Urban Neighborhoods and Mental Health

Psychological Contributions to Understanding Toxicity, Resilience, and Interventions

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The psychological consequences of living in urban neighborhoods are described by using examples related to 3 models of neighborhood characteristics. These models highlight the impact of physical, structural, and social characteristics on various types of mental health outcomes. In addition, the characteristics of individuals and neighborhoods that encourage resilience to negative outcomes are discussed. Finally, examples of how psychology can contribute to neighborhood interventions that ameliorate or prevent residents' distress and improve neighborhood conditions are described.

There is some truth to the stereotype that cities are associated with social and psychological problems. For example, in a classic study of a section of Manhattan, New York, Srole and Fischer (1978) found that almost one quarter of the respondents were psychologically impaired. Shaw and McKay (1942) found that the rates of juvenile delinquency were highest in neighborhoods adjacent to the central business district of Chicago. Alternatively, recent psychological studies have illustrated resilience and other positive outcomes in urban settings (Markowitz, 1997; Saegert, 1996). Cities have many affluent and middle-class neighborhoods and provide easy access to diverse cultures, entertainment venues, and educational opportunities. As the United States and other countries continue to become more urbanized, these contrasting portrayals of urban life highlight the importance of understanding the impact of urban neighborhoods and mental health.

What is the relationship between urban neighborhoods and mental health? Neighborhoods are the building blocks of cities. Because neighborhoods exert an important influence on the children and adults who live in them, the majority of ecological effects are likely to be found at the neighborhood level (Furstenburg, 1993; Huckfeldt, 1983; Hunter, 1974). Consequently, we believe it is important for psychologists to understand the influence of neighborhood characteristics on mental health and how psychologists can help develop (a) more accurate assessments of urban neighborhoods and of the influence of neighborhoods on mental health and (b) interventions that promote the mental health of people living in cities. Our major goals in this article are to describe

- the psychological consequences of living in urban neighborhoods by using three models of neighborhood characteristics,
- the characteristics of individuals and neighborhoods that encourage resilience to negative outcomes, and
- the contributions of psychological interventions to improve neighborhood conditions.

Caveats

There are three caveats one should consider when reading this article. First, although many disciplines (e.g., sociology, urban planning, criminology, geography) contribute to urban studies, we emphasize psychological research related to the problems of urban neighborhoods. Second, despite our belief that urban neighborhoods can have positive and life-enhancing effects, the majority of research has focused on the negative effects of neighborhood characteristics. Although we highlight relatively positive outcomes associated with resilience, the deficit–stress bias of the majority of neighborhood research is reflected in this article. Third, in addition, the majority of urban studies focus on poor and working-class neighborhoods. This focus is not meant to imply that neighborhood characteristics are unimportant in middle- and upper-class neighborhoods. In fact, the few studies of middle-class and affluent neighborhoods have found that some problems may be more common in these neighborhoods (e.g., Aneshensel & Sucoff, 1995). Nevertheless, as a reflection of the available literature, we generally focus on studies of neighborhood characteristics in poor and working-class neighborhoods. However, we believe that cities have many types of neighborhoods and the strengths and weaknesses of all neighborhoods must be understood in order to develop healthier cities.

Figure 1
Neighborhood Structural Characteristics and Mental Health

Mediating Processes

Figure 1
Neighborhood Structural Characteristics and Mental Health

Consequences of Neighborhood Characteristics

After reviewing studies of neighborhoods, we identified three conceptual models guiding current research on how neighborhood characteristics affect mental health: structural characteristics, neighborhood disorder, and environmental stress models (Nation & Wandersman, 1996).

Structural Characteristics Model

The structural model links census-based characteristics (at the census-tract or zip-code level) to the prevalence rates of mental health-related problems (see Figure 1). Structural characteristics refer to the demographic characteristics of a population, such as the percentage of residents living below poverty, the distribution of ethnic characteristics, the percentage of families with high-risk characteristics (e.g., female-headed households, single parents), and the rate of population turnover in a given neighborhood. In the most basic structural model, variations in these neighborhood characteristics are compared with variations in the rates of particular outcomes, with the assumption that covariation represents the impact that neighborhood conditions have on mental health outcomes. More complex structural models propose mediating processes that explain the connection between the characteristics and the mental health outcomes. Studies of these characteristics support the basic assumption that distressed neighborhoods (i.e., neighborhoods that lack economic and social resources) are associated with more social problems.

