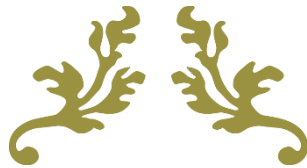


UNIVERSITY OF STRATHCLYDE SCHOOL OF SOCIAL WORK AND SOCIAL
POLICY



AN EXPLORATION INTO THRIVING CITY INITIATIVES: NOVEL PUBLIC
MENTAL HEALTH INITIATIVES IN THE CONTEXT OF LONELINESS,
CONNECTION, AND WELLBEING



MAYA LJUBOJEVIC
THESIS SUBMITTED IN FULFILMENT OF THE DEGREE OF DOCTOR OF
PHILOSOPHY
2025

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Date: 1/9/25

Abstract

Thriving City Initiatives are a novel approach to public mental health. The broad aim is to improve the wellbeing and mental health of all in an urban area; a population-level intervention. This initiative has emerged across the global North in various forms. This research is the first to explore what the core components, structures, and aims of Thrive are in order to answer: *what is Thrive?* Given the breadth of issues surrounding public mental health, this research chooses to focus on the pertinent matter of loneliness. The research investigates experiences of loneliness and connection in the case study locations of Balbriggan in Ireland and Edinburgh in Scotland; home to two very different iterations of Thriving City Initiatives.

The research tackles the question through key informant interviews with leaders and key members of Thriving City Initiatives across the world, then focusses in on experiences of connection and loneliness of the general population in the case study cities through the use of participatory methods with people living in the case study locations: photovoice and Participatory Geographic Information Systems (PGIS). This project employs a distinct and unusual triangulation of methods in order to explore experiences and perspectives at various scales to identify emerging themes and patterns.

The thesis establishes that Thriving City Initiatives lack a core identity, definition, and framework. In lieu of this, the research identifies key ingredients of Thriving City Initiatives including: prevention and promotion, stigma, and partnerships. The leadership structures and implications of this are highlighted. Identifying key ingredients sets up a foundational understanding upon which future research and evaluative activity can be built. Thriving Cities are found to be ambitious and flexible, yet vulnerable to political will and changing priorities. My research further deepens understandings of how the social and structural environments of urban areas influence individual feelings of connection, isolation, and loneliness.

The study concludes that, although experiences of loneliness and connection are inherently subjective and vary across individuals, they are nevertheless mediated by social and physical environments which facilitate particular outcomes. These insights underscore the scope for

interventions to strategically engage with such social and environmental determinants in order to enhance wellbeing and mental health, thereby contributing to the improvement of population mental health, and health more broadly, in urban settings.

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Maya Ljubojevic

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1 Introduction

Originally, this PhD was funded to research Thriving City Initiatives (TCIs) through the examination of experiences of stakeholders to understand the establishment, implementation, sustainability and impact of the initiatives. These initiatives are a novel approach to public mental health, hoping to promote the mental health and wellbeing of their urban populations. Quickly, it became apparent that there was no overarching identity of TCIs, and thus no principal framework from which to evaluate the initiatives. The project then took on an exploratory approach, engaging with stakeholders to uncover the identity and functioning of Thrive. This project zooms in on experiences of loneliness and isolation as a key public health issue within an investigation into the identity of TCIs. There is a central focus on the experiences of those who live in the cities in which TCIs function with the case study locations: Thrive Edinburgh (Scotland) and Thrive Balbriggan (Republic of Ireland). This experiential research uncovers how residents experience social and spatial connection in their localities and provides insight into where urban infrastructure – both social and structural – is supporting residents, and where it may be lacking. This can inform public health policy, interventions, and initiatives such as Thrive.

This thesis comprises nine chapters. Beginning with a literature review exploring key concepts of public mental health, social and environmental determinants, urban environments, and social connection from multidisciplinary sources, the thesis creates a foundational understanding which the subsequent chapters build upon. Following this, methods and methodology are unpacked and explained. The thesis then combines results and discussions, structured by method of data collection. This comprises of four method-based chapters and one triangulating chapter. Finally, the thesis is concluded.

The key questions that underpin this research project are as follows

1. What *is* a Thriving City Initiative?

- 2. What is the relationship between urban spaces and places (in locations operating a thriving city initiative) and the experiences of loneliness and connection among older or younger residents?**
- 3. What interventions of Thrive could impact loneliness and isolation?**

The research tackles the questions through key informant interviews with leaders and key members of TCIs internationally; then focusses on experiences of connection and loneliness of the general population in the case study cities using participatory methods with people who live in the case study cities: photovoice and Participatory Geographic Information Systems (PGIS). This project employs a distinct and pioneering triangulation of methods in order to explore experiences and perspectives at various scales to identify emerging themes and patterns.

Novel combinations of methods are utilised to exhibit innovation in methodology and research practice; branching qualitative, participatory, and quantitative methods to triangulate and form conclusions. These methods are: photovoice, key informant interviews, and PGIS. The project exhibits the value of combining GIS - which handles experiential data - with qualitative methods exploring the same issues. The thesis takes a phenomenological interpretivist stance to allow for individual interpretations of experiences of cities, wellbeing, and mental health to be placed at the forefront of the research.

Loneliness and isolation are key public health issues, with influence on physical and mental health outcomes (Holt-Lunstad, 2021, Holt-Lunstad et al., 2015, Patulny and Bower, 2022). Loneliness is seen to be an epidemic across cities and cultures. In 2023 during my research period, the World Health Organisation labelled loneliness a global public health concern and set up a new Commission on Social Connection (2023a). This followed shortly after the brunt of a global pandemic of Covid-19 led to months of social distancing, highlighting issues surrounding social isolation and loneliness (Collins et al., 2022, Morton et al., 2024, Patulny and Bower, 2022). Moreover, the existence of a cost-of-living crisis has placed further restrictions

on non-essential activities including many that facilitate social interaction and connection (FareShare, 2023).

TClIs are explored in detail for the first time. This PhD is the first to investigate what TClIs, or *Thrive*, are as a concept, bridging the gaps between the international public mental health initiatives through the creation of a baseline understanding. Key ingredients are identified, creating a foundational understanding upon which future research and evaluative activity can be built. My research further deepens understandings of how the social and structural environments of urban areas influence individual feelings of connection, isolation, and loneliness.

Findings of this thesis indicate that, although experiences of loneliness and connection are inherently subjective and vary across individuals, they are nevertheless mediated by social and physical environments which facilitate particular outcomes. These insights underscore the scope for interventions to strategically engage with such social and environmental determinants in order to enhance wellbeing and mental health, thereby contributing to the improvement of population mental health, and health more broadly, in urban settings.

2 Literature Review

2.1 Introduction

The literature review for this thesis provides a foundation from which the research can develop. It explores key concepts that relate to the context, aims, processes, and outcomes of the thesis to create an understanding which can be brought forward into the research. The literature review was conducted in the first year of the PhD and updated in the final year to better reflect current discourses and adapt to the findings, flow, and processes of the thesis. The reviewed literature below builds a basis on which to reveal what a TCl is, explore relationships between urban spaces and places and people's experiences of loneliness and isolation, and uncover Thrive's role and capacity in this realm of public health intervention. This

is facilitated through reviews of urban and public health literature from a variety of disciplines including public health, geography, sociology, urban planning, and architecture. This enables a holistic grasp of various relevant elements of the thesis.

The literature review delves into an exploration of public health in an urban context before transitioning onto literature focussing on urban spaces and places. The reviewed literature below helps build a basis on which to answer the key questions and underpin the academic thinking behind the processes of research.

2.1.1 Rationale

In this literature review, I take on a narrative approach. It aims to set the scene, tell a story, which grounds both the reader and the research within this thesis. It gathers leading evidence across disciplines in a judicious manner, aligning with the recommendations by the EBM: “the conscientious, explicit, and *judicious* use of current best evidence” (Sackett et al., 1996, p. 71). A narrative review is a scholarly summary along with interpretation and critique according to . It allows for flexibility, reflexivity, and depth which help explore complex concepts across an array of disciplines and topics to develop understanding of gaps in knowledge and existing discourses which scaffold the PhD. The literature review approach seeks to produce an authoritative argument, based on informed wisdom that is convincing to an audience of fellow experts (Greenhalgh et al., 2018), whilst also striving to be accessible and understandable to non-academic audiences.

This review is narrative yet is structured and conducted in a systematic way, facilitating the exploration of relevant and pertinent issues relating to the public mental health concepts, urban environments, and social structures which underpin and inform the research. Social and environmental determinants of mental health

2.1.2 Introduction

The environment in which a person finds themselves has the capacity to alter how life is experienced. It can affect susceptibility to risk and, conversely, impact resilience. These environs can be socially constructed environments or environments in the more traditional understanding of the word. The places and spaces people spend their time in influence outcomes. This section of the literature review will explore the conceptualisations of social and environmental determinants of health. It will investigate issues of social vulnerability and inequalities and consider literature that reviews the real-life impacts of social determinants on the public's mental health.

2.1.3 Defining and understanding social and environmental determinants of mental health

Inequalities in health across and within societies are fundamentally avoidable (McCartney et al., 2019). This statement echoes work over past decades (Whitehead, 1991). Many existing inequalities in health are, at least in part, determined by social and environmental factors. Social and environmental determinants of mental health are often most salient to those who are disadvantaged, marginalised, and/or vulnerable. This is defined by the WHO as those who, “due to factors usually considered outside their control, do not have the same opportunities as other, more fortunate groups in society” (World Health Organization, 2010b, p. 1). Inequalities are influential on how determinants of mental health manifest. Systematic inequalities between social groups can be judged to be not only inequitable, but also unfair and avoidable. Social disparities relating to income, age, ethnicity, education, geographic locations, and gender are inequitable and can be reduced by action on social determinants (Allen et al., 2014, Marmot and Bell, 2019). Higher rates of mental disorders are associated with social disadvantage (Mezzina et al., 2022). Key determinants identified in *Social Determinants of Health: The Solid Facts*' summary on evidence of social determinants of health are: early life, work, unemployment, food, transport, addiction, stress, social gradient, social exclusion, and

social support (Wilkinson and Marmot, 2003). These are confirmed 20 years later by Kirkbride et al. (2024). Research collated by Mezzina et al. (2022) suggests that social disadvantages that are particularly associated with poor mental health outcomes include low income, income inequality and financial strain (Jenkins et al., 2008, Muntaner et al., 1998, Pickett et al., 2006, Wilkinson and Pickett, 2010), inadequate or restricted education (Kirkbride et al., 2024, Power and Manor, 1992), employment and occupation (Chandola et al., 2007, De Silva et al., 2005, Stansfeld and Candy, 2006, Weich and Lewis, 1998), and adverse neighbourhood and environmental characteristics (Moore et al., 2023, Talha, 2008, Truong and Ma, 2006, Visser et al., 2021, Ziersch et al., 2005). The determinants we see impacting urban health and outcomes today have been present and researched for decades yet remain pervasive.

The social gradient as a determinant can be understood through a capabilities lens (Sen, 1999), as it is often manifested and visible in regard to relative deprivation, particularly in higher income countries. This is due to how relative poverty and deprivation can be situated in a broader understanding of meeting of needs and approach to social functioning (Marmot, 2004). Capabilities are *functionings* that one can effectively access and therefore determine what a person is capable of or has the freedom to do and to choose to do. The capabilities approach “concentrates on the capabilities of people to do things – and the freedom to lead lives- that they have reason to value” (Sen, 1999, p. 85). The five key freedoms outlined by the capabilities approach are: political, economic facilities, social opportunities, transparency, and security (ibid.). Nussbaum (2011) argues that there are further key freedoms and capabilities; due to differing backgrounds and perspectives. This is important to consider when looking at a social gradient as a determinant as the (lack of) access to a facility or action correlates with a social gradient with those at the lower end having fewer capabilities due to a lack of access and those at the higher end having more capabilities and, consequentially, often better outcomes.

In a European context, inequity can explain the gap in health status between the poorest and richest populations and is attributable to five factors. From most to least influential, these are:

income security and social protection, living conditions, social and human capital, health service, and employment and working conditions (World Health Organization, 2019). This reflects findings across literature on social and environmental determinants of health where income consistently appears as a determining factor of health and mental health outcomes.

2.1.4 Social vulnerability

Social vulnerability interplays heavily with social and environmental determinants of mental health. Social vulnerability refers to the potential negative effects on communities from outside stresses on social capital, mobility, and health. It refers to the susceptibility to adverse outcomes and situations; also to a reduced capacity and capability to recover and build resilience and resistance (Mezzina et al., 2022). Gender, ethnicity, education, and socio-economic status are influential on social vulnerability (Yoo et al., 2022).

Much recent literature considers social vulnerability in the context of the changing environment, or issues of sustainability (Botezan et al., 2022, Chakraborty et al., 2022, Fraser and Naquin, 2022, Hahn et al., 2022). Social vulnerability, however, can refer to those susceptible to changes in their environments, socially and spatially. Cities with greater proportions of socially vulnerable residents tend to experience poorer resilience and greater issues when dealing with crises (Fraser and Naquin, 2022). These social vulnerabilities often stem from added discrimination, mobility constraints and other hardships vulnerable groups may experience daily (Fothergill et al., 1999, Fraser and Naquin, 2022, Ward and Walsh, 2023).

This can be seen in the case of gentrification and other regenerative initiatives that are presently commonplace globally (Anguelovski et al., 2020, López et al., 2022, Lown, 2025, Smith et al., 2020, Tran et al., 2020). Even well-meaning projects may inadvertently lead to situations where populations are displaced or find themselves in more inequitable situations (Anguelovski et al., 2020). Interestingly, some literature suggests that these unjust and undesirable situations those who are socially vulnerable find themselves in are ‘man-made’ in

the sense that there are cases of refusal to protect vulnerable groups or instances where there are perverse incentives that encourage the vulnerable to live in risk-laden geographies (Craig, 2019, Fraser and Naquin, 2022, Tierney, 1999).

Those on a low income commonly experience vulnerabilities through stress, income insecurity, low social status, disempowerment, and stigma. Unfortunately, the lower socio-economic groups often have an overrepresentation of other vulnerable demographics who will likely be experiencing a syndemic of low income and another forceful social vulnerability. Gender is associated with social vulnerabilities including violence, discrimination, and disempowerment. This can contribute to excess stressors, especially during developmental periods surrounding employment and child rearing (Patel et al., 2010). Minoritised ethnic groups also often experience vulnerabilities, manifesting in discrimination, marginalisation, and culturally inappropriate services (Hassan, 2023, Knifton, 2012).

2.1.5 Determinants in action

Compton and Shim (2015) argue that the social determinants of health and mental health operate with broader consequences at the societal level and thus are most effectively addressed through changes in public policies and social norms; making them particularly interwoven with prevalence and distribution of public mental health. A large variation of prevalence of mental disorders - across and within nations - indicates social determinants have a particular salience (Patel et al., 2010).

Social and environmental determinants of mental health can further be broadly viewed as an issue of access (Allen et al., 2014, Kirkbride et al., 2024), and this should be kept at the forefront of the mind when considering determinants in action. This could be from a rights-based, capabilities, or other lenses and perspectives (London, 2008, Sen, 1999). It is evident that if one has barriers to access, whether that be through discrimination or inability to realise an action, this will play a notable role in determining outcomes. Determinants that can be

conceptualised in this way can include a lack of access to good quality food (such as food deserts), poor transportation or physical mobility, addiction, and a lack of access to social infrastructure, interaction, and support.

Early life

There is much literature on impacts of early life determinants. Adverse childhood experiences (ACEs) are a major area of public health which has developed over time in policy. These can be defined broadly as childhood abuse and household dysfunction (Felitti et al., 1998). This definition has been adapted since and built upon to be more comprehensive to appreciate that ACEs occur outside of the household as well, including issues of discrimination, poverty, and other adversities (Karatekin and Hill, 2019). There are varying examples of ACEs which range from physical battering to a failure to experience childhood love and comfort (Bhutta et al., 2023, Bloom, 2000). Many adverse experiences can influence health outcomes later in life and combinations of ACEs can create synergies, amplifying the effects (Bhutta et al., 2023, Briggs et al., 2021). Much literature on mental health suggests that many adult experiences of poor mental health have origins in childhood and adolescence (Chapman et al., 2004). In fact, Zarse et al. (2019) concluded that two decades of research on ACEs and adult outcomes demonstrate that these adverse experiences in childhood can generate a burden of public health rivalling or exceeding all other root causes. There is further evidence to show these experiences exist across and between generations (ibid.). ACEs are therefore not solely a determinant that affects children, but the entire population through the life course.

ACEs specifically are not the only influence on mental health outcomes of children. Key determinants of a child's behavioural and social development are deprivation and poverty (Cooper and Stewart, 2017). This can be partially understood as an issue of access (Kirkbride et al., 2024).

Poverty and income (work and unemployment)

Poverty, as defined by the UN, is “a condition characterised by severe deprivation of basic human needs, including food, safe drinking water, sanitation facilities, health, shelter, education and information... [that] depends not only on income but also on access to social services” (United Nations, 1995, p. 38). This dependence on a multitude of factors makes poverty a fearsome determinant of health.

All health indicators are heavily influenced by income inequality (Marmot, 2005, Mezzina et al., 2022). This is because income inequality affects standards of living. The income inequality hypothesis is discussed in the book, *The Spirit Level: Why More Equal Societies Almost Always Do Better* (Wilkinson and Pickett, 2010). The notion that poverty has an influence on mental health is not novel, having been consistently exhibited across literature since at least the mid-20th century (Langner and Michael, 1963, Smith, 2021). Poverty and mental health behave much like a set of scales, having the potential to teeter and influence the other. Conditions, stress, and distress associated with poverty can lead to mental health problems, and in much the same way mental health problems and the negative experiences or outcomes of this such as fragmentation of social relationships or (under)employment (Knifton and Inglis, 2020). Poverty and deprivation can lead to poor mental health outcomes across age brackets (Cooper and Stewart, 2015, Cooper and Stewart, 2017). The barriers that poor mental health upholds consequentially makes poverty a determinant that many with poor mental health may find inescapable – the repercussions of childhood poverty can emerge in adulthood (Evans, 2016). Psychological distress is linked to prior negative life events, rather than the converse; these life events are not predicted by prior psychological traits or states (Kristoffersen et al., 2024). This psychological distress is linked to ensuing loss in self-efficacy fuelling a mental health related poverty-trap of sorts (Kristoffersen et al., 2024).

High national inequality is associated with environmental degradation- both socially and physically (Raworth, 2017). Social pressure to increase fairness in actions such as consumption is far greater where communities consider members to be peers. Peers can help to legitimise

practices of others through social pressure (Rao Sahib, 2015). Greater inequalities in power decrease this, being seen to be especially true in areas experiencing greater diversity in ethnicity and income in the US (Raworth, 2017). Mainstream thinking influenced by economists such as Kuznets has encouraged the belief that high inequality is needed to be experienced in order to create a more equitable and richer society in the future (Kuznets, 1955, Raworth, 2017). This attempts to justify the inequalities and inequities experienced by populations across the world that cumulate in impactful determinants of health. Furthermore, it lulls policy makers and other governing actors to believe that it is acceptable, nay necessary, for inequalities to increase if we are in the supposed second stage of Kuznets' U-curve (Eastin and Prakash, 2013), where it is argued that inequality must increase in order to decrease inequalities in the future. I, amongst others, would argue that this is not the case and if correct social and material infrastructure was put in place at the point of development there would be no need to consciously expect a decrease in equality (Jones, 2021). A decrease in equality should never be expected and, even more so, should never be encouraged.

Poverty can invoke stigma which is detrimental to mental health (Hatzenbuehler et al., 2013, Inglis et al., 2024). Stigma surrounding poverty can instigate poor mental health (Mickelson and Williams, 2008). Stigma can impact large swathes of the population in one way or another and is a fundamental cause of health inequalities (Hatzenbuehler et al., 2013). Interestingly, stigma can interact with distinct social geographies, culminating in 'spatial stigma' (Halliday et al., 2020). This spatial stigma plays into our perceptions of places and the people who reside in them. The media and societal prejudices can play a key role in this. Again, this can manifest as an issue of access. Place-based stigma acts as a barrier to services and use of services if people perceive providers look down on them (Stevenson et al., 2014). This evidence further fuels the idea that determinants of mental health are multifaceted.

Social determinants can be understood in terms of social mobility. Tiikkaja et al. (2013) understand that the risk of poor mental health decreases with increased upward social mobility

and increases with the opposite. This is corroborated by Tiffin et al. (2005) who find that stunted social mobility is linked with poor psychological and social outcomes. This clearly exhibits the need for a move to a society with more scope for upward mobility and have support systems in place to prevent excess or avoidable downward social mobility such as in many cases of homelessness. Social drift and social causation theories can provide some context here. The theory of social drift proposes that people living with mental illness 'drift' into poverty during the course of their lives, due to reduced economic productivity, disability, increased stigma and increased health expenditure caused by their illness (Lund and Cois, 2018). Social causation, on the other hand, suggests that adverse social and economic conditions associated with poverty increase the risk for poor mental health and wellbeing; including increased adverse life events and reduced resources to protect from these. These theories demonstrate the barriers and influences on social mobility in relation to mental health and wellbeing; exhibiting a trap of poverty through social causation, and the process that may lead to downwards shift in social position through social drift.

Those situated in vulnerable groups socially and/or environmentally are most in need of support, linking with the idea that poverty reduces access to resources that help mitigate consequences of adverse experiences (Lund and Cois, 2018). Some of the most vulnerable to determinants are the homeless. Mezzina et al. (2022) describe them to be "lost in a social nothingness" with support networks eroded and safety nets lost. They cannot access support. In cases like these, mental health outcomes will be led by their social and environmental isolation. It is imperative that those most vulnerable in societies, including the homeless, have these determinants mitigated or diverted to more positive outcomes. TCIs may be a step in this process providing various levels of outreach and support through urban networks.

Marginalisation:

Race and ethnicity

Experiences of stigma, exclusion, or discrimination - as mentioned several times already - can act as a major determinant of health outcomes broadly. Here there is often huge interlinks with issues of access. If one is being discriminated against in any way it is likely access to a factor is limited whether that be access to knowledge, support, services, or empowerment. Being from a minoritised ethnicity for example can increase one's social vulnerability (Yoo et al., 2022). It also proves to be disadvantageous in times of crisis or disaster (Fothergill et al., 1999). Being in a more vulnerable state due to societal institutional discrimination, marginalisation, or stigmatisation is probable to lead to troubling outcomes for these groups' mental health and wellbeing.

Much of this determinant's salience arises from ingrained institutional and system processes that are biased against the minority or the 'outsiders'. A multidisciplinary review of racism with a focus on the context of healthcare by Elias and Paradies (2021) argues that in Western society laws, institutions, and social structures preserve historical legacies of racial inequalities. This may be unintentional by these societal bodies (or may unfortunately be intentional in some cases) but the mere continuation of these norms, various social and physical costs are imposed on racial minorities' dignity and wellbeing (ibid.). As seen with most determinants, they do not occur in a vacuum. Those from minoritised ethnic groups are more likely to be in poverty, experience issues of access, and face greater chances of ACEs (Aldridge et al., 2020).

As identified by Allen et al. (2014), there are many disparities across societies and communities which are inequitable and exacerbated by social determinants. Discrimination is an experience sadly well-known by many minority groups and ethnicities and often involves limiting of access to social and infrastructural resources. These communities are at increased risk of experiencing poor mental health resulting from cumulative negative experiences, including structural racism (Shim, 2021). This vulnerability extends further into spheres of stigma and wider socio-economic deprivation (Kalin, 2021).

Gender

Blaikie et al. (2014) state that gender is a pervasive division which affects all societies, often channelling economic resources away from women and towards men. While society has broadly become more equal in recent years in terms of opportunities and rights, there is clearly still a significant gap between the genders. The UN even describes the progress towards gender equality as “looking bleak” (UN Women, 2021).

Inequality associated with gender and discrimination is correlated with higher rates of poor mental health amongst women and is seen to create barriers to accessing care and resources for community mental health (Yu, 2018). Literature shows that gender as a determinant of mental health outcomes is still striking within the context of other determinants such as ethnicity, marginalisation, and poverty (Gomez-Aguinaga et al., 2021). Bacigalupe et al. (2020), when looking at evidence from health surveys and clinical-based data, find that a biological hypothesis that women have a greater vulnerability to poor mental has inconsistent groundings and a far more likely explanation for these differences in outcomes is a combination of unequal living conditions between men and women and hegemonic models of masculinity and femininity.

Much work must be done to create a society in which gender is not a social determinant of health. It is asserted that gender must be a mandatory, critical dimension of all initiatives in order to create more sustainable societies (Enarson and Chakrabarti, 2009). This means that TCIs too must place focus on, or at the very least acknowledge and integrate gendered determinants into, policies and processes in order to enable their populations to thrive.

There are of course further social or environmental determinants that impact mental health outcomes. The context and topic of discussion influence which determinant(s) should be highlighted most and prioritised to gain understanding of results. With determinants of mental health and wellbeing it seems apparent that one should take on a holistic approach, understanding that many determinants are linked and mutually influence each other in complex ways.

2.1.6 Inequalities and care gap

There is a global issue with the perceived abandonment of those in need of mental health support, care, and treatment (Mezzina et al., 2022). A lack of provisions by the state, availability of affordable and accessible services, and discrimination and stigmatisation of those with mental health problems is visible worldwide in both higher and lower/middle income countries. This is not an issue reserved for those without the means to provide for their populations.

Within higher income countries, there exist significant variations in experiences and outcomes of mental health care. These are sustained by social inequalities and vulnerabilities that arise from cultural, social, and economic factors; social and environmental determinants. The recognition and perceptions of mental health issues can be heavily impacted by social status and ethnicity, with those in vulnerable groups as defined above facing the risk of further exclusion, loss of rights, or increased stigmatisation (Mezzina et al., 2022). Within cities we see inequalities impacting mental health and wellbeing outcomes. Those on lower salaries can experience disproportionately higher levels of loneliness and disconnect compared to wealthier peers in their local areas (Beller, 2024, Macdonald et al., 2018) meaning that access to informal forms of care is limited. Socio-economic inequality, and through this inequality of access to support systems and formal care is clearly a driver of loneliness and other wellbeing issues.

Despite those experiencing the strongest effect of social and environmental determinants of mental health being most likely to require mental health support, overall rates of access to mental health services by this group are low. This could be explained by stigma and low mental health literacy diminishing the ability for these groups to use treatment services effectively (Patel et al., 2010).

2.1.7 Conclusion

To summarise, social and environmental determinants of mental health are almost omnipresent and have large influence over mental health outcomes. They can impact a person positively through protective factors or privilege or be detrimental to one's health. The social and environmental fabric of the spaces and places people find themselves in have to be seriously considered when discussing and implementing policies and initiatives relating to public health changes. It should be considered across disciplines in order to be successful. Furthermore, this review highlights the varied experiences of larger demographics in urban areas, emphasising that mental health outcomes, whilst clearly important on an individual scale, have a salient existence at a population level. This section has further revealed another emerging theme within the literature- access.

2.2 Contextualising public mental health

2.2.1 What is public mental health?

Public mental health is a multifaceted subject, encompassing promotion of population mental health and wellbeing and preventing mental health problems. There is an overarching theme of quality-of-life improvement across these levels.

Public mental health is a pressing issue that impacts a striking proportion of the global population. A historical lack of emphasis on morbidity undervalued low-mortality yet prevalent and debilitating issues. Whilst this led to a great reduction in high mortality diseases and disorders, the burden of poor mental health has not been reduced in recent decades (Lindert et al., 2017). Mental health is a neglected topic for the majority of governments and societies (Herman and Jané-Llopis, 2005, Wahlbeck, 2015). In 2020, just 2% of all global health expenditure was assigned to mental health spending; a significant proportion of this was allocated to psychiatric hospitals (World Health Organization, 2021). It presents a major challenge for wider public health practice and research (Lindert et al., 2017). There is very low

population coverage of public mental health services currently globally, this affects outcomes of interventions (Campion et al., 2022).

Mental health is inherently public. It has clear value to an individual, yet remains imperative for relationships and development of communities (Lindert et al., 2017). Mental health is foundational for effective functioning of a person and community; comprised in daily life, relationships, institutions, and spaces (Lahtinen et al., 1999). Mental health services are delivered by organisations at various levels, from primary and secondary care, education, housing, voluntary, and justice sectors (Campion et al., 2022). Public mental health takes a population-level approach to improve mental health outcomes (Campion et al., 2022, Wahlbeck, 2015). Despite this, there is a comparative dearth of knowledge surrounding mental disorders, effective interventions, and determinants (Lindert et al., 2017).

For such an international and prominent problem, it is understandable that there are varying conceptualisations of public mental health. Confusion surrounding definitions and understandings of public mental health have contributed to its widespread neglect (Sartorius et al., 1990). Differing from many areas of health, public mental health is not easy to define due to contested boundaries and terminology (Davies and Mehta, 2015, Mehta et al., 2015). The boundaries of the concepts relating to mental health should not be defined in restrictive ways (Herman and Jané-Llopis, 2005). The use of 'mental health' as a concept to describe disorders and health has and continues to cause confusion (Lindert et al., 2017). Criticisms of broad definitions of concepts such as mental health propose that a definition can be considered too general to be useful (McKenzie, 2004). It is important to explore the foundations of the concepts that weave through this project.

The WHO's reports on mental health promotion and prevention articulated that mental health is not solely the absence of illness, rather it is intimately connected and integrated with a more rounded understanding of health (Herman and Jané-Llopis, 2005, Lindert et al., 2017, World Health Organization, 2004a, World Health Organization, 2004b). Wahlbeck (2011) takes this

further by emphasising that it is not the absence of illness that makes mental health, it is the existence of mental resource that enables wellbeing of individuals, families, and societies. Campion et al. (2022) suggest viewing mental health as a continuum, or spectrum, between wellbeing and disorders. It was recognised that mental illness and health were previously viewed to reside outside of public health because of the similarities and boundaries between conceptualisations of mental health and illness, and prevention and promotion (Lindert et al., 2017, Mehta et al., 2015, World Health Organization, 2004a, World Health Organization, 2004b). The focus of public mental health at this point was on treatment of ill individuals rather than promotion of mental health (Mehta et al., 2015). The WHO suggested that lowering the human costs of mental illness and improving mental health can only be accomplished through a public health approach (World Health Organization, 2004b). Later, WHO published a Mental Health Action Plan in which a roadmap for global mental health was outlined; incorporating concepts of promotion, prevention, treatment and rehabilitation (World Health Organization, 2013). In England, a 2008 report shifted the focus of mental health to the idea of public mental health suggesting even small changes in average levels of wellbeing across a population would produce a large decrease in the proportion of those with clinical and subclinical mental disorders (Davies and Mehta, 2015, Government Office for Science, 2008). This underpins the initiatives of Thrive and the understanding of public mental health for this research.

Definitions in public mental health contribute to the difficulty of conceptualisation. This can be exemplified by a lack of consensus on the best way to define and measure wellbeing within the context of mental health (Dolan et al., 2008, Forgeard et al., 2011, Mehta et al., 2015). This absence of consensus combined with the previously discussed blurred and contested boundaries within mental health creates further challenges for conceptualising public mental health (Mehta et al., 2015). There are contradictions within widely used indicators of mental health. Mental illness is not the opposite of mental wellbeing; however, it is widely accepted that mental illness is a key cause of poor wellbeing (Layard et al., 2013). Public mental health becomes a rather fluid concept, influenced by subjective and contextual perceptions.

