

# The parent trap: promoting poor children's mental health



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**The physical health of children today is arguably the best it has been since the Second World War, with their environments and nutrition substantially improved.<sup>1</sup> However, while their physical health has improved through measures such as immunisation and better access to healthcare, mental health problems among children have increased. Here, Dr Duncan Randall, Dr Robert Williams and Christopher Wagstaff argue that the evidence linking children's mental health to income inequalities means that health policy and practice need a social justice response, not just a focus on individual interventions.**

**I**N 2004, it was estimated that 10 per cent of 10–15-year-olds had some form of diagnosable mental health problem.<sup>2</sup> Research from around the world has linked mental health problems with poverty in households. For example, living in rented or local authority housing, low income, lone parenting, receipt of welfare benefits and food insecurity have all been associated with poor mental health in children.<sup>3</sup> Income inequality has also been linked to other risk factors in children's lives, such as family violence,<sup>4</sup> drug and alcohol misuse,<sup>5</sup> and physical illness and developmental delay.<sup>6</sup>

The Marmot Review confirmed that the effects of inequalities found in such international studies could also be applied to England.<sup>7</sup> Marmot argues that a co-ordinated approach across social and health policy is required to close the gap between people who have access to different incomes and social capitals, and that children's life chances are heavily influenced by the social and economic circumstances in which they are conceived and live. The evidence presented in Chapter 2 of the Review appears to support the fact that the early effects of living in poverty and the cumulative effects of poverty over time both have an impact on a child's mental wellbeing.<sup>8</sup> Evidence from neuroscience and long-term biological studies seem to support

the view that the stress children experience before birth (that is, through maternal health and wellbeing), together with the repeated stress in their young lives, physically alters their brains, leading to difficulties in coping, which is expressed in a range of practices, such as obesity, sexual risk-taking, and drug and alcohol abuse.<sup>9</sup>

Despite the evidence linking children's mental health to social factors and income inequality, health policy responses and the focus of health-care workers' education are on individual interventions. These trap parents, blaming them for their children's mental wellbeing, when the evidence clearly shows that social factors are also important.

For example, the National Service Framework for Children standard on mental health<sup>10</sup> does not mention poverty or income inequalities at all, even though one of the broader aims of the

National Service Framework for Children is to: 'tackle health inequalities, addressing the particular needs of communities, and children and their families who are likely to achieve poor outcomes.'<sup>11</sup>

Instead, this framework for mental health focuses on parenting and building resilience in children. The mental health standard does recognise that the research on mental health outcomes in children in the UK is poor. However, the work of the Child and Adolescent Mental Health Outcomes Research Consortium ([www.corc.uk.net/index.php](http://www.corc.uk.net/index.php)) does not appear to be focused on the effects of poverty.

Arguably, the current political situation in the developed world, where 'big' government is being rolled back as 'unaffordable' and the responsibilities of citizens are emphasised, will only reinforce this individualistic approach. In the UK, the Coalition Government's strategy of supporting voluntary (third sector) and social enterprise company providers through local arrangements seems likely to result in more 'parenting' programmes provided on a local, often ad hoc, basis, which does not provide a co-ordinated or structural response to inequalities. Despite the title of the White Paper, *Equity and Excellence: liberating the NHS*,<sup>12</sup> the Government's plans for GP consortia may make a co-ordinated approach to health policy difficult to enact, perhaps despite the efforts of the overarching Commissioning Board.

When looking at how to improve children's mental wellbeing, it may be useful to unpick the three approaches to tackling the effects of poverty set out by Blair and others:<sup>13</sup>

- an individual income approach;
- a neo-material approach;
- a psycho-social inequality approach.

The **individual income approach** suggests that children's mental health could be promoted by increasing household incomes. A social investment argument can be made, in that the carers of children should not be penalised if society does not provide sufficient resources for the care and maintenance of the next generation of its own citizens. However, this approach, which relates to ideas of absolute poverty, does not take into account the effect of income inequalities. It has been shown that income inequality in communities is a significant factor, even when individual income levels are taken into consideration. Thus, children may live in relatively

wealthy western nations, such as the UK, but still experience significant mental health problems because of poverty.<sup>14</sup>

The **neo-material approach** suggests that the mental health effects of poverty can be ameliorated by improving education and services to those living in poverty. In effect, this approach helps the poor to do 'living in poverty' better. It does not address the causes of income inequality, nor does it offer people a way out of poverty, but provides a health and social care system with attendant professionals to help people live in poverty. Much of current health and social policy seems to adopt this approach. The policies of the National Service Framework for Children<sup>15</sup> and initiatives such as the Family Nurse Partnership<sup>16</sup> take an individualistic approach, often heavily centred on parents' ability to parent their children or the development of resilience in children. While on an individual level, these programmes can be successful in creating conditions that may improve children's mental wellbeing and they can help with conduct disorders, it seems unlikely that such programmes will be able to address the psycho-social problems associated with income inequalities. The neo-material approach then, misses the point, as social status or rank appear to be more important in determining mental wellbeing (and physical indicators of health) than material wealth.<sup>17</sup> This explains why mental health problems persist for children even in countries such as Britain and USA, despite their material wealth and the range of interventions focused on improving individual circumstances.