Juvenile delinquency, in particular, has been associated with several structural characteristics. As early as the 1920s, Shaw and McKay (1942) demonstrated that the numbers of juvenile arrests and court appearances were higher in neighborhoods where there were large numbers of poor and minority families and in neighborhoods where there were high rates of turnover among the residents. This pattern continues to be confirmed. In Figueira-McDonough's (1993) study of neighborhood effects on delinquency and high dropout rates, various measures of poverty and neighborhood instability were related to both outcomes. Factors such as the number of families in poverty, the level of cultural heterogeneity, the number of divorced adults, the number of female-headed households, and similar neighborhood indicators are predictors of more severe outcomes such as personal crimes and juvenile violence (Block, 1979; Shihadeh & Steffensmeier, 1994).

Research shows a relationship between neighborhood structural characteristics and the amount of violence against children. Garbarino and colleagues' initial studies discovered that the concentration of poverty at the neighborhood level was the best predictor of child maltreatment (Garbarino & Crouter, 1978; Garbarino & Sherman, 1980). In addition, eight other neighborhood variables were associated with maltreatment rates, including the percentage of single-parent, female-headed households; the percentage of minority families; and the rates of residential turnover. Subsequent studies continue to confirm the relationship between maltreatment and neighborhood structural characteristics, finding that impoverishment, instability, and the child-care burden (i.e., ratio of children to adults) are critical factors in predicting neighborhood child maltreatment rates (Coulton, Korbin, Su, & Chow. 1995; Zuravin, 1989).

Although these studies provide valuable sociological and epidemiological information, they also leave many gaps in understanding neighborhoods. From a psychological perspective, studies of structural characteristics only partially answer the question of what the effects of neighborhoods are because they frequently do not include tests of the mediating and moderating variables. Psychological studies of the social processes and stresses found in these environments have begun to fill in the gaps left by studies of structural characteristics. In relation to child maltreatment, for example, Garbarino and Kostelny (1992) found that even in neighborhoods with similar structural characteristics, the social milieu was a key factor in explaining differences in the rate of child maltreatment. Socially impoverished neighborhoods characterized by weak neighborhood ties, few internal resources, and stressful day-to-day interactions exhibited high child maltreatment rates relative to other equally poor neighborhoods with strong social integration. Similar studies of delinquency also suggest that social practices resulting from few resources, high residential turnover rates, and high levels of cultural and ethnic heterogeneity lead to poor outcomes because of the following reasons:

- Primary relationships and stable support networks are difficult to establish when the local population is continually in flux. Consequently, residents are less likely to engage in guardianship behaviors such as constraining the behavior of deviant residents and recognizing and monitoring the behavior of nonresidents (Sampson & Groves, 1989).
- Neighborhood organizations and other internal sources of control are difficult to establish when residents are largely uninterested in investing in neighborhoods they plan to leave as soon as possible (Bursik & Grasmick, 1993).
- Cultural and ethnic heterogeneity also implies multiple beliefs about behavioral norms and expectations that frequently impede communication and obstruct the establishment of common solutions to neighborhood problems (Bursik & Grasmick, 1993; Sampson & Groves, 1989).

Neighborhood Disorder Model

A second type of neighborhood characteristic linked to mental health is the presence of physical and social signs of neighborhood decline. The neighborhood disorder model considers the impact of neighborhood incivilities on feelings of safety and mental health (see Figure 2). Physical incivilities include physical markers such as dilapidated houses, abandoned buildings, vandalism, litter, and garbage. Social incivilities include activities such as public drunkenness, corner gangs, street harassment, drug trade, and noisy neighbors. Although there is a great deal of diversity among this group of indicators, their common feature is that they challenge the widely shared beliefs of appropriate social and public behavior (Skogan, 1990). Most of these activities fall in the transitional area between acceptable behavior and norm violations serious enough to involve the police or other agents of social control, which led Wilson and Kelling (1982) to refer to them as "soft crimes." Even when some of these behav-

iors are not illegal, they are problematic because of the difficulty in setting and enforcing an appropriate norm. For example, noisy neighbors may violate noise ordinances, but in many cases, the offense does not involve criminal intent and may only reflect differences in lifestyles and preferences. The marginal legal status of these complaints and the low priority of these problems for police enforcement result in little or no systematic response to these offenses. A final aspect of social disorder is that these events frequently have multiple observers or victims so that the responsibility for responding is diffused. When residents do respond, it is often in the form of general concern for neighborhood conditions rather than for a specific event, further decreasing the likelihood of a direct, effective response.

