

Psychosocial stress and social support as mediators of relationships between income, length of residence and depressive symptoms among African American women on Detroit's eastside

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Abstract

Patterns of mental health are clearly associated with life circumstances, including educational and economic opportunities, access to safe and supportive neighborhoods, socially structured exposures to stressors and to supportive relationships. In this article, we examine the social and economic correlates of depressive symptoms among African American women residing within a predominantly African American urban neighborhood in Detroit, USA, with relatively few economic resources. We identify distinct stressors associated with financial strain, neighborhood social disorder (concern about police responsiveness, safety stress), and experiences of discrimination. We test the extent to which each of these stressors mediates relationships between household income, length of residence in the neighborhood, social support and depressive symptoms. Our results suggest that for women in this racially segregated area with a high concentration of poverty, relationships between household income and symptoms of depression are partially mediated by financial stress and social support, but that stressors associated with neighborhood disorder and discrimination influence depressive symptoms independent of household income. Furthermore, we find that length of residence in the neighborhood is negatively associated with financial stress and positively associated with police stress and social support, with no significant net effect on symptoms of depression. We conclude that higher household income may help reduce symptoms of depression by reducing financial stress and strengthening social support even within neighborhoods with high concentrations of poverty. However, increased household income does not protect African American women residing in a high poverty community from distress associated with neighborhood disorder or experiences of discrimination.

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Introduction

Patterns of mental health are clearly associated with life circumstances, including educational and economic opportunities, access to safe and supportive neighborhoods, socially structured exposures to stressors and to supportive relationships (National Research Council, 2001; Ross, 2000; Takeuchi & Williams, 2003; Turner & Lloyd, 1999; Williams & Harris-Reid, 1999). A considerable body of research has demonstrated that individuals and groups with lower socioeconomic position (SEP) disproportionately experience life conditions that are associated with poorer mental and physical health outcomes when compared to more privileged socioeconomic groups (House & Williams, 2000; Takeuchi & Williams, 2003). More recent research has demonstrated that residing in economically disadvantaged neighborhoods also has negative effects on mental health, and that these effects occur above and beyond the effects of household income (Boardman, Finch, Ellison, Williams, & Jackson, 2001; Ross, 2000; Stafford & Marmot, 2003).

Despite the relationships described above, and the persistence of associations between race and SEP, studies comparing African Americans to whites do not consistently find that African Americans have poorer mental health outcomes than whites (Hughes & Thomas, 1998; Jackson et al., 1996; Kessler et al., 1994; Neighbors, Trierweiler, Ford, & Muroff, 2003; Robins & Regier, 1991; Schulz, Williams, Israel, Becker, James, & Jackson, 2000; Vega & Rumbaut, 1991; Williams & Harris-Reid, 1999). These paradoxical results may, in part, reflect limitations in the measurement of mental health and illness (Neighbors et al., 2003; Takeuchi & Williams, 2003). These inconsistencies may also reflect limitations of the use of racial categories for understanding the diversity of histories and circumstances subsumed within any category, as well as the resources within racial groups that may be health enhancing (Bonham, Sellers, & Neighbors, 2004; Cooper & Freeman, 1999; Fullilove, 1998; Takeuchi & Williams, 2003; Williams, Takeuchi, & Adair, 1992). For example, race may reflect a set of social experiences that encompasses socially structured access to educational and employment opportunities, legal statutes, collective identity formation, strategies of mobilization and resistance, residential patterns and mobility, interpersonal interactions, and resources embedded within social networks. Using race as a simple proxy for these social circumstances, without assessing the unique and combined contributions of each, obscures our ability to understand the social factors that contribute to health and well-being within as well as across racially defined groups.

In this article, we examine social and economic correlates of depressive symptoms among African American women residing within a particular context—a predominantly African American urban neighborhood with relatively few economic resources. Specifically, we ask whether and to what extent household income and length of residence offer protection from the health damaging effects of residing in an area of concentrated poverty among a sample of African American women. Furthermore, we examine whether effects of household income and length of residence in the neighborhood on symptoms of depression are mediated by stressors associated financial strain, everyday discrimination, perceived lack of order and social control in the community (Skogan, 1990), and access to socially supportive relationships. We hypothesize that relationships between household income and symptoms of depression will be partially mediated by financial stress and social support, but not by stressors associated with neighborhood disorder (concerns about police responsiveness or safety) or everyday discrimination. Furthermore, we test the hypothesis that effects of length of residence in the neighborhood on symptoms of depression are mediated through access to social support, financial stress, and stressors associated with neighborhood disorder (safety and concern about police responsiveness).

Background

Understanding relationships between SEP and mental health, both within and between racially defined groups, requires understanding clearly how racial categories serve to shape life circumstances, including the educational and economic opportunities available, access to safe and supportive neighborhoods, socially structured exposures to stressors, and access to socially supportive relationships (National Research Council, 2001; Ross, 2000; Takeuchi & Williams, 2003; Turner & Lloyd, 1999; Williams & Harris-Reid, 1999). Recent efforts to extend our understanding of well-established connections between SEP and mental health have examined the independent and synergistic effects of neighborhood social contexts (Boardman et al., 2001) and household income and wealth. Efforts to understand relationships between race and mental health have focused on a number of factors, including but not limited to relationships between race and economic and educational opportunities, residential segregation and neighborhood conditions, and the effects of everyday discrimination (Karlsen & Nazroo, 2002; Williams & Collins, 2001; Williams, Neighbors, & Jackson, 2003). In the following section, we examine the literature related to each of these efforts and the implications for understanding patterns of mental health among African Americans.

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