



Ethnic variations in mental health among 10–15-year-olds living in England and Wales: The impact of neighbourhood characteristics and parental behaviour



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ABSTRACT

Several studies indicate that young people from certain ethnic minority groups in Britain have significant mental health advantages over their White majority counterparts, but the reasons for these differences have not been adequately explored. This work analyses the impact of neighbourhood characteristics, measured by socioeconomic deprivation; crime; living conditions; ethnic density and parenting behaviour on the mental health of young people. To determine the impact of these factors on mental health among young people, geocoded data from waves 1, 3 and 5 of the UK Household Longitudinal Study (*UKHLS*) are merged with small area statistics from the 2011 census, and multilevel linear regression models are fitted to the sample of 5513 (7302 observations) 10–15-year-olds of varying ethnicity residing in England and Wales. We find that mental health is generally poorer for White British youths, even after accounting for individual/family-level predictors, neighbourhood characteristics and parental behaviour than it is for minority youths. In keeping with results from studies of adult populations, neighbourhoods with high levels of deprivation are associated with poorer mental health. However, some aspects of parenting behaviour appear to have a more significant impact on the mental health of young people from ethnic minority backgrounds than on White British youths. Further research into factors that influence inter-ethnic disparities in mental health among young people is warranted, given that clear differences remain after the models in this study are fully adjusted.

1. Introduction

It has been estimated that 20% of children and adolescents around the world suffer from some kind of mental disorder (WHO, 2016). The British Child and Adolescent Mental Health Survey 2004 found that one in ten children aged 5–15 had a diagnosable mental disorder (Green et al., 2005). Moreover, studies from the UK have found that some ethnic minority youths report better mental health and have lower prevalence of mental disorders than their White/White British counterparts (Goodman et al., 2010, 2008; Astell-Burt et al., 2012; Harding et al., 2015; Maynard et al., 2007; Fagg et al., 2006; Green et al., 2005; Meltzer et al., 2000). The opposite relationship is seen among adults, with both an elevated risk (Breslau et al., 2005) and a higher prevalence (Rees et al., 2016; McManus et al., 2016) of mental health disorders in the Black, Asian and ethnic minority (BAME) population. For instance, first-time contact rates for psychotic disorder were three to five times higher for Blacks compared to other ethnic

groups (Rees et al., 2016). The causes of this variation are understudied and inadequately explained by existing research on the topic. This work addresses this gap in the literature by providing empirical evidence on the impact of neighbourhood characteristics and parental behaviour on potential ethnic differences in the mental health of children/adolescents aged 10–15 residing in England and Wales.

2. Previous research and theory

2.1. Neighbourhood characteristics and youth outcomes

A young person's development is significantly shaped by their neighbourhood and family, including forms of parenting and the parent-child relationship. For this reason, the neighbourhood and family are not only relevant but crucial starting points for understanding the factors that may affect young people's mental health during their formative years. The existing scholarship has shown that a

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person's neighbourhood accounts for 5–10% of the variance in a range of outcomes related to young people (Roosa et al., 2003). Likewise, several studies have highlighted the potential role of parenting as a mediator and/or moderator of the effects of the neighbourhood (O'Connor and Scott, 2007; Katz et al., 2007; Phoenix and Husain, 2007). Following the work of Faris and Dunham (1939), the intricately linked factors of neighbourhood ethnic composition and socioeconomic deprivation have been associated with mental health among adults, with the magnitude and nature of the association varying between minority ethnic groups. Similarly, social disorganisation, is a construct that is known to be correlated with the level of crime, general living conditions and socioeconomic deprivation within British neighbourhoods (Markowitz et al., 2001), and has been shown to affect the social and health outcomes of young people (Kawachi et al., 1999; Edwards and Bromfield, 2010; Leventhal and Brooks-Gunn, 2000). It is also now well established that ethnic minorities are over-represented in neighbourhoods characterised by these factors, and a common finding is that health inequalities are explained by reduced area-level socioeconomic conditions (Bécares et al., 2011, 2012a; Jonsson and Demireva, 2018).

It has been suggested that minority group members are protected from adversities by ethnic density, defined as the percentage of the population in the respondent's area of residence that share the respondent's ethnicity, after adjusting for area-level socioeconomic deprivation (Faris and Dunham, 1939; Pickett and Wilkinson, 2008; Bhugra and Arya, 2005; Das-Munshi et al., 2010; Bécares et al., 2012a; Aneshensel, 2009). In line with this suggestion, there are several studies that used adult samples to examine ethnically dense neighbourhoods and shown that these residents do indeed enjoy better mental health, at least in the short term (Bécares et al., 2012a, 2009; Halpern and Nazroo, 2000b).

