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Effects of Poverty on Adolescent Mental Health

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Effects of Poverty on Adolescent Mental Health

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Abstract

Living in poverty puts adolescents at risk for developing mental health symptoms. When living in poverty, adolescents are more vulnerable to experiencing or witnessing violence, which negatively impacts their mental health. Low socioeconomic neighborhoods and poor parent education negatively impact adolescent mental health. While living in poverty can negatively affect adolescent mental health, some protective factors on the individual, familial and community level can help decrease these negative effects. Confidence, parental support and involvement, and religion can help protect adolescents from the negative effects of living in poverty. Along with protective factors, interventions that have been established to help negate the effects of poverty, as well as what more can be done to help increase positive mental health for adolescents is explored.

Key words: adolescents, poverty, mental health

Contents

Introduction

Adolescents who live in poverty tend to be at greater risk of developing or having mental health problems than those who do not live in poverty. “Children from socioeconomically disadvantaged families were approximately two to three times more likely to develop mental health problems than their peers from socioeconomically advantaged families” (Reiss, 2013, p. 28). Children and adolescents with low socioeconomic status (SES) are also more likely to develop two simultaneous mental health disorders than their peers with high SES (Reiss, 2013). “Among developed nations, the United States has one of the highest rates of child poverty” (Snitman, Reisel & Romer, 2011). In the United States, about one in six children, 18 years and under, live in poverty (Wadsworth, Wolff, Santiago, & Moran, 2008).

Poverty tends to be defined in three different ways: absolute poverty, relative poverty and income poverty. Absolute poverty looks at how much money is necessary to obtain basic needs, relative poverty compares economic status of other members of society, and income poverty is when a family’s income fails to meet their country’s federally established threshold (UNESCO, 2015). Another form of poverty is subjective poverty. Subjective poverty is a psychological measure of poverty, focusing on an individual’s perception of their own poverty (Yoshikawa, Aber, & Beardslee, 2012). Studies that examine socioeconomic inequality tend to use the definition of relative poverty in the research (Reiss, 2013). Research focusing on the effects of poverty was observed to primarily use the income poverty definition. United States income poverty in 2015 for a family of four is $24, 250 a year (ASPE, 2015).

Often, high poverty neighborhoods have higher rates of violence. Some research has found that community violence is witnessed by 50% to 96% of urban youth (Copeland-Linder, Lambert, & Ialongo, 2010). Exposure to community violence as a victim or as a witness has been

associated with increased academic problems, behavioral problems, substance use, depression and anxiety symptoms, and suicidal behaviors (Copeland-Linder, Lambert, & Ialongo, 2010; Dashiff et al., 2009). Adolescents who experience violence report more symptoms of PTSD, and these symptoms of PTSD may act as a mediating variable between community violence and suicidal ideation (Mazza & Reynolds, 1999). In general adolescents who experience mental health issues are at greater risk for teen suicide (Dashiff, DiMicco, Myers, & Sheppard, 2009).

Living in poverty can contribute to the manifestation and exacerbation of mental health disorders, however, research has found some protective factors to living in poverty. Research examined in this study have found that confidence, familial relationships, community support, neighborhood cohesion, and religion can all have an effect on an individual's mental health. Adolescents who enjoy healthy home lives do well in life despite living in high-risk communities (Ungar, 2004). Attending religious services and a belief in the afterlife appear to function as an emotional counterbalance for those who experience real or perceived financial deficit (Bradshaw & Ellison, 2010).

The purpose of this paper is to explore the effects of poverty on the mental health of individuals living in poverty. This paper will examine what has been done to help negate these effects, as well as what more can be done to help increase positive mental health for adolescents.

Review of Literature

Mental Health

Depression, anxiety, posttraumatic stress disorder (PTSD) and behavioral disorders, such as conduct disorder and oppositional defiant disorder, were observed to be the most commonly focused on disorders in the research on mental health disorders associated with poverty (Eamon, 2002; Leventhal & Brooks-Gunn 2003; Mazza & Reynolds, 1999; Prince & Howard, 2002; Reiss, 2013). According to the Diagnostic and Statistical Manual of Mental Disorders Fifth Edition (DSM-5), depressive disorders have a "presence of sad, empty, or irritable mood, accompanied by somatic and cognitive changes that significantly affect the individual's capacity to function" (American Psychiatric Association, 2013, p. 155). The anticipation of future threats is known as anxiety. Generalized anxiety disorder is more specifically excessive and persistent worry about work and school performance, along with other areas in life the individual finds difficult to control. Exposure to a traumatic or stressful event is explicit criteria of PTSD, whether it is directly or indirectly experienced. Both emotional and behavioral symptoms can be present with PTSD. Some symptoms include recurring, involuntary distressing memories or dreams about the event, flashbacks of the traumatic event, and persistent avoidance of memories or triggers related to the event. The main feature of oppositional defiant disorder is a "frequent and persistent pattern of angry/irritable mood, argumentative/defiant behavior or vindictiveness" (American Psychiatric Association, 2013, p. 463). Conduct disorder's essential diagnostic feature surrounds a pattern of behavior that is both persistent and repetitive, where the basic rights of others, major age-appropriate social norms, or rules are violated (American Psychiatric Association, 2013).

