuse, neglect, substance use, and other traumatic events, bring mental health disorders of their own that parents or caregivers are faced with, such as depression, anxiety, and post-traumatic stress disorder (PTSD). [3] goes into great detail about how caregivers suffering from their own mental health disorders and trauma can become too preoccupied to give their full attention to their child. This is especially important to look at when research has shown that there is greater victimization in inner-city, low SES neighborhoods due to violence

which can lead to higher rates of trauma and often underdiagnosed post-traumatic stress disorder among its residents [5,2]. Attachment can have long term effects on children in poverty. Van Der Kolk explains that those mothers who are unable to attune to their children form disorganized attachments that can cause their children to become progressively more inconsolable and resistant to their mothers. This can create feelings of frustration, helplessness, and defeat in mothers who, like most mothers, want nothing more than to have a smooth, caring bond with their babies. Once the relationship between mother and baby becomes so enraging and frustrating, it could set the stage for subsequent abuse. Possible abuse was not the only negative outcome for these relationships; when bonding with their baby becomes a negative experience, parents may withdraw emotionally, which could cause the child to have aggressive behavior against themselves or others later in life [3]. This negative outlook can further strain the bond between parent and child, causing the child to experience even more dissolved feelings of safety and security leading into adolescence and adulthood. Looking at the outcomes of disorganized attachment, it would not be far-fetched to hypothesize that children who form a disorganized attachment with their parents could have a higher chance of having a disorganized attachment with their own children. This especially could hold true if the child never seeks help or leaves poverty. This would then continue the cycle of long-term effects and disorganized attachment for generations.

Inattentiveness and neglectful parenting: While parenting stress can affect the ability for parents to attune and have secure attachments with their children, parental stress can also lead to parental inattentiveness and neglect. Steele, et al. [6] found that 70% of mothers, in their poverty group, experienced clinical levels of parental stress compared to their middle-income group where only 14% experienced this level of parenting stress. Why did the poverty group have so many more mothers experiencing this level of parental stress? They were found to have experienced four or more ACES. ACES, in this study, was defined as different forms of abuse, neglect, and household dysfunction. Having ACEs in the first 18 years of life have been associated with negative physical and mental health outcomes later in life. With parents in poverty experiencing more ACEs, than those who do not, could give some clarity into why mothers in poverty have a higher chance of experiencing mental health disorders such as anxiety and PTSD.

How do these high ACEs scores affect their children? Parents who have a high level of ACEs and parental stress have been linked to adverse child outcomes [6]. For example, parents with ACEs and parental distress can lead to neglecting basic childhood skills which can lead to lack of school readiness and children with behavior difficulties. Parents who experience physical or verbal abuse are also more likely to spank their infants and tend to use corporal punishment as a parenting strategy later in life, which can further influence the relationship between parent and child. How do these high ACEs scores affect their children? Parents who have a high level of ACEs and parental stress have been linked to adverse child outcomes [6]. For example, parents with ACEs and parental distress can lead to neglecting basic childhood skills which can lead to lack of school readiness and children with behavior difficulties. Parents who experience physical or verbal abuse are also more likely to spank their infants and tend to use corporal punishment as a parenting strategy later in life, which can further influence the relationship between parent and child.

Environment: Environment is another consideration when working with children and families in poverty, as, often, the environment can be overwhelming and only add to the stress of everyday living. While there are many environmental considerations hunger and violence are two that will be focused upon.

Hunger: In 2018, the U.S. Department of Agriculture (USDA) found that 11.1 percent of house-holds faced food insecurity (USDA, 2019). They defined food insecurity as a household that has limited or uncertain access to adequate food (USDA, 2019)[7]. The total numbers of households that are below the federal poverty line, 35.3 percent, were food insecure. In households with children, 13.9 percent were found to be food insecure. Looking at the most recent data from the USDA, in 2017 children made up 43 percent of the participants of the Supplemental Nutrition Assistance Program (SNAP) [8]. SNAP is a program that gives families of low or no income help with the purchasing of food but often does not cover the total cost, leaving families in poverty to choose low cost/high calorie foods more often than those of higher SES to feel more full at a more sustainable price.

Poverty, food insecurity, and hunger have been linked to poorer physical and mental health in parents and children [9]. Other than the physical risks of obesity from low cost/high calorie foods, diabetes, and hypertension, children and parents face mental health disorders such as depression and anxiety due to hunger. A study by Weinreb et al. [10] found that anxiety scores from the Child Behavior Checklist (CBCL) showed children with severe hunger had scores twice as high compared to children with moderate hunger. This severe hunger was found to be associated with higher rates of chronic illness and mental health disorder as well as a higher likelihood of experiencing homelessness and other stressful life events. Mothers of these children are also more likely to have a lifetime diagnosis of PTSD. This is due to their own experiences of violence, neglect, and hunger, which can further exacerbate food insecurity in their own lives.

Families living with food insecurity face the impact of hunger as well as shame from the judgement of others [9]. Their mental health disorders, limited income, and stress severely limit their capacity to emerge from food insecurity. Food preparation, such as planning, shopping, and preparation of food, can be so overwhelming for parents, on top of their other stresses, that they further reinforce their negative experience around food as well as impact the parent-child relationship.

