

The Impact of Urbanization on Mental Health Outcomes in Canadian Cities: A Literature Review



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Abstract

Introduction: Urbanization, which is the increasing proportion of people living in urban areas, is rapidly occurring in Canadian society. Currently, nearly 74% of Canadians live in large urban centres. Research has linked urban environments to mental health challenges, including anxiety, depression, and social isolation. While research on urbanization and mental health currently exists, there is a lack of research on the relationship examined in the Canadian context. The aim of this literature review is to investigate peer-reviewed studies published between 2015 and 2025 to understand how urbanization impacts mental health in Canada.

Methods: The PubMed and PsychINFO databases were utilized for the literature search. The inclusion criteria were empirical studies that focused on the Canadian population, were published between 2015 and 2025, and were relevant to the research topic. Exclusion criteria were papers from non-journal article sources such as textbooks, dissertations, reports and opinion pieces, and studies involving non-Canadian participants.

Results: From the 67 search results that were screened, 11 articles were selected for review. 5 key themes were identified: greenspace exposure, sense of community belonging, psychosocial recovery from injury or illness, maternal and child outcomes, and pandemic-related factors. The mental health effects of urbanization were found to vary by age and health status.

Discussion: The consistent themes amongst the selected articles were as follows: (1) greenspace exposure is beneficial but unevenly distributed, (2) sense of community belonging operates as a critical pathway, and (3) vulnerability to urban stressors varies by age, health status, and socioeconomic position. While the selection of articles of various study designs, research scopes and participant demographics provided a holistic perspective on the research topic, it also posed limitations when comparing findings across papers. Further research is required in order to consolidate the associations identified in this review.

Conclusion: Overall, literature has identified relationships between urbanization and mental health through factors such as vegetation, community networks, and maternal interpersonal violence. However, urbanization on mental health in Canada are complex, multidimensional, and context dependent. Further Canada-specific research is necessary to clarify causal pathways and guide urban planning strategies that support mental health across diverse populations.

Keywords: urbanization; mental health; Canada; greenspace; COVID-19; sociodemographic factors

Introduction

Urbanization, described as the increase in proportion of people living in urban areas, is occurring rapidly across the globe [1, 2]. Statistics Canada defines urban areas as continuously developing areas that have a population of at least 1,000 people and a population density of at least 400 people per square kilometer [3]. Rural areas have populations and population densities that do not meet this threshold [3]. Over 50% of the world's population lives in urban areas and this number is projected to rise to 68% by the year 2050 [2]. In Canada, the proportion of people living in large urban centres is even higher, at nearly 74% [4]. Canada's rapid population growth that occurred from 2016 to 2021 can be attributed mainly to these urban centres [4]. Not only does

Canada have a high proportion of its population living in large urban centres, but the number of such centres is also increasing; from 2016 to 2021, six additional large urban centres reached populations of at least 100,000. A major contributing factor to urbanization in Canada is the country's high influx of immigrants. Of the immigrants arriving to the country, 9 out of 10 settled in large urban centres from 2016 to 2019. Urbanization in Canada can also be partially explained by urban planning and policy that encourages densification and development in downtown centres [4].

Research conducted in various countries has shown a link between urbanization and poor mental health. For instance, an environmental research study conducted in 191 countries demonstrated a positive relationship between

frequency of psychological disorders, especially anxiety, and urbanized areas [5]. A meta-analysis of studies surveying developed countries also showed that mood disorders (39%) and anxiety (21%) were more prevalent in urban areas than in rural areas [6].

According to Ochnik et al., mental health risk factors pertaining to urban environments can be classified into two categories: social factors or the physical factors [7]. One key social factor is reduced social cohesion, which tends to emerge in densely populated environments. Although cities bring people into close physical proximity, crowded settings can feel overwhelming and lead individuals to withdraw as a form of self-protection. As a result, levels of loneliness are often higher in highly urbanized areas, whereas rural areas typically display stronger community ties [5].