Poverty

Living in poverty limits the financial availability of affordable housing and often the neighborhoods with affordable housing for those living in poverty have more violence and crime which contributes to adolescent mental health concerns (Eamon, 2002). Often affordable housing means living in what is known as public housing, which is based on a family's income (Clampet-Lundquist, 2007). The poverty trap theory implies that young adults who spend time in public housing during their adolescence may end up being poor because of their disadvantaged socioeconomic status (Aratani, 2010). "A child poverty rate of 21% means that more than one-fifth of American children below 18 years are now likely to have inadequate health care insurance and live in substandard housing in crime-ridden neighborhoods" (Sznitman, Reisel, & Romer, 2011). Individuals in the United States are often judged by their material possessions, wealth, standards of living, and life styles. This can put added stress, feelings of inadequacy and uncertainty based on objective and subjective financial hardships, taking a significant toll on psychological functioning (Bradshaw & Ellison, 2010).

Poverty and Mental Health

A systematic review examined 55 studies and found "an overall correlation between at least one marker of SES [socioeconomic status] and mental health problems was proven in 52 studies from a total of 23 countries" (Reiss, 2013). Of the cross-sectional studies examined in Reiss's (2013) systematic review, 11 showed a negative impact of low financial status on children's mental health. Some studies found a stronger association between low SES and externalizing disorders (such as?) than between low SES and internalizing disorders (such as?); however other studies found the opposite a stronger relationship between low SES and internalizing disorders (Reiss, 2013). Children are two times more likely than the rest of the

population to have mental health problems if they are on welfare (Reiss, 2013). For children under the age of 12, living in poverty was more strongly associated with mental health problems than children over the age of 12 (Reiss, 2013). Youth who are economically disadvantaged are specifically at risk for displaying depressive symptoms (Eamon, 2002). Thus, the more frequently children are exposed to poverty, the more at risk the child are of developing mental health problems (Reiss, 2013).

Household income and low parental education was found to impact children and adolescents mental health more than parental unemployment or low occupational status (Reiss, 2013). Financial hardship was found to be more associated with the onset of mental health problems, but not necessarily impacting the progression or severity (Reiss, 2013). Although parental education was found to be a predictor of the persistence and severity of mental health problems, it has very little impact on the onset of mental health problems (Reiss, 2013). The limited access to mental health services for those who live in poverty may suggest that high parental education may be associated with better access to and knowledge of mental health resources (Reiss, 2013). Financial hardships are strongly associated with the onset of mental health problems, however, they have no impact on the course or severity of the mental health problem. Thus, improvement in socioeconomic status resulted in significant reduction and sometimes remission of mental health problems. This was much more prominent in externalizing disorders, such as oppositional defiant disorder, than internalizing disorders like anxiety (Reiss, 2013).

Neighborhood. Adolescents and children that experience traumatic events also experience struggles in other areas in life, such as mental health and cognitive functioning (Mazza & Reynolds, 1999). Fear, anxiety, chaos and unpredictability are often present in the

environments of children who are poor (Prince & Howard, 2002). Children that live in poor neighborhoods, more often than not, have experienced or witnessed violent events (Prince & Howard, 2002). "Only 12% of inner-city adolescents studied indicated that they had not been exposed to violence" (Mazza & Reynolds, 1999). Violence exposure is known to be associated with mental health problems such as depression, suicidal ideation and PTSD (Mazza & Reynolds, 1999). Witnessing violence or being the victim of violence often causes trauma and the effects of trauma can, and often do, last a lifetime (Prince & Howard, 2002). Out of 94 adolescents in grades 6th through 8th from inner-city neighborhoods in the United States, 93% reported being exposed to at least one violent event within the past year (Mazza & Reynolds, 1999). Being exposed to frequent stressful situations as a child leads to the brain developing to survive the stressful environment, not to learn at school or to regulate emotions. The area of the brain responsible for the fight or flight response, the amygdala, is strengthened and the cortex regions, responsible for abstract and rational thinking, are weakened (Prince & Howard, 2002). "Damage in the cortex region of the brain has been associated with memory lapses, anxiety, attention deficits and an inability to control emotional outburst" (Prince & Howard, 2002, p. 30). A relationship between exposure to violence and having PTSD symptoms exists indicating that PTSD may be a mediating factor between being exposed to violence and depression and suicidal ideation (Mazza & Reynolds, 1999).

