How Class Disparities Effect Cognitive Deficits in School Age Children Leading to an Enduring Circle of Poverty

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When you take a step back and look at a low-income community and its members compared to a high-income community and its members its no secret that even in a constitutionally equal country, those of the low-income community undergo significant disadvantages. This is the result of an enduring circle of poverty that is constantly strengthened by a system that favors the upper class. The circle of poverty is a figurative model that provides explanation for how poverty and wealth juxtapose one another in society. Therefore, making it increasingly harder for someone from a low socioeconomic status to break away from the chains of poverty and into the wealthier realms of society.

The everyday obstacles that a person from a low-income household faces is insurmountable when compared to their wealthy counterpart. Without money everything becomes an uphill battle. From putting food on the table, providing safety and shelter, to getting political representation, everything is harder without financial stability. But one of the biggest struggles that the lower-class deals with is equal education.

In the United States, all children not only have the right to an education, but as a member of society are obligated to attend some sort of schooling until they are 16. But this does not mean that all children are able to receive the same education. There are many factors that play into a successful classroom setting. A major one is adequate mental health care. There are a number of mental health problems that are prevalent in children and are still allowed in traditional classrooms because there are treatments available. However, the problem is access to these treatments. Class disparities among school age children with mental health disorders that affect learning abilities can have a profound impact on their education due to a lack of support and resources, therefore feeding further into the circle of poverty.

There are a number of different mental health problems that effect children in classrooms. The most prevalent of which is Attention Deficit Hyperactivity Disorder (ADHD), which effects 9.4% of American children ages 2-17 (Attention-Deficit/Hyperactivity Disorder (ADHD), 2016). To receive a diagnosis for ADHD as a child under the age of 16, they must have 6 or more symptoms of inattention (classified by the DSM-5) persisting for 6 months (Attention-Deficit/Hyperactivity Disorder (ADHD), 2016). In a study done on 635 students, ages 6-11, 11.33% qualified for an ADHD diagnosis (Venkata & Panicker, 2013). This 11.33% were all undiagnosed cases, and this statistic varies by almost 2% from the national average of diagnosed cases put out by the Center for Disease Control and Prevention (CDC) which claims an average of 9.4%. These differing statistics suggest a probably higher national average than what is put out by the CDC, making ADHD even more prevalent.

The effects of ADHD on children in a classroom setting is overwhelming if not handled properly. Symptoms of inattention can have a profound impact on a child's ability to learn. And not only on the child's inability to learn, but that child's piers as well. These symptoms include behaviors like not following instructions, easily distracted, forgetfulness, not being attentive, etc. which can cause distraction to the class as a whole (Attention-Deficit/Hyperactivity Disorder (ADHD), 2016). Children who suffer from ADHD often also suffer from other forms of disruptive mental illness. 64% of all children who have a diagnosis of ADHD also have another form of mental or emotional disorder including autism and anxiety, and more than half (52%) of children with ADHD deal with a behavioral conduct disorder (Attention-Deficit/Hyperactivity Disorder (ADHD), 2016). Consistent results with the national averages about behavioral problems in students with ADHD were also validated by the smaller scientific study on 635 students (Venkata & Panicker, 2013). This study found that of the 11.33% of students qualifying for an ADHD

diagnosis, 36.11% had comorbid conditions of behavioral difficulty (Venkata & Panicker, 2013). Results also reflected significant averages of typical learning barriers that can take away from a child's education. The study reflected that of the 11.33%, 33.33% of students had poor academic performance and 12.5% had poor social behavior (Venkata & Panicker, 2013).

When you embody all of these obstacles – ADHD, anxiety, behavioral/conduct problems, poor academic performance, poor social behavior, undiagnosed cases – you find that a child feeling the effects from any of these is at a significant educational disadvantage. Learning for children who suffer from ADHD and other mental illnesses is immensely harder than a normally functioning child. So, when adding another layer of struggle to these children suffering from cognitive deficits, financial instability can make dealing with the illnesses and receiving a proper education even harder. Due to a number of class and health disparities these cognitive and mental deficits are more prominent among low-income households.

