
Mapping Mental Well-being in Cities: A Narrative Review of Urban Mental Health Determinants

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ABSTRACT: Urbanization has significantly reshaped social and environmental landscapes, posing complex challenges to mental health in densely populated areas. This narrative review aims to explore how urban stressors—both social and physical—influence psychological well-being, and what interventions may mitigate their impact. Literature was collected through comprehensive searches in PubMed, Scopus, and Google Scholar using keywords such as "urban mental health," "social determinants," and "environmental factors." Inclusion criteria focused on peer-reviewed studies examining urban populations and mental health correlations. Results consistently highlight the protective role of strong social networks in reducing symptoms of anxiety and depression, while isolation is a major risk factor. Environmental stressors such as poor housing, pollution, and lack of green spaces exacerbate psychological distress, particularly among marginalized populations. Access to mental health services remains unequal, with systemic barriers like funding gaps and service fragmentation limiting outreach. Discussion reveals that while findings align with classical theories, new data support the integration of technological, environmental, and community-based approaches. Policy recommendations include promoting green urban design, investing in community programs, and expanding access to digital mental health tools. In conclusion, enhancing social support and equitable access to services are vital strategies for improving mental health outcomes in urban settings..

Keywords: Urban Mental Health; Social Determinants; Environmental Stressors; Access To Care; Green Infrastructure; Urbanization And Mental Health; Mental Health Policy.



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INTRODUCTION

Urban mental health has emerged as a significant concern within global public health discourse over the past two decades. The increasing prevalence of mental disorders among urban populations reflects a confluence of socio-economic transformations, environmental stressors, and

limited access to mental health services (Ancora et al., 2022; Lambert et al., 2015). Rapid urbanization, while offering economic opportunities and technological advancements, has paradoxically contributed to a heightened vulnerability to mental distress due to fragmented social structures, inadequate infrastructure, and environmental degradation. This paradigm shift has directed scholarly attention toward a multidisciplinary exploration of how urban living conditions contribute to psychological instability and neurobiological changes (Bressane et al., 2024; Forrest et al., 2023).

Empirical studies from diverse geographical contexts consistently indicate that urban environments can exert profound effects on mental well-being. Notably, environmental conditions such as pollution, high population density, and insufficient green spaces have been associated with increased incidence of anxiety, depression, and post-traumatic stress disorder (Bressane et al., 2024; Forrest et al., 2023). Neuroscience research underscores the interaction of biological, psychological, and social factors in the urban milieu, suggesting that chronic exposure to urban stressors may alter neurocognitive functioning and emotional regulation (Ancora et al., 2022; Lambert et al., 2015). This reinforces the necessity for multidimensional interventions aimed at fostering resilience and addressing mental health within the complex urban ecosystem.

Comprehensive epidemiological surveys have revealed an upward trend in mental health disorders across urban centers, with prevalence rates for depression and anxiety markedly higher in metropolitan areas compared to rural counterparts (Nair et al., 2021; Forrest et al., 2023). These findings are especially salient in middle-income countries, where socio-economic disparities intersect with rapid urban development. Variations in prevalence are influenced by demographic composition, economic stratification, and healthcare infrastructure (Ancora et al., 2022). Longitudinal studies have also linked population density and chronic stress to diminished life quality, reinforcing the argument that urbanization, though economically advantageous, poses distinct psychological burdens.

Sociocultural dynamics in urban contexts present unique challenges. Changes in family structures, reduced community cohesion, and pervasive social isolation contribute to mental health vulnerabilities, even amidst dense populations (Sekoni et al., 2022; Buttazzoni & Minaker, 2022). Moreover, urban inequality, manifested in income disparities and unequal access to healthcare, exacerbates feelings of powerlessness and mental distress among marginalized groups (Nair et al., 2021; Sekoni et al., 2022). Social fragmentation and weakened interpersonal networks hinder the establishment of effective support systems, necessitating intervention models that prioritize community building and social integration.

