3. THE ROLE OF COMMUNITY ENVIRONMENT.

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3.1 INTRODUCTION

Young people’s behaviour is always embedded in a context. Family, day-care, school, and leisure activities are the primary contexts in which children and youth spend time, and these contexts make up the community environment that young people experience. The community environment can be seen from the point of view of the community as a whole, the neighbourhood, and the concrete settings where young people spend their time.

Community

The community environment in which children and young people grow up influences their well-being and social behaviour. Communities bear responsibility for the safety and well-being of all inhabitants, young and old. The community environment is both social and physical.

The social environment

Social capital refers to the quality of social relationships within societies or communities, including community networks, civic engagement, sense of belonging, and norms of cooperation and trust. It has been argued that there are relationships between physical health, mental health, and social capital. Children living in environments high in social capital have better mental health, fewer behavioural problems, are less likely to drop out of school. In addition, high social capital improves developmental and behavioural outcomes among children at risk of child abuse and neglect.

Societies are increasingly multi-ethnic and multi-cultural although people with similar backgrounds tend to aggregate in different areas. This has consequences for mental health promotion and it must be recognised understood and acknowledged in developing mental health promotion activities that the conceptions of mental health differ in different groups.

However, the prime social policy goal in Europe is inclusion. Social inclusion and participation means enabling people from other countries and of different ages to take part in their community.

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and society from early on in life. This can reduce or prevent social exclusion later in life. For example, the young people who leave school early or face difficulties with their entry into vocational training and the labor market are at higher risk of experiencing social exclusion throughout their lives. These kinds of issues – combating segregation and discrimination and making sure people have equal opportunities to take in part society – are critical when it comes to the social aspect of the community environment.

**The physical environment.**
Concerning the physical aspect of the community environment, urban planning is a key issue. The building environment can be a source of stress or enjoyment and has an impact on social capital and, consequently, on mental health outcomes. Building parks and other green spaces, providing playgrounds for children and sports facilities for youth, reducing noise and crowdedness, and securing public safety allow young citizens to enjoy and feel good about their every-day lives and free-time settings. Designing and building healthy places is not a new concept; for centuries, those who care about health, across professions, have turned their attention to the man-made physical environment. Research suggests that communities can construct physical environments that promote social interaction and participation, and that support the development of social networks, social support, sense of community, community competence and a sense of place, all of which are important determinants of well-being.

**Neighbourhood**
The neighbourhood and area where families live and children grow up has consequences for social behaviour, health, and well-being. Some neighbourhoods are run down. They may have high unemployment and economic hardship, violence, assaults, deteriorated houses, graffiti and littering, residential mobility, and low quality childcare and schools. Poor neighbourhoods can also undermine parenting and youths’ educational aspirations and school connectedness. All this is intimately linked to the normative climate, social cohesion, and informal social control in a neighbourhood, and these are aspects that affect young peoples’ attitudes and norms. Neighbourhoods differ in terms of safety and stressful events. Young people in some neighbourhoods more than others will hear about, witness, or be victims of violence, fights, and harassment. Neighbourhoods also differ with respect to levels of social organisation, cohesion, segregation and discrimination, social contacts between neighbours, willingness to intervene, and trust of police and legal authorities. These problematic features of neighbourhoods are linked to the ways young people view their present and future lives: stress, hostility, view of school and education, opportunities for positive leisure contexts, job opportunities, own family, and a prosperous future.

Both contextual and compositional explanations have been offered for neighbourhood differences in mental health. A contextual explanation would be that there are some features of the neighbourhood that influence health. In support of this, there is much research on how

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characteristics of neighbourhoods affect child and adolescent behaviour, and a common conclusion is that the opportunities to engage in pro-social activities, develop positive views of the future, and experience achievement are lower for youth growing up in disadvantaged neighbourhoods than for those in affluent neighbourhoods. A compositional explanation is that people with poor health tend to live in certain regions and the environment itself has little or no effect on their health\textsuperscript{83}. It is possible that the distinction between “composition” and “context” may be more apparent than real, and that features of both material infrastructure and collective social functioning influence health\textsuperscript{84}. Whatever the reasons for area differences, it is clear that disadvantaged areas where vulnerable populations tend to live must be prioritised for action.

Poor mental health and social exclusion are mutually reinforcing. People with mental health problems face barriers and prejudices when it comes to finding a job, accommodation or to integrate in society. Conversely, people experiencing financial problems or at risk of social exclusion are more likely to suffer from stress, anxiety or more severe mental disorders.

