

# **What Is The Impact of Economic Downturns on the Mental Health of Children?**

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### **Introduction**

Poverty is one of the biggest global issues-in today's world. Billions of people around the world live in extreme poverty. Nearly 10 percent of the world's population is almost 1 billion people living-below the World Bank poverty line of \$1.90 per day. What is the impact of poverty on children? It is one of the leading-causes of suffering among children. Poverty has many detrimental outcomes for children. It can affect them both mentally and physically causing damage for both short and long term. According to many researches, children who come from low income families have been shown to suffer from malnutrition, family stress, behavioral problems etc. In this literature review-we are going to explore some of these different variables that uphold the impact of poverty among children-of various ages.

### **Impact of Neighborhood Poverty in Behavior of Children**

Behavioral problems are one of the widely known impacts of poverty among children. Behavioral problems allude to two categories of behavior, internalizing and externalizing behaviors. Internalizing behaviors refer to a list of negative behaviors that are expressed inwardly, such as lack of self esteem, preferring to be alone, refusing to speak or minimal speaking, feeling worthless, being sad, and self-conscious. On the other hand, externalizing behaviors in early childhood represent a group of negative behaviors expressed outwardly, such as arguing, destroying own things, disobedience at home, and behavioral outbursts. Approximately 1 in 10 young children (aged 2–5 years) present with behavioral problems (Hill, Degnan, Calkins, & Keane, 2006; Lavigne et al., 1996). Some researchers have found that the interplay of factors related to the individual child, family, and neighborhood determines behavioral problems in early childhood. According to human capital theory and the family

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economic stress model, a family's economic status determines parental stress and the quantity and quality of resources a family can invest in their children, which affect the behavioral development of their children (Becker, 1991; Becker & Tomes, 1986; Ermisch & Francesconi, 2001; Haveman & Wolfe, 1994; 1995; Leibowitz, 1974). Despite their contribution to the understanding of the social environment, these studies did not focus on young children and/or did not control for earlier behavioral problems in examining neighborhood impacts on behavioral problems.

Theoretical frameworks explain that a neighborhood's impact on child development may differ by family poverty status. However, there is theoretical inconsistency in the way family economic status interacts with neighborhood economic context to influence child outcomes. On the one hand, middle- and high-income families can use their financial resources to counteract the harmful impact of neighborhood disadvantage on their children (Jencks & Mayer, 1990). For example, middle- and high-income families in poor neighborhoods may have (a) ties to social groups of similar economic status, (b) limited exposure to unsafe, violent environments, and (c) access to safe, higher quality facilities and services outside of their neighborhoods (Kim & Cubbin, 2017). However, low-income families in poor neighborhoods may lack the family financial resources to compensate for any harmful effects of neighborhood economic disadvantage.

The study “Neighborhood Poverty, Family Poverty, and Behavioral Problems among Young Children” uses a longitudinal design to explore the pathway between neighborhood poverty and its association with behavioral problems. First, this study tests the association between neighborhood poverty (measured when the child was 3 years old) and greater internalizing and externalizing problems among children aged 5 years. Second, this study

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analyzed the potential mediating role of social environments (measured by neighborhood social cohesion and safety when the child was 3 years old) in the relationship between neighborhood poverty and child behavioral problems. In all analyses, this study considered the intersection of family poverty (no family poverty, moving out of family poverty, moving into family poverty, long-term family poverty) and neighborhood poverty

Data from the third and fourth waves of the Fragile Families and Child Wellbeing Study (FFCWS) were used to assess the association between neighborhood poverty and behavioral problems in early childhood. The FFCWS is a longitudinal birth cohort survey of 4,898 births born in 1998–2000 in 75 hospitals in 20 cities across the United States (Reichman, Teitler, Garfinkel, & McLanahan, 2001). The study interviewed parents about their parenting, sociodemographic status, health, employment, social support, and relationship status with the focal baby's biological father (or mother) shortly after the birth of their child. Follow-up surveys collected additional information such as child health and wellbeing when the focal child was 1, 3, 5, and 9 years old. In 2001–2003, a total of 4,140 mothers participated in the core survey at the third wave (response rate: 86%), and 3,288 participated in additional in-home assessments (79% of core survey respondents; FFCWS, 2006, 2006, 2008). Scores of internalizing and externalizing problems were higher among children with family poverty at both ages 3 and 5 than children with no family poverty, out of family poverty, or in family poverty. They conducted a supplementary mean-comparison analysis to examine whether or not internalizing and externalizing problems differed by a combination of family poverty and neighborhood poverty. Findings showed that children with family poverty at both times living in high-poverty neighborhoods presented with a higher level of internalizing ( $M = 6.24$ ) and externalizing problems ( $M = 14.42$ ) at age 5 than those with other combinations of family poverty and