In one research study, escaping crime, violence, drugs, and gangs was named as the primary reason families volunteered to move from public housing to private housing (Leventhal & Brooks-Gunn, 2003). Leventhal and Brooks-Gunn (2003) found that moving from public housing to private housing had the greatest impact on boys, and children ages eight to thirteen years. Boys who moved from public housing to private housing in low poverty neighborhoods

had a 25% reduction in depressive, dependency, and anxiety problems compared to boys who stayed in public housing (Leventhal & Brooks-Gunn, 2003). In general, children who moved to low poverty neighborhoods from public housing reported significantly less depressive and anxiety symptoms and children ages eight to thirteen displayed fewer argumentative behaviors and temper problems than those who stayed in public housing (Leventhal & Brooks-Gunn, 2003).

The neighborhoods in which adolescents live can have both positive and negative influences on psychological outcomes (Hurd, Stoddard & Zimmerman, 2013). Several studies have found that unemployment rate, high poverty rates, adverse physical and social environments, and neighborhood violence contribute negatively to adolescent well-being and mental health (Clampet-Lundquist, 2007; Eamon, 2002; Hurd et al., 2013). When living in more impoverished neighborhoods, adolescents reported lower levels of social support, and lack of social support relates to more depressive symptoms (Hurd et al., 2013). Young adolescents who reside in poor neighborhoods that are considered to have adverse physical and social environments were less likely to take advantage of outside social and recreational activities than youth who were not poor (Eamon, 2002). Living in these neighborhoods and not being involved in outside activities predicted depressive symptoms in youth, two years later (Eamon, 2002). In Clampet-Lundquist (2007) study, many teens discussed fights that would break out and the drug dealers who sold on the corners in front of or inside the complexes. Despite the violent and crime ridden complexes, many interviewees discussed how the complexes provided support, and a place to play and hang out (Clampet-lundquist, 2007).

Academic effects. Often children in poverty live in neighborhoods and cities with schools that are also in poverty. Children and adolescents in the United States often attend badly

funded and inadequate schools, and do not have academic resources at home (Sznitman, Reisel, & Romer, 2011). In addition to poor schools, adolescents living in poverty are likely to be challenged by mental health problems that impede their ability to do well in school (Sznitman, Reisel, & Romer, 2011). Children experiencing long term poverty often arrive at school with many of their basic needs not met (Prince & Howard, 2002). Maslow's hierarchy of needs emphasize that lower level needs or basic needs, such as food and safety, need to be satisfied before higher level needs, such as self-esteem, can be achieved (Prince & Howard, 2002). "Approximately 13 million American children reared in poverty come to school with poor health and nutrition, low self- esteem, attention problems, violent experiences, and low expectations" (Prince & Howard, 2002, p. 28). In a study examining adolescent's emotional well-being and poverty, it was found that child poverty was the strongest variable related to educational achievement, even when controlling for IQ. Additionally the researchers found that emotional well-being had a direct effect on educational achievement and that poverty had an indirect effect on educational achievement due to poverty's effect on emotional well-being (Sznitman, Reisel, & Romer, 2011).

Protective Factors

Protective factors are characteristics of one's environment, including biological, psychological, family and community factors, which lessen the effects of stressful events and mental health concerns (Youth.gov, n.d.). Protective factors can be broken into three main categories; individual characteristics, family characteristics and community characteristics (Copeland-Linder, Lambert, & Ialongo, 2010). A protective factor that has been found on the individual level to help lessen the effects of community violence and decrease depressive symptoms is adolescent's feelings of self-worth and positive self-esteem (Copeland-Linder,

Lambert, & Ialongo, 2010). Research has found that when adolescents reported high levels of confidence, there was no relation found between poverty and externalizing symptoms. However, when low-levels of confidence was reported there was a positive relation found between poverty and externalizing symptoms (Li, Nussbaum, & Richards, 2007).

