Spring 2020

Neighborhoods and Mental Health: Understanding the Social, Environmental and Structural Factors to Better Support our Youth and Communities

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Merrimack College

2020

MERRIMACK COLLEGE

CAPSTONE PAPER SIGNATURE PAGE

CAPSTONE SUBMITTED IN PARTIAL FULFILLMENT
OF THE REQUIREMENTS FOR THE DEGREE

MASTER OF EDUCATION

IN

COMMUNITY ENGAGEMENT

CAPSTONE TITLE: Neighborhoods and Mental Health: Understanding the Social, Environmental and Structural Factors to Better Support our Youth and Communities

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THE CAPSTONE PAPER HAS BEEN ACCEPTED BY THE COMMUNITY ENGAGEMENT PROGRAM IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF EDUCATION IN COMMUNITY ENGAGEMENT.

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Acknowledgements

First, I would like to dedicate my paper to my grandmother, Doris Murtagh, who passed away on March 27, 2020. For as far as I can remember, you have been one of my biggest fans; taking a special interest in all that I pursued; academically, professionally, and personally. Thank you for always being there ready with a big hug.

I would like to acknowledge and thank my parents, brother, and sister-in-law for pushing me to take the leap in pursuing a master's degree and believing in my success. Thank you to my best friends; you saw the highs, the lows and everything in between as I tried to balance a full-time job, finishing a masters in two years and a personal life. Thank you all for believing in me, being proud of me and being there for me when I needed it most.

I would also like to thank the 2019 and 2020, Community Engagement Fellowship cohorts. From challenging me to be a better social justice advocate, to teaching me how to print something in the library and how to search for academic articles online; you have all inspired me and have taught me so much.

Lastly, thank you Dr. Nemon for being a wonderful professor, capstone mentor, and friend during one of my most challenging experiences. You pushed me to think critically and step out of my comfort zone, while also nurturing my passion and talents. You are truly a great human and with all that had gone on at the end of the spring semester, I am not sure I would have finished this paper without your encouragement and support.

Abstract

The social, structural and environmental characteristics of neighborhoods can have a significant impact on the social, emotional, behavioral and cognitive development of children and adolescents. The Center for Disease Control reports every 1 out of 5 children (22%) living below 100% of the federal poverty level have a mental, behavioral and/or developmental disorder (CDC, 2019). Through the utilization of ecological frameworks and a "place" based framework called The Social Determinates of Health, research was conducted to examine the link between neighborhoods and health outcomes in children and adolescents. These findings were then shared through a workshop with the target audience being board members, donors, executive directors and employees of youth serving community organizations, as well as educators and school district administration. The goal of the workshop was to demonstrate the link between neighborhoods and mental health and provide resources and tools to better support the youth and communities in which these organizations and educational institutions serve. Tools and resources; such as, Asset Based Community Development and Asset Mapping were shared to change the conversation to looking at complex communities through an asset lens versus deficit. This shift in mindset can break down barriers of stigma and encourage a proactive approach to supporting the healthy social, emotional, behavioral and cognitive development of children and adolescents.

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Neighborhoods and Mental Health: Understanding the Social, Environmental and Structural Factors to Better Support our Youth and Communities

There is a significant link between mental health symptoms and urban environments, with those most significantly impacted being children and adolescents. Children and adolescents living in urban neighborhoods are at risk of suffering from mental health symptoms due to social, structural and environmental characteristics of these communities (Wandersman & Nation, 1998). Characteristics of unhealthy urban environments include dense, overcrowded housing, transient populations, dilapidated buildings, crime, community violence, the influence of gangs, limited green space and/or areas for socialization and the lack of community engagement opportunities. Researchers such as Wandersman and Nation (1998), Leventhal and Newman (2010) and Black and Krishnakumar (1998) have shown that these factors can lead to several mental and physical health concerns which in turn can lead to poor academic performance, the potential of dropping out of school and/or getting involved in the juvenile justice system.

The Centers for Disease Control and Prevention (CDC) reports that the most commonly diagnosed mental disorders in children and adolescents ages 2 to-17 are ADHD (6.1 million), behavioral problems (4.5 million), anxiety (4.4 million), and depression (1.9 million) (CDC, 2019). Additional data collected by the CDC reports every 1 out of 5 children (22%) living below 100% of the federal poverty level have a mental, behavioral and/or developmental disorder (CDC, 2019). Accessing mental health services, programs and clinicians within urban communities can also present several barriers and challenges for children and families needing the support. In the article, *Inner-City Child Mental Health Service Use: The Real Question Is Why Youth and Families Do Not Use Services,* the authors suggest 35% of families report a range of influences that prevent them from accessing treatment for their children once a mental

health need is determined (Harrison, McKay & Bannon 2004). These barriers included the mental health capacity of parents, family structures, the understanding of mental health treatment, culture, lack of services within the communities, the inability to advocate for services and the stigma around mental health. Structural barriers include access to transportation, co-pays, referrals and the scheduling of appointments around work schedules.

Since urban neighborhoods present several stressors and can interfere with a child's cognitive, social and emotional development, taking a proactive approach to supporting the mental health needs of children and adolescents is imperative. The purpose of this project is to provide community leadership and educators a unique learning experience that demonstrates the complexities of this relationship, while also presenting the barriers, challenges and stigma to accessing mental health treatment. Best practices, resources and tools will be shared to change the conversations within community organizations and classrooms for more intentional decision making and to create healthy, inclusive learning and enrichment environments. The overall goal is to provide a meaningful learning experience for participants that will result in a mindset and behavior shift to better support the children and families their community organization or classroom works with each day.

Literature Review

When one thinks of an urban community the tendency is to think busy streets, noise, air pollution, high rise buildings, lots of traffic, limited green space, dense neighborhoods, or a large, diverse population: both culturally and economically. What one likely does not think of is the stress and dysfunction that these characteristics can create, and the physical and mental health affects they can have on children and adolescents. Urban communities can present stress,

which is influenced by the social, structural and environmental make-up of the community. Environmental stress can be linked to anxiety, depression, isolation, behavior problems, delayed cognitive development and poor academic performance. Those most impacted by this stress are low income children and adolescents of color that have limited access to high quality mental health services, are at a higher risk of engaging in risky behaviors, and therefore being involved in the court system.

The Characteristics of Stress of Urban Communities

Researchers Wandersman and Nation (1998) have found a significant relationship between urban communities and mental health symptoms, specifically in children and adolescents. These links have been researched and data has been collected to demonstrate that the social and structural make of communities and the built environment can have significant impacts to the mental health of residents. Wandersman and Nation (1998) define this relationship through the use of three conceptual models; neighborhood structural model, neighborhood disorder model, and environmental stress model. Neighborhood structural model refers to the demographic data of a community; exploring race, ethnicity, social-economic status, family make up, and residential patterns. The model analyzes how social organization such as; social control, common values and psychological stress such as stressful events and insufficient resources can have internal and external mental health effects on residents. An example of an external effect can be the maltreatment of a child from a loved one or caregiver due to surrounding environmental stresses, as well behavior problems that may lead to juvenile delinquency for children. Internal mental health effects can be seen as anxiety, depression and schizophrenia that can lead to other cognitive impairments and potentially hospitalization (Wandersman and Nation, 1998). A second model discussed by authors Wandersman and

Nation is neighborhood disorder model. Neighborhood disorder model explores the social and physical incivilities of communities and how they impact mental health. Physical incivilities include dilapidated housing, litter, vandalism and abandoned buildings, while social incivilities refer to public safety, drugs, crime, harassment and the social make-up of the community. This model primarily demonstrates the linkage between social incivilities and the connection to fear of crime which leads to anxiety, depression and social isolation of residents. Lastly, environmental stress model identifies environmental stressors such as pollution, noise, overcrowding and the lack of green space and the built environment such as high rise, multi-unit housing. Significant research done by Wandersman and Nation (1998) established a connection between noise and changes in a person's physiological process, cognitive performance and social behaviors. Other research has shown a significant connection between a child's ability to perform well in school due to living in overcrowded neighborhoods (Wandersman and Nation, 1998). Each model demonstrates a link to mental health disorders and cognitive impairments.