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neighborhood poverty. Internalizing and externalizing behaviors are widely known to increase the risk for later academic difficulties and psychopathology, including poor academic functioning, depression, delinquency, substance abuse, and poor health (Bornstein, Hahn, & Haynes, 2010; Fanti & Henrich, 2010; Mesman & Koot, 2001; Snyder, 2001; Tremblay, Mass Pagani, & Viatro, 1996). From this study, it was found that there is no association between neighborhood poverty and internalizing problems among both poor and nonpoor children. A possible reason explanation is that internalizing behaviors are more endogenous than externalizing behaviors. Thus, the mother reports used in this study may be a relatively poor measure of these traits, therefore not fully capturing internalizing behaviors in young children. Another possible reason is that the effect of economic disadvantage on child psychiatry differs by its dimensions . Economic disadvantage is expected to be a risk factor for child aggression and hyperactive behaviors, whereas personality characteristics (e.g., temperament) and emotionally stressful events (e.g., loss of a loved one) are expected to increase the risk of depression and anxiety . The findings reveal that further research is needed to better understand the different effects of neighborhood economic context on child outcomes by dimensions of mental health.

There were several limitations in this study. First, because of the high-mobility level in the United States the census tract at age 3 may not accurately represent neighborhood economic status throughout children's entire childhood. For example, some children may have relocated to certain neighborhoods (i.e., either to or from high-poverty neighborhoods) right before the time of the survey. Future research needs to investigate trajectories of neighborhood poverty rates as a result of residential mobility associated with child behavioral problems. Second, because neighborhood economic status changes over time, neighborhood poverty rate at one-time points

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might lump different characteristics of neighborhoods. For instance, the high poverty neighborhoods category in this study could include neighborhoods that recently became poor (e.g., due to a local industry crisis or natural disaster) and neighborhoods with a long history of concentrated poverty. In future work, neighborhood economic histories need consideration. Third, the study focused on neighborhood poverty and social environments to explain the mechanism by which neighborhood economic disadvantage affects children, but other essential neighborhood measures (such as employment, racial/ethnic composition, service environments, and physical environments) deserve attention in future studies. Fourth, the research included only perceived measures of neighborhood social cohesion and safety. Future research needs to compare objectively measured social environments to perceived social environments, which subsequently would affect neighborhood impacts on child behavioral outcomes. Finally, the study's sample was limited to respondents who had non-missing data on variables of our interest, which resulted in a biased sample of FFCWS. The results might not be generalizable to all children.

Healthy development in early childhood is critical for children's health, well-being, and success in their later lives, particularly for children who suffer from poverty and limited resources. Poor children are also vulnerable to neighborhood economic disadvantage. Findings from these studies propose that building a positive neighborhood climate in which residents share common values, trust their neighbors, and have limited exposure to violence and crime, may promote young children's behavioral development and their later development of academic competencies and health.

## **The Impact of Health-Promoting Behaviors on Low-Income children**

The objective of the study conducted in “The Impact of Health-Promoting Behaviors on Low-Income Children’s Health,” was to investigate whether health-promoting behaviors by caregivers would be associated with caregivers’ assessments of their children’s health. Researchers began by discussing findings from past studies. First, they mention that socioeconomic disparities can have an impact on children’s physical health. They also state that children who live below the federal poverty line have higher mortality and morbidity rates than children in higher-income households. Researchers used the Risk and Resilience Model because it provides a greater focus on health and well-being. There were three major components of this model: an experience of adversity, adaptive outcomes, and protective or promotive factors. Researchers have emphasized the importance of risks and how they impact the study. In this study, researchers focused on three domains of risks: material hardship, caregiver’s health, and children’s access to healthcare. Past studies examining the impact of material hardship have focused on food hardship or housing conditions. Children who experience food hardship and poor-quality housing are more likely to have health problems than children who do not experience these hardships. Also, caregivers’ poor physical health and poor mental health have been found to be negatively associated with their children’s health. Other studies have warned that caregivers’ physical and mental health may also influence how caregivers report their children’s health conditions. Furthermore, previous research has shown that children who do not have fair access to healthcare are more likely to have unmet healthcare needs compared to children who do have adequate access to healthcare. In this study, researchers focused on three factors that are characterized by child health-promoting behaviors by caregivers, including family routines, dental hygiene practices, and home safety practices. In the article, researchers

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discuss previous findings regarding how these health-promoting behaviors directly impact the overall well-being of children. For example, they mention that regular family routines, such as regular mealtime and bedtime routines, have positive effects on children's physical health. In addition to that, dental hygiene practices in early childhood predict good oral health during adolescence. Furthermore, numerous studies have reported that proper seat belt and car seat usage is associated with the reduction of childhood injuries. This study used the third and fourth waves of the Illinois Family Study. The IFS was a five-year panel study used to examine the well-being of welfare recipients and their families during and following the implementation of Temporary Assistance to Needy Families (TANF). The results of the study provided some evidence that health-promoting behaviors by caregivers are positively associated with children's physical health. Children whose caregivers followed regular family routines engaged their children in everyday dental hygiene practices and childproofed their homes were more likely to be assessed by their caregivers as being in excellent health, regardless of the presence or absence of chronic conditions. A major finding from this study was that health-promoting behaviors have a lasting impact that goes beyond the effect of each individual behavior. The results of this study also suggested that this particular set of health behaviors have promotive rather than protective effects on children's health.

### **Role of Family Stressors on Rural Low-Income Children's Behaviors**

Low-income families affect their children's psychological state and behavior. Poverty in childhood is connected to anxiety disorders, depression disorders, and psychological distress. This study focused on the emotional regulation of chronic poverty on children's internalizing problems. The ages of the children vary between 8 to 11 years old. For the child to be successful



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in society, he needs to have emotional and financial stability. However, this study shows that low-income children are the ones who suffer from problems like Internalizing anxiety and depression. Additionally, this study indicates the role of the family; family stress guided this study to examine relations between two stressors- food insecurity and maternal depressive symptoms, and behavior issues among younger and older rural children. The study targets the associations between food insecurity, maternal depressive symptoms, and behavior issues among younger and older rural low-income children. Food insecurity and maternal depression are two stressors that are connected to compromised health, and behavior issues, development in children. The method was through cross-sectional information from 370 low-income rural families across thirteen states were analyzed mistreatment structural equation modeling and multiple cluster analyses. Mothers' education level, financial gain, marital/partner standing, and participation in SNAP served as covariates. The results of the study show that among younger children, maternal depressive symptoms part mediates the relation between food insecurity and kid externalizing behaviors. Whereas, among older children, maternal depressive symptoms utterly mediate the relation between food insecurity and child internalizing and externalizing behaviors.

Stress proves that maternal depressive symptoms and food insecurity were associated with behavior issues among younger and older rural children; but, the relations varied by the age of children. Programs and policies that forestall or reduce food insecurity and maternal depression could facilitate the reduction of downside behaviors among rural kids. Longitudinal studies are a unit required to scrupulously examine exploit and radial asymmetry among food insecurity, maternal depression, and rural kid behavior issues, while accounting for influences of a kid, caregiver, and family characteristics.

### **Behavioral Problems of Low-Income Children with Language Delays**

Children's behavior disorders aren't just the result of living in rural low-income areas. The behavior disorder can be extended till children can have language delay problems. It has been demonstrated that children from low-income families are at high risk of language problems. This study targeted children between 3 and 4 years who suffer from low-income in their family. Children were observed in their classrooms through the class activity, it noticed that children with language delays showed problems in social and behavioral skills. Preschool children who grow up in poverty are facing behavior difficulties later in life. (Duncan, Brooks-Gunn & Klebanov, 1994; Hester & Kaiser, 1998; Kaiser & Delaney, 1996; McLoyd, 1998). Some of these behaviors can be Internalizing and externalizing. Externalizing behaviors such as kicking, biting, or hitting a classmate. Internalizing behavior represents problems such as worries, fears, and depression. The purpose of the current study was to use multiple activity assessments to look at the activity profiles of sixty 3- and 4- year-old kids from low-income families selected from 256 children enrolled listed in vantage programs and to check the behavior characteristics of thirty-two kids with language delays with those of twenty-eight kids with typical language development. Those children were screened for languages and behavior disorder, out of 60, 32 children were classified as language delayed. When kids are delayed in language development, they will have problems in peer social interactions that need communication skills for play and problem finding. analysis has additionally shown that young kids with language delays square measure at significant risk for later learning and activity issues and for social issues(Fujiki, Brinton, Isaacson, & Summers, 2001; Gertner, Rice, & Hadley, 1994). In distinction, early social and drawback behaviors additionally influence the development of language skills by limiting

opportunities for learning from adults and peers (Hester & Kaiser, 1998). Therefore, early identification of those issues is important for effective intervention.

### **Resilience, Growth, and Poverty In Children**

Resilience can be hard in children depending on the type of issues they have been exposed to; it can be hard to overcome an issue. Therefore, children may have issues with growth and getting out of their comfort zone. There are multiple levels of resilience where it can be viewed from such as in an individual, family, friends, school, and resilience at a community level. Tol, S. (2013). This research review is looking at children's issues away from western culture; this review is looking at children living in areas of armed conflict and how they become resilient because of armed conflict. This study consisted of 15 qualitative and mixed-method studies and 38 quantitative cross-sectional studies on school-aged children. This article had a good reason why they did this study on children living in conflict areas because this is where children are affected the most on this issue, unlike the western countries. To get correct results, this study has researched only primary subjects and identified three important keywords, such as 1. Populations under 18-year-old 2. Focused on resilience 3. Where exposed to arms conflict. Tol, S. (2013). Methods included first a focus on armed conflicts in low and middle-class countries, Second an interest in qualitative and quantitative and mixed-method studies, and third consisted of not finding studies that compared adversity and mental health outcomes.

This is a strong topic because these kids in conflict zones have no means of being studied during wars; we can only see the after effect. Kids' behavior would adjust to what they see; in this case, its bombing and killing. But not always I remember watching a video a couple of years ago of a four-year-old reaction to bombs being exploding behind her, and she was calm and

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smiling at the camera; it goes to show children make anything normal if it's not taught to them. Another article that was found was on child maltreatment and allostatic load in children in low-income families; this somewhat compares to the first article the difference with that is that this one is that its studying maltreated children that are exposed to high levels of community stress such as high crime areas, violence, noise, overcrowded schools, poor school, and diminished resources. Rogosch (2011). This article looks at children's resilience from a western perspective, which is indeed important. The way this study was conducted was by having a summer research day camp that had 137 maltreated and 110 non-maltreated low-income children from the ages 8-10. Researches gave the kids physicals to test their health and made predictions comparing their poor health outcomes and greater behavioral problems. There were many health issues that contributed to these behavior problems, such as high waist-hip ratio, low morning cortisol, and high morning dehydroepiandrosterone in maltreated children. This is sad that resources barely go to children in low-income areas. I feel that most of the time, parents have an impact on this, considering they are with the children a lot. Abuse and the way to talk to a child can take a long way. We feel that if we spent time educating parents on how to treat children, we could see a more positive effect on children in public areas, and it will affect more children in the long run. Therefore, I feel that this topic is important. The strength of this study is correlating low-income neighborhoods to children with health and mental issues, which is important; they did a study testing the stress hormone cortisol and how it negatively impacts children who grow up in stressful environments. Rogosch (2011). A child's brain is always developing, and stress environments will impair children's hormones at an early age. It's said that families of low socioeconomic status experience more neurocognitive issues, which has to do with elevated levels of environmental stress; kids could be affected as young as elementary school. The aim of

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this study is to research low-income children to help understand different hormone level changes and how to reverse the effects of cortisol in children living in a stressful environment like New York City. This is indeed relevant because brain development is the most important when a child is growing up; this will affect them until adulthood.

