[Downloaded free from http://www.worldsocpsychiatry.org on Monday, September 12, 2022, IP: 253.63.72.124]

Review Article

Poverty, Homelessness, Hunger in Children, and Adolescents: Psychosocial Perspectives

Abstract

Poverty, hunger, and homelessness have been shown to be perhaps the greatest adverse biological and social risk factors for mental health problems and disorders worldwide. They also have significant adverse impact on cognitive, psychological, psychosocial, and physical development in children and youth. This article reviews the psychosocial effects of poverty, hunger, and homelessness on children and youth, including their impact on psychopathology and mental health. It also includes recommendations for governmental entities, advocates, and care providers on mitigating their adverse effects.

Keywords: *children, homelessness, hunger, poverty, psychosocial*

Andres Julio Pumariega[1], Rama Rao Gogineni[2], Tami Benton[3,4]

[1]Department of Psychiatry, Division of Child and Adolescent Psychiatry, School of Medicine, University of Florida, Gainesville, FL, [3]Department of Child and Adolescent Psychiatry, Children's Hospital of Philadelphia, [4]Department of Psychiatry, Perelman School of Medicine, University of Pennsylvania, Philadelphia, PA, USA, [2]Department of Psychiatry, Cooper Medical School of Rowan University, Camden, NJ

Introduction

In recent years, the world has made substantial progress in many areas of life. The world's population is approximately 7 billion. Children make up about a third of the world's population. About 925 million people go to bed hungry every night, and approximately a billion are homeless. Poverty globally, regionally, and for all ages, genders, ethnicities, and nationalities have been a major social, physical, and mental health issue for the decades if not centuries. An estimated 780 million people globally still live in extreme poverty. Children are disproportionately affected. Despite comprising one third of the global population, they represent 356 million of those struggling to survive on <$1.90 a day (11% of world population).[1] Children who grow up impoverished often lack the food, sanitation, shelter, health care, and education they need to survive and thrive. Across the world, about 1 billion children are multidimensionally poor, meaning they lack necessities as basic as nutrition or clean water. Some 100 million additional children have been plunged into multidimensional poverty due to COVID-19. One in three children in low- and middle-income countries suffers from chronic undernutrition. Without a sustainable source of income at a sufficient level, young children and their families do not have access to nutritious food, clean water, or health care. Moreover, the deadly effects of undernutrition cannot be underestimated. Forty-five percent of all child deaths worldwide are from the causes related to undernutrition.[2,3]

The following is a review impact of poverty, homelessness, and hunger that affects children and youth. The paper reviews some of the literature associated with the adverse psychosocial impact of poverty, hunger, and homelessness, their effects on psychopathology and mental health, and recommendations to advocates and care providers.

Poverty

Poverty is roughly defined as not being able to afford the basic necessities of life that would provide a minimum standard of living. The World Bank reports that 736 million people worldwide live on <$1.90 a day. While poverty rates have declined in all regions of the world, progress has been uneven. More than half of the extreme poor live in sub-Saharan Africa. The majority of the global poor live in rural areas are poorly educated, employed in the agricultural sector, and under 18 years of age. Access to good schools, health care, electricity, safe water,

Submission: 27-06-22 **Decision:** 29-06-22
Acceptance: 30-06-22 **Web Publication:** 22-08-22

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.

For reprints contact: WKHLRPMedknow_reprints@wolterskluwer.com

Address for correspondence:
Dr. Andres Julio Pumariega, Division of Child and Adolescent Psychiatry UF Health Springhill 2, 8491 N.W. 39th Avenue, Gainesville32606, FL, USA.
E-mail: pumariegaa@ufl.edu

Access this article online
Website: www.worldsocpsychiatry.org
DOI: 10.4103/wsp.wsp_17_22
Quick Response Code:

How to cite this article: Pumariega AJ, Gogineni RR, Benton T. Poverty, Homelessness, Hunger in Children, and Adolescents: Psychosocial Perspectives. World Soc Psychiatry 2022;4:54-62.

[Downloaded free from http://www.worldsocpsychiatry.org on Monday, September 12, 2022, IP: 253.63.72.124]

and other critical services remains elusive for many people, often determined by socioeconomic status, gender, ethnicity, and geography. Currently, 1000 children under the age of 5 die every day from illnesses such as diarrhea, dysentery, and cholera caused by contaminated water and inadequate sanitation associated with poverty.[4]

