



INTEGRATION OF MENTAL ILLNESSES WITH URBAN LIFE: A THEMATIC LITERATURE ANALYSIS (2003-2024)

RUHSAL HASTALIKLARIN KENT YAŞAMIYLA ENTEGRASYONU: TEMATİK BİR LİTERATÜR ANALİZİ (2003-2024)

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Abstract

This study aims to describe the body of scientific knowledge on the integration of mental health into urban living and to identify its main themes. The document analysis technique-one of the qualitative research methods-was employed. National and international academic databases covering the years 2003-2024 were systematically reviewed. Data sources included PubMed, Web of Science, Scopus, and TR Dizin, and 40 studies meeting the inclusion criteria were identified through keyword searches. The results were analyzed using a descriptive approach. The thematic analysis of studies published between 2003 and 2024 revealed that the highest concentration of publications occurred between 2017 and 2021. The descriptive analysis identified four primary themes with the following distributions: "Urban environment and psychological stress" (n=18), "Social inequality and stigma" (n=13), "Green spaces and mental health" (n=6), and "Social isolation and loneliness" (n=3). Regarding country distribution, the United States (n=17) emerged as the leading contributor to the relevant themes. The integration of mental health and urban living reflects the complex relationship between mental health problems and the experience of living in urban settings. Characterized by rapid change, social complexity, high population density, and environmental stressors, urban life can influence the onset, exacerbation, or management of mental health conditions, while mental illness can also shape how individuals navigate, interact with, and experience urban spaces. Understanding the complex relationship between urban life and mental health is essential for creating healthier urban environments and improving mental health outcomes for city residents.

Keywords: Community mental health, Mental health, Psychiatric nursing, Thematic analysis, Urban life

Öz

Bu çalışma ruhsal hastalıkların kentsel yaşam entegrasyonu ile ilgili bilimsel bilgi birikimini betimlemek ve ana temaları ortaya çıkarmak amacıyla ele alınmıştır. Nitel araştırma yöntemlerinden doküman analizi tekniğine başvurulmuştur. Konuyla ilgili 2003-2024 yıllarını kapsayacak şekilde ulusal ve uluslararası veri tabanları taranmıştır. Veri kaynakları olarak PubMed, Web of Science, Scopus ve TR Dizin akademik veri tabanlarından anahtar kelimeler ile yapılan taramalarda alınma kriterlerine uyan 40 çalışmaya rastlanmıştır. Elde edilen bulgular, betimleyici yaklaşımla değerlendirilmiştir. 2003-2024 yılları arasında tematik incelemede, en çok yayının 2017-2021 yılları arasında olduğu görülmektedir. Yapılan tematik analizde belirlenen dört temanın dağılımları şöyle bulunmuştur: "Kentsel çevre ve psikolojik stres" (n=18); "Sosyal eşitsizlik ve damgalama" (n=13), "Yeşil alanlar ve ruh sağlığı" (n=6) ile "Sosyal izolasyon ve yalnızlık" (n=3) temalarının izlediği saptanmıştır. Ülke dağılımına bakıldığında, Amerika Birleşik Devletleri (n=17) ilgili temalarda en fazla yayına sahip ülke olarak öne çıkmaktadır. Ruhsal hastalıklar ve kentsel yaşamın entegrasyonu, ruh sağlığı sorunları ile kentsel ortamlarda yaşama deneyimleri arasındaki karmaşık ilişkiyi ifade eder. Hızlı değişim, sosyal karmaşıklık, yüksek nüfus yoğunluğu ve çevresel stres faktörleri ile karakterize edilen kentsel yaşam, ruh sağlığı koşullarının başlangıcını, alevlenmesini veya yönetimini ya da akıl hastalığı da bireylerin kentsel alanlarda gezinme, etkileşim kurma ve deneyimleme biçimlerini etkileyebilir. Kentsel yaşam ve ruhsal sağlık arasındaki karmaşık ilişkiyi anlamak, daha sağlıklı kentsel alanlar yaratmak ve

kent sakinleri için ruh sağlığı sonuçlarını iyileştirmek için çok önemlidir.