Of the 635 students selected for Venkata's and Panicker's study, 300 came from low-income households. Of those 300 students, 49 were diagnosed with ADHD (16.33%) (Venkata & Panicker, 2013). The other 335 students came from middle to upper class households, and of those 335 students, only 23 were diagnosed with ADHD (6.86%) (Venkata & Panicker, 2013). The percentage of students who suffer from ADHD and are from a low-income household was more than double that of the middle to upper-class students. This cognitive disorder as well as behavioral problems are almost always classified with poor academic performance (Venkata & Panicker, 2013). In modern society, it can be extremely difficult to be financially successful without an education. And for reasons like this it is imperative that children have equal access to education. But the idea of equal education can become so difficult to execute when deficits like this exist.

And it is even more difficult to execute when it is so much more prevalent among the lower class as this study reveals.

It is not just ADHD and other attention deficit disorders that are more prominent in low-income households. Mental health issues as a whole are more commonly found among these sorts of communities. And it is no coincidence that mental health problems are more prominent among socioeconomically disadvantaged people. It has been established that "the more frequently a child was exposed to poverty, the greater was the risk of mental health problems" (Reiss, 2013). In fact, children and adolescence who grew up in a socioeconomically disadvantaged setting were two to three times more likely than someone who grew up in a wealthier area to develop a mental illness (Reiss, 2013). Once again, this prevalence feeds into the circle of poverty. As children grow up with financial instability, they are more likely to develop mental illness and do poorly in school. Mental illnesses a lot of the time can also be hereditary, so the genes are passed down and that parent's child is at a higher risk of developing mental illness and also doing poorly in school. This vicious cycle of increased risk of mental health problems and poor performance in school makes it extremely difficult for people of poverty to get a proper education and in turn to get a good enough paying job that will help pull them out of the lower class.

Other risk factor that indicated an association between low socioeconomic status and a child's mental health issues was how good of parents the child had (Reiss, 2013). Resulting from the cross-examination of these studies it was discovered that poor parenting abilities correlated with increased risk of mental health problems (Reiss, 2013). It would make sense that people with low socioeconomic status do not as often receive adequate parenting for a number of reasons. Financial stress can cause immense stress in any household which in turn will create resentment and anger between the parent and child. Financial stress can also cause the parent to need to work

more long hours which means less time spent with their child. The list goes on and on. It is common knowledge the more money you have, the more recourses and time you can give to your children.

The concept of ADHD as a health disparity is becoming an increasing popular view because of its prevalence among people of a low socioeconomic status. It used to be believed that ADHD effected populations of low and high incomes equally, but as further examination has gone on, it has become evident that ADHD dominates mostly in low-income households. A health disparity is a health-related problem that is linked to some sort of economic, social, or political disadvantage among a group of people. After much research and examination, ADHD can be labeled as a health disparity resulting from economic hardship (Rowland, et al., 2018). Mental health disparities like ADHD among low income communities start to get worse and worse because these are the areas that have less access to the proper treatment (Rowland, et al., 2018). In turn, these health disparities begin to develop into educational disparities.

Treatment for mental health illnesses can become very extensive and require much commitment. Treatment and commitment to the treatment need to come from both the patient (child) and their parent. If a child does not have a parent who is willing to make sure they are consistently taking their medication and keeping on track with their therapy the child could fall behind, and their education will suffer the impact. A huge part of the treatment process for ADHD and many other mental illnesses is parent training in behavior management (Attention-Deficit/Hyperactivity Disorder (ADHD), 2016). In this part of treatment, the child's parents are taught skills and strategies for dealing with their kid's condition so that their child is able to prosper in school and at home (Attention-Deficit/Hyperactivity Disorder (ADHD), 2016). But if the child does not have a parent who is willing to make the commitment required to learn these tasks and to coddle their child's condition, the child begins to miss out on an extremely valuable part of

treatment. Once again, this lack of attention and disparity dominates the lower class. Poor parenting is dominant among people of low socioeconomic status (Reiss, 2013). Therefore, more poor children are not receiving the parenting they deserve. And those children who need a parent to help them in the treatment of their mental illness are falling short. This lack of parental attention and effort again feeds into the cyclical circle of poverty as children are not able to prosper in school to the best of their ability without proper treatment of their mental health problems.

