



Neighborhood disadvantage and mental health: The role of neighborhood disorder and social relationships

Joongbaeck Kim *

Department of Sociology, University of Tennessee at Knoxville, USA

ARTICLE INFO

Article history:

Available online 29 August 2009

Keywords:

Neighborhood disadvantage
Neighborhood disorder
Social support
Social ties
Depression

ABSTRACT

Previous studies have shown that residents of neighborhoods with the concentration of poverty and female-headed households are at higher risk for depression. This study examines the effect of socioeconomically disadvantaged neighborhood on individual mental health by considering two possible mediating mechanisms: perceived neighborhood disorder and social relationships (social support and neighborhood social ties). The data were obtained from the 1995 *Community, Crime, and Health* survey sample consisting of 2482 adults and from a 1998 follow-up survey. Findings indicate that residents of disadvantaged neighborhoods have significantly higher levels of psychological distress than do residents of more advantaged neighborhoods with the introduction of social relationships and neighborhood disorder as mediators. Neighborhood disadvantage is associated with depression in three ways: (1) neighborhood disadvantage increased depression directly, (2) neighborhood disadvantage increased depression by way of neighborhood disorder, and (3) neighborhood disadvantage decreased depression through enhanced social relationships.

© 2009 Elsevier Inc. All rights reserved.

1. Introduction

Neighborhood socioeconomic context is a social environment that influences human behavior and its outcomes. A sizable number of studies documented that living in a socioeconomically disadvantaged neighborhood was associated with poor mental health. Robert (1998: 493) suggested that socioeconomic status of a community affects health status of its members by affecting the social and physical environments shared by all residents. Because psychological distress is expressed at the individual level, investigating the social mechanisms embedded in social and physical environments of neighborhoods can explain the way by which socioeconomically disadvantaged neighborhoods influence individual mental-health status over and above individual characteristics (Diez-Roux, 2001). Two sociological principles are relevant. First, a perceived disorder in a neighborhood may account for the impact of neighborhood disadvantage on individual mental health because a lack of social and economic resources in a disadvantaged neighborhood contributes to the perceived breakdown of social control and order and a decline in individual mental health (Ross, 2000a). Second, social relationships may account for the association between a disadvantaged neighborhood and individual mental health because neighborhood disadvantage affects the prevalence and strength of social relationships. From the social disorganization perspective, a concentration of socioeconomic disadvantage in neighborhoods deteriorates a developmental process of social relationships (Sampson and Groves, 1989; Shaw and McKay, 1942). Because individuals who have supportive social relationships show better health status, social relationships may account for the association between a disadvantaged neighborhood and mental health. Although both

* Address: Department of Sociology, University of Tennessee at Knoxville, 901 McClung Tower, 1115 Volunteer Blvd., University of Tennessee at Knoxville, Knoxville, TN 37996, USA.

E-mail address: jkim64@utk.edu

neighborhood disorder and social relationships influence how residents respond to social and physical environments of disadvantaged neighborhoods, little research has examined the role of both neighborhood disorder and social relationships on neighborhood disadvantage and mental health in a single study. It is also unclear how neighborhood disorder correlates with social relationships while they mediate the association between neighborhood disadvantage and mental health. Thus, this study tests the idea that neighborhood disorder and social relationships mediate the effect of a disadvantaged neighborhood on mental health using a large-size community data. Structural equation models were employed to test both the direct effect of neighborhood disadvantage on mental health and the indirect effects of a disadvantaged neighborhood by way of neighborhood disorder and social relationships.

2. Background

2.1. Neighborhood disadvantage, neighborhood disorder, and mental health

Living in a socioeconomically disadvantaged neighborhood may affect individual health outcomes because of limited access to social and economic resources. The socioeconomically disadvantaged individuals characterize socioeconomically disadvantaged neighborhoods (Massey, 1996). A disadvantaged neighborhood is characterized by low socioeconomic status of community with the concentration of poor and female-headed households. A large amount of research has documented that a disadvantaged neighborhood was negatively related to residents' mental-health outcomes over and above the effects of individual demographic and socioeconomic characteristics (Aneshensel and Sucoff, 1996; Browning and Cagney, 2003; LeClere et al., 1998; Robert, 1998; Ross, 2000a; Wen et al., 2003; Yen and Kaplan, 1999). The question is what accounts for this relationship.

