

## ***Developing a Research Agenda on the Relationship between Physical Environment and Mental Health***

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### **Abstract**

After two decades of focused global efforts on the link between the physical environment and health, while most of these studies have focused on the objective components of obesity and obesity, there is little research to improve mental health, especially in the country Iran. Accordingly, the present paper attempts to provide a research agenda for urban designers by reviewing the narrative of empirical literature and empirical evidence, and outlining the main challenges and ambiguities that research faces. A variety of databases and search engines such as Google Scholar, Pop Fashion, Scopus and Web of Science have been used to find articles. Selected articles were chosen on the basis of subject relevance, number of citations, and recent findings. Of the selected studies, 72, 25, and 3 percent, respectively, were published between 2010 and 2009, prior to 2000 and 2009, with an average of 151, 676, and 284 citations, respectively. The complexity of understanding mental health disorders coupled with the lack of conclusive results makes it difficult to justify and advocate the integration of urban mental health policies for societies that place economics and speculation at the top of policymaking. Although it is clear that physical components and cities are affecting the improvement or deterioration of mental health, the mechanisms of action remain unclear. In addition, there are few studies that have measured the effectiveness and effectiveness of urban policies on mental health.

### **Introduction**

The debate over the relationship between the built environment and public health is not new. However, in recent decades, with the change in people's lifestyles and the spread of new medical problems, it has taken on other dimensions. While the prevalence of obesity and related non-communicable diseases such as cardiovascular disease, type 2 diabetes, heart strokes and pedestrians are at the center of attention, mental disorders such as depression, stress and anxiety in the competitive world and Fast today have received less attention. Thus, the role of urban planners and designers in this area is very small, so that after about twenty years, there are serious ambiguities about the results of these studies. In this regard, the present article has tried to provide these ambiguities as a circle of challenges in the form of a research agenda with regard to theoretical and experimental gaps on this issue in the country.

### **Materials and Methods**

The present article is considered as a narrative overview for its purpose and nature. Initial searches used systematic reviews, with emphasis on the words "urban

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environment" and "mental health", "health", "well-being", "mental disorders" and "depression", then reviewing these articles and repeating the terms. Key to them, subsequent searches focused on systematic review articles in the three categories of transportation and pendulum travels, the green space and the link to nature and housing status. Finally, by examining the key assumptions of these groups, searches were conducted on empirical research to critically examine the evidence. A variety of databases and search engines such as Google Scholar, Pop Fashion, Scopus and Web of Science have been used to find articles. Selected articles were chosen on the basis of subject relevance, number of citations, and recent findings. Of the selected studies, 72, 25, and 3 percent, respectively, were published between 2010 and 2009, prior to 2000 and 2009, with an average of 151, 676, and 284 citations, respectively.

### **Results and Discussion**

By reviewing various studies on the relationship between the physical environment and mental health, four related conceptual and methodological challenges have been identified.

First, most of these investigations are not interdisciplinary. As a result, they cannot define the appropriate variables or geographical units for their analysis of physical or mental health. Thus, a significant portion of the findings are compromised or mistakenly opposed. This is reflected in the definition of the neighborhood unit and its associated characteristics.

Second, a correct understanding of the scales. While different conditions at different levels may cause mental and mental disorders influenced by hereditary and genetic factors, family and friend's environment, and ultimately residential and community environment, attention to spatial and temporal scales can play a determining role to provide analytics results.

Third, most studies have focused on cross-sectional data. These data cannot determine the causal effects of the variables on mental health. As a result, they cannot measure the efficiency and effectiveness of urbanization policies and practices.

Fourth, the complexity and intertwining of urban variables. Just one or two variables in assessing the components of neighborhood units without considering the controlling, mediating, and intervening variables cannot alone represent the mechanisms that influence the human-built environment on mental health, and simply by designers and Get urban planners into action. Therefore, using structural equation models such as path analysis can be a better alternative for measuring the bivariate causal relationships.

### **Conclusions**

The complexity of understanding mental health disorders coupled with the lack of conclusive results makes it difficult to justify and advocate the integration of urban mental health policies for societies that place economics and speculation at the top of policymaking. Although it is clear that physical components and cities are affecting the improvement or deterioration of mental health, the mechanisms of action remain unclear. In addition, there are few studies that have measured the effectiveness and effectiveness of urban policies on mental health. One reason for this may be the fear of the media dimension and the politicization of such issues. In such a case, some people believe that expressing negative or positive outcomes in economic, social and environmental language projects can be beneficial to achieving health goals. Thus, it is necessary to provide a research agenda to better understand and provide theoretical support and empirical application in the country in order to complement the results of this research and to go beyond the discussions on the relationship between tissue and the urban environment and mental health. From this perspective, it seems that the entry of urban planners and urban geographers into interdisciplinary research in the field of health is the first step to eliminate ambiguities. The definition of urban components in the language of medicine and psychology in different climates and cultures in a

comparative manner can greatly facilitate comparisons. Access to cohort data can also allow longitudinal investigations. Using these data and structural modelling can be very helpful in understanding the mechanisms, processes, and how they work. Considering different spatial and temporal scales simultaneously in the studies can clarify the importance of the variables. For example, which distance or travel time can best explain the role of commuting trips in increasing or decreasing stress. Clarifying these ambiguities can allow comparative comparisons of the different physical components and their effects on different mental health disorders. This will provide an appropriate framework for assessing the effectiveness of different design options and the effectiveness of their policies and actions over time, which can serve as a strategic guideline for planning and planning different urban areas and neighborhoods. In addition, the results of these studies can provide strong support for prioritizing mental health in plans and programs.

Keywords: built environment, mental health, walkability, neighborhood, depression

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