Children from low socioeconomic status are also more likely to come from parents who suffer from ADHD or some other form of cognitive deficit. This is a result of the cycle of poverty. When a person grows up suffering from a cognitive deficit, they are more likely to end up in the lower class because they are not able to do well enough in school so that they can reach higher levels of education. This is again, a result of their cognitive deficit. So that parent will go on to have children in a low-income community and pass on that deficit to their offspring. Or at least the likelihood of that parent's child having similar mental issues will be heightened. A strong correlation between parents who do not have an ADHD diagnosis, but show persistent symptoms of ADHD and their children has also been found among families (Rowland, et al., 2018).

Evidence has also revealed a difference in prevalence of cognitive deficits between children whose parents have less than a high school degree compared to children whose parents have some sort of college education (Rowland, et al., 2018). In a scientific study, it was discovered that 77% of the ADHD cases looked at (n=967) came from a child whose parents only had a high school education or less (Rowland, et al., 2018). It was also discovered in this study that ADHD was most prevalent in children whose household income was less than $20,000/year (Rowland, et al., 2018). These statistics bolster the idea that if you do not have an education above high school it is extremely hard to move out of the lower class. But beyond that, people who suffer from

cognitive deficits are more than likely already born into these low-income families. And those children are going to have an extremely hard time getting out as a result of their deficit and lack of resources.

Access to and knowledge about healthcare is another huge reason why children from poorer backgrounds do not receive the mental health treatment they deserve as well and begin to fall short in school. Over the last two decades the Church World Services (CWS) made it a priority that children who have experienced trauma receive the mental health care that they deserve to combat the effects of their trauma (Kim, Garcia, Yang, & Jung, 2018). A lot of the time the effects that arise from childhood trauma are behavioral problems. Behavioral problems can have an extremely profound impact on a child's ability to prosper in a classroom as well as become very disruptive to that child's classmates. Therefore, if that child is not receiving the proper counseling, medication, and attention to combat their mental deficits, their educational experience will suffer. And that child will be taking away from their peers education as well if the teacher is constantly having to stop and deal with the behavioral issues because they are not receiving proper treatment. Despite the promises made by the CWS, research has found that a significant number of children on welfare in the CWS who qualify for mental health services do not receive them (Kim, Garcia, Yang, & Jung, 2018).

Then to increase the mental health services wedge that already exists between the lower and upper classes, evidence also shows that overtime, children in the lower class have been utilizing mental health services even less (Kim, Garcia, Yang, & Jung, 2018). This increasing gap has made the "need for and access to mental health services a public health concern" (Kim, Garcia, Yang, & Jung, 2018). This research lead to the findings that depending on their socioeconomic status, youth who were a part of the welfare system and utilized the CWS had unequal access to

mental health services (Kim, Garcia, Yang, & Jung, 2018). All of this goes to show that even when you are a part of a welfare system that is supposed to give all Americans the health services they need, there are still biases that live within the system creating an even bigger gap in disparity. Children who are a part of the same healthcare system should have equal access to mental health services, but instead the poorest and minority children get even less.

Mental health stigmas are another huge reason why people lose out on access to mental health care. In more recent years however, mental health care has become much more normalized. But once again, this normalization and increase access to is happening predominantly in the middle and upper classes. A scientific study was done that examined a child's mental health service use compared to the parent's past mental health service use and attitudes towards mental health in the middle and upper class (Turner & Liew, 2009). Similar trends were found between the parents and their children in the study. These trends being that if a child's parents had previously utilized mental health services, the child most likely had too (Turner & Liew, 2009).

The findings of this study did not only reveal a positive correlation between the parents past service use in comparison to the child's service use. The study also revealed a negative correlation between the families household incomes in comparison to their mental health service use (Turner & Liew, 2009). Only 41.2% of parents who made between $25,000 to $50,000 had used mental health services before, whereas 58.8% of parents who made more than $50,000 a year have used mental health services (Turner & Liew, 2009). When you compare these two trends, they reveal that people of a lower socioeconomic status are less likely to use mental health services, and so are their children. Therefore, children who come from a low socioeconomic status are the least likely to use mental health services even though they are the most likely to have mental health deficits (Reiss, 2013).

The resources needed to treat cognitive and behavioral deficits can be extremely time consuming and costly. The CDC recommends a number of different forms of intervention to create an effective treatment plan for someone who may be suffering from ADHD which is similar to other cognitive deficits. Besides the parent training in behavior management previously mentioned, treatment for ADHD includes behavioral therapy with the children, behavioral interventions in the classroom, and medication (Attention-Deficit/Hyperactivity Disorder (ADHD), 2016). Focusing on the behavioral interventions in the classroom, these can become easily looked past in low-income community school systems due to a lack of resources. Which once again, will take away from the child and their peer's education. There are a number of resources recommended for classrooms that have students with ADHD, including but not limited to; tangible rewards, token economy systems, problem solving sessions, social skills classes, visual cues, peer mediation, "escape valve" outlets, calming manipulatives, hurdle helping, and parent conferences (Attention-Deficit/Hyperactivity Disorder (ADHD), 2016).

In order to create a classroom setting that entails all/a majority of these aids for ADHD, the school will need proper funding and access staff. Which is very difficult for most low-income communities. School systems receive a lot of their funding from local tax. So, it would make sense that the schools in wealthier communities have more funding available to support these resources and create an operational classroom for a child suffering from a cognitive deficit. And it on the other end of the spectrum, it makes sense that school system in a lower average socioeconomic area would be lacking more in these access resources. They are probably lacking in basic resources as well never mind the ones needs to suit special accommodations.

There are a number of different federally funded initiates that have been put in place to help school systems in low-income communities. However, most continue to fall short of the

resources actually needed. If these systems were improved, children in the lower class would have more academic achievement because studies have shown that academic achievement is more the result of your environment rather than characteristics (Steohens, Markus, & Fryberg, 2012). All aspects of the classroom have been proven to differ in low socioeconomic areas compared to high areas even though the American education system is supposed to be an equal and standardizes opportunity. Low-income school systems tend to have less qualified teachers, less resources, less access to technology, and significantly less funding (Steohens, Markus, & Fryberg, 2012). Initiatives like Moving to Opportunity (MTO), where the U.S. Department of Housing and Urban Development gave opportunity to people living in poverty to move to a wealthier area to have a better life still did not give them the results they had hoped for (Steohens, Markus, & Fryberg, 2012). After a year of living in areas of mean high socioeconomic status, parents reported no improvement in their employment income or educational prospects (Steohens, Markus, & Fryberg, 2012).

Tests like the Child and Adolescent Services Assessment (CASA), have also been put in place to help identify mental health disorders in children who otherwise might go undiagnosed (Ascher, Farmer, Burns, & Angold, 1996). This test is supposed to help examine barriers that might prevent a child from receiving the appropriate mental health services, such as cultural barriers or lack of knowledge (Ascher, Farmer, Burns, & Angold, 1996). Using the same variables examined in the CASA, it was found that the youth who are in need of mental health services are the one who fall the most short of receiving it (Reiss, 2013).

When you add together all of the factors that have been laid out, the educational disparities between classes as a result of mental health are overwhelming. Children are not born into poverty because of random selection, or luck of the draw. But rather as a result of the circle of poverty

which continuously creates a greater and greater gap between the upper and lower classes largely as a result of educational opportunities. Mental health problems, particularly cognitive and behavioral deficits have an immense impact on a child's success in a classroom. And a child's success in a classroom in turn has a great impact on their economic success in adulthood. When these children from low socioeconomic status are constantly predisposed to higher chances of developing these behavioral and cognitive deficits, they are more likely to do poorly in already underequipped classrooms. Adding another layer of disadvantage to these already greatly disadvantaged children.

Children coming from low socioeconomic status have higher chances of developing mental health issues from their economic status (Venkata & Panicker, 2013). They have a higher chance as a result of their genetics and parent's probable lack of education (Rowland, et al., 2018). These kids also have a lower chance of receiving mental health services because of their parents experience and attitude towards mental health (Turner & Liew, 2009). Even though programs have been put in place to try and improve these kids quality of life, health care, and education, they still do not compare to the resources available to upper-class children (Steohens, Markus, & Fryberg, 2012). All of these variables combined together create a seemingly impenetrable boundary for children from the lower economic classes struggling with mental health to succeed. Even though treatments and classroom modifications have been made to help children struggling with cognitive and behavioral deficits, those who come from low-income families and school districts will never have the opportunities that their wealthy counterparts do. Therefore, their chances to succeed in school and after school become even slimmer, forcing them and their children further into the circle of poverty.

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