The Faculty of Public Mental Health in the UK defines public mental health as the art and science of improving mental health and wellbeing and prevention of mental illnesses through organised and informed efforts and choices of groups - both public and private - and individuals (FPH, 2023). This is similar to the WHO's definition of mental health (World Health Organization, 2004a, World Health Organization, 2004b). Public mental health interventions exist to prevent mental disorders from occurring, prevent negative impacts associated with disorders, and promote resilience and wellbeing (Campion et al., 2022). This framing of public mental health suggests a lens focusing on health promotion, prevention and improvement is taken. It also suggests that public mental health action can be taken by anyone in society.

Others discuss a balance between mental, cultural, spiritual, physical, and personal factors and their interactions with the self, other people, and the environment (Sartorius et al., 1990). Wahlbeck (2015) defines public mental health in a broader fashion, stating that it deals with promotion, prevention, reduction of inequalities, and the governance and organisation of mental health service provision. This definition, for example, accords with Thrive Edinburgh. This breadth of definitions and conceptualisations suggests a disconnect in understanding and thinking surrounding public mental health; making it a topic requiring further investigation. I choose to follow Wahlbeck's (2015) definition of public mental health for the purposes of this research.

2.2.2 Debates in public mental health

The issues surrounding conceptualisations of public mental health lead to confusion, inefficiencies, and debates. There are critics of the validity of public mental health and the evidence it is built upon. Some argue that much of the literature and evidence surrounding public mental health used in implementation of approaches regarding wellbeing is based on credibility-compromising proxy outcomes or non-peer reviewed literature (Mehta et al., 2015). These criticisms can be rebutted with relative ease by Patel (2014), who argues that dichotomies between schools of thought and disciplines, particularly between biological

mechanisms and social determinants, are inherently naïve. However, it is important to acknowledge aspects that may need further reflection, reinforcement, and focus for it to remain an innovative and accountable discipline. Patel (2014, p. 51) states that: “there is no doubt, of course, that the practice of global mental health is imperfect, but then this is the nature of any form of social engagement with the real world, which is necessarily complex and messy”.

A debate within public mental health is whether there is a need to take on an interdisciplinary approach. More recently this debate has moved to the forefront of public mental health, with integration of other expertise helping disentangle the complexities of the discipline; highlighting how little we know about mental health and disorders (Lindert et al., 2017). A movement in Europe originating in the 1990s instigated a change, raising mental health from its professional and often political isolation to the wider sphere of public health (Wahlbeck, 2011). This signified a shift from focusing on individuals to strengthening the approach to mental health at a population level. Within this debate, there are those who push for an integration of ‘Eastern’ and ‘Western’ medicines in this context (Patel, 2014). Cultural differences can create a disconnect in understandings of public mental health, its influences, and the values of public mental health interventions (Campion et al., 2022). A clear message emerging from these debates appears to be of a *‘two heads is better than one’* nature when it comes to public mental health, meaning that a holistic approach - involving various disciplines and perspectives - may be beneficial to public mental health intervention. Patel (2014) states that the collective knowledge and experiences from diverse populations globally provides the greatest opportunity to reduce the burden of poor mental health. Reflecting on this debate, much literature that explicitly discusses public mental health comes from a biomedical perspective and so literature reviewed using the key words may uncover debates that may not be present when looking at literature written from a more sociological perspective.

A further example of the interdisciplinary debate is in the case of social or biological determinants of mental health. Some argue that a strong association of social determinants within public mental health is undermining the use of biomedical interventions (Patel, 2014). Furthermore, there are suggestions that due to the increasingly evident influence of social determinants, there is at best a minimal argument for individual healthcare in public mental health with a population approach proving to be more appropriate. Others argue the lack of biological markers in many instances decreases the diagnostic validity, especially in cases of more common mental disorders such as anxiety and depression (Summerfield, 2012). Conversely, some suggest that taking on a heavily biomedical approach to explaining mental health issues and poor mental health - a 'mental illness is like any other illness' approach – in fact worsen stigma associated with mental disorders, making the public and practitioners view those with poor mental health as more pathological (Jenkins, 2014, Thachuk, 2011). Stigma is still present in relation to mental health despite efforts to reduce it. Literature advocates for a reduction in stigma through initiatives, policies, and changing attitudes, highlighting the impact of stigma on worsening inequalities and experiences of those with poor mental health (Adu et al., 2022, Halliday et al., 2020, Hanafiah and Van Bortel, 2015, Hatzenbuehler et al., 2013, Henderson et al., 2019, Walsh and Foster, 2021). There are beliefs held by some that mental health and illness are mutually exclusive, focusing actions on treatment rather than inequality reduction or promotion (Herman and Jané-Llopis, 2005). This side of the debate goes against the findings and recommendations of literature exploring issues of mental health relating to social and environmental determinants of mental health (Beller, 2024, Bouchard et al., 2015, Chandola et al., 2007, Corrigan et al., 2004, Henderson et al., 2019, Marmot, 2005, Mezzina et al., 2022, Stevenson et al., 2014).

There are arguments that public mental health is failing to be effective in many places (Campion et al., 2022, Patel, 2014). There has long been an absence of quality and adequate mental health services (Ngu et al., 2010). In some cases, this is due to mental health institutions failing to provide adequate care (Campion et al., 2022, Gaebel et al., 2012,

Kleinman, 2009, Patel et al., 2012), or the overarching systems not reaching those in need (Gaebel et al., 2012, Lora et al., 2012, Mental Health Network, 2021, Wainberg et al., 2017, Wittchen and Jacobi, 2005). Campion et al. (2022) argues that this is a breach in the right to health, cumulating preventable suffering and broader societal costs. A move towards more community-based and other diversified mental health systems may be a step in a positive direction (Pirkola et al., 2009, Putri et al., 2021, Thornicroft and Tansella, 2002, While et al., 2012). This is particularly true for ethnic minorities and other underrepresented groups (Arday, 2022).

The systems in which public mental health operates can generate debate with public mental health often involving challenging respective governments through the exposure of inadequacies and implementation failures (Campion et al., 2022). Furthermore, the political sphere may restrict or create opportunities to address risk factors of public mental health (Campion et al., 2022, Corrigan et al., 2004); “Politics, for better or worse, plays a critical role in health affairs” (Oliver, 2006, p. 195). Level of knowledge or will to act upon the public’s mental health needs from those in governance positions will impact resource allocation (Campion et al., 2020). Funding for public mental health is a big debate within the public health sphere. No country has a proportional expenditure of the health budget on mental health which reflects the overall burden experienced by poor mental health (World Health Organization, 2011). How resources should be allocated for mental health, including public mental health initiatives, is still a point of discourse for policy makers, NGOs, governments, and health system workers.

2.2.3 Thrive in the context of public health initiatives

To pave the way for an understanding of Thrive in this project it is important to have a foundational understanding of prevention and promotion in public health initiatives. It is also central to have some understanding of the precedence of public mental health interventions.

TClIs can be understood broadly as participatory public health interventions. These are programmes which are primarily powered by the communities themselves and have the potential to relieve burden on healthcare providers through low-intensity support for health issues (Butterfoss et al., 1993). In the case of TClIs we can imagine communities as communities of citizens and residents, groups and individuals who dwell within the remits of TClIs, and also communities of partners consisting of leaders, NGOs, and other urban actors. These types of initiatives have a role in prevention through the maintaining of wellness and social connection (ibid.). Through this type of intervention, there is a greater sense of ownership over a support system which can shape in a way that meets local needs. This links into ideas of place-based interventions (Amobi et al., 2019, Bradford, 2005, Freitas et al., 2024). Place-based interventions such as Thrive can be run at a lower cost with minimal need for clinical intervention if facilitated by the community (Butterfoss et al., 1993). Utilising the community in this way also can foster new structural power balances which create potential for more accessible interventions (Brosnan, 2012).

Prior to Thrive, notable examples of city-level, health-related initiatives include WHO healthy cities and the Resilient Cities Network. WHO Healthy Cities emerged as a response to a health promotion agenda and was met with large levels of enthusiasm from local leaders, health promotion and public health workers, and community groups (De Leeuw, 2013). The enthusiasm in itself created a legitimacy of validation of the power of public health initiatives such as Healthy Cities (De Leeuw, 2013). These types of public health initiatives act as a 'strategic vehicle' and place health high on the political and social agendas of cities; and act on public health using a local lens (Tsouros, 2015). Resilient cities also exhibit such transnational city-to-city networks proving instrumental to city action in regards to population-level intervention (Carmin et al., 2012). Sabatier and Reghezza (2021) argue that these initiatives are place-based and designed in a performative way, which engages leaders and communities. TClIs echo this agenda and approach to some level, however, in less of a 'strategic vehicle' manner

as these heavily supported networks. These initiatives have sets of requirements that must be met broadly by all member cities (Tsouros, 2015). This is not the case for TCIs.

TCIs have moved into a space in public health intervention which has rarely been seen. They echo elements of international, well-established movements but with a much higher degree of individuality and flexibility with aims and approaches (Ljubojevic, 2025b). They reflect a place-based approach to public health initiatives which aim to benefit the population of the city as a whole through a mental health and wellbeing lens.

2.2.4 Prevention, promotion, and improvement

Prevention, promotion, and improvement are crucial elements of public mental health. This understanding underpins TCIs. Prevention in mental health can be defined as reducing: incidence, prevalence, recurrence, time spent with symptoms, risk factors, preventing or delaying recurrences, and decreasing the impact in the affected person, their families and society (World Health Organization, 2004a). Primary prevention can be selective, indicated, or universal (Forsman et al., 2011). Currently there is a scarcity of evidence of universal prevention of poor mental health, however there is evidence for prevention at other levels (Mehta et al., 2015). When considering this finding by Mehta et al. (2015), it is important to question what is considered evidence. A dearth of randomised control trial (RCT) evidence that is shown to be effective in prevention may not be commonplace, however society is not a lab and so one should look more broadly for evidence of prevention of poor mental health through other bodies of work. This should be taken into account when understanding public mental health approaches. Prevention enables the causes of issues to be tackled, promotion explores and acts upon determinants of health (Herman and Jané-Llopis, 2005). Currently, much preventative work occurs outside of the health setting such as in workplaces or educational institutions (Wahlbeck et al., 2011). The ultimate expected outcomes of public mental health promotion is an overarching improvement in quality of life through improved circumstances and prevention of poor mental health (Herman and Jané-Llopis, 2005). Jacka et al. (2012) find

that there is a need to develop effective and universal preventative measures for common mental health issues at a population level.

Public mental health is not only focused on the occurrence and prevention of poor mental health in a population but also involves promotion (Jané-Llopis et al., 2011). Mental health promotion has been conceptualised as “the creation of individual, social, and environmental conditions that enable optimal psychological and psychophysiological development... [achieving] positive mental health, enhancement of quality of life and narrowing the gap in health expectancy between groups. It is an enabling process done by, with and for the people” (World Health Organization, 2004a, p. 16). Mental health promotion improves mental health by strengthening the wellbeing of a population. This involves hedonic (feeling good) and eudaimonic (functioning well) wellbeing (Martin-Maria et al., 2021).

Promoting public mental health requires a shift in how populations value health (Barry, 2019, Sartorius et al., 1990). The promotion of public mental health requires decisions to be made on all scales of societies in order to promote, rather than to compromise, health. It overlaps heavily with prevention- again key concepts of public mental health are not mutually exclusive.

At a European level, there is an intention in literature and policy to increase awareness and improve responses to public mental health needs at larger population levels (Lindert et al., 2017). For population level mental health improvements to be achieved, an appropriate balance of mental wellbeing promotion and mental disorder prevention is required (Andrews et al., 2004). Interventions that address or prevent widespread exposures such as abuse have the potential to prevent mental health consequences that arise from them (Lindert et al., 2017). Determinants of poor mental health vary inter- and intra- countries and often the methods used to investigate these range, causing result variations (Lindert et al., 2017). The findings of Lindert et al. (2017) suggest a cumulative effect of multiple determinants that interact with protective and risk scenarios that may increase vulnerability to, and incidences of,

poor mental health. Patel (2014) states that there is a need to act preventatively in public mental health at the level of social determinants and at the healthcare level.

2.2.5 Reducing inequalities

Some argue that public mental health should focus on reducing mental health inequalities experienced by populations. Inequalities in mental healthcare globally are critically important public health matters (Ngui et al., 2010). Those at highest risk must often be understood in the context of increased inequalities and poverty, with this being especially true in governing areas with fewer funds such as lower income countries (LICs) and middle-income countries (MICs) (Campion et al., 2013, Campion et al., 2022, Kivimäki et al., 2020). Public mental health actions often aim to promote mental health within disadvantaged groups, reflecting the importance of inequality reduction (Wahlbeck et al., 2011). The poorest and most disadvantaged in society are at the highest risk of facing common experiences of poor mental health; the adverse consequences of these disproportionately affecting these groups (Barry, 2019).

Bourque and Cunsolo Willox (2014) discuss public mental health in the context of climate change. Climate change and by extension the environment one is in is a determinant of mental health and a hazard (ibid.). There is also evidence of distress associated with the changing of or loss of environments- also known as solastalgia (Albrecht et al., 2007). Solastalgia has expanded to include changes or transformations in urban environments (Albrecht, 2010). The changing of one's environment can compound culture loss and manifest in poor mental health, substance abuse, or suicide (Albrecht et al., 2007). Vulnerable populations bear the brunt of these changes and are most at risk of displacement both environmentally and socially (Florida, 2017, Garmany and Richmond, 2020, Smith et al., 2020). Inequalities existing in society can be exacerbated by these changes such as gentrification (Tran et al., 2020). Limited support and access to mental health services may contribute to higher susceptibility to adverse mental health outcomes (Berry et al., 2011).

Despite public mental health being generally conceptualised as either a health promotion approach or an inequality reduction approach, it should be noted that the WHO's definition of mental health promotion explicitly acknowledges a wide "gap" in health expectancy between varying populations (World Health Organization, 2004a). This means that a key role of public mental health as a concept is to create a more level playing field for the wider population's mental health.

It is found that deprivation, a key manifestation of inequality, is associated with feelings of hopelessness and suicidal thoughts (Packard et al., 2012, Wang and Wu, 2021). Other determinants of mental health in the past decade encompass issues such as abuse, discrimination, migration, stress, ageing, the built environment, and poverty. Modern public mental health aims to address these determinants and by extension decrease the resultant inequalities (Wahlbeck, 2015).

It is difficult to achieve equity. Despite this, there has been a movement towards equitable public mental health (DeBoer et al., 2022, Gutierrez Chavez et al., 2022, Moodley, 2002, Owen and Khalil, 2007). Equity is a key term in public health, featuring in the definition of global health for example (Koplan et al., 2009). Equity in the case of public health can be conceptualised as "justice and fairness in the distribution of health within and between populations" (Patel, 2014, p. 51). Despite efforts to move towards equitable public mental health, equitable access to care for people with mental health issues remains problematic (Kovandžić et al., 2011). These elements of equity differ, yet influence one another. Public mental health can, at points, be envisioned as an issue of access; a lack of access to public mental health interventions can be understood as denial to the human right to health (Bhugra et al., 2015, Campion, 2018, Campion and Knapp, 2018).

Within this, empowerment should be considered. Historically, people with poor mental health have lacked a voice (World Health Organization, 2010b). In mental health, empowerment can be seen as being treated with respect and able to operate with dignity at both a user and carer

level (Wahlbeck, 2011). This lack of respect and dignity reflects a longstanding context of disempowerment of those with mental health problems and relates closely to stigma (Krupchanka et al., 2017, Rüsç et al., 2005, Rüsç et al., 2009, Wang et al., 2018). A move towards empowerment is a move towards reducing inequalities in public mental health. This means that within public mental health, a core issue that is in the process of being addressed is discrimination- an aspect of inequality reduction. There are the beginnings of a movement away from discriminatory practices and towards more inclusive legislations and actions (Szmukler et al., 2014).

2.2.6 Conclusion

Utilising the definition by Wahlbeck (2015) on public mental health, this concept involves promotion, prevention, reduction of inequalities, and the governance and organisation of mental health service provision. Public mental health is a multifaceted issue, intertwined with various social, political, and environmental factors. It is an interdisciplinary issue, with no one specialisation or subject having the solution. As will be seen throughout this literature review, cooperation and knowledge must be shared between people in order to successfully manage, mitigate, and prevent public mental health issues or to improve public mental health. Multiple approaches to tackling public mental health issues are being implemented. Presently, there is a greater focus on public mental health with a hopeful trajectory towards greater equality and equity. Understanding this will help ground new learning on the functioning and identity of initiatives such as Thrive and the experiences of those who engage with public mental health.

2.3 Urbanicity

2.3.1 Introduction

The majority of the world's population now live in urban areas with over 55% currently residing in urban environments. This is set to rise to two-thirds of the population by 2050 (Valavanidis, 2024). In order to understand how public mental health initiatives can improve situations and

outcomes in cities, one must explore mental health in an urban context. An urban environment is not an entirely new setting for humans; however recent evidence suggests that it can have large impacts on a person or groups' mental health. This section of the literature review will explore urbanicity and its role in public mental health. It will explore the conceptualisation of urbanicity in the context of thriving city initiatives, literature on urbanicity's impacts on mental health and theories and frameworks surrounding it. It highlights issues of inconsistencies in definitions and conceptualisations in topics surrounding urban mental health.

2.3.2 What is urbanicity?

Urbanicity in the context of public health has been defined as the impact of living in urban areas at a given time (Vlahov and Galea, 2002). This plays a role in contextualising public mental health in cities. The way in which an environment impacts people is key to understanding determinants and outcomes of mental health.

2.3.3 Urbanicity in the context of thriving city initiatives

When investigating *Thriving City* Initiatives and their impacts on mental health and wellbeing, urbanicity emerges as a key concept. Living in urban areas tends to be associated with better levels of health than in rural areas due to easier access to education, employment, and health care services (Dye, 2008, Wilson et al., 2022). The way in which urban residents interact with and are affected by spaces and places plays a major role in health outcomes. Urban spaces are increasingly recognised as important determinants of health with the potential to influence both physical and mental health; for better and for worse (Lopes et al., 2024).

Despite the general trends of better health outcomes in urban areas, research has shown that living in urban areas can act as a risk factor to mental health. The evidence for this has been seen in studies globally and across time (Heinz et al., 2013, Lederbogen et al., 2013, March et al., 2008, McCay et al., 2019, Penkalla and Kohler, 2014, Vassos et al., 2012, Weeke et al., 1975). The fact that living in urban areas has been known to be a risk factor for over five

decades (Weeke et al., 1975) leads one to ask the questions: why more has not been done to improve urban wellbeing since then and what preventative or protective measures are in place to mitigate these risk factors? In the classic study by Weeke et al. (1975), it was found that in the 1970s in Denmark that living in urban areas was linked to higher incidences of poor mental health and mental illness such as schizophrenia, suggesting that urban environments may contribute to stressors which relate to mental health outcomes. Similarly, the Manhattan study in the 1960s found that fewer than one in five Manhattanites had good mental health, however despite initial engagement and publicity, the findings of this were soon forgotten in American Psychiatry (Smith, 2021). Since then, evidence of urban environments acting as risk factors to mental health has consistently emerged (Gong et al., 2016, Penkalla and Kohler, 2014).

When comparing TCIs, it is important to consider varying definitions. How TCIs self-identify and are defined varies widely. Penkalla and Kohler (2014) find this to be an issue when comparing literature on urbanity, with Cyril et al. (2013) placing an urgency on standardisation for the concepts in urban health. This makes comparing initiatives challenging on multiple frontiers. If there is no standardised definition for multiple concepts being investigated in multiple contexts, extra care must be taken to clarify what is being studied. Continuing with the theme of subjective definitions, Krabbendam et al. (2021) note that in order to investigate how mental health and wellbeing are associated with the environment, definitions of the various components that constitute an urban environment or impact humans are needed. TCIs could prove to be part of a move to solve urbanicity and urban health issues. McCay et al. (2019) states that a *thriving* city depends on the good mental health of its population. Increasing wellbeing in urban areas at a population or individual scale should still reap net-positive societal and health benefits (Pollett, 2007). Investigating the social and environmental determinants of health in cities can offer insight into what can and should be done to promote urban wellbeing and mental health. Many studies have been conducted into the dynamics of urbanicity and mental health and wellbeing.

2.3.4 Urbanicity and mental health

Penkalla and Kohler (2014) find evidence that living in a European urban environment can be a risk factor for poor mental health and wellbeing, substance abuse, psychotic disorders, and mood and anxiety disorders. This is reflected in other contexts globally such as in South Africa (Tomita et al., 2017) and India (Desai et al., 2004). It should be noted that there is less literature surrounding urbanicity and mental health in areas outside of Europe, North America and parts of Asia (Adjaye-Gbewonyo et al., 2019). Further consideration should be applied to literature pointing towards a lack of significant difference in urban and rural mental health situations (ibid.) suggesting that urbanicity may not be as relevant a consideration in all urban locations.

Despite some outlying literature, there is much evidence suggesting that mental health problems can accumulate in urban areas (Krabbendam et al., 2021, Vassos et al., 2016, Vassos et al., 2012). A meta-analytical study found that in urban areas, prevalence of all psychiatric disorders is 38% greater, mood disorders being 39% greater, and anxiety disorders see a 21% increase when compared to rural populations (Peen et al., 2010). Further, Peen et al. (2010) find that growing up and/or living in urban environments is associated with a higher prevalence of mental health disorders. This is corroborated by the more recent review of global literature by Sampson et al. (2020), exploring depression in the context of urbanisation and urbanicity to an extent. This study did, however, uncover mixed results - in particular in Chinese contexts - suggesting an influence of culture and context on the salience of urbanicity on mental health. Childhood especially is a sensitive and malleable time, influencing health outcomes and can be notably moulded by urban living (Buttazzoni et al., 2022, Mersky et al., 2013, Reed et al., 2018), but the effects of city living can be felt throughout the life course (Wilson et al., 2022).

Whilst urbanisation is not always associated with poor mental health, there is little evidence to suggest it to be a protective factor. Some argue that there are benefits to wellbeing arising from proximity to services, support, cultural offers, and amenities (Krabbendam et al., 2021). Furthermore, there is recent evidence to suggest that negative effects of urbanicity are context

specific, meaning that not all will be affected to the same degree by urbanicity (ibid.). This should therefore be taken into account when investigating impacts of both the original effects of urban living on populations and also when investigating the initiatives implemented to tackle such effects. One must consider whether successful measures taken in one context, maybe even in the same country or continent, would be translatable elsewhere.

Factors of urban life that have influence over wellbeing can involve the social characteristics of cities. These include high population density, high socio-economic deprivation, and consistent transgressions of personal space (Heinz et al., 2013). Vlahov and Galea (2002) identify deprived neighbourhoods, criminality, and poor social ties can have negative impacts on wellbeing. This aligns with literature that will be explored shortly on social capital. These features are represented in urban areas worldwide (Cheung, 2014, Clampt-Lundquist, 2010, Visser et al., 2021). Social ties and interactions should be a priority for mental health and wellbeing promotion in urban areas. This has been identified as a point for action for many years (Holt-Lunstad, 2022, Lubben and Gironde, 2003, Mittelmark, 1999). The social environment, according to a systematic literature review by Visser et al. (2021), is more important than other neighbourhood characteristics for wellbeing and mental health. The biophilia hypothesis (Wilson, 1986) enables further understanding of the need for connection. The innate love for the natural with a collective tendency to pursue connections with others results in a decrease in wellbeing when these are left unfulfilled and unsatisfied. In a world where more than half of the population lives in relatively unnatural communities (McCay et al., 2019), it is clear that access to blue and green spaces would prove to be notable. Felsten (2009) finds that viewing nature - whether that be as dramatic murals or living nature within a built environment - is a restorative process for those who are cognitively fatigued; a precursor to poor wellbeing.

Vlahov and Galea (2002) further identify air and noise pollution as negative influences on urban wellbeing. This is corroborated by Attademo and Bernardini (2017) and Rautio et al. (2018) who suggest environmental pollution and a lack of greenspace act as elements that contribute to

overarching 'urban stress' (Krabbendam et al., 2021). Arguments in the arena do suggest that people experience similar benefits achieved from viewing natural beauty when viewing man-made beauty in forms of art and architecture seen in some cities (Seresinhe et al., 2019) - however this is not always the case and is often reserved for a privileged few (Krattenmaker, 2015).

2.3.5 Natural spaces in urban areas

Green spaces, or natural spaces on land, are emphasised in urban research for an assortment of benefits including tackling urban heat islands, slowing down water cycles to prevent flooding, air purification, and restorative wellbeing impacts (Lee et al., 2015). It is clear that conscientious and quality urban greening has a myriad of elements which may benefit a city's population, health, and resilience (Wilson et al., 2022). With a focus on wellbeing and mental health, literature shows that there are links between green or other natural spaces and positive impacts on mental health and wellbeing outcomes (Callaghan et al., 2021, Wood et al., 2023). Maas et al. (2006) found that at all degrees of urbanity there was a significant relationship between proximity/ percentage of greenspace and perceived general health. Poignantly for this project, this was found to be especially true for the young and for the older adults.

Based on literature on natural spaces and their impacts on mental health, natural spaces may incite feelings of connectedness and represent places where individuals may feel less lonely (Razak et al., 2016, Russell et al., 2013). Astell-Burt et al. (2024a) find that contact with nature is associated with lower levels of loneliness. Conversely, spending time away from nature, as many urban dwellers tend to do, can cumulate in a 'nature deficit' (Louv, 2011), contributing to a vulnerability to various health stressors (Jennings and Bamkole, 2019). This aligns with findings from recent literature which exhibit the protective and beneficial characteristics of green spaces and blue spaces to mental health and wellbeing (Britton et al., 2020, Callaghan et al., 2021, White et al., 2020, Wood et al., 2023).

In relation to public health interventions, Lee et al. (2015) find that green spaces can be a useful tool for promoting health in cities, this is echoed by work by Sugiyama et al. (2018) who note that it is both effective and practical to utilise public green spaces for promotion of population health. Van den Bosch and Sang (2017) utilise a systematic review of reviews to propose nature-based solutions to improve public health, taking advantage of urban natural spaces. Furthermore, introducing literature relating to connection in cities, Jennings and Bamkole (2019) label green spaces as an avenue for health promotion due to their capacity to create opportunity for social interaction and social cohesion through the time people spend in these places taking part in activities. As will be elaborated upon later in the chapter; encounters, local public spaces such as parks and beaches are viewed as both opportunities for socialising as well as places for solitude and reflection (Matthews et al., 1999, Moore et al., 2023). This makes them effective restorative places for mental health and wellbeing (Roe and McCay, 2021).

Much literature envelops blue spaces into wider green spaces or natural spaces rather than treating water features as a standalone element. More recently, blue space is coming to the forefront of wellbeing and mental health research with evidence suggesting a potent source for health promotion and mental health benefits (Britton et al., 2020, Hermanski et al., 2022, White et al., 2020). These are defined as all forms of manmade and natural surface water (Smith et al., 2021). Systematic reviews and meta-analyses such as those by Smith et al. (2021) find blue spaces to have positive health impacts at a population level, not only tackling poor mental health but also other key urban health burdens such as obesity and all-cause mortality, bolstering the populations wellbeing across health indicators. Work by Haeffner et al. (2017) propose that blue spaces facilitate a different kind of experience to green spaces and thus lead to differing health outcomes. Britton et al.'s (2020) systematic review introduce a concept of 'blue care', referring to the use of blue spaces as an intervention for health promotion and wellbeing.

Interestingly, according to further work by Astell-Burt et al. (2024b), the experience of being in nature and the impact of this on feelings of wellbeing and loneliness can relate to the sharing of or associations relating to the natural spaces. Higher levels of loneliness can be experienced if there is no one to share with (Astell-Burt et al., 2024b). It can negate positive wellbeing impacts of natural spaces. Again, this represents the individual and deeply personal interactions between space, a person, and their experiences of wellbeing and mental health. The vastness of a space, such as an expansive vista, may also counteract the broadly positive impacts of natural spaces for some who may end up feeling small and isolated in the context of the grandiosity or vastness of certain places (Yaden et al., 2019). The socio-economic status, vulnerability, and inequalities of a group may also impact the way greenspaces, and issues of access and experience with these, manifest in terms of mental health impacts (Yoo et al., 2022).

It is the functionality of the space, rather than its character, which lends itself to the outcomes experienced according to Lee et al. (2015). This is supported by Nutsford et al. (2013) who suggest that it is the activities that take place in these types of spaces which trigger mental health and wellbeing benefits.

2.3.6 Theories and frameworks of urbanicity

Theoretical frameworks have been put forward to try and explain further the impacts of the urban environment on the mental health and wellbeing of people. The Attention Restoration Theory (Kaplan and Kaplan, 1989) suggests that present-day people are having their cognitive resources taxed by urban life to a greater extent than what people have been used to historically. People have not been designed in evolutionary terms to live in urban environments. Kaplan and Kaplan (1989) suggest that being in nature replenishes cognitive resources drained by urban living. The sensory features in natural settings trigger non-effortful processes (Kaplan and Kaplan, 1989, Krabbendam et al., 2021). Since the pandemic, greater amounts of research on the benefits and restorative processes of natural spaces have been

conducted. Works by Darcy et al. (2022), Pouso et al. (2021), and Pichlerová et al. (2023) for example find evidence that natural spaces are perceived by residents to improve wellbeing and mental health and actually do generate positive outcomes for mental health and wellbeing.

A second theoretical framework suggested is the Stress Reduction Theory (Ulrich et al., 1991). This reiterates that nature may reduce stress due to unconscious effects of the autonomic nervous system. These theories both suggest that humans were not designed to live in cities and are currently under equipped to take on such a lifestyle. Lederbogen et al. (2013) state that one of the most powerful causes of the development of mental disorders is social stress. If we are not made for cities, how can we make cities for us? TCIs could prove to be part of the solution. A supportive social environment is one of the key conditions for mental and physical health (Lederbogen et al., 2013). A mitigation to social stress in urban areas is social support (Heinrichs et al., 2003, Lederbogen et al., 2013), a feature present in many TCIs which will become apparent later in the thesis. Furthermore, social support has been shown to have a more influential impact on mortality reduction than increased physical activity or the stopping of smoking (Holt-Lunstad et al., 2010). Loneliness and isolation are incredibly detrimental to wellbeing and mental health (Holt-Lunstad, 2021, Tiwari, 2013, West et al., 1986). Humans are known to be social creatures (Templeton, 2019) and have a universal tendency to seek connection with other forms of life according to the biophilia hypothesis (Kellert and Wilson, 1995).

2.3.7 Broadening the scope of urbanicity

The above frameworks appear to be rather individualistic, some argue there is room for expansion on this, for example from a social sciences perspective. Krabbendam et al. (2021) explore an interdisciplinary approach to understand urbanicity and its impacts on mental health. There are many studies that correlate social phenomena with mental health and neural development and an urban environment. An example of this is socio-economic status, particularly in childhood, being associated with changes in brain function and structure (Farah,

2017, McDermott et al., 2019). This is seen to be particularly true for those who are most disadvantaged in terms of socio-economic status (Noble et al., 2015). Many studies also exhibit evidence of social stressors impacts on mental health, whilst not all are directly linked to urban social risk such as trauma, they do aid in informing understanding of social and environmental determinants of mental health and wellbeing.

Neuroscientific studies can contribute to a greater understanding of the effects of an urban environment on people's mental health (Meyer-Lindenberg and Tost, 2012). Experience based studies such as that by Corcoran et al. (2018) can also provide insight into the effects of urbanicity on perceptions of mental health, contributing to findings of more biological-process focussed studies. This study finds that feelings of trust and threat are influenced by perceptions of surroundings but also the individual's own mental health. This suggests that both the physical reality of the environment and the internal or emotional environment a person is in can impact experiences of mental health and wellbeing. Krabbendam et al. (2021) state that experience-based studies provide detailed qualitative and quantitative information surrounding interactions between an individual's reflexive experiences and the characteristics of the context. These diverse academic sources show that a broader, interdisciplinary perspective on urban mental health connections is useful when garnering knowledge on the topic.

2.3.8 Conclusion

Urbanicity is a salient influence on mental health and wellbeing outcomes in cities. There is much evidence to suggest it as a risk factor and therefore should be understood and considered when undertaking research in urban settings. It can be a very individual experience where personal circumstances and perceptions may exacerbate or protect from these impacts. Urbanicity, much like most aspects of urban living, can be conceptualised and understood from a range of disciplines and these should be triangulated to obtain a greater grasp of the phenomenon. Understanding urbanicity is important for a grounding of understanding of urban

public health initiatives such as TCIs. The functionality, processes, and strategies of TCIs and other urban health initiatives will be influenced by the realities of urbanicity.

2.4 Syndemics

2.4.1 Understanding syndemics

To further understanding on how social and environmental determinants can impact mental health, we can look to syndemics. Syndemics locates itself in the field of applied health research, rooting itself in medical anthropology and within the sphere of human rights to health (Willen et al., 2017). Willen et al. (2017) state that upstream structural, political, and social determinants contribute more to health inequities than individual choices and biological factors. This suggests that these societal determinants of health are key in understanding health inequity and making a progressive move to remedy this. Kickbusch (2015) finds that the structural and political determinants carry the most influence. Syndemics as a concept highlight a negative feedback loop between these societal determinants of health and various comorbidities (Mendenhall et al., 2017).

A syndemic occurs when multiple health conditions co-occur in environments of aggravated adversity. They interact synergistically, cumulating in worse health outcomes than would have been generated by either affliction individually (Mendenhall, 2016a, Mendenhall, 2016b, Mendenhall et al., 2017, Singer, 2009, Singer et al., 2012, Singer and Clair, 2003, Tsai et al., 2017). Syndemics most commonly occur in situations of health inequality, often caused by societal influences such as stress, stigmatisation, structural violence, poverty, and cultural influences (Coid et al., 2020). Interestingly, Mezzina et al. (2022) describe a syndemic to be where the consequences are determined by privilege and various material and social factors which are exacerbated by socio-economic disparities. This explanation of of a syndemic, compared to other definitions provided, heavily insinuates that syndemics operate in spheres of deprivation, inequity, and inequality. Syndemics appear to be a burden primarily reserved

for those more disadvantaged and vulnerable in society, whether that be biologically or socio-economically.

A syndemic lens has the capacity to reframe, enrich, and expand learning surrounding complex adverse health scenarios (Willen et al., 2017). These adverse outcomes can be mitigated through an understanding of the circumstances which lead up to them, coordinating and cooperating across sectors, and seizing upstream opportunities to prevent or mitigate the outcomes which original laws, policies, or practices brought into being (Stall et al., 2008).

An example of a syndemic can be illustrated by Glasgow, Scotland. Scotland repeatedly endures the shortest life expectancy in western Europe (Walsh et al., 2017). Whilst there are high levels of deprivation, especially in the largest urban area, Glasgow, deprivation alone cannot explain the excess levels of mortality. In fact, Schofield et al. (2016) find that the so-called 'Scottish Effect' is persistent even after socio-economic deprivation and detrimental health behaviours such as poor diet or smoking are considered. There is synergism between psychiatric morbidity, substance misuse, behavioural/ biological physical risk, and violence for young men in the city (Coid et al., 2021). These syndemics contribute to poorer life outcomes such as a shortened life expectancy. Across multiple studies it can be seen that social inequality is at the crux of clustering syndemic factors (Oldenburg et al., 2014, Walsh et al., 2017). The Glaswegian example of a syndemic arose in the context of large-scale social forces that have been influential over the past century (McCartney et al., 2019). This means that it is important to look holistically at the contextual background of a place experiencing syndemics to thoroughly understand the mechanisms that drive them, societally and environmentally.

Mezzina et al. (2022) explore how social vulnerabilities and mental health interact within syndemics. They note that social disparities and inequities are increasing within, amongst, and across countries being exacerbated by violations by institutions and society through stigmas and discrimination. They make clear that social capital can mediate poor health outcomes through vessels such as political participation, mental health services, and reciprocity and trust.

This suggests that social isolation whether it be individualised or societal could be indicative of a lower social capital and thus those experiencing this would lack the relative protection and mitigation of social capital. Furthermore, the paper suggests that these vulnerable groups can come to be defined by their syndemic experiences -especially in relation to mental health syndemics. This impacts their social visibility and political recognition.

2.4.2 Conclusion

The concept of syndemics can help understand how multiple factors and experiences come together, particularly in the context of urban mental health. It elaborates on issues previously discussed and identifies that some demographics may be more vulnerable to negative mental health experiences through syndemic mechanisms. Again, many factors that interact with syndemics come down to issues of access and (in)equality. The broad and multilateral approaches taken on by TCIs to tackle public mental health could be seen as an appropriate approach to addressing the multifaceted issues of syndemics. Thrive could also be considered an intentional response to syndemics rather than coincidentally acting as a remedy. The holistic and interdisciplinary nature of TCIs suggests an approach to public health which tackles the root causes of various issues. This confluence of issues as approached by Thrive brings about a novel method of addressing syndemics.

2.5 Loneliness and Social Isolation

2.5.1 Introduction

In order to investigate social isolation and loneliness in the context of TCIs it is imperative to have a good grounding and understanding of the key concepts surrounding this. Loneliness is one of the main indicators of social wellbeing (Mushtaq et al., 2014). Social capital has transcended the boundaries of academia and is now extensively used and understood by decision-makers and the public globally (Torche and Valenzuela, 2011). This makes it a useful concept on which to build a basis for the understanding of how social networks – or the lack

thereof – can influence public mental health. Furthermore, it can help garner an understanding of how public mental health initiatives such as TCIs can boost the wellbeing of its populations through social connections. This section of the literature review will explore the concept of social capital more broadly and then investigate issues of loneliness and social isolation and how these experiences impact one’s mental health.

Given the proportion of people living in urban areas, it is surprising and shocking to find that urban residents are feeling increasingly isolated and lonely (Kelly et al., 2012). Holt-Lunstad (2022) identify that indicators of social connectedness - such as social capital, isolation, loneliness, and social support - are often markedly absent from the scholarly discussion when discussing widely recognised social determinants of health (Holt-Lunstad, 2022). Loneliness can be understood as a felt deprivation of meaningful connections, companionship, and camaraderie and causes devastating health impacts (Wang et al., 2023).

Understanding that a large number of people at a small risk may produce more cases of disease than the small number exposed to high risk is important in the context of public health interventions. Research on interventions for loneliness is largely dominated by weak or ineffective individualised actions, attempting to fix a lonely individual (Barreto et al., 2024). These existing individual-level actions do little to alter socio-economic risk factors that entrench loneliness (Akhter-Khan and Au, 2020, Feng and Astell-Burt, 2022). Much like in the case of syndemics, loneliness can be understood as a social justice issue; stemming from inequalities and inequities based on a multitude of factors (Barreto et al., 2024, Wilkinson and Pickett, 2010). The prominent narrative on loneliness as an issue of the individual places blame on the suffering individual rather than contextualising the experiences within wider determinants. This is why understanding loneliness as an issue of geography, the city, and people is so vital for elucidating a new narrative that explores experiences of loneliness in regards to city living. This further helps understand how population-level initiatives such as TCIs can impact loneliness (Astell-Burt et al., 2024b).

2.5.2 Social Capital

Social capital can be defined in various ways; however, most definitions include a structural, relational, and a cognitive aspect. Villena et al. (2011) explains that the relational dimension represents the trust, reciprocity, friendship, and respect that is formed through prior interactions; the cognitive dimension embodies the shared meaning and understanding between individuals or groups; and the structural dimension is the pattern of those relationships. Most definitions centre around social networks, trust, and reciprocity (Ferlander, 2007) with the social network acting as the core of social capital according to many scholars (Ferlander, 2003, Putnam, 2000, Woolcock, 1998). Social capital is captured from embedded resources in social networks (Lin, 2017). Whilst there are rather weakly defined conceptual boundaries to social capital, Torche and Valenzuela (2011, p. 182) explain it in quite simple terms: “what is social about social capital is its embeddedness in a structure of social relations; what is capital is its functional dimension, the fact that it provides actors with access to valuable and scarce resources that contribute to their well-being”. This provides a grounding in what we should understand social capital as, regardless of which school of thought one chooses to follow. It can be applied to a public or individual approach.

The key aspects of social capital have been conceptualised in various ways. Putnam, for example, presents social capital as a public good through his work (Putnam, 2000, Putnam et al., 1993). It frames it as an issue of bonds, bridges, and links; exhibiting the civic orientation, participatory potential, and trust in others available to populations. Putnam et al. (1993, p. 35) describes social capital as “features of social organizations, such as networks, norms and trust that facilitate action and cooperation for mutual benefit”. Putnam suggests that social capital exists on an aggregate level, such that it can be comparable between communities, cities, and even nations.

A social network would fall into the structural category with trust and reciprocity coming under the cognitive. Putnam (2001) suggests that we must accept there is no single form of social

capital and so it must be thought of as varying dimensions. Social cohesion and a sense of community can be regarded as both an outcome of social capital and a source (Ferlander, 2003). From Putnam's school of thought, perceiving social capital as a community-level resource, social capital is both a public good and ecological characteristic (Ziersch et al., 2005). This literature suggests that social capital plays a key role in the social determinants, processes, and outcomes of a place. Social capital is therefore key in enabling a city's residents to thrive. The ideas of bridging that Putnam introduces involve indirect connections between others in a network (Lin, 2001). Those with bridging social capital can therefore act as bridges to connections between other members of the community, decreasing social isolation. It would be interesting to investigate how TCIs and their actors may perform as these social bridges. These bridges may create an abundance of new opportunities but may risk relying on broad but somewhat shallow relationships (Shen and Cage, 2015), hazarding offering a diluted level of support (Pan et al., 2017).

Bourdieu and others take on a different perspective, framing social capital as a more individualised experience, being derived from an individual's social position and status. From Bourdieu's perspective, social capital is not available equally to all members of a community, instead it is available for those who work to acquire it through power, status, and goodwill (Bourdieu, 1986). Social capital in this conceptualisation nods towards a stratified society where individuals are inherently unequal. This conceptualisation seems rooted in symbolic power and social divisions. Comparative to Putnam's school of thought it appears to provide a rather more pessimistic outlook on the processes and foundations of social capital. Despite these conflicting beliefs, Bourdieu is the second most cited when defining social capital - with Putnam being most cited – suggesting that there is somewhat of a divide in perceptions on the correct conceptualisation of social capital.

It is important to note that while the definitions may be different, some overlaps remain. Social capital can be thought of as the resources linked to a durable network (Bourdieu and

Richardson, 1986). Whilst Bourdieu's conceptualisation of social capital is at an individual level, this network is suggested to be unsustainable and fragile without reciprocal norms and trust (Ferlander, 2007) - inherently more communal based concepts. Through reciprocity and trust between people and institutions, social capital influences and facilitates health related behaviours (De Leonardis, 2006). Income inequality has been seen to erode cohesion and trust within social networks. This relates to ideas discussed in Raworth's *Doughnut Economics* book where when communities consider each other to be peers and equals, there is greater social cohesion and fairness (Raworth, 2017). Feelings of reciprocity and trust are vital for people, promoting mutual respect, affective support, and boosting self-esteem (Layte, 2012). This can be achieved through continuous interactions and dialogues between differing individuals and demographics (Local Government Association, 2004).

Issues of social mobility discussed previously link heavily in with ideas of social stratification (Tiffin et al., 2005, Tiikkaja et al., 2013). Oyekola and Oyeyipo (2020) explain that societies place each individual in a particular social group, in turn determining their value as defined by the larger society. Social stratification plays into the concept of social capital given that it refers to the categorisation of groups or individuals based on socio-economic factors (Mezzina et al., 2022). An example of this can be seen in the lack of intergenerational wealth mobility in the US meaning that children are often predisposed to certain life outcomes based on familial socio-economic status (Gibson-Davis and Hill, 2021, Pfeffer and Killewald, 2018). Some studies have shown evidence that children in the US from more well-off socio-economic backgrounds have higher sociability than their peers (Ream and Gottfried, 2019) and fewer behavioural problems (Shanks, 2007), putting them in good stead for social capital and social network gains. This literature suggests that the experiences and opportunities of social capital are heavily affected by the society and status one is born into. It suggests an inequitable and unjust environment for most and a privileged experience for some. Hughes (2008) finds that globally, societies are organised in such a way that there is unequal and systematic distribution of benefits and burdens across different categories of people. This is supported by literature in the fields of

development and economics such as in *Why Nations Fail* (Robinson and Acemoglu, 2012) where explanations for inequalities and inequities boil down to extractive - or at least inequitable - institutional and governance processes and contexts. Social stratification results in some members of society benefiting hugely whilst others are left to suffer (Oyekola and Oyeyipo, 2020).

Socio-economic factors, such as access to wealth or ethnic diversity therefore also often influence one's social status. Social capital has been seen to be an important determinant of mental health for populations from some ethnic minorities (Bamford et al., 2021). In Barry's (2019) chapter exploring the challenges of promoting population mental health, it was corroborated that social capital, or aspects of it, play a role in inequities experienced in mental health. This is represented by those with higher status, education, and material wealth having stronger social support and those lower in the hierarchy having less access to social support and resources that may help mitigate negative effects of poor mental health. Kivimäki et al. (2020) explore the association between one's socio-economic status and development of mental health disorders, finding that low socio-economic status is associated with increased risk of poor mental and physical health compared to those who are more advantaged.

Social status has been seen to impact health outcomes in a way that coexists with exposure to better or worse material conditions. A social hierarchy coupled with the presence of exclusion and stigma in society has the ability to alter life outcomes. Within higher income countries, income and health disparities within the nation can be a reflection of social position and relative income rather than solely differing living standards (Wilkinson, 2006). However, it should be noted that this does not entirely diminish the impact of living standards; instead living standards can be seen to be intrinsically tied to and imply one's social position.

Resilience

The resilience of populations is intrinsically linked with social capital, with the two mutually influencing each other (Mezzina et al., 2022). Relational networks strengthen attachments and establish powerful support systems which contribute to resilience and community cohesion (Nardini et al., 2022).

Resilience is a key term in the environmental and health spheres, it even acts as a namesake for initiatives such as the 'resilient cities' movement (Wu et al., 2022). Figueiredo et al. (2018, p. 1) define urban resilience as "the capacity of a city or community to prepare for, respond to and adapt from dangerous and disruptive events, such as natural disasters, economic crises, demographic changes, health epidemics and others". It shows that resilience of urban populations is multifaceted and as with much literature on urban mental health, it seems to require cooperation and integration across sectors, professions, and disciplines. The paper by Figueiredo et al. (2018) reiterates that large cities, such as some of those which have thus far adopted TCIs, are most vulnerable to risks due to the complexity of their systems. Any shocks to them would consequently have significant social, environmental, institutional, and economic repercussions. As is made clear throughout this literature review, there is much evidence to suggest that urban mental health and wellbeing are influenced by diverse social and environmental factors - or determinants. It could therefore be concluded that bolstering resilience would be a strategy in which to mitigate impacts of (negative) changes to urban systems which may lead to poor mental health outcomes such as insecurity or economic issues. This idea of building resilient populations as a means to address population-level poor mental health and wellbeing underpins the origins of TCIs (Belkin, 2023, Thrive Edinburgh, 2021). The idea that social capital is a route to supporting urban populations' resilience is upheld by Beatley and Newman (2013) who state that forging new social connections and friendships increases the likelihood of successful adaptation of urban residents to a dynamic future on an individual, household, and community scale. Something that should also be considered is different populations experiences of cities and how this impacts their resilience. As seen in much literature, cities are designed for ethnic-majority, able-bodied, working-age men (Roe

and McCay, 2021). This often means that designs for increasing a population's resilience are geared towards this large demographic. Whilst this attitude towards population initiatives may be justified by the idea that if it is aimed at this group that takes up a substantial proportion of the urban population it will increase wellbeing/resilience/another indicator for a large sum of people; it risks exacerbating inequalities and inequities for the significant minorities and risk further vulnerability to a chosen indicator. Barnes (2021), for example identifies gender as a neglected yet pertinent issue in planning for resilience in urban areas, arguing that despite there being knowledge that women and girls who, despite accounting for half of the global population, are near-universally marginalised when compared to experiences of men, and routinely experience substandard outcomes. Work like this suggests that resilience is not equitably distributed in urban populations and thus deserves more focus on lifting-up and supporting those on the margins of city society.

Reciprocity

Societal norms, particularly reciprocal norms, and trust play a key role in the maintenance and establishment of social networks. Reciprocal norms are thought to refer to the various forms of exchanges that take place through social support mechanisms (Blanchard and Horan, 2000). According to Cohen and Wills (1985) and Weiss (1974), social support can cover companionship, and informational, instrumental, and emotional support. The discourse on social support was developed in the 20th century and continues into the modern day in relation to mental health outcomes and understanding (Gariépy et al., 2016, Valtorta et al., 2016).

Reciprocity creates an expectation that anyone who receives a favour should reciprocate either to the original source or to another person (Resnick, 2001). This also means that people are more likely to help those who have provided them with favours in the past (Deckop et al., 2003). As members of networks grow and widen their connections by completing reciprocal activities, social networks thrive on this foundation of reciprocity (Musembwa and Paul, 2012). Reciprocity is embedded in personal relationships, often taken for granted and is difficult to

generalise (Torche and Valenzuela, 2011). The rule of reciprocity may conflict with ideas of altruism as it suggests an expectation that there will be some form of repayment. It may be useful to consider reciprocity as more salient in closer relationships between individuals or within communities, and to a lesser degree with strangers or outsiders.

Social capital in the context of this research

As established, social capital can be understood on individual and collective levels. This means that obtaining data for the different levels is undertaken in different ways. On an individual level, social networks and connections are the focus whereas on a collective level, emphasis is placed more so on societal trust and cohesion. This means that information obtained from research on social capital is subjective and may result in differing results from the same cohort when investigating from differing perspectives. It should also be noted that social capital should be contextualised in the wider determinants of health and health inequities; maintaining too great a focus on social capital alone may lead to the downplaying of the importance of other factors on health inequities (Lynch et al., 2000).

When looking at individual pieces of literature, there is often much evidence suggesting the value of social capital promotion in public health policy and interventions, such as TCIs. The majority find social capital to be protective and support positive health outcomes. Interestingly, a recent meta-analysis on social capital and health found that the impacts are not as great as individual studies may suggest (Xue et al., 2020). There was still evidence for social capital interventions improving health outcomes, however it was to a smaller extent than expected. This can be partially explained by the measurements and analysis methods used. This meta-analysis concludes with a call to rethink the narrative that social capital interventions translate into meaningful improvements in public health (Xue et al., 2020). This is important to consider; my research aims to frame social capital and adjacent components of social determinants of health in a way in which a holistic approach is taken to public mental health, hopefully

magnifying their impacts – or at the very least generating further understanding of what approaches may or may not work in a modern, urban setting.

Social capital is associated with the enabling of communities and individuals to engage in high-trust cooperative networks- a crucial dimension for local development (Baycan and Öner, 2022). This means that TCIs that work in any manner with differing communities or with grassroots/ bottom-up initiatives should prioritise and support the building of social capital. The bolstering of social capital builds the resilience of populations and creates those ever-important informal support networks (Thrive Edinburgh, 2021). This help achieve the aims of Thrive. High levels of interpersonal trust enable communities to perform better through investment possibilities, boosting innovation and economies even if there is a lack of formal or ‘proper’ financial institutes (Knack and Keefer, 1997, Sack, 1997). In this way it should be considered that boosting social capital in communities encourages self or shared empowerment.

2.5.3 Criticisms of social capital

There are criticisms of both veins of social capital as discussed above. As with many social theories some say that the concept oversimplifies complex processes, others suggest there is a darker side to social capital. Some find that the processes of social capital can support criminality, with an example being cartels, where these relationships strengthen criminal networks (Ostrom, 1997). Even one of those who first popularised social capital, Putnam, raises concerns that social capital can be used for more corrupt and inegalitarian purposes (Putnam et al., 1993). Social capital has the potential to promote unhealthy norms (Christakis, 2004, Christakis and Fowler, 2007, Pillai et al., 2017), trigger unhelpful social contagion (Villalonga-Olives and Kawachi, 2017), relational strain (Due et al., 1999), unequal distribution of resources between social groups (Lin, 2001, Rostila, 2007), and preserve social exclusion (Portes, 1998). This means that whilst there is much evidence that social capital can be a great tool for good, it is important to understand the ‘dark side’ and its potential to undermine positive and prosocial

interactions in cities as established in work investigating the 'dark side' of social capital by Baycan and Öner (2022) and Villalonga-Olives and Kawachi (2017).

2.5.4 Loneliness, social isolation, and mental health

As identified in *The Solid Facts*, social isolation, social gradient, and social support are influential determinants of health (Wilkinson and Marmot, 2003). This reflects how salient these aspects of an individual's and/or population's life outcomes and experiences are. Ryan and Deci (2001) found that common indicators of a healthier mental state commonly include higher self-esteem, happiness, and less loneliness. Social capital has been shown to dissipate feelings of loneliness (Lima et al., 2017).

Social affiliations are protective of health (Wilkinson, 2006). Conversely, hostility and 'negative' connections have been seen to negatively impact health (Marmot et al., 1997, Miner-Rubino and Cortina, 2004). This adds to confirmation about the importance of social connections and networks to people. Interestingly, it is not only those who are exposed to external hostility that experience repercussions; hostile individuals themselves report to have more unhealthy daily habits, less social support, heightened physiological reactivity, and higher levels of interpersonal conflict (Smith, 1992). Furthermore, those who witness hostility are also negatively impacted (Meadows et al., 2021). It is therefore in the interest of populations to foster an environment where there is a greater feeling of safety and community, a sense of belonging and caring. An environment that engenders feelings of positivity - or at least mitigates opportunities for conflict, fear, or distress - would be conducive to improved population mental health.

Loneliness is a key issue in public health as it is associated with many negative outcomes, ranging from poor physical and mental health (Cornwell and Waite, 2009, Luanaigh and Lawlor, 2008), increased use of services (Lauder et al., 2006), and elevated mortality (Henriksen et al., 2019). It is strongly linked with poor health (Ong et al., 2016). Chronic loneliness and social isolation

may be worse than smoking 15 cigarettes a day (Holt-Lunstad et al., 2015). The salience of each of these outcomes is up for debate, with some links having varying degrees of evidence available (Reinhardt et al., 2021). There is consensus, however, that for certain groups or individuals the realities of loneliness are critical and should be researched.

Loneliness can be conceptualised as “the unpleasant experience that occurs when a person’s network of social relations is deficient in some important way” (Perlman and Peplau, 1981, p. 31). It is a negative emotional state associated with deficient social connections (Weiss, 1975). In the book *A Philosophy of Loneliness*, Svendsen discusses interesting perspectives on isolation and loneliness (Svendsen, 2017). There are concepts of periodic and chronic loneliness. Chronic loneliness threatens to undermine a person’s life and can be considered to be pathological (ibid.).

The existence of loneliness suggests a need for social interaction but ironically often leads to further isolation and withdrawal (Svendsen, 2017). Loneliness does not always imply a lack of community but instead an unfulfilled idea of community (Simmel, 2004). This suggests that ideas of loneliness and its consequences may stem from subjective feelings and experiences. Perlman (2004) suggests that while loneliness occurs in virtually all cultures, it is significantly influenced by cultural factors that shape the prevalence of loneliness, its intensity, and the antecedents. There is the suggestion that loneliness is not universal and is instead, to an extent, culture-bound (Perlman, 2004). There is work that explores loneliness in collectivist and individualist cultures which finds some differences in experiences, but more importantly, expectations (Heu et al., 2019, Rokach, 2018). Expectations of the individual and/or the wider society they find themselves in can influence how they express loneliness.

It has been found in studies that social isolation has huge negative impacts on psychic and somatic health, with good relationships with friends and family having a greater protective factor than wealth or fame. This is important in understanding how wellbeing can be improved in urban areas. In terms of health, lonely individuals consume more healthcare than those who

are not lonely (Geller et al., 1999), and some researchers suggest that it can increase risk of death by 26% (Holt-Lunstad et al., 2015). Loneliness is reportedly as damaging as substance abuse and has been framed as the *big* public health issue (Worland, 2015). It is also found to speed up processes of ageing and frailty (Gale et al., 2018, Hawkey and Cacioppo, 2007). This is important to note as these correlates of loneliness can have huge impacts on wellbeing, with acceleration and exacerbation fuelled by loneliness.

The way in which people experience loneliness often occurs through a combination of external influences and internal environments. The reality of loneliness may differ from how a person may perceive it. One can be alone and be lonely, or be alone and be content. In a scholarly context, "alone" typically refers to the state of being without others or the only one present. As understood by Palgi et al. (2021), for solitude to be a flourishing experience one has to choose to be alone rather than being forced into it by circumstances. Being alone and being lonely can depend upon how we are taught and shown understandings of loneliness but also can relate to an internal locus of social interaction. Rodriguez et al. (2025) explain that beliefs play a critical role in the shaping of the experience of being lonely. Loneliness and exclusion - both in reality and in belief – can cause people to display more aggressive behaviours to those who have hurt them and to others, make self-destructive decisions, decrease rational ability, and lose the ability to be resilient (Baumeister et al., 2002). In a society, if people believe they are being - or are actively being - excluded, repercussions could include a more disjointed and hostile society with members who struggle to function or fulfil their full potential and capabilities. Hughes et al. (2004) find that maintaining good social relationships provides a sense of meaningful belonging and self-affirmation. This not only lessens loneliness but also provides positive outcomes such as increased life satisfaction.

Loneliness can be particularly poignant in 'outsider' communities such as immigrant, disabled, or older populations. To exist outside of the working world is strongly linked to loneliness (Halvorsen, 2005). The socio-economic status and inequalities experienced by an individual

may also contribute to experiences of loneliness (Beller, 2024), with those with a lower status experiencing systematically higher levels of loneliness than their peers with higher status.

In the case of the elderly, it is perceived to be inevitable and universal that this group shall experience loneliness (de Jong Gierveld and Havens, 2004, MacLeod et al., 2016). According to international literature this is not a universal truth, and loneliness levels in older populations tend to be consistent across the decades (Chawla et al., 2021, Dahlberg et al., 2018), however there remains to be high incidences of reported loneliness in these demographics- particularly with those again on the peripheries of social systems and networks (Steed et al., 2007). In older populations, loneliness is seen as a silent killer (Chen and Gao, 2022). Research on migrant populations has found that there seem to be greater levels of loneliness in migrants than in comparable groups in the home country (Victor et al., 2012). Lasgaard et al. (2016) find that ethnic minority status, alongside experiencing prolonged mental disorder and living alone, are all key factors that may influence levels of loneliness in a population.

Interestingly, despite women often experiencing objectively greater levels of social interaction, they are more likely to experience loneliness than male counterparts (Olds and Schwartz, 2009). Rokach (2018) explains that women are more likely to express, yet not necessarily experience, greater loneliness. This can be due to the greater expectations and needs for social interactions. It should also be noted that research has found that the outcomes of loneliness may manifest differently in women compared to men, with it appearing to have a greater negative impact on women in some studies on mortality (Henriksen et al., 2019). This again displays the individuality of experiences of loneliness based on personal thresholds and expectations. People may feel lonely due to their internal perspective or experience of social isolation and solitude according to Ettema and Smajic (2015) and Seaman et al. (2010). Other research further confirms the idea that how loneliness and connection are approached and understood differs on an individual basis (Lee and Tan, 2023).

Another group that may have this 'outsider' experience, pertinent to my research, are those with mental health problems. These may be within or outside of the working world yet facing stigma and isolation; be it perceived or real. Some mental health problems such as depression are associated with withdrawal creating a reality of social isolation (Matthews et al., 2016). Depression is also linked to subjective social isolation from both family and friends (Taylor et al., 2018). The stigma around mental health undermines both help-seeking and longer-term outcomes for those with poor mental health (Prizeman et al., 2023). This stigma that impacts social isolation and loneliness is not limited to public stigma but is also impacted by internalised, or self-imposed, stigma (Prizeman et al., 2023).

Loneliness can also be understood in the context of trust. In countries where there is high interpersonal and institutional trust there are lower levels of loneliness (Rapoliène and Aartsen, 2022, Svendsen, 2017). Furthermore, this suggests a link between policy or governance and loneliness meaning that there is potential for impactful changes to be made. Some countries have already begun enacting such changes, for example Sweden, England, and Scotland have national strategies on loneliness (HM Government, 2018, Nordic Welfare Centre, 2024, Scottish Government, 2018).

Trust is a key aspect of social capital. Greater social capital contributes to reduced loneliness (Thomas et al., 2020). Income inequality, for example, affects social capital through an erosion of trust and the cohesion of social connections and networks. Feelings of trust and reciprocity enable social capital to prosper through promotion of affective support, mutual respect, and higher self-esteem (Layte, 2012). For people not to feel lonely reciprocity is needed (Jirka et al., 1996). Literature suggests that reciprocity is a key feature of genuine, meaningful interactions and is vital for alleviating loneliness (Lilburn et al., 2018, Wiles et al., 2019). Furthermore, people perceive reciprocity as more important for engaging with others than the socio-demographic characteristics of the other party (Wiles et al., 2019), suggesting a belief - that

there will not be reciprocal engagement - acts as a barrier to interpersonal engagement to a greater extent than interacting with people outside of one's own demographic.

Social media

The idea that social media is increasing loneliness by detracting interactions in real life is widespread (Yavich et al., 2019). However, there is contradictory literature which suggests that instead it is making people more social to the point that they are hypersocial (Svendson, 2017) or suggest that there is no association between social media and loneliness (Aarts et al., 2015, Yavich et al., 2019). Some simply find that social media does help alleviate loneliness (Ballantyne et al., 2010).

Previous studies suggest that people gain social capital through offline interactions such as through workplaces or neighbourhoods (Hsu et al., 2021). This supports ideas that social media may detract from traditional, proven methods of gaining social capital and decreasing loneliness. Despite this, it is clear that social media can be used to both exchange information and enhance relationships with others (Sims et al., 2017). Research on social capital suggests when people enhance or increase the number of relationships with social media they are less likely to be lonely (Hsu et al., 2021). Using social media more intensely can be associated with an increase in social capital, particularly for those with low levels of self-esteem and satisfaction (Ellison et al., 2007). This suggests that public health policies and initiatives could take advantage of social media in order to support those who may be more vulnerable to mental health issues due to having low self-esteem or life satisfaction. This could be because those who use social media more frequently usually contact others more, attend more events, and continuously strengthen social networks (Hogeboom et al., 2010). This is supported by other studies which have found that those who use social media to a greater degree have more real-life meetings and acquaintances (Brandtzæg, 2012).

Social media has also been evidenced to be able to attenuate loneliness due to the interconnectedness it facilitates (Pittman and Reich, 2016). There is suggestion that loneliness experienced by those who are more prevalent social media users may again be attributed to those who have higher social needs and expectations, having a greater propensity to feel dissatisfied with their social interactions and, consequently, lonely (Svendsen, 2017). It also shows an implicit need to consider evidence on these topics surrounding loneliness. It appears there is much contradiction and literature should be assessed and scrutinised before making conclusions. These polarised findings prove to be muddling. It is important to understand the evidence and reasoning for each conclusion and consider possibilities when moving forward with new research.

