

*Is Poverty the Diagnosis?:
The Hidden Impact of Generational
Poverty in Developmental Disabilities
and Mental Health*

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Children's Mental Health: Is poverty the diagnosis?

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“There is no keener revelation of a society's soul than the way in which it treats its children.” Nelson Mandela

Learning Objectives

- To define poverty and generational poverty.
- To understand the neurobiological effects of adversity.
- To understand how the effects of poverty can *mimic and impact* developmental and mental health conditions.
- To develop an understanding of how poverty changes behaviour and how a clinician's understanding of this can lead to improved outcomes for patients.
- To consider the role of the health care provider in advocating for people experiencing poverty.

“It is easier to build strong children than to repair broken men.”

Frederick Douglass (1817–1895)

“Obviously the cycle of poverty and deprivation can and will be broken and broken quickly.”

Simon and Gillian Yudkin
Develop. Med. Child Neurol. **1968**, 10,569-579
Poverty and Child Development

“...The authors concluded that familial mental retardation is compounded of a number of interacting characteristics and produced by a number of interacting disadvantages, social, educational, psychological and neurological. They end with the hope that **‘by working diligently with this group of individuals when they are no older than 3-4 years of age, one may be able to ameliorate some of the pernicious factors so that these persons need not be condemned to life-long crippling mental subnormality’**. They also suggest that ‘any effort to change the environmentally deprived person must include intensive work with a total family, providing better housing, securing stable employment, improving the health of all members of the family and upgrading the educational experiences of individuals.’”

Kugel, R. B.. Parsons, M. H. (1967) Children of Deprivation.
US. Department of Health, Education and Welfare.

Poverty and Childhood Health Outcomes

In 2012 the AAP released a policy statement entitled

Early Childhood Adversity, Toxic Stress, and the role of the Pediatrician: Translating Developmental Science into Lifelong Health

American Academy of Pediatrics

“When families can’t afford the basics in life, it negatively affects their health. Poverty can inhibit children’s ability to learn and contributes to social, emotional, and behavioral problems. Furthermore, poverty is a contributing factor to toxic stress, which has been shown to disrupt the developing brains of infants and children and influence behavioral, educational, economic and health outcomes for years.”

American Academy of Pediatrics, 2013

Poverty in Canada

In 2010, the entire House of Commons voted to “**develop an immediate plan to end poverty for all children in Canada**”.

More children and their families were living in poverty as of 2011 than they did in 1989 when the House of Commons resolved to end child poverty¹

1/7 Canadian children live in poverty

1.1 million Canadian children experience food insecurity:

In food banks, 44% of those helped are families with children, and nearly half of these are two-parent families.²

Childhood Poverty in Canada

Child Poverty in B.C.

- 1 in 5 children live in poverty in BC
- Much higher rates in some pockets of our communities

Provincial Childhood Poverty

- BC has the worst poverty rate of any province for **children living in single mother families—49.8%**¹
- BC has the worst poverty rate of any province for **children living in two parent families—14 %**¹
- BC has **the most unequal distribution of income** among the rich and poor families with children.

¹ First Call Child Poverty Report Card

Generational Poverty

Generational Poverty

- Income insufficient to meet basic needs
- No one in the family has ever owned property
- Much less likely to have achieved a high school education
- No one in the family has benefited from education
- No one in the family has ever been promoted at a job
- No one has contacts who can help
- Primary focus is on survival, so things that don't relate to that are too abstract
- They often fear authority figures

Generational Poverty

Poverty is seen by many as *a personal deficiency*, something to be blamed for. People in generational poverty internalize the blame and aren't really aware of the structural and systemic causes of poverty. The message is that if you work hard, you can attain anything, so if you are poor, you must not be smart enough or have worked hard enough.

You are just not enough.

