

# Mental Health Problems in Urban Setting

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**M**ental health is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community. Mental health problems may increase in specific environments where social isolation and poor quality of life are prominent. In urban settings in developing countries, the risk of mental health problems or mental disorders may be higher than in rural areas. Health inequalities between rural and urban areas are considered by many investigators because urban areas have better health statistics and consume the majority of the health budget.<sup>1</sup> It is important to understand the characteristics of urban environment and provide mental health services to obtain mental well-being of the people and prevent mental problems.

The causes of mental problems may include genetic abnormalities, physical disorders, problems in childhood and growing up and stressful events of life. Mental illness occurs from the interaction of multiple genes and other environmental factors such as poor family conditions, abuse, psychiatric disorders in family members, traumatic events, unsafe neighborhood, and pollution, uncomfortable living conditions (crime areas or war-torn regions). Social stressors such as poverty, financial pressures, racial and sexual discrimination or harassment, unemployment, isolation, and a lack of social support can also cause stress and lead to poor quality of life and mental problems or disorders.

The urban setting is a specific area where risk factors of mental problems exist. The competitive life which is not usual in rural area pushes the people across their life span. Significant problematic behaviors are frequent in urban setting as the result of mental health problems for example: divorce, abuse, self-destruction, suicide, drug abuse, crime, sexual problems and abortion,

## Characteristics of the urban setting

In developing countries rapid urban growth has been accompanied by massive poverty. Urbanization could be described as one of the major global environmental changes to human health.<sup>2</sup> Definitions of the urban environment should include physical and social

complexity to understand the pathology of mental health in the community.

Many studies have shown that the rate of crime and suicide in urban areas were high. Pastore et al<sup>3</sup> found that in their study of students in urban areas, half of them reported knowing someone who had been murdered, 61% indicated they had witnessed a robbery, 59% had witnessed a beating, 37% had witnessed a shooting, and 31% had witnessed a stabbing. These environmental factors may be stressful or traumatic to each individual and associate with mental health problems.

**Reijneveld and Schene found that** mental disorders occur more frequently in deprived urban areas, but this can be explained by the result of a concentration of low SES people in these areas.<sup>4</sup>

The characteristics of these urban setting are as follows:

1. Population density: higher density, poor housing, migration from rural areas or from neighboring countries.
2. Physical disorders: poor hygiene, high rate of infectious diseases, high rate of accidents.
3. Socioeconomic: large population, low socioeconomic status, high unemployment.
4. Social support: lack of social support, isolation, deprivation.
5. Crime and homicide: high rate of crime, suicide, physical and sexual abuse, drug abuse.
6. Mental health: poor mental well-being and high rate of mental health problems and psychiatric disorders, depression and suicide, and psychological factors affecting physical condition.

## The Effects of Urbanization

Researches in the past have shown that mental health problems occur more often in urban settings than in rural ones. Many studies have shown the effects of urbanization on mental health. Bordin and his colleagues reported that severe physical punishment in poor urban areas is a risk factor for mental health problems in children in Brazil.<sup>5</sup> Pastore and his colleagues<sup>3</sup> who studied mental health problems in urban high school students in the USA reported that adolescents in urban

settings are at risk to witness crime or violence and subsequently have mental problems. In this study the students who reported knowing someone who was murdered were twice as likely to report suicidal ideas and four times as likely to report suicide attempts. Students who witnessed a stabbing were associated with twice the likelihood of reporting suicide ideas and three times the likelihood of reporting suicide attempts. The witnessing of a shooting was also associated with twice the likelihood of alcohol use. They also showed that the exposure to violence was a risk factor for mental health among the urban teenage population.

The Piedmont Health Survey done by Crowell in 2004 showed that among adults in a region of North Carolina, major depression was nearly three times more common in urban than in rural counties.<sup>6</sup> The risk of major depression was decreased for young rural residents, compared with their urban age group. Being a rural resident was considered a protective factor against major depression especially in young women.