Anahtar Kelimeler: Kentsel yaşam, Psikiyatri hemşireliği, Ruh sağlığı, Tematik analiz, Toplum ruh sağlığı

1. Introduction

Urbanization is one of the fundamental changes related to mental health (Adli et al., 2016). As urbanization accelerates, many people are increasingly exposed to environmental risk factors. Multifaceted sociopsychological, socioeconomic, sociopolitical, and environmental factors lead to elevated perceived stress by human nature, and they become significant enough to influence the onset, exacerbation, or management of mental health conditions (Weaver, Joseph, Robert, Niki, & Jamie, 2015). Similarly, mental illnesses shape urban life by affecting how individuals navigate, interact with, and experience urban spaces (Weissman et al., 2017; Krefis, Augustin, Schlünzen, Oßenbrügge, & Augustin, 2018).

The integration of mental illness and urban living refers to the complex relationship between mental health issues and the experience of living in urban environments. In recent years, urbanization has been recognized not only as a driver of spatial and demographic transformation but also as a key determinant of mental health due to improved access to healthcare services, employment, and education in cities. It has been shown that urban factors such as high population density, social segregation, fast-paced lifestyles, and environmental pollution negatively impact individuals' psychological well-being (Gruebner, Rapp, Adli, Kluge, Galea, & Heinz, 2017). Studies have revealed that conditions such as depression, anxiety disorders, and stress-related illnesses are more prevalent in urban areas than in rural regions (Solmi & Dykxhoorn, 2017). However, cities can also provide protective factors for mental health, such as easier access to healthcare, more developed social service infrastructure, and greater opportunities for social interaction for some individuals (Bonnell Clifton, Rose, Waddell, & Littenberg, 2022). This contradictory structure necessitates a multidimensional approach to understanding the relationship between mental illness and urban life. To balance the risk and protective factors of urbanization for mental health, it is essential to better understand the interaction between health, urban living, and mental well-being (Gruebner et al., 2017). Research comparing the prevalence of chronic mental illnesses in urban and rural areas has found that these conditions are generally more common in cities. Reasons include high population density, social isolation, environmental stressors,

fast-paced lifestyles, and greater socioeconomic inequalities (Kepley & Streeter, 2018). Additionally, urban environments pose health risks such as increased substance use and air pollution (Solmi & Dykxhoorn, 2017; Bonnell, Clifton, Rose, Waddell, & Littenberg, 2022; Morales, Barksdale, & Beckel-Mitchener, 2020).

Meanwhile, in rural areas, utilization of mental health services tends to be lower due to barriers to access and stigma. This can affect the rates at which mental illnesses are diagnosed. Some studies report lower rates of anxiety and depression in rural areas, but this may result from limited healthcare access and underreporting (Diğrak, Koçoğlu, & Akin, 201; Poreddi, Ramachandra, Nagarajaiah, Konduru, & Badamath, 2013; Forrest et al., 2023).

Although urban living is often associated with negative factors such as stress, noise, and air pollution, well-designed and planned cities can provide numerous mechanisms that support mental health. Increased green spaces, more opportunities for social interaction, transportation infrastructures that encourage physical activity, and the creation of community spaces can support the mental well-being of urban residents. These elements help reduce psychological issues such as loneliness, depression, and anxiety, thereby improving overall quality of life (Doran & Hargreaves, 2021).

Urban renewal projects that create safe, accessible spaces fostering social interaction can also improve individuals' psychological well-being. Improving public spaces is valuable for encouraging people to come together and build social ties (Baba, Kearns, McIntosh, Tannahill, & Lewsey, 2016). Enhancements to urban transportation infrastructure help people save time and energy, serving as a protective factor for both physical and mental health. Walkable cities enable people to engage in direct social interaction and use parks and open spaces (Barton & Grant, 2006).

According to Gong et al. (2016), various objectively measured features of the urban environment-such as access to green spaces, transportation infrastructure, building density, and availability of community facilities-are significantly associated with levels of psychological distress.