In addition to experiencing more anxiety, hungry children are more likely to experience depression [11] which increases the likelihood of behavioral problems [10]. Food insecurity can increase children's stress, especially when it comes in an unpredictable pattern, making the child wonder when their next meal will be.

Violence: To really look at how violence affects children in poverty, we need to start pre-birth. Women in poverty are at higher risk of experiencing intimate partner violence (IPV) and the resulting PTSD and depression associated with these experiences [12]. On top of the mental health concerns, IPV has also been argued to influence the birth weight of their children. Some research has justified this link as being due to substance use, race, and substance dependency in mothers living in poverty but even when these variables are controlled for, we still see the same outcome of low birth weight of babies born in IPV (as cited in Rosen et

al.[12]). To test these results, Rosen et al. [12] conducted a study with 148 pregnant women and found that while food insufficiency and substance abuse may affect the birth weight of their child, women experiencing IPV and have a mental health disorder, were significantly more likely to give birth to a low weight baby. Consistent with other studies in the field, substance use and food insufficiency can have a great effect on the birth weight of infants in poverty, IPV and the mental health disorders that come with it may prove to have its own effect on birth weight. While low birth weight can bring its own set of difficulties, such as nervous system and digestive problems in the short term, and developmental delay in the long term, continuing to be exposed to IPV can have long term mental health effects on children. For example, children of parents with PTSD (which in 16.3 to 57.4% of women who experience IPV) are at greater risk of emotion regulation difficulties, disruptive behavior, anxiety, and depression [13]. This could mean that mothers that are experiencing PTSD symptoms following IPV may be too busy struggling with their own reactions to being a victim that they are unable to regulate their responsiveness to their children. Being consumed by their own stressors, they may be unable to provide supportive, instructional, or empathetic responses to their children when they need it. Where inversely mothers who experience less PTSD characteristics are able to support more resilient outcomes in their children by being able to regulate themselves and help their children learn to regulate. Neighborhood violence related to crime is also a major factor that connects poverty and mental health. Children who witness violence in their neighborhoods are more likely to have anxiety, depression, social disengagement, and psychological withdrawal [5,11]. These children are also more likely to be exposed to aggressive peers while living in these neighborhoods [5]. This violence not only has direct effects on the child but also increases stress when visiting public spaces, such as parks to socialize, fearful of being victimized [14]. This lack of socialization limits neighborhood social support, which has been shown to be a buffer in mitigating the effects of depression in mothers and children [15]. This lack of social support within the neighborhood, paired with neighborhood violence, has been shown to create strong fear in mothers living in poverty. This results in their limiting outside time for their children [14]. As cited in Tolbert-Kimbro and Schachter's study [14], at the time of the study, three quarters of mothers cited safety and crime concerns as reasons for limiting their children's outdoor free play time. With outdoor play contributing to physical, mental, and relational development in children, this can put them at a huge disadvantage leading into adolescence and adulthood. This fear, affecting twice as many mothers living in poverty, is associated with higher levels of stress, emotional distress, and depression for mothers. When those depressive symptoms lower, there is less fear and the child is more likely to get outdoor play. What can reduce parental fear and depressive symptoms to allow for more outdoor play? [15] and [14] believe socialization may be the answer. Violence and fear of violence create stress and limit the ability to build collective efficacy with neighbors. Mother's with stronger social relationships with neighbors report less fear and mistrust of the neighborhood but mothers who live in poverty report having less of these relationships [14].

Poverty and a pandemic: There are unique consequences for families in poverty when it comes to living through a pandemic such as COVID-19. Not only are the factors listed above exacerbated, they also face chronic stress induced immune dysregulation and financial constraints.

Stress induced immune dysregulation: Research has shown that there is a relation between chronic stress and immune dysregulation [16]. When looking at Alzheimer's caregivers who reported having chronic stress, they had more instances of respiratory infections compared to their not chronically stressed counterparts (as cited in Yang & Glaser, 2000) [16]. This response was believed to be linked to their chronic stress and the effects it had in dysregulating their immune systems. This result was confirmed in another study where researchers inoculated healthy people with five strains of live respiratory viruses and found an association between higher levels of psychological stress and increased risk for developing respiratory illness (as cited in Yang & Glaser) [16]. Additionally, they found that those participants that had higher psychological stress had more severe symptoms than those who did not. With families in poverty suffering from large amounts of stress, due to family and environmental factors, it could be speculated that they would be at greater risk for not only getting COVID-19 but also experiencing more severe symptoms than those that do not experience large amounts of chronic stress.

Financial Constraints: In a Board of Governors of the Federal Reserve System study conducted in 2019, it was found that 40% of adults reported that they would have a difficult time covering an extra $400 expense (Board of Governors of the Federal Reserve System, 2019) [17]. This could be exponentially more difficult for families living at or below the poverty to set aside additional emergency funds when they struggle to buy groceries.