Other models and approaches have also been used to examine the link between urban environments and mental health not only within the United States, but globally. In the article, *The Impact of the Physical and Urban Environment on Mental Well-Being*, authors Guite and Clark (2016) conducted a study in the United Kingdom using a conceptual model developed by Annette Chu that included five key domains to describe the relationship between mental well-being and the environment. Chu's work went beyond just the social make up of communities, using literature from health, social sciences, and architecture to develop these five key domains that focused primary on physical environment: control over the internal environment, quality of housing design and maintenance, presence of valued escape facilities, crime, and fear of crime and social participation (Guite, Clark, & Ackrill, 2006). Chu's study, examined over 1,610

survey's, studying the linkage between individual responses and the five domains. Survey questions related to the first domain; control over the internal environment, correlated with an individual's ability to have control over the heat, light, noise, dampness and draughts. The quality of housing design and maintenance was linked to how residents felt about the look of their neighborhood and surrounding green spaces. Safety in day and night, sufficient street lighting, vandalism, graffiti, needles, rubbish, noise from the streets, neighbors and fear of letting your children play outside defined the crime and fear of crime domains. The last domain, social participation, was defined by an individual's ability and willingness to engage within their communities by attending social meetings, clubs, places of worship, green spaces and events. The point of the study was to identify which of the five domains were most important in the link between mental well-being and the built environment. The results concluded, "neighbour noise, feeling overcrowded in the home, dissatisfaction with green spaces, feeling unsafe to go out in the day and dissatisfaction with community facilities all remained significant predictors of low mental health or vitality scores or both" (Guite, Clark, & Ackrill, 2006, p. 1123). The conclusions of this study validated Chu's hypothesis which was in support of the five domains which was "people's level of dissatisfaction with elements of each domain would be related to their mental well-being after adjusting for a range of personal, social and economic factors" (Guite, Clark, & Ackrill, 2006, p. 1118). Chu's research provides an approach and data that supports this issue beyond the United States.

A more recent work put forth by the Office of Disease Prevention and Health Promotion, similar to the work done by previous researchers discussed in this review, uses a place-based framework that utilizes five social determinates of health to examine health and its relationship to environment. This place-based framework examines the economic stability, health and

healthcare, social and community context, education and neighborhood, and built environment of communities and its connection to good or poor health amongst its residents (Office of Disease Prevention and Health Promotion, 2019). It is hypothesized that the better the community, the heathier it is; and the poorer or more deprived the community, the lower the health outcomes. This place-based framework is part of an initiative called Healthy People 2020, which shares the same values as a 2008 published report put forth by the World Health Organization's Commission on Social Determinates of Health and U.S Health initiatives, National Partnership for Action to End Health Disparities and the National Prevention, and Health Promotion Strategy. This work has been studied nationally and globally and the links are significant with social, physical, and structural characteristics impacting mental and physical health.

Though there is significant research, data, and evidence of the link between physical and mental health and the surrounding environment, the complexity of this topic and next steps for research and effective promotion of health and well-being on the local, state, and federal levels should not be overlooked.

The Effects of Urban Environmental Stress on Children and Adolescents

Children and adolescents living and growing up in urban environments are faced with several stressors due to the social and physical characteristics of their community. These stressors can have significant impact on a child's cognitive, social, emotional, and behavioral development, which can lead to mental health symptoms, behavior problems, poor academic outcomes, engagement in risky behaviors, and the potential of getting involved in the juvenile court system. Researchers Black and Krishnakumar (1998) stated:

> "The poverty that often accompanies urbanization is associated with negative physical and mental health outcomes for children. Not only are children in low-income, urban

communities exposed to illnesses associated with crowding and unsanitary conditions, but they may have limited access to appropriate developmental challenges and stimulation" (p. 637).

In short, children and adolescents' mental health can be impacted by the social make up of their family (e.g., interactions with family members and personal relationships), the physical home in which they live (e.g., high rise building, dense neighborhood, poor living conditions), and the social and physical context of the community (e.g., safety, crime, noise, pollution, lack of green space and rundown buildings and houses).

A report put forth by the Child Welfare Information Gateway (2015) titled, *Understanding The Effects of Maltreatment on Brain Development,* informs readers of the effects that maltreatment and neglect, physical and social environments, and continuous stress have on the brain development of children which can lead to deficits in mental and physical health. For children and adolescents' positive experiences help the development of a healthy brain, while negative experiences can develop impairments and negative brain health. The physical structure, chemical activity, and emotional and behavioral functioning of the brain are impacted significantly when experiencing high levels of stress, overstimulation and negative emotions over a prolonged period of time and/or are significantly traumatic event (Child Welfare Information Gateway, 2015). Overstimulation can include noise, busy streets, overcrowded neighborhoods, and schools. An underdeveloped prefrontal cortex for adolescents has been linked to a lag in cognitive abilities such as, self-awareness, emotional development, ability to experience high and lows, and demonstrate behavioral, cognitive, and emotional regulation (Child Welfare Information Gateway, 2015). These inabilities have been linked to poor academic performance and unexpected behavior within social settings.

High levels of stress and overstimulation for children and adolescents can be significantly linked to their specific housing unit and/or home. Housing in urban neighborhoods are primarily high-rise buildings with several small units that are typically too small for the average family. Authors Leventhal and Newman (2010) provide a review of the most recent research on the role of housing, specifically in relationship to a child's physical health, social, emotional and behavior outcomes, school, academic achievement, and future economic attainment. The article does not focus on the environmental/neighborhood characteristics of which the housing unit is located or the socio-economic characteristics of the family, but it does recognize the intersectionality between the social environment and the physical housing unit. For their research, Leventhal and Newman use an ecological perspective to link six key features: physical quality, crowding, residential mobility, homeownership, subsidized housing, and affordability when examining the relationship to a child's mental health (Leventhal & Newman, 2010). Taking an ecological approach to this research is important because it requires researches to examine the make of an environment and how this environment can impact an individual. Influences can be made through the structural environment or its social make up, ecological frameworks examine an individual's interactions with these influences and how they can impact a person's social, emotional, behavioral and cognitive development. Findings from Leventhal and Newman's, research concluded that children's exposure to lead is associated with long term and short-term cognitive deficits, poor air quality is linked to respiratory problems, and crowded housing can lead to the spread of infectious disease as well as poor social and emotional outcomes. Additionally, consistent moving and residential mobility was linked to poor academic achievement as compared with improved outcomes for those who own a home. However,

Leventhal and Newman found no clear linkage between subsidized housing and social emotional well-being (Leventhal & Newman, 2010).

