Urban regeneration and mental health

Peter Huxley and Anne Rogers

Introduction

The link between social disadvantage and mental health is well established. A number of small studies suggest that mental health problems can be reduced by interventions targeted at those who have experienced job loss, unemployment and teenage pregnancy in the context of poverty. There is also some indication that the mental health of the population can be enhanced by improvements to housing and the local area. However, there has been little systematic research into the impact of large-scale changes in people's socio-economic circumstances on their mental health.

Contemporary urban regeneration initiatives provide both an opportunity and a need for such research. Our study focuses on the regeneration programme in Wythenshawe, a disadvantaged area in Manchester, and is investigating the impact of changes in socio-economic circumstances on mental health by comparing the local population with a control area (also in Manchester) where no such initiative exists.

Methods

We have conducted a baseline postal survey of 2600 people (1300 in the index and control areas) in which we have collected information about mental health status, quality of life, personal circumstances and consulting behaviour. A second survey, to be conducted almost two years after the first, will enable us to assess the nature and extent of change in these items. A sub-group of 200 people has been selected for interview to enable us to explore in greater detail mental health status, quality of life, and perceptions of the community. A second interview with this sample will take place one year later. In addition, further data will be obtained from 20 in-depth qualitative interviews with a sub-group of these respondents, chosen because of their particular experiences of the Single Regeneration Budget (SRB) changes.

Here, we report on findings from the baseline surveys. The measures of mental health we used included the General Health Questionnaire (GHQ-12), together with measures of vulnerability and life events, quality of life (QoL) and community experience derived from work by Sorensen and Leighton.[1,2]

As anticipated, the index and control areas both scored highly on disadvantage, both as measured by standard deprivation indicators and by a range of personal factors which increase vulnerability to mental illness (like living apart from parents before 16 and not working for two years). However, there was a higher proportion of residents in poorer socio-economic circumstances in the index group, with low QoL and with a longstanding illness.

Area dissatisfaction

Residents were asked to say how they felt about living in the area, expressed as the strength of their desire to stay or to move away. In the interviewed sample, the question was expressed as the degree of satisfaction with the area and this method produced identical results. This makes it possible to compare our results with those of national surveys where dissatisfaction with the area is assessed.

High levels of dissatisfaction were reported in both areas. Dissatisfaction with area was double the national average (22% compared to 11%) and was highest in the index area (29%). (These high levels of dissatisfaction are similar to those reported in an East London study[3]). Only a minority of residents in the index area was happy to stay: 11% very strongly wanted to move, and 18% preferred to move, 31% had mixed feelings about the area and 40% were happy to stay.

Mental health, quality of life and community experiences

Higher SES was associated with better QoL and better mental health, with higher scores reported by employer/managers and homeowners. People with better QoL and better health also reported fewer longstanding illnesses and fewer risk and vulnerability factors.

Our measure of community experience, the Community Experience Scale (CES), consists of 11 items tapping such dimensions of community life as local employment prospects, co-operation, safety and community identity, leisure facilities and local leadership (Table 1). Factor analysis suggested that residents saw both negative and positive aspects to living in Wythenshawe. Negative aspects included low levels of co-operation ("no-one wants to join in projects that start here"), poor job prospects, a perception of area decline and fears about safety. The quality of leadership, solidarity, neighbourliness and a sense of belonging/community emerge as the positive features of living in Wythenshawe.

Our analysis also highlighted the way in which the items of community experience that related to children focused on the safety and crime factors. The association between children and safety also emerged in the interview survey, which showed that the major concern of people on the estate was the need for safe play areas for children.
It will be interesting to see whether the CES is sufficiently sensitive to identify shifts in community perceptions following the regeneration programme.

Finally, we examined the relationship between mental health, quality of life and the CES factors. Higher overall quality of life ratings were associated with a greater sense of belonging, less isolation, better leadership, more leisure opportunities, more neighbourliness/security and the absence of the perception that the area is in decline. Higher symptom scores for mental health problems were associated with less neighbourliness/security, fewer leisure opportunities and the feeling that the area is in decline. These associations are only cross-sectional at this stage, and are therefore of less value than our longitudinal data currently being collected. Nevertheless, the association between the total symptom score and all the factor scores remains when depression is controlled.

Table 1: Experience of the community in Wythenshawe: factor analysis results

Dimensions of community experience	Item
Initiative-co-operation (-)	No-one joins in with projects that start here; not easy to get people to take part
Community identity (+)	If I move I would want to come back; I will recommend my children settle here; sense of belonging
Future economic viability (-)	Very pessimistic about future employment prospects
Leisure (-)	There are clubs to cover most interests
Leadership (+)	Local councillors are good at their jobs; the city council does its best
Contact-communication (-)	People seldom visit one another
Security-neighbourliness (+)	Neighbours provide help to sick and isolated
Solidarity (+)	People stick together in difficult times
Safety (-)	It is safe to leave the door unlocked at night
Social cohesion (-)	If you want to start something new you have to do it yourself; people can have many problems neighbours do not know about; gangs cause lots of trouble
Area decline (-)	Crime is a growing problem; the local economy will go from bad to worse

- *negative aspects*
+ *positive aspects*

Concluding comments

The government's strategy for tackling urban poverty and health inequalities emphasises area-based initiatives, both through the Single Regeneration Budget and through such initiatives as Health Action Zones (see article by Fiona Johnstone), *Sure Start* and the *New Deal for Communities*. These programmes provide researchers with 'natural experiments' through which to map the effect of area interventions on the well being of local communities.

While our baseline surveys are only the first stage of our project, they give an insight into community experience and mental health needs. The follow-up surveys will enable us to establish the leverage of the urban regeneration initiative on the community-level factors which influence mental health and quality of life in disadvantaged areas.

Peter Huxley is Professor of Psychiatric Social Work at the Institute of Psychiatry and Anne Rogers is Professor of the Sociology of Health Care in the School of Primary Care, University of Manchester.

References

1. Sorensen, T., Kleiner, R., Boe, N., Moum, T. and Sandanger, I. (2000) 'Sociocultural integration and disintegration: the local-community approach to mental health' *North-East Series in Community Psychiatry*, Oslo: Nordkyst Psykiatri.
2. Leighton, A. H. (1963) *The Character of Danger*, New York: Basic Books.
3. Mumford, K. (2001) *Talking to Families in East London*, London: Centre for the Analysis of Social Exclusion.