



**The  
Children's  
Society**

# Poor Mental Health

**The links between child poverty and mental health problems**

March 2016

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Children and young people growing up in poverty **feel distinctly less optimistic about the future** than their more affluent peers **(29% compared to 22%)**

### **Acknowledgements**

There are a number of individuals who offered advice and information for this report. I am grateful to colleagues from our work in Oldham and Birmingham for support in organising and running focus groups, and to colleagues from other teams that have offered their support and challenge. Finally, I'd like to thank Helena Egan, who in her role as intern supported me with the review of Government legislation.

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# 1 in 5

**children living in poverty  
feels like a failure,  
compared to one in seven  
of their more affluent peers.**

# Executive Summary

Children's mental health is beginning to get the attention that it deserves, and there has been an effort from Government to achieve parity of esteem with physical health. However, access to support is not always easy for those that need it.

There is a wide variety of evidence to show that children who live in poverty are exposed to a range of risks that can have a serious impact on their mental health, including debt, poor housing, and low income. Our original analysis has found that children living in poverty are more likely to feel like a failure, useless and hopeless about their future than their more affluent peers.

Yet in spite of this evidence, Government policy and Mental Health Trust priority groups too often don't recognise children in poverty as a vulnerable group. Our research found that only 1 in 10 mental health trusts see children in poverty as a priority group for access to mental health services.

This is also set in the context of a projected rise in child poverty over the next five years. It is a real concern that cuts to support for low income families have the potential to entrench the impact of poverty on the mental health and well-being of children across the UK. This report sets out a number of areas for further exploration, and makes recommendations for Government to better address the mental health needs of children and young people living in poverty.

Almost  
**a quarter**

of children living  
in poverty don't  
feel useful,  
compared to

**1 in 6**

children from more  
affluent backgrounds.

# Introduction

It is well established that growing up in poverty can have a detrimental effect on children's long-term outcomes. For instance, there is a recognised link between growing up in poverty and the resulting impact on children's educational attainment<sup>1</sup>, along with poorer physical health outcomes<sup>2</sup>.

However, growing up in poverty is still not widely recognised as a substantial risk<sup>3</sup> for the development of mental health problems, which can be a particular problem for families already struggling to maintain the everyday costs of supporting their children. There are a wide range of variables associated with poverty that can have an impact on children's mental health, but this report focuses on three areas that we have identified as being particular risk factors through our policy and research work, and from our direct practice: low income, debt, and poor and inadequate housing.

Successive Governments have sought to achieve parity of esteem for physical and mental health, and this report also examines to what extent this intent has translated into effective action.

Finally, we suggest possible areas that would benefit from further examination and exploration so as to better understand both the impact of different circumstances and the potential benefit of different interventions.

# Research question

## **What we have sought to achieve and why**

The association between living in poverty and the development of mental health problems in adults is well known<sup>4</sup>. However, while there is a variety of academic, clinical and policy-based evidence that demonstrates the nature of the relationship between children's mental health and growing up in poverty, this has not been consistently translated into policy and practice.

# Methodology

## How we collected the evidence

The evidence presented in this report was gathered through a combination of analysis of the available academic literature, Understanding Society datasets, and other research published by organisations and institutions with an interest in children's mental health or child poverty. Additionally, we ran three focus groups with children and young people who have accessed our services, and included data gathered from a national Freedom of Information request to Mental Health Trusts which we collected in 2015.

## Focus groups

By working with our practitioners, we conducted three focus groups with children aged 9 to 16 with direct experience of living in poverty and with mental health issues. These allowed us to gain an insight into the impact of different aspects of their lives on their mental health and well-being.

## Understanding Society analysis

We conducted original analysis of the Understanding Society dataset, which allowed us to draw a direct comparison between the well-being of 16 to 19 year olds living in poverty and those from more affluent backgrounds.

## Literature review

We conducted a review of available evidence to better understand common themes, drawing on academic literature as well as grey literature from other charities and organisations. This report also considers Government policy, legislation and guidance to explore the extent to which the evidence of the association between child poverty and mental health is reflected within policy and practice.

## Freedom of Information (FOI) analysis

In April 2015 we sent out a Freedom of Information (FOI) request to 54 providers of specialist mental health services. We received responses from 36 providers who deliver Child and Adolescent Mental Health Services (CAMHS), a response rate of 67%. Respondents comprised of NHS Mental Health Trusts and NHS children's hospital trusts. Of the four standalone NHS specialist children's hospitals in England, we sent and received CAMHS data from three.

# Definitions of mental health and poverty

## Mental health

Throughout the report, the term 'mental health problems' is used to describe different conditions children and teenagers can experience. This includes mild, moderate to severe and ensuing conditions, ranging from anxiety or depression through to bipolar disorder, schizophrenia and eating disorders. We recognise a range of terms exist to describe these conditions and illnesses, but for consistency and clarity we are using the term 'mental health problems' throughout this report.

## Well-being

The Children's Society has been studying children's subjective well-being since 2005. The Good Childhood Inquiry, launched in 2006, was the first independent national inquiry into childhood that sought to better understand modern childhood from the perspective of children themselves.

