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Neighbourhoods and mental well-being: What are the pathways?

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Abstract

The last decade has seen an acceleration in research examining the impact of neighbourhood characteristics on a health outcomes. Yet, identifying specific pathways by which neighbourhoods affect mental well-being has received less attention. The article describes findings from a qualitative study conducted in Toronto, Ont., Canada, examining the pathways by which neighbourhood characteristics are related to mental well-being. Methods of concept mapping were used to answer our research questions. Participants identified over 100 neighbourhood characteristics grouped into six cluster that were important for either good or poor mental well-being. Clusters were rated in terms of their importance to mental well-being. Finally, participants drew diagrams describing how the neighbourhood factors and domains were contributing to poor and good mental well-being. Concept mapping provides unique contributions and challenges and may provide a useful means of examining specific pathways from neighbourhood to health outcomes.
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Introduction

In developed countries, the percentage of people who suffer mental disorder during the course of a year is approximately 20–30% (Bijl et al., 2003). This 1-year mental disorder prevalence is tied to considerable health risks and economic strain on society, and upon the sufferer. Studies suggest that mental illness may be as disabling as leading chronic conditions including, heart disease and diabetes (Statistics Canada, 2002). The World Health Organization states that 5 of the 10 leading causes of disability are related to mental disorders (Statistics Canada, 2002).

The majority of research on mental well-being focuses on the personal or family determinants of mental health outcomes (Dohrenwend and Dohrenwend, 1971; Kessler, 1979; Mirowsky and Ross, 1990; Wu et al., 2003). However, the past decade has uncovered growing evidence for the impact of area level determinants on a range of physical and mental health outcomes (Galea et al., 2005; Muntaner et al., 2004; O'Campo et al., 1995; Rajaratnam et al., 2006; Veenstra, 2004). Most of these studies demonstrate that an association exists between a few community factors, such as neighbourhood socioeconomic position or impoverishment, and physical or mental health (Goldsmith et al., 1998; Ostir et al., 2003; Ross, 2000a, b; Ross et al., 2000; Silver et al., 2002). Yet, a growing number are focusing beyond those few characteristics to include multiple neighbourhood domains (Kirby and Kaneda, 2005; Kubzansky et al., 2005). These latter studies suggest that the pathways from residential neighbourhood characteristics to mental well-being differs from the pathways by which they impact physical health (Veenstra, 2004; Ziersch et al., 2005; Wainwright and Surtees, 2003; Fone et al., 2007; Guite et al., 2006).

Few studies have tried to uncover the pathways by which neighbourhood factors lead to good or poor mental

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well-being. Identification of the pathways by which neighbourhoods affect well-being is critical to moving the field forward toward a more complete understanding of the complex relationships between residential environments and well-being. Such information can inform specific theories and conceptual frameworks that are more appropriate for the study of health than are the current theories 'borrowed' from the social sciences on outcomes such as crime and delinquency (Rajaratnam et al., 2006; O'Campo, 2003). Moreover, data on pathways will inform programs and interventions to improve well-being.

A few studies have recently begun to identify pathways by which community characteristics contribute to mental well-being. In an attempt to explain the pathways by which impoverishment affects mental health problems, some authors suggest that physical and social disorder (e.g., deteriorating or poorly maintained building or streets, public disorderly conduct of residents) signals a break down in community social control leading to increasingly threatening and distressing environments which negatively impact mental health (Galea et al., 2005; Ross, 2000a; Ross et al., 2000; Steptoe and Feldman, 2001). Others have focused on the role of features such as the levels and quality of green areas within neighbourhoods (Dilani, 2001; Kaplan and Kaplan, 1989; Nielsen and Hansen, 2007). While neighbourhood social and health services have been theorized to have a positive impact on health or might even provide a buffer to the negative impact of poverty on health, empirical findings fail to provide support for this idea (Kubzansky et al., 2005).

Another line of inquiry involves social capital. Area level social capital, which is a consequence of many individuals' involvement in local social and political activities, may improve health by increasing network members' social contact, support and cohesion. Alternatively, the consequences of high community social capital, such as neighbourhood improvements or neighbourhoods with abundant social and health resources, can also positively impact physical and mental health (Veenstra, 2004; Fone et al., 2007; Lindstrom, 2004). Social capital or social cohesion has been hypothesized to play a complex role in the production of mental well-being by acting as a mediator between neighbourhood disorder and health (Kruger and Reischl, 2007) or a mediator of the relationship between income deprivation and mental health (Fone et al., 2007). Still, other explanations have focused on demographic homogeneity in neighbourhoods among non-majority populations such as racial minorities or the elderly (Ostir et al., 2003; Kubzansky et al., 2005).

Yet, despite the emergence of studies going beyond an examination of neighbourhood socioeconomic conditions and health, the task of uncovering the pathways from neighbourhoods to mental well-being is largely undone. With regard to quantitative studies, the challenge, in part, has been a lack of comprehensive data at multiple levels (e.g., neighbourhoods and individual) to explore a full set of neighbourhood characteristics as well as examining the presence of cross-level pathways. One promising approach at this stage is to undertake qualitative research on this topic, some of which has begun to emerge (Nielsen and Hansen, 2007; Burke et al., 2005, 2006; O'Campo et al., 2005; Warr et al., in press). Given the range of qualitative methods available, consideration should be given to the most appropriate methods to employ for the question of exploring pathways and mechanisms. Concept mapping, which is a structured mixed-method process that yields a conceptual framework for how a group views a particular topic is an appropriate method for generating information about neighbourhoods and well-being (Burke et al., 2005, 2006; O'Campo et al., 2005). This method has successfully been used in the past to examine whether and how residential neighbourhoods impact the risk of intimate partner violence and the cessation of partner abuse for those who are in violent relationships (Burke et al., 2006; O'Campo et al., 2005).

In this paper, we contribute to the literature on pathways between neighbourhood characteristics and mental well-being. We examine the perspectives of those with lived experiences with how neighbourhoods affect mental well-being. To achieve our goals we use methods of Concept mapping, a semi-qualitative method that provides a conceptual framework to learn how specific groups conceptualize a particular subject.

Methods

Concept mapping was used as the methodology in this study. Trochim (1989) describes concepts mapping as "a structured process, focused on a topic or construct of interest, entailing input from one or more participants, that produces an interpretable pictorial view (concept map) of their ideas and concepts and how these are interrelated" Trochim (1989). Specific data gathering activities are completed by each individual participant (brainstorming, sorting rating, diagramming) in order to fully represent each individual's viewpoint while also incorporating group consensus. Qualitative and quantitative methods are used in concept mapping by creating a visual display of how the participants and the group as a whole conceptualize a particular topic. This method has recently emerged as a new tool to aid in the gathering of information from the perspective of consumers or community within public health (Burke et al., 2005, 2006; O'Campo et al., 2005; Trochim et al., 2003).

Recruitment

Participants were recruited from Toronto, a large urban area comprised of a dense downtown core containing the central business district surrounded by inner suburban areas that, while still urban, are less crowded. Accessible social and health services are concentrated in the downtown area (i.e., availability and ease of access via public transit) while with the inner suburbs, such services are