Traumatic experiences and a constant state of fear can also impact the mental health of children and adolescents. In the article, *Complex Trauma in Children and Adolescents*, the authors use a comprehensive review of literature around complex trauma and suggest that there are primarily seven domains of impairment observed in children who have experienced this type of trauma. The seven domains of impairment are: attachment, biology, affect regulation, dissociation, behavioral regulation, cognitive, and self-concept (Cook et al., 2017). These seven domains of impairment are important to discuss because they define the mental health effects and symptoms that a young person can experience when one or more of these domains are disrupted, injured or impaired. The first domain, attachment, is related to relationships and socialization, this domain can be impaired "when a child's caregiver relationship is a source of trauma, the attachment relationship is severely compromised" (Cook et al., 2017, p. 392). Affect regulation, describes an individual's ability to recognize internal emotions and how to regulate feelings. When this domain is impaired, young people may demonstrate problem behaviors, irritability, and an inability to interact appropriately with others. Affect regulation in connection to behavior regulation can be seen as controlled and uncontrolled behavior. In adolescent victims of trauma, this can be exhibited as aggression and defiance towards others and can also be seen as a re-enactment of learned behaviors from caregivers or traumatic events. Other behaviors include self-harm, eating disorders, inability to sleep, over excessive compliance and the inability to follow rules (Cook et al., 2017). Other domains such as biology, dissociation and cognitive are related to the actual makeup of the brain, specifically the development of the pre-frontal cortex. When this becomes injured, stressed or impaired it can cause significant delays to the

development of executive functioning abilities and the brains ability to problem solve. When the actual development of the brain is impaired due to a physical trauma, young people may also struggle with delayed sensorimotor development, delayed language development, inability to stay on task, ADD, ADHD and behavioral diagnosis (Cook et al., 2017). Trauma and increased stress can impact these seven domains causing significant results on the mental health of children and adolescents.

In connection to the Wandersman and Nation (1998) article and the effects of trauma on a developing brain, a more recent study conducted by McDonald and Richard (2008), demonstrates a strong correlation between community violence exposure and mental health symptoms amongst youth, with 86% of youth reporting being a witness to community violence and 65% reporting being victimized. Depression, anxiety, post-traumatic stress disorder, isolation, and aggression have been reported to be the most common mental health symptoms associated with adolescents experiencing community violence exposure, victimization, and trauma.

There is significant data that shows individuals who have experienced complex trauma are vulnerable to become adults that exhibit or participate in the same type of trauma causing or risky behaviors they experienced or are familiar with, which can create a continuous cycle within communities.

Barriers to Accessing Quality Mental Health Services

There are several barriers to accessing quality mental health services for children, adolescents and their families seeking support and care for the mental health symptoms they are experiences due to their living environment. Urban communities tend to be ethnically and culturally diverse and are predominantly low-income presenting several social and personal

barriers. These barriers inhibit access to mental health services for those living in urban communities, not only due to lack of available services, awareness and ability to advocate, but several systemic barriers influenced by local, state and federal policies.

Mental health services and treatment can be difficult for families to access for their children because of the lack of available information about mental health services, the ability to advocate for services, limited resources to provide high quality care and policy failures. Seventy five percent of children with mental health needs are not accessing or receiving mental health services, with data showing the disparity between need and use the highest amongst minority and low-income youth (McKay & Bannon, 2004, p. 905). Accessing mental health services, programs and clinicians, though, can present structural barriers. Researchers McKay and Bannon, in their article *Engaging Families in Child Mental Health Services*, discusses the structural barriers that are common amongst children and families living in low income, minority communities. Barriers include health insurance, eligibility for government programs and long waiting lists in available health agencies. Other barriers include, access to transportation, affordable co-pays, obtaining referrals and the scheduling of appointments around work schedules.

There is also significant research around the social barriers between low income families of color and their willingness to access available services. Authors, Hodgkinson, Godoy, Beers and Lewin (2017) of the article, *Improving Mental Health Access for Low-Income Children and Families in the Primary Care Setting*, examined the stigma around mental health services within families of color and families living in poverty. Research done by the authors suggests that low income families of color do not report mental health symptoms or seek mental health support due to fear and disapproval within their families, as well as the neighborhood. Families also fear

their child being labeled as "crazy," being removed from the home, hospitalized, and given medication as treatment (Hodgkinson, Godoy, Beers, & Lewin, 2017). Researchers Harrison, McKay and Bannon (2004) also examine the level of distrust between families and mental health services and how this is due to the lack of culturally responsive practices within agencies. Mental health agencies are lacking the training and ability to help culturally, and economically diverse families understand referral and follow up practices, access local and state assistance programs, and fail to understand the importance of relationship building between caregivers and families. Other barriers include co-pays, language barriers, ability to advocate for continued care when care plans have ended, transportation, and effective methods for communication.

Community Barriers to Supporting Youth and Families

Urban communities are typically home to several non-profit community organizations, businesses, educational institutions, and city government officials that have no understanding of the mental and physical health effects urban communities can have on its residing population. Often, classroom teachers, administration, mentors, and leadership of community organizations intend to do good work within communities to address a social issue, but sometimes do more harm than good because they are not aware of the complex issues children and families living within their community are faced with.

Community organizations in particular are known for their work within urban communities. However, these organizations have the tendency to be governed by boards that are predominantly wealthy, upper-class white individuals that do not reside in or reflect the community in which they are serving neither culturally nor economically. According to a study *The Impact of Diversity: Understanding How Nonprofit Board Diversity Affects Philanthropy, Leadership, and Board Engagement,* "racial and ethnic minorities are underrepresented" on

nonprofit boards, with boards being represented on average as 78.6 percent white, 7.5 percent African-American and 2.6 percent Asian (Osili et al., 2018). The authors of this article, concluded six key findings from their study, of surveying 1,597 nonprofit CEOs and 409 board chairs and they are; (1) diversity on nonprofit boards does not reflect the overall diversity of the United States, (2) older organizations with higher revenues tend to have less board diversity, (3) older boards have members that are more involved in overseeing and governance and have higher commitment and involvement rates, (4) high revenue organizations have boards that are engaged with policymakers and advocacy, (5) boards with a high percentage of woman tend to have a higher board member engagement, fundraising engagement and advocacy engagement and lastly, (6) pursing a diverse board has many rewards (Osili et al., 2018). This study supports the need for community education and awareness for those leading organizations and educational institutions that serve our most vulnerable populations.

Unfortunately, the work being done to improve communities for youth and their families may be well intended, but in reality it can be causing more harm because the people doing the work are lacking cultural competent practices, hold internalized biases, and are doing the work for self-righteous reasons which can be labeled as "white savor complex" or "the white hero teacher." Dr. Edwin, Associate Professor at Columbia University's Teachers College and author of, *For White Folks who Teach in the Hood and the rest of Y'all Too; Reality, Pedagogy and Urban Education*, defines "the white hero teacher," as a "savor complex that gives mostly white teachers in minority and urban communities a false sense of saving kids" (Edwin, 2016). Edwin's work is an analysis of current urban education models and past models used in Native American schools where success was based on how well Native students assimilated to American culture (Edwin, 2016). Understanding that this is not success continues to marginalize

children of color, Edwin is pushing for "a new approach to urban education that trains teachers to value the unique realities of minority children, incorporating their culture into classroom instruction" (Edwin, 2016).

A Proactive Approach to Mental Health in Youth

Breaking down these social and systemic barriers for children and adolescents is imperative, especially since they are living in communities of social, physical, and environmental stress. For now, youth development focused community organizations and educational institutions need to turn to proactive, holistic approaches when working with young people, with a specific focus on the healthy development of their social, emotional, behavioral, and cognitive abilities. Classrooms and community organizations have been utilizing and implementing positive youth development theory to support the mental health of youth and to deter them from engaging in risky behaviors for decades. Positive Youth Development (PYD) theory is an approach used when working with young people that champion students' strengths and attributes while also incorporating the community, relationships with adults and peers and self-identification in its framework. It is the shift of seeing young people as problems to society and placing significant emphases on their potential, understanding that youth face significant adversities and challenges, including those from the most disadvantaged circumstances (Damon, 2004).