Since 2012 we have produced annual reports reviewing children's subjective well-being and have analysed the impact of a range of factors affecting the way children feel about their lives.

Subjective well-being is about children's own assessment of how their lives are going. Are children satisfied with their relationships with the significant people in their lives? Are they satisfied with the environments that they inhabit and how they spend their time? Are they satisfied with how they see themselves? Which aspects of their lives do they rate highly, and which do they rate poorly? How are their lives going at present, and how do they feel about the way things are heading?

Subjective well-being is based on two elements:

- life satisfaction
- experience of positive and negative emotions at a particular point in time.

Psychological well-being is concerned with children's sense of meaning, purpose and engagement. Our research also found that children's subjective well-being has a moderate association with measures of mental health problems – suggesting that there is a link between the two things, but that they are nevertheless distinct.

## Child poverty

Townsend<sup>5</sup> defined this as lacking 'the resources to obtain the types of diets, participate in the activities, and have the living conditions and amenities that are customary...in the societies to which they belong'. Such resources may include money in itself, but they may also include other forms of material resources – such as access to healthcare, a decent home and a high-quality free education. Children are said to live in relative income poverty if they live in households with income below 60% of the household median. This relative child poverty measure recognises that it is not enough that children's basic needs are met, but they also have the resources necessary for them to participate in the same activities as their peers.



# Evidence of the links between poverty and children’s emotional well-being and mental health

## Understanding Society analysis

This section outlines our analysis of Understanding Society’s 2015 data release, a longitudinal data set that covers areas such as income, housing, health and well-being. We have focused on 16 to 19 year olds living in poverty as these are the most relevant for this research. Therefore, whilst it is not a comprehensive assessment of all children, it offers an indication as to the impact of growing up in poverty on the emotional well-being of young people.

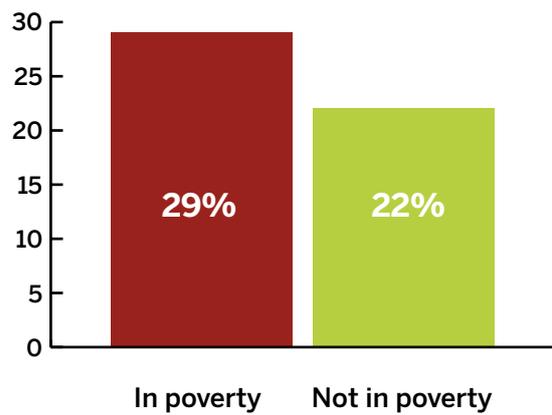
### The impact of poverty on the well-being of 16 to 19 year olds

Our analysis of the Understanding Society survey has shown (as demonstrated in the three graphs in this section) that there is an association between children aged between 16 and 19 living in poverty and their emotional well-being. For instance, the way that children and young people view themselves and the way that they feel about their future prospects both have significant correlations with living in poverty.

As the data in the graph to the right shows, children and young people growing up in poverty feel distinctly less optimistic about the future than their more affluent peers. This in turn has a knock-on detrimental effect on their aspirations and the potential that they believe the future holds for them.

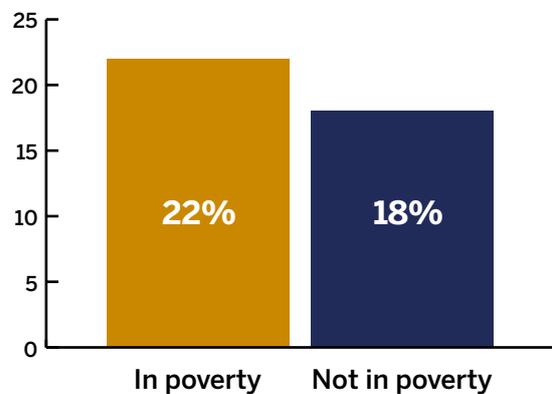
Another correlation between poverty and emotional well-being is how useful children in poverty feel, with almost a quarter (22%) saying that they didn’t feel useful compared to 1 in 6 children from more affluent backgrounds.

Fig 1. Not optimistic



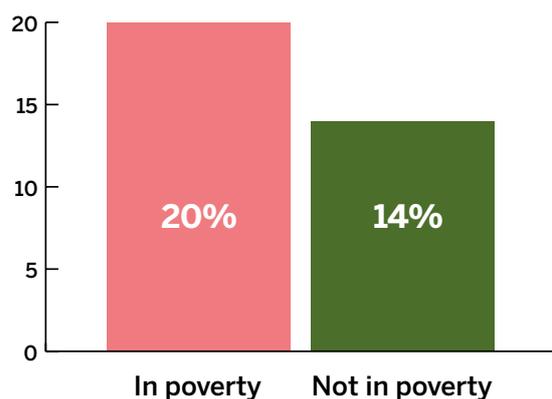
n=2599, p value: 0.001

Fig 2. Doesn’t feel useful



n=2599, p value: 0.103

Fig 3. Feels a failure



n=2542, p value: 0.001

This combination of lack of optimism and self-worth suggests a negative association between growing up in poverty for children and young people's emotional well-being. This insight is further reinforced by the number of children and young people growing up in poverty reporting that they 'feel a failure', with the evidence gathered from our analysis showing that they are considerably more likely to report this than their more affluent peers.