Most of the research on incivilities has studied the impact of these characteristics on residents' fear of crime or criminal victimization (e.g., Box, Hale, & Andrews, 1988; Lewis & Maxfield, 1980; Perkins & Taylor, 1996; Skogan & Maxfield, 1981). Initial studies focused exclusively on residents' perceptions of incivilities. Lewis and Maxfield, for example, studied Chicago-area residents' levels of fear in relation to their perceptions of crime and incivilities across four neighborhoods. They asked residents about the degree to which they believed incivilities (e.g., vandalism, youth gangs, and abandoned buildings) were a problem in their neighborhoods, and they found that fear was highest in neighborhoods in which residents perceived high levels of incivilities. One criticism of this type of study is that the data received from the residents' reports of neighborhood problems and their reports of neighborhood-related fears may not be separate constructs. To address this criticism, Perkins and Taylor trained objective raters to assess the levels of incivilities and trained other raters to content analyze crime- and disorder-related newspaper articles at the neighborhood level. In their study of Baltimore-area neighborhoods, they found that objective ratings of incivilities and disorder news were also related to residents' fear of crime.[1]

Some researchers have argued that a high level of fear of crime may itself be considered a mental health outcome because of its effect on residents' behavior (Halpern, 1995). Residents report coping strategies varying from not walking outside after dark to buying a gun to protect themselves. Several studies have gone beyond the general outcomes to suggest that stress and anxiety

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[1] In the past, neighborhood research has been vulnerable to arguments that contextual effects are only poorly specified individual models (Hauser, 1970). Analysis strategies used in previous studies are limited in their ability to address this criticism. To counter these arguments, several of the studies described here (e.g., Perkins & Taylor, 1996; Sampson, Raudenbush, & Earls, 1997) have techniques, such as hierarchical linear modeling, that are specifically designed to analyze hierarchical data. These analysis techniques make several important contributions to the analysis of social science data, including the ability to precisely partition true variance from sample variance in the individual-level variables and thereby increase the power of tests of the higher level variables.

Figure 2
Neighborhood Disorder and Mental Health
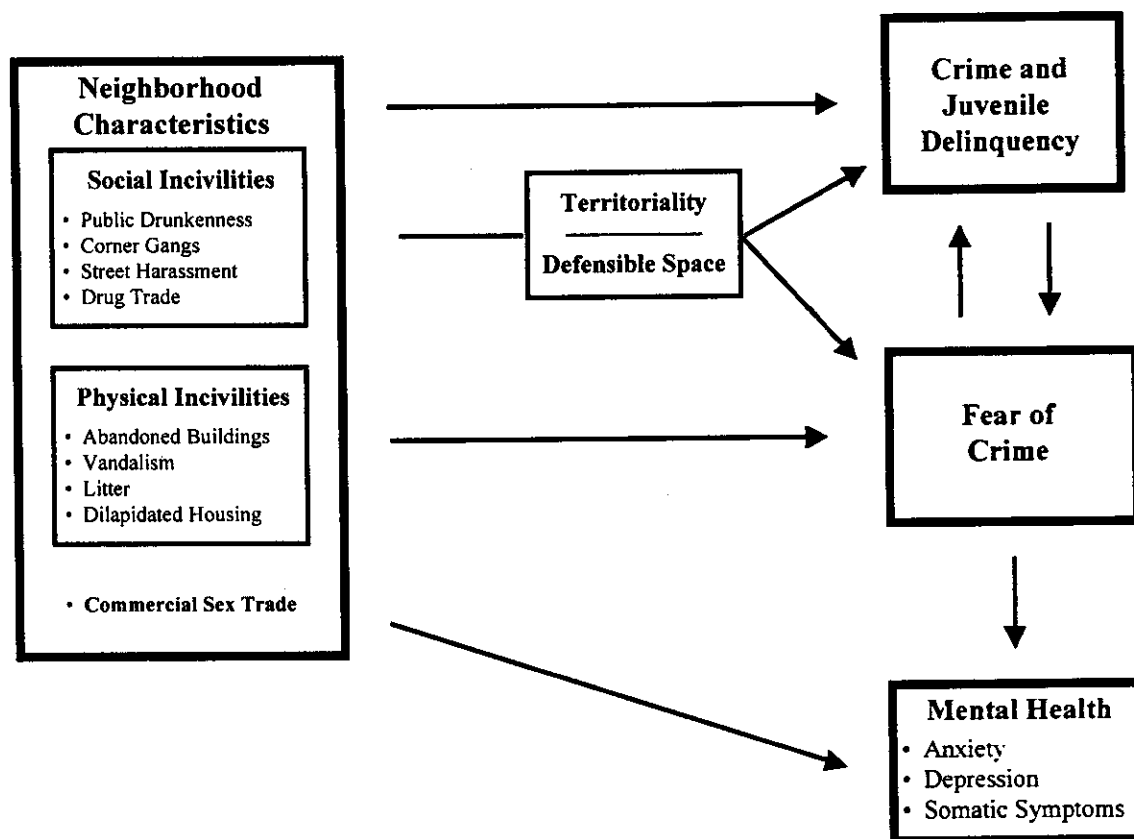
resulting from persistent fear may result in psychopathological outcomes. White, Kasl, Zahner, and Will (1987) found a negative relationship between perception of crime and mental health as measured by symptom checklists and depression scales. In their study, 337 Black and Hispanic women were asked to rate the neighborhood crime problem as well as other aspects of neighborhood conditions. The results suggested that crime was associated with several mental health indexes, including depression and anxiety, but was most strongly associated with symptoms of somatization. Caution must be observed in the interpretation of these results because of the relatively small size of the correlations.