Another framework that has seen recent success across the United States is a concept called Social and Emotional Learning. Like PYD, Social and Emotional Learning looks at the whole child; supporting their behavioral, social, emotional and cognitive growth and development, while also incorporating strategies that enhance youth's engagement and connectedness to their school, creates a positive school culture and has a significant impact on

academic outcomes. The Collaborative for Academic, Social and Emotional Learning, CASEL; a high quality, evidence-based social emotional framework describes social emotional learning as a:

> "processes in which children and adults gain the knowledge, attitudes, and skills to recognize and manage emotions, set and achieve positive goals, demonstrate caring and concern for others, establish and maintain positive relationships with adults and peers, make responsible decisions and handle interpersonal situations effectively" (Payton, Weissberg, Durlak, Dymnicki, Taylor, Schellinger, & Pachan, 2008, p. 6).

There are five core social and emotional competencies that all SEL programs include and they are self-awareness, self-management, social awareness, relationship skills, and responsible decision making. Young people that demonstrate success in these core competencies are confident in their abilities to do well in and out of school, feel supported by their community and are overall healthier physically and mentally.

In addition to Positive Youth Development Theory and the Social and Emotional Learning Framework; Asset Development, a community based developmental approach can also be an effective method when supporting the healthy development of children and adolescents. Asset Development is an approach that focuses on community change by fostering the internal and external assets that contribute to the healthy development of children and adolescents. This approach see's the healthy development of youth and their families as the responsibility of the whole community, not just individual families (Community Tool Box, 2020). Communities that focus on Asset Development in youth, identify the community assets that are lacking, and work to improve the social, structural and environmental factors for better physical and mental health outcomes and to deter young people from engaging in risky behaviors. Asset Development

requires the commitment of the entire community, incorporating educational institutions, government entities, residents, businesses and community organizations in the assessment and planning. The approach is a participatory effort that calls on all sectors of the community that influence the internal and external assets of children and adolescents. Other characteristics of a youth focused Asset Development program is that the efforts and commitment of the program is based on what is actually needed. This requires research and data collection from survey tools, informational interviews and community feedback. Programs should not "impose," what assets they feel are lacking, but should reflect the need identified by the community (Community Tool Box, 2020). Lastly, once the program identifies the assets that are lacking, asset development programs should coordinate plans and efforts that have clear goals, processes and plans that involve all community entities and encourage them all to work together for the common good. This approach is an effective method to a community effort in addressing the healthy, physical, and mental development of children and adolescents living in complex communities.

Neighborhood Assessments and Asset Mapping

Youth development community organizations and educational institutions in particular need to understand the social, systemic, and physical complexities of urban communities and the significant physical and mental stress these complexities have on children and families they serve. Neighborhood assessments are a common tool that can analyze the community, note the environmental stressors, and help build connections to systems that have erected barriers. As discussed earlier, authors Wandersman and National (1998) use three conceptual models as the framework for their block assessments to demonstrate the linkage between the neighborhoods environmental, structural and social characteristics and the mental health symptoms of residents. Another approach to better understand our communities and neighborhoods is Asset Based

Community Development. Asset Based Community Development evolved in the early 1970's, in Chicago communities to leverage community assets to address poverty, public health, human services, education and social justice (Walker, 2006). John McKnight and John Kretzmann, leaders of this concept, built the foundation on three components; "everyone has gifts, everyone has something to contribute, and everyone cares about something and that passion is his or her motivation to act" (Clear Impact, 2017). They believe assessing the assets of communities versus the needs and deficits will strengthen the community and overall have better outcomes for residents. Assessing a community's assets and potential can be done through a process called Asset Mapping. Asset Mapping "is a means" not an end, that looks at the social, structural and environmental characteristics as assets that strengthen the community, not as deficits or needs that hinder and need to be improved. Asset Mapping is made up of six categories: physical assets, economic assets, stories, local residents, local associations, and local institutions (VISTA Campus, 2020). Physical assets are the land, buildings, transportation networks and facilities that strengthen the community. Economic assets are what residents produce and consume within the community through informal or formal means from local businesses, trading and relationships. The stories of communities come from its residents and are their memories, stories and stories of previous times that describe the potential of the community and a community that once was. Local residents are those that live in the community, with their skills, experience, capacities and passions seen as assets that contribute to the community's strength. Associations can also be assets for they are health clubs, faith-based groups, volunteer-based organizations that are contributors to the community and its resident. Lastly, local institutions such as public spaces, schools, libraries, parks, government entities and non-profit organizations can be measured as assets that support and strengthen the community. Asset Based Community

Development is a valuable tool that can be utilized to demonstrate the many complexities of neighborhoods through an asset versus deficit mentality. Knowledge of Asset Community Development can shift the mindset of classroom teachers, community leaders and community organizations from seeing the community as "tough," "bad," "filled with deficits," and characterizing its youth as "the poor children," and "the bad kids," to a positive outlook that sees the layers of complexities as assets and the youth as contributors to the overall strength of the community.

Block assessment and asset mapping are good data collection tools when conducting studies to demonstrate the link between the physical and social environment of communities and its impact on health outcomes. These particular frameworks allow us to change the conversation from a deficit-based approach to an asset-based approach to influence change for the better. Shifting the mindset from a deficit to asset view, changes the conversation and can bring positive outcomes to communities, as it supports the greatness of a community and incorporates all entities.

Project Plan

This workshop seeks to provide a meaningful learning experience for participants that will shift the way they view communities and the people who live in those communities.

Situation Statement

Individual and environmental risk factors can increase the likelihood of mental health problems in children and adolescents, with one out of 10 having mental health symptoms significant enough to disrupt their abilities to function at home, school and their community (Stagman & Cooper, 2010). Contributing risk factors include poverty, single parent households,

insufficient housing, community violence, lack of green space and places to play, and inadequate community resources. Through an ecological approach and a framework called, The Social Determinants of Health, the relationship between the social, structural and environmental characteristics of urban communities and its effects on the social, emotional, behavioral and cognitive development of children and adolescents with be explored through this project. In partnership with the North Shore CDC, this project is a unique professional development experience, that through a virtual series of activities and discussions, explores the link between neighborhoods and mental health. Participants will learn about the characteristics of neighborhoods that contribute to the mental health outcomes of children and adolescents through asset mapping activities and by creating asset-based project plans for community improvement. The goal is to create a unique engaging learning experience that has a lasting impact on the minds and behaviors of participants.

Goals

1. Through ecological approaches and the Social Determinates of Health framework; analyze the clear relationship between mental health of children and adolescents and the social, structural and environmental characteristics of the neighborhoods in which they live.
2. Community organizations, educational institutions and businesses within communities will gain knowledge and resources to better understand the communities they serve, to make a positive change to social concerns without causing further damage.
3. That the leadership and staff of community organizations and educational institutions begin taking a proactive approach to addressing mental health symptoms in children and

adolescents by supporting their healthy social, emotional, behavioral and cognitive development, as well as support the development of their 21st century skills.

Target Audience and Stakeholders

The target audience for this project are board members, leadership, staff and mentors of community organizations, as well as administration and faculty of educational institutions. It is very common that those working, leading and teaching in urban communities do not understand the social and systemic complexities of the community in which they work, while also possibly holding unconscious biases that may affect their ability to effectively address social issues and provide high quality services.