The complex and multilayered effects of urbanization on mental health also underscore the growing importance of psychiatric nursing. Psychiatric nurses play a crucial role in assessing and managing risk factors encountered in urban life, such as environmental stressors, social isolation, alienation, and inequalities. They also contribute to overcoming barriers to mental health service access, reducing social stigma, and improving individuals' quality of life by developing community-based and culturally sensitive interventions. In this context, integrating psychiatric nursing into urban planning,

policy development, and community mental health programs is considered a critical necessity for supporting individuals' mental well-being. This study aims to describe the scientific body of knowledge on the integration of mental illness and urban living and to identify its main themes between 2003 and 2024. In this context, the research sought answers to the following questions:

- What themes have emerged in the literature focusing on the integration of mental illness within urban life between 2003 and 2024?
- How is the relationship between urbanization and the integration of mental illness addressed in the literature?

2. Materials and Methods

This study was conducted using a qualitative research design based on the document analysis technique. Document analysis is a systematic

process of reviewing and interpreting existing knowledge on a particular topic. Within the scope of the research, national and international literature published between 2003 and 2024 was reviewed. Data were collected from the literature between January 2025 and April 2025.

Data sources included national and international academic databases such as PubMed, Web of Science, Scopus, and TR Index. During the search process, the following keywords were used: "mental illness," "urban life," "urbanization," "mental health," "social inequality," "environmental stress," and "social isolation."

The selected sources consisted of research articles and systematic reviews with a direct quantitative design focus on the topic. For the analysis, a data summary form was developed to record author information, year and location of the study, study type, sample characteristics and size, and key results. The PRISMA guidelines were followed during the selection process (Figure 1).

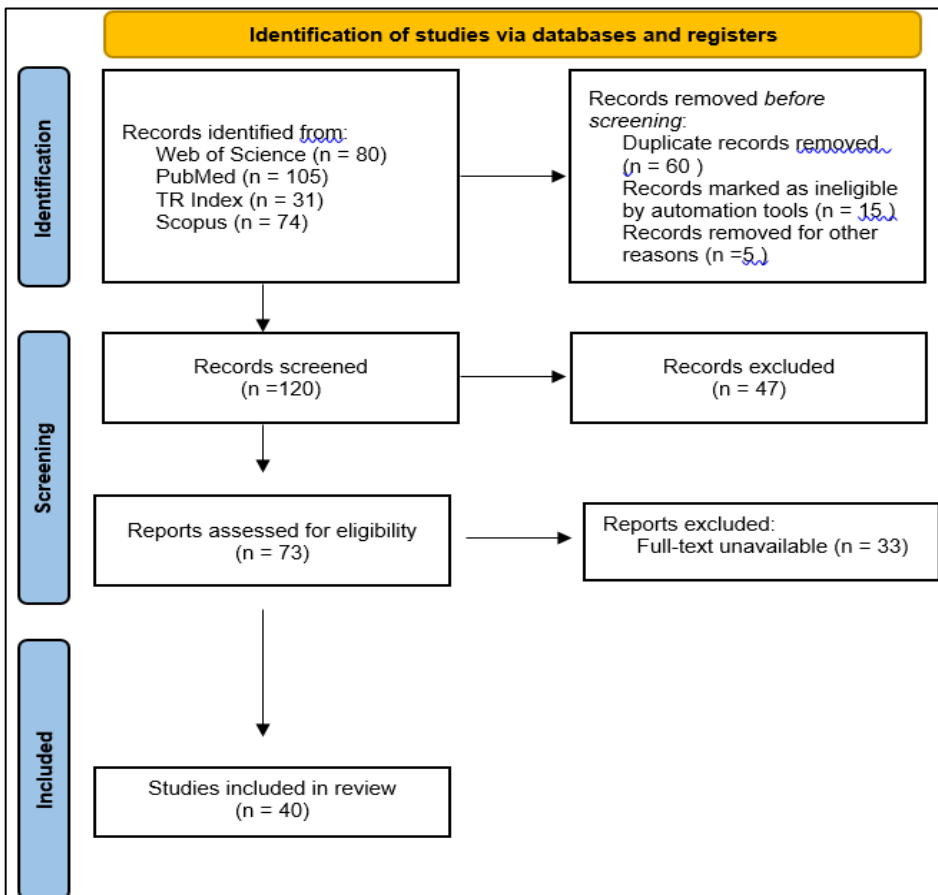


Figure 1. PRISMA flow chart

In the analysis process, the collected texts were manually examined and classified under thematic

headings using a descriptive approach. This allowed the prominent results in the literature to be

systematically summarized and the conceptual framework of the study to be developed. The research was completed with 40 studies that met the inclusion criteria and thematic coding.

