Examining the Effects of Neighborhood Characteristics on the Mental Health of Urban Black Male Youth: A Systematic Review

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Introduction

Black children are disproportionately more likely to live in high-risk urban neighborhoods, and experience persistent poverty where factors such as acts of violence and crime, gang activity, physical victimization, parents under stress, and limited social supports increase their risk for higher rates of mental health symptoms, such as aggression, depression, anxiety, and stress.

This is especially true for Black males, who report higher incidents of exposure to violence, personal victimization, and antisocial behavior within their homes, schools and neighborhoods. For example, recent research suggests that 70-90% of Black male youth who reside in high-risk urban neighborhoods report knowing someone or witnessing someone being murdered, shot at, or physically assaulted, which is 2-3 times higher than the national average.

Family involvement is one factor that can either improve or worsen the negative effects of poverty and exposure to neighborhood violence on the mental health of Black male youth. However, current census data shows that about 67% of low-income Black families have female-only head of households, which has steadily increased over the last 30 years. This significantly impacts the family's socioeconomic status. In fact, 46.3 percent of Black single-headed households are living in poverty. This can often contribute to increased family stressors, such as financial strain, which have been correlated to increased depressive and anxiety symptoms.

Aim

Previous studies have found an association between neighborhood disadvantage and mental health outcomes (Sagrestano, Holmbeck, Paikoff, & Fendrich 2003; Sharkey & Elwert 2011). However, as discussed by Alegria, Molina, and Chen (2004) many of these investigations have failed to consider specific neighborhood contexts. While some research has explored the differences between high risk and low risk urban neighborhoods on the outcomes of adolescent Black males, some studies have ignored factors such as residential stability and cultural heterogeneity that can exist in some urban neighborhoods.

Therefore, this systematic review sought to examine relevant literature in an effort to better understand how mental health symptoms may be triggered by continuous exposure to high-risk neighborhoods. Specifically, this study sought to examine what mental health problems are present among adolescent Black males who reside in high-risk urban neighborhoods.

This study is a descriptive qualitative systematic review that follows the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) method (Moher et al., 2009).

Method

The focus of the search was to identify articles that examined depression or mood as an outcome of living in a high-risk urban neighborhood. Therefore, the authors included studies that:

- discussed neighborhood and mood symptoms or disorders (e.g., depression),
- discussed adolescent (i.e., aged 11-18) Black males,
- provided ethnic differences in mood symptoms or disorders, and
- provided gender/sex characteristics of the sample.

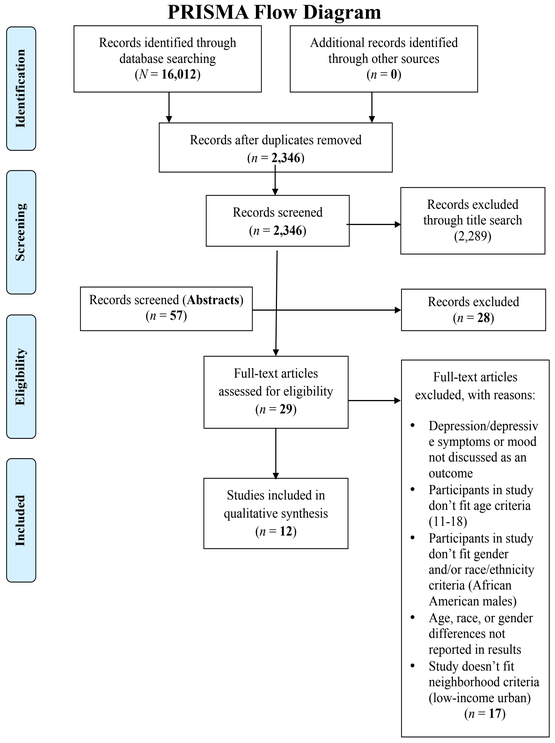
Neighborhood type was self-reported by article authors, and the neighborhood unit of measure had to be reported (i.e., census track, school attended, poverty-index/ neighborhood scale).

Studies were excluded that:

- focused on mental health/ physical health issues not relevant to our questions,
- did not mention place or space, race/ethnicity, or mood symptoms or disorders (e.g., depression),
- age categories or birth cohort could not be determined,
- only focused on interventions, and
- was a non-empirical paper (e.g., commentaries, research briefs), or conference abstract/ meeting report.

Studies that did not use purely quantitative methods (i.e., qualitative/mixed-method studies) were also excluded due to their inability to contribute accurate rates or numerical experiences of depression/depressive symptomology.

PRISMA Flow Diagram



Results

Systematic Review Findings on Studies Examining the Effects of Neighborhood Characteristics on the Mental Health of Urban Black Male Youth 1995-2013