Donna Beegle MSW, PhD, personal communication

Paying the Bills

https://www.youtube.com/watch?v=LxKPEH8-z_s

Chronic vs. short term poverty

- Chronic poverty more common in non-white children
- More likely to not graduate from high school, be poor as adults, have poorer health as adults
- the greater the duration of poverty, the greater the likelihood of poor outcomes¹
- Effects of childhood stress persist even when poor children live socially advantaged lives as adults²

¹ Ratcliffe C, McKernan S. *Child Poverty and Its Lasting consequences*. Washington, DC: Urban Institute; 2012

² Winning A, G. et al. *Psychological distress across the life course and cardiometabolic risk: findings from the the 1958 British birth cohort study*. *J Am Coll Cardiol*. 2015; 66(14):1577-1586

Effect of Concentrated and Neighbourhood Poverty

- Children living in poor neighbourhoods have poor outcomes, even if their family isn't poor¹
- HELP: 38% of children in low income neighbourhoods were vulnerable on the EDI compared to 6% of children in high income neighbourhoods²
- Some studies show that living in an impoverished neighbourhood has a greater impact than poverty alone, and that the influence of the poor neighbourhood persists into the next generation²

¹ Ajay Chaudry, C Wimer; *Poverty is Not Just an Indicator: The Relationship Between Income, Poverty, and Child Well-Being*, *Academic Pediatrics* 2016; 16:S23-S29

² Hertzman C et al. Human Early Learning Partnership. *Early development in Vancouver: Report of the community asset mapping project*, 2007

³ Sharkey P, Elwert F. *The legacy of disadvantage: multigenerational neighborhood effects on cognitive ability*. *Am J Sociol.* 2011; 116: 1934-1981

Biological Mechanisms

1. Effects of stress/adversity on the hypothalamic- pituitary (HPA) axis and Adrenomedullary system
2. Effects of stress/adversity on neuroanatomy.

Child development is affected by both biology and experience.

Biological Mechanisms

- Brain development is a dynamic process during which multiple forces within the environment interact with a child's neurobiological factors and genetics, influencing their lifelong health trajectory
- Molecular genetic techniques have provided clues as to how early life stress can become biologically embedded and passed down through generations: Epigenetics
- Brain and biological processes are disrupted by deprivation and trauma¹

Editorial: The effects of early trauma and deprivation on human development – from measuring cumulative risk to characterizing specific mechanisms

Journal of Child Psychology and Psychiatry 57:10 (2016), pp 1099–1102 doi:10.1111/jcpp.12642

Epigenetics

Epigenetics is defined as a functional modification to the DNA that does not involve an alteration of sequence.¹

Epigenetic modifications can be **transient and readily reversible** or more stable especially when linked to sustained environmental influences on phenotype, such as early experience effects or learning.

¹ Bagot R. C., Meaney M. (2010). *Epigenetics and the Biological Basis of Gene x Environment Interactions*, J Am Acad Child Adolesc Psychiatry, 49(8), 752-771.

Stress and Toxic Stress

- Activation of the hypothalamic-pituitary-adrenocortical axis and the sympathetic-adrenomedullary axis leads to an increase in both inflammatory mediators and stress hormones (CRH, cortisol, epinephrine and norepinephrine)
- In typical situations, the stress response is short-lived and the system goes back to a resting state. Normal levels of stress, buffered by supportive adult responses are positive in child development.
- Prolonged activation leads to changes in many organs, including the brain.
- Toxic stress is “a concept related to the change in stress hormones in response to experience over time”.¹

¹ Shonkoff, J.P. *The Lifelong Effects of Early Childhood Adversity and Toxic Stress*, Pediatrics. 2012; 129(1)

Neuroanatomic Effects

- Children living in poverty have reduced gray matter volumes in the frontal and temporal cortex and the hippocampus¹
- These regions are associated with school readiness and achievement
- The reductions contribute to 15-20% of the reduction in academic achievement seen
- The longer the child lives in poverty, the greater the effect

¹Hair NL, Association of child poverty, brain development and academic achievement . JAMA Pediatrics 2015; 169:822-829

Biological Mechanisms: Relational Health

- Poverty is an independent determinant of health through its adverse effect on family relationships
- Relational health in early childhood is the ability to form secure attachments with *engaged, responsive caregivers in a safe, stable, and nurturing emotional environment*; it is an essential protective factor for the development of emotional regulation and resilience and the ability to cope with adversity during an individual's lifetime.¹

¹ Crockenberg SB. *Infant irritability, motor responsiveness, and social support influences on the security of the infant-mother attachment.* *Child Dev.* 1981; 52(#): 857-865