The strongest support for the effect of neighborhood disorder on mental health comes from Taylor, Perkins, Shumaker, and Meeks (1991), who used a sample of Baltimore-area neighborhoods to examine the relationship between sustained fear of crime and deteriorating mental health. They included past victimizations, indirect victimizations, and ratings of neighborhood disorder as measures of fear. Mental health measures included scales of anxiety and depression. They found that even when controlling for life events and daily hassles, fear of crime

was significantly related to elevated levels of depression and anxiety over time.

Environmental Stress Model

The environmental stress model examines the relationship between elements of the ambient and built environment and individual mental health outcomes (Baum, Singer, & Baum. 1981: Wandersman. Andrews, Riddle, & Fancett, 1983). Several studies have considered the impact of environmental stressors in urban neighborhoods on mental health. Generally, four classes of stressors have been identified: cataclysmic events, stressful life events, daily hassles, and ambient stressors (Evans & Cohen, 1987). There is strong, well-known research indicating that stress-related processes associated with major life events, daily hassles, and catastrophes (e.g., natural and technological disasters) have negative effects on mental and physical health. Ambient stressors, which are the focus of the environmental stress model (see Figure 3), refer to relatively stable conditions in the physical environment (e.g., noise and crowding) that are stressors only to the degree that they interfere with important goals or affect physical or psychological health. On the basis of