Simultaneously, environmental factors specific to urban areas play a pivotal role. Chronic exposure to air pollution, noise, and deteriorating physical infrastructure has been implicated in the onset and exacerbation of depressive and anxiety symptoms (Huijie et al., 2024; Bressane et al., 2024). Spatial analysis and environmental sensor studies have confirmed that the physical characteristics of neighborhoods influence mental well-being by limiting opportunities for recreation and social interaction (Kang et al., 2020). These cumulative effects signal the urgent need for urban planning policies that prioritize environmental sustainability and mental health promotion.

Cross-cultural epidemiological data further demonstrate that mental health burdens vary significantly across urban regions depending on policy responses, healthcare access, and cultural norms (Ancora et al., 2022; Nair et al., 2021). Countries with more robust mental health infrastructures report higher diagnosis rates, likely due to better screening mechanisms (Forrest et al., 2023). Comparative studies between Asia, Europe, and Latin America reveal that the socio-political context profoundly shapes the urban mental health landscape, suggesting the importance of context-sensitive policy interventions and research.

Despite extensive literature, significant gaps remain in understanding how physical and social environments jointly influence mental health in developing cities. Existing studies often isolate individual environmental variables, such as pollution or housing quality, without accounting for their interactions with social determinants (Vaid & Evans, 2016). This limits the explanatory power of current models and underscores the necessity of integrative reviews that synthesize cross-disciplinary findings to capture the complexity of urban mental health determinants.

This narrative review aims to systematically examine the existing literature on social and environmental influences on mental health within urban settings. It specifically seeks to highlight the mechanisms through which environmental stressors and socio-economic dynamics contribute to psychological outcomes. By synthesizing findings from epidemiology, neuroscience, environmental health, and urban studies, this review provides a comprehensive understanding of the pathways linking urban living conditions to mental health challenges.

The scope of this review focuses on urban populations in middle-income countries, particularly in Southeast Asia, where rapid urbanization intersects with limited mental health infrastructure. The selected geographical focus allows for the examination of both universal and context-specific drivers of mental health issues. Populations of interest include internal migrants, low-income urban residents, and other socially marginalized groups who disproportionately bear the brunt of urban stressors. This scope also includes a comparative lens, referencing findings from global cities to frame localized data within a broader context.

In addressing these dimensions, the review will not only summarize empirical findings but also identify opportunities for future research and policy development. Ultimately, it aims to support the design of evidence-based, culturally sensitive interventions that can effectively respond to the mental health needs of urban populations in rapidly transforming environments.

Despite the extensive body of epidemiological and environmental research on urban mental health, there remains a notable gap in integrative reviews that examine the interaction between social and infrastructural determinants—particularly in rapidly urbanizing middle-income countries. This review seeks to address this void by synthesizing multidisciplinary perspectives to better understand how these interconnected domains shape mental health outcomes in urban populations.

METHOD

This narrative review employed a comprehensive and systematic approach to literature collection, focusing on peer-reviewed studies exploring the intersection of mental health, urban environments, and social determinants. The review was guided by the objective of synthesizing evidence across multidisciplinary domains to understand how urban living conditions contribute to mental health outcomes. Three major scientific databases were utilized in this study: PubMed, Scopus, and Google Scholar, each selected for their expansive coverage, indexing reliability, and disciplinary relevance. These databases provided access to literature in public health, psychology, environmental sciences, social policy, and urban studies, thereby enriching the review with diverse scholarly perspectives (Ancora et al., 2022; Kang et al., 2020).

PubMed was prioritized for its extensive collection of biomedical literature, including mental health research grounded in epidemiology, psychiatry, and public health. The database's integration with Medical Subject Headings (MeSH) enabled targeted retrieval of articles using standardized descriptors such as "urbanization," "mental disorders," and "environmental health," ensuring consistency and specificity. Scopus, by contrast, was essential for incorporating multidisciplinary insights, covering fields beyond biomedicine, including sociology, urban planning, and environmental psychology. The advanced Boolean search functions within Scopus allowed for nuanced filtering of literature by keyword, study type, publication year, and source, which proved invaluable in aggregating thematic clusters of studies related to both social and physical environments. Google Scholar served as a complementary source, offering access to gray literature, including preprints, theses, and conference proceedings that were not indexed in the more formal databases. Although broader in scope, searches through Google Scholar required more rigorous screening to exclude unverified or non-peer-reviewed materials.