2.1. Inclusion Criteria

- Studies published in peer-reviewed journals between 2003 and 2024.
- Studies relevant to the topic contain the specified keywords. Quantitative research studies including survey, correlational, causal-comparative, descriptive, experimental, or meta-analytic designs.
- Studies that provide clear information regarding sample characteristics and sample size.

2.2. The ethical dimension of the research

Since the data of this study were not collected on human or animal subjects, ethics committee approval is not required.

3. Results and Discussion

When the distribution of the number of publications by years is analysed, it is seen that the first publication was published in 2003 (n=1) and the most publications were published between 2017 and 2021 (Figure 2). The descriptive analysis yielded the following thematic codes: social isolation and loneliness, social inequality and stigma, green spaces and mental health, and urban environment and psychological stress (Figure 3).

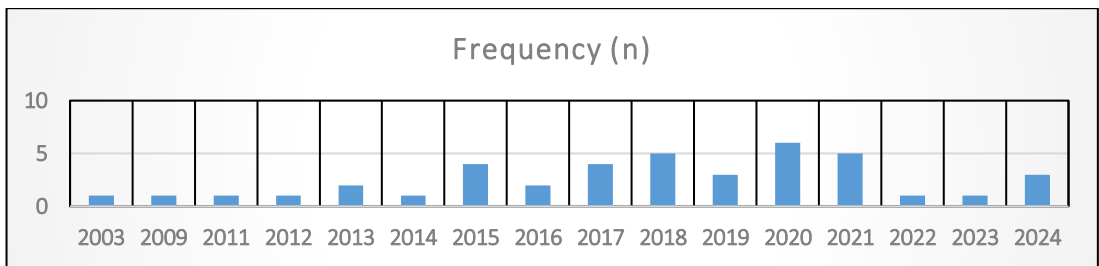


Figure 2. Frequency of Publications in Thematic Clusters by Years (2003-2024)

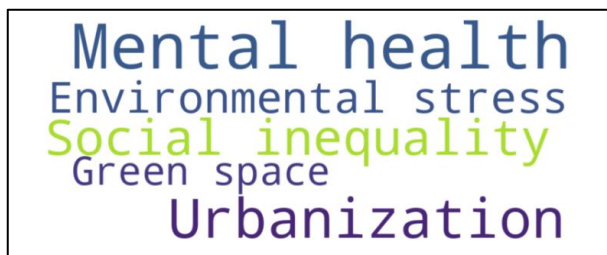


Figure 3. Thematic Clustering- Word Cloud

Considering the number of thematic clusters obtained from the studies conducted on the subject between 2003 and 2024, the highest number (n=18) belongs to the theme of ‘Urban environment and

psychological stress’, followed by the theme of “social inequality and stigmatisation” (n=13). The other themes are Green spaces and mental health (n=6) and “Social isolation and loneliness” (n=3) (Figure 4).

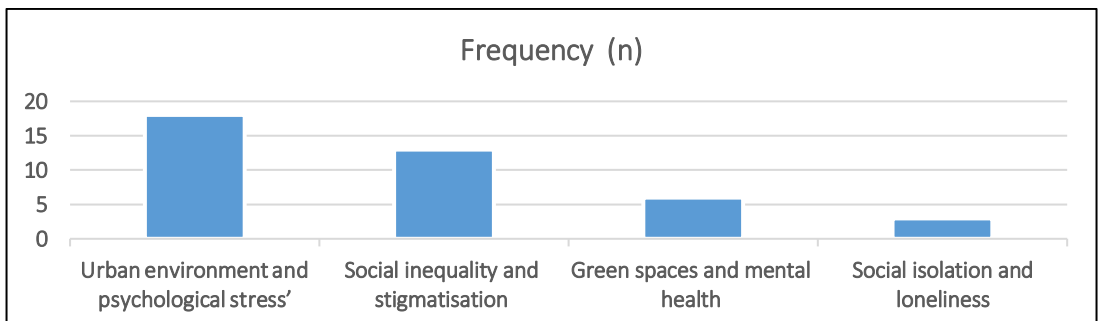


Figure 4. Frequency Distribution of Thematic Clusters

Based on the research conducted between 2003 and 2024 concerning the topic, the United States stands out as the country with the most publications in the relevant themes (n=17). This result is sequentially followed by the United Kingdom (n=10), Germany

(n=3), Türkiye (n=2), China (n=2), and Malaysia (n=2). Other countries with publications in these themes include Switzerland (n=1), the Netherlands (n=1), Spain (n=1), and Ireland (n=1) (Figure 5).