According to the theory of neighborhood disorder, broken social control and order in a neighborhood accounted for the effect of neighborhood disadvantage on individual health outcomes (Ross, 2000a; Ross and Mirowsky, 2001). Order in neighborhoods means safety in everyday life, observance of social order and rules, and control over deviant behavior. Neighborhoods with high levels of disorder are characterized by a weak social control with observable signs and visible cues (Ross and Mirowsky, 2001; Ross et al., 2001; Skogan, 1990). Neighborhood disorder thus indicates the perceived lack of order and social control in a community (Ross and Jang, 2000). Neighborhood disorder is measured by physical and social disorder. *Physical disorder* refers to the physical aspect of a neighborhood and is characterized by rundown and poorly maintained buildings and dwellings, graffiti, trash, dirt, vandalism, and noise. *Social disorder* refers to people. In a neighborhood with high levels of social disorder, residents report drug and alcohol use, crime, danger, loitering, trouble with neighbors, and other incivilities associated with the breakdown of social control (Ross, 2000a). A sense of place in the public realm is an important venue for health implications (Frumkin, 2003). Perceived neighborhood disorder in public places may lead to a decline in mental health. One reason is that a lack of order and social control in neighborhoods is a contextual stressor that erodes mental health (Fitzpatrick and LaGory, 2000). Another reason is that disorder in neighborhoods may discourage residents from taking part in social activities needed to maintain good health (Ross, 2000b). Neighborhood disorder is also related to higher levels of mistrust and fear, both of which correlate with psychological distress (Ross and Jang, 2000; Ross et al., 2001). Previous studies using the Community, Crime, and Health data found that neighborhood disorder was related to poor mental-health status and accounted for the distressing effects of neighborhood disadvantage on depression (Ross et al., 2000), indicating that the negative effect of a disadvantaged neighborhood on mental health was due to broken social control and order in public places.

2.2. Neighborhood disadvantage, social relationships, and health

This study proposes that social relationships link neighborhood disadvantage with mental health. Social relationships are complex and ongoing interpersonal processes among members of communities. The social and physical environments of neighborhoods shape the developmental process of social relationships. A neighborhood consisting mainly of poor people and female-headed households lacks social and institutional resources, which potentially hamper the development of cooperative social relationships (Vaux, 1990). A theory of social disorganization supports this idea. Socioeconomically disadvantaged neighborhoods lack the social and economical resources that contribute to accomplishing the common values of their residents and maintaining effective social control (Sampson and Groves, 1989; Shaw and McKay, 1942). The concentration of residents with lower socioeconomic status fuels a cumulative disadvantage in the neighborhood community, and consequently renders neighborhoods disorganized. Sampson and colleagues (1997) suggested that the concept of collective efficacy accounts for the association between disadvantaged neighborhoods and individual outcomes. The concept of collective efficacy is composed of social cohesion and informal social control, both of which stem from mutual trust, reciprocity, and supportive social network among neighbors (Browning et al., 2004; Morenoff et al., 2001). Based on these ideas, it appears that living in a disadvantaged neighborhood is distressing to individuals because residents of a disadvantaged neighborhood may lack social ties and supportive relationships with neighbors in order to maintain social order in public places and to accomplish a common goal.

A number of studies examined whether social relationships or related measurements—collective efficacy and social capital—account for the association between a disadvantaged neighborhood and individual health outcomes. Results have been

متن کامل مقاله

دریافت فوری ←

ISIArticles

مرجع مقالات تخصصی ایران

- ✓ امکان دانلود نسخه تمام متن مقالات انگلیسی
- ✓ امکان دانلود نسخه ترجمه شده مقالات
- ✓ پذیرش سفارش ترجمه تخصصی
- ✓ امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
- ✓ امکان دانلود رایگان ۲ صفحه اول هر مقاله
- ✓ امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
- ✓ دانلود فوری مقاله پس از پرداخت آنلاین
- ✓ پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات