

is independent of socioeconomic status and neighbourhood determinants.

Method

This is a cross-sectional study with data of a public health survey (Gezondheidsmonitor Kinderen GGD Rotterdam-Rijnmond) carried out in 2018 among parents of children (4-12 years old). Parents reported whether they experienced financial hardship in the past twelve months followed by an eight-question index about what parents could not afford to provide for their child due to money issues (e.g. holidays or sports club memberships). Parents completed a strengths and difficulties questionnaire (SDQ) about their children's mental health. Sociodemographic, lifestyle, general health and neighbourhood data were also collected. MHP was measured using the total difficulties score and subscale scores of the SDQ. Associations of financial hardship with MHP using the total difficulties score were assessed using multivariate regression models.

Results

After exclusion of (N=125) missing data on financial hardship and SDQ the population of analysis consists of N=4,876 children; mean age 7.6 (SD 2.3) years, 50.1% boys, and 51.5% higher-educated parents (51.5%). Of the parents 14.8% perceived financial hardship and 9.3% of the children has MHP. Internal consistency between the eight-question index is good (Cronbach's Alpha=0.84). Most parents scored 0 out of 8 financial issues (88.4%) with 8 being the highest score. Most parents who perceived financial hardship scored ≥ 1 financial issues (81.9%). Financial hardship is positively associated with MHP in children (B=2.8; 95% CI: 2.4-3.1).

Conclusion

The results indicate an association of financial hardship of parents with MHP in children. This might be important to consider in the development of interventions aiming to reduce MHP in children.

Statement

We must emphasize financial hardship of parents more because this may be risk factor of MHP in children due to stress in the home-environment.

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Experiencing a stressful life event before 2-years of age is associated with psychosocial health at 3-years of age: a longitudinal study.

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Background and aims

Stressful life events in early life may increase the risk of psychosocial problems, but evidence is limited. In this study, we assessed the impact of stressful life events before the age of 2 years on the psychosocial health at age 3 years.

Methods

This study used longitudinal data of a community sample of parents with children (N=1540). Stressful life events before 2 years of age were measured by questionnaire: twelve stressful life events from 4 domains, including "parental relationship", "tensions in work/family", "health", and "housing". Child psychosocial health including psychosocial-, emotional- and behavioral problems was assessed by the Strengths and Difficulties Questionnaire at age 3 years. Logistic regression models were used to evaluate the association between four domains of stressful life events and psychosocial health status of the children.

Results

Among 1,540 children, 272 (17.7%) had psychosocial problems, and 38.5% and 10.7% of them experienced 1-2 and ≥ 3 stressful life events. When compared to children who experienced no stressful life events before age 2 years, children who experienced 1-2 and ≥ 3 stressful life events had a higher odds ratio (OR) of risk on psychosocial problems at age 3 years, which were 1.55 (95%CI: 1.12, 2.15) and 2.46 (95%CI: 1.56, 3.87). When compared to children without stressful life events, children who experienced "parental relationship" life events had a higher risk on psychosocial, emotional and behavioural problems (OR=3.29, 95% CI: 1.11, 9.73; OR=6.70, 95%CI: 1.97, 22.79; OR=4.13, 95% CI: 1.22, 14.00), while children who experienced "tensions" life events had a higher risk of emotional problems (OR=2.77, 95%CI: 1.41, 5.43). Children who experienced "health" life events had higher risk of behavioural problems (OR=1.65, 95% CI: 1.01, 2.69; OR=2.23, 95%CI: 1.18, 4.20).

Conclusion with key message

Stressful life events before the age of 2 years were associated with psychosocial health of preschool children.

Statement

Children public health professionals should be aware of the impact of stressful life events on children's development and provide support when necessary.

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Self-reported Adverse Childhood Experiences and Quality of Life among children in the two last grades of Dutch elementary education

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Background: Adverse Childhood Experiences (ACEs) may have a life-long impact on mental health and risk behavior and are related to physical diseases in adults, such as diabetes and heart diseases. Research on ACEs

suffers from recall bias when performed with adults.

Objective: Our aim was to estimate the prevalence ACEs as reported by children and to determine the impact of these ACEs on their self-reported quality of life (QoL).

Method: In 2016 we conducted a cross-sectional study using a child version of the ACE-Questionnaire. This questionnaire assesses parental separation or divorce, physical and emotional child abuse and neglect, sexual violence, violence against the (step)mother, household substance abuse, incarceration of a household member, suicide or psychological issues with a household member. QoL was measured with the Kidscreen-10.

Participants and setting: The questionnaire was completed by 644 children at a median age of 12 years (range 9 – 13 years) in the two last grades of regular elementary schools recruited throughout the Netherlands.

Results: Data were weighted by ethnicity to obtain a representative sample of children in Dutch elementary education. We found that 26.4% of the children had experienced one or more forms of child maltreatment, and 45.3% had one or more out of ten ACEs. ACEs often co-occurred. A higher number of ACEs correlated with a lower mean level of QoL ($p < 0.001$). Mean QoL was 8.5 points lower (Cohen's $d = 0.8$) in children who experienced child maltreatment.

Conclusion: Our research stresses the need for prevention and trauma-focus in schools.

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Improving health of children living in poverty: a participatory approach and effectiveness study

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Background and aims. In 2015 in the Netherlands 323.000 children lived in a family with a low income. For some of these families, low income results in problems in their daily living. Research shows that children growing up in low income families are more likely to feel excluded, have a poor physical health and lower school results compared to children growing up in a household with sufficient income. Up to now, most interventions focus on providing money for these families, or supporting them in finding funding opportunities. The current project has a different approach. Our goal was to improve the health of children living in poverty by empowering parents to work on short term goals related to their children's (positive) health.

Methods. In developing the intervention, a participatory approach was applied. Families living in poverty and professionals working with these families were constantly involved in the process of development by giving feedback on the program. Moreover, an effectiveness study was conducted to investigate changes in children's health, empowerment of parents, social exclusion and material deprivation. The effectiveness study consisted of three measuring moments (before, directly after and three months after the intervention). Results of the intervention group were compared with a control group, i.e. parents receiving care-as-usual.

Results. The participatory approach resulted in an intervention consisting of five group meetings (6-10 parents) in which the domains of positive health were the leading themes. The meetings were led by a professional and a person living in poverty. Preliminary results on experiences and health-related outcomes of participants of the first five completed groups are promising. Comprehensive results will be available and presented in September.

Conclusion. The participatory approach was very valuable in developing the intervention. By using this approach, it was possible to develop an intervention matching the needs and wishes of the families living in poverty. An effectiveness study is ongoing.

Statement or main question. Involvement of the target group is a prerequisite in developing health and well-being interventions that match with their needs. An additional intervention study is indicated to give more insight in the effectiveness of the intervention.

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How early life stress negatively impacts our health and what can be done by youth health care to prevent this.

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Background: Preventive Youth Health Care (YHC) aims to optimize the health and well-being of children and young people. YHC focuses on those who grow up in poverty, or who are confronted with child abuse or school absenteeism. This because of the relationship between these upbringing situations and negative health outcomes. This relationship can be explained by a prolonged or high level of stress (toxic stress) during growing up, also called early life stress. Research into early life stress is in progress. From YHC perspective there is a need to translate study results into tools for daily practice. The research questions of this study are: 1. What is known about the relationship between early life stress and negative health outcomes? 2. How to translate the current scientific knowledge about early life stress into a conceptual model that can be used in daily practice of YHC?

Methods: A multisector and multidisciplinary state-of-the-art review by literature study and interviewing leading scientists in the field of early life stress.