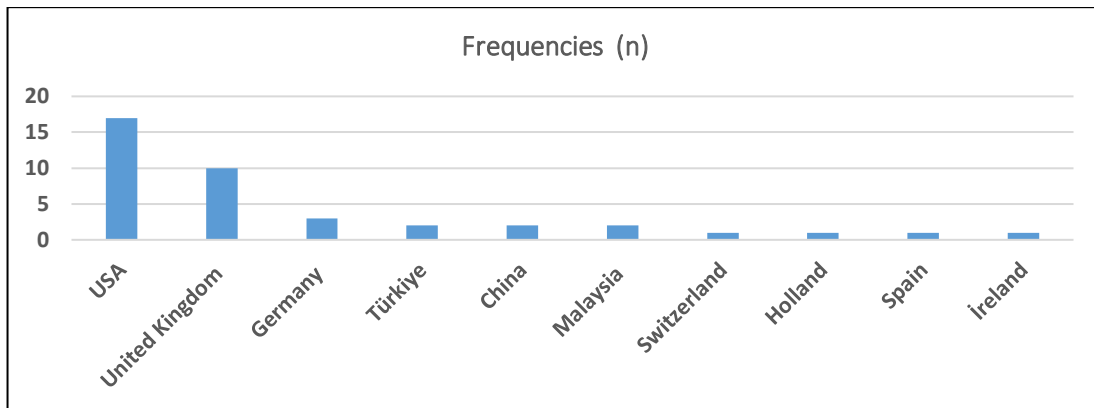


Figure 5. Frequencies in Thematic Clusters between 2003-2024 by Country

3.1. Urban Environment and Psychological Stress: Key Results

Urban environments pose a range of physical and environmental risks that can adversely affect individuals' mental health. Continuous exposure to urban noise sources-such as traffic and construction-combined with high building density, insufficient green spaces, fast-paced lifestyles, and heavy workloads has been shown to increase stress and anxiety levels. These factors collectively contribute to a higher prevalence of mental health issues, including depression and insomnia (Marzukhi et al., 2019).

Air pollution is not only associated with physical health problems but has also been linked to elevated rates of depression, anxiety, and cognitive impairments (Wei, Wang, Curtis, Shin, & Wen, 2024; Doran & Hargreaves, 2021). A systematic review has demonstrated that the physical design of cities can heighten individuals' perceived stress levels, leading to increased cortisol secretion and subsequent declines in mental health (Evans, 2003). Moreover, overlooked elements in urban planning-such as excessive noise levels and light pollution at night-can degrade sleep quality, which is strongly associated with depressive symptoms (Cho, Ryu, Lee, Kim, Lee, & Choi, 2015). In this context, it is evident that both the direct and indirect effects of the urban environment on psychiatric disorders require more careful consideration within the framework of environmental health policies.

3.2. Social Isolation and Loneliness: Key Results

Urban environments, due to high population density, fast-paced lifestyles, an individualistic

cultural orientation, and social structures that differ from those in rural areas, involve various socio-psychological factors that can lead to feelings of alienation (Doran & Hargreaves, 2021). Coping with loneliness in a city crowded with people becomes more challenging than in rural life due to the lack of meaningful social connections or support networks (Cacioppo & Patrick, 2008). The inability of individuals to purposefully and meaningfully manage feelings of loneliness can lead to social isolation. Studies have linked social isolation to higher levels of depression, anxiety, and suicidal ideation (Pietrabissa & Simpson, 2020; Brooks et al., 2020). To protect and improve public mental health in urban life, it is essential to address the concepts of alienation, loneliness, and social isolation (Holt-Lunstad, Smith, Baker, Harris, & Stephenson, 2015). Social interactions are emphasized as an important factor supporting mental health in urban living (Chen, Zhang, Liu, Zhang, & Song, 2021). Community centers, public spaces, and social activities can strengthen social bonds in cities and reduce feelings of loneliness. Strengthening social ties can increase emotional resilience and reduce the risk of mental health problems such as depression and anxiety (Wei et al., 2024).