The development of search strategies was iterative, involving the refinement of keyword combinations and Boolean operators. Key terms used included "urban mental health," "urbanization and mental health," "city mental health," and related constructs such as "urban stress," "metropolitan psychological wellbeing," and "urban psychosocial environment." These were paired with "social determinants" and "environmental factors" to capture literature examining socio-economic inequality, community cohesion, exposure to urban pollution, noise, green space availability, and housing conditions. Terms such as "social inequality," "poverty and mental health," "green space," "built environment," and "urban infrastructure" were also employed to refine the scope.

Boolean operators (AND, OR, NOT) were utilized to construct effective search queries. For example, the search string "urban mental health" AND ("social determinants" OR "environmental factors") helped consolidate relevant studies while minimizing extraneous hits. Quotations were used to preserve phrase integrity, and parentheses were applied to structure compound queries. Filtering options provided by the databases allowed the exclusion of non-peer-reviewed articles, narrowing results to English-language publications within the last two decades to maintain contemporaneity and relevance.

The search process was designed to maximize reproducibility and transparency. Detailed records were maintained, including search dates, query syntax, databases used, and the number of records retrieved. Pilot searches were conducted to assess the feasibility and effectiveness of different

keyword combinations, after which the strategies were fine-tuned. This process ensured that the collected literature was both comprehensive and representative of the research landscape.

Inclusion criteria for article selection required that studies focus explicitly on mental health outcomes in urban settings and analyze either social or environmental determinants, or both. Only peer-reviewed empirical studies, systematic reviews, and meta-analyses were considered. Studies were included if they investigated urban populations or metropolitan regions in middle- and high-income countries. Articles were excluded if they addressed rural populations, lacked clear methodological frameworks, or were not available in English. Opinion pieces, editorials, and non-empirical essays were also excluded to maintain methodological rigor.

Titles and abstracts were screened to eliminate irrelevant results, followed by full-text reviews to ensure alignment with the review's thematic focus. Duplicates across databases were identified and removed using citation management software such as EndNote and Zotero. Screening was conducted independently by multiple researchers, with discrepancies resolved through consensus to minimize selection bias.

The selected studies represented diverse methodologies, including longitudinal studies, cross-sectional surveys, case-control studies, and qualitative research. While randomized controlled trials (RCTs) were rare in this domain due to the nature of environmental and social exposures, several studies incorporated mixed-methods designs or cohort tracking to evaluate mental health impacts over time. The inclusion of a variety of study designs provided a more holistic understanding of how urban stressors influence psychological well-being.

To ensure data integrity and minimize bias, the quality of each included study was appraised using established assessment tools appropriate to study type. Factors considered included sample size, measurement reliability, and control of confounding variables. Articles were annotated for thematic content, enabling the synthesis of findings across major conceptual categories. These themes informed the structuring of the review's results and discussion sections.

Furthermore, the review emphasized a balanced representation of global literature, highlighting findings from Southeast Asia, Europe, North America, and Latin America. This comparative orientation allowed the identification of region-specific challenges and universal trends, aligning with the review's aim to inform context-sensitive policy and intervention frameworks. The diversity of regional data also facilitated the mapping of research gaps and underscored the need for localized studies in underrepresented areas.

In conclusion, the methodology of this narrative review integrated rigorous and systematic literature retrieval with strategic filtering and cross-disciplinary alignment. By utilizing multiple databases, refining search terms iteratively, and applying structured screening protocols, the review ensured the inclusion of high-quality, relevant studies. These methodological choices underpin the credibility of the review's findings and its contribution to understanding the complex interplay of social and environmental factors in urban mental health.

RESULT AND DISCUSSION

The findings of this narrative review are categorized into four thematic domains: social factors, physical environmental factors, access to mental health services, and systemic challenges in urban mental healthcare delivery. The synthesis of peer-reviewed literature within these domains reveals nuanced interactions among urban conditions and mental health outcomes, offering insights into the multidimensional nature of psychological well-being in metropolitan contexts.