Examples of physical risk factors in the urban environment include air and noise pollution, specific architectural factors (e.g., high-rise buildings that are perceived as more oppressive), and a lack of greenspace [8]. Greenspace is any vegetative land connected to an urban area such as bushland, nature reserves, national parks, outdoor sports fields, and school playgrounds [9]. Greenspaces can provide restoration from stress and fatigue and foster social connections, thereby supporting mental health [9, 10].

Currently, there is a lack of literature available about the effects of urbanization on mental health outcomes, especially in the specific scope of the Canadian population. Given the country's high urban residence proportions, it is imperative that research is conducted to investigate this topic. The aim of this literature review is to explore how urbanization impacts mental health in Canada. It is hypothesized that urban features such as reduced sense of community and greenspace will negatively impact the mental health of Canadian residents.

Methods

This review involved a literature review of peer-reviewed journal articles to gather and interpret existing research on urbanization and mental health in Canada. The literature search was conducted using the PubMed and PsychINFO databases. Based on the research question, "How does urbanization impact mental health amongst people living in Canada", search terms were selected in accordance with the following keywords: "urbanization", "mental health" and "Canada". Boolean operators and database-specific search vocabulary (MeSH terms in PubMed) were utilized to optimize relevance of search results (See [Figure 1](#)).

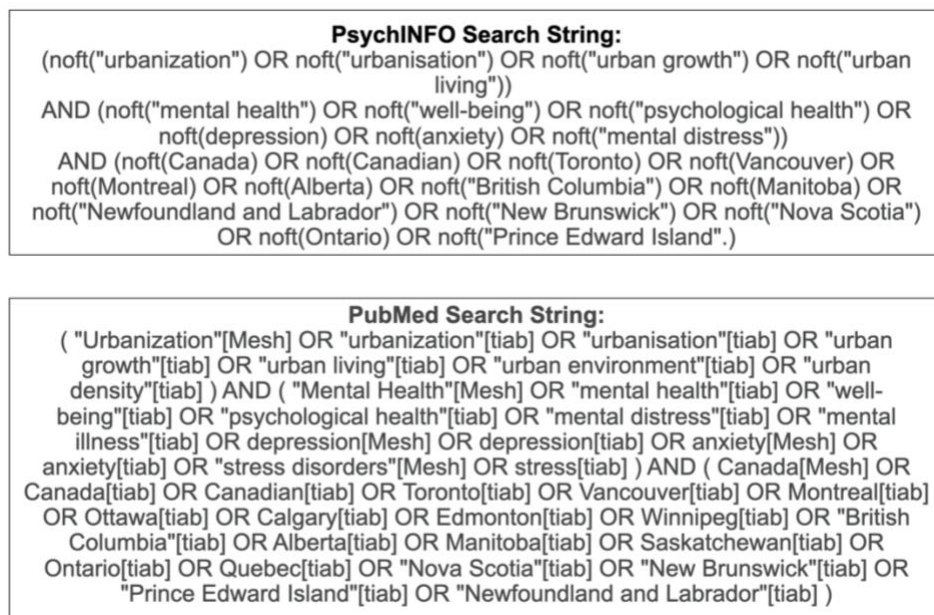


Figure 1. Search Strings used for PsychINFO and PubMed

Given the especially alarming knowledge gap about the relationship between urbanization and mental health within the Canadian context, our research was focused on studies that used participants exclusively from Canada. The inclusion criteria were empirical studies that focused on the Canadian population, were published between 2015 and 2025, and were relevant to the research topic. The time

frame of 2015-2025 was selected to get the most relevant results on the investigated relationship. Exclusion criteria were papers from non-journal article sources such as textbooks, dissertations, reports and opinion pieces, and studies involving non-Canadian participants.

Each search result was manually screened to determine relevance to the research question. Titles and abstracts were

reviewed first to remove clearly irrelevant studies. Full-text screening was then completed to determine eligibility. Any uncertainties about inclusion were addressed through repeated review and comparison against the research question.