Previous research has found that support from family and friends is a protective factor for mental health problems and the ability to talk to supportive family members is a protective factor against depressive symptoms (Tummala-Narra & Sathasivam-Rueckert, 2013). "Youth who enjoy healthy home environments ,despite living in high-risk communities, do very well in life" (Ungar, 2004, p. 37). Research has found that feeling helped and supported by family is a protective factor against externalizing symptoms more than with internalizing symptoms (Li, Nussbaum, & Richards, 2007). Additionally, research has found that perceived familial support is a significant predictor of adolescent depressive symptoms. When adolescents perceive more support from adult family members they display less depressive symptoms than those who perceive they have less support (Tummala-Narra & Sathasivam-Rueckert, 2013). Perceived support also helps with adjustment to changes, which may help lessen mental health symptoms (Li, Nussbaum, & Richards, 2007). When examining community violence, research found that the more parental involvement and self-worth reported in adolescent girls lives the fewer depressive symptoms were reported. However, for adolescent boys there was a need for a higher level of parental involvement and self-worth before depressive symptoms lessened. Even with a high level of parental involvement and self-worth, if community violence was experienced or witnessed, there was no difference observed in aggressive behaviors for boys or girls (Copeland-Linder, Lambert, & Ialongo, 2010).

Hurd, Stoddard, and Zimmerman (2013) found that adolescents felt more social support and greater neighborhood cohesion in neighborhoods with higher levels of residential stability. Clampet-Lundquist (2007) found that "the density and longevity of the population created a tight-knit social structure for many of the families" (p. 308), that lived in the public housing complexes. The closeness in proximity and social context that many public housing complexes provide can create positive neighborhood cohesion due to the constant stream of friends and families close by (Clampet-Lundquist, 2007). Teens in Clampet-Lundquist's (2007) study commented that "everyone was family" (p. 309), meaning even those who were not direct kin were perceived as family. The teens commented that these close ties gave a sense of comfort because everyone was watching out for each other, even if they did not like them, which creates a sense of cohesion in the neighborhood (Clampet-Lundquist, 2007). Another study found an indirect effect between neighborhoods with a higher percentage of African American residents and African American adolescents reporting better neighborhood cohesion and fewer reports of poor mental health (Hurd et al., 2013). While residential stability and social relationships help create cohesion, high levels of unemployment in neighborhoods was associated with reduced perceptions of neighborhood cohesion. This lack of neighborhood cohesion was found to be a predictor for more symptoms of anxiety and depression (Hurd et al., 2013).

Religion. Research indicated that involvement in religious organizations may aid mental health. African American women believe that community and religion can be a protective factor against suicide and depression (Borum, 2012). Aspects like support systems, friendships, feelings of community and reinforcement of worldviews can help with mental health and result in regular ritual participation (Bradshaw & Ellison, 2010). In African American culture, which is a collectivist culture, religion can often play a strong role (Borum, 2012). Community, a sense of

belonging, religion, and a view that suicide is a sin are protective factors against suicide (Borum, 2012). Religion may buffer against hardships, and religious teachings and emotional support from others who have the same views may help individuals reframe their thoughts about their circumstances to less emotionally damaging thoughts, which may help to offset perceived financial deprivation (Bradshaw & Ellison, 2010). The promise of a better future and a belief in the afterlife can compensate emotionally for the objective and subjective hardships experienced in present day (Bradshaw & Ellison, 2010). Religion can be helpful with depression, but can also be harmful. African American women may look to God for help with their issues, however when something goes wrong there is the thought of, "why has God forsaken me" (Borum, 2012, p. 321).

Potential Solutions

"Without addressing the stressors directly or finding ways to adapt to them, the harmful impact of the stress on a teen's mental health will likely grow over time rather than diminish" (Wadsworth, Wolff, Santiago, & Moran, 2008, p. 15). Living in poverty creates stress for children, adolescents, and their parents. Interventions that focus on relational mediators and parenting have shown positive results. These interventions include parenting responsiveness, cognitive stimulation, and attachment as well as some programs targeting parental mental health (Yoshikawa, Aber, & Beardslee, 2012). When parental stress, depression and anxiety decrease and the parent learns to cope with the stress of living in poverty, their children report less stress and emotional difficulties. School based interventions that target social-emotional learning has had a positive impact on low-income children's mental health and social-behavioral problems. There are also programs that target poverty directly (Yoshikawa, Aber, & Beardslee, 2012). A

focus on prenatal health care and adequate nutrition and education for expecting mothers is important in preventing long-term developmental difficulties (Smith & Ashiabi, 2007).

