

Psychological distress among adolescents, and its relationship to individual, family and area characteristics in East London

James Fagg, Sarah Curtis*, Stephen Stansfeld, Peter Congdon

Queen Mary College, University of London, London, UK

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Abstract

This paper identifies factors associated with variation in psychosocial distress among adolescents in a relatively deprived and ethnically diverse inner city setting in London, UK. The research draws on literature which discusses whether neighbourhood socio-economic conditions are associated with mental health, as well as attributes of individual adolescents and their families. We report an analysis of data from the Research with East London Adolescents: Community Health Survey (RELACHS). The survey collected data on mental health measured by the Strengths and Difficulties Questionnaire (SDQ), and on various aspects of individual and family circumstances. These data were linked with information about social and economic conditions in 'middle layer standard output areas' (MSOA) used for the population Census 2001, having a mean total population of 6767 in the study area. Census statistics including the Indices of Deprivation for 2004 proposed by the Office of the Deputy Prime Minister, were used to describe the socio-economic conditions within these areas. Although the socio-economic disparities among small areas were not typical of those across the whole of the country, there were differences in levels of deprivation and crime, social fragmentation, and ethnic composition. A Bayesian regression analysis using Gibbs sampling in the programme *WinBugs* investigated whether there was variability in SDQ at both individual and area (MSOA) level, and whether the predictor variables at both levels were significantly associated with SDQ. Individuals from Asian or Black ethnic groups, and those in families with harmonious relationships and no financial stress had significantly lower SDQ scores, i.e. better health. Those who had special educational needs or long standing illness, or were from reconstituted families had significantly worse SDQ scores. About 6% of the variation in SDQ was associated with area differences. However, this area variation was not related to differences in area indicators of socio-economic deprivation, crime or social fragmentation. There was a complex association between SDQ and ethnic composition of neighbourhoods.

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Introduction

The research reported here analysed data from the *Research with East London Adolescents: Community Health Survey (RELACHS)*, an ethnically diverse sample of adolescents, living in an area of London, UK, which is mixed in terms of economic

*Corresponding author. Tel.: +44 2078825400.

E-mail addresses: geog-ssmeditor@qmul.ac.uk,
s.e.curtis@qmul.ac.uk (S. Curtis).

and social conditions and ethnic composition of the population. The aim was to explore whether mental health of adolescents in the sample varied in relation to neighbourhood of residence, after allowing for relevant individual characteristics. If so, we were also interested to determine whether the area differences were associated with material poverty, social disorder and fragmentation or with ethnic composition in the neighbourhood. The characteristics of the sample provided an unusual opportunity to examine ethnic group differences while controlling for socio-economic attributes of the sample.

Our research was informed by a number of publications, discussed below, that have reported or reviewed research on the relationship between the psycho-social health and development of adolescents and the socio-economic conditions in their neighbourhoods of residence.

We were particularly concerned with studies that have combined data on individual people and their families with information on their residential area, and have examined neighbourhood variation in adolescent health and development after controlling for relevant individual and family factors. Before discussing the literature relating to area effects, it is therefore important to note the individual and family characteristics that are known to be associated with adolescent mental health and development and are often controlled for in studies of neighbourhood differences described below. It is beyond the scope of this paper to review the very large literature on these predictors of psycho-social health. The two most pertinent sources for this paper are the study of *Mental Health of Children and Adolescents in Great Britain*, a survey by the Office of National Statistics (ONS) based on a large national sample of people aged 5–15 years in Britain in 1999 (Meltzer, Gatward, Goodman, & Ford, 2000), and the *Health Survey for England findings on Health of Young People 1995–7* also based on a national survey of the English population (McMunn, Bost, Nazroo, & Primatesta, 1998). These are especially relevant here since both surveys used the *Strengths and Difficulties Questionnaire* (SDQ) as to identify likely cases of mental disorder (which in the ONS survey were verified using other clinical assessments). The SDQ was also employed in the RELACHS study analysed here. In summary, Meltzer et al. (2000) and McMunn et al. (1998) reported that the risk of psychiatric disorder increased with age. For 11–15 year olds the general

prevalence of psychiatric disorders was higher among boys, but emotional distress, anxiety and depression was more common in girls. Children with mental illness were more likely to have physical illness or poor general health, and to have special educational needs (SEN). These national surveys did not include sufficient numbers from minority ethnic groups to make detailed comparisons, but Meltzer et al. (2000) found that ‘Asian’ (especially Indian) children had lower rates of psychiatric disorder than ‘White’ or ‘African Caribbean’ children. (Results from the RELACHS survey reported elsewhere (Stansfeld et al., 2004) have also shown that controlling for age, sex and socio-economic variables, Bangladeshi respondents in East London were less likely than other groups to report distress on the SDQ.) Meltzer et al. (2000) and McMunn et al. (1998) also reported family factors associated with mental disorder. Risk of disorder is associated with socio-economic position, being lowest where the head of household is in a professional social class and higher in families of unskilled or unemployed workers. Children of lone parents, or living in reconstituted families have higher rates of disorder compared with families where both natural parents are married and living with the family. Children in large families of 5 children or more had a higher risk of disorder than those in small families. Discordant parental relationships and stressful events were also more common in families of children with mental disorders. These results suggest that a range of individual and family factors might need to be controlled for in studies aiming to identify neighbourhood variation. However, further analyses of the ONS data (Ford, Goodman, & Meltzer, 2004) has demonstrated that several of these variables are closely intercorrelated, so that it is important to consider carefully whether they all have independent effects on adolescent mental health. Furthermore, the correlations with individual attributes varied depending which type of psychiatric morbidity was considered. McMunn, Nazroo, Marmot, Boreham, and Goodman (2001) also report analyses of the *Health Survey for England* showing that the association between lone-parenthood and mental distress measured by the SDQ is explained by economic factors.

Turning to the more specific focus of this paper, we refer here to some fairly comprehensive overviews of research on neighbourhood factors in adolescent health produced up to 2002, and

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