There are many low-income children in the USA. Low-income children experience lots of problems when growing up. According to Huston (2011), children living in poverty or those who come from families with low income are exposed to so many negative things, such as conflict. Huston (2011) suggests that there are certain strategies that can be used to solve the issue of the high rate of low-income children in America. These strategies include improving health as well as the development of young children and also providing employment and work support to poor parents in the community. Growing up in families with low income affects the child's behavior, health, educational well-being as well as their relationship with peers and other family members. Low-income children have a tendency to develop negative relationships with their peers and other people around them. This is because they experience problems that, in turn, affect their ability to interact and communicate with people in an appropriate and effective way. Also, low-income children are likely to behave in a manner that is considered unethical in society. Growing in poverty exposes them to conflict, and as a result, they at times indulge themselves in criminal activities. The article by Huston (2011) also suggests that low-income children have relatively poor intellectual and social skills. The reason for their low intellectual skills is because of the environment that they grow in and the role played by their parents when bringing them up. Therefore, low-income children may, at times, not be able to carry out activities that can be performed by children from high-income families, especially those activities that require high cognitive ability.

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The study by Francis et al. (2018) explores the effects of child poverty specifically on the development of children. According to the article, children who come from low-income families are more prone to experiencing multiple adversities; for example, parent incarceration. Other challenges that they experience include household substance abuse and economic discrimination. Such challenges make low-income children have developmental issues. For instance, they are sometimes not able to regulate their emotions like other children of their age. They may be angered by a very small thing to the point of engaging themselves in a conflict or violence. The inability to regulate emotions among children who come from poor families also interferes with the way the children interact and communicate with their peers. Francis et al. (2018) also argue that children who are brought up in poor families have slower cognitive development as compared to the children who are brought up in families with high income. The brain environment is greatly influenced by environmental factors. Therefore, if the environment that a child grows in is not conducive and does not promote the cognitive skills of the child, the brain usually develops at a slow rate. To promote brain development among children who come from poor families, parents, and the members of the community have the responsibility of creating a supportive and conducive environment. Parents can create a supportive environment by nurturing the skills of their children when still young, regardless of their economic and financial status. Parents also have the responsibility of making sure that their children do not experience household conflicts and violence as a way of promoting a conducive environment not only for development but also for effective interaction with other people.

## **Mental Health Prior to COVID-19 (Research Assumptions & Results Obtained)**

The impact that an economic crisis or downturn can have on one's mental health is an essential topic to be discussed in depth because it is one that requires the world's attention as the world processes the effects that the current pandemic have had on the mental health of many. Research has shown that people have experienced increased symptoms of stress, anxiety, depression, and post-traumatic stress disorder otherwise known as PTSD because of poverty. Other studies have noted an increase in substance abuse and overdoses. Let's focus on causes of mental health decline, how people will respond to the current economic crisis, the secondary effects that economic downturns can have on mental health, evaluating the effects of the most recent economic recession, and ways to mitigate the impending health crisis.

The article titled "How Will Our Mental Health Be Affected By This New Financial Crisis?" uses mental health data found from Midlife in the United States (MIDUS) to gauge the potential gravity and severity of the psychological impact of Covid-19. In order to do this, they first evaluated the state of mental health in America prior to COVID-19. What they found was that those impacted by the 2008 recession showed an increase in panic attacks, excessive worry, depression, and substance abuse and they were still experiencing these problems in 2013. They found that the population-level trend was towards improvements in mental health after the recession. However, for some individuals, each recession impact experienced was associated with long-lasting declines in mental health. The article titled "The Implications of COVID-19 for Mental Health and Substance Use," also evaluated the mental health of Americans prior to COVID-19 by citing a study in which individuals reported a major depressive episode in the past

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year. They found that prior to the COVID-19 pandemic, nearly one in five of US adults (47 million) reported having a mental illness in the past year, and over 11 million had a serious mental illness, which frequently results in functional impairment and limits life activities. This shows that both articles make the assumption that mental health status prior to the COVID-19 pandemic is a factor in the mental health state of those experiencing mental health illness in the current climate. To justify this assumption,, both articles addressed the number of deaths due to drug overdose.