Biological Mechanisms: Relational Health^{1,2}

- Chronic stress of poverty is associated with an impaired ability of the prefrontal cortex to suppress the amygdala
- Prefrontal lobe dysfunction impairs executive control of affect regulation and impulsive behaviour
- The epigenetic, anatomic and neuroendocrine disruption related to chronic toxic stress may impair learning, behaviour and interpersonal relationships
- This dysregulation adversely affects physical and mental illness throughout the life course

¹ Kim P et al. *Effects of childhood poverty and chronic stress on emotion regulatory brain function in adulthood.* *Proc Natl Acad Sci USA* 2013; 110(46): 18442-18447

² Blair C. et al. Salivary cortisol mediates effects of poverty and parenting on executive functions in early childhood

Toxic Stress

- Toxic stress impacts the size and function of key areas: amygdala, hippocampus and the prefrontal cortex
- These changes may explain the outcomes seen in anxiety states, language learning, cognitive and self-regulation skills in children who have experienced significant stress¹

¹The Lifelong Effects of Early Childhood Adversity and Toxic Stress, J. Shonkoff, Pediatrics, 2011

²National Scientific Council on the Developing Child. Excessive Stress Disrupts the Architecture of the Developing Brain: Working paper #3. Cambridge, MA: National Scientific Council on the Developing Child, Center on the Developing Child at Harvard University; 2005. Available at www.developingchild.harvard.edu. Accessed March 8, 2011

³**Neuroscience, Molecular Biology, and the Childhood Roots of Health Disparities:** Building a New Framework for Health Promotion and Disease Prevention, J. Shonkoff and T. Boyce, JAMA 2009 301(21) 2252-59

⁴Conroy, Sandel, Zuckerman, *Poverty Grown Up: How Childhood Socioeconomic Status Impacts Adult Health*, J Dev Behav Pediatr 31: 154-160, 2010

What mediates the effects of poverty?

- Children living in poverty with mothers who are more nurturing and when there are fewer stressful events have less decrease in hippocampal brain volume¹
- Children whose parents experience better employment and subsequent increased income did better academically²
- Program focused on self-regulation improve executive function and decrease chronic stress.³
- Improved relational health and increased parent engagement help to buffer the chronic stress of poverty.³

¹Joan Luby, MD; *The Effects of Poverty on Childhood Brain Development: The Mediating Effect of Caregiving and Stressful Life Events*

JAMA Pediatr. 2013;167(12):1135-1142. doi:10.1001/jamapediatrics.2013.3139 Published online October 28, 2013

²Duncan GJ, Morris PA, Rodrigues C. *Does money really matter? Estimating impacts of family income on young children's achievement with data from random-assignment experiments.* *Dev Psychol.* 2011; 47: 1263-1279

³Blair, C, Raver CC. *Closing the achievement gap through modification of neurocognitive and neuroendocrine function: results from a cluster randomized controlled trial of an innovative approach to the education of children in kindergarten.* *PLoS One.* 2014; 9(11):e112393

The The Adverse Childhood Experiences (ACE) Study¹

- Retrospective study of 17,000, mostly middle income Americans
- The focus was to analyze the relationship between **childhood trauma** and the risk for **physical and mental illness in adulthood**.
- A linear relationship between traumatic stress in childhood and poor physical, mental and behavioral outcomes later in life was found.

¹Felitti et al, Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences Study, American Journal of Preventative Medicine, 14, 245-258

The Adverse Childhood Experiences (ACE) Study

ACE Questionnaire

1. Verbal abuse?
2. Physical abuse?
3. Sexual abuse?
4. Emotional abuse/emotional neglect?
5. Neglect: food insecurity, lack of clothing, etc.?
6. Divorce/Abandonment?
7. Partner violence/threatened with a weapon?
8. Household member with alcoholism/substance use disorder?
9. Household member mental illness/suicide attempt?
10. Household member in prison?