However, there is little evidence supporting the ethnic density hypothesis as it relates to young people, and studies of this issue have yielded mixed results. Some researchers observed beneficial effects of ethnic density on some indicators of mental health such as depressive symptoms, psychological distress, behavioural and cognitive problems (Gieling et al., 2010; Wickrama and Bryant, 2003). But, at least one study indicated that this effect may be negative when the group is too large (Fagg et al., 2006), while another study recorded a generally negative effect (Abada et al., 2007), and others have found no effect of ethnic density on young people's mental health (Xue et al., 2005; Astell-Burt et al., 2012).

Opponents of the ethnic density hypothesis have argued that ethnic disparities in health are mainly caused by the residential concentration of ethnic minorities in poor socioeconomic circumstances (Williams and Collins, 2001; Fryer et al., 2013; Wilson, 1987). This school of thought suggests that living in 'racially segregated' neighbourhood environments determines access to health-related services and the quality of those services. This is because ethnic concentration correlates strongly with neighbourhood socioeconomic deprivation and adverse neighbourhood conditions such as actual and perceived rates of crime, the number of single parent households, lack of employment opportunities, as well as access to, and the use of social services such as healthcare (Fryer et al., 2013; Wilson, 1987); all these factors have been shown to be associated with poor health both among adults and young people (Williams and Collins, 2001; Leventhal and Brooks-Gunn, 2000; Mair et al., 2010).

2.2. The link between neighbourhoods, parental behaviour and youth outcomes

Parenting behaviour is defined in terms of the parent-child interaction and relationship. According to Baumrind (1970, 1966) factors that distinguish different types of parenting behaviours are: (a) warmth

and nurturing; (b) maturity demands; (c) control of the child's behaviour; and (d) communication between parent and child (that is, the extent to which the child's opinion is sought and listened to). There is evidence to support the theory that parenting behaviours influence youth outcomes, but there is also sufficient data indicating that this influence does not act in a vacuum. While parenting behaviour is an important consideration, it is not only influential but is, in and of itself, influenced by wider environmental factors such as the neighbourhood.

The theoretical models informing this work generally suggest that neighbourhood effects on parental characteristics and parenting styles are strongest in socioeconomically disadvantaged neighbourhoods. Conger et al. (2010) developed a family stress model to explain the mediating effects of parental behaviour on youth outcomes. This model suggested that common stressors affecting people living in deprived situations may undermine the parent-child relationship and, thus, weaken or eliminate the associated positive effects on the child's mental well-being. This is because parents themselves might experience high levels of distress, leading them to adopt behaviours that are frequently related to negative youth outcomes. Jencks and Mayer (1990) proposed four models to explain how neighbourhood factors might affect parenting: the epidemic/contagion, collective socialisation, competition, and relative deprivation theory models. The competition and relative deprivation explanations state that residing in affluent neighbourhoods may adversely affect young people from more socioeconomically disadvantaged families. Conversely, the contagion and collective socialisation explanations state that neighbourhoods with residents of diverse economic backgrounds are more likely to be healthy and have few behavioural problems.

These theoretical frameworks have been used in several studies, particularly from the USA. For the most part, these frameworks implicated parental behaviour (and certain parenting styles) as an influential factor in explaining the healthy development of young people (Maynard and Harding, 2010; Lee et al., 2014; Ceballos and McLoyd, 2002; Leventhal and Brooks-Gunn, 2000; Baumrind, 1966, 1971; Conger et al., 2010; Jencks and Mayer, 1990). These studies confirmed that the neighbourhood environment is associated with parental behaviour, and that parental behaviour, in turn, influences youth outcomes. Studies have also highlighted socioeconomic deprivation, crime and disorder, and a lack of resources or social support as factors that may undermine effective parenting strategies (Ceballos and McLoyd, 2002; Leventhal and Brooks-Gunn, 2000; Byrnes and Miller, 2012; Wilson, 1996; Burton and Jarrett, 2000; Furstenberg, 1999).

Neighbourhoods with high levels of disorder and crime might disrupt both adult and youth behaviours and thereby influence the style of parenting that is adopted. In such areas, parents may adopt a more harsh/controlling parenting style to regulate the interactions of the child/adolescent with their environment (Furstenberg, 1999; Burton and Jarrett, 2000; Sampson et al., 1999). An alternative explanation (Sampson et al., 1999) for the adoption of a harsher, more controlling parenting style and ineffective parenting strategies that lack warmth and communication, is that parents residing in areas of high deprivation, and generally poor living conditions, become overwhelmed by these conditions. In these cases, parents may lack the energy to engage warmly with their children (Byrnes and Miller, 2012). The reverse might also be true; that is, parents with effective parenting strategies might be less likely to reside in more problematic neighbourhoods.

3. Research gaps

Notwithstanding the wealth of literature in this area, relatively few studies have focused on the role of ethnicity and/or other potentially relevant factors such as socioeconomic, language, cultural, and religious beliefs and practices on parenting. This has meant that sub-

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