As discussed previously, the subjectivity and difficulty standardising loneliness means that results from research into loneliness depend on perceptions. Seeing that literature suggests that experiences of loneliness depend heavily on one's own interpretations of quality of encounters or relationships and quantity of interactions, it can be difficult to draw definitive conclusions. This will be especially true at a city scale.

2.5.5 Conclusion

Experiences of loneliness and social isolation are influential on mental health and wellbeing outcomes. Literature suggests there is a spectrum of impacts and salience of this influence but there is a consensus that feeling socially isolated or lonely are detrimental to populations. Improving the population's social capital can improve their capability to combat loneliness and strengthen support networks, supporting a city to thrive. Understanding the different perceptions of loneliness and the experiences influenced by social capital can prove useful in paving the way to enabling more positive experiences for those living in cities. Interestingly, we can also see here that issues of access and embedded societal inequalities seem to hold power over social networks and social opportunities. Despite this, it can also be seen that loneliness

and isolation cannot be boiled down to solely issues of inequality and access with individual perceptions and needs playing an influential role.

2.6 Neighbourly Cities and Spatial/Social Connection

2.6.1 Introduction

“We are building lonely urban environments” (Corcoran and Marshall, 2017, p. 7). This quote places responsibility upon people for the outcomes we are seeing today. The loneliness and social isolation experienced in our most densely populated areas cannot be blamed on the geographical location, rather it is on those who planned, implemented, built these ecosystems. This, however, can be understood with hopeful optimism as if it is us who built the *social* out of cities, we can take agency and design *social* back in.

The neighbourly city is a concept that could help tackle issues of isolation and loneliness in cities. The piece of literature that inspired this section is the book: *The Restorative City* which is where I first came across the term ‘neighbourly city’ (Roe and McCay, 2021). This book not only inspired this part of the literature review, but it was also heavily utilised by Thrive Edinburgh. The concept of a neighbourly city is directly related to TCIs. It has a heavy focus on prosocial design of place and emphasises a need to encourage encounters between people in cities. A neighbourly city, in theory, has the potential to be key to alleviating problems surrounding isolation or loneliness, and mental health. This section will explore what it means to be a neighbourly city and how prosocial design can impact public mental health in cities.

2.6.2 The neighbourly city and prosocial designs

2.6.2.1 What is a neighbourly city?

Roe and McCay (2021) define a neighbourly city as a place which is ‘neighbourly’. This encompasses increasing social cohesion, feelings of local belongingness, and conviviality, reducing social isolation, and facilitating the development of and sustaining of social networks

and subcultures. A neighbourly city is a place where diverse and different people can come together and enjoy public spaces (Roe and McCay, 2021). It involves a variety of features and factors. A neighbourly city invites interactions in various spaces and places in a city (Roe and McCay, 2021). These can range from public places and spaces such as streets and parks, to semi-public ones including community gardens and markets (Ganji and Rishbeth, 2020). The city itself should be a space for interactions and it should be designed and treated in this manner.

The concept of a neighbourly city arises from understanding of how loneliness and social isolation impact mental health. It locates itself within the concentric model of a refined socially connected restorative cities framework (Siew et al., 2023). A neighbourly city, much like many concepts interwoven into this PhD, does not exist and cannot exist in a vacuum and relies on a holistic understanding of the urban social and physical environments.

2.6.2.2 What is prosocial design?

The Oxford Dictionary defines prosocial as *relating to or denoting behaviour which is positive, helpful, and intended to promote social acceptance and friendship*. Prosocial design can therefore be understood as design which intends to be positive, helpful, and promotes social acceptance and friendship. Whilst prosociality originates in behavioural studies, it can be extrapolated elsewhere including evolutionary biology and urban governance. The fundamental grounding crosses disciplines from architecture to social policy. This is an aspect of urban spaces where interdisciplinary cooperation has the opportunity to flourish. Good mental health has to be a priority that extends beyond the health sector (McCay et al., 2019). There is a need for prosocial design and development in cities; which paves the way for positive and sustainable social networks and functions in cities.

Levels of prosociality can be understood through people's co-operative tendencies (Corcoran and Marshall, 2017). A compelling example of a prosocial study can be found in New York -

clearly a hub for urban investigation and innovation - where prosociality was mapped using objective measures of co-operative tendencies (Wilson et al., 2009). Prosocial design can be found to be heavily linked to the neighbourly city concepts with the perceived quality of a neighbourhood being a determinant of people's prosociality. Within societies which promote a prosocial ethos, loneliness - or at least social isolation - tends to be minimal across historical contexts (Corcoran and Marshall, 2017). Corcoran and Marshall (2017) argue that the inherent competitiveness and stratification found in cities since they began rapidly growing at the onset of industrialisation has subjugated some communities and the modern realities of urban zonings, commuting, and other forms of stratification has furthered social fragmentation and conspired against the sustenance of healthy, sustainable communities.

2.6.3 Urban design for mental health

Urban design can be utilised to creatively help deliver determinants of recovery which include the facilitation of relaxation, social support, community trust, and a sense of belonging and security (McCay et al., 2019).

2.6.3.1 Designing for integration and social cohesion

One might have noticed in their own cities and neighbourhoods' instances of hostile architecture, for example. Have we had integration and social cohesion designed out of our cities? This would not be a new phenomenon. The boulevards we find so beautiful originated from attempting to prevent street protests (Serag, 2013). Ironically a design that was made to control populations is now seen to be beneficial to mental health with wide, tree-lined streets seen to be restorative to wellbeing. There are some designs with less clear benefits, however, such as the Camden Bench which has put designing-out 'undesirable' behaviour at the forefront of its design (Figure 1). It is notable for its uncomfortableness. Savic and Savic (2014) summarise this phenomenon quite well. They state that this hostile design and the forethought that accompanies it "assumes that contemporary urban design is more about prevention than encouragement and that marginal misuse is more likely to be in focus than

major use” (Savic and Savicic, 2014, p. 4). Furthermore, they suggest that features like this bench supposes based intentions from potential users, facilitating and breeding relationships of mistrust between users, designers, and city councils (Savic and Savicic, 2014). Trust is vital for flourishing urban relationships.



Figure 1: Image showing the Camden Bench, described as "the pinnacle of hostile architecture", source: (Gamman and Willcocks, 2011)

These instances of hostile architecture can be contrasted with examples of friendly architecture. Benches, once again can be used to illustrate this. The ‘yellow bench’ movement places the bench as “a symbol for two relative strangers meeting each other for a real meaningful conversation around their own challenges and vulnerabilities.” (The Yellow Bench, 2025). The original yellow bench movement has led to various institutions and events implementing their own yellow benches – or friendship benches as they are sometimes called – for example at a school in Vancouver (CBC News, 2017). At my own institution, Strathclyde University, one can see examples of ‘breathing space’ benches (Figure 2) which are designed to create welcoming spaces, encouraging people to share time (Breathing Space, 2022). Both case

study locations, Balbriggan and Edinburgh, have implemented their own Thrive Benches. In Edinburgh this can be found at Waverly Station and is part of the Breathing Space benches campaign.



Figure 2: Image showing a Breathing Space Bench at the University of Strathclyde, source Maya Ljubojevic

2.6.3.2 Trust, reciprocity, and creating communities

Torche and Valenzuela (2011) suggest that trust transcends the particularism of personal relations and pushes past the obligations established by reciprocity. It provides a solution to a 'problem of strangeness' where others whom we don't know and have no relation to us surround us (Luhmann, 2000, Torche and Valenzuela, 2011). A social life requires overcoming this 'problem of strangeness' (Torche and Valenzuela, 2011). If individuals do not get to know each other, it is unlikely that they will develop enduring and trusting relationships (Valenzuela

et al., 2009). As discussed in the section on social capital, reciprocity is, and continues to be, key when building relationships. Despite reciprocity being highly important, one must consider that we are all at one point strangers - a person defined by the condition of impersonality or anonymity (Torche and Valenzuela, 2011). At this stage, there is something less transactional and more optimistic required for social relationships: trust. Trust is key for new, positive interactions and enabling interactions within and across social networks (Sledgianowski and Kulviwat, 2009). Trust is seen to make places happier and healthier mentally. To reiterate what has been said before, in countries where there is high interpersonal and institutional trust there are lower levels of loneliness (Rapolienė and Aartsen, 2022, Svendsen, 2017).

When there is a lack of trust it may breed anxiety, discrimination, and unhappiness within a community (Noor et al., 2022). There is greater worry about the 'other' and it stagnates the growth of social networks and support systems, going against what social networks set out to do: support (Sherchan et al., 2013). DiPrete et al. (2011) conclude that, in an American context, the big challenge to social integration originates from a tendency of people to isolate themselves from others who are different to themselves, primarily in relation to race, religiosity level, and political ideology amongst other key aspects of social identities. Whilst this study occurred in a North American context, the fundamental findings can be extrapolated to most western – if not global – contexts where the 'other' or 'outsiders' are often mistrusted or segregated in some way (Fan, 2002). Interestingly, even when ethnicities and religion stay the same, groups in cities still manage to identify outsiders- in the case of Dortmund Nordstadt in Germany, the outsiders were those who had arrived to the city more recently (May, 2004). Furthermore, it was found that having distinct communities ironically increased the social cohesion of both groups whilst, simultaneously, increasing the stigmatisation and exclusion of the 'outsiders' (Elias and Scotson, 1994). This causes an uncomfortable issue for those who wish to increase social cohesion in cities - how does one increase social cohesion between groups without exacerbating or introducing a new marginalisation? Having these peripheral demographics, be they 'outsiders', 'others', or those left behind for reasons such as being

outside of the workforce, creates a vulnerability to poor mental health for swathes of a population (Hu et al., 2022).

It is important to mix diverse groups in a way that does not cause conflict or hostility in urban spaces. Once trust is built across communities through interactions with others and sharing of positive outlooks, there is opportunity for this. Social mixing and mixed neighbourhoods have been put forward as a potential partial solution to inequality related syndemics (Mezzina et al., 2022). This therefore could also mitigate effects of social isolation and inclusion if differing groups coexisted in a similar geographic area. The UK government's policies on social cohesion include the encouragement of interaction of various demographics of different backgrounds (Local Government Association, 2004).

Social cohesion and creating a neighbourly city, where there is a sense of community, belonging, and security, has also been found to decrease instances of crime or antisocial behaviour. Seo and Lee (2017) find that a sense of community with residents was significantly correlated with neighbourhood disorder, fear of crime, and participation in neighbourhood activities. This paper explored crime prevention through environmental design (CPTED). It shows how the design of a place and the planning behind a city can help alleviate social issues by creating welcoming spaces. Conversely, in places in which there is high neighbourhood disorder, trust in neighbours decreases (Kwak, 2003). CPTED can and should go one step further if the process of changing the physical environment also improves social ties within a community and deepens a sense of community in the place (Park et al., 2013).

This neighbourly attitude and feeling also links with pride and stewardship in cities leading to cleaner and safer spaces (Comstock et al., 2010, Shirazi and Keivani, 2019). If cities are designed to evoke these feelings of pride in local areas and encourage kinship with those who share these spaces, it will lead to results which further breed positive outcomes. In relation to self-reported health status the strongest predictors were neighbourhood satisfaction, followed by perceptions of whether the neighbourhood was not safe to walk in alone after dark,

neighbourhood pride, and the perception of how close knit a neighbourhood is (Collins et al., 2009). Furthermore, neighbourhood cleanliness and good aesthetics are further found to engender feelings of positivity towards people's local areas and improve wellbeing (Kweon et al., 2010). Encouraging neighbourly cities in small ways, whether that be socially or physically, helps create a butterfly effect, creating sustainably positive places which magnify the positive changes exhibited in other aspects of the neighbourhood.

2.6.3.3 Welcoming places

Cities can be designed to be more inclusive and welcoming through physical, tangible methods. This often brings in green and blue space literatures. It involves place making and creating spaces where people want to spend time or feel comfortable travelling through or existing in. Placemaking can be broadly defined as "the process of creating quality places that people want to live, work, play and learn in" (Wyckoff, 2014, p. 5). This should be done with mental health in mind. Initiatives such as TCIs can contribute to placemaking through encouragement and facilitation of social networks and community mental health strengthening. Making urban places and spaces, whether they be outdoor or indoor, into places in which people want to spend time in or choose to spend time in is key.

Ganji and Rishbeth (2020) explain that in order for people to want to stay somewhere for longer, it must feel pleasurable and safe, providing a low-key form of social solidarity through a mutual choice to spend time in a nice place. They argue that this indicates an everyday multiculture- increasing integration and social cohesion. Laurier and Philo (2006) support this through their claim that low-level sociability, including sharing seats or holding open doors for others, represents a 'doing' of togetherness, again a mutual choice to share and interact in spaces. Furthermore, the effects of neighbourhood, mobility, and personal characteristics are more significant in regards to loneliness and life satisfaction than the amount of time spent in a place or how frequently it is visited (Bergefurt et al., 2019). These are all elements which

impact the warmth and receptiveness of a place showing the importance of atmosphere and design of place on mental health and wellbeing.

Feelings of belonging may also play a role in creating welcoming spaces which foster connection. A sense of belonging is a vital mental health concept and can be defined as the experience of personal involvement in a system or environment so that persons feel themselves to be an integral part of that system or environment (Hagerty et al., 1992). Lim et al. (2021) suggest that loneliness and belongingness exist on a dual continuum much like mental health and mental illness, that is to say that they are related yet distinct. The idea of belonging is particularly critical for understanding the success and retention of underrepresented groups in many contexts, and research on the topic has been seen to improve people's lives according to Mellinger et al. (2024). Sumpter et al. (2024) propose community cafés as a vessel for building belonging.

Jones et al. (2015) bring in the idea of everyday encounters into the context of cafés and ideas of conviviality. This will emerge as a key theme of the research and should be duly noted. Interestingly, this work suggests that to create a welcoming space for connection and encounter, a certain blandness associated with corporate style cafés fosters confident familiarity regardless of where in the world. A level of homogeneity, although criticisable when considering ideas of place making and place identity, clearly has a role to play in fostering connections. This aligns with ideas of the ordinary and everyday being important for urban wellbeing and connection (Back, 2015, Cook et al., 2011, Stroeback, 2015, Wise and Velayutham, 2014).

In a UK and Irish context, people may look towards the pub, for example, as a place that is associated with openness, belonging, and acceptance. The 'local' creates a space for people to spend time in. A piece by Thurnell-Read (2021) aptly describes how if people did not go to the pub, they likely wouldn't know each other. In a continental context, perhaps people may look towards café culture or public spaces such as plazas as welcoming spaces where people have

opportunity to connect (Oldenburg, 1999, Sumpter et al., 2024, Warner et al., 2013). The provision of an activity - in the case of these examples, eating and drinking - lubricates social interaction (Alexander and Gallant, 2020, Stroebeak, 2015) facilitating an environment and atmosphere that is conducive to connection and improved wellbeing and support systems.

Other urban public spaces or places can create this valuable conviviality. Libraries, for example, have a rich set of literature supporting their value to urban connectivity, interaction, and accessibility. A library is an accessible space for much of the population (Dalmer et al., 2022) meaning that it creates opportunity for social mixing and interaction across demographic strata. It provides a place for people to go who may otherwise be unable to afford to spend time outside of the work or home. This links into the idea of a third place. Peterson (2023) explains that libraries are under-appreciated within wider society despite their obvious social functions. This project in part seeks to uncover other potentially underappreciated urban infrastructure and systems through viewing cities, connection, and isolation through a participant's perspective.

2.6.3.4 Designing for encounters

An encounter can be defined as an unexpected or casual meeting with someone or something. There is an unassuming friendliness that characterises many urban public encounters, this can be understood from the often-overlooked geographies of kindness and compassion (Thrift, 2005). These everyday kindnesses and respectful moments have the potential for leaching into the wider world (Thrift, 2005). These civil exchanges are labelled "small achievements in the good city" by Amin (2006). Cities can be envisioned to be places of encounter, or as spatial formations resulting from dense networks of interaction, and as places of meeting the stranger (Cook et al., 2011, Simonsen, 2008). Everyday encounters strengthen social networks, a key component of social capital.

Encounters can be fleeting or meaningful, and in many instances can be both (Ganji and Rishbeth, 2020). Cities should be a hub for impromptu encounters given the amount and proximity of people. Places and spaces in cities facilitate encounters. One can understand everyday encounters as a vessel for integration, an education on others, and exposure to others. It can bolster sustenance of existing societal support networks and pave way for new ones. Those encounters can be further understood as both a privilege and a necessity for most. Everyday encounters in public spaces are also important for the quality social mixing, and lessening the othering of those around us, where the physical nature and social construction of these spaces facilitates interaction (Jones et al., 2015). According to Zukin (1995), public spaces are points of assembly where strangers can mingle. Places and spaces where encounters are facilitated help decrease the strangeness of others and enable a bridging of gaps between individuals and groups. Even if different groups do not directly interact in these situations, studies have shown that simply being around others is appreciated (Peters, 2010), implicating that passive interaction with others is beneficial to social cohesion, connection, and wellbeing. This further aligns with some of the work by Putnam (2000) on social capital which found that these cursory interactions help engender feelings of acceptance of others.

Third places, as alluded to in the section above, are accessible, welcoming, and unrelated to work or the home. Third places can be understood as a social setting outside of the home (first place) and work (second place) where people can gather, build community, and engage in informal interaction. They are critical community gathering places (Oldenburg, 1999). These places facilitate connection to others in the wider community. Oldenburg (1999) was the first to introduce this concept. A third place can be characterised by eight core features: neutrality, levelling, conversation, accessibility, regulars, low profile, playful mood, and a home away from home (Oldenburg, 1999). Third places can be seen to strengthen social networks, helping to create a support system (Lee and Tan, 2023) that alleviates pressure on the formal routes to care and helps to prevent severe mental health. This means that incorporating third places into public mental health strategy and initiatives can be useful. These types of places are found to

be especially useful in deprived areas as a medium for social interaction amongst residents (Hickman, 2013).

Bumping places are identified in Roe and McCay (2021). They can be understood as places where people bump into one another; places where people meet spontaneously and can experience positive interactions, and places which encourage people to linger and interact in positive ways (Roe and McCay, 2021). This concept should be utilised by urban designers and actors (Ljubojevic, 2025a). As established through the literature review, interactions – or encounters – are key to combating social isolation and loneliness whilst also strengthening social networks and therefore social support. These are vital for supporting public mental health and wellbeing. The wellbeing value of vessels for interaction such as bumping places should be acknowledged (Banwell and Kingham, 2023). Social interaction is not required to be formal, personal, or direct. It can occur at “modest levels” such as being amongst others in public urban spaces, fulfilling elements of the need for social contact in an undemanding way (Kazmierczak and James, 2007). This relates back to the concepts of the ordinary and the everyday as discussed in relation to welcoming spaces.

The existence of ‘outsiders’ in previously homogenous populations brings questions and certain sentiments to the surface. It certainly brings light to debates surrounding citizenship, identity and belonging. As cities evolve with increased mobility and migration, everyday encounters are increasingly inter-cultural and between different modes of life (Simonsen, 2008). A premise exists that contact between people from different backgrounds promotes tolerance, reduces conflict, and increases integration (Allport et al., 1954, Hughes et al., 2007, Mezzina et al., 2022). It therefore follows that increasing everyday encounters between differing groups or individuals should lead to these positive externalities in cities. This can be designed into cities through policy, planning, and infrastructure.

Despite the optimistic outlook on how encounters can shape social dynamics and the implicit importance of social contact between different populations, there are some who argue that

these simple encounters do not translate into wider changes in relations between differing ethnicities and races due to entrenched inequalities shaped by historical processes and choices (Valentine, 2008). Others argue that expectations of the impacts of interactions in spaces should be more 'realistic' and instead frame these opportunities for encounters as places of intercultural learning (Amin, 2013).

There is a conception of 'the urban' as a meeting place (Simonsen, 2008). There has been research across disciplines such as anthropology and sociology, and urban geography investigating ordinary, everyday intercultural interactions in public spaces (Neal et al., 2015, Wessendorf, 2016, Wise and Velayutham, 2014). Much of this understanding does not explore the design of these spaces and places (Ganji and Rishbeth, 2020).

2.6.4 Conclusion

To summarise, this section explores where and how we can take action upon the social and physical infrastructure of our cities. It brings together what has been learned in prior, more theoretical aspects of the literature review and forms ideas and portrays examples of how these can be put into practice- still from a social sciences standpoint. A city that is neighbourly, conducive to social connection, is an emerging and multifaceted solution to pressing social and environmental issues in urban areas that directly impact mental health. A neighbourly city brings out the best in its people, encouraging pride, stewardship, and kindness in communities - imperative features of a healthy and sustainable future for urban populations. The role and capacities of TCIs in the design and facilitation of urban social and physical infrastructure which facilitates connection, good mental health, and wellbeing will be explored further in the research.

2.7 The human ecology framework

2.7.1 Introduction

Given the inconsistencies of frameworks utilised by TCIs, it felt appropriate to focus in on one framework to underpin this research. This meant that a more focussed lens could be utilised. This approach overlaps with the frameworks found in TCIs.

2.7.2 The framework

The human ecology framework is based on an ecosystem of humans, their environments, and interactions and transactions between these (Bubolz et al., 1980). Human ecology, bearing in mind philosophical anthropology, concerns itself with the study of the human-environment relationship. It can be considered as the “ecology of the person” (Tretter and Löffler-Stastka, 2019). The term first appeared in 1921 in a sociological context (Lawrence, 2003). The original definition of human ecology was the study of temporal and spatial organisation and relations of people with respect to environmental forces (Park et al., 1925). Today, the definition more broadly applies to the dynamic interrelationships between people and the varying characteristics of their environments; physical, biotic, cultural, and social (Lawrence, 2019). An iteration of this includes the human ecology framework further developed by the Thriving Cities Group (unrelated to this projects TCIs) which examine six ‘fundamental’ areas of community wealth and well-being (Thriving Cities Group, 2015). These endowments encompass: the good, the beautiful, the true, the prosperous, the sustainable, and the just and well-ordered. Historically, there has been a lack of consensus on what the term human ecology actually means. Lawrence (2003) explains that the framework has been presented in varying forms from a science, to a philosophy, to a point of view. A perceived strength of this framework is that it lends itself to a multidisciplinary approach (Bruhn, 1974, Steiner and Nauser, 1993, Young, 1983). This is useful when investigating public health issues where a multidisciplinary approach is seen to be beneficial (Norton et al., 2021, Pearce, 1996, Pinazo and Gascon, 2015).

As discussed in the literature on urbanicity and urban environment, the environment which one inhabits can have great and lasting repercussions on mental health and life outcomes (Vlahov and Galea, 2002). Regarding issues of natural space in urban areas, Lawrence (2003) suggests that unintended consequences of human activity on the natural spaces have an impact on human health and wellbeing. This is a consistent theme in literature regarding urban wellbeing and mental health. Given this, one might consider placing an emphasis on the preservation or promotion of urban natural spaces within initiatives aiming to promote urban wellbeing.

Lawrence (2003) discusses how urban policy and planning has led us to the issues that are currently being faced and challenged. It is argued that decision makers and planners have largely ignored the complexities of the interrelation of humans and their settlements, glossing over the economic, health, ecological and other social characteristics of localities. These flaws in urban planning are aiming to be rectified by many urban initiatives such as the 15-minute city initiatives, Edinburgh's Thrive Line and New York's High line, and Portland's collaborative expansion of public transport networks.

Lawrence (2003) further suggests that common interpretations of human settlements should be reconsidered and reframed. There are suggestions that historical, compact centres of urban areas are more conducive to sustainability, economy, and good wellbeing than the more dispersed suburbs (Lawrence, 2000). Marique and Reiter (2014) corroborates this, however does critique the idea of compact cities and their feasibility given the sprawling nature and inclination of many modern-day urban areas. Lawrence (2003) acknowledges that it is difficult to adapt existing urban infrastructure, systems, and society. A solution put forward to issues faced by urban populations through the lens of human ecology is to adapt and reuse existing resources through innovation, creativity, and imagination. Innovation has been referenced in TCIs such as Vancouver and Amsterdam.

Fundamentally, interactions between people and their environments are not solely spatial. They involve cultural and biological actions alongside this (Lawrence, 2003). Furthermore, these interactions are dynamic and subjective to individual or group perceptions. This could bring in ideas of the concepts of space and place.

From a methodological view, Lawrence (2003) states that urban planners and decision makers should utilise complementary methods to understand the cultural and social dynamics of the urban area. Feldman and Westphal (2000) support this, suggesting the values and diversity of urban populations should be understood through mixed-methods, utilising both qualitative and quantitative methods alongside participatory approaches. This PhD project intends to do just that, with identified methods including interviews, geographic information systems (GIS), and photovoice. An issue seen with addressing perceptions, values, and goals by urban planners is that they are often considered difficult to measure. This persists into present day thriving city initiatives, with many projects struggling to provide data to support their work and findings.

From a human ecology perspective, Lawrence (2003) further suggests public participation to be a major contributor to sustainable and successful urban management from a public health and environmental angle. In the European Commission's Eight-Action Programme on the Environment (1993), a commitment to public participation is seen to be the *sine qua non* condition for successful sustainable developments at local levels. These interactions between community and decision makers are important. They allow for a range of viewpoints to influence evaluations and formulations of options, allowing decision makers such as politicians and professionals to establish new social contracts with others in society (Gibbons et al., 1994).

2.8 The literature review in summary

Emergent themes within this literature review include: social and environmental determinants of health, issues of equity and access, stigma, and interplay of conditions and circumstances. It is clear that the issues of public mental health are dynamic and complex. The interplays of

environment, socialisation, geography, and policy are influential. Approaching public mental health from a holistic, interdisciplinary approach to the problem and potential solutions would be both beneficial and prudent.

Key gaps identified in this review surround issues of welcoming spaces which facilitate interaction and connection. There is also a palpable and significant dearth of literature on TCIs. This means that my PhD has the potential to create impactful new knowledge that help fill in these gaps in understanding, which could be further used as a springboard for applied research and action.

From this literature review, it is clear that loneliness and social isolation are pertinent public mental health issues. This focus was chosen as a core element of the thesis in part due to the emerging literature and current interests; however, this decision was also made in order to ensure the scope of this research project was manageable. When exploring TCIs, examining them with the lens of one particular public mental health problem is more practicable than exploring multiple health issues simultaneously in detail. My capacity as an individual researcher is limited due to available time, thus there are limits to the breadth and depth of the research project.

Loneliness, as evidenced above, is a salient influencer on wellbeing and mental health and can permeate across demographics and contexts. In the current context of a post-pandemic world combined with a cost-of-living crisis limiting the disposable income people have to take part in activities and leisure, the choice to explore experiences of loneliness and social isolation seemed appropriate.

3 Methods and Methodology

“...the procedures by which researchers go about their work of describing, explaining and predicting phenomena”. Rajasekar et al. (2013, p. 5)

3.1 Introduction

To recap, this research is exploring Thriving City Initiatives and the understandings and experiences of those who implement them and those who live under their jurisdictions. The project seeks to investigate the concept of Thrive and establish an understanding of what this initiative is, and to explore how it is understood by those who are involved in the spheres of Thrive. The project further has the intent of learning more about the lived experiences of those who live in cities in which Thrive operates and to establish what influences their mental health and wellbeing, particularly in relation to socio-spatial connections and loneliness. A public health initiative which strives to improve the mental health and wellbeing of the population of a city should surely have some intended influence over one of the most pressing mental health risks: loneliness. Thus, a methodology which provides a framework for creating this knowledge was needed. This would need to be flexible and accommodating to be able to be applied across contexts and accommodate differing strategies to obtain rich data. How this was done is outlined below.

A reminder of the key research questions

- 1. What is a Thriving City Initiative?**
- 2. What is the relationship between urban spaces and places (in locations operating a thriving city initiative) and the experiences of loneliness and connection among older or younger residents?**
- 3. What interventions of Thrive could impact loneliness and isolation?**

3.2 Research design and epistemology

All research which is carried out scientifically requires several fundamental philosophical assumptions which consider the nature of the research, supporting evidence, and methods (Lawrence Neuman, 2014, Orlikowski and Baroudi, 1991). In social sciences, one must observe a phenomenon and must understand the interpretations which individuals may have already made (Pulla and Carter, 2018). It sets the scene for a dynamic process of research where one cannot wholly remove themselves from subjectivity. My research sets itself up with an inductive approach to coincide with the exploratory nature of the project. Furthermore, this research should be seen as cross-sectional. It represents a snapshot across multiple locations at a given time. These Thrive initiatives are new and changing, even throughout the research period. The time constraints of the PhD do not allow for follow up or more longitudinal study but instead provides a considered foundation to an academic understanding of Thrive.

Kuhn (1970) describes a paradigm as an epistemological stance, determining the types of questions that are asked and accordingly understood. A paradigm is further commonly understood as “a worldview, together with the various philosophical assumptions associated with that point of view” (Tashakkori et al., 2020, p. 84). Interpretivism is a research paradigm that is often associated with qualitative research (Pulla and Carter, 2018). As understood by Kaplan and Maxwell (2005), by its very nature interpretivism promotes the value of qualitative data in pursuit of knowledge. Until recently, most mixed-methods studies have employed a post-positivist paradigm (McChesney and Aldridge, 2019). Johnson and Onwuegbuzie (2004, p. 14) state that “although many research procedures or methods typically have been linked to certain paradigms, this linkage between research paradigms and research methods is neither sacrosanct nor necessary”. A major conclusion of the work of McChesney and Aldridge (2019) concurs; a research paradigm does not come with ‘acceptable methods’, instead researchers have the freedom, and the responsibility, to choose methods appropriate to the research and paradigm.

Interpretivism acknowledges the realities of the subjective components of human action (Chowdhury, 2014). Interpretivist studies often look into meanings; in this case the meaning of what Thrive signifies in a population mental health approach context, what meaning urban populations give to spaces and places regarding experiences of connection and loneliness, and what these combined mean for public mental health action in cities. Interpretivism further lends itself to the utilisation of multiple methods to uncover meaning making it more than appropriate for this research project. Interpretivism differs from approaches such as positivism as it aims to include richness in the insights gathered instead of attempting to establish universal or definite laws which are generalised across the board (Myers, 2019, Saunders et al., 2009). The place-based nature of public health policy means that the findings of my research should not apply seamlessly across differing contexts, cultures, or health systems. The findings will, however, provide a rich and novel springboard from which further examples can begin to be understood.

Through an inductive strategy of interpretivism, my research can examine a whole scenario in its natural setting. It summons the feelings and ideas of those who participate (Layder, 2005). It emphasises the meaningfulness of character and participation in cultural and social dimensions of life (Elster, 2015). Interpretivism seeks meanings and motives that fuel people's actions (Whitley, 1984). The methods are therefore accepting that the findings will be understood through the eyes of those involved in the study. Using a combination of methods and a grounding in interpretivism, my research appears to reject the positivist view that knowledge is rooted in the tangible and the objective (Chowdhury, 2014). In this research, even the more quantitative GIS aspects of the methods leave space for personal experience and 'fuzzy' spatial experiences or imprecise notions, hence interpretivism grounds this research well (Huck et al., 2014).

