Mental health matters
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As cities in developing countries grow and face a multitude of problems related to the provision of basic services, it seems well worth while to consider the mental health of city dwellers — who represent an increasing proportion of the population in developing countries.

WHO's definition of health stresses the importance of mental, physical and social well-being as opposed to the mere absence of disease. The inclusion of mental well-being in the overall definition of health, no less significant in past decades than it is today, has not led to any major improvement in the status of mental health in international public health work. In the last few years, however, there have been some indications that mental health issues are finally gaining ground and becoming accepted as an important part of the public health agenda. One manifestation of this was the recent publication of World mental health: problems and priorities in low-income countries (by Robert Desjarlais, Oxford University Press, 1995), which prompted the UN Secretary-General to declare: “Priorities must change. Mental Health must be recognized as a foremost challenge ... an international campaign is needed. It is time for mental health problems to be seen by the international community as what they are: a threat to individual well-being, and a threat to peace and development worldwide”.

The notion that cities are inherently bad for both physical and mental health has a long history, but early research on mental health problems in urban areas focused exclusively on developed countries. This was mainly because it was assumed that the health problems of developing countries were limited to the so-called “traditional” problems of malnutrition and infectious and parasitic diseases. However, research into the “epidemiological transition” in developing countries has demonstrated that “newer” diseases such as heart disease, cancer and mental disorders are prevalent in developing countries. Whether or not mental disorders are more prevalent in urban as opposed to rural areas remains unclear. As cities in developing countries grow and face a multitude of problems related to the provision of basic services, it seems well worth while to consider the mental health of city dwellers — who represent an increasing proportion of the population in developing countries.

The common mental disorders have a debilitating effect on the sufferer and their families, and also result in a significant burden being placed both on primary health services (research has shown that around 20% of primary care attenders have a common mental disorder) and on society as a whole. There is clearly ample justification,
from both an economic and humane standpoint, for advocating that increased resources should be directed towards issues pertaining to mental ill-health.

**Risk factors in the cities**

It has been established that there are strong links between social and environmental factors and mental well-being. In particular, urban environment has been considered as having a particular effect on the onset of mental disorders. Possible risk factors include those related to long-term stresses due to the physical environment (e.g. overcrowding), the social environment (e.g. social disintegration), low availability of positive social support, and negative life events (e.g. loss of employment). It is in urban areas that many of the above factors occur in profusion.

To give some idea of the various problems faced by people who live in urban areas of developing countries, the following quotations are taken from focus-group interviews held with women in one of the poorer districts of São Paulo, Brazil. They indicate some of the daily worries of women in the area, particularly related to the place in which they live:

"I don't like where I live, there are lots of shacks. The roads aren't paved, we made the drains ourselves. There are people who live right on top of sewage. There's flooding ... there's a place near where I live where water runs down the road; I don't want my son to get ill."

"There is a lack of safety at night. We listen to gunshots, there's violence. The traffic is violent, cars don't stop at traffic lights. They don't look out for children going to school."

"Violence goes on everywhere, but especially in schools. Men abduct girls. I fear for my son even when he is studying during the day ... It's completely open, anyone can get in. There is a piece of waste ground in the school; a dead child was found there."

"Where I live there are gunshots, even during the day. If we are outside when it happens, we run in because we're frightened. This happens anytime, not just at night. People grab their kids and run away."

**Beyond individual control**

These quotations demonstrate a variety of factors operating at a level beyond an individual's control that are likely to influence people's stress levels, well-being and therefore mental health.

Various types of interventions for improving mental health have been identified. These may be: 1) training of staff to improve detection and management of a range of disorders at primary, district and village health worker level; 2) community-based interventions such as self-help groups, training of child care staff, and better policing; or 3) related to the macro-level, promotion of women's education and access to the legal system, advocacy of employment programmes and so forth.

To date, much of the effort to make cities healthier has focused on physical aspects of health. This is not surprising, given the overall emphasis on physical health in much of the international health literature. However, mental health problems abound in urban settings, and it is increasingly being recognized that tackling such problems is a vital step to take if the health of communities is to be improved.

WHO's Healthy Cities Projects offer a unique opportunity for improving health city-wide. Mental health poses a considerable challenge to health professionals everywhere in the world. But it is possible that these projects, through their emphasis on multisectoral interventions and by insisting that tackling health issues should not be confined to the health sector alone, can bring about a real improvement in the mental well-being of large numbers of city dwellers.

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