Message

One out of every five children (22%) that are living below 100% of the Federal Poverty Level have a mental, behavioral or developmental disorder (Centers for Disease Control and Prevention, 2019). This could be caused by the environment and neighborhood in which these children live. It is crucial for youth serving community organizations and educational institutions to understand the complex issues within communities and how to effectively address the mental health symptoms rooted in these complexities.

Incentives for Engagement

Stakeholder: Board Members of Community Organizations (ex. Boys & Girls Club, LEAP for Education, Salem YMCA, North Shore CDC, Aspire, North Shore Medical Center)

Incentive: An understanding of the complex issues faced by the community and population of which the organization they are governing are serving to improve methods and strategies for addressing these issues.

Stakeholder: Executive Directors, Vice Presidents, Staff and Mentors of Community Organizations, clinical and non-clinical staff of the health care industry (ex. Boys & Girls Club, LEAP for Education, Salem YMCA, North Shore CDC, Aspire, North Shore Medical Center)

Incentive: Similar to Board Members, these stakeholders will have a better understanding of the complex issues of the community and population. However, since these individuals provide direct, on the ground service and engagement with the community, participation will bring intentionality to the forefront for decision making and for providing high quality programming and services to youth and their families.

Stakeholder: School District Administration

Incentive: Similar to Board Members, it is important for those governing a school district and employing faculty and teachers to understand the community and the student population; culturally, social and economically. The knowledge gained from participation should influence hiring practices, promote diversity and inclusion practices and promote the implementation of safe and supportive classrooms throughout the district.

Stakeholder: Classroom Teachers

Incentive: Classroom teachers potentially spend more time per day with children and adolescents than their own parents. Through this project classroom teachers will not only know their student population better but will gain the knowledge base and the tools to create a safe and supportive classroom that promotes the healthy social, emotional, behavioral and cognitive development of their learners.

Stakeholder: Guidance Counselors, Adjustment Councilors, Behavior Specialists

Incentive: Guidance Counselors, Adjustment Councilors and Behavior Specialists within schools are normally the first point of contact for students that are struggling in classrooms; being referred by classroom teachers, administration or family members. Providing a better knowledge base of the complex community that could potentially be prompted by certain mental health symptoms or challenging behaviors is important when developing healthcare plans and intervention strategies.

Outreach Methods

To promote this project various outreach methods will be used. An informational flyer will be designed and shared with community organizations and the school district via email. A more targeted approach will also be taken with personalized emails to Executive Directors of Youth Development Organizations, Leaders of Community Organizations such as the North Shore CDC and School District Administration describing the event and inviting them to attend, while also asking them to share the event with their staff. The goal would also be for these leaders to share this event with board members, donors and their networks.

A second approach will be through the use of social media. A Facebook event will be created and shared with individuals, community organizations and schools.

Responsibilities Chart

Name	Org/Affiliation	Responsibilities	Contact
Meghan Murtagh	Merrimack College	Research, plan and executor of project. Facilitate workshop	murtaghme@merrimack.edu

Name	Org/Affiliation	Responsibilities	Contact
Yuko Okabe	North Shore CDC	Workshop speaker	yuko@northshorecdc.org
Emily Ullman	Salem Public Schools	Asset Based Community Development	eullman@salemk12.org
Mia Riccio	Collins Middle School	Data collector	mriccio@salemk12.org
Taylor Macdonald	Lawrence Public Schools	Data collector	taylor.macdonald@lawrence.k12.ma.us

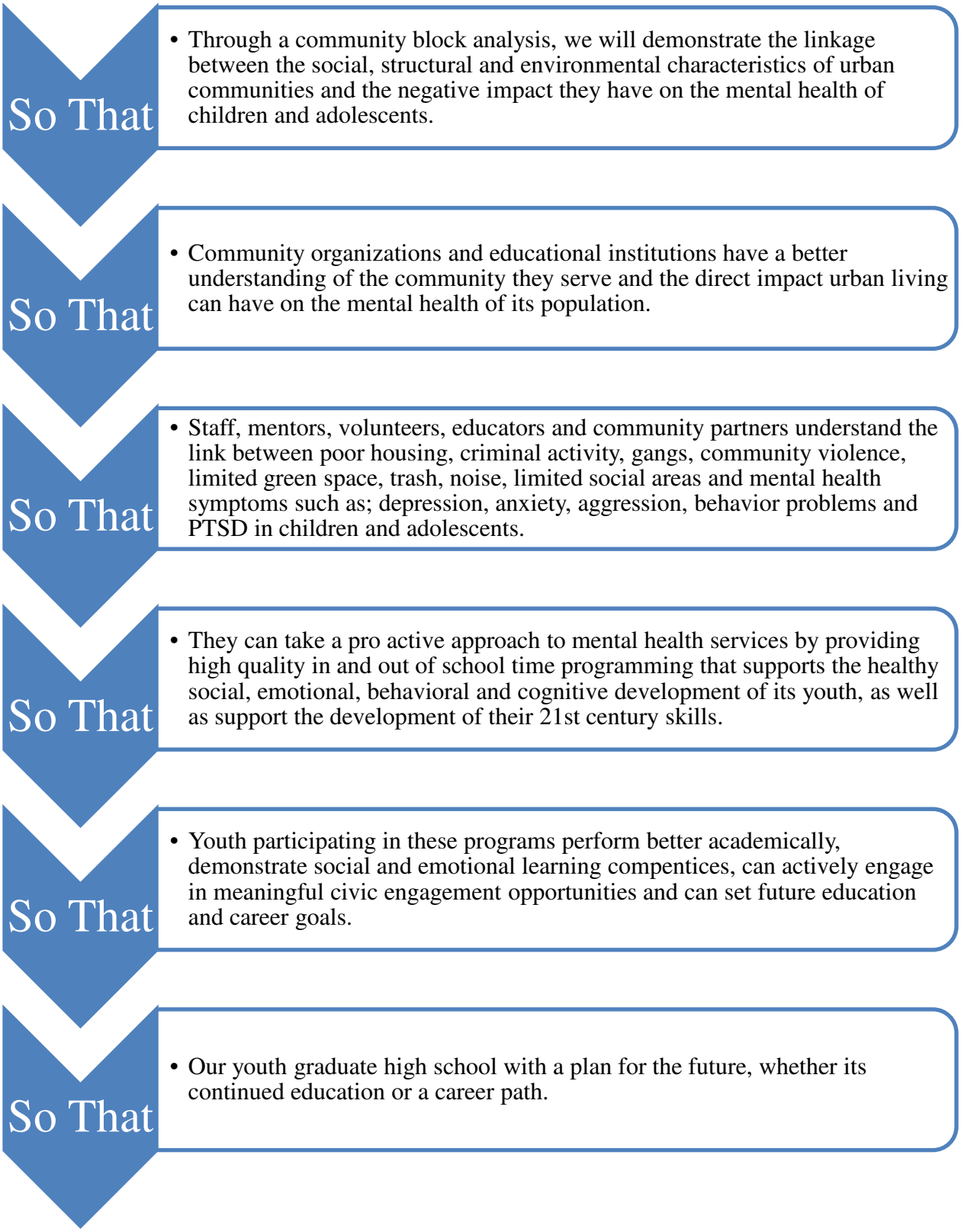
Tools/Measure to Assess Progress

- Pre-Registration Form: using Google Forms & the Facebook event; the goal is to have a minimum of 20 pre-registrants for the workshop.
- Post Evaluation Form: An online post evaluation form will be given to participants at the end of the workshop to gather data of knowledge gained from participation in the workshop and their overall experience.
- Asset Mapping Activity: For the virtual workshop, participants will be asked to draw their communities utilizing a series of questions that ask them to identify specific institutions, green spaces, community organizations, assets and barriers.
- Neighborhood Assets & Barriers Activity: For the virtual workshop, participants will be broken into two groups and asked to share assets and barriers of the communities they drew and put together a collective list of what they discussed.
- Neighborhood Assessment Tool: a neighborhood assessment tool was intended to be utilized to collect data during a neighborhood walk for the original in-person workshop. Now that the workshop will be offered virtually, the neighborhood assessment tool will be given to participants as a tool to utilize in classrooms and activities after the workshop is conducted.