It must be understood that through using the interpretivist paradigm, the data gathered and analysed are less likely to be generalisable due to its dependence on specific context, values,

and viewpoints (Collins, 2018, Saunders et al., 2009, Scotland, 2012). In what it lacks in generalisability, it makes up for in depth and can be influential on development through collection of rich qualitative data which leads to deep insight and unique conclusions differing from understanding obtained through other research routes according to Saunders et al. (2009) and Myers (2019). Instead, adoption of this paradigm generates high-level validity in the given data which should be valued by changemakers and policy makers in public health. Interpretivism may lend itself to bias from myself - the researcher - however a triangulation of methods which empower participants to share their experiences in multimodal facets should help overcome this associated disadvantage. Further, the criticism surrounding issues of generalisability can be overcome by combining qualitative and quantitative methods through triangulation; if these independent and multiple methods reach the same conclusion, the reliability of the conclusions are greater than a single methodological approach to a question (Denzin, 1970, Hammersley, 1994, Miller et al., 2004).

3.2.1 Phenomenological study

Phenomenology is a variation of interpretivism (Littlejohn and Foss, 2009). Exploring people's lived experiences through the approach outlined above; a triangulation of the chosen methods provides different perspectives into participants' experiences of thriving city initiatives and the surrounding issues that they work to remedy. A phenomenological approach is useful in public health research as it is distinctly positioned to help researchers learn from others' experiences through qualitative research (Neubauer et al., 2019). The goal of this type of study is to describe the meaning of experiences of a phenomenon, looking at what was experienced and how it was experienced (Teherani et al., 2015).

This research design makes sense in the context of mental health and wellbeing given the subjective and individual nature of these experiences. Having said this, literature from Roe and McCay (2021) has discussed a move towards understanding how individual experiences contribute to a wider dyadic – or wider group – experience. This leaves scope for the

exploration of group experiences in further research which could include methods such as focus groups or a differing research design such as ethnographic or case studies. This research project's phenomenological study will ground itself within two *case study TCIs*: Edinburgh and Balbriggan.

As understood by Tsang (2020), the phenomenological approach can overcome limitations of other approaches such as the critical approach in the case of methods such as photovoice in social research, allowing a greater allowance for interpretation and the eliciting of meanings. It does favour a researcher-led analysis but does not include a disregard for participants' interpretations. It instead understands the interpretations as narrative data to help understand lived experiences and analyse these phenomena (ibid.).

The research project was explorative rather than evaluative. This is due to the dearth of existing literature on the topic of Thriving City Initiatives. There is strong rationale for this. Many TCIs have expressed that there is a lack of consistent identity, strategy, and governance across the concept. Research conducted through this PhD enabled a greater understanding of how some TCIs choose to tackle and improve public mental health and well-being in the context of social isolation and loneliness – an almost universal issue in cities which is a priority for many TCIs and can be exemplified in the case study cities of Thrive Balbriggan and Thrive Edinburgh.

3.2.2 Ontological assumptions of interpretivist phenomenology

Ontology refers to a view of reality and to what extent it exists in 'reality', to be captured through research. Ontology is concerned with being or existence, what is true or real. Within this paradigm there is the assumption that reality is subjective. Realities are constructed through personal perceptions and experiences and are shaped by their interactions with their environments. As stated by Vladimir Nabokov (1990), reality is a very subjective affair. Pulla

and Carter (2018, p. 1) phrase this as “no two stories will be the same because no two lives are ever lived, and then internalised, in exactly the same way”.

This research understands that, as this is the case, there can be no single, objective reality or universally shared experience of reality, let alone a single, objective reality of the experiences of an individual’s mental health and wellbeing in the everchanging urban environment.

Reality therefore lies within the lived experiences of people. To understand reality, we must therefore understand phenomena through the meaning that people give to them. This means that lived experiences are core to creating knowledge. This paradigm enables this by facilitating the use of qualitative, experiential, and diverse data. It not only facilitates but inspires the use of multiple avenues to explore phenomena. Furthermore, this paradigm enabled me as a researcher to co-construct reality with those whom I work with through this PhD. Reality becomes a shared dialogue and experience through methods such as photovoice, interviews, and participatory GIS. As reality becomes shared, it becomes inherently interpretive.

As my research project situates itself across health and urban contexts the meaning of the experiences is variable across the study. The experiences of those working on Thrive Balbriggan operate on an almost entirely different basis than those in Edinburgh. Similarly, those who live in the two locations experience different healthcare systems, national cultures, and geographical landscapes; with the latter particularly in relation to scale. This approach to research is accommodating and embraces the different realities people and projects may experience and thus provides an open foundation on which to explore and answer unexplored and unanswered questions.

The approach further complements this project due to its emphasis on depth over breadth. There is not an aim to establish broad generalisations, more so to explore meanings and experiences both of urban living and of Thrive initiatives. Given a dearth of evaluative data, or any existing data at all, on Thrive, it is logical to utilise a more forgiving and curious paradigm

than one which focuses primarily on objectivity. This means that a deeper understanding of concepts and lived experiences of concepts can be at the core of this exploratory research. It provides the base for papers and projects to follow-up on conceptual findings which can adapt and evolve in terms of epistemology and methodology. For this project's remit and aims, the interpretivist phenomenological approach was most appropriate. It encompasses strengths which suit both the topic at hand and the researcher's identity and values. This creates a powerful dynamic, driving the research onwards.

3.3 Methods

3.3.1 Scoping

Through initial scoping discussions and secondary research, I came to find that loneliness and social isolation were key drivers of poor mental health and wellbeing in urban areas. Further, I found that creating connections and attempts at loneliness reduction appeared to be a commonality between TCIs. This establishment of a focus for the research led to the decisions I made surrounding methods.

Prior to the onset of the official research, time was spent exploring and familiarising myself with the organisations and study locations. To understand Mental Health Ireland's (MHI) Thrive I spent multiple weeks of October 2023 in Balbriggan observing the work conducted and interacting with governors, stakeholders, and residents to create a foundational understanding upon which the research was built. Similarly, in Edinburgh, I attended two Thrive conferences as well as holding discussions with those who work on Thrive or live in the city. This preliminary research was not limited to the case study cities. Informal discussions occurred at the International Initiative for Mental Health Leadership (now Global Leadership Exchange) conference in October 2022 leading to conversations with members of various other Thrive initiatives including Thrive West Midlands, London, Amsterdam, and NYC.

This period of scoping influenced my choice of methods, who I chose to sample, and the topics that discussions and methods centred around. I realised that the information available publicly did not provide in-depth knowledge or understandings of what Thrive is. This meant that there was a need for key informant interviews in order to answer the first key research question- what is Thrive? I also felt that there was a need to see what the communities which Thrive aims to support experienced in their day-to-day. This led to the choice to use two participatory methods with the wider population: photovoice and participatory GIS (PGIS). This would help to answer the latter research questions.

3.3.2 An overview of the case study locations

	Thrive Edinburgh (Scotland)	Thrive Balbriggan (Ireland)	ThriveLDN (England)	Thrive Bristol	ThriveNYC
Leadership	Edinburgh Health & Social Care Partnership	Mental Health Ireland; Local community members	ThriveLDN	Bristol City Council	Former Mayor of NYC DeBlazio & First Lady
Population	559,000	24,322	8.9 million	483,000	8.2 million
Approach	Hybrid top-down and bottom-up	Grassroots	Top-down	Top-down	Top-down
Funding	Over £3 million invested since onset	Limited monetary support	Over £3 million since onset	Unclear	\$850 million
Partners	Lord Provost, Health in Mind & other 3 rd sector organisations, Lothian NHS, City of Edinburgh Council, Universities, local organisations	Fingal County Council, community volunteers, local organisations, local artists and designers	Greater London Authority, NHS England, Public Health England, London Councils, Transformation Partners in Health & Care, Universities, 3 rd sector organisations, local organisations	Educational institutions, employers and business networks, 3 rd sector organisations, NHS England, law enforcement and emergency services	NYC department of health and hygiene, city agencies, educational institutions, local organisations, New York City Health and Hospitals Corporation, law enforcement and emergency services, NYC Department of Homeless Services, tech and data Companies

Table 1: Overview of Thriving City Initiatives for key informant interviews and case studies

The table above aims to provide some rudimentary context to the TCIs from which key informant interviewees belong. This should be helpful for a reader to digest the context of Thrive. As table 1 illustrates, there are clear contextual and practical differences between the

initiatives and their locations, and it helps illustrate why there is no cookie-cutter model for TCIs.

3.3.3 Why mixed methods?

A mixed methods approach involves utilising both qualitative and quantitative data in research (Bowers et al., 2013, Creswell and Clark, 2017). It emboldens a study through combing the strengths of the two different strands (Greene et al., 1989). Shorten and Smith (2017) identify the use of mixed methods in health and policy research. It is a contemporary approach to solving healthcare and public health questions. The established use of this combination in health and policy research paves the way for this project. It should be noted that the word 'mixed' is key. These methods were not used in parallel to one another but instead will be united at appropriate stages (Ivankova et al., 2006). Further, Ivankova and Creswell (2009) state that mixed methods are appropriate for the style of study of this research. While this project is exploratory in nature, the way in which the data was collected concomitantly means that an exploratory mixed methods design would not be suitable, instead the commonly used triangulation method; comparing and contrasting all the findings of all routes is a preferred research approach to produce well-validated conclusions (Creswell and Clark, 2017).

When asking '*why mixed methods?*', Almalki (2016) suggests reflecting on one's own capabilities and interests. The method itself must keep the researcher motivated and be achievable. The methods chosen for this project are both within the researcher's prior skillset but provide scope to push further, innovate, and create new links between methods. This project combines varied methodologies in order to answer the research questions and generate new knowledge. The particular mixed method approach of this project adds to the novelty of the research, ensuring that it is a one-of-a-kind piece in a clearly under-researched niche. In policy and in research, it is often seen that quantitative data is favoured over qualitative when making funding and similar decisions, with aspects of qualitative often being misunderstood, misjudged, mistrusted, or seen to be less rigorously evaluable (Ungar, 2006).

More recently, Natow (2021) - in her blog for *Evidence and Policy* - plainly states “policymakers consistently express a preference for quantitative research” in a US context- the home of Thrive. Thus, combining methods created opportunity to connect with those with varying preferences and viewpoints on the validity of information and enabled participation and dissemination at various levels. Although this leaning towards a quantitative preference is not universal, it is important to acknowledge some urban actors, such as policy makers or leaders, may prefer this. This in part influenced my choice to conduct mixed methods research. Other research suggests that mixed methods itself is favoured by health policy makers in the UK, in the context in which many Thrive initiatives operate. Hill O’Connor et al. (2023) found that in the UK there is a growing interest in more in-depth understandings of the public through qualitative methods suggesting a shift. This mixing of methods creates an overlap that is well suited to the present policy climate.

More than simply keeping myself - the researcher - engaged, the use of mixed methods in this research allowed us to zoom out. Using Participatory Geographic Information Systems (PGIS) means that we can look at the experiences of connectivity and isolation at a city-scale, further from the localities of the participants, and expand the understanding of how spaces and places in the case study locations are perceived and experienced by the populations of these locations. It provided opportunity for reflection on the more in-depth, zoomed-in qualitative methods engaged in this project. It allowed an understanding of the results at varying scales and helps identify crossovers between them.

The combination of the two mainstream approaches allows for decision makers at all levels – from the individual, to organisations, to governing bodies – to make educated, holistic decisions on policies and actions relating to public health (Burch and Heinrich, 2015, p. 6). It appeals to, and can be understood and interpreted, by a range of users. If both the qualitative and quantitative data paint a similar picture relating to research questions it suggests a legitimacy regardless of data-type preference. This project looks at wellbeing, loneliness, and

public mental health initiatives across a spectrum, avoiding binary categories. This helps build an understanding through methods which may sit across the qualitative and the quantitative. This project understands that qualitative and quantitative are not binary, instead exist across a spectrum. In this project, while the methods may broadly be qualitative-dominant; the use of quantitative methodologies not as an afterthought, but as a tool for enhancement and wider engagement and relevance is central.

3.3.4 Interviews

Interviews are the most commonly used qualitative data collection method (Olliffe et al., 2021). For this project, it was valuable to conduct key informant interviews with those involved in Thriving City Initiatives. This could include those who founded or lead projects or those who run evaluation or strategies. It could also include those who work in the more grassroots aspects, organising the mental health interventions such as creative events or campaigns.

Interviews are seen as powerful, they elicit narrative data enabling a deeper investigation of people's views (Kvale, 1996, Kvale, 2003). The method can be seen as a 'natural and socially acceptable' route to data collection, applicable in various situations and various topics (Dörnyei, 2007). This idea of it being a rather 'natural' method appears to be a consensus across literature on interviews.

It explores constructions and negotiations of meanings in a natural setting (Cohen, 2007), it allows participants to express themselves in their own voice (Hutchinson et al., 1994). The more naturalistic, and less structured nature of this data collection tool enables an expectation of broadening the scope of understanding of the phenomena under investigation (Kvale, 1996). This is particularly true with the semi-structured interview style which is utilised in this project. This is because it allows opportunity for the interviewer to probe and expand on the responses of the interviewee (Hitchcock and Hughes, 1989). This project broadly situates itself in health policy. Interviews in this context have been used in various forms, from expert, to in-depth, to

walking interviews (Lauwers et al., 2021, van Renswouw et al., 2023, Wojnowska-Heciak et al., 2022). The use of key informant, also known as expert interviews, has been used previously when exploring urban public health and the design or implementation of health policy and interventions in cities (Käyhkö et al., 2024, Tammi, 2005, van Renswouw et al., 2023).

A key informant interview can be understood as a qualitative, semi-structured interview with a person holding 'expert' knowledge and can be used as a stand-alone method or as part of a set of a more comprehensive collection of methods (Van Audenhove and Donders, 2019). The use of key informant interviews helps uncover insider information and rich, experiential data. It helps discover what challenges are faced, and what works well (Bhatnagar et al., 2023). A key informant interview provides "first-hand knowledge of local issues and/or a relevant point of view or expertise" (Bhuyan et al., 2020, p. 2). These expert or key informant interviews can be understood as focused on the expertise that the interviewee holds; the interviewee is a source of information or specific knowledge of the study object (Gläser and Laudel, 2010, Kaiser, 2014). In the field of policy, Beyers et al. (2014) identify that key informant interviews are important data collection tools when looking to influence public policy making. They state that many 'path-breaking' studies within the field rely heavily on expert interviews with often both policymakers and interest group representatives (Beyers et al., 2014). This research project's key informants range from community representatives within Thrive, instigators of Thrive, and those who work adjacent to Thrive, who fall under roles or positions that may be seen as experts or key informants on Thrive.

It should be noted that there are some points of contention with key informant interviews. This includes the objectivity of the knowledge obtained and how power and perceptions may influence the outcome of the data obtained (Van Audenhove and Donders, 2019). There is an assumption that the key informant is confident about their knowledge and opinions (Van Audenhove and Donders, 2019). Given these key informants, or experts, on given Thrive initiatives often had or have investments and significant roles in Thriving City Initiatives, it is

unlikely that a wholly realistic understanding of Thrive was able to be obtained through these interviews. They are likely very informative but may lack rigorous criticism, or may downplay issues and negatives of the initiatives. The informants likely have provided personal perceptions and interpretations, aligning with the interpretivist approach of this project, potentially inducing the provision and favourable information on Thrive. With little to no alternative academic literature this may prove to be difficult to corroborate or falsify and proved to be a challenge for this research. Questioning key informants on other Thrive initiatives may help provide a more holistic understanding of the initiatives as inconsistent descriptions of Thrive projects may be identified by external informants. How key informants understand and conceptualise Thrive as a whole can help identify consistent challenges and strengths of the public health initiatives.

The use of key informant interviews has been used in similar qualitative or mixed methods studies, particularly in tandem with some form of data from those whom the key informants may impact (Bhuyan et al., 2020, Grant et al., 2023) – in the case of this study; the population of the city in which the Thriving City Initiative operates. It seems effective when utilised alongside participatory methods such as photovoice which will be used in this project.

Interviews have been used often in research relating to mental health and loneliness. This means that it is a tried and tested method that is appropriate for answering research questions and meeting the objectives. Furthermore, interviews lend themselves to be combined with other research methods that can then be triangulated. Beutel et al. (2017), for example, investigated loneliness in the general population through baseline secondary data, self-reports, and interviews. Given that these projects are in similar spheres and triangulate some of the same methods, it suggests that the chosen methods for this project are appropriate, valid, and relevant. Adding in more creative methods such as photovoice, or methods less often used in this context such as GIS will propel this research into novel areas.

Interviewing has commonly been thought of as a key component of research design (Alshenqeeti, 2014) and is a key component of my research used to understand perceptions, interpretations, and experiences of Thrive. My research project does not stray far from this thinking; however, it does frame interviews as part of a whole. This project used the method as one of a few key factors- joining the qualitative insights of interviews with quantitative, spatial aspects. The triangulation of methods enhanced the value of what is found through the interviews.

Potential participants were reached out to via email with attachments of the information sheets and consent sheets. We then organised an appropriate time to have the interviews. The interviews were conducted over Zoom as this logistically worked out the best given the participants were located across multiple countries and cities including: Ireland, England, Scotland, and the US. Conducting all interviews using the same setting enabled a consistency across them and further enabled a crisp and clearer recording than may have been possible in other spaces. This means that the transcripts were easier and clearer to write up and analyse. As identified by Oliffe et al. (2021), using Zoom as a facilitator for qualitative data collection such as interviews provides three main benefits: there is no place like home for the participant, there are reduced costs so increased recruitment reach and inclusivity, and it provides a rich therapeutic value. Further to Oliffe et al. (2021)'s point on reach and inclusivity - there are not only costs and logistical issues for participants but also the researcher. Conducting international research such as in this project is very time consuming and can be costly. The use of Zoom means that the researcher's time and resources can be more effectively and efficiently utilised. Despite this, there were some teething issues. Many British participants used technology belonging to or using NHS resources meaning that Zoom was restricted, this sometimes caused minor problems connecting at the start of the interviews. Poor internet did also come up as an issue at points which would not have been the case in-person. Despite this the interviews were successful and due to the limited financial and temporal budgets for travel this proved to be an appropriate way of conducting the interviews.

Interviews lasted between 37 minutes and 90 minutes and were conducted with 13 key informants throughout the spring and summer of 2024. 12 of these were given permission to be used in the research. The focus of this project is predominantly on Thrive Edinburgh and Thrive Balbriggan so naturally the majority of key informants were linked to these projects. This decision was made based on my scoping period. These two Thrive initiatives, at the beginning of my research period, were well supported, accessible, and open to working with me. The two locations were further implementing Thrive in very different ways making them interesting to explore in tandem. It is also important to have a broader understanding of Thriving City Initiatives to truly understand our two examples. This is why other key informants involved in Thriving City Initiatives elsewhere were also invited to interview. Given the dearth of academic literature on this topic, it felt important to establish knowledge in an academically rigorous way. The use of a diverse range of key informants helped to establish where Edinburgh and Balbriggan fit with the general model, comprised of key ingredients identified in this research (Ljubojevic, 2025b), and where they have diverged in order to suit their populations. This diversity then helped to answer ‘what is Thrive?’.

Table 2: Table showing number of Key Informant Participants from respective TCIs

TCI	No. Key Informant Participants
Thrive Edinburgh	4
Thrive Balbriggan	5
Thrive LDN	1
Thrive NYC	1
Thrive Bristol	1
Other TCIs	1

As seen in table 2, an international array of participants was recruited to inform on TCIs, their identities, strengths and weaknesses, and functioning. This enables more thorough analysis of not just the case study locations of Edinburgh and Balbriggan, but Thrive as a wider concept. This facilitates the answering of the primary research question: 'what is Thrive?'. The KI interviews provided foundational and evidential understanding of the concept of Thrive and how it manifests in differing contexts and locations.

As mentioned above, the interviews were conducted and recorded over Zoom. The transcripts were then downloaded from Zoom and checked and corrected using the audio file. The transcripts were then anonymised in preparation for analysis.

3.3.4.1 Analysis

The key informant interviews were analysed based on the principles of thematic analysis. As described by Braun and Clarke (2006), thematic analysis is a method for identifying, analysing, and reporting patterns. This structure for analysis allows for flexibility and accessibility for interdisciplinary workers, making it particularly useful for this PhD project given the triangulation of methods arising from various discipline backgrounds. It enables a common grounding between the methods.

Thematic analysis of the recordings involves: transcription, familiarisation, coding, searching for themes, reviewing themes, defining themes, and finalising themes (Braun and Clarke, 2006). NVivo training was then held later in my PhD journey and thus was the last piece of analysis conducted for this research project. NVivo proved to be a particularly useful software, creating clarity and facilitating comparison intra-and inter- thrive discussions. The downloaded and corrected transcripts were imported into NVivo. The transcripts were initially coded, with these codes being logged in NVivo. I utilised a selective approach to coding, identifying a corpus of 'instances' of the phenomenon I was interested in and then extracting this data (Clarke and

Braun, 2013), helping to identify core categories relating to the functioning of TCIs and the experiences and perceptions of Thrive. The number of codes created for each interview ranged from 100 to 400 depending upon relevance, depth of conversation, and length of interview. Generally, those discussing the case study Thrives had more in-depth and relevant information for this particular project. All of the interviews provided useful and valuable insights into TCIs and helped create a more complete understanding of how Thrive is interpreted, implemented, and broadcast. I coded the elements of the participants' data that I deemed relevant to the research question and topic as sometimes discussions would go off-topic and onto wider issues outwith TCIs and their remits. In NVivo, transcripts of interviews were coded with initial codes and then recoded in order to establish emergent themes. Saldaña (2021) notes a that a theme is an outcome of coding, creating categories, and analytic reflection, therefore, this process of coding was used to determine the themes. Exact words and language used by the participants will be used for in vivo codes to provide “a rich, accurate, and verifiable” illustration of experiences (Richards and Morse, 2012, p. 193). I identified key or recurring features according to data, marked these out, coded the text data, creating codes such as partnerships, interdisciplinary, ‘coffee mornings’, communicating, community, ‘data driven’, ‘common sense’, resilience, concept, local, and definitions. I used these to make a useful, interpretivist analysis. These helped to identify themes that had been emerging across the interviews. Themes become an academic observation and reflection of the interpretation of participants' opinions relating to a qualitative research topic. This involved deciding on an informative name for each theme (Sandelowski, 2004). These themes were then scrutinised and defined, before being finalised as per the thematic analysis process. The finalised themes included partnerships, leadership, intervention, stigma and changing conversations, among others. These names form the basis of the structure of discussion and analysis of chapters 4 and 5. In the table below, some of the emergent themes, example codes that underpin these themes, and example evidence from the interview transcripts can be found.

Table 3: Table showing examples of the thematic analysis process

Emergent themes	Example codes	Example evidence from transcripts
Partnerships	<p>'community', 'charities', 'individuals', 'organisations', 'governments', 'relationships', 'collaboration', 'coproduction', 'working together', 'teams', 'unity', 'shared goals', 'diversity', 'shared understanding'</p>	<p><i>"Then the Council has been a fantastic partner", "it's a very respectful relationship", "from an evidence base, from a coproduction perspective.", "there's an opportunity for all Thrives to work together.", "all the different organizations and come together and broaden people's understanding of what mental health is in the community.", "people who are from the community, and in a voluntary capacity being involved, and then people in within organizations, and like the HSE. Like the Council, the Gardaí, and there there's a balance across the board on who's been involved."</i></p>
Prevention & Promotion	<p>'prevention', 'promotion', 'recovery', 'policy', 'restorative', 'intervention', 'health systems', 'treatment', 'therapy', 'positive outlooks', 'health'</p>	<p><i>"The system is rigged against you. We need to address that. We simply can't afford to treat our way out of this", "within Balbriggan for more positive outlooks on mental health and wellbeing in the future", "generally speaking, with all Thrives in general about taking the community health approach instead of the clinical health approach. That for me ideally, is what I'd love to see"</i></p>
Leadership	<p>'top-down', 'grassroots', 'leader', 'inspiration', 'power', 'role-model', 'organisation', 'ownership', 'community-led', 'supporting-role', 'politicians'</p>	<p><i>"the people who are involved in lots different capacities are taking charge now, and they own it.", "to see it grow and see more communities be involved. And communities take ownership of it.", "we were going to operate it from the kind of ground up community level", "the fact that there's no sole ownership", "not grass roots. But community roots"</i></p>
Resources	<p>'funding', 'grants', 'support', 'roles', 'capacity', 'employees', 'money', 'resources', 'time', 'building infrastructure', 'existing infrastructure', 'opportunities'</p>	<p><i>"to be able to apply for funding", "they did provide the funding for the action Research Officer and have given us, you know lots of resources so that we could make what we're doing happen", "it attracted an enormous amount of funding and resource about 850 million dollars", "having resources up to makes things a lot easier.", "has brought a grant funded in from that and what we're looking at doing is developing a strategic plan"</i></p>

Stigma	'stigma', 'attitudes', 'fear', 'treatment', 'changing conversations', 'perceptions of mental health', 'reframing', 'talking about mental health', 'understanding mental health', 'changing culture', 'mental illness'	<i>"the programs within that sort of piece of work look at stigma, loneliness and isolation", "Balbriggan itself, and Ireland itself just become more accepting of the term itself mental health and wellbeing, you know, not demonizing to understand that everyone has it. Everyone ourselves have it as well, and it's just acknowledging that it can be support. It can be.", "more accessible in terms of being able to talk about. And people will understand", "but mental, enduring mental illness. Yes, it's still, I would say, still very much stigmatized."</i>
Definitions	'experiences', 'othering', 'outcomes', 'strengths', 'weaknesses', 'differences', 'similarities', 'creation', 'origins', 'individual perceptions', 'public perceptions', 'public mental health', 'addressing issues'	<i>"It's creating healthier, happier places to live, work, play", "to create a meaningful difference in communities and empowers communities to be part of that change.", "it's more of a concept", "around the idea of mental health, awareness, and addressing mental health awareness, and, you know, dealing with mental health", "I keep on describing as public consciousness", "our general principles, but it's not so tightly prescribed as be very difficult to transpose into different communities", "It's not an advocacy group. It's not a service provider"</i>

3.3.5 Photovoice

Personal experiences are important and make up a person's reality, lived experience. "If men define situations as real, they are real in their consequences" (Thomas and Thomas, 1928, p. 572).

Photovoice is a more creative qualitative method. It is a participatory action research method through which participants represent, identify, and enhance their lives through photographic techniques (Wang, 1999). Wang (1999), as the founder of photovoice, understands the method as a way in which to record and reflect strengths and concerns, to promote dialogue and knowledge about issues through group discussions of photographs, and to reach policy makers. Mysyuk and Huisman (2020, p. 1760) understand photovoice as "a qualitative visual research

method that refers to photographs taken by the participants and these photographs are used to explore and address community needs, strengths and challenges, stimulate individual empowerment and create critical dialogue to advocate community change”.

Creative, participatory approaches would provide a basis on which a story about experiences can be built and a greater level of understanding can be accrued. This means that methods such as photovoice would be beneficial for future planning and policy implementation regarding public mental health within Thriving City Initiatives. Recently, photovoice has been used to explore community health and social issues, making it an appropriate and relevant method for this project (Nykiforuk et al., 2011). Moreover, this method is being increasingly used to research community, built, and social environments - particularly in the context of neighbourhoods (Nykiforuk et al., 2011). This research was inspired by community-based participatory research but the nature of an individual PhD and the resource constraints mean that full engagement with this concept was difficult. Therefore, I chose to take inspiration from this and engaged with communities as far as I could through this project.

Participatory and participatory-adjacent research such as photovoice has become more mainstream in public health research, especially when looking at preventing or controlling complex public health problems (Horowitz et al., 2009). Furthermore, those in traditionally more quantitative fields of geography have even suggested that photovoice has ‘unseen potential’ in these areas suggesting it to be a method which is valuable across disciplines and perspectives (Schumann et al., 2019). Photovoice generally does not give power to policy makers, health professionals, or others who may usually be actively involved to help solve public health issues. Instead it gives power to and empowers those who are having the lived experiences of issues (Wang and Burris, 1994). Nykiforuk et al. (2011) understand that photovoice, when combined with community knowledge and evidence on best practice, can develop comprehensive and effective strategies which address issues – both health and social

related – in a way that is also meaningful to the community that is involved. This aligns with my values as the researcher and also the values of the initiatives being researched.

Photovoice provides an opportunity for participants to visually portray their experiences or share personal knowledge on issues that they may struggle to express with words alone (Wang and Burris, 1997). The method may also contribute to a sense of community ownership through active participation in projects that draw attention to important issues in their own lives (Wang and Burris, 1997). Photovoice enables participants to engage actively in the research process, making them valuable members of the research team (Moffitt and Vollman, 2004). While a critical approach to photovoice utilised the method as a tool for empowerment, given this project took on a broadly phenomenological approach, photovoice instead was seen as a method which elicits the meanings participants give to their photos (Plunkett et al., 2013).

Working with older people and young adults in the context of mental health meant that I had to ensure that the method was appropriate for various demographics. A review of photovoice methods used with older people finds that the method has been used to successfully study various topics in older people, ranging from health issues, to environmental impacts on health, to leisure experiences (Mysyuk and Huisman, 2020). Based on existing literature, Mysyuk and Huisman (2020) concluded that photovoice is an effective tool for provoking older people's perceptions of their experiences and communities. It has further been used to investigate young adults' experiences of health (First et al., 2019, Werremeyer et al., 2020, Yi et al., 2016) making it appropriate for all target groups.

Photovoice pairs well with the other research methods that will be harnessed by this project. As a qualitative method, it collaborates well with the interview's qualitative data. It gives a more narrative approach to data collection. However, it can be noted that photovoice may have certain advantages over interviews, giving it a greater depth and more opportunity to uncover experiences and narratives from those with lived experiences in the target population. There is much less scope for influence from the researcher's own agenda and presuppositions

(Brunsden and Goatcher, 2007) and it has been argued that layers of lived experiences are not so easily expressed and interpreted by words or narratives alone, the use of photography brings a new dynamic and enabling access to deeper layers (Kirova and Emme, 2006).

In this research project, photovoice data collection was implemented in both Balbriggan and Edinburgh. The first stage involved recruiting the sample in both cities. I then hosted introductory training sessions either in person or virtually, to explain and demonstrate what is expected of the participants. This was done in accessible, local, community centres or online. The participants were then provided with written instruction, an information sheet, and consent form to take away and given a set period in which to complete the photovoice tasks. This supplementary information sheet (appendix 1) included an array of helpful information for the participants to ease them into the project including an explanation of what photovoice is, photography basics, ethical and safety considerations, and examples of photovoice. This was done at their own discretion and leisure to obtain a real and organic result. Timings for retrieval of the photos ranged from a couple of days to multiple months- a timeline challenge I faced. Once the photovoice images and captions were returned, I collated and analysed the data. In the meantime, I organised for the photos and text to be gathered in virtual form, creating an accessible format to allow participants to showcase their work and feedback experiences of both the project and loneliness/ isolation to their community and peers. The exhibition was online as there was little enthusiasm from the participants for an in-person exhibition; the virtual gallery can be accessed using the link in appendix 8. This lack of enthusiasm was in part due to logistical difficulties, particularly in the geographically larger Edinburgh, and the nature of working with an older demographic as key contributors to the research. There was also difficulty maintaining engagement as will be discussed below regarding the focus group element of photovoice. We – myself and the participants – concluded it would be easier and more practical for the majority to share their work online. This would also enable those in Balbriggan to see their peers' work in Edinburgh and vice-versa. The exhibition was

supplementary to the research and more so a provision for participants thus the exhibition itself was not an analysed product for this project.