Poverty is endemic even in the richest nation on the earth. United States (U. S.) Census Bureau data[5] show that poverty rate rose to 15.9% (46.2 million) in 2010. Deepening poverty is inextricably linked with rising levels of homelessness and food insecurity/hunger for many Americans and children are particularly affected by these conditions. Since the sudden and severe economic impact of the COVID pandemic has resulted in a rapid increase in poverty in the U. S. and worldwide.[3] Racial and ethnic disparities in poverty rates persist, especially highest among children. The poverty rate for Black children was 38.2%; 32.3% for Hispanic children; 17% for non-Hispanic White children; and 13% for Asian children. In the United Kingdom, 14 million people (one fifth of the population) live in poverty, four million are more than 50% below the poverty line, and 1.5 million are classed as destitute, unable to afford even basic life essentials.[6] Poorer children and teens are also at greater risk for several negative outcomes such as poor academic achievement, school dropout, abuse and neglect, behavioral and socioemotional problems, physical health problems, and developmental delays. In addition, the multiple stressors associated with poverty (divorce, domestic violence, lack of parental monitoring, and parental mental illness) result in significantly increased risk for developing psychiatric and functional problems.[7] The evidence indicates that poverty causes stress and negative affective states which in turn may lead to short-sighted and risk-averse decision-making, possibly by limiting attention and favoring habitual behaviors at the expense of goal-directed ones. Together, these relationships may constitute a feedback loop that contributes to the perpetuation of poverty. At this time during the COVID pandemic, it is estimated that 88–115 million additional people will be pushed into absolute poverty worldwide in 2020, bringing the total to between 703 and 729 million. This is affecting developing nations disproportionately, where some recent gains had been made in reducing poverty. For example, the World Bank[8] indicates that South Asia is set to plunge in 2020 into its worst-ever recession as the devastating impacts of COVID-19 on South Asian economies linger on, taking a disproportionate toll on informal workers and pushing millions of South Asians into extreme poverty.

Poverty and mental illness are linked together in a complex manner. Poorer persons have been shown to be at higher risk of developing mental illnesses, possibly both as a result of the physical and psychosocial impact of lower socioeconomic status leading to greater disease burden and the lack of access to health resources to manage precursors of illness. Conversely, people with poor mental health are more susceptible to the main factors that can lead to poverty and homelessness: Loss of productivity, disaffiliation, and personal vulnerability for social stigmatization with negative stereotyping that exacerbate deprivation.[7,9-11]

Neuropsychiatric Sequelae of Poverty

Poverty in children is damaging to their mental, physical, emotional, and spiritual development. For example, Kishiyama *et al*.[12] reported that prefrontal-dependent electrophysiological measures of attention were reduced in lower socioeconomic status (SES) children compared to high SES children in a pattern similar to that observed in patients with lateral prefrontal cortex damage, including self-regulation and behavioral difficulties and reasoning. Poverty has been found to be associated with smaller white and cortical gray matter and hippocampal and amygdala volumes. The effects of poverty on hippocampal volume were mediated by caregiving support/hostility on the left and right, as well as stressful life events on the left. Findings that these effects on the hippocampus are mediated by caregiving and stressful life events suggest that attempts to enhance early caregiving should be a focused public health target for prevention and early intervention.[13]

Hair *et al*.[14] conducted a longitudinal cohort study analyzing 823 magnetic resonance imaging scans of 389 typically developing children and adolescents aged 4–22 years from the National Institutes of Health Magnetic Resonance Imaging Study of Normal Brain Development with complete sociodemographic and neuroimaging data. One-quarter of sample households reported the total family income below 200% of the federal poverty level. Poverty was associated with structural differences in the several areas of the brain associated with school readiness skills, with the largest influence observed among children from the poorest households. As much as 20% of the gap in test scores could be explained by maturational lags in the frontal and temporal lobes. Some of these effects are also related to disparities in information and language exposure. Children in poor families hear about 30 million fewer words by the time they are four than children from middle-class families.[15]

Regardless of the contributing factors, these impacts can be long-lasting.

A longitudinal study, published by Evans,[16] found childhood poverty predicted multimethod indices of adult psychological well-being at age 24 when controlling for outcomes at age 9 manifesting greater allostatic load, an index of chronic physiological stress, higher levels of externalizing symptoms (e.g., aggression) but not internalizing symptoms (e.g., depression), and more helplessness behaviors. In addition, childhood poverty predicts deficits in adult short-term spatial memory. In a longitudinal study of nearly 4000 families in Canada,

[Downloaded free from http://www.worldsocpsychiatry.org on Monday, September 12, 2022, IP: 253.63.72.124]

Hastings *et al*.[17] found that growing up in a poor urban neighborhood was associated with a doubling in the risk of developing a psychosis-spectrum disorder by middle adulthood. Children raised in low socioeconomic status families also tend to go on to have relatively high rates of chronic physical illness in adulthood.

Hunger

The United Nations Food and Agriculture Organization estimated that about 815 million people of the 7.6 billion people in the world, or 10.7%, were suffering from chronic undernourishment in 2016. Almost all the hungry people live in lower-middle-income countries, with only 1 million undernourished people living in developed countries. Africa has the highest prevalence of undernourishment, but as the most populous region in the world, Asia has the highest number of undernourished people.[18]

One in three children in low- and middle-income countries suffers from chronic undernutrition**.** Surveys showed approximately 45% of all child deaths worldwide are from causes related to undernutrition. At least 17 million children suffer from severe acute malnutrition around the world. Severe acute malnutrition is the direct cause of death for 2 million children every year and every day.[4]

