Neighborhoods and mental health: Exploring ethnic density, poverty, and social cohesion among Asian Americans and Latinos

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ABSTRACT

This study examines the associations of neighborhood ethnic density and poverty with social cohesion and self-rated mental health among Asian Americans and Latinos. Path analysis is employed to analyze data from the 2002–2003 National Latino and Asian American Study (NLAAS) and the 2000 U.S. Census (N = 2095 Asian Americans living in N = 259 neighborhoods; N = 2554 Latinos living in N = 317 neighborhoods). Findings reveal that neighborhood ethnic density relates to poor mental health in both groups. Social cohesion partially mediates that structural relationship, but is positively related to ethnic density among Latinos and negatively related to ethnic density among Asian Americans. Although higher neighborhood poverty is negatively associated with mental health for both groups, the relationship does not hold in the path models after accounting for social cohesion and covariates. Furthermore, social cohesion fully mediates the association between neighborhood poverty and mental health among Latinos. This study highlights the necessity of reconceptualizing existing theories of social relationships to reflect complex and nuanced mechanisms linking neighborhood structure and mental health for diverse racial and ethnic groups.

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1. Introduction

Neighborhood research has a long history of investigating the relationships of neighborhood structural features, such as poverty (Wilson, 1987), residential instability (Shaw and McKay, 1969), and ethnic heterogeneity (Kornhauser, 1978), with undesirable behaviors like crime and juvenile delinquency. Some recent research has extended these investigations to other outcomes beyond criminology, examining the effects of neighborhood structural features simultaneously in association with individual health outcomes (Browning and Cagney, 2003). Work remains to be done, however, on understanding the "black box" of social mechanisms lying between structural neighborhood features and individual outcomes (Sampson, 2012). A very recent study by Hurd et al. (2013) suggests that social support and neighborhood cohesion are important mechanisms through which neighborhood poverty and ethnic density affect mental health among African American adolescents. Focusing on the mediating role of social cohesion, the current study extends research on neighborhood environments and health in the rarely-examined context of Asian and Latino neighborhoods in the United States. We investigate the ways in which neighborhood ethnic density and poverty, two indicators of neighborhood structure, inhibit or encourage social cohesion among neighbors, which ultimately relates to individual mental health.

1.1. Social cohesion and mental health

Social cohesion generally signifies the extent of integration among individuals in a group and the values associated with those connections (Carpiano, 2007). Specifically, neighborhood social cohesion is often measured as the absence of social conflict, and the presence of trust and norms of reciprocity among neighbors (Kawachi and Berkman, 2000). Social cohesion provides a necessary basis for individuals to access resources produced through neighborhood social relationships (House et al., 1988). Socially-cohesive neighborhoods have often been characterized by trust, mutual aid, and collective support among residents (Cattell, 2001; Echeverría et al., 2008; Gee and Payne-Sturges, 2004; Kawachi and Berkman, 2000; Mulvaney-Day et al., 2007; O'Campo et al., 2009). Some studies speculate potential pathways through which social cohesion might promote mental health (Buka et al., 2003;

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Kawachi and Berkman, 2000, 2001; Silver et al., 2002; Whitley and McKenzie, 2005). For instance, neighborhood social cohesion may provide emotional support and a climate of encouragement and mutual respect, which in turn, enhance mental health via positive psychosocial processes (Kawachi and Berkman, 2000, 2001). Neighborhood social cohesion may also foster good mental health-promoting norms within neighborhoods and encourage desirable health behaviors, such as physical activity and a healthy diet (Kawachi and Berkman, 2000, 2001; Whitley and McKenzie, 2005).

The theoretical importance of social cohesion is supported by an emerging literature that empirically examines its relationship to various mental health outcomes, including anxiety (Cutrona et al., 2000; McCulloch, 2001), depression (Cutrona et al., 2000; Mair et al., 2010a; McCulloch, 2001; Whitley and Prince, 2005), schizophrenia (Boydell et al., 2001), general mental health status (Drukker et al., 2003), and self-rated mental health (Mulvaney-Day et al., 2007; Ross, 2000; Zhang and Ta, 2009). To date, however, findings on the beneficial effects of neighborhood social cohesion remain inconclusive: Some studies suggest significant and positive effects of neighborhood social cohesion on mental health (Mair et al., 2010a,b; McCulloch, 2001; Ross, 2000); others reveal insignificant findings (Cutrona et al., 2000; Mulvaney-Day et al., 2007; Zhang and Ta, 2009). In this study, we examine whether neighborhood social cohesion is related to mental health among Asian Americans and Latinos. We also investigate the mediating role of social cohesion in the association between neighborhood structure and mental health.