Prospective Assessment of the Impact of ACEs

- ACE findings of the strong link between ACEs and adult health outcomes validated in a prospective trial
- Retrospective ACE measures *underestimate* the influence of childhood adversity on ‘objective’ adult outcomes and *overestimate* the effect on ‘subjective’ adult outcomes
- Even the ACEs that people don’t recall (but for which there is a record of) impact their later health and well-being.¹

¹ Reuben, Moffitt, et al. *Lest we forget: comparing retrospective and prospective assessments of adverse childhood experiences in the prediction of adult health*, *Journal of Child Psychology and Psychiatry* 57:10 (2016), pp1103-1112

- As your ACE score increases, so does the risk of disease, social and emotional problems.
- With an ACE score of 4 or more, things start getting serious.
- The likelihood of chronic pulmonary lung disease increases 390%; hepatitis, 240%; depression 460%; **suicide, 1,220%**.

Relation of treatment for depression and ACE factors


Antidepressant use related to the number of early adverse events.

RESILIENCE Questionnaire

Mark Rains and Kate McClinn

1. I believe that my mother loved me when I was little.
2. I believe that my father loved me when I was little.
3. When I was little, other people helped my mother and father take care of me and they seemed to love me.
4. I've heard that when I was an infant someone in my family enjoyed playing with me, and I enjoyed it, too.

Definitely true Probably true Not
sure Probably Not True Definitely Not True

- 
5. When I was a child, there were relatives in my family who made me feel better if I was sad or worried.
 6. When I was a child, neighbors or my friends' parents seemed to like me.
 7. When I was a child, teachers, coaches, youth leaders or ministers were there to help me.
 8. Someone in my family cared about how I was doing in school.
 9. My family, neighbors and friends talked often about making our lives better.

Definitely true Probably true Not sure Probably Not
True Definitely Not True

10. We had rules in our house and were expected to keep them.

11. When I felt really bad, I could almost always find someone I trusted to talk to.

12. As a youth, people noticed that I was capable and could get things done.

Definitely true Probably true Not sure Probably Not
True Definitely Not True

13. I was independent and a go-getter.

14. I believed that life is what you make it.

Definitely true Probably true Not
sure Probably Not True Definitely Not True

How many of these 14 protective factors did I have as a child and youth? (How many of the 14 were circled “Definitely True” or “Probably True”?) _____

Of these circled, how many are still true for me?

Poverty and Childhood Mental Health

- Children living in poverty have a threefold increase in psychiatric disorders^{1, 2}
- as family income decreases, mental health conditions increase

¹Lipman and Boyle; Linking poverty and mental health: A lifespan view; The Provincial Centre of Excellence for Child and Youth Mental Health at CHEO 2008

²Offord, Boyle, Fleming, Munroe Blum, H., & Rae ,1989

³National Longitudinal Survey of Children and Youth (NLSCY), Offord and Lipman 1996

Poverty and Childhood Health Outcomes¹

Children from lower income families and neighbourhoods have *higher* rates of:

- infant mortality and childhood illness
- developmental and neurological problems
- childhood hospitalizations, asthma, obesity and overweight
- intentional and unintentional injuries
- mental health problems

¹Gupta, de Wit, McKeown. *The impact of poverty on the current and future health status of children*. Paediatr Child Health 2007; 12(8): 667-672

Poverty and Childhood Health Outcomes

- Poverty during early childhood is associated with increased morbidity and decreased lifespan in **adulthood**, and the association persists irrespective of the adult's present social status

Gary W. Evans and Pilyoung Kim, *Childhood Poverty and health: cumulative Risk Exposure and Stress Dysregulation*; *Psychological Science* 2007 18: 953

Poverty and Neurocognitive Function

- Higher SES is associated with generally better performance on neurocognitive assessment, but the effects are NOT uniform
- Language, executive function and working memory are most strongly correlated to low SES
- Especially interesting because of the postnatal development of prefrontal cortex and the possibility for intervention
- Reward processing and visual cognition were not significantly different between low and middle SES children
- Stress adversely affects hippocampal development; it is postulated that the stress of poverty may cause the weak working memory
- Important to note that the neural basis for these changes is not purely genetic: Poverty *causes* neuroanatomic changes, independent of genetics

What Type of Mental Illness Does Poverty Cause?