Financial difficulty are exacerbated during a pandemic where it was reported that in July 2020 [18], 31.3 million people in the United States reported that they were unable to work at some point in the last four weeks and 31% (over 9.5 million) were still unemployed at the time of survey due to the pandemic (U.S. Bureau of Labor Statistics, 2020) [19]. This number increased to 40.4 million in June with 28% (over 11 million) still unemployed at the time of survey. With this level of unexpected unemployment, families in poverty, with little financial bandwidth, will feel the loss of income on a deep level. Not only will they feel the burden of financial loss, children in poverty may feel the brunt of it through their own increased stress levels and those of their parents. The loss of a job can also lead to a loss in their insurance, which may limit their and their children's resources to medical and mental health treatment.

Social: When working with families and young children in poverty, it is important for professionals to remember that there are some things they cannot change. Some social systems can be unequipped to help families in poverty. These things are out of their control but nonetheless, it is something that needs to be in one's awareness while working with these families to get a better understanding of what they are facing. This section will focus on school and mental health resources and how these effect children in poverty.

School: When we look at school achievement, we start to see the disparity between children living in poverty and those that do not. When they start kindergarten there is already a measurable gap in reading and math scores between them and like aged peers [20-23]. This problem has been recognized and programs such as, Head Start, have shown great progress for children living in poverty, but these programs are still lacking in teacher experience and funding compared to private early education centers, which are typically out of reach to families in poverty due to annual fees and charges. Regard-less, higher attendance to Head Start programs have

shown to be especially helpful for moderate-high poverty neighborhoods, showing increases in reading and math as well as socioemotional education, shrinking the achievement gap, in some cases, going into elementary school [21].

Once children living in poverty reach elementary school, they face more of the same problems, only now they are beginning to show more emotional and behavioral problems that their teachers are unequipped to handle [22]. In their study, Walter et al. [23] found that almost half of their inner-city teachers reported disruptive behaviors as the biggest problem in their classrooms. These same teachers reported that they believe that the biggest barriers to overcoming these problems are proper training and lack of resources for student support. The teachers reported having very little mental health knowledge and believed this to be a barrier to their ability to teach their inner-city students. Although these teachers seek out resources for self-education, very few receive formal education or consultation before entering the workforce or through continued education. The fact that teachers are seeking out these resources on their own tells us that they see the additional support children living in poverty need and know that something extra is needed to help them succeed. Teachers in the study Walter et al. [23] conducted reported the lack of training and information needed to help these students is the biggest barrier to successfully tack-ling mental health problems in their schools. In cases where social-emotional learning has been delivered by teachers, it has been shown to have a positive impact on behavioral and psychological problems of their students. An argument against this kind of learning in classrooms has been that it could take away from academic learning but that has been shown to not be the case (as cited in Yoshikawa et al. [24]. A reason for trying to teach children living in poverty social-emotional education in school is that their neighborhoods lack resources to teach them else-where. They may not have the ability to learn coping skills from a mental health professional due to barriers in location, funds, time, and parental involvement [24].

Mental health resources: Seventy-five to eighty percent of children who need mental health services do not receive them and if they are a minority, it is even higher [2]. When they do receive mental health services, families in poverty are least likely to return after the first session [5,2]. It can be especially hard for families living in poverty to make consistent weekly appointments due to shifting work schedules and access to public or medical transportation. If they find their way through those obstacles, the intake process for mental health organizations can influence their decision to receive services. Flexibility in cost, location, and delays in services, such as waitlists, can deter them from getting started [25].

Once through the hurtle of signing up for services, families in poverty face more challenges of representation in mental health organizations. Often there are a low number of bilingual, ethnic minority providers and there is often a lack of culturally specific services [2]. They can also face a lack of resources and provider knowledge when it comes to specific struggles families of poverty are facing.

Lastly, families in poverty face the barrier of mistrust and stigmatization when seeking mental health services [5]. Minority families of poverty may be dis-trustful of working with certain providers due to historical and current racism and persecution. Families in poverty often fear that seeing a mental health provider may cause them to lose custody of their children and immigrants worry about immigration status if they are diagnosed

with different mental health disorders [2].

Conclusion

After reviewing the related research in this area and the potential consequences from the COVID-19 pandemic, there are a few things to consider. COVID-19 and the implementation of social distancing, while trying to keep children safe, could have a negative impact on their social-emotional learning by limiting interaction and visual cues due to the mask requirement. For children in poverty, school may be their only ties to social-emotional learning [24], adding these restrictions may dysregulate them and put them at further disadvantage due to limited resources in other areas of their life. The board of governors of the federal reserve study of unemployment could lead to speculation of a possible increase of families experiencing the cycle of poverty after the pandemic due to lack of income, family illness, and other pandemic hardships. A way for mental health workers to create positive change in the current and post pandemic environment would be to educate themselves on the particular disadvantages children in poverty face and keep an open observation of how the pandemic has changed things for them. A place to start helping post pandemic is to bring education into the schools by allocating more mental health funding that could allow new departments of mental health workers in schools and reduce the stigma of receiving mental health services at an early age.

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