

# Lecture 7: Place, Space, and Mental Health

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KTH 230, Mon 2:30-5:30

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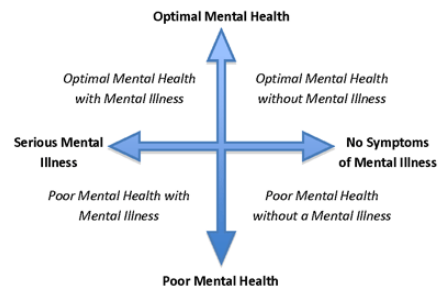
## Halpern's Housing Estate Study (1995)

- At first, high suspiciousness, isolation, depression, and anxiety.
- Refurbishment prompted increased trust, optimism, hope for future, neighbourhood identification.
- Depression and anxiety both dropped.
- Increased interaction between neighbours.

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# Mental Health, Mental Illness

- Recall debate between categorical (disorder) model v dimensional (distress).
  - Problematic study designs: testing whether poverty causes depression, for instance, describes all individuals as “mentally healthy” so long as they don’t meet criteria for depression...but what about other mental health issues?



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## Wellbeing

- Feeling good, positive emotions.
  - Happiness, security, sense of control over destiny.
- Functioning well (inherently social).
  - Connecting to others, meeting needs.
- Social support a protective factor in mental health.
  - When a person’s community or social network offers instrumental or expressive support.

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## Space, Place, and Mental Health

- Broader debates about whether mental health (and illness) is derived from social environment or personal factors.
- Both physical environment and theorized place: meaning that we ascribe to an area.
  - May not have clear boundaries (e.g. “neighbourhood”).
- Space/place particularly important when thinking beyond strict notion of mental health as an individual concern.
- Researchers: we underestimate extent to which mental health is affected by surroundings.

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## Urban Environment

- 19<sup>th</sup> and 20<sup>th</sup> c. urbanization led to drastic changes in society:
  - Increased density
  - Economic stratification
  - Development of “social problems” (homelessness, drug use, violence).
  - “Concrete jungles”
- Mid-late 20<sup>th</sup> c. shift towards suburbanization as response.
- These shifts have reverberated through mental health, subject to intense debate.

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## Economic Stratification

- Class (education, income, culture) inversely related to almost every type of major mental disorder. Exceptions?
- Class impacts mental health in both acute (e.g. violence) and chronic (e.g. stress) fashion.
- Individuals w/ schizophrenia far more likely to be found in city centres than in rural areas.
  - Rates of depression higher in neighbourhoods of social and material disadvantage.
- Beyond official disorders, several mental health effects noted through urban living...

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## Social Causation - Neighbourhoods

- Urban environment as source of poor mental health.
  - Individuals in poorer neighbourhoods more likely to perceive *disorder* (crime, litter, youth delinquency, public drinking, graffiti).
    - Feelings of powerlessness and unpredictability.
    - Higher rates of substance abuse in areas of disorder (seen as “safe” areas for use).
  - Instability of residents might limit community and social ties.
    - Decreases trust, social cohesion.
  - More hazards (e.g. traffic) increases subjective stress.

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## Social Causation - Violence

- Among key drivers of poor mental health in urban environments is violence/fear of violence.
- Perception that mentally ill individuals are more likely to commit violent acts, how true?
  - More likely than non-diagnosed pop. to receive violence.
  - More likely to receive violence than cause it.
  - Increased likelihood of violence limited to very few specific disorders.

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## Social Causation – Violence II

- Is it the mental disorder that causes the person to act violently, or the social situation that causes BOTH illness and violence?
  - Economic hardship, lack of feeling of control linked to interpersonal violence.
  - Stress increases aggression, anger – precursors to violence.
  - Violence as alternative attempt to correct problems?
  - More social support, less likely to commit violence.
    - Perhaps individuals do not want to risk losing social capital by committing violent acts.
- When individuals enjoy strong social support and less economic hardship/stress, not significantly more likely than the rest of pop. to commit violence, even when diagnosed with “high risk” disorders.

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## Social Causation - Sprawl

- W/ growth of suburbia, change in mental health.
- Positive: trees, less noise, closer to nature.
- Negative:
  - Commuting: road rage, less time with friends, decline in civic values.
  - Less walking: exercise, less chance to meet/know neighbours.
  - Economic stratification
    - Jobs, schools, stores migrate to outer neighbourhoods.
    - This leaves behind poverty, violence, deprivation – all associated with poorer mental health.
  - Focus on individual solutions rather than community-based solutions.
- Depression may be higher for *some* people in particularly affluent areas. Who and why?
  - Women: greater loneliness and social isolation.

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## Social Causation - Housing

- Quality and type of housing linked to mental health.
- Upper floors of high rises associated w/ neuroticism, social isolation.
  - Little sense of ownership or belonging in public spaces. Less play space.
  - Poorer housing associated with greater social stigma, negative self-evaluation.
  - Crowded housing increases interpersonal conflict.

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## Homelessness and Homefulness

- Individuals w/ major psych disorders have a far greater likelihood of homelessness than general pop.
  - Deinstitutionalization? Lack of welfare programs?
- Cycling through “institutional circuit.”
- Housing provides shelter from the elements, but a “home” provides psychological benefits:
  - Sense of security.
  - Being able to shape material environment provides for identity development, control over one’s destiny.

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## Against Social Causation

- Could it be *social drift*?
  - Individuals w/ mental illness drift into city centres because of poor mental health. Class as a result of mental disorder.
    - Seek cheaper living costs, anonymity.
- Perhaps people in the city are more likely to be identified than those in the countryside?
- Complicated: perhaps a person has a mental disorder, drifts down in SES, and their “healthy” offspring struggles to climb SES ladder. Was class caused by mental disorder?

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## Nature

- One major consequence of urbanization has been disconnection from nature and greenery.
- Nature (sunsets, waves): captures involuntary attention, modestly (no effort required).
- City (cars, advertising): captures voluntary attention, dramatically (effort required).
- Being in nature allows people's voluntary attention to replenish, improves cognitive functioning (attention and memory) and emotional wellbeing.
- Perhaps nature is inherently pleasing because of evolution (association with shelter, food, water).

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## Greenspace

- Many forms: parks, trees, grass, cemeteries, playing fields. Benefits beyond "nature:"
- Social engagement, integration, participation.
- Increased physical activity.
  - If greenspace is inaccessible or "dangerous" – benefits mitigated.
- Works even from a distance!
  - Windows onto vegetation (rather than pavement) associated with increased cognitive function, quicker recuperation.

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## Conclusions

- When it comes to space and place, it is not merely the “mentally ill” who are affected.
- Poorer mental health (less resiliency, increased stress, decreased flow) may increase vulnerability for mental disorder.
- As social beings, place and space force us to rethink individualistic conceptions of mental health.