Physiological and Neuropsychiatric Impact of Hunger/Malnutrition

Children are the most visible victims of undernutrition. It is estimated that undernutrition including stunting, wasting, deficiencies of Vitamin A and zinc, and fetal growth restriction are a cause of 3.1 million child deaths annually or 45% of all child deaths in 2011.[4] Undernutrition magnifies the effect of every disease, including measles and malaria. Maternal undernutrition during pregnancy increases the risk of negative birth outcomes, including premature birth, low birth weight, smaller head size, and lower brain weight. Babies born prematurely are vulnerable to health problems and are at increased risk for developing learning problems when they reach school-age. The first 3 years of a child's life are a period of rapid brain development. Too little energy, protein and nutrients during this sensitive period can lead to lasting deficits in cognitive, social, and emotional development. Protein-energy malnutrition, iron-deficiency anemia, iodine, zinc, and other vitamin deficiencies in early childhood can cause brain impairment. Failure to thrive, the failure to grow and reach major developmental milestones as the result of undernutrition, affects 5%–10% of American children under the age of three. Hunger reduces a child's motor skills, activity level and motivation to explore the environment. Movement and exploration are important to cognitive development, and more active children elicit more stimulation and attention from their caregivers, which promotes social and emotional development.[19]

Numerous studies have demonstrated the negative effects of hunger on children's health outcomes. Findings from studies conducted on a broader range of family incomes showed that not only poverty but also factors associated with it (race, gender, education, and employment status) are related to hunger, which in turn is associated with negative health outcomes. For example, a community sample of 328 low-income children and families ages 6–12 who were classified as "hungry," "at-risk for hunger" or "not hungry" found that hungry children were significantly more likely to receive special education services, to have repeated a grade in school and to have received mental health counseling than at-risk-for-hunger or not-hungry children. In this same study, hungry children exhibited 7–12 times as many symptoms of conduct disorder (such as fighting, blaming others for problems, having trouble with a teacher, not listening to rules, stealing) than their at-risk or not-hungry peers. Among low-income children, those classified as "hungry" show increased anxious, irritable, aggressive, and oppositional behavior in comparison to peers.[20] Weinreb *et al*.[21] in a study of 180 preschool and 228 school-age poor children, found that, for school-aged children, severe hunger was a significant predictor of chronic illness after controlling for housing status, mother's distress, low birth weight, and child live events. For preschoolers, moderate hunger was a significant predictor of health conditions while controlling for potential explanatory factors. For both preschoolers and school-aged children, severe child hunger was associated with higher levels of internalizing behavior problems. After controlling for housing status, mother's distress, and stressful life events, severe child hunger was also associated with higher reported anxiety/depression among school-aged children.

Researchers studying people raised on Barbados who suffered severe starvation as infants found these adults were more anxious, less sociable, less interested in new experiences, and more hostile than those who were well-nourished throughout childhood. The malnourished children were five times more likely to score higher than normal on tests of neuroticism − a trait that measures negative emotions and a tendency to feel uncontrollable distress − when they were in their 40s, compared to the well-nourished controls.[22] Hunger also seemed to have an effect on suppressing development of extroversion, or sociability, since the children who had been starved were three times more likely to have abnormally low scores for this trait in middle age than the controls. The same was true with regard to conscientiousness, or the ability to reliably organize and follow through on plans, with some association as well with persistent attention deficit into middle adulthood. Those who were malnourished during infancy were also more than 5 times as likely to have abnormally low scores on "openness to experience," a measure of intellectual curiosity and independence. Poor nutrition early in life seems to predispose individuals to

[Downloaded free from http://www.worldsocpsychiatry.org on Monday, September 12, 2022, IP: 253.63.72.124]

a suspicious personality, which may then fuel a hostile attitude toward others early childhood malnutrition affects personality development via direct impacts on the brain. Starvation could also cause depression in the children's mothers, which may in turn have negative effects on children's development and behavior.[22,23] More recently, this study has focused on the intergenerational impact of malnutrition on the offspring of mothers malnourished early in life, who demonstrated significant transgenerational effects on attention and cognitive performance, particularly differences on measures of attention, IQ and executive control similar to those seen in the original cohort, even though this generation had never personally experienced any episodes of malnutrition. Galler and Rabinowitz[24] have posited that epigenetic factors may be involved.

Families often work to keep their food-insecurity hidden and some parents may feel shame or embarrassment that they are not able to feed their children adequately. Children may also feel stigmatized, isolated, ashamed, or embarrassed by their lack of food.[7] Most research has shown strong associations between depression and food insecurity. Although most studies are cross-sectional, longitudinal analyses suggested bidirectional relationships (with food insecurity increasing the risk of depressive symptoms or diagnosis, and depression in turn predicting food insecurity). Several studies have focused on vulnerable subgroups, such as pregnant women and mothers, women at risk of homelessness, refugees, and those who had been exposed to violence or substance abuse. Overall, studies support a link between food insecurity and mental health (and other factors, such as housing circumstances and exposure to violence) among women in high-income countries and underscores the need for comprehensive policies and programs that recognize complex links among public health challenges.[7]