### **Poverty, relationships with family and friends, and children's mental health**

There is evidence to suggest that being born into poverty can increase the risk of mental health problems in children and young people, which in turn can have long-term consequences for their educational outcomes and social relationships. In a recent report<sup>6</sup> The Children and Young People's Mental Health Coalition<sup>7</sup> highlighted that 'being born into poverty puts children at greater risk of mental health problems and, for many, this will lead to negative consequences through their lives, affecting educational attainment and social relationships, and can be cumulative.'

The negative consequences of living in poverty were well illustrated in our recent work on the Children's Commission on Poverty<sup>8</sup> (CCP), which showed that children are acutely aware that their parents struggle with the cost of school. Where children were struggling with school costs, in many cases this led to embarrassment and bullying. Nearly two-thirds (63%) of children in families who are 'not well-off at all' said they had been embarrassed because they couldn't afford the cost of school, such as a school trip or a new item of uniform.

This highlights the stigma which may be associated with growing up in poverty. Young people told us that they felt marginalised or misunderstood as a result of their teachers and peers not appreciating the realities of living in poverty. Being able to interact with their peer group is important for children and young people as they grow up, and this suggests that growing up in poverty makes it harder to do so.

### **Stigma and poverty**

Stigma from those around them, be that their friends, peers more broadly, or society as a whole<sup>9</sup>, can have an impact on the emotional well-being of children and young people growing up in poverty. It may contribute to the higher likelihood of 'feeling a failure' and a lack of optimism for the future, as described previously. Analysis by the Health and Social Care Information Centre has found that one in six 15 year olds in the UK who come from deprived areas reported having low life satisfaction, compared with around one in ten of those living in the least deprived areas<sup>10</sup>. The young people involved in the CCP echoed this. One young person who contributed to the Commission told us:

'We are still judged on it now sometimes, some people say "oh it's a council house kid"...it makes me feel quite angry, maybe their family hasn't got enough to buy them clothes straight away, maybe they can't afford the water bill.'<sup>11</sup>

Furthermore, research by Mind has shown that perceived stigma leads to loneliness, depression and loss of confidence, and that the fear of this type of discrimination can be as damaging as actual discrimination<sup>12</sup>. This can have a distinctly negative effect on young people's view of the world, and their place in it, which has an inhibiting impact on their ability to achieve their full potential, both at school and also as they grow up and move into employment.

### **Comparing children and young people in poverty with those from more affluent backgrounds**

Over the last 25 years research has shown that growing up in poverty has a detrimental effect on the mental health and well-being of children and young people. There is evidence to suggest that children and young people who live in poverty have a higher chance of experiencing mental health problems and lower subjective well-being both as children, and as adults<sup>13</sup>.

## Poor mental health:

The links between childhood poverty and mental health problems

Research published by the Department of Health in 1999 outlined that children in the poorest households are 'three times more likely to have a mental illness than children in the best-off households'<sup>14</sup>. This is made all the more concerning when evidence shows the impact of persistent and deep poverty on the mental health of children and young people.

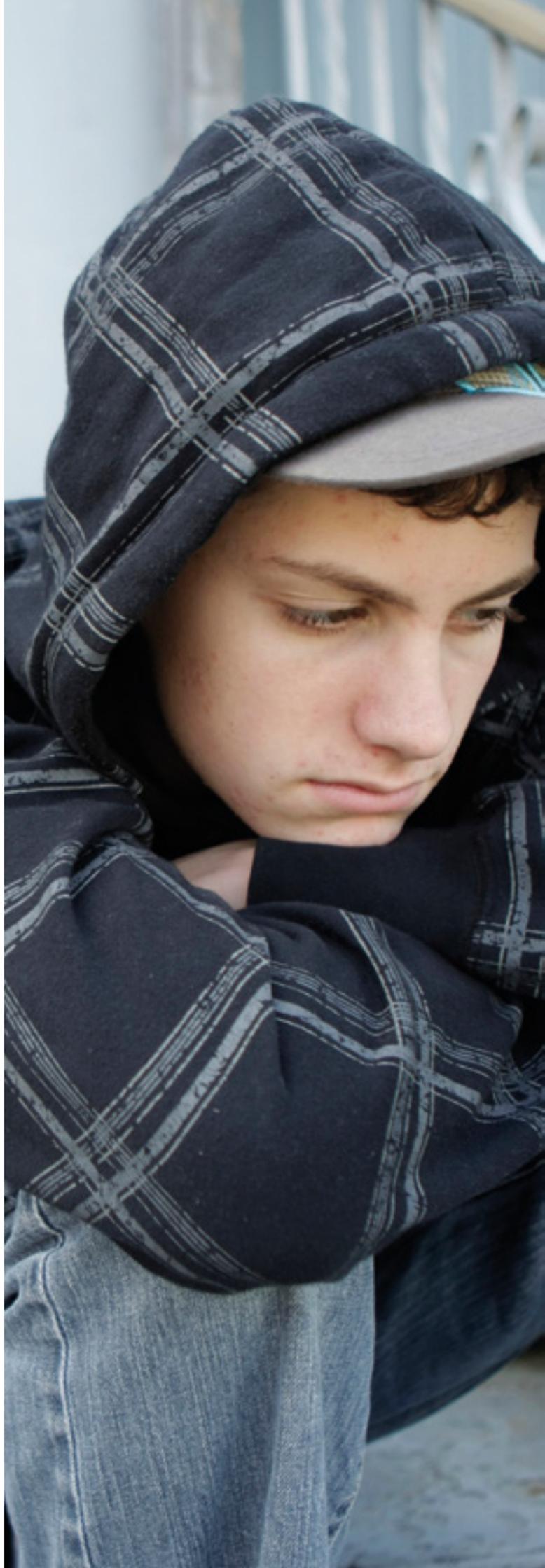
Original analysis of the National Child Development Study data between 1958 and 2008 by the Centre for Longitudinal Studies has shown that children from the lowest income families are four times more likely (16%) to display psychological problems than children from the richest families (4%)<sup>15</sup>. This is further reinforced by evidence that shows children in poverty 'have more mental health problems than non-poor children, whether we consider internalising problems like depression or externalising problems like antisocial behaviour'<sup>16</sup>.