- poverty increases the risk of **every** type of diagnosis except tic disorders
- The highest risk of a disorder for children from economically disadvantaged families compared to children from non-disadvantaged families was **for any behaviour disorder**, with the odds of a poor child having any behaviour disorder **2.7 times** that of a non-poor child
- Conduct disorders and ADHD were significantly associated with both family and neighbourhood measures of disadvantage in the National Longitudinal Survey of Children and Youth
- Executive function weakness associated with lower SES and adversity³

¹Costello, Angold, Burns, Stangl, Tweed, Erkanli, & Worthman, 1996

²Boyle and Lipman 2002

³Comparing Executive Functioning in Children and Adolescents With FASD and ADHD: A Meta-Analysis
Jennifer E. Khoury and Karen Milligan, Journal of Attention Disorders 1-15

What type of mental illness?

- Aggressive behaviour and Conduct Disorder: Abuse significantly associated with externalizing symptoms and with cortical thinning on MRI¹
- Anxiety, Depression
- ADHD: and it persists into adulthood with greater incidence and severity. Males and females affected equally
- Substance Use Disorders
- Learning disorders
- (Autism Spectrum Disorder³)

¹ Andrea L. Gold, et al. *Childhood abuse and reduced cortical thickness in brain regions involved in emotional processing* Journal of Child Psychology and Psychiatry 57:10 (2016), pp 1154–1164 doi:10.1111/jcpp.12630

²Gupta, de Wit, McKeown. *The impact of poverty on the current and future health status of children*. Paediatr Child Health 2007; 12(8): 667-672

³ Mandell, D. et al. *Factors Associated with Age of Diagnosis of Autism Spectrum Disorders*; Pediatrics Dec. 2005, vol 116, issue 6

Is this really ADHD??

How does poverty influence mental health? ^{1,2,3}

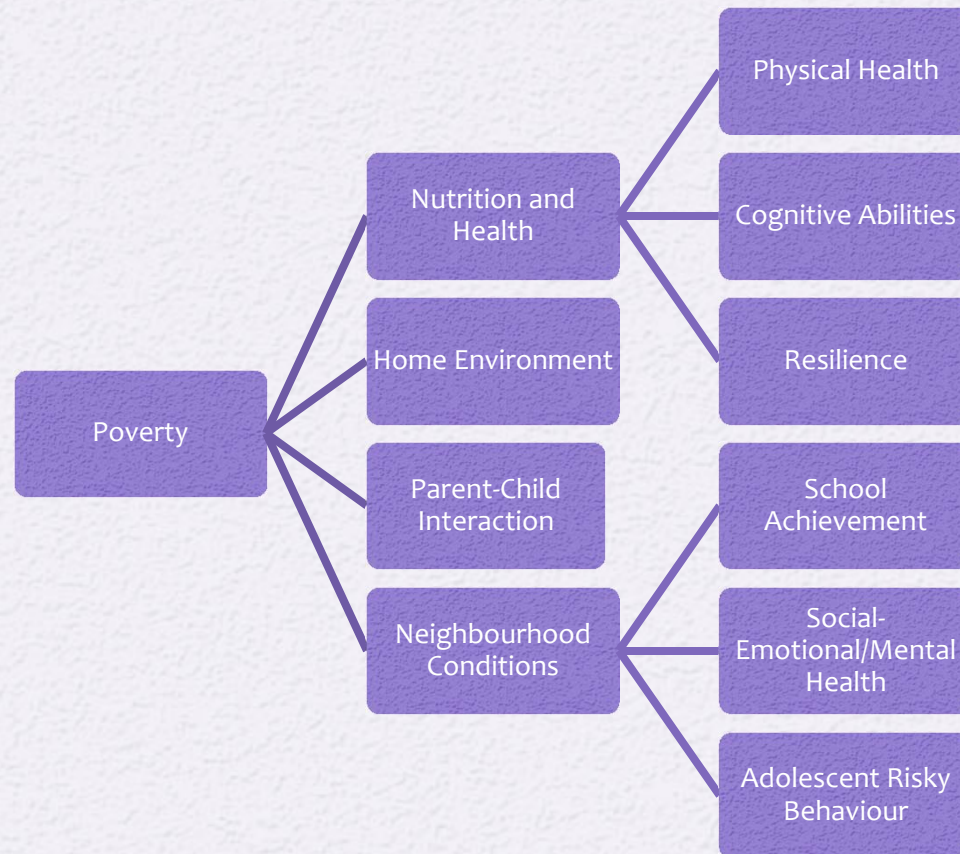
- Chronic stress/epigenetics
- Not having basic needs met: nutrition, housing, safe neighbourhoods, adequate health care
- Family violence, parental divorce
- punitive parental behaviour, fewer positive experiences such as reading, face to face conversation
- Lack of “environmental complexity”-- the number of books and toys they possess, the amount of nurturing adult attention they receive, and opportunities (recreation, seeing new things, etc.)

