



# Do Neighbourhood Poverty and Antisocial Behaviour Affect Child Mental Health Problems?

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## BACKGROUND

Levels of child and youth mental health problems in Ontario are high and have increased among 4 to 11 year olds from 30 years ago. Prevention initiatives aimed at all children (universal programs) and groups of children at elevated risk for mental health problems (targeted programs) are attempting to reduce the number of those in need of specialized services.

Neighbourhoods represent an important context for examining how stress processes unfold in families. We hypothesized that the disadvantages associated with **neighbourhood poverty** and **neighbourhood antisocial behaviour** would further interact with household poverty to impact child mental health outcomes.

Theories of **relative disadvantage** suggest that living in more affluent neighbourhoods results in negative effects on the health and functioning of children from poor households via psychosocial pathways (e.g., unfavourable social comparisons, threats to self-esteem and social status, marginalization, inability to compete for resources).

Theories of **compound disadvantage** suggest that the lack of social networks and institutional resources in poorer neighbourhoods magnifies the disadvantages that children living in poor households experience.

Exposure to neighbourhood antisocial behaviour could have: 1) indirect harmful effects on child mental health through unfit parenting and family processes; 2) direct harmful effects induced by fear, stress, and concerns for safety; or 3) contribute to negative socioemotional learning and increased involvement with deviant peers.

The objective of this study was to determine whether levels of neighbourhood poverty and neighbourhood antisocial behaviour affect the relationship between household poverty and child mental health problems.

## METHODS

The **2014 OCHS** is a provincially representative study on child and youth mental health. This study included a sample of 6,537 households and 10,802 participants aged 4-17y in Ontario.

**Child mental health problems** were defined as externalizing and internalizing difficulties, assessed by parents and youth aged 12-17y using the symptom checklist OCHS-EBS<sup>1</sup>. The OCHS-EBS measures levels of selected DSM-5<sup>2</sup> disorders over the past 6 months. **Externalizing** problem reflect symptoms of attention-deficit hyperactivity disorder, oppositional-defiant disorder, and conduct disorder. And **internalizing** difficulties reflect symptoms of major depressive disorder, generalized anxiety disorder, separation anxiety disorder, and social anxiety disorder.

**Household poverty** was classified as a household income below the established poverty line from the 2011 Census<sup>3</sup>. And **Neighbourhood poverty** was characterized as the percentage of households below the established poverty line from 2011 Census<sup>3</sup>.

**Antisocial behaviour** was assessed by asking parents four questions that all began with, "While you have lived in this neighbourhood..."

1. Ontario Child Health Study Emotional Behavioural Scales: Youth Version (2018).

2. Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (2013).

These questions ask about the personal experiences of any household member to: 1) assault; 2) repeated verbal insult or disrespect; 3) theft from household property; and 4) household break-in. To obtain a neighbourhood rating of antisocial behaviour, parents' scores to these questions were combined and averaged.

## RESULTS

Based on parent reports, neighbourhood poverty and antisocial behaviour did in fact affect the relationship between household poverty and child mental health problems.

It was found that both externalizing and internalizing problems were **lower** among children living in households **below the poverty line** located in **neighbourhoods with more poverty**.

Conversely, levels of externalizing and internalizing problems were **higher** among children living in households **above the poverty line** located in **neighbourhoods with more poverty**.

Exposure to neighbourhood antisocial behaviour was significantly correlated with **higher levels of externalizing problems** among all children, especially for those living in poor households.

## WHY IS THIS IMPORTANT?

The results of this study suggest that, consistent with theories of relative disadvantage, a **person-environment fit** may have mental health implications for children living in households below or above the poverty line. Income inequality contributes to dysfunctional psychosocial processes that affect the whole community, not just those experiencing economic disadvantage.

Housing policies in Canada since the 1970s have attempted to address the adverse effects of poverty by providing low-income families with opportunities to live in more affluent neighbourhoods. Such approaches are intended to improve supportive networks, safe environments, and institutional resources that would benefit economically disadvantaged families.

However, our study suggests that this socioeconomic mixing of families may have unfavourable effects on the mental health of children in both poor and non-poor households. In other words, children in poor households experience lower risk when living in poorer neighbourhoods, or higher risk when living in richer neighbourhoods. The reverse holds true for children of non-poor households.

Achieving the benefits of socioeconomic mixing may require additional strategies focused on social integration to overcome differences in the attitudes, behaviour, and resources of families from diverse economic backgrounds. Overall, the mechanisms underlying good person-environment fit and the types of interventions that support healthy adjustment and acceptance in communities require further scientific investigation.

For more study and contact information, please visit: <https://ontariochildhealthstudy.ca>

*This brief summary has been co-developed with:*



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