Figure 3
Environmental Stressors and Mental Health
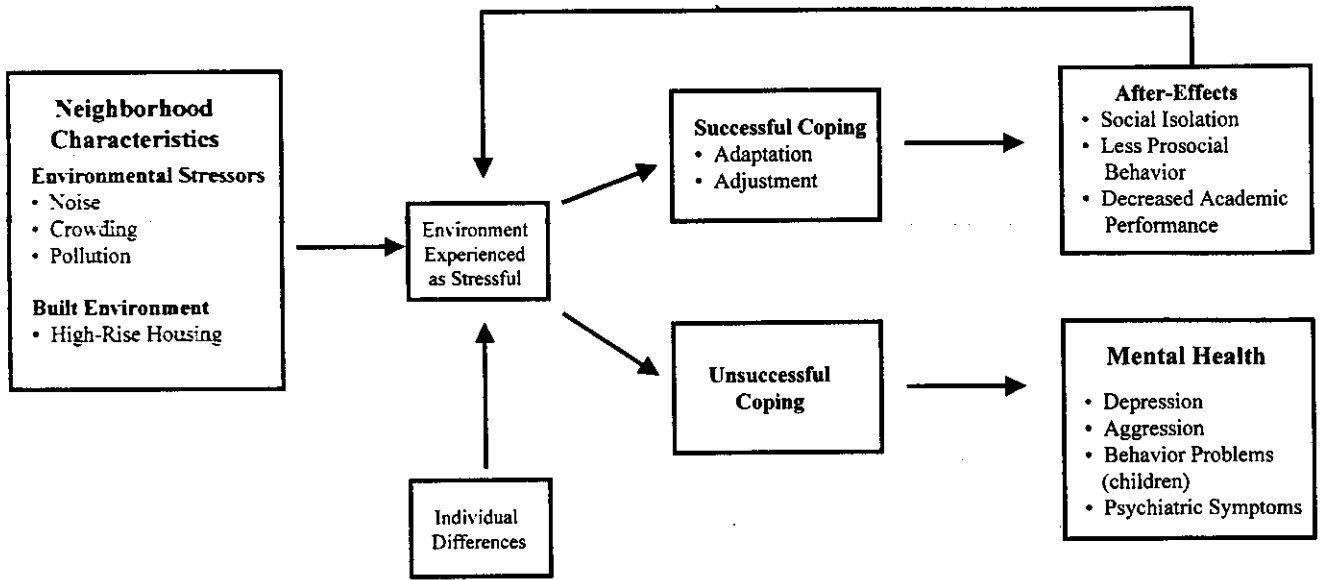
theories of physiological and psychological stress, theorists argue that the presence of these characteristics as chronic stressors will lead to the depletion of residents' coping resources, which eventually results in psychological problems (Lazarus, 1966; Selye, 1956).

The empirical evidence supporting the negative impact of environmental stressors is compelling. Studies of noise, for example, have consistently found that environmental stressors are significantly related to changes in physiological processes, cognitive performance, and social behavior. In a classic study, Bronzaft and McCarthy (1975) studied the impact of noise on academic achievement in a New York City school that was adjacent to elevated train tracks. They compared the performance of students in classrooms on the side of the building most affected by train noise with the performance of students in classrooms on the other side of the building. They found that students in the noisy classrooms performed poorly in comparison with students in the other classrooms. Dramatic findings were also reported by Damon (1977), who examined the effects of traffic noise on behavior in low-income neighborhoods. Residents in the high-noise areas of the neighborhoods were arrested more often and took less care of their yards than did residents in quieter areas.

Research related to crowding has also demonstrated powerful effects. For example, Baum, Davis, and Aiello (1978) investigated the relationship between social interaction and crowding in urban neighborhoods. Using a sample of 117 residents, they compared pedestrian traffic and social interaction on streets with and without local markets. As expected, they found more crowded conditions (e.g., more traffic through the neighborhoods) on

those streets with the markets. They also observed less use of private yards on those streets and less social interaction by residents on those streets. Survey data also indicated that residents on streets with markets perceived more crowding, had more contact with strangers, and had a greater desire to avoid other people than did residents on streets without corner markets.

Saegert (1982) tested the effects of residential crowding on the school-related performance of 257 students. She compared students living in high-density conditions—defined as the number of people per room (as high as 2.6 people per room)—and large apartment buildings (14-story high-rises) with students living in low-density conditions (fewer people per room and in smaller 3-story buildings). She conducted interviews with teachers and obtained several outcome measures, including behavioral ratings and achievement test scores. She found that students who lived in high-density conditions had more behavioral problems, exhibited more anxiety and hyperactivity, and were rated more negatively by teachers than were students who lived in lower density housing. Students' reading achievement was also affected by density, with students in crowded conditions scoring lower on vocabulary and reading-comprehension tests.

Socially Toxic Neighborhoods

Neighborhoods are not the refuge for children that they once were. Mental health indicators suggest that children, in particular, are paying a price for living in these more dangerous surroundings. For example, in 1976, 10% of all children were believed to be so distressed that they were in need of therapy. By 1989, the number had risen to 18% of all children (Garbarino, 1995). In fact, Garbarino argued

that the effects of current conditions of neighborhoods and the surrounding culture on mental health can be likened to the effects of toxic chemicals on physical health. Increases in youth's access to guns has changed conflict behavior. A conflict that in past generations might have resulted in a fistfight, might today result in a homicide. The potential lethality of childhood interactions along with regular messages about the consequences of unprotected sex and drug use and the decreased stability of family and marital relationships have undermined the security traditionally associated with neighborhoods and communities.