For each selected article, key details were extracted such as study design, study population, urbanization factors examined, major findings regarding mental health outcomes, and limitations and conclusions. Common patterns and differences were identified if present.

Results

From the 67 search results that were screened, 11 articles were selected for review. Of the selected articles, 4 were cross-sectional and the remaining were longitudinal. The research articles had a variety of geographical contexts, participant demographics, and variables of study. From the literature search, 6 key themes were identified: greenspace exposure, community belonging, psychosocial recovery from injury or illness, maternal and child outcomes, COVID-19 pandemic-related factors, and the role of sociodemographic factors.

Greenspace Exposure

An age- and sex-specific analysis conducted in Toronto by Abdullah et al. found vegetation cover was associated with a higher prevalence of mental health disorder cases for both males and females aged 0–19 and 25–44 years [11]. Consequently, children, adolescents, and younger adults may be particularly vulnerable to declines in vegetation cover [11]. However, no significant association was evident between vegetation and the mental health disorder cases of adults in the 45–64 and ≥ 65 -year groups. A potential explanation of the finding was that younger people engage in more outdoor activities than older adults, exposing them to greater levels of urban greenery. Young adults may also actively seek vegetation-covered areas and other urban greenery for physical exercise and de-stressor activities [11].

Bolanis et. al specifically looked at the association between urban greenspace during childhood and the following mental health issues: inattention, hyperactivity/impulsivity, and conduct problems, and internalizing problems, namely depression, generalized anxiety, and serious suicidal ideation [12]. Using a questionnaire for 742 urban-dwelling participants of the Quebec Longitudinal Study of Children Development, they found that urban greenspace during childhood was associated with inattention problems in both females and males [12]. However, there was no association between urban greenspace during childhood and other mental health issues including hyperactivity and impulsivity, conduct problems, depression, generalized anxiety, and serious suicidal ideation [12].

Rugel et al. investigated the relationship between distinct measures of natural space and mental health and

found no direct associations between the variables [13]. However, a notable finding was that publicly accessible neighborhood nature was associated with increased odds of a higher sense of community belonging [13]. A 1% increase in natural space within 500 meters of someone's home was associated with roughly a 4–5% increase in the odds of reporting a stronger sense of community belonging. Furthermore, the study showed that a greater sense of community belonging was associated with improvements in major depressive disorder, negative mental health, and psychological distress. Thus, while natural spaces were not directly linked to better mental health, they indirectly impacted it through supporting community belonging. As a result, the researchers concluded that natural space could address social isolation and, in turn, poor mental health faced by residents of urban environments [13].

Community Belonging

Glennie et al. used data from the Rick Hansen Spinal Cord Injury Registry (RHSCIR) and SF-36v2 Mental Component Summary (MCS) collected from patients at Vancouver General Hospital to explore the difference in health outcomes for spinal cord injury patients in rural and urban areas [14]. They found that rural patients had a lower prevalence of self-reported depression, and that patients who migrated from a rural to an urban setting had a higher incidence of self-reported depression compared to patients who stayed within a rural area [14]. The researchers suggested that the sense of belonging, closeness of family, and social support typical of rural communities likely contributed to the better mental health outcomes, despite the more isolated geographical environment [14]. The study by Rugel et al. also showed that a sense of community belonging was associated with improved mental health [13].

Psychosocial Recovery from Injury or Illness

Research by Allen et al. sought to investigate if there are differences in functional and psychosocial recovery from stroke between stroke survivors living in urban and rural areas, both who were accessing an in-home, community-based, interdisciplinary, stroke rehabilitation program [15]. They used data from admission, discharge, and 6-month follow-up assessments of 1222 stroke survivors receiving care from the Community Stroke Rehabilitation Teams in London, Ontario [15]. Before completing a Bonferroni adjustment, the urban residents appeared to show more improvement in depressive symptoms than the rural residents ($p=0.04$) from admission to discharge from the program. However, after the adjustment no significant difference was found. The researchers also noted that the urban residents might have had access to additional community programs and were less limited by geographic distance to family, friends, and community-based social activities, resulting in greater opportunities for social participation and inclusion, thus

reducing depressive symptoms during stroke recovery [15]. This contrasts the comment made by Glennie et. al, that sense of belonging, closeness of family, and social support is more typical of rural communities [14]. There were also no significant differences in anxiety levels between the urban and rural cohorts [15].