Homelessness

It is estimated that no less than 150 million people, or about 2% of the world's population, are homeless. However, about 1.6 billion, more than 20% of the world's population, may lack adequate housing.[25] Homelessness affects individuals of all ages, genders, and ethnicities. We often consider homelessness to be a result of poverty, lack of housing or government support, and economic challenges such as raising a child alone; however, homelessness can also be caused by physical, sexual and emotional trauma, such as domestic violence, or trauma resulting from disasters. Trauma is considered by many to be the root cause of homelessness, and that most cases of homelessness result from a series of losses and resulting learned helplessness. Homelessness itself can lead to further trauma. The loss of a home is often accompanied by loss of community, possessions, and security. Those with severe and persistent mental illness or those who have experienced multiple traumas can experience an internal, ongoing terror, loneliness, fear, and dread. Even the lives of their family are affected negatively.

Homelessness is a state of deprivation and exists when people do not have access to safe, stable, and appropriate places to live. A homeless person is deprived of security, safety, dignity, and liberty. Periods of homelessness often have serious and lasting effects on personal development, health, and wellbeing. Chronic homelessness can exist in the absence of disabilities in parts of the world affected by war, disasters, or famine. Homelessness is one of the most extreme manifestations of poverty. Homelessness is ubiquitous; only a very few countries are not facing this issue at the moment. Countries with better safety nets and social policies such as Finland and Sweden have zero homelessness.[25]

In the United States, it was estimated that 567,715 people experienced homelessness on a given night in January 2019, according to the National Alliance to End Homelessness.[26] An estimated 2.3–3.5 million Americans experience homelessness at least once a year. Homelessness affects people of all ages, geographic areas, occupations, and ethnicities but occurs disproportionately among people of color. In 2009–2010 school year, 939,903 homeless children and youth were enrolled in public schools, a 38% increase from the 2006 to 2007 school year. More than 1.6 million children (1 in 45 children) in America were homeless and that approximately 650,000 are below age 6. Approximately 47% of children in homeless families are Black, although Black children make up just 15% of the U. S. child population. Hispanic children make up 13%, whereas Native American children make up 2% of the homeless children population.[27,28]

Homelessness is a have serious and lasting effects on personal development, health, and wellbeing. It can cost society approximately $50,000 per year for a single chronically homeless individual who is cycling in and out of treatment facilities, jails, hospitals, and other institutional care facilities. Homeless children confront abject poverty and experience a constellation of risks that have a devastating impact on their well-being. Homelessness among children to hunger and poor nutrition, health problems and lack of health and mental health care, developmental delays, psychological problems, and academic underachievement. Schooling for homeless children is often interrupted and delayed, with homeless children twice as likely to have a learning disability, repeat a grade or to be suspended from school. Homelessness and hunger are closely intertwined. Homeless children are twice as likely to experience hunger as their nonhomeless peers. Hunger has its own additive negative effects on the physical, social, emotional, and cognitive development of children.[29]

Economic changes resulting in lack of affordable housing is also a risk factor for homelessness. This can be a result

[Downloaded free from http://www.worldsocpsychiatry.org on Monday, September 12, 2022, IP: 253.63.72.124]

of economic conditions impoverishing large sectors of the population, or scarcity of housing driving housing prices beyond the means of many poorer individuals, such as seen in the gentrification of urban centers. The current COVID pandemic has led to massive unemployment as a result of quarantines and lockdowns to mitigate the virus, with many individuals and families living paycheck to paycheck unable to make their rent and risking eviction.[30]

Psychosocial and Psychiatric Consequences of Homelessness

Most mental health literature on homelessness has focused on characteristics that may be risk factors for homelessness. However, homelessness itself is a risk factor for emotional disorders, psychological trauma, social disaffiliation, and learned helplessness. Psychological trauma is likely among homeless individuals and families for three reasons. (a) The sudden or gradual loss of one's home can be a stressor of sufficient severity to produce symptoms of psychological trauma, (b) The conditions of shelter life may produce trauma symptoms, and (c) Many homeless people particularly women become homeless after experiencing physical and sexual abuse and consequent psychological trauma.[31] A number of studies from the US provide similar evidence, suggesting that those who are homeless (in the sense that they are roofless or sleep-in shelter facilities) tend to be a particularly vulnerable subgroup of individuals within the poor.

A quarter of homeless children have also witnessed violence and 22% have been separated from their families. Exposure to violence can cause a number of psychosocial difficulties for children both emotionally (depression, anxiety, and withdrawal) and behaviorally (aggression and acting out). Half of school age homeless children experience problems with depression and anxiety and one in five homeless preschoolers have emotional problems that require professional care. Homelessness is linked to poor physical health for children including low birth weight, malnutrition, ear infections, exposure to environmental toxins and chronic illness (e.g., asthma). Homeless children also are less likely to have adequate access to medical and dental care unaccompanied youth (sometimes referred to as runaway youth or street youth) number between 575,000 and 1.6 million annually and typically range from ages 16 to 22, while worldwide likely number in the tens of millions.[32] The major causes of homelessness for unaccompanied youth are poverty/lack of affordable housing, family conflict, mental illness, and substance abuse. Family conflict is the primary cause of homelessness in developed nations, with 46% having experienced abuse and an estimated 20%–40% identifying as lesbian, gay, bisexual, or transgendered (LGBT). In the developing world, extreme poverty is the strongest predictor of homelessness for street youth as well as for families.[32] Homeless families are often forced to choose between housing and other necessities for their survival. Female-headed households are also particularly vulnerable. Teen parents are also particularly at risk of homelessness. Substance abusing or physically violent parents and stepparents are the major drivers of homelessness in runaway youth, particularly for those who identify as LGBT.[31]