The first article uses a study titled “States Scramble To Deal With The Compounding Covid And Opioid Epidemic,” to discuss how they are scrambling to amend their laws surrounding opioid use disorder treatment as COVID has exacerbated the opioid epidemic. It states that almost 72,000 Americans died of a drug overdose last year. The article addresses the state of drug use in America prior to COVID-19 to statistically prove the damage that COVID-19 can cause on mental health. The second article cites a survey titled “Opioid Overdose Death Rates and All Drug Overdose Death Rates per 100,000 Population (Age-Adjusted)” that states that deaths due to drug overdoses have increased more than threefold over the past 19 years (from 6.1 deaths per 100,000 people in 1999 to 20.7 deaths per 100,000 people in 2018). Each research article makes the assumption that the mental health state prior to the COVID-19 pandemic is a factor in the mental health state of those suffering with mental illness in the current climate.

### **Hypothesis & Independent/Dependent Variables:**

The first article titled *How Will Our Mental Health Be Affected By This New Financial Crisis?* Hypothesizes that people are experiencing worse mental health problems than before the



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pandemic due to loneliness, isolation, a constant state of worry about your health, financial insecurity, housing insecurity, job insecurity. The second article, titled *The Implications of COVID-19 for Mental Health and Substance Use* makes a similar hypothesis, stating that the COVID-19 pandemic and the resulting economic recession have negatively affected many people's mental health and created new barriers for people already suffering from mental illness and substance abuse disorders. The first article uses a TIME Magazine article titled *'How Am I Going To Make It?' Months of Eviction Uncertainty Are Taking a Toll on Millions of Families*, to clearly highlight housing insecurity as an independent variable in its impact on mental health. It states that those who were recently behind on rent faced quadruple rates of food insecurity, twice the rate of maternal depression, and higher rates of child hospitalizations and developmental delays compared to those with stable housing and that three times as many Americans are experiencing depression during the COVID-19 pandemic than beforehand. Here, it is clear that the independent variable is housing insecurity and the dependent variable is the worsening mental health status of people directly affected by the pandemic. The same can be said for the second research article that cites data from recent polling data stating that more than half of the people who lost income or employment reported negative mental health impacts from worry or stress over coronavirus; and lower income people report higher rates of major negative mental health impacts compared to higher income people.

### **Implications of Studies:**

The studies cited in each of these research articles imply that the effects of an economic recession and especially one that is caused by a virus such as COVID-19 are far-reaching and easy to overlook if not properly evaluated. What has become a stressor for people is not just the

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virus itself but also its tangible impact on many spheres of life: job security, isolation, financial security etc; All of the issues brought about by this pandemic exacerbate pre existing ones. That means for the poor person, they have only become poorer. For the person struggling to maintain financial stability, they now have no means of attaining it and for the person who was actively looking for a job, there is no job on site or on the horizon. With the implications made by both of these research articles, I would follow up on how people who first participated in polling data for each article are doing now. For those whose mental health initially suffered at the beginning of the pandemic, how is their mental health now that the pandemic has persisted ?

### **Strengths/Weaknesses:**

A strength in both research articles is that the premises were properly set for discussion of mental health. Each article referenced studies that isolated COVID-19 related mental health issues in order to properly isolate the independent and dependent variables, make accurate hypotheses, assumptions, and attain results. To improve both articles, we would research how mental health has changed from decade to decade to further isolate whether COVID-19 is merely exacerbating issues that were already there or creating new ones. One article we would use to begin to do this is titled *Trends in psychological distress, depressive episodes and mental health treatment-seeking in the United States: 2001-2012*.

## **Conclusion**

Based on the research given, we understood that many factors in economic downturns can contribute to downturns in children's mental health. These factors include stress, financial instability, job insecurity, housing insecurity, poor compensation etc; We have also observed that people respond to economic downturns differently. For some, it leads to an increase in drug abuse, increase in bullying and overall negative impacts on the child's well being.

People have experienced increased symptoms of stress, anxiety, depression, and post-traumatic stress disorder otherwise known as PTSD because of poverty and while mitigating events that spur downturns in mental health are important, it is equally as important to mitigate its effects and ensure that the effects are limited.

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