

The effect of a transition into poverty on child and maternal mental health: a longitudinal analysis of the UK Millennium Cohort Study



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Summary

Background Whether or not relative measures of income poverty effectively reflect children's life chances has been the focus of policy debates in the UK. Although poverty is associated with poor child and maternal mental health, few studies have assessed the effect of moving into poverty on mental health. To inform policy, we explore the association between transitions into poverty and subsequent mental health among children and their mothers.

Methods In this longitudinal analysis, we used data from the UK Millennium Cohort Study, a large nationally representative cohort of children born in the UK between Sept 1, 2000, and Jan 11, 2002, who participated in five survey waves as they progressed from 9 months of age to 11 years of age. Our analysis included all children and mothers who were free from mental health problems and not in poverty when the children were aged 3 years. We only included singletons (ie, not twins or other multiple pregnancies) and children for whom the mother was the main respondent to the study. The main outcomes were child socioemotional behavioural problems (Strengths and Difficulties Questionnaire) at ages 5 years, 7 years, and 11 years and maternal psychological distress (Kessler 6 scale). Using discrete time-hazard models, we followed up families without mental health problems at baseline and estimated odds ratios for subsequent onset of maternal and child mental health problems associated with first transition into poverty, while adjusting for confounders, including employment transitions. We further assessed whether or not change in maternal mental health explained any effect on child mental health.

Findings Of the 6063 families in the UK Millennium Cohort study at 3 years who met our inclusion criteria, 844 (14%) had a new transition into poverty compared with 5219 (86%) who remained out of poverty. After adjustment for confounders, transition into poverty increased the odds of socioemotional behavioural problems in children (odds ratio 1.41 [95% CI 1.02–1.93]; $p=0.04$) and maternal psychological distress (1.44 [1.21–1.71]; $p<0.0001$). Controlling for maternal psychological distress reduced the effect of transition into poverty on socioemotional behavioural problems in children (1.30 [0.94–1.79]; $p=0.11$).

Interpretation In a contemporary UK cohort, first transition into income poverty during early childhood was associated with an increase in the risk of child and maternal mental health problems. These effects were independent of changes in employment status. Transitions to income poverty do appear to affect children's life chances and actions that directly reduce income poverty of children are likely to improve child and maternal mental health.

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Introduction

Child mental health is poor in the UK.^{1,2} Roughly one in eight children in the UK aged 10–15 years reported symptoms of mental ill health between 2011 and 2012.³ Maternal mental health is an important determinant of child physical and mental health outcomes.⁴ Maternal depression and anxiety is experienced by around 10–15% of women in the UK and other high-income countries.⁵ The public health consequences of poor mental health in childhood are complex and far-reaching. Poor child mental health is associated with absence from school, poor educational attainment,⁶ impaired cognitive development, social isolation, low self-esteem, discrimination, poor mental and physical health in adulthood, and a shortened lifespan.^{4,7,8} Child and

subsequent adult mental health problems were estimated to cost £105 billion in 2009–10 in England, incorporating human costs, output losses, and health and social care costs.⁹

Child poverty is an important risk factor that might partly explain poor mental health outcomes in UK children.^{10,11} 19% of children in the UK are living in poverty (below 60% of the national median household income before housing costs), and this proportion is projected to rise substantially up to 2020,¹² with 200 000 additional children moving into poverty in 2014–15.¹³ Findings from a systematic review¹⁴ have shown how socioeconomically disadvantaged children and adolescents were two-times to three-times more likely to develop mental health problems than were non-

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Research in context

Evidence before this study

Three previous systematic reviews have assessed the effect of poverty and income on child and adult mental health outcomes. The authors did extensive searches of databases (EconLit, the International Bibliography of the Social Sciences, MEDLINE, PsychInfo, SocIndex, the British Education Index, PubMed, Embase, the Social Science Citation Index, and Psycindex), including published and grey literature between 1988 and 2013, for all studies using validated measures of both income or financial resources and mental health. Two of the reviews focused on studies designed to establish a causal link between income and mental health. These reviews suggest a causal relationship between child poverty and adverse health outcomes. We updated the search using PubMed up to Oct 31, 2016, searching for articles published in English, with the search terms ("socioeconomic" OR "socio-economic" OR "disadvantage" OR "poverty" OR "social class" OR "SES" OR "poor" OR "deprivation") AND ("mental health" OR "wellbeing" OR "well-being" OR "socioemotional" OR "socio-emotional" OR "behaviour*" OR "depression" OR "anxiety"). We found that investigators of studies to date that have examined poverty transitions have predominantly been based in the USA and assessed specific so-called natural experiments in the reverse direction—ie, looking at the effect on health of movement of

people out of poverty. No studies included in these reviews or in our updated search have investigated the effect of transitions into poverty during the early life of children on their and their parents' mental health.

Added value of this study

In a contemporary UK cohort, we assessed the effect on mental health of a first transition into poverty in a nationally representative sample of mothers and children who did not have pre-existing mental health problems and were not previously in poverty. First transition into income poverty was associated with a significant increase in the risk of child and maternal mental health problems. The effect of poverty on child mental health was partly explained by increases in maternal psychological distress.

Implications of all the available evidence

This study has strengthened the argument for a causal relationship between poverty and adverse mental health outcomes. Findings from our study indicate that predicted increases in child poverty in the UK and elsewhere are likely to negatively affect child and maternal mental health. Our findings reinforce the need to maintain income-based measures of child poverty to monitor trends and effects on health of policies that affect children's lives.

disadvantaged children and that low socioeconomic status that persisted over time was strongly related to higher rates of mental health problems.

Very few studies have investigated the effect of transitions into poverty on child or adult mental health in particular.^{15–17} Authors of two systematic reviews^{4,18} have suggested that improvements in household financial resources are associated with improved children's outcomes and adult mental health. The studies to date that have examined poverty transitions have predominantly been based in the USA and assessed specific so-called natural experiments in the reverse direction—ie, looking at the effect on health of movement of people out of poverty.¹⁵ Findings from these studies are not necessarily generalisable to other contexts outside of the USA, such as the UK, and do not address the question of the effect on health of moving into poverty.

Policy debate in the UK has focused on use of child poverty measures for policy purposes and on whether or not they meaningfully reflect children's life chances. Early in 2016, the UK Government proposed replacing its statutory child poverty targets based on income with indicators of child disadvantage that were not specifically related to income, namely living in workless households, low educational attainment, family instability, and addiction.¹⁹ In particular, the Government has argued that strategies to improve children's life chances should focus on an increase of parental employment rather

than welfare cash transfers, which can reduce income poverty without changing employment status.¹⁹ We therefore assess whether or not movement into poverty during a child's early life is relevant for children's and mothers' mental health, independent of any effect of employment status, using the UK Millennium Cohort Study (MCS).²⁰

Methods

Study design and population

In this longitudinal analysis, we used data from the MCS, a large nationally representative cohort sample of children born in the UK between Sept 1, 2000, and Jan 11, 2002, who have been followed up through five survey waves, when the children were aged 9 months (wave 1), 3 years (wave 2), 5 years (wave 3), 7 years (wave 4), and 11 years (wave 5).²¹ The study oversampled children living in disadvantaged areas and in those with high proportions of ethnic minority groups by means of a stratified cluster sampling design. Our analysis included all children and mothers who were free from mental health problems and not in poverty when children were aged 3 years (wave 2), the first wave when child and maternal mental health data were collected. We only included singletons (ie, not twins or other multiple pregnancies) and children for whom the main respondent to the study was the mother to ensure reliable and consistent comparisons over time. This analysis did not require additional ethical approval.

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