



The Association of Financial Hardship with Mental Health Problems in Children

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Background



Yoshikawa H, Aber JL, Beardslee WR. The effects of poverty on the mental, emotional, and behavioral health of children and youth: implications for prevention. *Am Psychol.* 2012;67(4):272–284;

Bradley RH, Corwyn RF. Socioeconomic status and child development. *Annu Rev Psychol.* 2002;53:371-99.

Method

Objective:

-To explore associations of different poverty measures with mental health problems in children.

Design:

-Cross-sectional survey in Rotterdam in 2018 (N= 5,010 parents).

Study population:

-Parents of children aged 4-12 years old (N= 4,929).

Method

Measurements of poverty:

Financial hardship:

-Financial difficulties in the past 12 months.

Financial restraints:

-Eight questions about what parents could/could not afford for their child.

Financial restraints:

- 1: sports club;
- 2: other kind of clubs;
- 3: birthday parties/trips from school;
- 4: vacation/days out;
- 5: daily fruit/vegetables;
- 6: swimming lessons;
- 7: help/counseling;
- 8: medical products.

Method

Measurement of mental health problems:

The Strengths and Difficulties Questionnaire (SDQ):

-Subscales:

- 1: Emotional symptoms;
- 2: Conduct problems;
- 3: Hyperactivity/inattention;
- 4: Peer-relation problems;
- 5: Prosocial behavior.

Method

Statistical analysis:

- Logistic multivariable regression analysis.
- Model 1: Crude.
- Model 2: Age, sex, family situation, education and ethnic background.
- Model 3: Model 2 + financial hardship or financial restraints.
- Tested for effect modification of gender, education, ethnic background and financial hardship with financial restraints (= not present).

Results

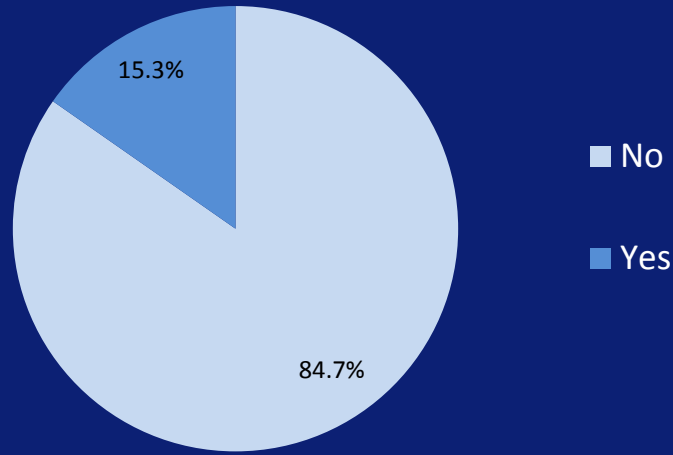


Fig 1. Financial hardship

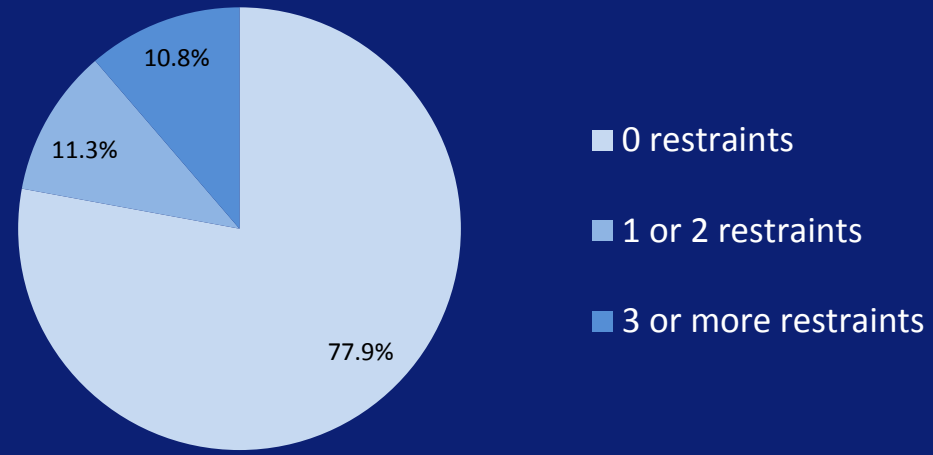


Fig 2. Financial restraints

Results

Table 1. Financial restraints in study population

Sports club	12.1%
Other clubs	13.7%
Birthday parties/trips from school	5.3%
Vacation/days out	18.3%
Daily fruit/vegetables	2.5%
Swimming lessons	8.4%
Help/counseling	1.9%
Medical products	2.3%

Results

Table 2. Distribution of poverty across mental health problems

	SDQ normal range N=4466)	SDQ clinical range (N=463)
Financial hardship		
No	92.1%	7.9%
Yes	82.3%	17.7%
Financial restraints		
0	92.6%	7.4%
1 or 2 restraints	86.9%	13.1%
3 or more restraints	81.5%	18.5%

Results

Table 3. The association of financial hardship and mental health problems

		SDQ clinical range	
Financial hardship		Odds ratio (95% CI)	P-value
No		<i>Reference</i>	
Yes	Model 1	2.50 (2.01, 3,11)	0.000
	Model 2	2.13 (1.68, 2.71)	0.000
	Model 3	1.49 (1,10, 2.03)	0.011

Results

Table 4. The association of financial restraints and mental health problems

		SDQ clinical range	
Financial restraints		Odds ratio (95% CI)	P-value
<i>0 restraints</i>		<i>Reference</i>	
<i>1 or 2 restraints</i>	Model 1	1.88 (1.42, 2.50)	0.000
	Model 2	1.72 (1,28, 2.31)	0.000
	Model 3	1.46 (1.06, 2.02)	0.021
<i>3 or more restraints</i>	Model 1	2.84 (2.22, 3.64)	0.000
	Model 2	2.42 (1.83,3.20)	0.000
	Model 3	1.88 (1.33, 2.65)	0.000

Discussion

Limitations:

- Cross-sectional design.
- Self-reported questions.
- Not comparable to studies using quantitative income.



Strengths:

- Large study population.
- Validated SDQ.
- Population-based sample.



Conclusion

Conclusion:

Financial hardship and financial restraints are independently associated with mental health problems.

Future research:

- 1: Explore pathways of different poverty measures with stress and with mental health problems.
- 2: Reducing restraints/increasing in-kind support policies.

Sosu EM, Schmidt P. Economic Deprivation and Its Effects on Childhood Conduct Problems: The Mediating Role of Family Stress and Investment Factors. Frontiers in psychology. 2017;8:1580-.

Roy AL, Isaia A, Li-Grining CP. Making meaning from money: Subjective social status and young children's behavior problems. J Fam Psychol. 2019;33(2):240-5.

Bradley RH, Corwyn RF, McAdoo HP, García Coll C. The home environments of children in the United States part I: Variations by age, ethnicity, and poverty status. Child development. 2001;72(6):1844-67.

■ Thank you very much for listening!

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