**Concrete settings: structured and un-structured activities**

Young people select their free-time activities within the constraints of their broader neighbourhood and community setting. They spend time in different leisure settings and take part in different activities, and their experiences in those settings may change their behaviours short-term or long-term. Two main types of social contexts have been considered in the literature: structured, adult-controlled contexts and unstructured, peer-controlled contexts.

**Structured activities.**

Structured activities occur in settings where adults are present as leaders, where there are scheduled meeting times, the activities are goal directed, and there is an emphasis on skill building\textsuperscript{85}. Examples include organised sports, hobbies, voluntary work, religious activities, music, theatre, art, and politics. Participation in structured activities seems to be beneficial for positive development. Participation in these kind of activities has been found to be linked to better academic achievement, lower rates of school dropout, lower delinquency and externalizing problems, less alcohol and drug use, lower rates of depression, and generally good adjustment for active and participatory later adult life\textsuperscript{86}.


There is one exception to this general picture of beneficial consequences of after-school activities. Participants in team sports often report drinking alcohol more frequently than other youths. The beneficial effects of adult controlled settings may be due to strengthened ties with school, imposing structure on young people's daily lives, linking them to competent adults and peers, building their skills and interests, and creating opportunities for them to feel competent and accepted within a social system. Taking part in structured activities may also change the social network composition – encouraging friendships with well-adjusted peers –, and may facilitate the development of an intrinsic motivation to plan, carry through, and achieve valued goals. In sum, there is a wealth of evidence that youths involved in structured, adult-led activities are better adjusted in a number of respects than those who are not involved. In part, this is because better adjusted youths choose these activities, but the activities also seem to contribute to good adjustment.

Unstructured Activities.
Peer associations in certain kinds of neighbourhood contexts have been viewed as posing a risk for the development of problem behaviours. Specifically, the argument is that when peer groups gather and engage in unstructured activities without adult leadership, such as hanging out on the streets, shopping malls, arcades, and public drinking places the lack of control allows deviant behaviours to emerge in the group. Participation in unstructured, unsupervised activities has been associated with antisocial behaviour and substance use. Research into the mechanism of this association indicates that unstructured contexts allow social relationships with high-risk peers, reinforcing and resulting in the development of problem behaviours, such as substance abuse, delinquency and violence. The lack of social control and structure increases the opportunities for deviance. However, not all youths engaging in unstructured activity develop such problems, and it can be argued that unstructured activities can provide greater opportunities for young people to develop coping skills in risk situations. It seems that individual differences in resilience, as well as the strength of these peer relationships can moderate this association.

The provision of structured activities and reduction of unstructured activities or the harmful factors they entail, represents an important opportunity for promotion of mental health and well-being in the community setting. Coordinated efforts should be most effective if they involve school leaders, teachers, community leaders, young people and their families, leisure activity workers, vocational training providers and employers, and justice system officials. Involvement of stakeholders, community ownership, and continued availability of resources are necessary. It is important that interventions that are known to work be implemented and evaluated in culturally appropriate ways.

Evidence-based prevention and intervention
Preventing mental health problems is a central issue for communities to deal with. The scientific literature offers evidence for community promotion and prevention programmes and activities involving the family, school, and leisure arenas. Communities have a responsibility to acquire and use this evidence. Competence enhancing programmes and activities carried out in collaboration with families, day-care centres, schools and the wider communities, and delivered through in different contexts, have the potential to impact on multiple positive outcomes across social and personal health domains.

Evidence-based practice involves using scientific evidence, clinical expertise, and the results of process evaluations. These are the building blocks for intervention and prevention efforts. Mental health problems are both a precursor and an outcome of problems at home, in school, and in community leisure contexts and any given community programme will be implemented in a complex system of effects that are not completely understood or obvious. Because of this, community policies should address children’s and youth’s mental health as both precursors and outcomes of problems at home, in school, and in community leisure contexts. Community policies and actions that are not based on scientific evidence, even those that are intuitively appealing, can potentially cause harm. For example, programmes for high risk or already delinquent youths which involve bringing them together in one way or another, are likely to result in negative outcomes through the reinforcing of anti-social behaviour92.

Alcohol and substance abuse
The abuse of alcohol and the use of illicit drugs are some of the most import risks when young people are growing up. The community environment offers opportunities for managing these risks at the level of the community, the neighbourhood, and in different concrete settings. Together with the relevant actors, communities can take action to reduce the risk of alcohol abuse by children and young people and to reduce their access to illicit drugs. Evidence-based programmes exist to reduce these problems. There is a strong body of research linking alcohol and substance abuse in adolescents to undiagnosed AD/HD. Adolescents who suffer from AD/HD are more likely to become addicted than their non-AD/HD peers. Being diagnosed at a


young age and the accompanying therapy and protective measures that are part of this would remove this risk.