Moreover, a low level of social connectedness has been associated with the onset of severe mental illnesses such as schizophrenia (Kirkbride et al., 2015). The lack of social support in urban settings not only triggers psychological disorders but can also lead to loss of motivation in accessing treatment. This, in turn, emerges as a factor that reduces trust in the healthcare system and lowers

the rate of utilizing health services (Thornicroft et al., 2017).

Neighborhoods with high crime rates are a constant source of stress and trauma for residents, increasing the likelihood of conditions such as post-traumatic stress disorder, anxiety disorders, and depression (Baranyi, Cherrie, Curtis, Dibben, & Pearce, 2020). Fear of violence or victimization leads to hypervigilance, feelings of helplessness, and social withdrawal, making it a critical issue to address in urban mental health (Weisburd et al., 2018).

In cities, especially in low-income neighborhoods with a high density of young people, the risk of exposure to crime is elevated, which contributes to increased trauma-related mood disorders (Fowler, Tompsett, Braciszewski, Jacques-Tiura, & Baltes, 2009). Furthermore, residents of high-crime areas experience damage to their sense of social trust, reducing community connectedness and increasing social isolation (Sampson, 2012). In this context, creating safe neighborhoods is of critical importance not only for physical safety but also for mental well-being.

3.3. Social Inequality and Stigma: Key Results

Urban life encompasses mechanisms that embed sharp socioeconomic inequalities (Marmot, 2018). Studies have found that material factors such as unemployment, poverty, and financial instability are associated with higher levels of stress, depression, and suicide rates (Wilkinson & Pickett, 2018; Doran & Hargreaves, 2021).

It is well established that disadvantaged groups in urban settings are more likely to experience stigma and discrimination (Johnstone, Jetten, Dingle, Parsell, & Walter, 2015; Jetten, Schmitt, Branscombe, Garza, & Mewse, 2011). Stigma and discrimination are critical issues because they lead to social exclusion, hopelessness, anxiety, and depressive symptoms (Prizeman, McCabe, & Weinstein, 2024).

All social inequality factors that can affect public mental health trajectories in urban environments should be examined in their own context, and interventions should adopt tailored and equitable approaches (Doran & Hargreaves, 2021).

The World Health Organization (WHO) has identified urban social inequalities as one of the primary determinants of mental health (WHO, 2014). Among individuals unable to cope with urban poverty, psychological resilience tends to weaken, and social exclusion experienced during childhood has been reported to be associated with an increased risk of major depression in adulthood (Lund et al., 2010). Therefore, urban planning must consider not only physical infrastructure but also principles of social justice.

3.4. Green Spaces and Mental Health: Key Results

Urban planning and architecture play an active role in either supporting or undermining mental health. Easy access to green spaces in cities is known to have a positive effect on mental health by providing opportunities for relaxation, exercise, and social interaction (Doran & Hargreaves, 2021).

Callaghan et al. (2021) found that access to green spaces reduces anxiety, depression, and general mental health problems while supporting individuals' psychological recovery. Such spaces offer opportunities for interaction with nature, promoting emotional relaxation and psychological restoration (Callaghan et al., 2021).

Pedestrian-friendly urban environments enable greater mobility and social interaction, making them important tools for reducing feelings of social isolation and stress. Physical activity improves mood by releasing endorphins, lowers stress levels, and enhances overall well-being (Barton & Grant, 2006).

Liang et al. (2024) reported that social bonds are strengthened and feelings of loneliness reduced in shared spaces, squares, and parks (Liang, Gobeawan, Lau, & Lin, 2024).