This raises the possibility that addressing child poverty could also have a positive impact on improving children's mental health outcomes.

### Areas for further exploration

Evidence gathered for this report would appear to show an association between poverty and mental health problems, and highlights an approach that has, to date, not adequately addressed this. Research into the links between poverty, social inequality and mental health has demonstrated that 'conduct disorder and attention-deficit hyperactivity disorder show links with family poverty, and this is most marked for children in families facing persistent economic stress'<sup>17</sup>.

This suggests that further research into whether mental health problems fluctuate with levels of income, and whether money problems (irrespective of the overall financial situation of a family) have a detrimental effect, could be instructive for the development of long-term policy solutions.



# Low income and mental health

The available evidence that links mental health problems and low income focuses predominantly on the experiences of – and outcomes for – adults. However, there is some evidence that demonstrates the impact on the mental health of children and young people. The End Child Poverty coalition outlines in its Unhealthy Lives<sup>18</sup> report that children in families in poverty are over three times more likely to suffer from mental health problems than their more affluent peers. For children in poverty, 1 in 40 children aged 5–10 engages in self-harm, compared to fewer than 1 in 100 of those with high socio-economic status. Likewise, a review of poverty and mental health by the Centre for Social Justice<sup>19</sup> highlights that children and adults from the lowest 20% of household income are three times more likely to have common mental health problems than those in the richest 20%<sup>20</sup>, and nine times as likely to have psychotic disorders<sup>21</sup>.

The Office of National Statistics' (ONS) most recent prevalence survey from 2004 found that in families with a gross weekly household income of less than £100, 16% of children and young people have a mental health problem<sup>22</sup>, compared with 5% of those with an income of £600 or more. The same survey showed that in households in which someone received disability benefit, 24% of children and young people have a mental health problem compared with fewer than 1 in 10 (8%) for those that received no disability benefit. The prevalence survey also highlighted some more general concerns regarding the links between poverty and mental health in children and young people. It showed how children with conduct disorders lived in the most economically disadvantaged circumstances, and 22% of children with a conduct disorder had parents who had experienced a financial crisis. Furthermore, another study found that 'children whose parents are in poverty or who have experienced severe economic losses are more likely to report or be reported to have higher rates of depression, anxiety, and antisocial behaviours<sup>23</sup>'.

This evidence seems to suggest that there is a correlation between growing up in poverty and the development of mental health problems. It also appears to suggest that children in poverty are more likely to develop mental health problems than their more affluent peers. The recent report<sup>24</sup> by the Children's Commissioners for the UK – which looks at welfare reform and austerity measures – outlined their deep apprehension over future austerity measures, given the effect that the benefit cap, the spare room subsidy, benefits sanctions and other measures have had on the household income for families already living on low incomes.

## The impact of work and benefits

There is also evidence that suggests that growing up in a household that is in receipt of benefits or is struggling to find employment can have a negative impact on the mental health of children and young people.

For instance, research shows that living on a low income can cause both physical and mental health problems for parents and children alike<sup>25</sup>. Another study found that poverty and unemployment were both associated with the persistence of mental health problems of parents<sup>26</sup>, while other research has shown that 'reductions in family income, including benefit cuts, are likely to have wide-ranging negative effects on children's mental health<sup>27</sup>'.

## Access to employment

There are also long-term consequences for children and young people who suffer from mental health problems in terms of their employment prospects. Research by the UCL Institute of Education, the Institute of Fiscal Studies and the Rand Corporation shows that 'adults who struggled with psychological problems as children tend to work fewer hours and earn less money, and are more likely to experience unemployment<sup>28</sup>'. Research published by the Association of Young People's

Health<sup>29</sup> showed that young people who were not in education, employment or training (NEET) or were socially isolated, were found to be twice as likely as other young people to report mental health problems. This is corroborated by work from the ACEVO Commission on Youth Unemployment<sup>30</sup> which highlighted the profound impact that youth unemployment has upon both the young person that is out of work, and the cost to the Exchequer<sup>31</sup>. In terms of the impact upon the young person, the Commission highlights the 'scarring effect' of youth unemployment, and a negative effect on mental health, both in the short and longer term.