¹Farah, Shera, Savage et al; *Childhood poverty: Specific associations with neurocognitive development*; Brain Research 1110 (2006) 166-174

²Ellen Lipman and M. Boyle; *Linking poverty and mental health: A lifespan view*; The Provincial Centre of Excellence for Child and Youth mental Health at CHEO; Sept. 2008

³ D. Francis; *conceptualizing Child Health Disparities: A Role for Developmental Neurogenomics*; Pediatrics 2009; 124; S196

How Poverty Influences Development



Anna and Eric

Anna is a 12 year old girl in grade seven at an inner city elementary school. She was referred for behavioural issues. She is aggressive with peers (hitting, scratching) and she attempted to choke her younger brother at school this year. She is very thin and a restrictive eating disorder has been queried. She was diagnosed with **ADHD** by a pediatrician for impulsive, disruptive behaviour and stimulant medication was recommended.

Eric is Anna's ten year old brother in grade five. He was referred because of academic delays secondary to poor attendance and mental health concerns. He told a teacher that he was going to jump from the third story of the school in an attempt to harm himself. CART (child and adolescent response team) was called and he was referred to the mental health team for treatment of **depression**.

Family and Social History

- children were born to Kim when she was a teenager
- She dropped out of high school to raise them
- She has been diagnosed and treated with an SSRI for **depression**.
- She also has a 2 ½ yr old daughter who does not attend any early child development centres.
- She lives with her partner and father of the children, Jack. Jack has dyslexia and works as a roofer. Not working currently because he can't afford the required steel-toed boots
- there are significant financial stressors. . They live in a two bedroom apartment and run out of food every week.
- Jack has been violent towards Kim in front of the children.
- Social services have been involved for child protection concerns

Child Maltreatment

- Women who were abused as children are more likely to abuse their children (40%)
- 30% of abused women *don't* abuse their children:

WHY?

- Received emotional support from a non-abusive adult during childhood
- participated in therapy for at least 6 months at some point in their lives
- Have an emotionally supportive relationship as an adult

Emotional and Behavioural Disturbance “is created by the interplay of multiple factors operating over time, and links between antecedent conditions and disturbance are nonlinear. Disturbance is the outgrowth of patterns of maladaptation interacting with ongoing challenging circumstances in the absence of adequate support.”

The Development of the Person,
L.Alan Sroufe et al.

Dr. L. Alan Sroufe: Minnesota Child Study

3 things that improved child developmental outcomes at any stage of childhood:

1. Relieve the stress of poverty
2. Connect parents to their children's school.
3. Connect parents to other people and services in their community.

Can We Change the Trajectory?

- HOME scores in 24 month and 30 month olds predicted behaviour problems in 42 month olds
- When the HOME scores were poor early on and improved, there were fewer behaviour problems.
- **Change is possible**

Minnesota Child Study

Predictors of Competence in Grades One to Three

- Infant Experience: attachment scales
- HOME score
- Life Stress
- Maternal Support

All 4 were significant predictors but the HOME score, life stress and maternal support were significant, independent of the infant experiences.

Predictors of Behaviour Problems in Elementary school

- Grade one HOME score
- Total life stress
- Relationship support for the mother
- Parental involvement at school

Also: witnessing violence, physical abuse, and history of behaviour problems in preschool

Predictors in Children Whose Behaviour Problems Diminished from Preschool to School Age

- Improvement on the HOME scale
- Lower parental life stress
- Lower maternal depression

And the reverse is true.

