

Mental Health, Deprivation, and the Neighborhood Environment: What Is the Impact of Loneliness and Social Anxiety?

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To the Editor:

McElroy and colleagues (2019) used a network analysis to clarify how neighborhood social environment (social cohesion and disorder) influences mental-health outcomes within different economically deprived regions of the United Kingdom. They identified two nodes, social neighborhood and mental health, that were connected via specific paranoia symptoms. Although social cohesion was acknowledged to be an important facet underlying social neighborhoods, the first identified node, the questions asked (i.e., lives alone, has people to call for help, has people to call for company) are structural social indicators (e.g., access to others) as opposed to functional social indicators (e.g., meaningful relationships). Structural indicators refer to the quantity of and access to social connections, whereas functional indicators refer to the quality of connections and the support they provide. Structural and functional social indicators are related but also independent. That is, having access to others does not necessarily mean that those relationships are meaningful (Lim, Gleeson, Alvarez-Jimenez, & Penn, 2018). Loneliness, or perceived social isolation, an important subjective social indicator known to be associated with poorer mental-health outcomes, was not measured. Research indicates that people residing in economically deprived areas report higher loneliness than those in economically strong environments (Creed & Reynolds, 2001; Kearns, Whitley, Tannahill, & Ellaway, 2015).

McElroy et al. (2019) also found that social cohesion was linked to anxiety symptoms. Specifically, the paranoia item *suspicious regarding the intentions of others* linked the social neighborhood and mental-health networks. Although we agree that this finding makes sense, it is also plausible that additional high-prevalence mental-health symptoms, such as social anxiety, may influence social cohesion. Social anxiety is underpinned by maladaptive cognitions about others (i.e., mistrust) and social avoidance behaviors. Furthermore, earlier loneliness predicts later depression, social anxiety, and paranoia in the general community, and social anxiety

has a reciprocal relationship with loneliness (Lim, Rodebaugh, Zyphur, & Gleeson, 2016). This prediction makes sense given that loneliness is driven by maladaptive cognitions about social situations (Masi, Chen, Hawkey, & Cacioppo, 2011).

Subjective social indicators such as loneliness and high-prevalence mental-health symptoms, such as social anxiety, influence one's ability to relate to others. Further research including these variables can clarify our understanding of how they contribute to neighborhood social cohesion.

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All of the authors contributed equally to the manuscript, discussed the implications of article, and provided detailed reviews. R. Eres drafted the manuscript, and K. D. Harrington

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Declaration of Conflicting Interests

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