This suggests that making sure that there are pathways to employment, not just for the parents of children in poverty, but also for the children themselves in the future, is an important factor for the prevention of mental health problems.

### **Benefit receipt and children's mental health**

However, it is not just paid work, but also the overall amount of money that is received through the benefits system that can have an impact on the mental health of children and young people, and low-income families in general<sup>32</sup>. Evidence<sup>33</sup> shows the detrimental impact that welfare changes have had on working families. These changes place a real strain on the budgets of low-income families.

One critical benefit to help families affected by mental health problems is the Disability Living Allowance (DLA) for children. The DLA rate is between £21.80 and £139.75 a week<sup>34</sup> and depends on the level of help the child needs<sup>35</sup>. For children with mental health problems, it can be very hard to access this benefit, due to the difficulty of demonstrating an impairment that affects your ability to function on a daily basis, when compared to that of a physical disability<sup>36</sup>. This also presents a strong example of where the parity of esteem between physical and mental health is yet to be achieved.

With the transitory nature of some mental health problems<sup>37</sup>, it is hard to show the consistency of detriment to the individual, and while checks

are in place to assess this, they have very narrow definitions that mean that the likelihood of being granted the benefit is reduced. The report Future of Family Incomes<sup>38</sup> showed how families with a disabled child are amongst the worst affected by cuts to support. For instance, a couple with three children – one of whom is disabled – in receipt of the low rate DLA care component would see the value of the disability addition within their Tax Credits/Universal Credit entitlement reduced by half through the introduction of Universal Credit.

### **Areas for further exploration**

This all suggests that the combination of low income and difficulty in obtaining certain benefits can leave families with children in situations where they struggle to make ends meet. They are caught in a constant juggling act, facing difficult decisions around what they can and can't provide for their families, which in turn can lead to the development of mental health problems over time.

While there has been research into the impact of living on benefits on adult mental health, there has not been an equivalent body of research to explore the impact on the children in the household, and this would appear to be an area that would benefit from further research.

# The effect of problem debt on children's mental health

## Impact of debt

Research by the Royal College of Psychiatrists has suggested that debt may have indirect effects on household psychological well-being over time, and 'potential mental health problems among children<sup>39</sup>'. In light of this, and findings from our own research, this section explores the impact of problem debt on children's mental health.

## The impact on children

The Children's Society's research has shown that living in a family that has experienced problem debt<sup>40</sup> has a real impact on children – both in terms of the emotional impact and in terms of the ways in which they seek to protect their parents as far as they can.

Around 6 in 10 children living in families with problem debt who we surveyed for The Debt Trap said that they often worried about whether their family had enough money. This was a view that was shared by their parents, with around half of parents surveyed (47%) saying that their financial situation caused their children emotional distress, and a quarter saying that it resulted in their children feeling stressed or anxious. One young person told us:

'It just makes me feel stressed because sometimes she puts it onto me...she will get angry at me for silly little things.'

Additionally, our work on families with children in energy debt<sup>41</sup> uncovered that children wanted to protect their parents and did not think badly of them for being in debt or want to place more demands on them by asking for more things. One child that was interviewed for the research told us:

'She [mum] doesn't like owing people money. She paid that off but we're going to take it a lot easier this month, this year. Because it was too much to even think about for a whole year, knowing that you've got that much to pay off.'

This is further reinforced by evidence from the Royal College of Psychiatrists that sets out how 'debt may have indirect effects on household psychological well-being over time, as it impacts on feelings of economic pressure, parental depression, conflict-based family relationships, and potential mental health problems among children<sup>42</sup>'.

This suggests that children do suffer from the main 'debt effects' experienced by those around them – including their parents and carers. The impact of parents struggling often cannot be hidden from children, however hard parents try.

## The impact on the whole family

In the absence of extensive relevant data specifically on children's mental health, we can gain an insight from the research on adult mental health and debt. Our research<sup>43</sup> has shown the detrimental impact that struggling to make ends meet has on the mental health and well-being of parents and children alike. Survey respondents and the families and children that we interviewed reported feeling stressed, anxious and depressed as a result of their financial situation.

Other research has focused on the impact of debt on the mental health of adults. Research from the Centre for Social Justice highlights the association

between debt and mental health, and the impact that this can have on the physical health of families. The research states that deprivation 'causes physical health problems which greatly increase the risk of mental illness, particularly depression. The chronic low level stress of coping with daily hardship and disadvantage affects the way the body reacts, impacting on people's physical health through higher cholesterol levels, blood pressure and heart disease<sup>44</sup>.'

