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## Facts and Figures

### Urban living is associated with increases in the following mental health problems:

- Increase in mood disorders by up to 39%
- Increase in anxiety disorders by up to 21%
- Double the risk of schizophrenia (up to 2.37 times above average)
- Increase in rate of cocaine and heroin addiction
- [Peen et al, 2010](#)
- [Peen et al, 2010](#)
- [Peen et al, 2010, Vassos et al, 2010](#)
- [SAMHSA, 2012](#)

### Urban living is associated with decreases in the following mental health problems:

- Almost half the suicide risk (varies with community size/density)
- Decrease in dementia by 10% (compared to rural living)
- Half the risk of Alzheimer's disease (compared to rural upbringing)
- Decrease in alcohol, marijuana, methamphetamine, prescription drug abuse
- [CDC, 2015](#)
- [Russ et al, 2012](#)
- [Nunes, 2010](#)
- [SAMHSA, 2012](#)

[Click here to view a more detailed data table](#) from the literature review paper [Cities and Mental Health](#)

## Interpreting the facts and figures

### Challenges in making associations between urban living and mental health

It is practically challenging to design research that can demonstrate causative relationships between urban design and mental health. Therefore, most of the research in this field focuses on identifying associations.

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unemployment, physical and mental health problems, previous trauma, personal crises, family break up, addiction, and immigration. These are all individual risk factors for experiencing mental health problems.

- Socioeconomic factors: People with pre-existing risk factors, particularly low socioeconomic status, may encounter negative disparities in the city. For example, this can involve physical and psychological segregation into neighbourhoods characterised by poverty and social challenges, engendering feelings of injustice and hopelessness, and experiences of prejudice and discrimination that may affect mental health.
- Reporting bias: Urban areas may be more likely to collect more detailed data on mental health compared to rural areas, for example because they are home to more universities or provide more services.

## Challenges in measurement

### *Defining the urban environment*

There is no one definition of urbanity. Many studies use a city's own boundary lines; others may break the city down into neighbourhood type (downtown, inner suburb, etc), density (people/hectare), etc. Care should also be taken in studies to consider full urban impact, rather than focusing solely on particular populations, such as distressed neighbourhoods, etc.

### *Measuring mental health*

Some studies measure reported rates of specific mental illnesses; others use proxy measures (such as suicide rates, or amount of medication prescribed); still others use self-reported measures of symptoms such as low mood or stress levels, or of 'happiness'. Happiness (or lack of happiness) is a common measurement in this field. Happiness cannot be used as a proxy for mental illness, but it is sometimes used as a proxy description of mental health and wellbeing.

### *Happiness and its confounders*

Many research papers employ the use of self-reported happiness in order to make comparisons and understand differences in urban settings. Urban design and planning features that have been associated with people self-reporting happiness (Leyden et al) include:

- Efficient public transport and biking options
- Pedestrian-oriented spaces
- Convenient access to cultural and leisure activities
- Safe, clean, attractive cities, including green space and low crime rates
- Places that foster social connections and facilitate participatory social events
- Smaller communities (under 250,000)

However, studies (Ballas et al, Helliwell et al, Sharpe et al) have shown that self-reported happiness is also increased by:

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- positive attitudes
- belief in a higher power

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These factors should be taken into account when interpreting research that makes associations between happiness and urban settings.

***This information was developed by Layla McCay, Centre for Urban Design and Mental Health, and Todd Litman, Victoria Transport Policy Institute. For further information on these facts and figures, please refer to the [Victoria Transport Policy Institute Report, Urban Sanity](#).***

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