Educating teens on positive coping mechanisms could help them deal with the stressors of living in poverty. "Coping is defined as a conscious, voluntary process that includes attempts to manage emotions and thoughts, regulate behavior, and physical arousal and act on the environment to decrease a source of stress" (Wadsworth, Wolff, Santiago, & Moran, 2008, p. 13). Many individuals have coping skills, however, they are maladaptive and harmful to themselves, such as using substances, avoidance, denial and wishful thinking. These coping skills may help the person feel better temporarily, but in the long term exacerbate the problem. Coping skills such as emotional regulation and expression, and problem solving as well as reframing thoughts, finding positives in situations, and accepting things that one cannot change are positive coping strategies that may help lessen the negative impact of living in poverty (Wadsworth, Wolff, Santiago, & Moran, 2008). However, individuals use the negative coping skills because they tend to be easier and require less work. It may be important for teens to practice using positive skills in situations where they have control, such as when with healthy friends, before they apply them to situations that they have very little control (Wadsworth, Wolff, Santiago, & Moran, 2008). While these coping skills may help, living in poverty reduces the resources available, including one's own cognitive and emotional resources that are necessary to think positively, regulate emotions, and problem solve (Wadsworth, Wolff, Santiago, & Moran, 2008).

Discussion

It is very apparent through the research that living in poverty has a negative effect on mental health of adolescents and children. There are many interventions that target poverty and work on reducing poverty through financial assistance or early intervention programs. Research tells us that different environmental factors that are often associated with poverty contribute to the impact of living in poverty. The neighborhoods that children and adolescents live in can affects their mental health. Unemployment, poverty rates, violence, and negative physical and social environments, have an adverse effect on adolescent mental health. While there are many aspects of a neighborhood that can negatively impact adolescent and children mental health there are factors such as, neighborhood cohesion, residential stability and a sense of family in the neighborhood that can decrease the harmful effects of poverty on adolescent mental health.

Creating neighborhoods that allow for more positive factors to develop would help with adolescent mental health. It would seem that decreasing unemployment may help increase residential stability due to people having jobs and staying at their job. Many interventions that provide income supplementation do not end up reducing family poverty rates. Programs that focus more on providing job training or adult education along with added income supplementation as a part of the program have been found to be successful (Yoshikawa, Aber, & Beardslee, 2012). Residential stability may create better neighborhood cohesion and a sense of family due to neighbors being able to connect for longer periods of time. Increasing a sense of family and belonging in a neighborhood may be possible through providing activities in a neighborhood where families can participate and interact with one another.

Poverty affects children and adolescents mental health and as a result their academic achievement is effected as well. Interventions that focus on child and adolescent emotional well-

being in schools can increase academic success. Increasing education for teachers that focus on the importance of emotional well-being of their students may help increase academic success. Research indicates that when there are school-based interventions that target social-emotional learning processes that are delivered by the teachers, there is a positive impact on low-income children's mental health. This impact has been found on the elementary, middle and high school levels (Yoshikawa, Aber, & Beardslee, 2012).

Not only are adolescents affected by their neighborhoods and schools, but parental education and mental health also impacts adolescent mental health. Low parental education increases the risk and impact of mental health symptoms, however high parental education may decrease risk due to more knowledge of resource availability. Increasing the knowledge of available resource to all parents would seem to help decrease the risk and impact of mental health symptoms. Making sure that the information given about resources is easy to read, available in multiple languages and provided in the mail or as flyers and not just on computers may help increase the knowledge of resource availability.

Protective factors are important on the individual, familial and community level. Religion and the community that develops surrounding religious affiliations, can help decrease the risk for suicide. Educating individuals on coping skills and what mental illness is, can be a good next step to improving the mental health of individuals living in poverty. Confidence and positive self-worth can decrease the effects of experiencing or witnessing violence on depressive symptoms. Having familial support or perceived parental support is a protective factor against mental health symptoms. Increase in parental involvement in an adolescent's life can also decrease the reported externalizing symptoms adolescents experience when violence is witnessed in poor neighborhoods. Providing information to parents on these protective factors and how to

increase them in the home may be beneficial. It may also be important to provide resources and mental health therapy for parents. Education for parents on how to care for themselves so they can help their children as well as education on ways to help their children succeed by increasing protective factors.

Providing parental interventions and support for expecting mothers can help decrease children and adolescents mental health symptoms. However there are limited resources available both in the community and at home that pose additional hurdles for those who experience poverty and socioeconomic disadvantage. More resources need to be available for individuals in poverty keeping in mind the hurdles to living in poverty, like no car to travel to these community resources. Developing ways to increase the protective factors on the individual, familial and community level could be very beneficial in helping lower the risk of adolescents who live in poverty from developing mental health problems. While there are protective factors and interventions used there are still many children and adolescents living in poverty and affected by the negative impacts poverty has on their mental health. More research and ideas need to be developed to continue to help decrease the negative effects of poverty on adolescent mental health.

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