Implementation Timeline

DATE	ASSIGNMENT
November – December 2019	• Research & Data Collection • Introduction Section • Literature Review • Project Plan • Identify a neighborhood to analyze • Identify community organization to host workshop • Identify workshop content and potential speakers
January – February 14, 2020	• Continue refining research and data for project • Solidify date, time and agenda for workshop • Identify speakers and workshop content
February 14-February 28, 2020	• Confirm workshop content and speakers • Post Evaluation Tool • Agenda • Workshop Flyer • Neighborhood Assessment Tool • Share and meet with CDC
February 28 – March 6, 2020	• Advertise workshop; emails, flyer, meetings, Facebook group created and sent • Continue refining tools and workshop content
March 9 – March 13, 2020	• Due to COVID 19 – the workshop has moved to an online format • Update flyer and Facebook event • Registration form goes live for participants to register; Google Form • Post Survey tool moved to Google Form • Email updated information and flyer to community organizations and school district personal
March 23 – March 27, 2020	• Finalize activities • Create PowerPoint presentation • Send ZOOM invite to registered participants
April 2, 2020	• WORKSHOP
April 3 – April 30, 2020	• Data analysis • Discussion and implications section • Revise and refine final capstone paper

Logical Framework



Results

The Neighborhoods and Mental Health: Understanding the Social, Environmental and Structural Factors to Better Support our Youth and Communities, was conducted virtually on April 2, 2020. There was a total of 24 participants from a variety of community groups including nonprofits, schools, local government, and residents. The workshop lasted from 4:00 PM to 7:00 PM with a variety of speakers and break out activities.

Post Workshop Survey

After the workshop participants were asked to complete a post evaluation survey. The post evaluation survey was deployed to 24 participants along with workshop activities and tools. There was a total of 19 respondents to the survey, representing 79% of workshop participants.

Participants were first asked what their profession or position was within their communities. Out of the 19 respondents; 7 indicated they were "community members" (36%), 6 indicated they were "employees of a community organization" (31%), 3 indicated they were "school educator/guidance counselor/adjustment counselor" (15%), 2 indicated they were "administrator or leadership of a community organization or educational institution" (10%), and 1 indicated they were a "donor to a community organization or educational institution."

Regarding their employment 10 respondents indicated they were working within a nonprofit organizations (53%), 5 respondents indicated they were working within a K-12 academic institution (26%), and the remaining four respondents responded as follows; 1 working within a health care agency, 1 in the hospitality industry, 1 working within a for-profit business, and 1 identified as community member in the "other" section.

When asked what population group best described them, 13 out of the 19 respondents identified as Caucasian/White (68%), 4 identified as Hispanic/Latino/Latina/Spanish Origin

(21%), 1 identified as Black/African American and 1 identified as both Caucasian/White and Hispanic/Latino/Latina/Spanish Origin.

The ages of the respondents are as follows; 9 respondents were under the age of 35, 9 were between 35 and 64 years of age, and 1 identified as 65 or older.

Respondents were asked to consider the whole workshop and give it an overall rating, on a scale from excellent (5), very good (4), okay (3), not great (2) and poor (1). The average score was 4.89 (n=19), indicating most thought the workshop was excellent. No respondent gave a score under 4 (very good).

Respondents were then asked a series of 8 questions that rated their increase in understanding as a result of the workshop, their access to new tools as a result of the workshop, and their likelihood of future engagement on this topic as a result of the workshop. All questions were rates on a 4-scale of strongly agree (4), agree (3), disagree (2), and strongly disagree (1). The first three questions were related to knowledge gained from the workshop and awareness, with the first question asking, “I have a better understanding of the relationship between the characteristics of neighborhoods and their impact on one’s mental health.” The average score for this question was 3.68, with the lowest rating being agree (3). The second question asked, “I am more knowledgeable of the social, environmental and structural characteristics of the neighborhoods in which our youth and families are living.” The average score for question two was 3.68 with the lowest rating being agree (3). The third questions asked, “Today’s event has me thinking differently about the youth our community organization and/or educational institution is serving,” with an average score of 3.82 with the lowest rating being agree (3).

Using the same scale, the next series of questions asked about the tools and resources provided by the workshop, with question four asking “The community assessment tool is helpful

in demonstrating the link between one's community and health." The average score was 3.89 with two respondents giving the lowest score of agree (3). The following question asked, "The community assets activity is a tool I will utilize in my classroom and/or organization with fellow staff or students," with an average score of 3.47. Out of the 19 respondents only 17 responded, with the lowest rating indicated being agree (3) and two respondents leaving the question blank. The next question asked, "The workshop has provided me with the resources and knowledge to better meet the needs of our youth," with an average score of 3.42. Again, out of the 19 respondents, 18 responded with the lowest indicated score being agree (3) and lowest score given being a 0 due to being left blank.

Using the same scale, the last two questions asked about future engagement within this topic with the first question asking, "This workshop will influence my future classroom or organizational decisions that directly impact the youth and families we are serving." The average score was 3.31, with again out of the 19 respondents, 17 responded resulting in 0 being the lowest score. The last question asked in this eight-question series was, "I will look for more opportunities like this to continue to learn about the social, environmental, and structural health of our communities." With all 19 respondents answering the question, the average score was 3.68 with the lowest score being agree (3).

Respondents were then asked to comment on their biggest take-aways from the workshop. All 19 respondents responded to this question. Eight respondents identified awareness and access to local resources as their biggest takeaway. Five respondents identified their biggest take away was the connection between health outcomes and neighborhoods. Three respondents identified the asset-based approach to assessing neighborhoods as their biggest take away and lastly, three respondents identified the tools and resources as being most helpful.

Respondents were then asked to comment on ways to improve the workshop. A total of 10 respondents answered this question with all 10 noting it would have been better as an in person rather than a virtual workshop. One respondent did make a suggestion on how to improve the community mapping exercise, while another suggested making the breakout sessions longer.

Lastly, participants were asked to respond on how they were feeling about the overall topic prior to the workshop on a scale from excellent (5), very good (4), okay (3), not great (2) and poor (1). The average score was 3.31(n=19), indicating most feeling okay (3) prior to the workshop. Respondents did not score under 3 (okay).

Respondents were then asked how they were feeling about the topic after attending the workshop, utilizing the same scale from excellent (5), very good (4), okay (3), not great (2) and poor (1). The average score was 4.26 (n=19), indicating most feeling very good (4) after participating in the workshop. Respondents did not score under 3 (okay).

