Youth Mental Health and Urban Precarity: an Interpretive Scoping Review of New Strategies

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Abstract

Living conditions play a crucial role in determining opportunities, long-term health, wellbeing, and emotional and affective experiences. In a time when most of the world is rapidly urbanising, there is growing interest in how mental health and urban environments interact, but not enough focus is given to how mental health is situated in space and time. In many urban areas around the world, socio-economic inequality is pervasive, making living conditions extremely precarious for some social groups, including young people. Young people are impacted by uncertain economic futures, and there are still many unmet needs for mental health services. This scoping review's goal is to create an interdisciplinary, global understanding of the urban factors that influence young people's mental health on a variety of fronts. In order to create an interpretive framework based on viewpoints shared by young people, we aim to broaden the focus of urban mental health research beyond the physical characteristics of urban environments. We provide examples of how social theory ideas can be applied as a framework for integrating both the lived experiences of young people and the larger cultural and political dynamics of urban mental health.

Keywords: Cities • Inequalities Interdisciplinarity • Mental health • Scoping review • Social model Social theory • Youth

Introduction

According to reports, the main factor contributing to youth disability around the world is poor mental health. The mental health of adolescents and young people has reportedly been neglected in terms of unmet health needs, despite the fact that serious mental health problems are frequently diagnosed before the age of 19 in the Global North. Young people are particularly affected by social injustices because they are establishing and molding their unique life paths. In light of this, people are becoming more and more interested in how living in cities affects mental health. In terms of daily life, health, and wellbeing, cities have long been perceived as riskier than rural areas, despite the fact that these areas are undoubtedly also better served by healthcare and employment opportunities [1-2].

Furthermore, neither within nor between high and low income countries is urban living the same. Toxic exposures refer to the characteristics of urban environments that have been linked to poor mental health. More generally, it is believed that urbanization, migration, conflict, and changes in technology, employment, and education around the world have a significant impact on how people live and develop. Therefore, there is a need to integrate the two issues of youth and urban mental health to advance knowledge of how young people experience these global shifts, urban processes, and conditions.

The relationship between urban mental health and young people is the main focus of this scoping review from 2020, with particular attention paid to socioeconomic disparities and societal conditions of "precarity" that existed prior to the global COVID-19 pandemic. The effects of national quarantines, school closings, COVID restrictions, health anxieties, and social isolation on adolescent mental health have been well-documented since this time, and there has been an increase in interest in urban mental health research. Although it has been widely argued that the pandemic has significantly changed how people view their interactions with urban life, the long-term effects on the "post-COVID city" are still unknown. In order to better understand what the future holds for people's mental health in the context of a rapidly growing global population living in cities, we analyze neuroscientific, epidemiological, and psychiatric research that has begun to engage with the disciplines of urban planning, urban sociology, geography, architecture, and urban design.

Literature Review

In this review, we define "urban" and "urbanicity" somewhat differently from how they are defined in current psychiatric and neuroscientific literature, and we use the term "neuropolis" as shorthand for understanding the urban as a place of political expression as well as a place of embodied and biological experience. Which are conceptual strategies intended to foster interdisciplinary cooperation. While acknowledging that the experience of people living in cities can also be understood through a neurobiological disciplinary lens, i.e. that there are "real" biological differences between urban and rural dwellers, but that the boundaries between these two categories remain ill-defined, we use the concept of "neuropolis" as an umbrella term to acknowledge the collective and intertwined social, economic, and political dimensions of mental health. Anthropologists and geographers have highlighted the experiential practices of "niching," urban mobility, atmospheres of recovery, and assemblages of health. could have provided a different point of entry [3]. This requires moving "beyond social determinants" of urban mental health in order to better capture agency, experience, and the particular politics of urban settings, specifically the "moulding and marring of mental life in conditions of precarity and adversity, and the socio-political strategies necessary to build the capabilities that can enable human beings individually and collectively to thrive in the face of adversity."

In order to incorporate a more comprehensive understanding of both the factors that shape urban spatial qualities and the social experiences of urban living, we therefore broaden current conceptualizations of urban stressors in the built environment. We conceptualize the "urban" in this essay as heterogeneous and dynamic, and we conceptualize "urbanicity" as a dynamic process involving the interaction of various social, economic, environmental, and political factors acting at various levels of the urban to shape mental health. Instead of viewing urban residents as static, our definition aims to capture the dynamic nature of urban environments. In our opinion, the city both produces and creates social relations.

There is still much theoretical work to be done in order to formulate precise hypotheses about the mechanistic connections between urban precarity and poor mental health, but there are several promising directions for future research. First, more comprehensive theories of the connection between "place" and mental health are required. Additionally, a thorough understanding of the formation of the "self," youth transitions, and interaction with young people's perceptions of "urban futures" and their own future opportunities in particular contexts must be developed. As the review has shown, unobservable social and political forces, the structures of urban governance, and neurobiological and environmental processes can all have an impact on how social environments are organized, how mental health is experienced in particular neighborhoods, and how people's lives are

perceived to be of high quality. In this case, the built environment is viewed as a potential resource, wherein unequal access to these resources can worsen disparities in mental health. Studies from a wider variety of international contexts are still lacking, and authors have argued that particular contexts like low- and middle-income countries and regions of political conflict deserve more focus. Future research should address the challenge of explaining multiple, interrelated risk factors at various geographic scales. Many have argued that longitudinal and multi-level studies can help with this task [4,5].

Conclusion

In reviewing the interdisciplinary research on urban precarity and young people's mental health, this paper found a rich field and noted some potential weaknesses and significant gaps. There is a growing body of social scientific research that examines the dynamic interactions of spatial, temporal, and embodied factors linking precarious urban living conditions and young people's emotional experiences, as well as a resurgence of interest in urban mental health in the medical, psychological, and psychiatric literature. We have investigated some of these literatures' presumptions, such as how the term "urban" is defined, the tendency to emphasize the urban environment in terms of exposure and risk, and the predominance of proximate rather than distal processes at work. However, it must also be acknowledged that there is a clear lack of concepts, programs, and initiatives to enhance young people's mental health in urban areas. When it comes to urban planning, parenting programs, social and emotional learning, self-esteem building, or preventing homelessness, experts frequently make very specific recommendations at the local level or very general recommendations at the global level. These proposals don't pay enough attention to the intricate power dynamics, the contexts of ongoing discrimination, intersectional identities, or the specifics of how interventions can be made to function at the meso-level and in a variety of geographically and historically diverse contexts. Thus, the notions of neuropolis and ontological insecurity could serve as the foundation for new, interdisciplinary research that can aid in the creation of programs that improve young people's sense of control, comfort, and ability to handle conflict as well as assist them in navigating the choices presented by urban living. Additionally, the ideas highlight the political nature of urban mental health, the significance of a politics of recognition, and our ecological relationships with others. Future interdisciplinary research that centres these issues may create new avenues for inquiry into urban living strategies.

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