There is evidence that debt can not only cause, but also be caused by, mental health problems<sup>45</sup>. Mind's In the Red<sup>46</sup> report found that almost two-thirds (63%) of people in problem debt did not tell creditors about their mental health problem because they didn't think they would understand. Of the 37% that told their creditors, the majority were still treated unfairly, with more than 4 in 5 (83%) saying they had been harassed about debt repayments despite informing the organisation of their mental health problems. Three quarters (74%) felt they were treated unsympathetically and insensitively by staff after telling the organisation.

This is further reinforced by evidence from the ONS which reports that 'people with experience of mental distress are three times more likely to be in debt.' Of those with mental health problems, 23% were in debt (compared with 8% of those without mental health problems), and 10% had experienced a utility being disconnected (compared with 3% of others).

### **The impact of parental mental health on children's mental health and well-being**

There is some limited evidence that suggests that parental mental health problems can have a direct impact on the mental health of children and young people. For example, research looking at the impact of parental depression on the likelihood of children and young people having problems with depression found that around half of children of parents with depression also develop depression at some point during their childhood or early adulthood<sup>47</sup>.

### **Areas for further exploration**

As with the majority of issues covered in this report, the existing evidence showing the link between factors that exist for people in poverty and the development of mental health problems is from an adult perspective. As such, we recommend that further research be undertaken to explore the following questions:

- In what way does growing up in a family in problem debt affect children's mental health?
- Do different types of debt have different effects on children's mental health?
- Is growing up in problem debt only associated with certain types of mental health problems?

# The effect of poor housing and disadvantaged communities on children's mental health

## Poor and inadequate housing

The quality of housing has an impact on a number of outcomes for children and young people, particularly their physical and mental health<sup>48</sup>. This is shown to be a result of the number of people living in the accommodation, the ability to adequately heat it, and the type of accommodation itself<sup>49</sup>.

Research by the Chartered Institute of Environmental Health<sup>50</sup> has demonstrated that there is a significant relationship between poor housing and mental health problems in children. The evidence that they present suggests that there is a causal link between some physical conditions, such as dampness and overcrowding, 'both on a physiological and psychological basis'.

## Affordability of housing

Being able to access appropriate housing for the needs of the family can also have an effect on the mental health and well-being of children and families<sup>51</sup>. Evidence suggests that this situation has been further exacerbated by the introduction of the Benefit Cap, which cuts the amount of money that affected claimants receive in Housing Benefit, and also the removal of the 'spare room subsidy', which reduced Housing Benefit for social tenants of working age with more bedrooms than they were deemed to need. Research by Moat<sup>52</sup> has shown that the £26,000 benefit cap currently in place means that two bedroom houses will be beyond the reach of families in receipt of Housing Benefit in most local authorities within eight years, and that within 10 years most one bedroom houses would become unaffordable. This is a situation which will be further exacerbated by the additional reduction to the Cap set out in the Welfare Reform and Work Bill, which will see it reduced to £23,000 in London and £20,000 outside London, alongside a four year freeze to Local Housing Allowance rates.

The NHS Confederation Mental Health Network recognises the ability to access good quality, affordable housing as something which 'underpins our mental and physical well-being<sup>53</sup>. The policy changes outlined previously reduce the ability to access such housing and therefore have the potential to undermine these positive mental health benefits.

This suggests that there could be longer term implications for the development of mental health problems in children and young people in poverty if Government policy is contributing to a situation where families find it harder to secure appropriate and stable housing.

## Links to behavioural issues

The quality of their housing can also have an impact on the behaviour of children and young people.

Research has shown that children living in poor housing are more likely to have behavioural problems, including aggression, hyperactivity and impulsivity<sup>54</sup>. Children who have been in temporary accommodation for more than a year are three times as likely to have mental health problems, including depression and anxiety<sup>55</sup>. This is corroborated by research by Shelter that has shown how all of the most common effects of overcrowded housing – for instance mental health problems – were 'rooted in uncomfortable, and often constantly changing, sleeping arrangements<sup>56</sup>'.

This suggests that if the Government were to improve the quality of housing and stability of living arrangements for low income families with children, it could go some way towards preventing the development of both behavioural and mental health problems.

## Heating the home

We know from our research<sup>57</sup> that being able to adequately heat their home is of utmost importance for families. There are serious physical health consequences as a result of growing up in a cold home, as evidenced by the Marmot Review in 2011. This research outlines how more than 1 in 4 adolescents living in cold housing 'are at risk of multiple mental health problems<sup>58</sup>', compared to 1 in 20 adolescents who have always lived in warm housing.

Research by Sheffield Hallam University<sup>59</sup> has shown that growing up in a cold home is linked to an increased risk of depression and anxiety. The Children's Society's research<sup>60</sup> has also shown that there is an association with the well-being of children and young people and the warmth of the family home, with the families that we spoke to outlining how they have to cope with 'the emotional and psychological fallout from their experiences of fuel poverty'.

However, despite this, analysis of our FOI of Mental Health Trusts showed that more often than not CAMHS service providers did not ask specific questions in the referral forms and assessments about the standard of housing that children and young people lived in. This suggests that there is insufficient recognition of the evidence outlined above and its implications.

## The neighbourhood impact

There is evidence to suggest that it is not only the individual family home, but the broader issue of neighbourhood inequality that can have a detrimental impact on the physical and mental health of individuals.