Community Mapping

During the virtual workshop, participants were broken into two groups, using the "Breakout Rooms" tool in Zoom and asked to participate in Asset Mapping and Asset Development activities utilizing the tools and resources discussed throughout the workshop. All 24 participants engaged in a two-part activity that allowed them to first practice Asset Mapping followed by Asset Based Community Development planning. The instructions to Part 1 are as follows: (1) First draw your community, refer to the Asset Mapping questions as a guide, (2) in your breakout rooms, share you community. With the assistance of two volunteer scribes, data was collected from each breakout group. Participants primary drew their houses, educational institutions such as schools and libraries, greens spaces and parks within their neighborhoods and local businesses. A common theme that was noted was that their neighborhoods were very

spread out and not in walking distances to social activities and resources. Another person discussed how their neighborhood differed from what others were sharing because they did have access to green space and school events and social activities. It was noted that even though housing was close together and had multi-units, they still had access to resources such as schools, green spaces and valuable resources.

Asset Based Community Development Reflections

For the second part of the activity, all 24 participants engaged in a two-part Asset Based Community Development Plan. The instructions are as follows: (1) return to your breakout rooms and compile a list of assets and barriers, (2) select an asset or a barrier and create an action plan to improve or enhance what was selected. Again, with the assistance of two volunteer scribes, data and common themes were collected. For the first part of the activity, a common asset that was noted was that the City of Salem (i.e. community leaders and school district) consistently offers events for children and families, such as the Family Dinner Nights at the schools. Another common theme was that open green space was easily accessible such as; community gardens and parks, as well as the ocean. Diversity was also noted as an asset. In regard to barriers, many participants noted that their communities were homogenous in race and culture and lacked diversity. The second common theme was that there is significant distance to activities and downtown resources, an example given was transportation.

For the second part, participants were asked to select an asset/barrier and create an action plan together that included goals, who should be involved, responsibilities per entity and a timeline. Data was not collected for this portion, however participants shared plans at the end of the activity.

Discussion

The goal of the project was to raise awareness by demonstrating the link between the social, structural and environmental factors of neighborhoods and their impact on the mental health of children and adolescents, while also sharing accessible tools and resources such as Community Asset Development and Mapping. Through a three-hour virtual workshop, in partnership with the North Shore CDC, participates engaged in a lecture style workshop, followed by two activities that required them to work individually and in teams to put gained knowledge and shared tools and resources to practice.

For the purpose of the workshop, the structural, social and environmental factors were explored through two frameworks; one a "place-based" framework called the Social Determinates of Health and the other an ecological framework from researchers, Wandersman and Nation (1998), that define this link through three conceptual models; neighborhood structural model, neighborhood disorder model, and environmental stress model. The workshop then shared the impact of neighborhood characteristics on the social, emotional, behavioral, and cognitive development of children and adolescents. Examples included community violence exposure and its link to PTSD, anxiety, depression and isolation, followed by lack of green spaces and places for socialization and its link to social isolation and a lack of connectedness.

The premise for this research and workshop was to also demonstrate how stigma and discrimination due to neighborhood characteristics can also have a significant impact on the mental health of youth. Participants took an in depth look at the relationship between how we teach our children about their communities and how our own implicit and explicit biases can impact a child's sense of self and self-identity. It was then followed by the structural, political and social barriers to accessing quality mental health services. This section of the workshop was

to teach community members, members of non-profit organization and educators the importance of understanding the complex layers of the communities and families in which they serve to better their impact and intentionality. One of the workshop participants, highlighted a personal experience, by sharing how children may see their community one way, then be told something different from outside influences such as our peers and classrooms. She utilized an example of how a child could view their neighborhood as beautiful and safe, then be greeted with "oh you live in that neighborhood," or "that neighborhood is dirty and bad," from educators, mentors and fellow classmates. These comments made by this participant were the groundwork and reason for this research and workshop and created an "ah ha" moment for other participants as well.

Awareness and understanding the connection between neighborhood and mental health was measured by the post survey with the following three questions (1) "I have a better understanding of the relationship between the characteristics of neighborhoods and their impact on one's mental health," (2) "I am more knowledgeable of the social, environmental and structural characteristics of the neighborhoods in which our youth and families are living," and (3) "Today's event has me thinking differently about the youth our community organization and/or educational institution is serving." Respondents provided scores to these questions, no lower than 3 (agree), indicating they either agreed (3) or strongly agreed (4) with the research and information provided. This data indicates that participants gained awareness and a new understanding for this topic.

The workshop then took the next step and provided tools and resources that promoted a proactive approach to working with youth from complex neighborhood and communities. Concepts such as Positive Youth Development and Social and Emotional Learning were discussed. In relationship to the workshop topic and to assist community members, educators

and non-profit organization better understand the communities in which they serve, two new concepts were shared; Asset Based Community Development and Asset Based Youth Development. Both concepts are community focused and look at communities and youth through an asset lens instead of a deficit. The North Shore CDC introduced the Point Neighborhood, as an example of Asset Based Community Development and provided participants with a real-world example that they could relate to and reflect on. The purpose of this was to introduce tools; "neighborhood assessment tool," and "asset mapping," as ways to collect data and information about the community, which in turn could shift our view from a deficit to asset outlook. The tools were also introduced to participants, as resources to teaching young people about their communities. The two activities that the participants engaged in should be utilized by adults to learn about the communities they serve, however they can also be used in classrooms and youth serving organizations to teach about communities, identity and self-awareness. For example, young people living in densely populated housing may not have a backyard, however there may be a playground with a splash pad two streets over. This gives children a nice place to play with other children, building social and relationship skills which is an asset.

Asset Based Community and Youth Development also involves youth in the identification and planning of enhancement and improvements to their community. Utilizing the Asset Based Youth Development framework, classrooms and community organizations can engage youth in project based and service-learning activities that directly impact their communities by engaging them in the same activities they participated in during the workshop. These youth development techniques help young people feel connected, stay engaged and develop necessary skills to be responsible members of their community.

Post evaluation data revealed that the tools and resources were helpful to understanding workshop content and will be utilized within their organizations or classrooms. Open ended questions from the post evaluation identified that the Asset Based Community Development and Mapping tools were valuable and their biggest take ways.

Overall, the workshop received an overall rating of 4.86 (excellent) from the 19 respondents to the post evaluation survey. Respondents identified their biggest takeaways from the workshop were a new sense of awareness, access to resources, followed by the connection between neighborhood and mental health.

Limitations

The workshop achieved its overall objective, demonstrating the like between neighborhood and mental health by examining the social, structural and environmental factors even though it was not offered in its original format. The original format included a physical walk and neighborhood assessment of the Point Neighborhood located in Salem, MA. This is a densely populated, highly diverse in culture and social economic status neighborhood that many of the children and families that our organizations and classroom serve live. Workshop participants would have been given a neighborhood assessment tool and map and would be asked to walk around and assess the neighborhood for the collection of data to aid in workshop activities. However, due to the COVID 19 pandemic, the in-person workshop had to be shifted to a virtual format eliminating the neighborhood assessment and changing the format of activities. Instead of collecting data from the neighborhood assessment, the virtual workshop asked members to draw their communities with the assistance of asset mapping questions. They were then asked to utilize the neighborhood assessment tool to collect information from their drawings to complete the Asset Based Community Mapping activity and development plans

activity. It was also suggested to participants that the drawing activity would be a good activity to do with younger students, K-5 and the neighborhood assessment tool for middle and high school students. While the post evaluation survey identified that learning objectives were met, 10 out of the 19 respondents noted that offering this workshop in person would improve the overall outcome.

The neighborhood assessment is a large piece of the workshop that creates real connections and provides a concrete example of how to start Asset Based Community Development. The workshop will be offered again using the original format when it is safe to do so.