Unaccompanied homeless youth are often more likely to grapple with mental health (depression, anxiety, and posttraumatic stress disorder) and substance abuse problems. Many runaway youths, most of them pushed out and rejected by their families because of their differences (sexual orientation, gender identity, or mental health problems) engage in sexually risky behaviors (sometimes for their own survival), which places them at risk of HIV, other sexually transmitted diseases, and unintended pregnancies. Furthermore, emerging research has shown that LGBT homeless youth are 7 times more likely to be victims of violent crime.[33] Studies on homeless youth in the U. S. have shown high rates of risk-taking behaviors (smoking, alcohol, marijuana abuse, physical fights, truancy, high sexual behaviors, low use of birth control measures, running away, and sexual abuse), face additional barriers to access of health care and suffer from a high burden of poor health.

D'Sa *et al*.[34] performed a review of the currently available worldwide literature on the psychological impact of homelessness on children. This concept was explored under two different categories − "transgenerational" and "new-onset homelessness." Hidden homelessness was also explored. The literature review revealed several psychological morbidities which were unique to children, including developmental and learning delays, behavioral difficulties and increased levels of anxiety and depression. This has been demonstrated by poorer performance in school testing and increased levels of aggression. Anxiety in children within this cohort has been shown to peak at time of dispersion from their stable home environment. Violence, aggression, and poor academic learning outcomes are just some of the key findings in this review. Ness in childhood, worldwide.

Similar patterns are also seen in other nations. Homeless youth in Australia are found to have extremely high rates of psychological distress and psychiatric disorders. Homeless youth have scored significantly higher on standardized measures of psychological distress than all domiciled control groups. Youth homelessness studies have also reported very high rates of suicidal behavior. Rates of various psychiatric disorders are usually at least twice as high among homeless youth than among youth from community surveys. As homeless youth are at risk of developing psychiatric disorders and possibly self-injurious behavior the longer they are homeless, early intervention in relevant health facilities is required.[35]

[Downloaded free from http://www.worldsocpsychiatry.org on Monday, September 12, 2022, IP: 253.63.72.124]

It is also important to note the significant linkages between homelessness and serious persistent mental illness into adulthood, which often starts in adolescence. Patients with schizophrenia or bipolar disorder are particularly vulnerable. In addition, half of the mentally ill homeless population also suffers from substance abuse and dependence.[36] The rate of schizophrenia in homeless persons reported in 33 published reports, representing eight different countries, ranged from 2% to 45%, with rates were higher in younger persons, women and the chronically homeless. Slightly less than half of the homeless persons with schizophrenia were not currently receiving treatment.[37] Homelessness and incarceration increase the risk of each other; recent homelessness is 8–11 times more common in jail inmates, and the increased risk is attributed in part to mental illness.[36]

Systemic Causes of Poverty, Hunger, and Homelessness

The systemic causes of poverty and homelessness are diverse, complex, interwoven and related to many institutional structures within our world and societies. Social and economic policies, wars, immigration, the impact of technology, and many other socioeconomic and political forces contribute to poverty, hunger, and homelessness. Low- and middle-income countries (LMIC) nations have larger challenges dealing with this triple threat as a result of limited resources and often times population growth that is unsustainable. Corruption and governmental/political mismanagement in such nations can complicate efforts to deal with these challenges due to the diversion of resources or concentration of wealth within elites.

Developed and developing nations have made major strides in reducing the percentages of poverty, hunger, and homelessness, as witnessed in Europe in the 17th through 20th century, in the United States in the 19th and 20th centuries and especially many emerging nations in the Pacific and Central Asia. In the 20th and 21st century, a combination of economic and business development, governmental social safety net programs, international aid programs, and nonprofit nongovernmental assistance organizations have been successful in these poverty reduction efforts. According to 2015 estimates, 10% of the world's population lived on <US $1.90 a day (world level of absolute poverty), compared to 11% in 2013, but that is down from nearly 36% in 1990. Nearly 1.1 billion fewer people were living in absolute poverty, down from 1.85 billion in 1990. Two regions, East Asia and Pacific (47 million extreme poor) and Europe and Central Asia (7 million) have reduced extreme poverty to below 3%, achieving the 2030 United Nations development target.[1] In China, the most populous and formerly one of the poorest nations on Earth, policies that promoted more liberal economic development have resulted in almost 1 billion people being lifted out of absolute poverty over the last 50 years.[38] However, more than half of the extreme poor live in Sub-Saharan Africa. The number of extreme poor in the region increased by 9 million, with 413 million people living on <US$1.90 a day in 2015, more than all the other regions combined. If the trend continues, by 2030, nearly 9 out of 10 extreme poor will be in Sub-Saharan Africa.[1]