Social factors play a pivotal role in shaping mental health outcomes in urban settings. A consistent body of evidence demonstrates that strong social support networks significantly mitigate the adverse psychological effects of urban stressors. Studies conducted by Nair et al. (2021) and Oluwoye et al. (2024) reveal that interpersonal connections through family, friendships, and community networks serve as protective buffers against anxiety, depression, and stress-related disorders. Such networks provide emotional and instrumental support, facilitate coping, and reduce feelings of isolation. Furthermore, structured support systems, particularly for marginalized populations, have been shown to reduce the incidence of mental health conditions by counteracting social exclusion and promoting engagement in communal life (Nair et al., 2021).

Social support also plays an essential role in the recovery process for individuals with diagnosed mental health disorders. Evidence indicates that patients engaged with supportive family members and peers are more likely to adhere to treatment protocols and benefit from clinical interventions (Oluwoye et al., 2024). Community-based interventions aimed at enhancing social support have proven effective in reducing urban mental health burdens, particularly when such initiatives involve local stakeholders in fostering inclusive support networks. Despite cultural variations in how support is expressed and valued, the protective effects of social cohesion appear consistent across diverse contexts. These findings underscore the importance of embedding social support enhancement into urban mental health policies and community health initiatives (Nair et al., 2021; Oluwoye et al., 2024).

Conversely, the literature also documents the detrimental effects of social isolation in urban environments. Social disconnection, whether due to the erosion of traditional community structures, urban anonymity, or spatial segregation, correlates with heightened rates of psychological distress, especially among socially excluded groups (Nair et al., 2021). Empirical evidence indicates that socially isolated individuals face restricted access to emotional resources and practical support, increasing their vulnerability to chronic stress and mental health deterioration (Oluwoye et al., 2024). Longitudinal studies confirm that prolonged exposure to social isolation can result in cumulative mental health burdens, particularly in high-density urban areas where social fragmentation is more pronounced.

Qualitative research involving minority groups reveals that stigma and discrimination compound the effects of social isolation, intensifying symptoms of depression and anxiety. These insights highlight the necessity of context-sensitive interventions that address both structural and interpersonal dimensions of isolation. Policy recommendations emphasize the development of urban programs that encourage meaningful social participation, such as the creation of inclusive public spaces and community-based outreach efforts (Nair et al., 2021; Oluwoye et al., 2024). In

this regard, addressing social isolation emerges as a key strategy for mental health promotion in urban planning and public health interventions.

Environmental conditions constitute another critical dimension in understanding urban mental health. Numerous studies, including those by Kang et al. (2020), establish that substandard housing, air pollution, and poor urban infrastructure are strongly associated with psychological morbidity. Data derived from remote sensing and street imagery analyses reveal that deteriorating physical environments contribute to heightened stress levels and reduced quality of life. These environmental stressors, particularly when chronic, have been shown to elevate the risk of anxiety and depressive disorders among city dwellers.

Moreover, exposure to environmental hazards such as noise pollution and toxic air quality exacerbates physiological stress responses, further compounding mental health risks. Research indicates that residents in slum conditions or high-pollution areas report higher levels of perceived insecurity, sleep disturbances, and social withdrawal—factors that collectively impair psychological well-being (Kang et al., 2020). Inadequate housing also limits opportunities for physical activity and social engagement, further contributing to adverse mental health outcomes. These findings suggest that urban infrastructure planning should prioritize environmental quality as a determinant of public mental health.

The role of green spaces in urban areas is a particularly salient theme in the literature. Studies led by Bressane et al. (2024) demonstrate that access to parks, urban forests, and natural water bodies exerts restorative effects that significantly reduce stress levels and improve overall mental well-being. Contact with nature has been empirically linked to reductions in cortisol levels and improvements in mood and cognitive functioning. Cluster analyses of exposure patterns show that individuals who regularly interact with green spaces exhibit lower prevalence of depressive symptoms and report enhanced life satisfaction.