Implications for Future Projects

For future projects, it is recommended that community partnerships be set up early to ensure learning goals and objectives are consistent and are in line with the overall theme of the project. Community partnerships can add validity to the topic and can enhance overall effectiveness. However, if the views of the community partners are not the same as yours it will make it difficult to craft a clear message. It is recommended that you work with community partners early enough so to identify the right fit and to align workshop goals and outcomes.

For this workshop, a successful and meaningful partnership with the North Shore CDC began in the fall of 2019. Project learning goals and ideas were shared, a timeline was created and roles for the workshop were defined. The North Shore CDC has engaged in Asset Based Community Development, specifically within the Point Neighborhood. Utilizing the CDC and the Point Neighborhood, provided relatable evidence and brought validity and personalization to the topic. Salem Public School's Director of Community Engagement and Partnerships also worked on the creation of activities for the workshop beginning in late February, early March of

2020. This was to ensure that the “asset mapping” and “asset and barriers” activities would benefit the educators and community organizations in attendance, in relation to the students they serve.

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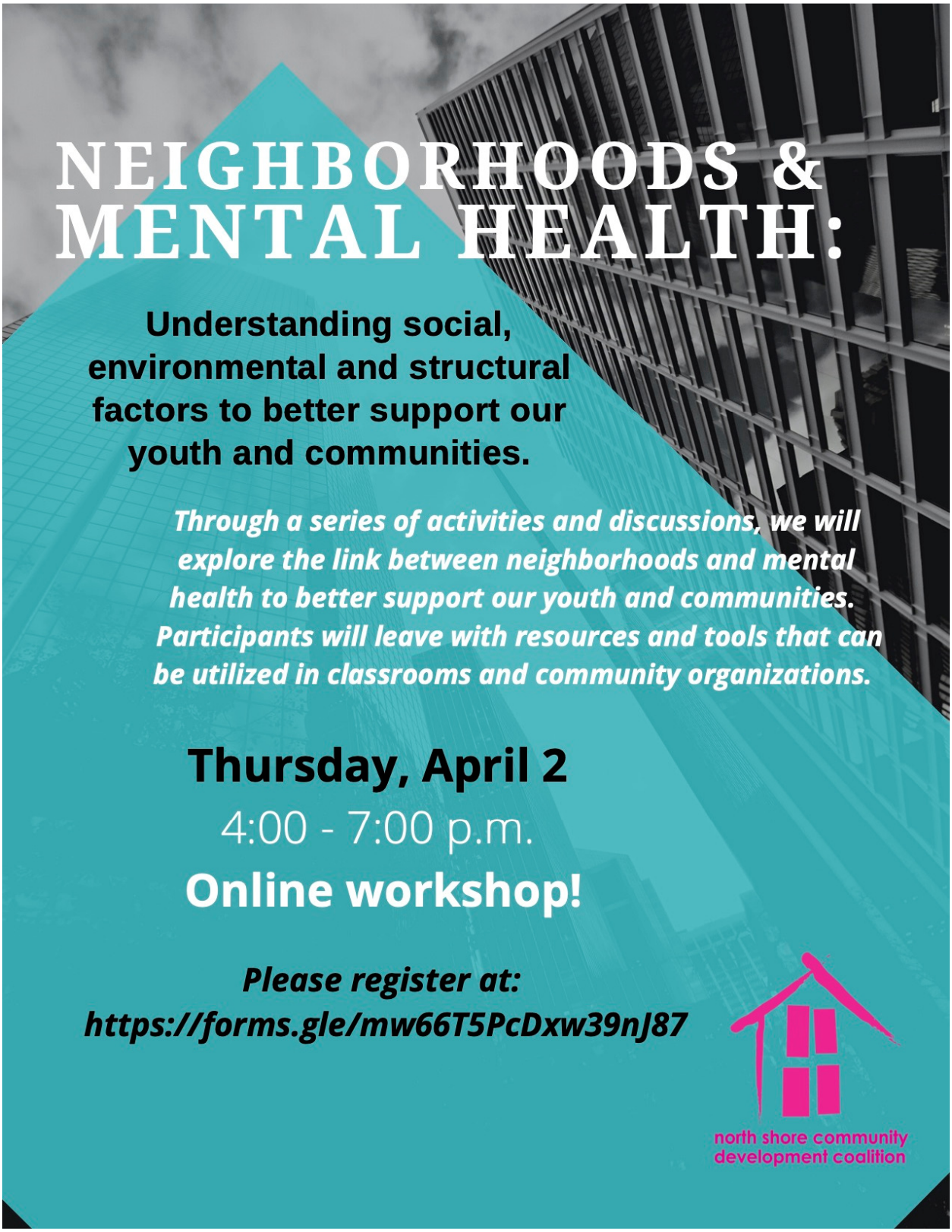
Appendix A: Flyer



Appendix B: Post Event Evaluation

Thank you for taking the time to participate in today's workshop. Please take a moment and complete the following survey questions. Your feedback provides valuable information in the continuous improvement of this workshop. Please **DO NOT** write your name on this form.

1. Overall, how would you rate this workshop?
   ○ Excellent ○ Good ○ Okay ○ Not Great ○ Poor

Please take a moment to answer the questions below based on today's workshop:	**Strongly Agree**	**Agree**	**Disagree**	**Strongly Disagree**
2. I have a better understanding of the relationship between the characteristics of neighborhoods and their impact on one's mental health.	○	○	○	○
3. I am more knowledgeable of the social, environmental and structural characteristics of the neighborhoods in which our youth and families are living.	○	○	○	○
4. Today's event has me thinking differently about the youth our community organization and/or educational institution is serving.	○	○	○	○
5. The community assessment tool is helpful in demonstrating the link between one's community and health.	○	○	○	○
6. The community assets activity is a tool I will utilize in my classroom and/or organization with fellow staff or students.	○	○	○	○
7. The workshop has provided me with the resources and knowledge to better meet the needs of our youth.	○	○	○	○
8. This workshop will influence my future classroom or organizational decisions that directly impact the youth and families we are serving.	○	○	○	○
9. I will look for more opportunities like this to continue to learn about the social, environmental, and structural health of our communities.	○	○	○	○

10. What was your biggest take-away from this workshop?

_____

_____

11. What would you do to improve this workshop?

_____

_____

12. Please indicate how you were feeling about this topic prior to the workshop?

13. Please indicate how you are feeling about this topic after attending the workshop?

14. Please select your profession or position within the community: *Select one that best fits.*

- ○ Board member of a community organization
- ○ Donor to a community organization or educational institution
- ○ Community member
- ○ School educator/guidance counselor/adjustment counselor
- ○ Administrator or Leadership of a community organization or educational institution
- ○ Employee of a community organization
- ○ Other (please specify) _____

15. What best describes the organization you work for or represent?

- ○ Non-profit
- ○ K-12 Academic Institution
- ○ Health Care Agency
- ○ Government Agency
- ○ Other (please specify) _____

16. Which categories describe you? *Check all that apply.*

Caucasian / White
Hispanic / Latino / Latina / Spanish Origin
Black / African American
Asian
American Indian /Alaskan Native
Middle Eastern / North African
Native Hawaiian / Pacific Islander
Not Listed: _____

17. What is your age?

- ○ Under 25
- ○ 25-34
- ○ 34-44
- ○ 45-54
- ○ 55-64
- ○ 65 and older

Thank you for taking the time to participate in today's workshop. We appreciate your feedback. Please return to an event coordinator.