The photovoice research acted as a soft coproduction method, allowing for empowerment of participants and creation of knowledge in a positive and productive way without engaging fully with community based participatory research (CBPR) adhering to the limits of the project's - and my own - capacity. The participants made initial interpretations facilitated through their submissions and discussions at focus group sessions. There is ownership over the creative work and the following focus groups enabled an amplification of these voices. These personal interpretations and presentations of experiences help to answer the latter two key research questions, in particular question 2: "What is the relationship between urban spaces and places (in locations operating a thriving city initiative) and the experiences of loneliness and connection among older or younger residents?". Some elements of this will also help answer question 3: "What interventions of Thrive could impact loneliness and isolation?". Both are further supported to be answered by the more intense focus group discussions. These discussions enabled us to delve into experiences, perceptions, and needs and wants.

3.3.5.1 Focus groups in photovoice

Some photovoice projects utilise focus groups as a supplementary addition to the written text and photographs and prior to the exhibition (Nykiforuk et al., 2011, Plunkett et al., 2013). It enables an opportunity for participants to explore the process further with their research peers and share experiences, expectations, and understandings relating to the project topic. A discussion of photographs can provide me as a researcher with a "direct entry into their point of view" (Radley and Taylor, 2003, p. 79). Wang and Redwood-Jones (2001) further state that photovoice can promote critical dialogue and produce shared knowledge in the communities, and a way of enhancing this is through focus groups. This was very useful to build my understanding of the participants' interpretations of their experiences which I could then bring forward into the analysis and discussion. It enabled me to understand their submissions on a

deeper level and allowed them to soundboard and elaborate on their thoughts and feelings with their peers adding a richness to the data gathering and analysis.

The focus groups consist of engagement questions, exploration questions, and exit questions (appendix 4). The engagement questions utilise the SHOWeD method as suggested by Wang (1999).

S- What do you **See** here?

H- What is **Happening** here?

O- How does this relate to **O**ur lives?

W- **Why** does this concern, situation, or strength **exist**?

D- What can we **Do** about it

This encouraged participants to reflect and discuss in more depth their and their peers' photographs. The participants were encouraged to think back to SHOWeD throughout the discussion, with different levels of relevance to differing engagement or exploration questions.

Somewhat comparable projects such as that by Lockett et al. (2005), which used photovoice to explore experiences of environmental barriers and facilitators for older people in Canada, included focus group discussions. The work of this project highlights logistical and retention challenges of using photovoice. Reflecting the outcomes of Lockett et al. (2005), there was reduction in participation from photography to focus group. This does not hinder the Canadian project thus should not hinder this project.

Literature suggests that generally the ideal focus group size is between 5-8 participants so that there is diversity in discussion but also not an overwhelming number of voices which may drown each other out (Krueger, 2014). Others suggest a smaller group of 4-6 may be

appropriate (ibid.). Given that photovoice is conducted with a smaller sample of participants than other methods due to its participatory and qualitative nature it was deemed appropriate to have a smaller focus group. This worked quite well as it meant there was more space and time for each participant to contribute their thoughts and feelings. The smaller groups also meant that it was easier for the participants to build a rapport with each other and for conversations to flow. A larger group may have stunted this, particularly due to the Zoom set up where it is harder to read body language and cues to speak.

The focus group element of photovoice heightens the participatory element of the method. It allows for participants to further express the knowledge that they have created through this project and enables a more clear and accurate interpretation of their experiences. Through the focus group discussion, facilitated by myself and a colleague as note taker, the groups were able to share experiences and contribute more in depth to the project. This furthers the empowerment of those who choose to participate as it amplifies their voices in the work. It also enables more in-depth explorations of the second and third key research questions.

As consent is a recursive process, those who took photographs for the photovoice method were again asked if they wished to take part in focus group discussions rather than assuming that they will. This meant that there was some drop off in participation with 7/11 Edinburgh participants, and 5/7 in Balbriggan, opting to also discuss their photos and experiences. This sadly meant some discourses were not present, particularly from the older population in Edinburgh. It should be noted that I found it more difficult to engage and sustain that engagement with the 65+ group of participants at this stage. The follow through is documented in the table below. As seen in Table 4 there was an 88.88% rate of total participation with the younger demographic compared to a rate of 44.44% for the older demographic. This suggests that it was more difficult to keep older populations engaged in this form of participatory research over time despite consistency of approach between groups. Future research should

explore further ways to maintain engagement for fuller participation and contribution to research.

Table 4: Table showing participation and groupings of photovoice participants

	Total participants	18-30 participants photovoice	65+ participants photovoice	18-30 participants focus group	65+ participants focus group
Balbriggan	7	3	4	2	3
Edinburgh	11	6	5	6	1
Total	18	9	9	8	4

Not all the photovoice participants were happy to take part in a focus group alongside the project as they felt that they were not comfortable discussing this topic in a group setting. This relates to ethical issues of conducting research. There was the option of conducting in depth individual interviews however the issue in this cohort lay with the personal discussion of experiences. Some participants wished to remain somewhat detached from their outputs so completing group or individual discussions was a step that they were not comfortable with.

Photovoice focus group discussions: quick reflections

The three focus groups conducted with photovoice participants enabled a further level of analysis to be explored. The longer captions benefited the project as not all photovoice participants were willing or able to join with the group discussions.

The group discussions involved a relatively representative cohort from both of the case study groups with at least some representation from the two age groups. In the case of Edinburgh, it would have been beneficial to have been able to involve a greater number of the 65+ group however due to various factors the participants did not opt to continue to this stage.

As noted previously, both participants and potential participants suggested that there was an issue of trust. This is not unique to this project (Esperanza, 2021, McCullagh et al., 2014). Issues that arose included a lack of trust of researchers, a lack of trust of technology, unwillingness to share experiences in a recorded or formal way, weaker written prose with less detail and information, fewer outputs of photographs, burdens of time and health, and fewer participants in Edinburgh from this group. This meant at both stages of the photovoice method, there was a lower quality of engagement and participation of the Edinburgh group meaning that key experiences and perceptions may have been lost. A photovoice prompt that the older group were particularly averse to participating in was the prompt “Where do you feel most lonely or isolated in [Balbriggan/Edinburgh]”. Multiple participants chose to either submit the same image for multiple responses or chose not to submit a photo for this prompt meaning that they had only contributed their voice to 2/3 prompts compared to their peers’ full engagement. I allowed for criticism and open discussion about their feelings towards these prompts and these issues of trust in research and willingness to discuss personal feelings ran quite deep. Participation was always voluntary, and participants were reassured of this and the

requirements of them were left to them to identify what they felt comfortable submitting and how much they were willing to share. It was disappointing regarding a level of insight and richness of experience that has been missed but the wellbeing and comfort of the participants is key.

Participatory research often struggles with retention over a period of time (McCullagh et al., 2014). Some participants, however, were happy to participate in both the core photovoice project and the optional focus group discussions. This meant that a proportion of participants' voices were further amplified. The photos and transcripts, as decided by the group, were anonymised so these discussions should not detract from the data and perceptions of those who did not participate.

I decided that there should be a focus group for those who live in Edinburgh and a focus group for those who live in Balbriggan as they will have different lived experiences of these places and may not be able to relate and fully engage with the focus group if there were to be discussions of two separate contexts and locations. Whilst the topics and prompts are similar, combining the groups at this stage would make discussion of each example city more difficult and may affect later analysis.

All focus groups followed the same core structure. To maintain a consistent process the same questions in the same order were asked to each group (appendix 4) which enabled consistent knowledge creation across the board. These were used as prompts for discussion and due to the nature of the focus groups, were not followed up with further questions from myself as the researcher except for some prompts to get back on track with the discussions.

Issues of timing and availability meant that there were 3-5 participants per focus group, I chose to go ahead with these smaller groups to be able to engage further with participants. The combined sample across the study was 12. Smaller focus groups of 4-6 participants, also known as mini-focus groups (O. Nyumba et al., 2018), appear to become more popular due to the

easier process associated with them (Krueger, 2014). With these smaller groups it is considered to be easier to host, recruit for, and be more comfortable for participants (Krueger, 2014). This overcame some of the concerns about trust and comfort that were expressed by participants. These small focus groups do, however, come with disadvantages due to the limited range of experiences and voice. Most focus groups did represent a range of experiences and perceptions whether this arose through generational differences or other individual differences such as personality types, upbringings, and lifestyles. This means that despite the smaller size of groups there was still enough diversity to prompt engaging discussion.

Nykiforuk et al. (2011), using literature from Wang and Burris (1994) and Wang and Redwood-Jones (2001), identify that without prior relationship building with community and community partners, the expectation of the photovoice results stimulating change by influencing community level policies and decisions could go unfulfilled which raises ethical dilemmas about the expectations of the participants about the method. This will likely not be an issue with this project as relationship building with the example cities' communities and Thrive initiatives has been ongoing since October 2022, with the research being officially conducted from the start of 2024. This means that there is a level of engagement and interest from change-makers in the participants' communities and further Thrive projects was already present prior to the photovoice being conducted, therefore increasing the likelihood of the experiences and findings of the participatory research being considered or utilised for community action or change.

Challenges further identified by Nykiforuk et al. (2011) include difficulties in sorting and analysing the data and engaging with decision-makers. For the latter, this project is fortunate as good connections have been formed with decision and change makers in both photovoice locations so there has been an ongoing interest in the outcomes of the research. Wachs and Friedman (1999, p. 366) note that "what may be critical in determining individual behaviour patterns may be how the individual perceives the nature of his or her environment rather than

the actual environment". This challenge of understanding however is expected due to the nature of the interpretivist paradigm applied to this project. How an individual experiences and perceives their environment is a key contributor to outcomes of this learning. There is not just an acceptance but a willingness and keenness to learn about these perceptions and experiences as that is the core of what influences mental health and wellbeing outcomes.

3.3.5.2 Data analysis

Once collected and collated the photovoice data was analysed. To analyse the photovoice data, the recommended strategy by Tsang (2020) will be combined with traditional thematic analysis. Thematic analysis is commonly used as a rigorous framework in differing contexts including with photovoice (Mooney and Bhui, 2023). I chose this as it aims to avoid distortion of participants experiences whilst also allowing grounding for theoretical explanations.

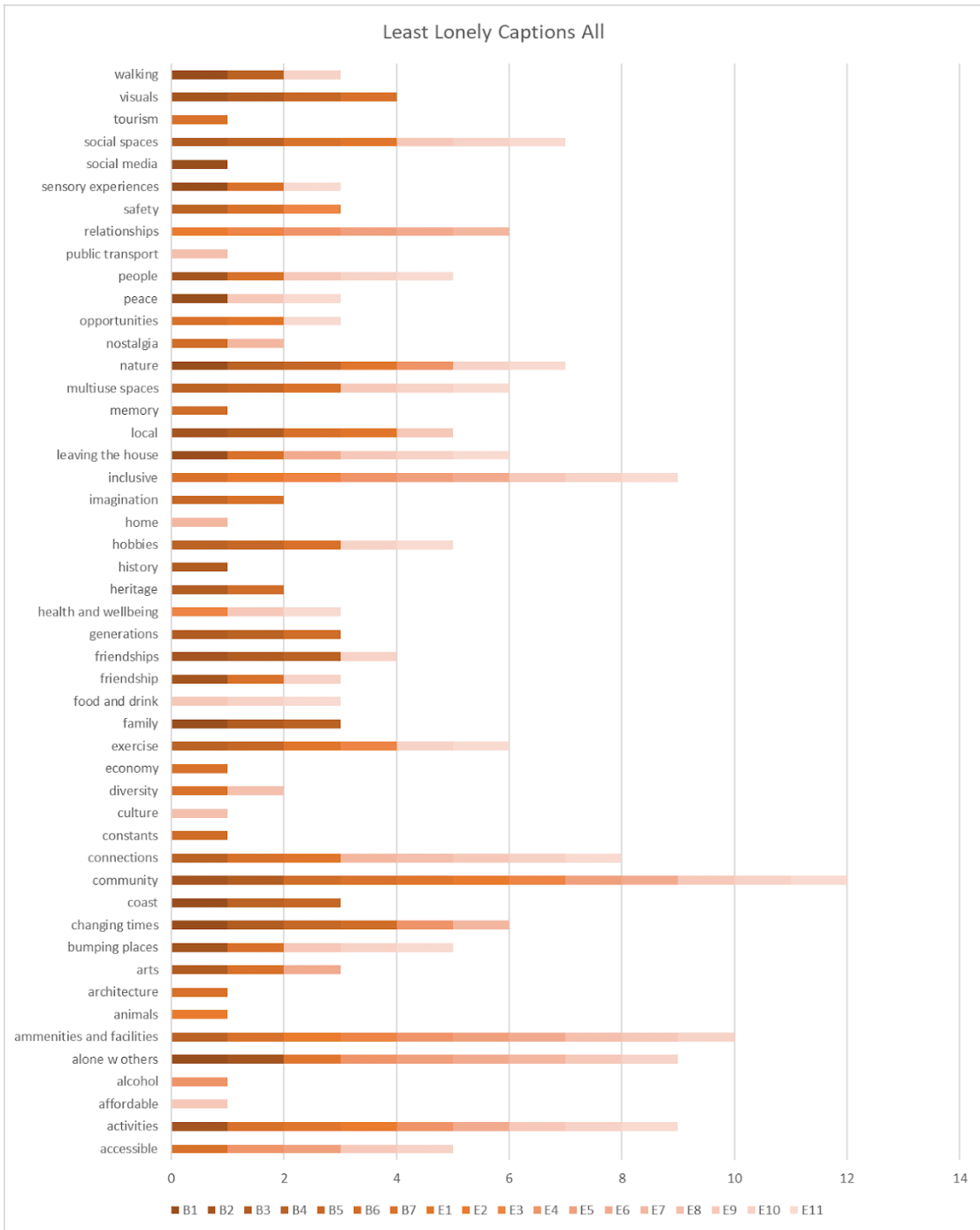
First, I reviewed the photographs. This tends to be a second step to familiarisation, however, Tsang (2020) argues that this avoids distortion of meanings right from the start of the analysis. I categorised and re-categorised the photos until saturation, making analytical notes throughout. This was followed by a repetition of the categorising and re-categorising process, however this time within the framing of the participants' photovoice narratives. This was done through coding of both the captions and images and initially noted on paper before being transferred into an excel spreadsheet (appendix 5). Pen and paper were used here as I found it visually easier to make notes on the images on paper rather than on NVivo software. This stage of analysis was also conducted prior to the university's formal NVivo training session. The process of coding, creating initial themes, and finalising themes was much the same as for the interviews on NVivo; only in a different setting. It should be noted that the focus group discussions were analysed through NVivo because, for text-based qualitative data, I felt the software was more useful. Perhaps if there was a greater quantity of images to analyse with captions this may have also been done on NVivo. The analogue method with the help of excel

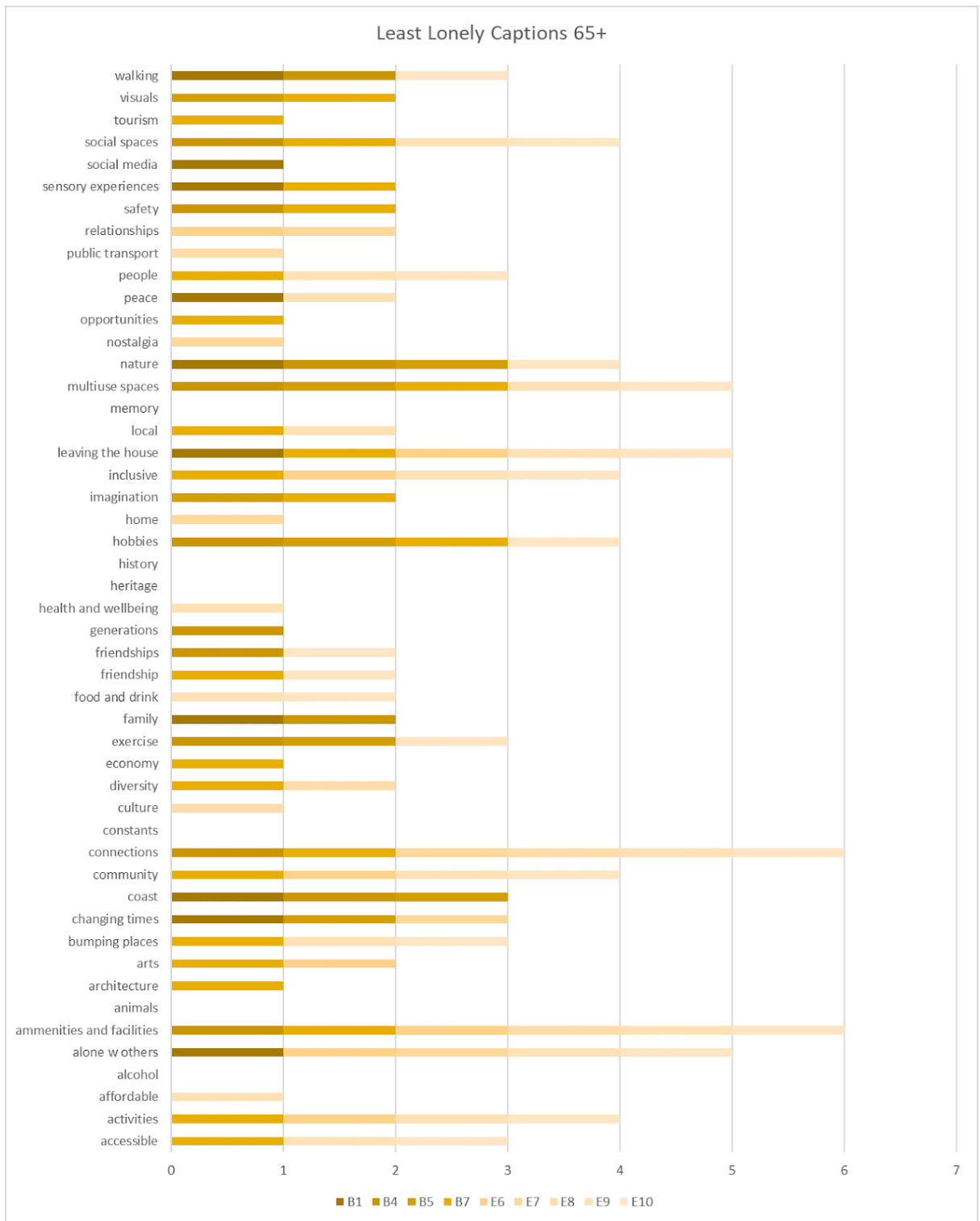
however produced solid themes which are congruent with themes that emerged in the other datasets.

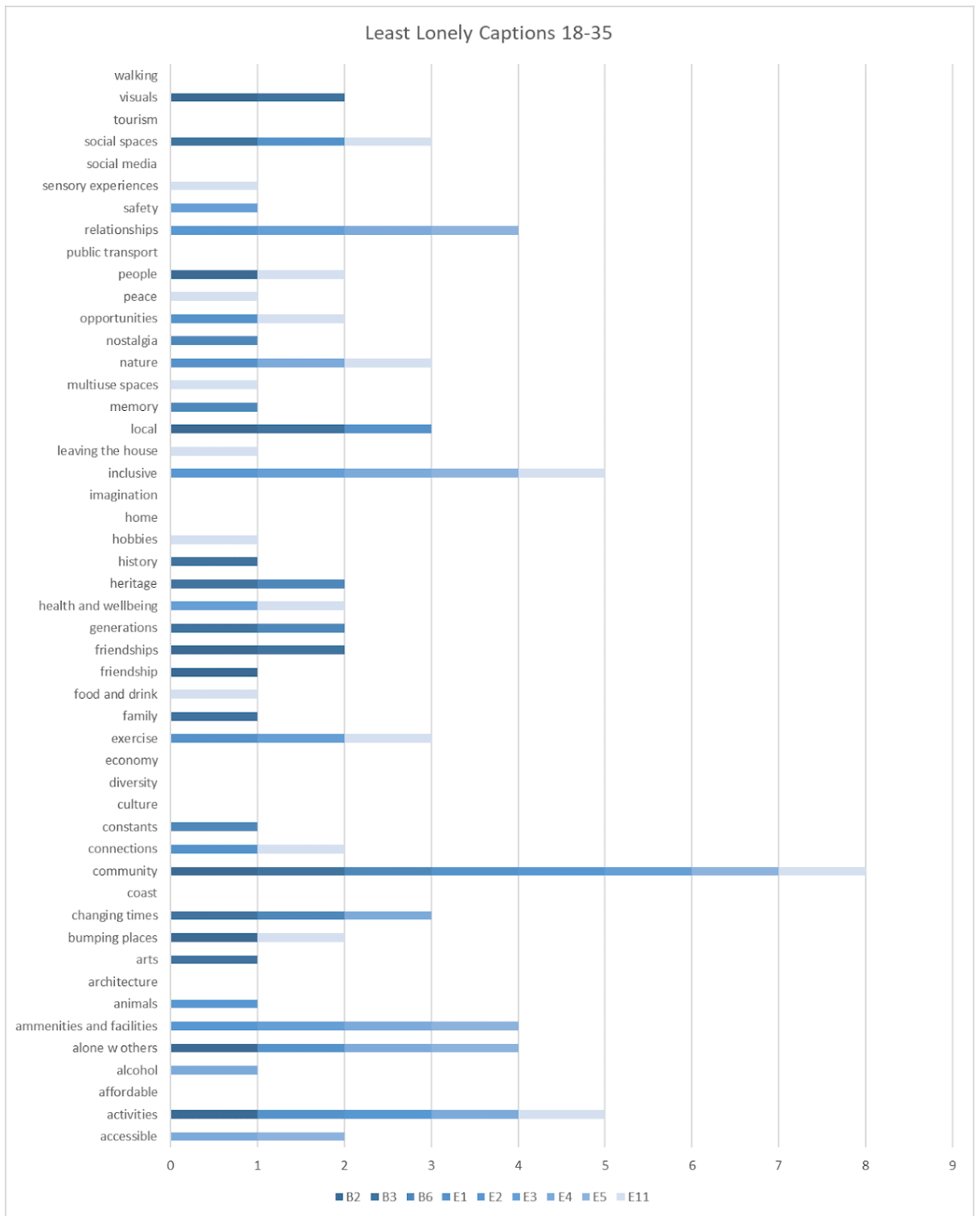
Some initial codes which emerged included: accessible, alone, exercise, local, people, tradition, hobbies, and boundaries. The codes were done for each prompt individually and the captions and images were originally coded separately to allow for organic interpretations to emerge. The analysis of the photos and captions broken up into 'All', 'Balbriggan & Edinburgh', and '18-30-year-olds & 65+ year olds'. These were visualised using the excel spreadsheet of codes. Initial codes were broad and encompassed many aspects of the participants written and visualised experiences. Using excel, key themes began to emerge.

The age group of the participants was identified in the tables to enable grouping of codes by age, thus making visible patterns and emergent themes by age group, not just prompt. An example of this for 'least lonely captions' (figure 3) can be seen below.

Figure 3: examples of coding analysis photovoice







As can be seen in the above graphs, some codes were not present in certain age groups alluding to a difference in experiences and perceptions.

Following this, a cross comparison was conducted. I, as the researcher, “must compare photographs with photographs, narratives with narratives, photographs with narratives, photographs and narratives with categories, categories with categories, themes with themes between the two sets of results.”(Tsang, 2020, p. 144). This enabled the creation of a dialogue between the participants’ interpretations and those of myself, facilitating a more comprehensive understanding of the context and experiences of the topic. This led to the finalised themes that are discussed in upcoming chapters.

Combining this then with a thematic analysis of the focus group transcripts and notes enabled a holistic dialogue and interpretation to be reached, preserving both the experiences and interpretations of the participants and the interpretations of the researcher. The focus groups were conducted and recorded over Zoom. The transcripts were then downloaded from Zoom and checked and corrected using the audio file. The transcripts were then anonymised in preparation for analysis.

Conducting the focus groups over Zoom had its own challenges but also helped overcome other challenges which arose throughout the research. Conducting the sessions over Zoom did mean that a level of personal connection was lost and connection issues did occur from time to time. This means that some dynamics or opinions may be lost. It was also more difficult to judge if someone was about to speak or was still speaking which may have contributed to stilted dialogue where body language and social cues in-person may have helped alleviate. However, particularly in Edinburgh, the use of Zoom made the focus groups more accessible as there was no need to travel and thus took up less of the participants’ time, reducing the burden on them. Participants were provided with the option of having the focus groups in person or online so this arrangement was agreed by the group. One may question if this was the reason for a decreased participation of the older demographic, however I would argue that this was

not the case as it was not the virtual aspect that was off-putting to this project's participants as they had opted out of participating in a focus group before they had to decide where the focus group would be held.

The thematic analysis of the focus group transcripts followed the same process as that of the key informant interview transcripts to allow for consistency and comparability across the methods once triangulated. This type of analysis is commonly used in research adjacent to mental health and public health (Chew and Lopez, 2018, Edwards and Greeff, 2017, Glaw et al., 2017, Mooney and Bhui, 2023). The thread of thematic analysis is woven and visible throughout the data analysis process across all three core methods of the PhD project.

The final step was theorisation. This involved identifying relationships between themes which had emerged throughout the process to generate narrative and visual representations of the experiences of loneliness and isolation in the study locations.

3.3.6 Participatory GIS

“There is an emergence of a culture where maps are viewed as a powerful medium for storytelling and used an analytical tool to examine the spatial elements of narratives” (Mukherjee, 2019, p. 206).

Most information used in policy making has some spatial component (Sieber, 2006). The use of geographic information systems (GIS) in this project provided an enhancement to the already rich qualitative data obtained through primary research. It built a bridge between the qualitative and the quantitative and created a more rigorous argument that can be understood and respected by all forms of public health policy makers and public health professionals. Neubauer et al. (2019) identify that it can be the case that health professionals and researchers may assume the experiences and data obtained through qualitative data are not as reliably informative as more objective data such as that collected through quantitative means. Thus, enhancing the photovoice with mapping of the experiences alongside available quantitative

data allowed for a further exploration that tackles more ‘objective’ data in order to see if there is connection between subjective experiences and data on determinants or outcomes.

There is a narrative surrounding GIS that mapping can be an ideological representation of space, however there is scope for maps to be used as an understanding of space and spatial relationships embedded within built or natural forms (Griffiths and Vaughan, 2020). Research such as this project can be used to support the latter. Participatory geographic information systems (PGIS) approaches are context and issue driven, seeking to emphasise community involvement in the production or use of geographic information (Dunn, 2007). GIS approaches in research have been typically concerned with space as opposed to place (Cromley and McLafferty, 2011) – which, as seen in the literature review, is key for urban mental health and wellbeing. This project’s application of GIS will therefore be relatively novel and innovative when exploring conceptions and experiences of loneliness within an urban space.

Applications of GIS are broad; including navigation and surveying, social and service uses, planning, governance, and development (Ali, 2020). GIS in the context of this research project would fall under social purposes; mapping social networks or experiences in order to provide insight that can be then used for planning, governance, and development in urban areas. GIS can be used to map experiences of those who are “invisible” such as those from minority groups. Queer spaces, for example have been mapped with the idea of constellations of spaces that these groups feel comfortable and safe in (Giesecking, 2021). This opens up the idea that there may be spaces in cities in which people may move towards in order to find respite from mental health issues or loneliness, to engage in restorative processes, or to find spaces in which they feel safe. This would be very useful for those implementing public mental health initiatives to have insight into, influencing potential strategies and actions.

Teixeira (2018), as boldly stated in the title, suggest that GIS is an “untapped research approach for social work”. The article continues to explain that qualitative iterations of GIS is well-suited to interdisciplinary research and working in partnership with others (Teixeira, 2018).

Furthermore, the use of qualitative GIS as an approach fosters a natural connection between the strengths found in both spatial and qualitative research. This allows for new opportunities that explore meanings of contexts and places (Knigge and Cope, 2009).

GIS in this project was used to meet objectives. It was used to help answer the second and third research questions. It acted as a tool to inform older people, young, and others, in a city on places, spaces, or activities that they can engage in to alleviate feelings of loneliness or support wellbeing; it enabled a greater understanding of certain conditions of urban spaces that encourage or discourage interaction and good mental health. Furthermore, the findings and visuals of the method can be used to offer information to governing bodies in the cities and other organisations to help inform policy and practice (de Salazar et al., 2023).

As seen in de Salazar et al. (2023), GIS can be used to map how older people use space through webGIS platforms which allow representation of physical geolocations and activities through points or lines and the addition of written or visual information on the urban spaces. This means that GIS has the potential to pair well with the photovoice imagery and texts obtained, and also quotes from interviews..

GIS in the context of human geography often orients itself around determinants of health outcomes, using quantitative data to map areas of vulnerability or to create understanding of situations. Presently, it can be seen that GIS has been used to map loneliness in places or populations in more of an identificatory way, finding which areas may be lonely through data on housing, financial security, or other factors (Bache and Burns, 2021, Botha, 2021). These are presently still considered novel studies, with a 2021 piece of research spatially mapping loneliness of students in Leeds being suggested to be the first of its kind (Bache and Burns, 2021). There is much less work on using experiences directly to map loneliness in cities. This means that using this, even as a smaller aspect of the project, would make the research novel and would contribute to filling a gap in knowledge.

GIS can be combined with photovoice for an innovative triangulation of methods. This is especially true at the analysis stage (Jung and Elwood, 2010). It offers a novel way to examine spatial or place dimensions whilst promoting social action (Davis et al., 2023). Furthermore, Davis et al. (2023) state that photovoice is a noteworthy complementary method to GIS as it adds a dimension of place to otherwise spatial dimensions. This can be done through 'story map' presentations, a GIS method, amongst others. An example of this is that of Meenar and Mandarano (2021), in which photovoice was used alongside GIS to map emotional experiences in urban neighbourhoods, illustrating connections between human experiences, place, and space. This use of GIS was used to inform planning and assist the increasing of human capital in the study areas. The GIS component illuminated the place or spatial components of lived experiences, displaying sentiments or lived experiences in a geographically tangible and applicable way.

A further example is that of Terashima et al. (2020) where photovoice and GIS are used as part of a mixed methods study exploring issues of food insecurity. It harnessed themes uncovered through the photovoice process to guide which spatial features and characteristics to map and explore. It exemplifies how these methods can be used to investigate issues of access. Studies like this show how the methods do not necessarily have to be overlaid to be impactful in tandem. Using the two in this manner uncovers a more realistic depiction of the extent to which issues are present or pervasive in an area through an incorporation of qualitative insights and spatial analysis (Terashima et al., 2020).

Some may have concerns about a general lack of literature of combining participatory, qualitative methods such as photovoice with a broadly quantitative, more conservative method such as GIS (Schumann et al., 2019), however there is emerging evidence that these methods can pair well, with the emergence of participatory GIS (PGIS) boding well for the innovative future of this tool.

The GIS methods provide a platform on which to explore the layers of lived experiences across place, space, and experiential dimensions. This method would provide a practical advocacy tool which exemplifies how researchers and practitioners can partner with communities to create knowledge and tools in a meaningful way. Given the scope and ambitions of this project, a qualitative version of GIS was both beneficial and relevant to answer the key questions. The value in using this method in part lies to its 'untapped' nature in this context to explore novel solutions to consistent and far-reaching social and environmental issues. Now there is opportunity - and need - to utilise multidisciplinary, innovative methods in order to find matching solutions.

