



Comparisons of depression, anxiety, well-being, and perceptions of the built environment amongst adults seeking social, intermediate and market-rent accommodation in the former London Olympic Athletes' Village

Bina Ram^{a,*,1}, Aparna Shankar^a, Claire M. Nightingale^a, Billie Giles-Corti^b, Anne Ellaway^c, Ashley R. Cooper^{d,e}, Angie Page^d, Steven Cummins^f, Daniel Lewis^f, Peter H. Whincup^a, Derek G. Cook^a, Alicja R. Rudnicka^a, Christopher G. Owen^a

^a Population Health Research Institute, St George's, University of London, Cranmer Terrace, London SW17 0RE, UK

^b RMIT University, Melbourne VIC 3001, Australia

^c MRC/CSO Social and Public Health Sciences Unit, University of Glasgow, UK

^d Centre for Exercise, Nutrition and Health Sciences, University of Bristol, UK

^e National Institute for Health Research, Bristol Biomedical Research Unit in Nutrition, Diet and Lifestyle, Bristol, UK

^f London School of Hygiene and Tropical Medicine, UK

ARTICLE INFO

Keywords:

Neighbourhood
Well-being
Built environment
Depression
Anxiety

ABSTRACT

The Examining Neighbourhood Activities in Built Living Environments in London (ENABLE London) study provides a unique opportunity to examine differences in mental health and well-being amongst adults seeking social, intermediate (affordable rent), and market-rent housing in a purpose built neighbourhood (East Village, the former London 2012 Olympic Athletes' Village), specifically designed to encourage positive health behaviours. Multi-level logistic regression models examined baseline differences in levels of depression, anxiety and well-being across the housing groups. Compared with the intermediate group, those seeking social housing were more likely to be depressed, anxious and had poorer well-being after adjustment for demographic and health status variables. Further adjustments for neighbourhood perceptions suggest that compared with the intermediate group, perceived neighbourhood characteristics may be an important determinant of depression amongst those seeking social housing, and lower levels of happiness the previous day amongst those seeking market-rent housing. These findings add to the extensive literature on inequalities in health, and provide a strong basis for future longitudinal work that will examine change in depression, anxiety and well-being after moving into East Village, where those seeking social housing potentially have the most to gain.

1. Introduction

Depression, anxiety and low levels of positive well-being are associated with an increased risk of coronary heart disease (CHD), illness and total mortality (Cohen and Pressman, 2006; Chida and Steptoe, 2008; Gale et al., 2014). Depression is thought to be one of the principal causes of total years lost due to disability worldwide (Marcus et al., 2012; WHO, 2015) and is predicted to be the second leading cause of global disease by 2020 (Murray and Lopez, 1996; WHO, 2004). Previous studies have suggested that positive well-being including increased levels of happiness, pleasure, purpose in life and life satisfaction, protect against both physical and mental illness (WHO, 2004; Dolan et al., 2006; Raphael et al., 2005).

People with lower socio-economic status (SES) generally experience higher rates of morbidity and mortality (Goldman, 2001). Low SES is also associated with poorer mental health outcomes and emotional distress, which in turn increase the risk of physical illness and mortality (Hunt et al., 1985; Griffin et al., 2002). People with low SES generally live in lower quality neighbourhoods that are characterised by lower perceived safety, access to fewer shops and leisure facilities, and higher levels of crime (Ferrer-i-Carbonell and Gowdy, 2007; Lelkes, 2006).

There is a growing recognition of the importance of the local built environment to health. Increasing evidence from both cross-sectional and longitudinal studies suggest that both structural and social attributes can affect the mental health of its residents (Roux and Mair, 2010; Kling et al., 2007; Willson et al., 2007; Astell-Burt et al.,

* Corresponding author.

E-mail address: bram@sgul.ac.uk (B. Ram).

¹ Present/permanent address.

2015). Negative perceptions of the neighbourhood (e.g. perceived level of accessibility to greenspace, more crime, feeling unsafe, less walkability) have been found to be associated with depression, anxiety (Ellaway et al., 2009; Lorenc et al., 2012; James et al., 2017), and both physiological and self-reported measures of stress (Abraham et al., 2010). Positive perceptions are associated with higher rates of physical activity which, in turn, may reduce depression and cardiovascular risk with potential benefits for both physical and mental health (Shanahan et al., 2016). However, effects of the built environment on mental health and well-being may be moderated by socio-economic status (James et al., 2017).