Maternal and Child Outcomes

Binter et al. conducted a meta-analysis using 6,279 mother-child pairs from 3 Canadian population-based birth-cohorts (3D Cohort Study in Montreal, Quebec City, and Sherbrooke, All Our Families Study in Calgary, CHILD Study in Edmonton, Vancouver, Toronto, and Winnipeg) [16]. They investigated whether there was a relationship between urban living during pregnancy and externalizing and internalizing disorders including attention problems, aggressive behavior, emotional reactivity, anxiety, and depression, and social withdrawal, for the born children during the ages of 2–5 years old [16]. They found no evidence of a relationship between urban living during pregnancy and any of the listed mental health issues [16].

Su & Arcey's study focused on the maternal and birth outcomes subsequent to maternal interpersonal violence, and how they differ between urban and rural women in Canada [17]. Data was extracted from the Maternity Experiences Survey (MES), a Canadian population-based postcensus survey administered to 6,421 Canadian mothers [17]. A personal interview was also conducted to collect data. The researchers found that living in an urban environment was associated with a higher risk of interpersonal violence experience around the gestational period. Maternal interpersonal violence experiences were also associated with postnatal depression and stressful life events [17].

COVID-19 Pandemic-Related Factors

Kirkland et al. aimed to investigate how the COVID-19 pandemic impacted loneliness levels for older adults, and the subpopulations that it affected the most [18]. They found that older adults living in urban areas had increased levels of loneliness during the pandemic compared to rural areas [18].

Pagé et al. investigated associations between urban and rural living and psychological distress among individuals living with chronic pain during the pandemic [19]. They found no significant association between urban versus rural living and psychological distress [19].

Role of Sociodemographic Factors

Devisscher et al. explored how greenspace is distributed relative to vulnerable populations in Vancouver, and how that could affect health outcomes [20]. They found that there was a negative association between residential instability and the amount of greenspace [20]. The strongest negative association was in the wealthier north-west area of the city, which had low residential instability and a high

quality and quantity of greenspace. Their findings revealed that many vulnerable populations in Vancouver have reduced exposure to greenspace to support their mental health [20].

Ren & Giang utilized census data to investigate spatial distribution of environmental quality (categorized by air pollution, walkability, vegetation coverage, accessibility to a park or water body, and heat stress), within the Metro Vancouver region [21]. They found that residents with high material and social deprivation and visible minorities were exposed to lower environmental quality [21]. They also found that these inequities failed to improve overtime for these vulnerable groups. For example, South Asian residents had poorer environmental quality in 2016, as compared to 2006 [21].

Bolanis et al.'s study found an association between childhood urban greenspace and lower inattention problems in both females and males, which remained even after adjusting for sex, childhood mental health, family socioeconomic status, maternal age at birth, parental mental health, family composition, and material and social deprivation [12].

Discussion

The findings of the literature search provided an overview on how urbanization has impacted mental health, integrating evidence on the themes of greenspace exposure, sense of community belonging, clinical psychological recovery following injury and disease, maternal and birth outcomes, and pandemic-related factors. Overall, urbanization has varied effects on mental health depending on developmental stages, geographical location, and sociodemographic identity. The consistent themes are as follows: (1) greenspace exposure is beneficial but unevenly distributed, (2) sense of community belonging operates as a critical pathway, and (3) vulnerability to urban stressors varies by age, health status, and socioeconomic position.

The synthesis of findings reveals inconsistencies in the investigated relationships between urbanization factors and mental health. For instance, while two studies found an association between greenspace and mental health, one study found no direct relationship [11–13]. Similarly, while one study found a relationship between urban dwelling and depression, another study found no relationship [14, 15]. Potential reasons for this discrepancy are that the role of urbanization on mental health is context dependent, so factors such as geographic location, age, and health status of participants can mediate the relationship.