1.2. Neighborhood ethnic density, social cohesion, and mental health

Researchers are increasingly examining the ways that neighborhood ethnic density, living among others of the same race or ethnicity, affects the mental health of racial and ethnic minorities (Shaw et al., 2012). Some studies suggest a protective effect of ethnic density on mental health among Latinos and Asian Americans in the United States (Mair et al., 2010b) and among minority groups in the United Kingdom (Das-Munshi et al., 2010; Halpern and Nazroo, 1999).

The mechanisms that mediate the structural relationship of neighborhood ethnic density with mental health are the subject of research and debate. For instance, Halpern and Nazroo (1999) argue that ethnic density may reflect benefits of group concentration, such as reduced exposure to direct prejudice and increased social support. A review article by Pickett and Wilkinson (2008) discussed several explanations that might account for the ethnic density effect, namely social integration and social cohesion, stigma, and racism. Some studies outside the U.S. have attempted to empirically test those theoretical mechanisms, but findings are mixed. In the U.K., Das-Munshi et al. (2010) disclosed that, for some ethnic groups, higher own-group ethnic density is associated with improved social support and less discrimination. Bécares et al. (2009) found that the experience of racism is lower in places of higher ethnic density. Their findings indicate that reduced exposure to and reduced health impact of racism may partially explain the ethnic density effect on mental health. A qualitative study conducted in London (Whitley et al., 2006) suggested that social networks, culturally-specific services and facilities, and reduced everyday racism may help to explain the mechanisms underlying the relationship of ethnic density with mental health for ethnic minorities. Using a diverse sample of immigrant students in Montreal, Canada, Jurcik et al. (2013) tested the mediating roles of discrimination and social support and found that the negative relation between perceived ethnic density and depression is mediated by discrimination but not by social support. These

equivocal findings suggest that the mechanisms linking ethnic density to mental health are likely heterogeneous and operate in complex ways among different racial and ethnic groups and across national contexts.

Based on our review of these theoretical and empirically-established relationships, we make the following hypotheses about the relationships of neighborhood ethnic density, social cohesion and mental health among Asian Americans and Latinos (see the conceptual model in Fig. 1).

H1: Neighborhood ethnic density is positively associated with mental health.
H2: Neighborhood ethnic density is positively associated with social cohesion, which, in turn, is positively associated with better mental health.

1.3. Neighborhood poverty, social cohesion, and mental health

Neighborhood poverty is related to poor mental health among residents over and above the effects of individual characteristics (Boardman et al., 2001; Kim, 2010; Ross, 2000; Yen and Kaplan, 1999). A few studies have examined the potential mechanisms (e.g., via social support or social ties) that may account for this association, but findings are mixed. For example, Geis and Ross (1998) found that residents in poor neighborhoods reported lacking social ties with their neighbors. By contrast, Schieman (2005) disclosed that neighborhood disadvantage is positively associated with received and donated support among older black women living in neighborhoods with higher levels of residential stability. Kim (2010) is among the first to examine the mediating role of social relationships in linking neighborhood disadvantage and mental health; he found that neighborhood disadvantage is related to higher levels of depression, but this structural relationship is mediated by enhanced social support and neighborhood social ties.

Studies that specifically examine the mediating role of social cohesion provide more consistent findings. Several researchers have identified social cohesion as a key mediator through which neighborhood poverty links to poor mental health (Cattell, 2001; Echeverría et al., 2008; Fone et al., 2007; O'Campo et al., 2009; Silver et al., 2002). They argue that individuals living in poorer neighborhoods are more likely to experience inadequate social support because of lower levels of social cohesion, which in turn, may result in increased risk of poorer mental health (Silver et al., 2002). In addition, social leverage—relationships with highly-educated, high-earning people or opportunities for employment and upward mobility—may be a key way that social cohesion mediates the effects of neighborhood poverty on poor mental health (Small, 2007). In a qualitative study designed to explore the mechanisms linking poor communities and poor health by examining the role of social networks and social capital, Cattell (2001)
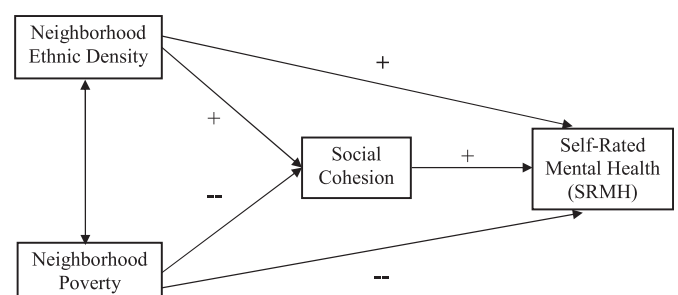

Fig. 1. Conceptual model.