Emerging evidence suggests that housing tenure is an important determinant of health (Szabo et al., 2017). Studies from the UK have shown that housing tenure (owner occupied, rented from the public sector or rented privately) is associated with illness and mortality (Filakti and Fox, 1995; Fogelman et al., 1987). Compared with those who rent, owning your own home appears to be associated with fewer chronic illnesses (Smith et al., 2001; Hiscock et al., 2003; Macintyre et al., 2001), and lower mortality rates (Filakti and Fox, 1995; Fogelman et al., 1987; McMunn et al., 2009). Furthermore, those who rent are more likely to experience mental health problems and symptoms of depression and anxiety (Macintyre et al., 2001; Ellaway and Macintyre, 1998; Kind et al., 1998). Owning your own home not only provides physical security but also a sense of control, status, and autonomy (Szabo et al., 2017; Sixsmith and Sixsmith, 2008; Wiles et al., 2012). Amongst certain groups such as the elderly, economically inactive, or unemployed, housing tenure might provide a better indication of socio-economic advantage when compared with measures such as occupation or income (Smith and Egger, 1992). Moreover, housing tenure has been shown to have an effect on health not only because of its association with income, but also because of its association with housing stressors (Ellaway and Macintyre, 1998). Poorer housing conditions (including dampness and mould), which are not uncommon in Local Authority rented homes (Scottish Homes, 1993), are also associated with chronic illness, psychological distress (Hunt, 1990; Platt et al., 1989; Hyndman, 1990; Packer et al., 1994), and poor mental health (Packer et al., 1994; Gabe and Williams, 1987). Housing quality and perceived safety of the local environment may also exert an influence on mental (Birchnell et al., 1988; Sooman and Macintyre, 1995; Hunt and McKenna, 1992) and physical health outcomes (Ellaway and Macintyre, 1998). Despite these observations, the direct effect of housing tenure on health related outcomes, including well-being and psychological outcomes such as depression (Szabo et al., 2017), remains under researched and a novel area of inquiry. In particular, there is limited evidence from longitudinal studies or studies that examine the effects of change in environment on markers of health and well-being. One such study used data from the Moving To Opportunities (MTO) housing mobility experiment which found substantial improvements in subjective well-being amongst adults who had moved from economically distressed neighbourhoods (high poverty) to less distressed neighbourhoods 10–15 years after the move (Ludwig et al., 2013).

Mental health problems are common amongst those with lower SES (Goldman, 2001), and those with low SES are less likely to be able to afford to move into a neighbourhood that has lower crime rates and where one feels safe (Lovasi et al., 2016). The Examining Neighbourhood Activities in Built Living Environments in London (ENABLE London) study, is a natural experiment evaluating the extent to which health behaviours change amongst adults with differing socio-economic backgrounds, who are seeking to move into social, intermediate (affordable rent / shared ownership), and market-rent (private rent) housing in East Village (formerly, the London 2012 Olympic Athletes' Village), which was specifically designed to encourage positive health behaviours. Using data from the ENABLE London study at baseline, this paper aimed to: (i) assess cross-sectional differences in depression, anxiety and well-being among participants who were

seeking a move into three different housing sectors in East Village; and (ii) examine the extent to which any difference can be explained by demographic factors or by perceptions of the neighbourhood in which they currently live.

2. Methods

2.1. Study design

The ENABLE London study takes advantage of a unique opportunity based on the major and focused change of a brownfield site to an inner city urban built environment designed to encourage walking, cycling, and healthy living (East Village London E20, 2016; London Legacy Development Corporation, 2012). The former London 2012 Olympics Athletes Village, renamed East Village is a high quality, high density, mixed-use residential development, with housing units provided for residents from social housing (largely on the social housing register), intermediate housing (a mix of affordable rent, shared ownership and shared equity), and for market-rent (private rent). The study design and procedures have been detailed elsewhere (Ram et al., 2016). Ethical approval was obtained from the National Research Ethics Committee London: City Road and Hampstead (REC Reference 12/LO/1031).

2.2. Participant recruitment

The ENABLE London study recruited participants from those seeking accommodation in East Village consisting of three distinct housing sector groups; those seeking social accommodation were largely on the social housing register, i.e. housed by the local council, and were in need of rehousing, those seeking affordable market-rent (intermediate) accommodation, and accommodation for market-rent who were largely residing in private rental housing. Three separate phases of recruitment for the three housing sectors took place between January 2013 and December 2015. This was governed by the staged release of different housing tenure status available for occupation. Individuals on the social housing register (largely from the London Borough of Newham) were among the first to be invited to take part in the study by the housing association responsible for allocating East Village social housing (East Thames Group). Priority for East Village social housing accommodation was based on a points system which included, current living conditions (e.g. household composition vs. number of bedrooms), maximum earning threshold, employment status, credit history, tenancy management and health circumstances. Participants from the social housing group were invited to take part in the study during their interview for eligibility by East Thames Group between January 2013 and May 2014. Individuals seeking intermediate accommodation in East Village were approached by the ENABLE London study researchers and representatives of the intermediate housing association (Triathlon Homes) in a marketing suite, and invited to take part in the study between July 2013 and November 2014. Prospective tenants were required to be living or working in London, be a first time buyer, have an annual household income less than £66,000 for 1 and 2 bedroom homes, or below £80,000 for 3 bedroom homes. Those seeking market-rent accommodation in East Village, owned by Get Living London, were approached directly by ENABLE London study researchers in a marketing suite and recruited between September 2014 and December 2015.

2.3. Data collection and outcomes

Participants were contacted by phone to arrange a suitable date and time for assessments. Other household members were also invited to take part. All participants were assessed at baseline in their original place of residence, before any move to East Village. Participants were given a self-completion questionnaire on a laptop with trained re-

Download English Version:

<https://daneshyari.com/en/article/5114738>

Download Persian Version:

<https://daneshyari.com/article/5114738>

[Daneshyari.com](https://daneshyari.com)