So how do we get our patients into this group?

Predictors of Adolescent Behaviour Problems

Home environment:

- Violence
- Chaos
- Disruption

BUT: At every stage, while early influences are very important, stabilization of the home environment, reduction of stress and support of the mother improve academic and behavioural outcomes.

“Competence in elementary school is a product of early care, later care *and* the current family supports and challenges.”

Competence was graded using measures of Emotional Health and Self-Esteem and a measure of Competence with Peers and IQ of mother and child were controlled for.

DSM 5 Condition	Effects of Poverty
Depression	Loss of hope, lack of energy from poor nutrition, low self-efficacy, lack of opportunity leading to low motivation
Anxiety	Worry about hydro/phone being cut off, worry that authorities will take your kids, worry that you don't have food, worry that you missed health appointments due to transportation costs
Oppositional Defiant Disorder	Attachment disorder secondary to parent being too stressed to meet your needs, disrupted home environment leading to heightened stress, weak executive function
ADHD	Chaotic home environment, poor nutrition, witnessing violence, worrying about mom, poor executive function secondary to stress.

DSM 5 Condition	Effects of Poverty
Learning Disorders	Lower exposure to language, books, varied positive life experiences, sleep difficulties, increased screen time, increased family stress, poor nutrition. Decreased access to direct support to ameliorate learning disorder
Fetal Alcohol Spectrum Disorder	Increased peak blood alcohol levels secondary to poor nutrition, stress of poverty exacerbating executive function difficulties, lack of access to early intervention
Intellectual Disability	Specific effects on brain development, poor access to early intervention to improve school readiness, association between poverty and exposure to a range of environmental and psychosocial hazards.

How do we pull all this together into meaningful action?

- Poverty and its inherent stressors impact development, health and mental health in children and adults
- Poverty reduction/alleviation is a complex political issue
- What is the role for health care providers?

My Background

- 16 years of outreach developmental assessments to inner city school children
- Realization of the impact of residential schools and other trauma that have erased memories and experiences of healthy families and parenting
- The impact of the stress of poverty on child health and development (direct impacts, epigenetic effects, etc.)
- The possibilities of what a steadfast, compassionate relationship might do to empower women to become healthier, especially if it is in the context of alleviation of poverty
- Is it ethical to *not* do something?

- Could we “trick” a child’s brain into thinking it was rich?
- If we took away the stress, leaving a loving mother who was connected to caring people and other supports, what would happen to her and to her children??

What are the barriers?

- How do you learn to parent?
- How do you know what the characteristics are of a safe, stable and loving relationship?
- How do you know how to teach a child to ride a bike?

A year of questions

How many things do you know how to cook?

Do you have a library card?

Can you tell me the name of the person who loved you more than anything growing up?

How can I help you?

Observations

- In almost all cases, the child had an incredible connection to his mother, who loved him with all her heart, but it wasn't enough in the face of poverty.
- Children taken into foster care often don't have good outcomes and often return to their families, especially their mother, when they grow up.
- The most vulnerable children, in terms of genetic risk and parental capacity, were being raised in the context of unsafe housing, lack of access to recreation and poor nutrition. It just didn't make sense to expect healthy outcomes.

Inspiration for Advocacy

“The meaning of medicine is not science; it is service. It is not a competency; it is a way of life, the deep wish to make things better or larger than how you found them. Service is larger and older than science.”

“They respond to suffering not in order to save the world, but simply because the suffering of others touches them and matters to them.”

Rachel Remen M.D.

Mom to Mom

www.m2mcharity.ca

- Volunteer mentors are paired with mothers living in poverty to establish trusting, compassionate relationships, alleviate poverty and promote healthy child development.
- M2M holds out an opportunity for women who haven't had many opportunities.
- An attempt to create the context for mothers to be the best they can be.