An overwhelming majority of people with mental and psychosocial disabilities are living in poverty, poor physical health, and are subject to human rights violations. They are subjected to stigma and discrimination on a daily basis, and they experience extremely high rates of physical and sexual victimization. People with mental disabilities encounter restrictions in the exercise of their political and civil rights, and are restricted in their ability to access essential health and social care, including emergency relief services. Most people with mental disabilities face disproportionate barriers in attending school and finding employment. As a result of all these factors, people with mental disability are much more likely to experience disability and die prematurely, compared with the general population. People with mental disabilities are not only missed by development programs but can be actively excluded from these programs. This is in spite of the fact that an explicit goal of development is to reach the most vulnerable.[10]

It is important to note that there has been a growing trend towards income inequality and concentration of wealth in fewer hands in the United States and other developed and developing nations, which has slowed and even regressed the progress that had been made in addressing these challenges. Cultural values and beliefs around individualism, glorification of wealth, and mistrust in government as a social agency have contributed to these trends. The COVID-19 pandemic has aggravated this more recent trend, with those well off being able to often work from home while pooper front line workers either risk infection and illness (or death) or unemployment.[1]

There are also added challenges that the world is facing that are unique and global in nature. The growing threat of climate change and its impact on economic activity, agriculture, and even housing along coasts and flood prone regions are presenting new threats to the well-being of humans and threatening to lead to the serious impoverishment of large areas of the globe.[39] Additionally, growing lack of international cooperation in an increasingly polarized world threaten to undermine international efforts in growing economic activity and trade, addressing climate change, and lending assistance to nations and regions in need.

Conclusions

Technological advances in agriculture and in global productivity have particularly contributed to feeding and housing larger numbers of humans worldwide than was ever thought possible. Cooperation in the latter

[Downloaded free from http://www.worldsocpsychiatry.org on Monday, September 12, 2022, IP: 253.63.72.124]

20th century among governments through international agencies such as the United Nations/UNICEF, the World Health Organization, and the World Bank, in collaboration with nongovernmental organizations, have contributed to large scale efforts to ameliorate hunger and poverty in many LMIC nations and nations affected by adverse conditions such as war and famine. Though there continues to be a strong tradition of charitable nongovernmental organizations (lay and religious) that seek to address these challenges within and across national boundaries, governments action in concert with the business sector addressing economic development so far has been the most effective vector of change to ameliorate these conditions.[1]

National efforts are also critical in achieving the amelioration and eradication of childhood and family poverty, hunger, and homelessness. For example, in the U. S., food insecurity and hunger can be prevented through effective programs such as Supplemental Nutrition Aid for Persons, Women Infant and Children benefits, the National School Lunch Program, and the Summer Food Service Program, all of which focus on children and families and have been especially critical during the COVID-19 pandemic.[40] In developing nations, the United Nations is addressing youth poverty and hunger by promoting programs that support rural and urban youth in entering farming and promote collaboration between rural and urban youth.[41]

Multiple studies have demonstrated success in reducing the homeless population as well as its harmful financial and societal effects by providing these individuals with a combination of housing without preconditions and supportive care. Programs that provide long-term (a year or longer) stable housing for people with mental illnesses can help to improve mental health outcomes, including reducing the number of visits to inpatient psychiatric hospitals. Multiple studies have demonstrated success in reducing the burden of mental illness with innovative treatment models and care delivery to poor and homeless. There is widespread agreement that services to the homeless severely mentally ill population must be comprehensive and coordinated and provide for clients' mental health, housing, and support needs.[36]

At the clinical level, as recommended by Jakovljevic *et al*.,[42] screening for poverty with office-based interventions and accounting for income insecurity in all mental health diagnoses and treatment plans is essential. That is best done within the context of the implementation of a national child poverty reduction strategy to address social determinants of health in the early years and improve the health of future generations.

Globally, we should renew our commitment to achieving to the UN's Sustainable Development Goals which include, at number one, "no poverty," with "zero hunger" at number two by 2030. Many nations have either already reached those goals or major strides, even in the face of global challenges. International collaboration as well as national commitment and dedication will both be needed to reach them. Ultimately, political will is what is needed to meet these commitments-poverty can be reduced drastically if government-through taxes etc.– work to reduce inequity, support public free schooling, and in many areas of the world support strong family planning so millions of children are not born to teenage mothers or families who cannot afford to feed them.

In conclusion, an entire generation of children faces truly unacceptable risks that jeopardize their future potential. In the long run, the monetary costs of neglecting children's needs are likely to substantially exceed the costs of combating poverty and homelessness. The human costs will be much more tragic. Our nations must develop an appropriate and effective response. The goal globally was set out at the inception of the United Nations in Article 25 of the Universal Declaration of Human Rights.[43] *"Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control."* For children, this was further reinforced in the U. N. Convention on the Rights of the Child,[44] particularly Article 26 (Right to benefit from Social Security) and Article 27 (Right to Adequate Standard of Living). There are only three nations on the earth which have not ratified the Convention: Somalia, South Sudan, and the United States.