Narrative cartography has existed prior to the advent of GIS (Caquard, 2013). Since the turn of the century, it has been shown by scholars that it is possible to incorporate data from qualitative methods such as narratives and photos within a GIS framework (Harris, 2016). This is particularly seen in the work of Kwan (Kwan and Ding, 2008, Kwan and Knigge, 2006). It should be noted that few other scholars have actively explored this integration of maps and narratives, or the emergence of novel forms of spatial expressions of perspectives and experiences of places (Caquard, 2013).

3.3.7 Spraycan; PGIS

The use of MAP-ME's Spraycan GIS platform is useful to the project as it further elevates the findings of photovoice. Spraycan can be understood as a public participatory tool for capturing imprecise notions of place (Huck et al., 2014). It can be used to understand spatial experiences in a quantitative way, unlike the other methods being used in this project. The creators of this method, Huck et al. (2014), identify that *place*-based thoughts and feelings do not always comfortably fit in *space*-based polygons that are typically used in GIS. The data from this method is stored as a 'multi-point-and-attribute' structure meaning that each 'spray of paint' is stored as a discrete geographical object and is joined with all other associated 'sprays of paint' as well as contextual and demographic data including free form questions in which participants

can add context to their sprays (Huck et al., 2014). It can be seen that this method's flexibility of data structure enables an extensive variety of analytical pathways for research making it appropriate for this project (Huck et al., 2014).

Using the same three core questions that are used as the prompts for the photovoice photos enables a direct comparison between the two methods in terms of experiential qualitative data and experiential quantitative data. This means that locations of photographs, the captions, and the analysed themes were able to be compared with the map's findings. This further bolstered findings that attempt to answer the latter research questions.

This PGIS method includes spatial data and some elements of survey data. There is a demographic data collection survey prior to the 'spraycanning' of the map of Balbriggan or Edinburgh. This includes general demographic questions but also a Three-Item Loneliness scale (Hughes et al., 2004). Once the participants reach the Spraycan aspect of the method, they are prompted to Spraycan with the same prompts as with photovoice: 'where do you feel most lonely?', 'where do you feel least lonely?', and 'what barriers do you face to feeling less lonely or isolated?'. At each of these stages there are text boxes with questions asking 'what kinds of spaces or places are these?' and 'why?'. This gives the option to further expand on or explain the Spraycan choices.

Nowhere is it more important than in the field of PGIS, which is concerned with the development of systems designed to collect this rich 'bottom-up' geographical information from the public

Spraycan attempts to be as inclusive as possible through processes of familiarity. It uses Google Maps as the base map due to its functionality and familiarity. Furthermore, the Spraycan feature is reminiscent of that of Microsoft paint- a relatively simple graphics software with an airbrush style interface that many people may have interacted with at some point (Huck et al., 2014, Waters and Evans, 2003).

It should be noted that due to the inherently 'vague' phenomenon of place and the personal nature of the study, neither precision nor accuracy can be guaranteed - the very boundaries that these concepts cover are themselves indeterminate (Huck et al., 2014). These experiences and perceptions of urban spaces should not be made artificially precise. The Spraycan feature allowed participants to identify areas on a map without the restraints of artificial boundaries. The removal of identification of exact locations removes the potential for the results to be inadvertently interpreted as such - exact (Waters and Evans, 2003). The variation of intensity of paint spray can help identify where participants feel most strongly fits the criteria of the questions whilst leaving room for vague spatial relationships such as 'nearby' or 'around' (Huck et al., 2014).

This software was developed as a participatory method for GIS. For this project, it provides an innovative way for people to share their experiences of place and space relating to mental health and wellbeing. It aids the uncovering of place-based experiences in a way that branches the qualitative and quantitative and lends itself to the comparison of the photovoice project and can be utilised in the visual presentations of people's experiences.

The data was collected in two different ways. For those who are comfortable with, and had access to appropriate technology, a link to the site for the PhD was circulated to participants of photovoice and through public groups which were utilised at prior stages of the research for participant recruitment such as local social media groups. The website included an optional survey for demographic data collection and a consent tick box with an attached participant information sheet. For those capable of using the software individually this was completed at their own leisure and discretion and was not advertised as mandatory in any way. The participants for this method were originally the same as the photovoice participants with additional participants sourced through posting on local forums and sharing in local community groups which were used as channels to recruit for photovoice; often participants came from groups from which the original photovoice participants were recruited from. There was a total

of 97 uses of the Balbriggan page and 111 uses of the Edinburgh page. The level to which these users completed the processes of spraying and answering the survey were varied.

During the process it was made clear that although the software may appear relatively rudimentary, many did struggle to understand how to use Spraycan and so digital and analogue solutions were created. I created short video guide showing the process of going through each stage of the webpages. It included large, readable subtitles in order to make it more accessible. For other key groups, such as the over 65s that participated in the photovoice, this was not enough and so alternative solutions were found. This involved printing off paper maps of Edinburgh and Balbriggan and taking these in person to the groups respectively. At these group sessions colouring pens, pencils, and highlighters were provided and attendees could once again take part at their discretion. This proved to be a popular and engaging activity with positive in-person feedback and could be considered as a solution to future barriers to conducting GIS based research with different groups to make it more accessible. Here consent and demographic data was collected on paper and then destroyed once uploaded onto the Spraycan software where highlighted or coloured areas were transferred into digital form. This helped protect anonymity and data protection of participants. The coloured-in maps have been kept securely and anonymously and will be kept until the end of the research where they will then be destroyed.

Despite these accommodations, as with the photovoice there were reservations and reluctance to take part on the side of the older participants. This again means that some experiences may be unheard due to self-selection bias in the participants. It could be considered that those who are more trusting and open to research participation may have more positive experiences outside of this context in their daily lives and with connections with others. This may lead to a skew in what is seen with the results in the data. It is a shame as the interpretivist nature of this project would benefit from contributions from all sorts of experiences and perceptions of

people's daily lives. If this project were to be completed again in the future, more time and resources would be dedicated to recruitment for this element of the research.

It should be noted that GIS is not inherently digital. It may appear that way with the prevalence of software and virtual platforms or data sets. This is not always the case. There are examples of PGIS being conducted in accessible and analogue ways such as ground mapping or 3D modelling (Corbett, 2009). The raw origins of GIS can be seen in early cartography but is more famously considered to be John Snow's map of Cholera, sowing the roots of GIS in public health, in terms of spatial analysis. The onset of computer science in the 1940s-60s is where what we consider today to be GIS truly emerged (ESRI, 2024). The adaptation of Spraycan to suit those who could not easily access or utilise the software is an asset to the project. It enables the expression of spatial experiences by those who may have otherwise been unheard or unseen in a digital world. The software is free to use and thus the method used here can be replicated by organisations with limited budgets in the future, for example a Thrive initiative or other public health initiative may wish to replicate this method with their own key questions.

3.3.7.1 Analysis

For the analysis, the data obtained through the created site was extracted through subsets. The analysis provided detailed visual representations of the feelings, perceptions, and opinions of the participants. Patterns were observed through simple density analysis which, conducted in QGIS, including identification of areas of consensus or conflict based on the spray patterns (Huck et al., 2014). Once data was collected in the study locations, the data was transferred into excel form in order to be useable with other GIS software such as QGIS or Arcmap. In the case of this project QGIS was used. QGIS allowed for the spatial experiences to be displayed visually and quantitatively in tandem. This mirrored the capacity to display participants experiences both visually and qualitatively.

Text-based analysis such as text-based conflict analysis can be conducted using the free text sections of the data to understand the magnitude of feelings or the types of places people identify for each prompt. Free text sections can also be analysed by looking at themes and frequency of words. The latter could then be used to create a word cloud to represent this or can be placed in a table. This is a similar process to analysis which may be done with the photovoice results, thus making the methods well paired and comparable. In the end, I decided not to utilise this element of the data due to the use of analogue methods making answering sub questions with text more difficult. There was also less engagement with this on a general level meaning that I felt that this would not add much valuable engagement alongside or in comparison to the Spraycan maps.

Kernel density analysis is a commonly used analytical method in GIS. It has applications both for physical and human geography. It is often used in urban environments and can explore planning, crime rates, and experiences amongst many others (Hart and Zandbergen, 2014, Mora-García et al., 2015, Okabe et al., 2009). It is a visual form of analysis which pairs well with the visual analysis and contributions from another key method in this project, photovoice. Visualising patterns of density of where people feel most or least lonely in the urban areas provides a useful platform for action and planning. It tells a story at a city-level scale which differs to the zoomed-in nature of photovoice yet at the same time complements it.

The kernel density analyses were conducted for the prompts on where people felt least and most lonely in Balbriggan and Edinburgh. A map showing overlaps of these densities was created using the two kernel density rasters (density of points showing least and most lonely) in each location with the upper layer's transparency increased. The colours were set to printer colours such as magenta and yellow to enable clear mixing. These rasters and combinations of rasters were exported from QGIS as maps with legends, north arrows, titles, and scale lines added.

Visual patterns were then scrutinised using available maps such as Google maps showing greenspaces, roads, amenities, and so on. This enabled an understanding of where, or the types of places where, people felt least and most lonely in the chosen Thrive cities. These emergent places and spaces were scrutinised for each map individually and then patterns across the results were explored. These results were then reflected upon and compared and contrasted to the results of the more localised portion of data collection, photovoice.

The maps were created in QGIS, a free to use software, where data from Spraycan was imported. The .csv files (Microsoft Excel tables) were shifted into vector data and then projected to be in raster form in order for analysis to be conducted. The data is overlaid on a standard basemap of the two locations and shapefiles for place boundaries were obtained from council websites or drawn using google earth utilising existing maps.

Using the kernel density tool, a heatmap of the results emerges. The heatmap shows the density of where participants sprayed in response to the prompts: 'where in [Edinburgh/Balbriggan] do you feel least lonely' and 'where in [Edinburgh/Balbriggan] do you feel most lonely'. A third prompt exploring where barriers to connection may be located in the case study locations was included on the survey sent out, however it had a very limited uptake in participation and thus the data did not appear to be particularly insightful to this project compared to the other two prompts.

I chose to use colourful maps for kernel density so that the types of spaces are more visible on the base maps such as hospitals, blue spaces, green spaces, and urbanised spaces. Black and white basemaps were chosen for the age blobs to make these pop visually, particularly in combination with the cyan, magenta, and yellow. This was appropriate for a more in-depth

step of visual analysis to supplement the original maps

A step-by-step guide on the process to create these kernel density rasters:

-export data from MAP-ME (Spraycan) to excel spreadsheets

-import .csv files from excel into QGIS

-project blob dataset

*-use projected layer to conduct kernel density analysis with selected attributes (settings:
kernel radius 20, multiply density result 3)*

-repeat for other selected attributes

-change symbology to preferred colours

-overlay two layers and decrease opacity of top layer to show overlap

-export as map image, add legend, north arrow, scale bar, title

To make the maps showing ages:

- Create an .csv combining blobs file and dem_questions file to show age.
- Import this .csv as a vector layer
- In symbology choose value to be age, then classify to show age groups
- Change symbology of age groups to printer colours
- Set blending mode to normal; multiply
- Opacity at 20% for all values

Select by attributes to find most and least lonely for ages

Finally, photovoice submissions were approximately superimposed onto the mixed maps in order to bring these datasets together and create a rich visual story. This enabled a direct analysis of the results of photovoice and PGIS. The photographs are not showing precise locations in some cases in order to protect the privacy and safety of the participants. We did not want home locations to be revealed and photographs with images of people were also approximated for safety reasons. This was done in an analogue fashion originally for data analysis in order to inform discussion points in the thesis and a digital version was created to illustrate this process for the thesis readers.

3.4 Ethics

The project was awarded ethical approval by the University of Strathclyde.

3.4.1 Potential distress to participants

The main ethical issue surrounding this project was the potential distress to participants due to sensitive topics being addressed. As the project investigated mental health in cities- particularly relating to loneliness and social isolation – there was potential for conversations or research methods to bring up upsetting or unpleasant memories or experiences for the participants. This was addressed through a comprehensive information and consent sheet.

3.4.2 Informed consent

Informed consent was obtained through information sheets and the allowing of further questions to be asked or discussions to be had if participants should wish to. The participants were also provided with a comprehensive consent sheet which was required to be signed in order to participate. The consent form and participation information sheets were distributed and signed prior to participation. Consent was an ongoing process in this research, particularly when conducting participatory research with the photovoice method. As consent is a recursive process, those who took photographs for the photovoice method were again asked if they wished to take part in focus group discussions rather than assuming that they will. This meant that there was informed and active consent taken at differing stages and for differing tasks. If participants felt a need not to participate in aspects of photovoice such as taking photos for certain prompts or participating in group discussions this was accepted.

Furthermore, the right to withdraw was made clear to all participants. They could withdraw before, during, or after they participate in the research. It was also made clear that participants do not have to answer questions that they are not comfortable with in any of the research methods.

Regarding GDPR and copyright compliancy, the recording agreement can be used to establish proof that consent has been obtained to transfer copyright ownership for the recording of the interviews to be transferred from the narrator to the university as seen in the consent form.

The right to anonymity was provided and upon discussion with photovoice participants it was decided to anonymise all contributions as many expressed a preference for this.

3.4.3 Practicalities, sensitivities, and safety

As a researcher, I have previously completed a course on safeguarding for a prior research project and implemented knowledge from this in my present research.

When working on and around the topic of mental health and wellbeing, precautions and sensitivity must be taken. Loneliness and isolation may be very personal and sensitive topics. Issues of mental health diagnosis or past experiences may also cause some issues to arise. Contact details for local organisations which support mental health or provide support to a level that I as a researcher and individual could not were collated prior to the onset of the research in order to have the capacity to signpost to an appropriate resource if necessary.

Furthermore, one must consider the practicalities of working with older populations who may suffer from more health issues which may limit the capacity to engage with the research whether this be through issues of mobility in order to reach research locations or photo locations of their choosing or dexterity issues for taking photographs for the photovoice. This is likely less relevant to the younger age bracket but nonetheless was kept in mind.

The use of precise locations of photographs in the GIS mapping section of the project further could be deemed unsafe in the interest of participants and protecting identity and keeping them safe from harm. As this is the case, any particularly identifying locations such as homes or gardens were tagged in a more generalised location rather than actual coordinates.

3.4.4 Conflicts of interest?

The work was partially funded by Health and Social Care Partnership and I have worked peripherally with key figures in Thrive such as helping on Thrive Line project in Edinburgh, spending time with Thrive Balbriggan. Immersive research and working alongside/ building

relationships with the Thriving City Initiatives may influence subconscious prejudice but this was actively avoided where possible. The use of interpretivist phenomenology to underpin this research somewhat retracted the presence of bias in interviews as bias would be reframed as personal interpretation since there is not necessarily a right or wrong understanding in this context.

3.4.5 Positionality

As a young, white, British woman I held some privilege when conducting the research. Superficially, I was deemed acceptable to various groups to be invited in to speak with members. This was the case for all aspects of the methods. I was privileged enough to be able to afford travel both in terms of time, ability, and finances to work in person with communities and contribute to Thrive initiatives to ensure this was not a wholly extractive process. It should be noted that as I present as a “British” individual, being visibly white and speaking with a received pronunciation accent, did mean that at points I was subject to inadvertent racist or xenophobic comments- particularly from the older group. Being a second-generation immigrant from family who arrived in the UK as refugees this was uncomfortable to handle. In discussions about the respective locations, locals felt comfortable enough with me – as I was ‘one of them’ on the surface – to discuss their opinions on immigrants amongst other less pleasant topics. It is an interesting position to be in, to benefit from assimilating whilst simultaneously (unbeknownst to those who I was speaking with, clearly) being ‘othered’. This could have impacted the research in a multitude of ways; if I was not appearing as I am maybe they may have not participated or have been so candid about their feelings on their local areas? Thankfully, these negative experiences were not the norm however it is a point to reflect on.

Some of the community members which contributed to this project were immigrants themselves, in these cases my position as a relatively new Brit generationally was beneficial in creating trust and bonds, particularly with those who also spoke a Slavic language. The ability

to communicate with people in their own language, or understand parts of conversations without direct assistance from a translator helped bridge gaps between researcher and participant. Interacting with groups of different demographics requires a balanced and thoughtful approach where one must perceive themselves from both an internal and external standpoint to understand how they are being received by others and how they handle the outcome.

Working with older populations, one must consider the interactions between a young researcher and a person participating who may be significantly older and the dynamics that may therefore influence the outcomes of the research. Working with the 18–30-year-old group is ethically easier as a peer researcher. It is much easier to build rapport with those who may identify with you, therefore it was a much more challenging process building trust up with the older communities in the case study locations.

3.5 Sample

The sample included people from across the two example cities. The samples aimed to be balanced to enable a fair representation of what both example cities have to offer. The sample included older adults, young adults, and defined key informants from each city. All were provided with an information sheet, open discussion about the project, and I requested informed consent.

The overarching target populations of this research are older adults and young adults to enable representation of the two ends of the spectrum of adulthood. It means that we can see if there are any persistent experiences across the lifetime or if the two groups may have differing experiences.

Research in high income countries identify broadly that late teens/young adults and older adults are two age groups which report higher levels of loneliness representing a U-Shaped association between age and loneliness (Barreto et al., 2021, Eccles and Qualter, 2021, Solmi et

al., 2020, Ten Bruggencate et al., 2018). This makes these two demographics useful to sample for this research as it helps understand similarities and differences between these groups that appear to be more susceptible to feelings of loneliness and disconnect.

Due to the definition of older adults as 55+ for Thrive Balbriggan's own surveys, but the age of retirement in the UK being 65+, it was deemed most appropriate and useful to utilise the latter definition. The sample was a group of 11 in Edinburgh and 7 in Balbriggan for the photovoice task - a combination of the younger 18-30 group and the 65+ group. This number sits comfortably at the higher end of the original 6-10 participants as proposed by Wang and Burris (1997) for photovoice. Aiming higher allows for leeway if participants choose to withdraw during the research. The sample also fit comfortably within the analysis of photovoice articles by Suprpto et al. (2020) where the total of participants ranged from 5 to 50. The flexibility that can be seen in studies that implement this method suggest that it can be applied with any sample size, dependent on context (Shumba and Moodley, 2018).

The research targeted key informants for interviews - those who are directly involved with the creation, management, and implementation of Thrive initiatives. Due to the relative novelty of these initiatives and a lack of literature available this research will take on an explorative approach rather than evaluative. This means that there is still key, yet basic, information needing to be extracted and publicised across thriving initiatives. Thus, a sample from each example Thrive Initiative's teams and co-producers will provide valuable insight that may not yet be broadly available. This sample for this method included 5 from Balbriggan, 4 from Edinburgh and a further 4 key informants from other Thrive projects.

The data used for the GIS component of the research were sourced through the photovoice participants and wider community networks. The PGIS element using the Spraycan tool was shared with the same groups used to recruit participants for photovoice.

3.6 Recruitment

Recruiting participants is widely considered to be the most challenging and critical aspect of a study (Khatamian Far, 2018). On reflection this study did fall into the common trap for early career researchers of overestimating the number of easily accessible and perfectly suitable volunteers who would be keen to participate in the research (Gul and Ali, 2010). This led to adaptability and resilience on my part as the researcher and offered rich learning for future projects. Despite this, an acceptable and appropriate number of participants were recruited for each method as outlined below.

The key informant interview participants were recruited through networks established in the early stages of the PhD research and from that, snowballing was utilised. This was non random sampling which means that there is a chance the recruits will be less representative as there are issues of selection bias largely due to the convenience sampling and self-selection.

Participants were contacted through networks directly through email to be asked if they wish to participate. Others were contacted by their peers in their organisations and then by myself, as the researcher, through processes of snowballing as word about the project spread.

Photovoice participants were recruited through volunteer sampling. They were approached through posters and groups. Posters were placed, with permission, in public spaces, community centres, local facilities and amenities, and local businesses. They were also shared in public social media groups for the case study locations. Groups, such as sport, religious, and volunteer organisations were approached with permission from a leader in the groups. Again, as participation was voluntary, it is likely that self-selection bias was once again present in this method. This bias could be those who are perhaps less lonely generally as they tended to be recruited from in-person community groups or were invited to participate through word of mouth. This suggests that these people were inherently less socially isolated and thus could have different experiences to those who may be living in much more isolated circumstances which are not easily reached by recruitment methods.

For the GIS component, the link for the Spraycan site was shared with - or adapted in person for - the same groups as for the photovoice recruitment and proved to obtain more participants. This means that some instances of self-selection bias that were influenced by those who participated in the photovoice may be diluted by the larger group who participated in the GIS component.

3.7 Conclusion

In summary, this project employed a mixed-methods research design incorporating key informant interviews, photovoice, focus groups, and participatory geographic information systems (PGIS). These methods were intentionally used in tandem to capture a rich and multifaceted understanding of loneliness and social connection across the case study locations. By engaging participants through both verbal and visual modes, as well as individual and collective settings, the methodology enabled the exploration of lived experiences across multiple scales, from personal narratives to shared spatial understandings. This combination strengthened the analytical depth of the study and ensured that diverse forms of knowledge production were recognised and valued.

Thematic analysis was applied consistently across all data sources, establishing a common analytical framework that facilitated meaningful comparison and integration between methods. Maintaining this common denominator supported methodological coherence while allowing each method to contribute distinct insights aligned with its strengths. The iterative nature of the analysis further enabled themes to be refined across datasets, enhancing the credibility and robustness of the findings while preserving the nuance of participant perspectives.

Underpinning the methodological design was an interpretivist phenomenological epistemology, which prioritised participants' subjective experiences and the meanings they ascribed to loneliness and social connection. While this epistemological stance is less commonly adopted in

mixed-methods research, it was central to the project's aims and offered a flexible foundation for methodological innovation. By foregrounding lived experience, this approach created space for deep, contextually grounded insights that could not be captured through a single method or positivist framework alone. Ultimately, the integration of interpretivist phenomenology within a mixed-methods design enabled a holistic and reflexive examination of social experiences across different mediums and spatial contexts, strengthening both the methodological contribution and the substantive findings of the research.

4 What is a Thriving City Initiative? Key ingredients

4.1 Introduction

This chapter sets out to explore the initial questions outlined in this project. It aims to establish a working definition for what a thriving city initiative is, what its key ingredients are, and what Thrive means to those who work on the initiatives. The first part of this chapter is an exploratory conceptualisation of the label: '*Thrive*'. From 4.3 (Emergent Themes) onwards the discussions on Thrive are structured thematically based on the thematic analysis conducted on the interview transcripts as discussed in 3.3.4.

The data used in this chapter comes from secondary sources such as websites, documents, and reports from the initiatives themselves and from key informant interviews from various representatives of Thrive globally. The questions used as a skeleton for these interviews can be found in appendix 6. In total 13 key informant interviews were conducted across 6 TCIs, 12 of which are included in this thesis as one participant chose to withdraw from the study. Using this information holistically, key ingredients have been identified and a move towards creating an adequate definition which encompasses all Thriving City Initiatives has been made. The chapter explores issues of definitions, meanings, and perceptions of these public health initiatives. Fundamentally this chapter seeks to uncover: *what is Thrive?* and to what extent this is possible to do.

It should be noted that this research was conducted from 2022-2025 which proved to be a turbulent time for public health initiatives due to changing priorities, circumstances, and politics. Furthermore, the research is contextualised in a post-pandemic era in tandem with a cost-of-living crisis in the case study locations. This should be considered when trying to understand the activities, structures, and outcomes of Thrive.

4.1.1 Utilising Key Informant Interviews

The discussions arising through the key informant interviews provide valuable insight into the workings of Thrive. They suggest core principles of the namesake and identify strengths and weaknesses. There is much discussion about place-based initiatives and relevance to community and local attitudes and perceptions. Once coded and thematically analysed, the key informant interviews reveal some common themes between the TCIs and insider information on how these initiatives are structured and implemented. These themes included emerging key ingredients; operational themes such as structure, resourcing, and funding; and reflective themes such as how key informants perceive Thrive, their initiatives, and how they perceive Thrive to be understood by the public. The following discussion builds on knowledge obtained throughout this PhD with a particular focus on the data gathered in the KI interviews.

4.2 What is a thriving city initiative?

“There’s no clear guidebook for any of this”- Balbriggan: KI1

The premise of this project was first and foremost to investigate Thriving City Initiatives. Superficially they can be understood as initiatives which “have developed in recent years in Europe and North America to promote the mental health and wellbeing of their residents.” (University of Strathclyde, 2022). The challenge presented in the project’s proposal included examining the experiences of stakeholders such as the community, leaders, and organisations in the establishment, implementation, sustainability, and impact of these initiatives and furthermore to identify the key elements of a Thriving City model.

In order to answer the fundamentals of this research project we can look to the key informant interviews alongside broader knowledge obtained throughout the duration of the work through the scoping period and available documents. As established in the earlier stages of this document, there is very little literature surrounding TCIs. The literature which does feature in journals is seemingly at risk of bias, or swayed by politics. More generally, there is some access

to literature from the initiatives themselves but there is, at the time of writing, no academic (or non-academic for that matter) work on understanding, conceptualising, or comparing this model. This highlights the originality of my research.

This huge gap in knowledge and understanding needs filling, particularly when the financial, political, and time investments into this model across the cities are considered. This chapter therefore seeks to create a grounding of knowledge and understanding of what a Thriving City Initiative *is* before we move on to delving deeper into TCIs, urban mental health, and where they intersect.

This chapter begins with a conceptual exploration of TCIs, which contributed to my peer-reviewed paper “*Thriving City Initiatives – what is a thriving city? Towards some definitions*” (Ljubojevic, 2025b). It pairs this conceptual exploration with the addition of further understanding from key informant interviews and insight gathered over the course of the PhD research. This PhD, is the first of its kind to conceptualise the model and therefore provides a springboard for future research and a solid foundation in which to continue the discourses of this project. So, what is a Thriving City Initiative?

In the sphere of public mental health - not to be confused with the incredibly similarly named Thriving Cities Initiative which fits more comfortably in the sphere of sustainability albeit with some overlaps with our Thriving cities (C40 Cities, 2024) – TCIs are novel reproductions of city-wide initiatives across the global North aiming to improve mental health and wellbeing of residents at a population level.

4.2.1 The beginnings of Thrive and its expansion

Perhaps to answer ‘what is a Thriving City Initiative?’ we must look at the origins of Thrive and how it functions within its locations. It is clear that the first version of what we consider to be a TCI in this context had its genesis in New York, USA. This occurred due to a combination of frustrations with existing systems, political will, and appetite for change:

“A universal agreement that the current system is bordering on useless in terms of the scope of need and really yearning for a new one. And just really heard without prompting. You know, much more community-led, skilled, empowered, capacitated, co-created starting points rather than starting again in the clinic, but ending up there when we need it. So we started architecting around that... Well, I think we showed that it was doable. There was a thirst for it that was functionally and feasibly operable to really think at scale about equipping non mental health people and places to be front lines for mental health work”.- NYC: K11

In conversation with stakeholders, clinicians, and civilians in New York, it emerged that there was an appetite for a new way of thinking and acting around mental health in the city. The quote above from an interview with NYC: K11 illustrates the motivations and discussions that preceded ThriveNYC and triggered the onset of a now international idea.

Despite some literature and documents existing on the structure of ThriveNYC, it does not appear to have established a surviving framework that is reflected in the following initiatives. In fact, some key informants have suggested a need for a ‘playbook’ of sorts for their own initiatives, taking inspiration from New York.

“The people who brought together the Thrive concept. They haven't taken a strict say a franchisee approach or a proprietorial approach, you know, at different points of time people described. Maybe we need to have a playbook.”- Balbriggan: K12

Through conversations with key informants, it appears as though there was some mystification of what Thrive was to begin with. It has even been described by some as ‘spontaneous’, without strict franchise or playbooks. It appears there was a moment where these types of public health initiatives had space to emerge in America. The political and social climate were apt for the occasion. One paper suggests that this was a window of opportunity for public mental health policy in the United States (Figuerola et al., 2018). NYC:K11 alludes to this when

they stated in an interview: *“The moment that we had. It’s really hard to replicate.”* regarding the will to invest and execute such an initiative.

There was knowledge exchange, primarily through the Global Leadership Exchange (née IIMHL), that helped spread the idea of Thrive. Those in the flagship ThriveNYC were *“really generous with their insights and findings, and not everything in Thrive worked.”* – Balbriggan: K12. This shows that there was, at least initially, a good support system between the iterations. This network seems to have weakened or faltered in recent years with key informants expressing disappointment. There are sporadic opportunities for exchange but little follow through. It is evident, however, that the origins and expansion of Thrive rely on the networks and sharing of knowledge and ideas of individuals and groups across urban contexts and locations.

Once the idea was spread, people in leadership positions tended to act as instigators of their locations becoming hosts to TCIs, whether that be Mayor Sadiq Khan adding Thrive to his initial manifesto or the Lord Provost in Edinburgh supporting Thrive as a strategy for Edinburgh’s health and social care system, or even the head of the largest mental health charity in Ireland, Mental Health Ireland, encouraging the uptake of Thrive.

Key informants discussed how the precedence of other Thrives, even if not well defined or with much data, helped ease scepticism and increase buy-in from their own communities, changemakers, and governors. It appears as though the presence of Thrive elsewhere legitimises the concept in a reassuring way. If an initiative has existed elsewhere and there has been buy in there; it is surely a legitimate course of action? As De Leeuw (2013) explains, enthusiasm in itself has the ability to create a legitimacy of validation of the power of public health initiatives.

It should be noted that in almost all instances of Thrive, the point of inception relies on a combination of charismatic, motivated individuals and a receptive environment for change in

public health strategy and implementation. Perhaps it is a combination of the people who initiate Thrive and pinnacle periods of time which allow the emergence of this initiative. This is in fact acknowledged by Thrive LDN, displaying the quote by Erica Sánchez and Madeline Schwartz “*Throughout history, movements that promote change have been driven by passionate leaders.*” in its report on *Thrive LDN & the Mayor of London (Thrive LDN, 2024b)*.

4.2.2 The name game

The name Thrive originated from a shower thought from *NYC:K11* in New York. “*This is people and communities, and then in my head said, can thrive and so that's what all this about. If we're not designing mental health care so that the entire city is **thriving** then we're not designing it right?*”. The word ‘thrive’ can be defined as prospering and flourishing. It suggests an impressive and successful act or period, and plants an idea of strong and healthy growth. It is a rather vague notion embedded with optimism, positivity, and hopes for success; fitting for TCIs as this chapter will come to uncover.

Re-centring the confusion of names, whilst sharing an almost identical moniker with an uncomfortably similar initiative, our Thriving City Initiatives do not necessarily share a name with each other. Presenting at a meeting with Flourish Glasgow in 2023, a map of Thriving City Initiatives was displayed. A member of the group questioned “why isn’t Flourish Glasgow on there?” and it caused pause for thought – why would it be? And why wouldn’t it be? It can be understood that Flourish Glasgow is a member of the TCI family. But is it a core family member? As in familial relationships, sharing of a common name is often intrinsically linked to family identity. This name-branding helps foster connection. It creates links within the wider psyche and enables a quick association, a brand can be understood as a psychological construct; existing in the mind of the consumer (Kovács et al., 2022). Branding and names are important to a public brand; this includes the brand of a public health initiative. The words associated with a brand, in this case *Thrive*, not only define a position for the brand but also engender the meaning and imagery of the brand (Kovács et al., 2022).