Results

- Mothers report that the best part of Mom to Mom is having someone they can text or call, who is reliable and stable
- Over time, the mothers are reaching out earlier to mentors for help and support
- Mothers are referring their sisters and friends
- Several families of children who would likely have gone into foster care are still with their mother
- Teachers are reporting that children are arriving better rested, nourished and ready to learn
- Mentors report a sense of personal growth and transformation
- Formal evaluation on-going

Results

- Moms are going back to finish high school and entering post-secondary education
- Moving into better housing
- Volunteering for Mom to Mom and other organizations

Anna and Eric continued

- Kim has been mentored for four years by two women
- Her partner is working after M2M got him outfitted. They are together and there has been no subsequent violence.
- Anna is attending high school and passing. She has no mental health issues.
- Eric is also attending school and doing well.
- Amanda attended StrongStart and is now in grade 1 with no developmental issues.
- Kerry graduated with her GED and is making plans for further education. She is no longer on medication for depression. She volunteers on the M2M Food Committee.

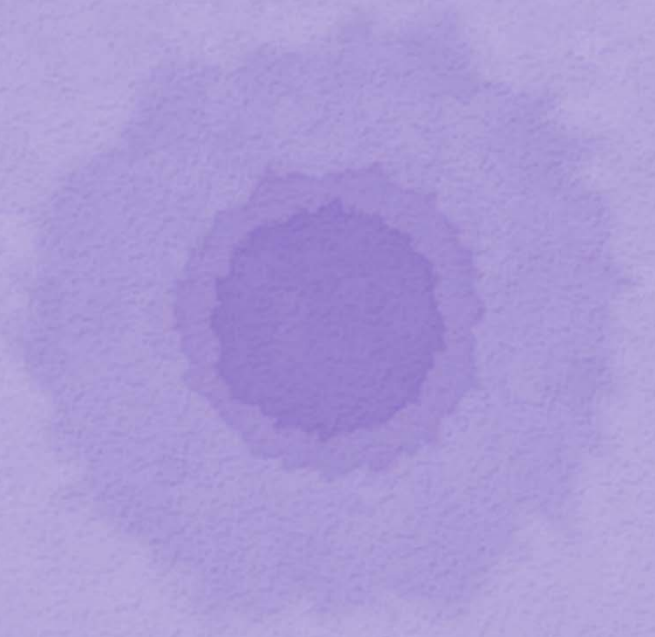
Office Poverty Interventions

- Developed by Dr. Gary Bloch, family physician from St. Michael's Hospital in Toronto and published by the OMA
- Screens for poverty in each patient encounter like any other health-related risk factor
- Provides the foundation for targeted interventions to reduce the effects of poverty and risks of adverse health outcomes in low-income patients

Poverty Intervention Tool

Three steps in addressing poverty in the office:

1. **Screen Everyone:** “Do you ever have difficulties making ends meet at the end of the month?”
(sensitivity is 98%; specificity 64%)
2. **Factor poverty** into clinical decision making like other health and patient risk factors
3. **Intervene** by asking further questions



www.divisionsbc.ca/Media/WebsiteContent/7443/BC-Poverty-2014-Final.pdf

Kootenay Poverty Intervention Tool

<https://divisionsbc.ca/Media/WebsiteContent/7443/BC-Poverty-2014-Final.pdf>

Physician Advocacy: Practice Guidelines and Next Steps

1. Make the referral and booking process low-barrier and friendly.
2. Help families make and get to appointments.
3. Clinic setting needs to be welcoming, provide food and childcare.
4. Clinical interview needs to be compassionate, thoughtful, non-judgmental and supportive.
5. Ask about child maltreatment and take a supportive approach.
6. Go outside the medical model and ask about food security, housing and financial pressures.
7. Fill out forms that help: disability tax credit, special authority forms, etc.
8. Write prescriptions for things they need such as strollers, bicycles, etc.
9. Connect families to people who can help with recreation.
10. Let the parent know that you aren't judging and that you are there to listen even when you don't have an answer.

What if we started to think of poverty as a health issue instead of (just) a social issue?

Some questions...

- Is it ethical to treat symptoms of conditions while doing nothing to alleviate the underlying etiology?
- Is it ethical or reasonable for doctors to be apolitical?
- How do we maintain professional boundaries while helping with things that are not traditionally part of our roles?

Hypothesis

If we can increase their sense of self and reduce their stress, parents will have the space to parent children who experience less trauma, more connection and are ultimately healthier and happier.

Thank you!