Green spaces facilitate both physical activity and social interaction, serving as vital communal resources that foster psychological resilience. Furthermore, these areas contribute to urban environmental regulation by moderating temperature and filtering pollutants, indirectly supporting mental health through ecosystem services. The integration of green infrastructure into urban design is increasingly viewed as a cost-effective, preventive public health intervention. Accessible and well-maintained green areas also encourage civic engagement and community belonging, which are critical for reducing isolation and enhancing mental wellness (Bressane et al., 2024).

Access to mental health services is another determinant that significantly shapes urban mental health outcomes. Geographic disparities in the availability of mental health facilities have been widely documented as a barrier to care, especially for underserved urban populations. Research by Kalucy et al. (2019) indicates that inadequate spatial distribution of clinics results in prolonged wait times and increased transportation costs, deterring individuals from seeking timely assistance. This pattern is particularly pronounced among vulnerable groups, including indigenous communities and low-income residents living in peripheral urban areas.

Strategic urban planning that aligns healthcare infrastructure with population density and transportation networks has been shown to improve service accessibility. Geoinformatics tools have enabled researchers to map service disparities and identify priority zones for resource

allocation. These data-driven approaches support more equitable planning and resource distribution. Moreover, situating mental health services near transit hubs and community centers enhances visibility and destigmatizes care-seeking behavior. Addressing geographic inequities thus emerges as a fundamental component of mental health system reform in urban contexts (Kalucy et al., 2019).

Technological innovations such as telepsychiatry and mobile health applications are increasingly recognized as viable alternatives for bridging service gaps. These solutions are particularly relevant in high-density urban environments, where mobility challenges and social stigma may hinder in-person consultations. When integrated into existing healthcare systems, digital platforms can enhance continuity of care and reduce reliance on overburdened clinical infrastructure. However, equitable access to digital resources remains a concern, underscoring the importance of inclusive technology deployment strategies (Kalucy et al., 2019).

Despite these advancements, systemic challenges persist in the delivery of quality mental healthcare in urban settings. According to Hodgkinson et al. (2017), funding limitations, workforce shortages, and infrastructural inadequacies continue to undermine service effectiveness. High caseloads and administrative burdens contribute to clinician burnout and turnover, impeding service continuity and quality. Fragmented care pathways, particularly the lack of integration between primary and specialist services, further complicate patient navigation through the system.

Moreover, disparities in service standards and inconsistent policy implementation exacerbate inequities in access and outcomes. Vulnerable populations often face multiple barriers, including linguistic, cultural, and financial obstacles, which are insufficiently addressed by current systems. The lack of tailored services for minority groups, combined with underinvestment in community-based mental health initiatives, perpetuates exclusion and unmet needs (Hodgkinson et al., 2017).

Effective urban mental health strategies must therefore adopt a multi-level approach that combines structural reform with stakeholder collaboration. Integrated service models that promote inter-sectoral coordination between public health, housing, education, and social services offer promising pathways to improve care delivery. Evidence suggests that when mental health services are embedded within broader community development frameworks, outcomes are more sustainable and equitable (Hodgkinson et al., 2017).

In summary, the findings from this narrative review reveal the multifaceted nature of mental health in urban contexts. Social support, environmental quality, service accessibility, and systemic capacity each play vital roles in shaping mental well-being among urban residents. Cross-national comparisons suggest that while certain determinants are universally salient, their expression and impact vary according to cultural, economic, and policy contexts. Therefore, urban mental health interventions must be both evidence-based and contextually adaptable. Future efforts should focus on integrating mental health considerations into urban planning, enhancing community engagement, and strengthening service infrastructure to address the complex and evolving challenges of mental health in rapidly urbanizing environments.