Year	Author	Race/ Ethnicity	Setting	Sample Size	Measure of Mental Health Outcome	Measure of Neighborhood	Problems in Neighborhood	Mental Health Outcomes	Age
1995	DuRant et al.	Black	Housing projects in Augusta, GA	225 (99 boys, 126 girls)	The Children's Depression Inventory (CDI)	Residence in high poverty/ high African American housing project (Residence); Conflict Tactics Scale (modified)	Corporal Punishment, Family Conflict, Parent's Education Level, & Hopelessness (Probability of Being Alive at 25)	Depression	11-19 (Mean 14.4, *SD* 2.2)
2005	Gutman, McLoyd, & Tokoyawa	African American	Four inner-city areas in Philadelphia	305 (136 boys, 169 girls) and their primary caregivers	9-item Adolescent Negative Adjustment Scale	U.S. census data	Poverty, Neighborhood Stressors, Financial Strain, Negative/Positive Parent-Adolescent Relations, and Adolescent Adjustment (Resourcefulness, Self-Efficacy, & Academic Achievement)	Psychological Distress (Depressive Symptoms-Anger, Hopelessness, Loneliness, & Unhappiness)	11-16 (Mean 13.5)
2004	Hammack et al.	African American	Large Midwestern city	1704 (45% male)	The Center for Epidemiological Studies Depression Scale	Attendance at seven urban public high schools (School); Poverty Index	Poverty, Family Stress	Depressed Mood (Displaying Depressive Symptoms)	13-18 (Median 15)
1998	Hawkins et al.	African American	Large northeastern city	173 (39% male)	The Center for Epidemiological Studies Depression Scale	Attendance at non-public schools (School)	Perceived Future Opportunities	Depressive Symptoms	13-15
2013	Hurd, Stoddard, & Zimmerman	African American	Midwestern state	571 (48% male)	Brief Symptoms Inventory (used to measure depressive symptoms and anxiety symptoms)	U.S. census data	Social Support, Neighborhood Characteristics, Neighborhood Cohesion, Poverty	Depressive Symptoms, Anxiety Symptoms	(Mean 17.8, *SD* . 65)
2008	Nebbitt & Lombe	African American	Midwestern city	238 (52.5% male)	National Youth Survey, The Center for Epidemiological Studies Depression Scale	Residence in targeted housing projects (Residence)	Antisocial Behavior (Attitudes Toward Deviance, & Exposure to Delinquent Peers), and Parental Supervision & Parental Encouragement	Depression	13-19 (Mean 15.6, *SD* 2)
2004	Paxton et al.	African American	Midwestern inner-city	77 males	The Center for Epidemiological Studies Depression Scale, and the Checklist of Post-Traumatic Stress Symptoms	Attendance at low-income/ high African American school (School); Screening Survey of Exposure to Community Violence, and the Social Support Rating Scale	Exposure to Violence, and Social Support	PTSD, Depressive Symptoms	13-16 (Median 15)
2004	Rasmussen, Aber, & Bhana	African American, Latino	Chicago	140 (58% male, 60% Latino)	Danger Questionnaire, Ways of Coping	Attendance at a Catholic HS (School); Census tracts	Neighborhood Violence, Neighborhood Safety, Poverty, Family Composition, Employment	Psychological Distress (Ability to Cope When Exposed to Neighborhood Violence)	16-19 (Mean 16.91)
2011	Robinson, Paxton, & Jonen	African American	Large Midwestern city	88 males	Normative Beliefs About Aggression and Aggressive Behavior Scale, Center for Epidemiological Studies Depression Scale, General Interpersonal Aggression Scale, and Direct and Indirect Aggression Scales	Attendance at Low-Income/ High African American School (School); Poverty Index, Screening Survey of Exposure to Community Violence	Exposure to Violence, Poverty, High Juvenile Crime Rates	Depressive Symptoms, Psychological Distress (Aggression)	15
1997	Stevenson	African American	Inner-city urban community	202 (74 boys & 128 girls)	State-trait Anger Expression Inventory, Fear of Calamity Scale	Neighborhood Social Capital Scale, Neighborhood Risk Scale	Social Support, Negative Urban Life Experiences, Poverty, Absentee Parents	Psychological Distress, Anger Expression/ Aggression Response	14-15 (Mean 14.6, *SD*. 53)
1999	Zimmerman, Ramirez-Valles, & Maton	African American	Baltimore, MD	172 males	Brief Symptoms, Pearlin et al's 7-item Personal Helplessness Scale (1981)	Previous attendance in local school district (School) Residence in targeted neighborhood (Residence)	Early School Departure, Parental Education, Helplessness, Self-Esteem	Psychological Symptoms (Personal Helplessness, Sociopolitical Control)	Mean 16.8, *SD* 1.32
2000	Zimmerman et al.	African American	Baltimore, MD	173 males	Brief Symptoms Inventory	Previous attendance in local school district (School) Residence in targeted neighborhood (Residence)	Drug & Alcohol Use, Stressful Life Events, Delinquency, Parental/ Peer Support	Anxiety and Depression	Mean 16.8, *SD* 1.32

Discussion

While our results demonstrate that Black male youth living in high-risk urban neighborhoods display higher rates of depression, anxiety, PTSD, anger, and aggression, it also highlights factors that allow them to experience less psychological distress, such as:

- Having higher rates of residential stability and presence of Black families served as a buffer against anxiety.
- The ability to maintain positive parent–child relationships and adjustment to adverse conditions demonstrated a reduction in depressive symptomology.
- When Black male youth felt that they were in control of their personal domain, they experienced less psychological distress symptoms.

Important limitations to discuss include:

- The inconsistency of instruments used to measure neighborhood residence and neighborhood poverty
- The limited number of studies that fit the inclusion criteria.

In addition, this systematic review found that Black males and females are experiencing their neighborhoods in different ways, which should be accounted for when measuring risk for depressive symptomology. Future studies should provide a closer examination of these relationships and their related mechanisms.

Conclusion

Continuous exposure to high-risk urban neighborhoods demonstrated an increase in depressive symptoms, anxiety symptoms, anger expression and aggression, stress, PTSD, among other psychological problems in a large number of participants in this sample, jeopardizing their psychosocial well-being and adult social and economic trajectories. However, in order to fully understand this complex relationship, more research is needed that examines the nuances of Black adolescents' lived experiences. Understanding this complexity may require the development of a neighborhood measure that can accurately identify what aspects of the neighborhood challenge and promote the healthy development of adolescent Black males.

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