In a study in the elderly, Walters found that higher population density was consistently associated with increased depression and anxiety in the elderly in Britain.<sup>7</sup> Depression and anxiety are common problems in later life and are associated with considerable morbidity. Their causes are complex and multifactorial. Risk factors may include female gender, low income, social isolation, loneliness, life events, absence of confiding relationships, and physical illness. In younger adults, associations have been demonstrated between deprived areas and overall psychiatric admission, suicide/parasuicide rates, and psychological distress. Urban environments have been considered to be risk factors for depression and general psychological distress. Walters found in their study of the association between area deprivation and depression in older people that higher population density was consistently associated with increased depression and anxiety. In this study, the association between area deprivation and depression in older people was also explained by individual health, demographic, and socioeconomic factors.

### Mental disorders in the urban setting

Many previous studies have shown that the prevalence of mental health disorders in children who need treatment is approximately 20 percent. Costello and his colleagues reported the rates of need for services are higher with 31% of girls and 42% of boys having a psychiatric disorder at some time and the highest prevalence is between aged 9- to 10-year old.<sup>8</sup> In the urban setting the prevalence of psychiatric disorders in children and adolescents are higher than in rural areas. Perera studied the common symptoms of develop-

mental, emotional and behavior problems in preschoolers 36-68 months of age in Colombo Municipal Council Child Welfare Centre - preschool clinics in Sri Lanka. She reported mild symptoms were found in 45.5 percent and definite or severe symptoms were 9.9 percent.<sup>9</sup> Pastore and his colleagues<sup>3</sup> who studied mental health problems in urban high school students in the USA reported that depression was found in 31 percent, suicidal ideas in 16 percent, suicide attempts in 10 percent, drinking (>1 x per month) in 21 percent, and drinking daily in 5 percent.

In people aged 65 years and over living at home in Lewisham and North Southwark Health District, total prevalence rates were 4.6% for cognitive impairment, 13.5% for depression, 3.7% for generalised anxiety, and 10.0% for phobic disorders.<sup>10</sup> In the urban areas in Thailand, Wacharasindhu and Panyayong studied 8-11-year-old children in school in Bangkok in 2002.<sup>11</sup> They found the overall prevalence rate of child psychiatric disorders was estimated to be 37.6 percent. The prevalence rates were 10.8 percent for overanxious disorders, 9.7 percent for specific phobic disorders, 7.1 percent for depressive disorders, 5.5 percent for conduct disorders, 5.1 percent for attention deficit-hyperactivity disorders and 5 percent for separation anxiety disorders. Rates of behavioral disorders were similar to those reported from other countries, but rates of emotional disorders were higher than previous studies elsewhere. In primary care researches show high rates of common mental disorder, drug and alcohol use and child abuse among young people especially in Bangkok.<sup>12</sup>

### Prevention of mental health problems in the urban setting

Primary prevention in the urban setting is considered to be essential to enhance mental health promotion. To increase the level of prevention of mental health problems, psychoeducation of risk factors and promoting resiliency among the people in the stressful urban environment are promising by multiple mass medias. The study done by Bernoy in both urban and rural areas in Suratthani, Thailand showed that radio and television programs were most popular and effective among both groups of people in gaining knowledge from local mental health services.<sup>13</sup>

In children primary and secondary prevention should be done as early as preschool age. In the study of Perera<sup>9</sup>, using semi-structured interview as the assessment tool to screen for mental health problems in preschoolers, common developmental symptoms, emotional and behavioral problems were identified rapidly and effectively. After the screening process, a preschooler

**TABLE 1.** Common psychiatric disorders in urban setting in Thailand.

Children and adolescent	Adult and elderly
1. Overanxious disorder	1. Depression and suicide
2. Phobic disorders	2. Anxiety disorders
3. Depressive disorders	3. Alcohol dependence
4. Conduct disorder	4. Substance abuse
5. Attention deficit-hyperactivity disorders	5. Psychological factors affecting physical condition (psychosomatic disorders)
6. Separation anxiety disorder	6. Schizophrenia
7. Physical and sexual abuse	7. Delirium