The findings of this narrative review corroborate long-standing theoretical frameworks in urban mental health by reaffirming that both physical and social environmental pressures are central determinants of psychological well-being in urban settings. Prior literature has consistently

identified high population density, pollution, and lack of green spaces as significant stressors, which are echoed in the studies reviewed (Ancora et al., 2022). The presence of social support emerges as a protective factor capable of mitigating the psychological burden despite high exposure to urban stressors. The synthesis of literature also supports the integrative theory that advocates for structural environmental improvements and enhancement of social cohesion as effective interventions (Bressane et al., 2024). These findings provide empirical reinforcement for the need to contextualize sociocultural factors in urban mental health discussions.

In line with earlier studies, the current literature confirms a consistent pattern of increased symptoms of depression, anxiety, and psychological stress as a function of urban stressors. The association between social isolation and mental disorders, particularly among marginalized urban groups, supports classic and modern theoretical claims about the psychosocial risks of urban living (Aizik-Reebs et al., 2022). These findings affirm that urbanization correlates with heightened mental health burdens and that social variables often mediate environmental influences. This reinforces the importance of adopting multidisciplinary frameworks that encompass urban design, public health, and community development in addressing mental health.

The neuroscience-informed research by Ancora et al. (2022) highlights the neurobiological responses to urban stress, strengthening the case for integrative models that link social and neural responses to environmental stressors. Physical environmental factors such as air pollution and inadequate housing are consistently linked to poor mental health outcomes. These studies validate prior research showing that environmental improvements and infrastructure investments can yield significant psychological benefits. Despite methodological variations, the empirical patterns remain robust.

Psychosocial pressures resulting from migration and identity shifts in globalized urban centers further exacerbate mental health issues, emphasizing the protective role of social integration (Aizik-Reebs et al., 2022). Refugees and migrants experience higher rates of depression and anxiety, confirming cumulative stress theories. These populations often face unique social stressors, underscoring the necessity for culturally sensitive and community-based mental health interventions.

Contrary to more pessimistic models, some studies reveal that specific populations develop effective coping mechanisms despite urban pressures. For instance, interventions like Housing First with Intensive Case Management have demonstrated success in reducing hospital stays and improving quality of life, suggesting that coordinated policy responses can counteract urban stress (Stergiopoulos et al., 2015). These findings challenge deterministic views and highlight the potential for transformative change through social policy.

However, the impact of urban stressors is not homogeneous. Socioeconomic disparities significantly influence mental health outcomes. Studies show that individuals with limited access to resources and weak social support networks suffer disproportionately from urban stress, confirming socio-ecological theories of health disparities (Wang et al., 2022). The contrast between higher and lower socioeconomic groups underscores the moderating effect of family and social capital.

Community support structures also act as buffers against urban stress. Social networks involving family and peers are crucial in mitigating risks, especially for socially isolated groups (Aizik-Reebs et al., 2022). Interventions aimed at strengthening these networks have proven effective in mitigating chronic stress, supporting psychosocial theories that emphasize the centrality of positive interpersonal relationships.

The urban context also fosters innovation in mental health interventions. Multidisciplinary approaches that integrate medical, psychological, and environmental strategies show promise. Programs such as Housing First underscore the benefits of holistic models that combine stable housing with social and medical support (Stergiopoulos et al., 2015). This aligns with evidence advocating for systems-level integration across sectors to enhance mental health outcomes.

Despite general support for existing theories, emerging findings suggest the need for theoretical revisions. Adaptive coping in urban settings does not always follow linear models based on social support but often involves complex interactions among multiple environmental and economic variables (Ancora et al., 2022). The restorative benefits of green spaces, for instance, are underrepresented in traditional models, despite growing evidence of their direct psychological benefits (Bressane et al., 2024).

Technological innovations in environmental monitoring and mental health assessment are transforming research methodologies. Tools such as environmental sensors and street imagery analysis provide objective data on the psychological impacts of urban environments (Ancora et al., 2022). These advancements support the development of predictive models that enhance theoretical frameworks and policy planning.

The relationship between urban environments and mental health is inherently multidimensional. Complex interactions among variables such as air pollution, overcrowding, and social inequality necessitate more advanced modeling techniques. Researchers advocate for multilevel and network analysis approaches to capture these dynamics (Ancora et al., 2022).