Multiple studies in this review highlighted the important role that sense of community has on mental health, one of which mentioned that rural communities have a stronger sense of community [13, 14]. From data taken from the Canadian Social Survey from 2021 to 2024, it was also found that sense of belonging is lower in urban areas [21]. An explanation for this is that residents in these areas tend to have longer commutes for work, leading them to

spend less time in their home communities for personal and recreational activities. Additionally, dense population is another factor that is associated with lower sense of community [21].

The research findings by Devisscher et al. and Ren & Giang both reveal inequitable distribution of environmental quality in Vancouver [20, 21]. This finding is comparable to other research conducted throughout Canada that have identified inequalities in the physical area, vegetation density, type (e.g., garden vs. open field, and accessibility of residential greenspaces [22]). One of these studies, conducted in Montreal, Vancouver, and Toronto, found a relationship between family income and vegetation cover [23]. The potential mental health benefits of greenspace highlighted in this review suggest the need for stronger urban policies that guarantee equitable greenspace for marginalized populations [23].

A key strength of this literature review is the wide variety of research focuses represented in the selected studies. The review captured multiple dimensions of the relationship between urbanization and mental health, providing a comprehensive view of the research topic. Additionally, limiting the literature search to papers published within the past decade enhanced the validity of the conclusions by ensuring that evidence reflects current demographic trends and contemporary urban environments.

A limitation of the conducted literature review was that the selected studies also had slightly varied definitions of classifying rural and urban areas, hindering standardization. Additionally, the selected studies involved different factors of urbanization, participant demographics, and mental health categorizations, which can make pose challenges when comparing findings across studies and extrapolating conclusions. For instance, since the stroke rehabilitation study was conducted using participants utilizing the Community Stroke Rehabilitation Teams in London, while the spinal cord injury recovery study was conducted using participants utilizing the Vancouver General Hospital care system in Vancouver, differences in service quality between the two healthcare systems, as well as location-specific confounding variables, can make it challenging to compare the results of both studies [13, 14]. Lastly, the literature search revealed a limited availability of data, particularly within the Canadian context and the selected timeframe. A lack of existing research led to difficulties in reconciling contradicting findings across studies. These limitations reinforce the need for further research to develop a more precise and coherent evidence base on how urbanization shapes mental health across diverse Canadian populations.

Conclusions

The findings of this literature review suggest that the impacts of urbanization on mental health in Canada are complex, multidimensional, and context dependent. A consistent pattern across the reviewed literature is that

greenspace exposure and a strong sense of belonging repeatedly emerged as key buffers against stress, depression, and psychological distress. However, some vulnerable and marginalized groups may experience disproportionately poorer environmental quality and reduced access to these natural spaces. The literature review also revealed that the effects of urbanization on mental health can vary by life stage and health status. Greenspace appears most protective for children, adolescents, and younger adults, while older adults may be more sensitive to social isolation in urban settings, as seen during the COVID-19 pandemic. Research related to recovery from injury or illness indicate that urban environments may support or hinder mental health depending on the availability of community programs and social networks. Research on pregnancy and early childhood highlights that even if mental health impacts are not evident in early childhood, certain stressors during gestation that are heightened in urban areas, such as interpersonal violence, can impact mental health. Further research grounded in the Canadian context is needed to clarify causal pathways and to support policies that foster healthy urban cities.

List of Abbreviations

MES: maternity experiences survey

RHSCIR: Rick Hansen spinal cord injury registry

SF-36v2 MCS: 36-item short form version 2 mental component Study

Conflicts of Interest

The author declare that they have no conflict of interest.

Ethics Approval and/or Participant Consent

The study did not require ethics approval or participant consent as it was a literature review and did not involve the use of animal or human participants.

Authors' Contributions

KR: is the sole author of this manuscript, she made contributions to the design of the study, collected and analysed data, drafted the manuscript, revised the manuscript, gave final approval of the version to be published.

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