The **psycho-social inequality approach** acknowledges the psychological and social effects of living in poverty, including the corrosive effects of low income on self-esteem, aspirations and mood.<sup>18</sup> This approach takes into account the effect of income inequality by suggesting that the social stigma of relative poverty, together with reduced opportunities (as a result of low household incomes and social capitals) affect children's mental wellbeing.

A psycho-social inequality approach requires health and social policies that aim to reduce inequalities in communities in order to reduce the effect of the social gradient on health.<sup>19</sup> Whether such policies are being enacted is debatable. For example, it remains to be seen whether the Equality Act 2010 will apply to the incomes of children's households. Although age is a protected category in the Act and local authorities have a duty to 'advance equality of

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opportunity' for protected groups (s149), the Act does not specify that equality of income is required. It is also unclear whether the Coalition Government is following progressive or regressive economic policies.<sup>20</sup> The controversial Institute for Fiscal Studies report indicates that households with children across all sections of society will be hardest hit by the recent tax and benefit reforms, but especially those two-parent households in which neither parent is in work.<sup>21</sup> The Government's rebuttal of the report seems to rely on increasing employment and decreasing the reliance on benefits. However, employment rates from the USA may indicate that the current financial difficulties mask structural problems in the economies of developed, non-BRIC (Brazil, Russia, India and China) countries, which would suggest that such reliance on the 'market' to advance progressive policies and improve the incomes of households with children is flawed.

The 'progressive' agenda, espoused by various governments as addressing the equality or 'fairness' problem, often details how policies aim to encourage, or compel, people in lower socio-economic groups to aspire to higher income groups or, at least, to follow similar practices – for example, by sending their children to university. Even the Marmot Review emphasises this 'pushing up' of the bottom quartiles. However, the evidence on health outcomes, including mental wellbeing, suggests that the problem lies with social status or rank.

One could imagine a situation in which health and social policies increase the incomes of families with children and encourage certain practices, but where the children living in advantaged households continue to increase their income, and access better and better health outcomes. Where, in effect, the pushing up of lower quartiles does not result in social equality, but in an overall increase in wealth, which does not address the social equality problem. Thus, while the policies may improve the situation of children in the bottom quartiles of deprivation, they may not address the inequalities between those in lower socio-economic households and those in more affluent households. To reach a more equal position, policies need to ensure that both the opportunities for children in poverty improve and that their peers with greater social capital do not gain an 'unfair' advantage.

Even if it could be shown that wealth redistribution or income equality improves mental wellbeing in children, this would not address the

power difference between children and adults.<sup>22</sup> As Berry Mayall has pointed out, inter-generational relationships are key in childhood. Addressing the effect of poverty on children's mental health may require adult society to decide what its relationship is with future generations. As Mayall has commented, this also means debating who is responsible for the care of children.

Calls for the incomes of adults to be restructured to facilitate the next generation's mental health may not be heeded by adult politicians and voters. However, should the mental health of children not provide sufficient motivation to tackle income inequalities, then (adult) policy makers may wish to consider the adult poverty implications found by Zielinski.<sup>23</sup> Zielinski showed that children who experienced abuse and deprivation in their childhood went on to have reduced life chances and to live in adult poverty, being less productive and providing less tax income to their communities.

There is one last challenge to the psycho-social inequality approach. This view is based on an assumption that income makes the greatest contribution to social status. However, the analysis drawn on here and by many others is based on social class.<sup>24</sup> While income and social class are closely associated, with higher social classes often having access to higher incomes, this is not always the case. It is possible that other factors may be important in determining the social status of families, such as respect within a community. There may also be 'protective' factors, such as having affluent grandparents or other extended family members, which help shield children from the effects of living in a low-income household. However, how these factors influence children's mental health and wellbeing has yet to be fully investigated.

As Kendall and others point out, children's health outcomes are influenced by complex mechanisms, which include biological, social, cultural and political aspects.<sup>25</sup> Understanding such complexity would seem to require a multi-disciplinary approach which combines the talents from many disciplines concerned with children and childhoods.

For us, as healthcare practitioners and educators, children's mental health highlights a silent debate. The issues of social justice and income inequalities are absent from current nursing and medical debates, with the education of nurses and other healthcare workers focused on an

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individualistic approach. To use an analogy: healthcare workers are being educated to patch up people who have fallen into the crocodile-invested river of poverty, not to look upstream to see who has pushed them in.

However, the move to an all-degree education for nurses may offer an opportunity to critique their role, and to focus it more on leadership and advocacy. Education, practice and research in nursing need to be more critical of individualistic approaches and start to address healthcare workers' responsibilities for transformation. This includes creating a health system that invests in the mental health of children through a social justice approach, in line with the recommendations of the Marmot Review.

The current interventions, which coach and teach people to respond to having less income than others, would seem to ignore the evidence on income inequalities. While on an individual level, positive parenting styles may improve the relationships between children and adults, it seems unlikely that such individualistic approaches will address the effects of living in a society where having less income is stigmatised. Nor will such approaches address the effects on children of having reduced social capital and fewer opportunities. Addressing such inequalities requires a social justice response from health workers, in which they advocate a reduction in income inequalities, reduced stigma and improved social capital for children living in low-income households. ■

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