**Social cohesion and mobilisation**

Community interventions can facilitate social cohesion and better mental health of the community members. Some examples of effective intervention strategies to achieve this end are community mobilisation, (i.e., bringing people within a community or neighbourhood together to act in service of a common goal) and providing opportunities for young people to make meaningful personal and social connections\(^93\).

There is much evidence in the literature that the ways communities organise youth free-time settings have profound implications for young people’s adjustment and development. Creating community and neighbourhood settings that facilitate inclusion of people from other countries and allow them to take part in society at the local level is on the agenda in many countries. Building parks and other green spaces, providing playgrounds for children, reducing noise and crowdedness, and securing public safety, are means to structure the physical landscape so as to provide opportunities for young citizens to enjoy and feel good about their every-day life and free-time settings. These are all ways in which the physical environment can be made to improve social relationships, increase social capital, and improve health.

### 3.2 PRINCIPLES OF WHAT WORKS (some examples)

- Assure a mentally healthy physical environment and basic needs in the community are met, including adequate housing conditions, levels of noise or crowdedness and safety in neighbourhoods.
- Ensure opportunities for active participation and involvement of youth in the community. Provide meeting and/or association facilities for youth organisations and develop other community programmes that enhance co-operation and mutual responsibility.
- Provide accessible support systems for youth and for vulnerable groups such as families at risk of social exclusion.
- Enhance healthy active leisure: Provide accessible sporting facilities. Provide opportunities to participate in cultural activities making them more accessible and attractive to young people. Offer informal social control and structured activities.
- Promote equity and social justice, through measures against youth discrimination related to social status, ethnic background, religion or sexual orientation.
- Implement evidence-based approaches in multiple contexts.

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3.3 POLICIES FOR ACTION:

- **Policies to address regional and local inequalities:**
  - Neighbourhood regeneration
  - Green spaces/urban planning
  - Provision of and access to services and benefits
  - Grant programmes for neighbourhood improvement

- **Policies to promote structured youth activity**
  - Full-day schooling
  - Provision of community and leisure centres
  - Encouraging youth employment opportunities (e.g., internships and apprenticeships)

- **Policies which facilitate social inclusion and mobilisation**
  - Mechanisms for community and youth participation in local policy making, local governance, community meetings
  - Anti-discrimination policy – to protect ethnic minorities and other minority groups
  - Locally maintained parks, playgrounds, sports and leisure facilities

- **Coordination and communication between different community actors**
  - Platforms and networks of different community professionals.
  - Intersectoral policy

- **Safe living environments**
  - Crime reduction and policing
  - Environmental safety, hazards and pollution
  - Noise levels and crowdedness

3.4 PROGRAMMES FOR ACTION:

It should be noted that the programmes mentioned by name in this section should not be considered recommendations specifically, but are included here as illustrative examples of the types of programmes available or generic models for intervention in this area.

- **Neighbourhood regeneration:**
  - Demonstrate commitment to health and sustainable development (Healthy Cities Project\(^9^4\))
  - Incorporate aspects of mental health promotion into urban planning (Designing Healthy Communities: Raising Healthy Kids\(^9^5\))

\(^9^4\) Healthy Cities and urban governance (WHO) http://www.euro.who.int/Healthy-cities
- **Active participation and leisure activities:**
  - After-school extra-curricular activity (sports, music, homework clubs)
  - Adult-led structured recreation activity in the community (e.g., volunteering, clubs, politics)
  - Physical activity (e.g., martial arts for prevention of behavioural problems)
  - Leisure activities accessible to all young people

- **Support services for youth and for vulnerable groups such as families at risk of social exclusion:**
  - Befriending programmes
  - Easy to access community services
  - Screening, outreach and early intervention measures for high risk families
  - Competence enhancing programmes and activities carried out in collaboration with families, schools and the wider community
  - Help lines
  - Public awareness campaigns to reduce discrimination

- **Action to reduce the risk of alcohol and drug abuse:**
  - Training of key community actors
  - Peer-learning programmes

- **Programmes linking multiple youth contexts (school, families, leisure):**
  - Programmes to promote school attendance (e.g., “Safe Routes to Schools program”\(^\text{96}\))
  - Programmes and support groups for interested parents of young people
  - Training programmes for key professionals – in youth organisations, the voluntary sector, social workers, churches and their youth organisations, police and judiciary personnel.

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