Research by The Children's Society has demonstrated that growing up in poverty can mean living in poor quality housing and in deprived neighbourhoods. The report *Through Young Eyes* surveyed children about the way different things at home and in their local area affected them. They told us that safety was a key issue for them, with over 4 in 10 (42%) children reporting people using or dealing drugs, and a similar proportion reporting people being drunk or rowdy in their local area (39%).

Whilst not specific to children, research by Stafford and Marmot has outlined the impact that levels of deprivation in a neighbourhood can have on mental health. Their work<sup>61</sup> showed that being relatively poor compared to the neighbourhood average means worse health, because of the discrepancy between them and those living around them. Both individual and neighbourhood deprivation increased the risk of poor physical and mental health.

## Areas for further exploration

Further research should be undertaken on the specific impact on children's mental health of growing up in a deprived neighbourhood. There is also a need to examine the prevalence of mental health problems in children and young people living in families affected by the Benefit Cap, and to monitor the impact of the further reduction in the Cap as it is implemented through the Welfare Reform and Work Bill.

# Policy context

Over the past 20 years, there has been a growing understanding of children's mental health, as successive Governments have sought to further develop and strengthen the evidence base on what the issues are, which groups are most vulnerable, and which interventions work best to mitigate the impact of mental health problems.

## Translating evidence to intent

Despite separate efforts to improve children's mental health and the physical health of children in poverty, the connection between these two concepts was not explicitly recognised until 2009 with the release of the New Horizons report<sup>62</sup>. Our analysis of the various pieces of Government guidance and strategy, as outlined previously, revealed that before then children in poverty were not clearly recognised when referencing groups at risk of developing mental health problems, and mental health was not given specific attention when addressing health inequalities amongst different social groups. The New Horizons report provided, for the first time, a specific Government objective that the link between poverty and mental health be better understood by 2020. However, despite initially recognising this at-risk group, the report did not subsequently give this group the same level of attention as other vulnerable groups, such as looked-after children or those in care. In the following six years since the publication of New Horizons, different Government reports have not consistently considered children in poverty to be a group with a heightened risk of developing mental health problems.

However, the coalition Government's Child Poverty Strategy actively acknowledged the risk factors that living in poverty can have on parents and children's mental health, stating that:

'Children's development in their early years provides the foundation for later life and learning. Poorer families can face the greatest challenges. This is because of the direct impact on living standards and the stresses that poverty puts on family life such as effects on mental health, including depression.'<sup>63</sup>

Encouragingly, in the most recent report by Department of Health, Future in Mind, children from low socio-economic backgrounds were considered a target group for improvement of their mental health. This is a welcome recognition and provides a platform for consistent acknowledgement of this group of children and young people.

## Translating intent to practice

The Children's Society welcomed the establishment of the Children and Young People's Mental Health and Wellbeing Taskforce (2014) to investigate the gaps in provision of mental health support services for children and young people. The taskforce established a number of separate Task and Finish groups, and this included a specific focus on vulnerable groups and inequalities. However, there was no explicit recognition of children and young people growing up in poverty as a vulnerable group<sup>64</sup>.

Whilst both the Conservative election manifesto<sup>65</sup> and the Department for Education have made commitments regarding increased funding for mental health services and improved waiting times, there is no indication that children in poverty will be recognised as an at-risk group.

**What our Freedom of Information request showed**

As part of our research, we sent out a FOI request to all Tier 3 CAMHS providers, from which we received 36 responses. We uncovered that there was insufficient understanding and recording of measures of poverty and disadvantage as presenting a heightened risk factor.

Our FOI of NHS Mental Health Trusts showed the low level of understanding of how poverty can affect children’s mental health outcomes – only 11% of

providers considered children living in poverty as a vulnerable group. Information about a family’s financial and social history is collected during the referral process, but we are concerned that this information isn’t used to inform decision making when prioritising access.

In addition, children living in poverty may face difficulty in maintaining engagement with services such as CAMHS, and face challenges when transitioning out of services, or into adult services, as evidenced in the table below.

	Children living in poverty	In receipt of council tax support	In receipt of free school meals	In receipt of Income Support or JSA
Identified during referral and assessment stage	11%	6%	3%	8%
Have fast-track access to CAMHS services	0%	0%	0%	0%
Identified in reengagement policies	6%	0%	0%	0%
Identified in transitions policy	3%	0%	0%	0%

Fig. 4 - Percentage of children identified as a vulnerable group by Mental Health Trusts in referral form and initial assessment by category

only

1 in 10

**Mental Health Trusts consider children in poverty as a priority group**

### **What gaps still exist?**

The Government's Better Health Outcomes for Children and Young People report sets out their commitment to raising the health outcomes of children and young people to some of the best in the world<sup>66</sup>. The work aims to support and protect the most vulnerable by focusing on the social determinants of health and providing better support to the groups that have the worst health outcomes. It is suggested that this would include solutions such as 'promoting resilience and mental well-being and providing early and effective evidence-based treatment for those who need it'. However, without an explicit reference to children and young people living in poverty, there is a distinct risk that they will not receive the additional support that they need.

