Urbanisation and psychopathology

Christopher P. Szabo
Editor-in-Chief

Migration from rural to urban areas is a feature of the developing world [1]. In South Africa, approximately 54% of the population was urbanised in 1996 with Gauteng and the Western Cape being the most urbanised (97% and 88.9% of the population respectively) and Northern Province and North West the least (11% and 34.9% of the population, respectively) [2]. One might rationalise that urbanisation has much to recommend it if one considers that the so-called developed world is approximately 70% urbanised [1]. However, the availability of infrastructure and resources would appear to be a critical determinant of the extent to which urbanisation contributes positively to societal development [3]. Ironically, at a time of increasing urbanisation in the developing world a process of counter-urbanisation (moving away from urban centres) is taking place in the developed world[4].

The relationship between urbanisation and psychopathology is one which has been explored within the context of a number of psychiatric illnesses, ranging from eating disorders [5,6,] to psychotic disorders [7] as well as aspects of adolescent behaviour [8]. Increasing levels of psychopathology are associated with increasing levels of urbanisation. In addition it has been found that psychiatric admission rates increase with increasing level of urbanisation [9]. Most recently the changing patterns of trauma in South African society, with a dramatic increase in interpersonal violence, have been associated with urbanisation [3]. A specific link between substance abuse and interpersonal violence has been documented in South Africa [10] and cited as a key risk factor for such violence [11].

The message emerging from somewhat divergent sources appears to be congruent in identifying urbanisation as a potentially toxic process. Yet, a comprehensive study of the impact of urbanisation and urban living on mental health conducted in Australia concluded quite the opposite [12]. This in spite of the transition, within 100 years, from a predominantly rural society to one of the most urbanised societies (85%) in the world. Interpretation of conflicting data is problematic, however the process of urbanisation or urban living per se may not be the critical issue. It may be that cultural transition - with changing social networks and disconnection from community and family ties - might explain the increasing prevalence of psychiatric morbidity within the context of urbanisation [13]. It has been observed that successful integration into modern society may actually be associated with improved mental health [14]. Given that South Africa is a developing country and a society in transition, we can anticipate increasing urbanisation with concomitant implications for mental health. Beyond a practical interpretation of this understanding i.e. a greater need for resource allocation, is a conceptual one that has implications for the discipline of psychiatry.

Whilst psychiatry has seen fit to establish itself as a respectable medical discipline through an increasing emphasis on biological aspects of psychopathology and intervention, we should not forget that a comprehensive and optimal approach to understanding illness and patient care needs to incorporate a social dimension [15]. Whilst improved technology enables psychiatrists to elucidate brain functioning more fully, it seems prudent to suggest that an emphasis should also be placed on developing "technology" enabling us to examine this social dimension of our existence in a similar way. Specifically within the context of urbanisation, we need to seek a more nuanced understanding of the processes related to cultural integration which might explain the link between urbanisation and psychopathology in a meaningful way.

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