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

References

1. World Bank, International Bank for Reconstruction and Development. Reversals of Fortune: Poverty and Shared Prosperity. The World Bank; 2020.
2. World Health Organization (WHO). World Health Statistics 2018: Monitoring Health for the Sustainable Development Goals (SDG). Geneva: World Health Organization (WHO); 2018.
3. United Nations Children's Fund (UNICEF). COVID-19 Impacts on Child Poverty. Available from: https://www.unicef.org/social-policy/child-poverty/covid-19-socioeconomic-impacts. [Last accessed on 2022 Jun 13].
4. United Nations Children's Fund (UNICEF), World Health Organization (WHO), and the World Bank. Levels and Trends in Child Malnutrition: Key Findings of the 2019 Edition of the Joint Child Malnutrition Estimates. License: CC BY-NC-SA 3.0 IGO. Geneva: World Health Organization; 2019.
5. Bishaw A. Poverty: 2010 and 2011. American Community Survey Briefs; September, 2012. Available from: https://

[Downloaded free from http://www.worldsocpsychiatry.org on Monday, September 12, 2022, IP: 253.63.72.124]

www2.census.gov/library/publications/2012/acs/acsbr11-01.pdf. [Last accessed on 2022 Jun 13].

6. Full Fact. Poverty in the UK: A Guide to the Facts and Figures; 27 September, 2019. Available from: htpps://fullfact.org/economy/poverty-uk-guide-facts-and-figures/. [Last accessed on 2022 Jun 13].
7. American Psychological Association. Effects of Poverty, Hunger, and Homelessness on Children and Youth; 2016. Available from: http://www.apa.org/pi/families/poverty.aspx. [Last accessed on 2022 Jun 13].
8. World Bank. South Asia Report 2020. Available from: https://www.worldbank.org/en/region/sar/overview. [Last accessed on 2022 Jun 13].
9. Organization for Economic Co-Operation and Development (OECD), World Health Organization (WHO) Poverty and Health; 2003.
10. World Health Organization (WHO). Breaking the Vicious Cycle between Mental Ill-Health and Poverty. Mental Health Core Information Sheet, Sheet 1. Geneva: World Health Organization; 2007. Available from: http://www.who.int/mental_health/policy/development/en/intex.html. [Last accessed on 2022 Jun 13].
11. Kuruvilla A, Jacob KS. Poverty, social stress & mental health. Indian J Med Res 2007;126:273-8.
12. Kishiyama MM, Boyce WT, Jimenez AM, Perry LM, Knight RT. Socioeconomic disparities affect prefrontal function in children. J Cogn Neurosci 2009;21:1106-15.
13. Luby J, Belden A, Botteron K, Marrus N, Harms MP, Babb C, *et al.* The effects of poverty on childhood brain development: The mediating effect of caregiving and stressful life events. JAMA Pediatr 2013;167:1135-42.
14. Hair NL, Hanson JL, Wolfe BL, Pollak SD. Association of child poverty, brain development, and academic achievement. JAMA Pediatr 2015;169:822-9.
15. Fernald A, Marchman VA, Weisleder A. SES differences in language processing skill and vocabulary are evident at 18 months. Dev Sci 2013;16:234-48.
16. Evans GW. Childhood poverty and adult psychological well-being. Proc Natl Acad Sci U S A 2016;113:14949-52.
17. Hastings PD, Serbin LA, Bukowski W, Helm JL, Stack DM, Dickson DJ, *et al.* Predicting psychosis-spectrum diagnoses in adulthood from social behaviors and neighborhood contexts in childhood. Dev Psychopathol 2020;32:465-79.
18. United Nations Food and Agriculture Organization (FAO), International Fund for Agricultural Development (IFAD), UNICEF, World Food Program, and World Health Organization (WHO). The State of Food Security and Nutrition in the World 2017. Building Resilience for Peace and Food Security. Rome, FAO; 2017. Available from: http://www.fao.org/3/a-I7695e.pdf . [Last accessed on 2022 Jun 13].
19. Nyaradi A, Li J, Hickling S, Foster J, Oddy WH. The role of nutrition in children's neurocognitive development, from pregnancy through childhood. Front Hum Neurosci 2013;7:97.
20. Kleinman R, Murphy M, Little M, Pagano M, Wehler C, Regal K, *et al*. Hunger in children in the United States: Potential behavioral and emotional correlates. Pediatrics 1998;101:e3.
21. Weinreb L, Wehler C, Perloff J, Scott R, Hosmer D, Sagor L, *et al.* Hunger: Its impact on children's health and mental health. Pediatrics 2002;110:e41.
22. Galler JR, Bryce CP, Zichlin ML, Fitzmaurice G, Eaglesfield GD, Waber DP. Infant malnutrition is associated with persisting attention deficits in middle adulthood. J Nutr 2012;142:788-94.
23. Galler JR, Bryce CP, Zichlin ML, Waber DP, Exner N, Fitzmaurice GM, *et al.* Malnutrition in the first year of life and personality at age 40. J Child Psychol Psychiatry 2013;54:911-9.