**TABLE 2.** Example of mental health prevention programs in urban setting.

Level of prevention	Children and adolescent	Adult and elderly
Primary prevention	<ul style="list-style-type: none"> <li>- Parent training</li> <li>- Psychoeducation of positive parenting through mass medias</li> <li>- Promotion of resiliency, EQ in children in school</li> </ul>	<ul style="list-style-type: none"> <li>- Psychoeducation through mass medias</li> <li>- Training program for primary health care workers</li> <li>- Family training, premarital counseling</li> </ul>
Secondary prevention	<ul style="list-style-type: none"> <li>- Screening of behavioral problems in family, day care and school</li> <li>- Universal prevention program in school</li> <li>- Teacher training program</li> <li>- School mental health program</li> <li>- Youth club, social club</li> <li>- Referral system</li> </ul>	<ul style="list-style-type: none"> <li>- Screening of psychiatric disorders in community</li> <li>- Stress management in work place</li> <li>- Social networking</li> <li>- Social club, leisure club</li> <li>- Home health program</li> <li>- Referral system</li> </ul>
Tertiary prevention	<ul style="list-style-type: none"> <li>- Psychiatric hospitalization</li> <li>- Classroom management, school consultation</li> </ul>	<ul style="list-style-type: none"> <li>- Psychiatric hospitalization, destigmatization program</li> <li>- Day hospital and community psychiatric program</li> </ul>

who needs psychological intervention may benefit from a social skill training program. Parent training is also useful to correct early behavioral problems among elementary school children. Children in the urban setting may need social problem-solving skills to increase their adjustment competencies in complex environments. Programs to increase these competencies should be provided in schools or in the communities. In teenagers, preventive programs in school have proven in several studies to be beneficial to promote mental health.<sup>14</sup>

Rural to urban migration has also proven to be associated with mental and behavioral problems. Jirapramukpitak and Wongsarnsri found in their study that mental health problems were prevalent among adolescents aged 16-25 years living in selected catchment areas in north Bangkok. The prevalent rates of common mental disorders, substance use and alcohol drinking problems were 11.4 percent, 10.9 percent and 24.3 percent respectively. High life stress and unavailability of social networks may mediate the risk for common mental disorders. A national policy to prevent massive migration of the people into the city is important for a primary preventive level for mental health in adolescents.

In Bangkok and its vicinity, high rates of child abuse were found by Jirapramukpitak and colleagues. Because the long term consequences of the abuse in children are very serious, screening for child abuse and early intervention as a secondary prevention, should be done extensively by multidisciplinary health workers at the primary health care level.

From the study of Pastore, urban teenagers who witnessed violence and crime were at increased risk for mental health problems.<sup>3</sup> A comprehensive medical and psychosocial history should include a violence assessment for all urban teens.

For a secondary prevention level, many studies showed that the early detection of psychiatric disorders in the community is not difficult for primary health care workers. In the study by Harding in primary health facilities in 4 developing countries<sup>15</sup>, the great majority of cases were suffering from neurotic illnesses. Most of the presenting complaints were of physical symptoms,

such as headache, abdominal pain, cough or weakness. Health workers who follow their normal procedure can correctly detect one third of the psychiatric cases.

Although urbanization may be associated with stress and mental problems, Sturm and Cohen have reported that in contrast to previous hypotheses, sprawl had adverse effects on physical health, but no adverse effects on mental health. Researches in younger adults in North America found no difference in rates of psychiatric disorder between rural and urban areas. Depression was increased in men living in more rural areas. Rural living was associated with stigmatized attitudes toward mental health care, reduced willingness to seek help, fewer visits to a mental health specialist, lower concordance with treatment guidelines, increased risk of psychiatric admission and suicide.

Another study done by Barnett and colleagues suggested a J-shaped curve with higher morbidity in both extreme rural and urban areas.<sup>16</sup> The impact of socioeconomic and environmental risk factors on mental health may change in senior citizens. Unemployment and job insecurity have less relevance to older populations. The deprived environment may be more important to older people because they may spend more time at home after retirement and decrease mobility. They may have a sense of vulnerability and low self esteem from their declination of physical strength. The sense of insecurity, poor self perception and high rate of crime in the community may increase social isolation.<sup>17</sup>

## Summary

Although mental health problems are common in the urban setting, in some communities urban environments may consist of risk or protective factors depending on the age of the people. The prevention of urban mental health problem needs more researches and knowledge to understand the cause and effect of urbanization on mental health among the people. Psychiatric services have to apply the knowledge from researches to meet different needs among several age groups and have to design and plan a relevant program to obtain maximum mental well-being for the people in the community.

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