As with chemical toxic hazards, the effects of toxic neighborhoods are typically observed first and most seriously with children. Research has shown that the lack of social networks and the presence of social stressors common in poor neighborhoods take their toll on children through direct and indirect influences. It is easy to describe how neighborhoods might have a direct effect on negative outcomes. For example, Coulton and Pandey (1992) found that neighborhood demographics and social conditions such as high percentages of single-parent families, substandard housing, and crime rates were associated with poor childhood outcomes, including low birth weight and infant deaths. Similarly, Osofsky, Wewers, Hann, and Fick (1993) demonstrated that when children were exposed to chronic violence in neighborhoods, they were more anxious and fearful of being left alone, played more aggressively, had more difficulties in concentrating, and experienced memory impairment.

Neighborhood-related stressors on parents and significant others in the lives of children often exert indirect but equally important influences on childhood outcomes. For example, in a study of single mothers in dangerous communities, Furstenburg (1993) found that they frequently adapted to these environments by isolating themselves from potential social supports. Steinberg, Lamborn, Dornbush, and Darling (1992) found that parents who tried to use effective child-rearing methods were less successful when they were surrounded by less effective parents. Klebanov, Brooks-Gunn, and Duncan (1994) found that living in a poor neighborhood was associated with less maternal warmth. Sampson and Laub (1994) found that neighborhood characteristics including the percentage of people living in poverty were associated with the ability of families to provide adequate supervision for their children. Although these strategies for coping with impoverished environments may be understandable in the short term, they are not likely to promote attachment to positive models, increased academic achievement, or other outcomes necessary for children's future success. Furthermore, establishing support networks and effective parenting styles is important for families in general but is critical for at-risk families in distressed neighborhoods because of the lack of personal and neighborhood resources to compensate for these deficits.

How Do They Survive? Resilience

The bleak picture painted by emphasis on the negative consequences of neighborhoods leads many researchers

to ask, "How do they survive?" Answers to this question have traditionally focused on individual characteristics. The research on resilience has identified several characteristics of children that make them more likely to succeed, despite living in risky settings. These characteristics include high activity levels, cognitive skills, and resourcefulness in new situations (Garmezy, 1991). However, Garmezy also argued that in addition to individual and family characteristics, supportive relationships with other community members, such as church leaders or teachers, help strengthen community ties and bolster children's resources.

At the community level, descriptive studies related to factors promoting resilience have primarily featured individuals from the community or from local organizations (e.g., teachers, religious leaders) who have a positive impact on at-risk children. This approach to resilience is demonstrated in Henderson and Milstein's (1996) description of schools that promote resilience. Specifically, they argued that teachers and school staff promote resilience by focusing their energy on bonding and providing additional support and caring to at-risk youth (see also Gates, 1996; Rutter, 1989). Other reviews, such as Schorr (1988), also indicate that the key aspect of resilience is the connection of a child to an adult that results in the child experiencing a safe setting (despite the larger risky setting) in which to develop and achieve.

The research associating resilience with neighborhood factors is sparse but suggests that neighborhoods supplement the individual-level factors associated with resilience by providing a context in which children can be exposed to positive influences (Garbarino, 1995). Connell and Aber (1995) argued that neighborhood institutional and social conditions are the key factors that contribute to resilience in the face of structural and economic disadvantage. Exposure to healthy neighborhood institutions (e.g., churches and schools) and role models who have "made it" may have a passive contagion effect. More important, these institutions provide the infrastructure through which adults may meet the social and educational needs of youth. Hypothetically, youth are more likely to meet teachers with whom they can bond when they are attending high-quality schools. Other institutions such as Boys and Girls Clubs and Little Leagues provide opportunities to link children to caring adults in neighborhoods where adult supervision and alternate activities are scarce (Connell & Aber, 1995).