The aims and aspirations outlined in the Department of Health's Future in Mind report regarding access to services are welcome, and would go some way to ensuring sufficient access to services. They represent a move towards care being built around the needs of children, young people and families, and enabling single points of access and one-stop shop services so there is no wrong door for a young person to ask for help. The report acknowledges that there needs to be an increased focus on improving care for those who may normally slip through the gaps. For example, among the most vulnerable, the Government mention: those involved in gangs, those who are homeless or sexually exploited, looked-after children and those in contact with the youth justice system.

However, unless children and young people living in poverty are recognised as a group at risk of being affected by poor well-being and at risk of mental health problems, there is a risk they will remain invisible to services and unable to access support.

### **What are the possible future trends?**

There is evidence to suggest child poverty is set to rise during the course of this Parliament. Research by the Institute for Fiscal Studies<sup>67</sup> and The Children's Society<sup>68</sup> has set out the detrimental impact of Government policy on family incomes, which will see them struggle to make ends meet even more. Over the coming five years the Government will introduce a large number of changes affecting benefits, tax credits, income tax liabilities, and earnings. This raises concerns about the potential negative impact on children's mental health linked to the increase in the number of children living in poverty.

# Addressing the links between child poverty and mental health problems through schools

One issue that would benefit from further research is the availability of support for children with mental health problems in school. Schools play an integral role in terms of the support they provide to children and young people's emotional health and well-being, and their mental health. The evidence that we have gathered from our direct work with children and young people suggests that ensuring they have access to an adult who they can relate to and talk to about their problems in a time-appropriate manner is a critical consideration for schools.

Whilst a number of schools have recognised the importance of support being made available, there is an inconsistency in the provision that is supplied across the country, which means that children and young people cannot always receive the level of service appropriate to their needs. The schools that have responded to the mental health needs of their pupils have adopted a wide variety of approaches, and prioritised this within their existing funding – whether through the Dedicated Schools' Grant, or in some cases, the Pupil Premium.

The Government has recently released guidance<sup>69</sup> to help schools promote positive mental health in their pupils, and identify and address those with less severe problems at an early stage and build their resilience. It also seeks to help schools identify and support pupils with more severe needs and help them make appropriate referrals to specialist agencies such as CAMHS.

However, there is crucial support that needs to be provided to teachers to make sure they are equipped to deal with the impact that poverty may have on the mental health and well-being of children in schools. Through the CCP, we heard evidence of the impact that poverty has on children's school life, including on their mental health and well-being. One solution to this was offered by the Children's Workforce Development Council, who have designed training<sup>70</sup> with the aim of 'poverty-proofing' the school day. By offering support and guidance, teachers can better understand the problems that are faced by children and young people from low income backgrounds. Yet a similar situation does not currently exist for mental health problems, and the children and young people we consulted with spoke of how some teachers don't understand their needs or what is going on in their lives. The Children's Society believes the Government should support the roll out of 'poverty-proofing' projects in schools and look at how they can support children's mental health.

Finally, there have also been a wide range of initiatives that have focussed on developing resilience through different activities and methods of learning in schools in an attempt to improve the ability of children and young people to respond as positively as possible to difficult circumstances. More work is needed to establish whether offering tailored support to children and young people growing up in poverty could help them to benefit from increased resilience and be in a better position to deal with difficult situations later in life.

# Conclusion

This report set out to explore the associations between child poverty and mental health problems. We found that there is much evidence to support the view that living in poverty is likely to be a risk factor for the future development of mental health problems. Despite this, there is not a strong enough focus on poverty and low income in mental health strategies and services aimed at young people.

Areas of high deprivation have traditionally placed a higher level of demand on physical and mental health services. The recent reduction in support for vulnerable children and young people at a time when all the evidence points to an increase in the prevalence of mental health problems is a worrying development. Much more could be done to improve mental health services for children in poverty. However, it is a real concern that planned welfare reforms will negatively impact low income families, and are likely to substantially increase the number of children in poverty, which may have a significant impact on the mental health and well-being of children across the UK.

The Government needs to make sure that families with children live in a home that isn't overcrowded and is warm; that those families and young people who are struggling with debt can be given the time and space they need to access support; that when a family moves into work, they move out of poverty; and that there is an opportunity to reduce the potential for poor well-being and mental health outcomes for children and young people.

By doing this, alongside putting more resources into mental health services targeted at children in poverty, we can make progress towards providing better support for disadvantaged children and young people – allowing them to access the support they need, when they need it, and providing them with better chances in life as they transition into adulthood.

## Recommendations

1. Government should undertake more detailed analysis to understand the direct and indirect impacts of income poverty, welfare reform, problem debt and housing policy on children's mental health.
2. Future children's mental health policies and strategies, at both a local and national level, should consider the available evidence including the research set out in our report which draws links between children living in poverty and mental health.
3. Schools and CAMHS should work more closely together to embed an understanding of the impact of poverty on children's mental health and well-being.

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# **It is a painful fact that many children and young people in Britain today are still suffering extreme hardship, abuse and neglect.**

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