In recent years, the concept of the "psychologically healthy city" has emerged, redefining the relationship individuals have with urban spaces by placing mental well-being at the center (Hartig & Kahn, 2016). Research has shown that homes with natural views are associated with lower rates of depression and anxiety (Zijlema et al., 2017). Additionally, there is evidence that even aesthetic elements in public spaces can contribute to individuals' daily life satisfaction (Maas et al., 2009).

3.5. Discussion

The results of this study reveal that the effects of urban life on mental health are highly multidimensional and complex.

An analysis of the distribution of publications by year shows that the first publication dates back to 2003 (n = 1), with the largest number of publications produced between 2017 and 2021. A particularly noticeable increase has been observed since 2017. This acceleration may suggest that new global challenges, such as intensifying environmental stressors in urban living and the impact of the COVID-19 pandemic on social isolation and mental health, have triggered increased academic interest. Additionally, the growing political and scholarly awareness of sustainable urban planning, reducing social inequalities, and expanding community-based mental health services can be considered among the key factors that have supported this growth in publications. This linear upward trend indicates the increasing importance

and attention the topic has gained in the international literature.

When the sources published between 2003 and 2024 were examined by thematic clusters, it was observed that the theme with the highest frequency (n = 18) was “urban environment and psychological stress.” This finding aligns with the literature emphasizing the multilayered and complex effects of urban structures on mental health. For instance, Evans (2003) and demonstrated that characteristics of the built environment, such as overcrowding, noise, and housing quality, constitute chronic sources of stress. Similarly, systematic reviews by Krefis et al. (2018) and Gruebner et al. (2017) have argued that urban planning should be approached from a public health perspective. Moreover, Adli et al. (2016), through their “neurourbanistic” approach, have built a bridge between urban planning and neuroscience by highlighting the effects of stressors on brain functions.

The finding that the theme of social inequality and stigma (n = 13) ranked second shows that urbanization reinforces not only physical but also social stressors, such as socioeconomic injustice and discrimination. Sampson’s (2012) “neighborhood effects” approach explained how spatial inequalities weaken social ties, while Thornicroft et al. (2017) and Wilkinson and Pickett (2018) demonstrated the transformative impacts of stigma on mental health outcomes. Studies from Turkey, such as those by Dıġrak et al. (2014) and Poreddi et al. (2013), have also shed light on how social exclusion and human rights violations manifest differently in rural and urban contexts.

Although the theme of green spaces and mental health (n = 6) was coded in a relatively smaller number of sources, it has increasingly become a topic of interest. Hartig and Kahn (2016) and Maas et al. (2009) emphasized the positive effects of natural environments on mental relaxation and social interaction, while Callaghan et al. (2021) and Chen et al. (2021) highlighted the potential of green space accessibility to reduce public health inequalities, especially in impoverished urban areas.

Finally, the theme of social isolation and loneliness (n = 3), which appeared with the lowest frequency, can be interpreted as a topic that has come to the forefront in the context of the COVID-19 pandemic, as underscored by studies such as Brooks et al. (2020) and Pietrabissa and Simpson (2020). In particular, research on the psychological impacts of social disconnection resulting from lockdown measures gained significant momentum during this period.

Overall, this distribution shows that while the effects of the built environment in producing stress and the determining influence of social inequalities

dominate the literature on urban life and mental health, themes such as green spaces and social isolation represent more limited but rapidly expanding areas of research.

The growing social complexity, high population density, environmental stressors, and social inequalities accompanying accelerating urbanization have both direct and indirect impacts on individuals’ mental health (Gruebner et al., 2017; Doran & Hargreaves, 2021). Systematic reviews have demonstrated that aspects of the physical environment, including traffic noise, air pollution, and nighttime light pollution, are associated with depression, anxiety, and cognitive impairments (Evans, 2003; Cho et al., 2015; Wei, et al., 2024).

The study’s results support the notion that social isolation and alienation constitute critical risk factors for mental health in urban life. It has been emphasized that the fast-paced lifestyle and individualistic culture result in weakened social support networks and increased feelings of loneliness (Cacioppo & Patrick, 2008; Pietrabissa & Simpson, 2020). Strengthening social bonds contributes to enhanced community resilience and reductions in levels of depression and anxiety (Chen et al., 2021; Holt-Lunstad, Smith, Baker, Harris, & Stephenson, 2015). Furthermore, the lack of social support can trigger the onset of severe mental disorders and lead to loss of motivation in accessing treatment, consistent with previous research (Kirkbride et al., 2015; Thornicroft et al., 2017).