A strong social network in which adults are connected to each other is a second neighborhood factor that produces healthy outcomes. Several studies support this hypothesis, including a study by Garbarino and Kostelny (1992), who demonstrated the importance of good social networks in preventing child abuse, even in areas of concentrated poverty. Although not specifically related to mental health, Sampson, Raudenbush, and Earls's (1997) multilevel study of violence in Chicago neighborhoods provided additional evidence related to the importance of social networks. They found that collective efficacy (the willingness of residents to intervene for the common

good) explained much of the relationship between neighborhood characteristics and violence. These studies, along with additional studies (e.g.. Sampson, 1992) demonstrating the positive effects of factors such as dense adult friendship networks as well as adult monitoring and supervision of youth in reducing delinquency, support the position that youth are mentally and physically healthier in neighborhoods where adults talk to each other.

Finally, Saegert (1996) argued that those neighborhood factors that effectively produce resilient individuals and families also produce changes in the ecology of the neighborhood, so that residents and individuals can assume some control over key areas of their lives. The relationship between positive outcomes and empowerment is evident in Saegert's study of residents in distressed housing in New York City. This housing was abandoned by the owners and was claimed by the city as payment for property taxes. The media and politicians considered the housing dilapidated and abandoned. The initial goals of Saegert's study were to document the myriad of disasters befalling women raising children in disintegrating housing. However, interviews with residents indicated that amidst the economic distress were many examples of psychological strength and social resourcefulness. Their well-being was buoyed by the fact that some residents had taken responsibility for previously abandoned buildings. By developing a contract with the city, they were able to assume ownership and responsibility for the buildings. Saegert found that not only were their lives better off but their ownership of their homes resulted in a decreased sense of material poverty and raised their stake in and connection with the rest of society.

Reflections

This article has addressed the basic question, What is known about the relationship between neighborhoods and various mental health-related outcomes? However, it also highlights the fact that there is still much about neighborhoods and their effect on mental health that is unknown. One unknown is the relationship between the three models of neighborhood characteristics. Because neighborhood characteristics in each of the models are related to poor outcomes and because factors such as social support and economic resources may moderate the effects of neighborhoods in all the models, it is unlikely that these models represent three unique effects of neighborhood characteristics (Garbarino & Kostelny, 1992; Lepore, Evans, & Schneider, 1991). Whether all of these models are explaining the same neighborhood effect is an important unanswered question that could have important implications for the design and implementation of neighborhood interventions.

A second unknown is what are the neighborhood characteristics that promote mental health? The research has predominantly focused on the negative consequences of neighborhoods. However, this skewed view cannot provide a complete understanding of the interventions needed to bolster adaptation. A greater understanding of neighborhood processes can help move interventionists beyond preventing poor outcomes to playing an integral role in the development of neighborhood settings that will support mental health.

What Can Psychologists Do? Neighborhood Interventions

It is common for psychologists to assume that the responsibility for intervening in neighborhoods should be the domain of policymakers, social workers, and sociologists. However, research indicates that psychologists have provided valuable input into successful neighborhood interventions.

Neighborhood Structure

In relation to structural characteristics, studies such as those by Garbarino and Kostelny (1992), Garbarino and Sherman (1980), and Unger and Wandersman (1983) have indicated that psychology's understanding of support networks and neighboring behavior may be useful in helping to plan interventions for distressed communities. These studies have shown that developing a support system in which neighbors are partners rather than competitors can have positive or resilient mental health outcomes, even in disadvantaged neighborhoods. Also, community psychologists' work in the area of empowerment of individuals and neighborhood groups is useful in understanding which neighborhoods may naturally promote resilience, which neighborhoods are in particular need of additional intervention, and how to help neighborhood organizations assume an active role in addressing problems (e.g., Florin, Chavis, Wandersman, & Rich, 1992; Maton & Salem, 1995; Perkins, Brown, & Taylor, 1996; Wandersman & Florin, 1990).

Some clinical interventions have been informed and enhanced by an understanding of the ways in which neighborhood structure impacts individuals. Community family therapy has been used in the disadvantaged neighborhoods of Hartford, Connecticut, to empower residents and improve individual outcomes (Markowitz, 1997). This intervention is based on the idea that building a network of support and access to resources is critical to improving the mental, social, and economic health of individuals and families. Traditional family therapy interventions are integrated with advocacy and empowerment so that families are linked with systems or institutions that they may not have had access to within their communities. The result has been families who are connected to neighborhood and community resources that can help them meet basic needs (e.g., child care, jobs, food stamps) and who have assumed responsibility for the destiny of their families and neighborhoods.