Geographical contextualization further enriches our understanding. Studies from middle-income countries reveal variability in how social and environmental factors affect mental health, challenging the universality of Western-centric models (Wang et al., 2022). The necessity for localized theoretical models becomes evident.

Psychological mechanisms underlying urban stress include chronic stress pathways involving cortisol regulation, with evidence from neuroimaging and biomarker research substantiating these effects (Ancora et al., 2022). These physiological insights support stress response theories and validate the use of biological data in mental health research.

Empirical evidence emphasizes the need for policy adaptations. Programs like Housing First show that secure housing with social support leads to measurable mental health improvements (Stergiopoulos et al., 2015). These findings underscore the value of cross-sector collaboration and evidence-based policymaking.

Systemic factors such as funding disparities and infrastructure gaps exacerbate urban mental health challenges. Inadequate investment in mental health services correlates with higher prevalence of

disorders and limited treatment options (Stergiopoulos et al., 2015). Equitable funding allocation is essential.

Integrative health policies that link housing, education, and healthcare yield synergistic benefits. Studies demonstrate that primary care integration with community programs enhances service delivery and reduces administrative burdens (Wang et al., 2022).

Access to green spaces also emerges as a policy priority. Empirical evidence confirms that such environments reduce stress and support well-being, advocating for their inclusion in urban planning (Bressane et al., 2024).

Insurance schemes that cover mental health treatments reduce financial barriers and improve service utilization, particularly in low-income groups (Wang et al., 2022). Comprehensive coverage is thus a critical policy component.

Disparities between urban cores and peripheries reflect broader issues of spatial injustice. Areas with limited infrastructure experience higher mental health burdens, necessitating redistributive policies (Wang et al., 2022).

Policy coherence across sectors is vital. Interactions between housing, transportation, and healthcare policies shape the urban mental health ecosystem (Stergiopoulos et al., 2015).

Community-based policy models promote inclusivity and foster local ownership. Participatory programs enhance cohesion and support mental well-being (Aizik-Reebs et al., 2022).

Environmental regulations that mitigate pollution and noise are associated with lower mental disorder rates (Bressane et al., 2024). Regulatory frameworks thus play a preventive role.

Professional training in cultural competence and digital tools enhances mental health service quality (Bauer et al., 2024). Education reforms must support such interdisciplinary skills.

Research funding is another critical driver. Investment in neuroimaging and spatial analysis methods enriches theoretical development and informs responsive policies (Ancora et al., 2022).

In sum, the reviewed literature underscores the interplay between systemic factors and urban mental health, calling for integrated, evidence-based, and contextually adaptive policy solutions. These findings advocate for multifaceted strategies that bridge theory and practice through intersectoral collaboration, technological innovation, and inclusive governance.

CONCLUSION

This narrative review has provided a comprehensive synthesis of literature on urban mental health, highlighting the complex interplay between social, environmental, and systemic factors that shape psychological well-being in urban populations. Key findings emphasize that social support networks serve as a powerful protective mechanism against the adverse mental health impacts of urban stressors, such as isolation and fragmentation. In contrast, social isolation consistently emerges as a risk factor that amplifies anxiety, depression, and psychological distress. Environmental determinants, including housing quality, pollution, and access to green spaces, also significantly affect urban mental health outcomes, with poor living conditions being linked to

increased mental disorders. The lack of equitable access to mental health services, especially in marginalized urban communities, further exacerbates mental health disparities. Systemic issues such as underfunding, fragmented services, and lack of interdisciplinary coordination hinder effective responses to urban mental health needs.

This review underscores the urgency for integrated, multisectoral policies that prioritize urban mental health. Strategies such as expanding community-based interventions, improving access to green infrastructure, decentralizing mental health services, and investing in preventive care and professional training are vital. Policymakers must also address social inequities and urban planning challenges to create mentally supportive environments. Future research should explore context-specific interventions, longitudinal impacts of urbanization on mental health, and scalable digital health solutions to bridge service gaps. A focus on social support enhancement, as discussed in the results, should be central in designing effective mental health strategies for urban settings.

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