The results also indicate that urban life has significant impacts on mental health by reinforcing socioeconomic inequalities. Factors such as unemployment, poverty, and financial insecurity have been shown to be associated with higher rates of depression and suicide (Wilkinson & Pickett, 2018; Marmot, 2018). Among disadvantaged groups, exposure to stigma and discrimination increases feelings of hopelessness, anxiety, and depression, thereby deepening social exclusion (Johnstone et al., 2015; Jetten et al., 2011; Prizeman et al., 2024). The World Health Organization’s identification of social inequalities as a primary determinant of mental health (WHO, 2014) aligns with the results of this study. In this context, it is essential that urban planning processes incorporate social justice considerations and develop policies aimed at reducing inequalities.

Moreover, another key finding is that urban design and planning can play a supportive role in promoting mental health. Numerous studies have shown that access to green spaces, walkable cities, and urban designs centered on social interaction positively affect mental health (Callaghan et al., 2021; Barton & Grant, 2006; Liang et al., 2024). Green spaces provide opportunities for contact with nature, reducing stress levels and supporting

psychological recovery (Maas et al., 2009; Zijlema et al., 2017). Within this framework, the importance of the “psychologically healthy city” concept should be underscored (Hartig & Kahn, 2016).

The observation that areas with high crime rates in urban environments serve as continuous sources of stress and trauma, thereby increasing the risk of mental disorders, is also noteworthy. In particular, the exposure of young people living in low-income neighborhoods to crime victimization contributes to increased trauma-related mood disorders (Baranyi et al., 2020; Fowler et al., 2009; Weisburd et al., 2018). This situation demonstrates that planning safe and inclusive urban areas is critical not only for physical safety but also for mental well-being (Sampson, 2012).

These results underscore that urban planning and policies must address environmental, social, and cultural factors through a holistic approach that includes protective and promotive strategies for mental health. Designing cities not only in terms of physical infrastructure but also with a focus on social equity, community cohesion, and environmental sustainability is of paramount importance for building healthier and more resilient urban communities.

4. Conclusion

The integration of mental disorders and urban living is a multifaceted issue. Urban environments can both exacerbate and alleviate mental health conditions depending on factors such as access to resources, social support systems, environmental stressors, and social inequalities. Understanding this complex relationship is crucial for creating healthier urban spaces and improving mental health outcomes for city residents. Addressing these challenges requires a combination of urban planning, policy interventions, and community-based mental health strategies. Moreover, holistic and preventive approaches must be developed to mitigate the complex effects of urban living on mental health. Designing urban planning processes that enhance social interaction spaces, increase green areas, and establish safe living environments is essential. Additionally, policies aimed at reducing social inequalities, regulations facilitating access to mental health services, and the development of community-based support mechanisms should be prioritized. This multidimensional approach will strengthen the mental well-being of individuals living in urban areas and contribute to the creation of healthier cities at the societal level. In conclusion, psychiatric nurses play an indispensable role in developing holistic strategies to reduce the complex effects of urban living on mental health. Psychiatric nursing practices extend beyond clinical treatment by focusing on individuals' social environments and

living conditions, playing a key role in strengthening preventive mental health approaches. The development of community-based mental health services, the enhancement of social support networks, and stigma-reducing educational activities must be made more effective and accessible through the contributions of psychiatric nurses.

In this regard, psychiatric nursing emerges as a fundamental stakeholder in building healthier and more resilient urban communities.

Limitations of the Study: The results are based solely on studies published in Turkish and English and indexed in the PubMed, Web of Science, Scopus, and TR Dizin databases. Since the study was conducted using the qualitative document analysis method, the results are limited to the content of the selected studies. Furthermore, the identification of themes is based on the researcher's interpretation. Therefore, the results reflect the trends related to the themes addressed in the analyzed studies and can be generalized to the reviewed literature.

Ethics Committee Approval: Ethical approval is not required as this research is not conducted on human or animal subjects.

Author Contributions

All processes of this study were carried out by the corresponding author.

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Conflicts of interest

None.

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