Neighborhood Disorder

Community and environmental psychologists have developed interventions that address psychological problems related to neighborhood disorder. Psychological theory and applications have been used to improve the functioning of block organizations. Block organizations are

formed on city blocks to improve block conditions, such as physical and social incivilities (e.g., vandalism and public drunkenness), and to improve the social fabric of the block (e.g., neighboring and sense of community). Wandersman and colleagues developed the Neighborhood Participation Project to assess (a) why some people participate in block organizations and others do not, by using demographic, personality, and social psychological variables (e.g., Florin & Wandersman, 1984) and (b) why some organizations survive while others die out, by using open systems organizational psychology variables (e.g., Prestby & Wandersman, 1985). In a follow-up intervention study, Florin et al. (1992) used organizational development principles to increase the efficacy and viability of block organizations (see Perkins, Florin, Rich, Wandersman, & Chavis, 1990; Prestby, Wandersman, Florin, Rich, & Chavis, 1990). The Block Booster Process Intervention used surveys of organizational characteristics that were filled out by members. Profiles of each organization were developed that described the strengths and weaknesses of each organization. Each organizational characteristic was addressed in a handbook of suggestions for improvement. The leaders of the organizations were coached in using the organizational development principles. Florin et al. used an experimental design and found that block organizations that used the Block Booster Process Intervention had a 50% higher survival rate than block organizations that did not.

Psychologists can play a key role in furthering understanding of naturalistic interventions. Perkins and Brown (1996) demonstrated the importance of psychological variables in their study of incivilities and neighborhood revitalization. As part of a federally funded revitalization program in Utah, they surveyed residents during the revitalization process to determine which psychological variables were associated with various indicators of community development at both the individual and the block level. They found that several psychological variables, including psychological sense of community, community satisfaction and pride, and resident participation, were critical to the development of sustained revitalization of urban neighborhoods. Although community development and crime prevention have typically been the domain of urban-planning and criminal justice professionals, Perkins and Brown, along with studies described earlier, illustrated that psychology can help inform community development, especially as it relates to revitalizing and mobilizing disordered communities.

Environmental Stressors

Several interventions have been designed to address environmental stressors. For example, in response to the elevated train track noise problem described earlier, Bronzaft and McCarthy (1975) collaborated with the New York City Board of Education and the New York City Transit Authority to decrease noise by soundproofing the classrooms and by using noise abatement measures on the train tracks. After the intervention, tests of the students' academic abilities found no differences between the aca-

demic performance of students in the different classrooms, showing that the noise abatement intervention worked.

Neighborhood-Sensitive Clinical Psychology–Social Work Interventions

Not all clinical interventions can have neighborhood restructuring as a primary goal. However, some interventions have components that permit clinicians to address the neighborhood context as it affects their clients. Notable examples of these interventions include the Homebuilders' Project and multisystemic therapy (MST; Saegert, 1996; Schorr, 1988). Homebuilders' Projects in Seattle, Washington, and the Bronx, New York, provided support from mental health professionals to families whose children were at risk for being removed from their homes by family courts (Kinney & Dittmar, 1995). Professionals were assigned small caseloads (three families) and were responsible for responding to these families' practical and psychological needs. In addition to therapeutic services, caseworkers were willing to do whatever it took to help families regain control of their lives, from mopping floors and car maintenance to making connections to neighborhood resources. With the assistance of these professionals in helping them to get control of their homes, the parents were able to get jobs; maintain control of their homes; and in 92% of the cases, prevent their children from being removed from their homes for reasons of inadequate or abusive parenting. Also, the children themselves reported significant decreases in behavior problems (Kinney & Dittmar, 1995).

MST focuses on the treatment and prevention of juvenile delinquency. Unlike traditional family interventions, MST can involve intervention in any system (e.g., peers, neighborhoods) that may have an impact on clients. Evaluations of MST show that it is effective in treating a variety of outcomes, including delinquency and substance abuse, and in improving family interactions (Henggeler et al., 1991; Henggeler, Melton, & Smith, 1992).

Conclusion

In conclusion, we have shown that neighborhood characteristics are related to mental health outcomes and that neighborhood interventions that have a psychological orientation can have positive effects. With changes in welfare (e.g., welfare to work) and in mental health care (e.g., managed care), it will become increasingly necessary for a wide range of psychologists to become much more involved in supporting families and communities in solving their problems.

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