24. Galler J, Rabinowitz DG. The intergenerational effects of early adversity. Prog Mol Biol Transl Sci 2014;128:177-98.
25. U.N. Department of Economic and Social Affairs. Expert Group Meeting "Affordable Housing and Social Protection Systems for All to Address Homelessness. Nairobi, Kenya; May 22-24, 2019. Available from: https://www.un.org/development/desa/dspd/wp. [Last accessed on 2022 Jun 13].
26. National Alliance to End Homelessness. State of Homelessness: 2020 Edition. Available from: https://endhomelessness.org/homelessness-in-america/homelessness-statistics/state-of-homelessness-2020/. [Last accessed on 2022 Jun 13].
27. United States (U.S.) Conference of Mayors. Status Report on Hunger & Homelessness. A Status Report on Hunger and Homelessness in America's Cities A 25-City Survey; December, 2008. Available from: http://www.ncdsv.org/images/USCM_Hunger-homelessness-Survey-in-America's-Cities_12%202008.pdf. [Last accessed on 2022 Jun 13].
28. Child Trends. Children and Youth Experiencing Homelessness; 2019. Available from: https://www.childtrends.org/indicators/homeless-children-and-youth. [Last acessed on 2022 Jun 13].
29. Rafferty Y, Shinn M. The impact of homelessness on children. Am Psychol 1991;46:1170-9.
30. Farmer B. A Wave of Evictions is on the Horizon: What Impact Could They Have on Kid's Education? CBS 60 Minutes Overtime; November 22, 2020. Available from: https://www.cbsnews.com/news/eviction-moratorium-covid-19-schools-60-minutes-2020-11-22/. [Last accessed on 2022 Jun 13].
31. Goodman L, Saxe L, Harvey M. Homelessness as psychological trauma. Broadening perspectives. Am Psychol 1991;46:1219-25.
32. Embleton L, Lee H, Gunn J, Ayuku D, Braitstein P. Causes of child and youth homelessness in developed and developing countries: A systematic review and meta-analysis. JAMA Pediatr 2016;170:435-44.
33. Moore J. Unaccompanied and Homeless Youth Review of Literature (1995-2005). National Center for Homeless Education. Available from: https://files.eric.ed.gov/fulltext/ED489998.pdf. [Last accessed on 2022 Jun 13].
34. D'Sa S, Foley D, Hannon J, Strashun S, Murphy AM, O'Gorman C. The psychological impact of childhood homelessness-a literature review. Ir J Med Sci 2021;190:411-7.
35. Kamieniecki GW. Prevalence of psychological distress and psychiatric disorders among homeless youth in Australia: A comparative review. Aust N Z J Psychiatry 2001;35:352-8.
36. Substance Abuse and Mental Health Services Administration (SAMHSA). Behavioral Health Services for People Who Are Homeless. Treatment Improvement Protocol (TIP) Series 55. HHS Publication No. (SMA) 13-4734. Rockville, MD: Substance Abuse and Mental Health Services Administration; 2013. Available from: https://store.samhsa.gov/sites/default/files/d7/priv/sma13-4734.pdf [Last accessed on 2022 Jun 13].
37. Folsom D, Jeste DV. Schizophrenia in homeless persons: A systematic review of the literature. Acta Psychiatr Scand 2002;105:404-13.
38. China Global Television Network (CGTN). Zero Poverty: China Eliminates Absolute Poverty One Month before Self-Imposed Deadline. Available from: https://news.cgtn.com/news/2020-11-23/China. [Last accessed on 2022 Jun 13].
39. Organization for Economic Co-Operation and Development (OECD) Poverty and Climate Change: Reducing the Vulnerability of the Poor through Adaptation; 2003.
40. Dunn CG, Kenney E, Fleischhacker SE, Bleich SN. Feeding

[Downloaded free from http://www.worldsocpsychiatry.org on Monday, September 12, 2022, IP: 253.63.72.124]

low-income children during the Covid-19 pandemic. N Engl J Med 2020;382:e40.

41. United Nations Department of Economic and Social Affairs-Youth. Hunger and Poverty WPAY (World Programme of Action for Youth) Available from: https://www.un.org/development/desa/youth/hunger-and-poverty-wpay.html. [Last accessed on 2022 Jun 13].
42. Jakovljevic I, Miller A, Fitzgerald B. Children's mental health: Is poverty the diagnosis? Br Columbia Med J 2016;58:454-60.
43. United Nations. The Universal Declaration of Human Rights. General Assembly Resolution 217 A, Adopted on December 10th, 1948. Available from: https://www.un.org/en/about-us/universal-declaration-of-human-rights#. [Last accessed on 2022 Jun 13].
44. United Nations Convention on the Rights of the Child. General Assembly Resolution 44/25; November 20, 1989. Available from: https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-child. [Last accessed on 2022 Jun 13].