If the vast majority share the prefix *Thrive*, then can *Flourish* be understood to be one and the same? At a glance maybe not. *Flourish* is part of the city's motto "Let Glasgow Flourish", originating from the patron saint of Glasgow – Saint Mungo – and is also the namesake of a landmark report published in 2006 reviewing the health, and its determinants, of Glasgow (Hanlon et al., 2006). *Flourish* is allied to the city in a way in which the title *Thrive* may not be. These initiatives, as we will come to see, are place-based. They may share some level of shared identity and concept but fundamentally each is, and needs to be, catered to their location. There is importance in considering other examples when trying to understand the studied versions, it is imperative to understand the initiatives holistically in order to find some element of definition and identity.

To move onto even ricketier links with the Thrive name branding one, can look to Stockholm, which does not mention 'thrive' and instead required personal connections – through the GLE – to learn that the NYC concept of thrive was absorbed (to an extent) into the city's policy. If I had not spoken to members of GLE, it would have been incredibly difficult to uncover this Scandinavian link to Thrive.

Furthermore, the choice of Thrive, and Thriving City Initiatives, as the main branding for these initiatives causes confusion with other similarly named groups such as the C40 Thriving Cities, consulting organisations, and religious groups:

"Because even if you Google Thrive, apparently this word is really popular among everyone. It's has very positive connotations. Because if you Google Thrive, there's apparently some religious group behind this."- Balbriggan: KI1 on searching 'Thrive Ireland' amongst other results such as a nutritionist, a volunteer programme, and drinks company.

Key informants reflect on this issue. The word 'Thrive' is popular as an aspect of a brand. It can cause added confusion if you search Thrive Ireland or Thrive Edinburgh and are faced with a myriad of results. This could be a potential issue for Thrive as an overarching identity. If TCIs

are on such large scales, how is there great competition for publicity from small companies. I for one, at the start of this PhD, struggled to find TCIs online; and I had a vested interest in uncovering them. Perhaps the brand identity of these initiatives is not as strong as it should be publicly? Lacking a unique and coherent brand identity can contribute to fragility and vulnerability of TCIs.

4.2.3 A rose by any other name? Definitions in policies and initiatives

Context is consistently noticeable in my research in all instances, from determinants of health to how methods are implemented and designed to the outcomes of the research. It is particularly marked in the case of public health intervention design and implementation; in this case in the example of TCIs. Context is a key driver in how policies and initiatives are defined and how these definitions are digested.

“It's important that we strive to create identity. Identity tends to get a good press, people are inclined to think identity is a good thing, and it's well developed. But identity also can have hard edges and boundaries that are impenetrable and are unwelcoming.”- Balbriggan: K12

Here it is explained that there is a need to create identity, but to take caution with this process. As we will come to see, this warning about identity does not appear to apply to Thrive initiatives, with there being very few – if any – hard edges and boundaries. The point on identity pertaining to good press and public perception is, however, important. As Shakespeare once stated, a rose by any other name would be just as sweet. Can this same idea be applied to the Thrive initiative? If all Thrive initiatives comprise of variations of key ingredients as identified in Ljubojevic (2025b), does it matter that they have different identities, even different names?

There is much literature surrounding branding, marketing and identity of initiatives, particularly surrounding social marketing in the case of public health programmes (Grier and Bryant, 2005, López Quirós, 2024, Vaughn et al., 2018). It is noteworthy that despite identifying with each

other, the Thrive family do not share a superficial identity based on what they choose to describe themselves as. Often in global initiatives, there is a baseline identity such as a 'plan', 'strategy', or 'movement'. It seems peculiar that Thrive does not have this consistency and is a pick and mix of varying descriptors that fall largely in a similar vein. Some TCIs have labelled themselves differently and adapted based on public palatability: *“over the years we have changed the language a little bit to partnership... partnership, sits a lot better with some people than social movement, though we still use social movement theory”- LDN: KI1.*

For a global initiative, it is imperative to have a definition, or at least a foundational understanding of key components in order to realise and implement it elsewhere. Definitions help to operationalise sometimes loosely-applied terms within public health (Wallerstein, 1992). A definition facilitates feasibility and comparability- the latter of which Thrive currently lacks. There are implications of introducing a definition; appropriateness of the definition must be considered.

Ambiguity which surrounds a policy or approach can be attributable to a weak notion definition (Alsayel et al., 2022). A weak definition is not the sole contributor to ambiguity; approaches to mental health more broadly often face their own aspects of ambiguity with contested notions and definitions. As will be noted again later, public health is political- *“there's always been this tension, which I think, is, sad to say, in the mental health field” – NYC:KI1.* This may have contributed to vagueness, fluidity, and weakness in overarching or localised definitions of Thrive. Literature agrees on the politicisation of health; *“Politics, for better or worse, plays a critical role in health affairs” (Oliver, 2006, p. 195).*

The dearth of academic literature surrounding TCIs obstructs the collation or creation of definitions. From what little exists; it can be seen that communication of what an initiative is paramount. In the case of ThriveNYC, a deficiency in communication - and understanding of what the initiative is - likely contributed to its downfall (Belkin, 2023). Alongside this, there was an undermining of the prevention model of public health, lack of thorough evaluation, political

hostility, and pressure on services. In a key informant interview, NYC:KI1 suggested that bad blood between administrations led to the ‘tarnishing’ of the Thrive name. This suggests both a weakness of the identity of Thrive but also a vulnerability to future political change, or changing of leadership. Communicating a strong brand identity and concept of what Thrive is could help preserve the initiative and protect it from political critique.

In order to facilitate understanding, a clear definition would be beneficial. A transparency of prospects and background were not sufficiently articulated, with differences in expectations evident. A stronger conceptualisation and definition of the initiative may have bettered wider understanding and managed outlooks. As alluded to in discussion above, there may be some naivety in thinking that there is no motivation or reason behind opacity of definitions. If there were total transparency, obtaining almost \$1 billion funding for a novel public health initiative may have been more arduous. The politics surrounding public health and the competition for funding contributes to approaches taken to present an initiative. In an intensely political field such as public mental health, particularly in the USA, longevity and sustainability of initiatives is not only down to evidence but political power and support (Ljubojevic, 2025b). The approach to conceptualisation may help obtain this backing. The blurriness of the original Thrive may have benefitted it, but for the exportation of the idea, a stronger conceptualisation is often needed.

A consensus across TCIs may be beneficial to the expansion and sustainability of Thrive. A consensus enables increased consistency and improved communication; particularly through a simplified and clarified definition (Buchalter et al., 2023). Simplification of definitions does come with criticism- others believe that a vague definition of a concept appear to meet the needs of all stakeholders, whilst acting as a smokescreen where discrepancies can occur (McKenzie, 2004). Perhaps the origins of Thrive in each of the locations can identify with this. It is acknowledged by key informants that there is strength in the flexibility and vagueness of their working definitions and conceptualisations. It allows funders and potential partners to

visualise themselves in their own understandings of what Thrive is and thus enables plasticity in its implementation. This does however detract from an overall, cookie-cutter-like identity that is often associated with similar public health initiative with clearer frameworks and ambitions. It is worth reflecting on whether there is a reason for this; and if so, why has Thrive not followed the precedent?

"[Mental Health Ireland] sold it to us in the sense that thrive is a global movement, and about Balbriggan would be the first of its kind in Ireland to have it as a town to have thrive itself. So that was a big selling point for us"- Balbriggan: K15

Criticisms of broad definitions also suggest that a definition can be considered too general to be useful (McKenzie, 2004). This PhD may contrast these criticisms. The identity of Thrive is very broad but arguably this has enabled its expansion. It is novel in its premise and novel in its execution. Much discussion with key informants revolved around issue of overprescription and overmedicalisation of mental health. It appears as though the same attitude has been taken to overfocussing on the traditional approaches to public health initiatives has moved away from the top-down implementation of health in all aspects. This could be seen to be a consistency within and across the initiatives. The approach to identity may be inconsistent, but it is consistent in this way. Perhaps this is part of what has enabled it to spread, making it approachable and adaptable to various contexts.

“Being very responsive, being agile, being adaptable.” - LDN: KI1

“So in a sense, it will never be the same in you know. In the next location it will be always different, which makes it even more exciting, because it's you know, it's always something new and something different.” – Balbriggan: KI1

This does not detract from the issues that a lack of strong brand identity brings to a public health initiative, particularly in regards to evaluation, comparison, and consistency.

Figure 4 displays the various descriptors used by the TCIs to identify themselves. If one is a strategy, another is a movement, a third is a roadmap.

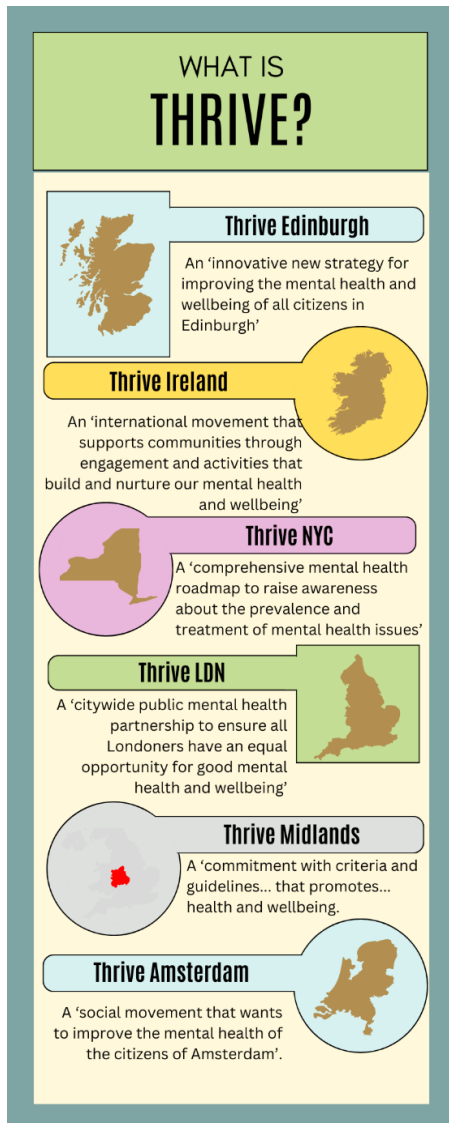


Figure 4: Figure showing descriptors of some Thrive Initiatives

Delving into what these different words mean, we can see that there is some commonality between the descriptors chosen by the initiatives. There is an allusion to change across time, with a drive towards a goal or achievement.

Table 5: Table showing the various descriptors employed by TCIs

TCI descriptor	Oxford dictionary definition	Location(s)
Strategy	A plan of action designed to achieve a long-term or overall aim.	Edinburgh, Glasgow
Movement	A change or development.	Ireland (international movement), Amsterdam (social movement)
Roadmap	A plan for the future, usually with a particular goal or a set of instructions <i>or</i> suggestions about how to do something or find out about something	New York
Partnership	The state of being a partner <i>or</i> partners or an association of two or more people as partners.	London
Commitment	The state or quality of being dedicated to a cause, activity, etc.	Midlands
Plan	A detailed proposal for doing or achieving something	Toronto

Programme	A set of related measures or activities with a particular long-term aim	Bristol
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“We see it as a movement. But the Thrive Edinburgh, they don't see it as a movement as such.”-

Balbriggan: K11

In addition to the descriptors seen above in table 5, Thrive has been described as an ‘all-of-society response’ to public mental health issues in New York (Belkin, 2023) and a ‘an international, community-led movement’ in Ireland (Connacht Tribune, 2024). Within this there is conflict. An all of society response would include communities but could also include government and policy. A community-led movement may be relatively true in an Irish context but perhaps less so in Edinburgh where Thrive involves communities through a governing strategy. It definitely would not be perceived as ‘community-led’ in most Thrive contexts. Even within the networks of Thrive, particularly with in the GLE networks, it would be expected that there would be greater consensus in identity due to the opportunities for knowledge exchange and collaboration within the network. Robichau (2011, p. 114) explains this in the context of governance; “as with many debated topics, the source of confusion... begins with its definition.”. When parameters are defined, objectives change, in turn changing the outcomes.

In the sphere of public health there is research which highlights the significance of definition of the terms of any work and the implications of these on outcomes. This is pertinent to both the results of the initiatives of themselves as projects, and the consequences of this on the population’s health, tracking measures, and evaluations. Definitions create an important foundation to understanding (Buchalter et al., 2023, Heather and Webster, 2020, Jung et al., 2022). Papers such as these exhibit differing perspectives and arguments surrounding definitions, despite this there is convergence on a central theme of the impact of clarity on outcomes of practice and research.

It is clear from my secondary research and key informant interviews that there is a lack of established parameters across TCIs, and often within them. Without these, there is no quantifiable or replicable way of implementing and evaluating the projects- an incredibly important aspect of public health initiatives. There is no consistent playbook or framework that can be utilised across the board or a way to truly extrapolate 'Thrive' - whatever Thrive is - elsewhere with clarity and consistency. McKenzie (2004, p. 15) explains that "it is impossible to define a condition without reference to some of its features", hence understanding at least the key ingredients of Thrive is vital for these initiatives to survive and reproduce longer term. This creates a step towards an overarching definition. The following sections will explore some commonalities and experiences of TCIs and whether or not they cumulate to *defining* features.

4.3 Emergent themes

4.3.1 The key informant's understanding of what Thrive is

"I think it's difficult, isn't it? Because... all the thrives are so different."- Edinburgh: K12



Figure 5: What is Thrive according to key informants?

The figure above (Figure 5) shows a collection of responses from key informants relating to questions of how they define Thrive or what the key ingredients of Thrive may be. All of these key informants, as established, are involved in the inception or execution of Thrive projects. Despite each of these participants having key roles in TCIs, the diagram above shows a diverse interpretation of what Thrive means to them.

This somewhat helps to answer the key question of this research project: what is Thrive? This diagram shows quite clearly that there is no one conceptualisation of what Thrive is. I believe the quote in this diagram surmises this quite well: “it is a very intangible set of ways of working”.

Some of the quotes in figure 5 align with the language used to officially label Thrive initiatives on respective webpages, reports, or other outputs. This includes ‘strategy’ or a ‘movement’. Further, some of these quotes encompass the key identified ingredients quite well such as acknowledgement of ‘partnerships’, ‘community’, ‘stigma’, ‘positive change’, and ‘mental health’ promotion.

They key informants gave a generally confident definition of Thrive in their own words. These included a ‘soft approach’, ‘strategy’, ‘change’, ‘common sense’, ‘an opportunity’ and a way to deliver services as illustrated by the quotes in the diagram above. Looking at these informal definitions it does appear once more that there is an element of inconsistency. These ad hoc definitions show the various interpretations from the singular branding. Elements of planning and facilitation are present in these definitions but not in a congruent enough way for a stranger to identify all quotes as describing the same initiative. While a key informant from Thrive Balbriggan suggested that Thrive brings us back to basics in regards to public health, a key informant from Thrive Edinburgh painted a contrasting image- *“There's a massive amount of work, and I sometimes forget everything that we do to be honest.”*. It suggests very different

structures and strategies for implementing mental health intervention at a population scale. How can the same initiative be described as 'basic' in one iteration and seen to be so bustling and complex at another location? Incongruency is rife, yet the established key ingredients tend to prevail. It suggests some legitimacy to one informant's definition which describes Thrive as a 'unique factor'.

The essence captured in these quotes does illustrate a broader concept rooted in positive outlooks, partnering with communities, prioritising the overall health of the population at every level. There is evidence here that there is a shared set of outcomes sought. The notion of Thrive is tangentially linked across these quotes through the emotive and broad language that one could interpret to be along the same vein. It does however clearly show that there is currently no explicit formula for Thrive.

There is a consciousness in these quotes that TCIs must be place-based and ingrained into and designed for (and with) the locality. Thrive is 'unique to the context of their own cities', and 'truly engaging' with people from local communities.

4.3.2 The public's involvement and understanding of Thrive

"I think it might be confusing for people, for service users" – Balbriggan: K11

In Balbriggan, unlike in other host cities, it appears as though there is a wider public consciousness of Thrive in the locality. This could be inferred to be because of its reliance on the community itself to volunteer and drive Thrive. This could potentially also be attributed to the much smaller population that it serves making awareness easier to spread. In other locations, it is admitted by the interviewees that there is relatively little consciousness of Thrive in the wider public. This may be because TCIs in places such as Edinburgh and London operate in the background and act more as facilitators and supporters than instigators and changemakers. Thrive in these locations functions as a connector of organisations, finances, or information.

This community approach is not perceived to be shared by all Thrive initiatives. When asked if there is a shared identity between the differing Thrives, this interviewee from Thrive Balbriggan responded with: *“Creating that community that is supportive of each other. I don't think that is shared amongst all the thrive communities.”*. Considering the need for upstream changes for long term progress in health prevention, hearing this reflection on the wider Thrive initiatives is cause for some concern. If change is not built from the community up with real buy-in from the population themselves, changes in leadership and resourcing can collapse progress made.

The differences between places and communities are acknowledged:

“We obviously have to reassess, engage with the community again and see what the best approach will be because every community is different at the end of the day.... You know what might work here in Balbriggan more than likely isn't gonna work in Edinburgh, more than likely isn't gonna work in New York or over in London, you know.” Balbriggan: K15

This idea may be contested by the other Thrive initiatives, however it does suggest a perceived disconnect between the fundamental basis of the different cities' approaches. It is clear that all Thrive initiatives at least mention community or collaboration, however from these interviews Balbriggan does appear to put the greatest emphasis on community strength and support. The way in which community is understood and defined by the various iterations may be different. Balbriggan may understand a community which is supportive of each other to be the individuals who live in Balbriggan. Thrive Edinburgh may understand a supportive community to be a community of organisations and governing bodies who work together across the capital to create a better environment for its residents.

Of course, this is subjective. The idea that other Thrives do not place as much emphasis on creating supportive communities may well be untrue, however it is notable that this perception is present. With a global initiative, it can be assumed that there is a shared basis, or a mutual understanding. These interviews reveal that many know little about their peer iterations

despite sharing a name. This uncertainty about the remits and the foundations of other Thrive initiatives suggests an incongruence and information deficit that leaves the initiatives vulnerable. When sharing a name or branding it is important to stay connected. Further, this lack of communication suggests that there is limited knowledge exchange or support occurring between some of these cities. Being in a Thrive network, there is a golden opportunity to share with those with similar overarching aims- to improve mental health and wellbeing at a population level in cities.

Edinburgh's Thrive is a key aspect of the Edinburgh Health and Social Care Partnership. Thrive LDN is also heavily involved with partnerships across London and its various political, health, and healthcare infrastructure. This means that brand identity to a lay-person may be left a little to the wayside. Priority is building brand awareness for partnerships and to secure resources.

“And it's just grown and grown as thrive has become more well known, especially within primary care and things like that. It's really grown and developed. There's always been really great buy in. I would have to see from the third sector and they've always been really keen to work with us and really drive change because they can see how it's been changing over the last 10 years, and know that we actually need to work together if we want to. If we want to really change something.”- Edinburgh: K13

Again, this shows a focus on building and receiving awareness mainly from partners. In response to being questioned about where does Thrive end and where does a partner's work begin, the following answer was provided: *“I mean the thrive branding is always there, but it's when you start to look at the operational and the strategic differences... And that has been one of the kind of big challenges for us.”* I am not sure that this wholly answers the question. It appears as though in some instances there may be ideological and structural differences which impact who takes ownership of what; but the Thrive moniker is persistently present. This would surely contribute to confusion for a member of the public about what Thrive is or isn't.

Thrive Edinburgh historically did place themselves in view of the public, albeit it usually more so for partners than the general population, through the annual Thrive conferences. This event helped showcase activities supported by Thrive Edinburgh in the city and provided a synopsis of sorts, providing examples of what the initiative had achieved. This conference was last hosted in 2023 and seems unlikely to be hosted in coming years. Something that they hope will continue is the involvement of Thrive Edinburgh in some way through the Scottish Mental Health Arts Festival with the Mental Health Foundation.

Given the extensiveness of larger scale TCIs such as Thrive Edinburgh, and a heavy reliance on partners, this approach makes sense for these larger-scale TCIs. In Edinburgh, when conducting research, I noted that the Thrive Edinburgh logo was present on some community boards on posters and infographics in a way that a sponsor might have their logo on an event. It further embeds this identity of being an overarching instigator of projects rather than an on-the-ground actor. This was acknowledged in part by key informants.

“I think that thrive, Ireland. They're very good at raising their profile, but I don't think we are, because we're so busy.”- Edinburgh: K11

“In terms of brand awareness, and I would say mainly that's also been partly to look at further funding opportunities as well. So it's really important that partners in particular have an awareness of thrive, and who we are. But I guess in terms of the public I would say it's mixed... but we are kind of building that brand awareness.” – LDN: K11

TCIs tend to act in the background and allow their partners to shine, perhaps that is why partnerships are at the core of what the key ingredients of TCIs are. These partnerships work because Thrive creates a supportive environment for these links to grow.

“There is something about kind of thrive London also being part of the system. And actually, what we wanted to do was to develop community events, and community projects for the community without it being kind of Thrive branded.”- LDN: K11

Regarding Edinburgh: K11's comments about Thrive Ireland's capacity to raise their profile, I would consider this as necessary for Thrive Ireland's survival as an initiative. Without the financial backing and infrastructure of extensive established partnerships and governing bodies; a reliance on volunteers from communities breeds dependence on good brand awareness to encourage participation. Balbriggan's Thrive is seen as accessible. It is run by familiar faces from all walks of life. It is also almost entirely run by volunteers. One interviewee explained:

"We are folks from the community up. That's the way we want. We want to be able to instil that confidence. We want to be able to instil that drive within the community to be able to support each other... We are being completely influenced by the community as to what they want and what direction they want us in." Balbriggan: K15

Another stated:

"There's been more people coming up from public, and it's like. Oh, you're the man from Thrive Balbriggan, you know, they've seen his face... Thrive Balbriggan got nominated for lama awards. You know the local, the County Council awards to as well as kind of winning the National Volunteer awards, so that has definitely helped build up traction. People have become more curious as a result of it as well." Balbriggan: K14

The acknowledgement and awareness of Thrive Balbriggan and the wider Thrive Ireland has not just come from the local community but also from wider Ireland. As seen in the quote above, Thrive Balbriggan has been nominated for, and won awards. These include obtaining a volunteer award and being nominated for an award recognising collaboration between councils and communities, and a nomination for the All Ireland Community and Council Awards in the Best Mental Health Initiative category. These acknowledgements show the integration of Thrive in Ireland into local community structures. Further, Thrive Balbriggan has acted as a springboard for more Thrive initiatives to grow in Ireland. As explained by *Balbriggan: K13*,

Thrive Balbriggan was never meant to be a pilot, it was simply a starting point for the wider Thrive Ireland to emerge. Comparative to other TCIs, Thrive in Ireland has a relatively small scale and focus. One might assume that this would be linked to a smaller public profile, however the evidence above shows a resonance with the wider community and structures in the country.

4.4 Key ingredients

4.4.1 Partnerships

Partnerships emerge as a cornerstone of TCIs through available literature and through interview conversations. The most commonly coded theme was partnerships. It was discussed and brought up extensively in all interviews and often was used in participants' personal understandings and definitions of Thrive. Some TCIs may even brand themselves as partnerships such as Thrive LDN: *"I think the unique kind of the USP. Of thrive London is that we are a partnership."* LDN: K11. Despite other TCIs choosing different defining lexis; partnership emerges as a universal element of the initiative.

4.4.1.1 Interdisciplinary, working with non-health agents

Who can be a partner or a collaborator in Thrive is extensive. The most visible from media outputs of Thrive tend to be established charities or organisations such as political entities, and, health boards. This would suggest a more top-down approach superficially, yet if you explore a little further it can be seen that individuals or community groups in the cities play a major role in Thrive. Thrive appears to *thrive* off of charismatic and passionate individuals in most instances. Perhaps with less overt presence we see outstanding members of local communities: *"true community leaders and people who might even be a bit embarrassed if you described them as a community leader. But that's truly what they are."* Balbriggan: K14.

“For me, like always. It was. This community aspect was really important to thrive as a community led movement.” - Balbriggan: K11. If we consider Thrive to be a movement, this implies a need for action from all levels, particularly from a grassroots angle. It denotes a shift in behaviours, actions, and ways of thinking. For this community and community partnerships are vital. Other TCIs do not consider themselves movements such as Thirve LDN who instead explicitly position partnership as their identity, yet they still turn to community partnerships as a key focus: *“those trusted relationships with those community groups are really, really important” LDN: K11.*

Interdisciplinary partnerships emerge from the interviews: *“It's bringing local grass root partners together, partners across health and care” LDN: K11.* This theme of interdisciplinary and cross-sectoral partnerships was omnipresent in TCIs. There is a concurrence that tackling mental health at a population level cannot be achieved by one discipline, sector, or profession alone.

There is also regular acknowledgement of the limitations of those who organise TCIs and a reliance on those already in cities with the skillsets for specific tasks: *“Sometimes it won't be our job necessarily to do something. It's about us actually connecting our partners together to do it because they're in in a more kind of a better position. They've got the skills and knowledge... we really acknowledge the fact that we can't do what we do without the help of everybody around us and people we work with.” Edinburgh: K11.* One key informant revealed a network of around 1000 multidisciplinary partners in the city of Edinburgh.

“Our partnerships and the relationships and the trust that we felt over time definitely, and that allows us to deliver on everything that we do. Everybody is like, kind of, wow, how can you do all this work? Because we're not doing it all? It's actually because we're working with people to do it. And so it's definitely the trust and the relationships.” - Edinburgh: K11

Furthermore, it was explained that the TCIs model of operating enabled collaboration and coproduction rather than competition between different organisations. This enables a pooling of resources and efforts rather than having people working on similar things at the same time, separately.

“We've always used different kind of more innovative kind of commissioning models as well... we started using like public social partnerships... kind of created an infrastructure for organizations to kind of lose that competitiveness, and instead start working together and also start working together with the statutory sector. Because that's quite kind of it's still quite rare actually to see that happening.”- Edinburgh: K11

This network which combines existing forces in a place was also mentioned in discussion with Irish key informants who emphasised this element of collaboration and teamwork, preventing unnecessary work and streamlining positive actions.

Partnerships in Thrive extend to those who are not traditionally seen to be involved in health or mental health. Partnerships within the initiatives do exist with health bodies such as the NHS, psychiatrists, and mental health charities but the remit of collaboration extends to include those who might not necessarily be directly related to mental health. There is a trend for this elsewhere in mental health initiatives but is particularly pertinent in the context of TCIs according to key informants. In America, “ThriveNYC put a whole range of skills in many hands and places outside the conventional care system, and connected that system to coach, empower, and back them up.” (Belkin, 2023, p. 115). Thrive appears to fundamentally strive to involve all levels of urban ecosystems in improving the wellbeing and mental health of their communities and themselves through partnerships (Figuroa et al., 2018). It takes on an ‘everyone-and-everywhere’ approach (Belkin, 2023). Belkin is a psychiatrist by trade but works in the spheres of public health and is behind much of ThriveNYC. Perhaps with him we can see the first stages of transition in attitudes surrounding the bridges between clinical and population level intervention. This notion was echoed through the interview with NYC: K11:

“The best way to do is actually do mental health through other institutions and places and in the hands of skills and other people's hands. Since it's really an ecological phenomenon, whether a population or a person is mentally healthy and stays mentally healthy”.

4.4.1.2 Coproduction, or at the very least collaboration

Many TCIs partner with existing services, groups, and facilitators in their respective cities but they acknowledge the limitations of relying on only these established public health disciplines. “By themselves, mental health professionals cannot stem the tide of one of our society’s most difficult and pervasive health challenge.” (Thrive Edinburgh, 2020). ThriveNYC emphasised a need to partner with the communities of New York in order to have a lasting impact and this has been adopted and continued with the following TCI iterations (Belkin, 2023, Belkin and McCray, 2019, Figueroa et al., 2018).

Examples of this include community members taking ownership of Thrive in Balbriggan, or grassroots charities relating to social justice being included in London, or Taxi drivers and hairdressers being recruited to support projects such as Thrive Line in Edinburgh. This array of collaboration fosters connections to Thrive and each other across the city systems. It enables Thrive to infiltrate policy and everyday life, bolstering its presence and influence in its host locations and creating a culture of involvement and agency for public health across sectors. This contributes to a health in all policies, or a health for all policies, approach that is being pushed by governments and policy makers (Greer et al., 2022). The apparent contemporary nature of this initiative reinforces the support or buy-in for novel approaches like Thrive.

“We engage obviously with the community. And we have community members that are volunteers, and they all come from different backgrounds, and they're all happily working alongside each other, acknowledging kind of different cultures as well, and different upbringings, different backgrounds. So we all work with a very similar goal in regards to just

supporting each other and supporting the community with these different initiatives”-

Balbriggan: K15

Thrive Balbriggan, the first Thrive Ireland location, appears to be embracing a more grassroots approach than its international predecessors. This version of a TCI partners with the community and enables them to take control of the identity of thrive in that area by catering to their own identified needs as a community and partnering with those who may not feel that they may usually have an impact on mental health and wellbeing such as local volunteers, trade workers, and others. The emphasis on coproduction or at the very least collaboration, instilled by Mental Health Ireland, means partnership is central to the existence and functioning of Thrive Balbriggan, albeit in a different form to its predecessors. *Balbriggan: K13* from Thrive Balbriggan explained that community is the most important part of Thrive “*because without their voice what are we doing?*”. This is echoed by colleagues in Balbriggan. Community appears to be central to this iteration of Thrive.

Openness, coproduction, and collaboration are regularly raised by key informants. This is ingrained into practices of partnerships. It is identified that these traits facilitate the successful operation of Thrive. The key informants see the ability to work with different organisations, with different mission statements and values, as a strength of Thrive. A key informant insists this multilateral approach to collaborating with communities and organisations is not burden shifting or offloading, instead it centres around the recognition of different expertise and how best to work with one another. They further emphasised that Thrive, alongside its role as an initiative to improve mental health and wellbeing for populations, can and should act as a platform and a space to connect and support.

In this subsection there is an emergence of the term coproduction. Not all elements of Thrive are coproduced, this is particularly true in TCIs where the structure is predominantly top-down. It should however be acknowledged that coproduction is different to collaboration. Ideas of coproduction and of collaboration have elements in common. The extent to which Thrive is

coproduced differs widely and so cannot be considered a key ingredient of the wider Thrive identity. Collaboration is broadly defined in dictionaries as the action of working with someone to produce something. Collaboration is evident in each TCI and can be seen as a key ingredient. Coproduction, on the other hand, is weakly defined (Vargas et al., 2022), yet can be understood by some as being “about redistributing power but also dismantling conventional hierarchies of knowledge and conventional forms” (Käkelä et al., 2024, p. 4). This redistribution of power and dismantling of conventional hierarchies is not evident in each TCI and therefore cannot be considered a key ingredient. Watson (2014) explains that coproduction processes arise precisely because formal channels of engagement do not exist or are not satisfactory, and other ways to engage must be found. This helps explain why those who incorporate a more grassroots approach are more likely to exhibit coproduced traits such as Thrive Balbriggan. Where there is a dearth of formal channels, be it political support, resourcing, or existing structures from which to act, coproduction becomes a valuable tool to overcome hurdles. It cannot be seen as a key ingredient in itself of Thrive as not all TCIs exhibit this trait and therefore, I have chosen to place this under the wider umbrella-term of partnerships.

4.4.1.3 Politics and conflicts

The benefits of partnering with others are accompanied by elements of conflict, particularly when working across sectors (Gray and Purdy, 2013). Interviews revealed that conflicting opinions can cause tension in the organisation, planning, and implementation of TCIs. Most *Thrive* initiatives work with varied, interdisciplinary partners who may have different conceptualisations of what the public mental health initiative should look like. This is perhaps especially true at points of inception or change. This is reflected in discussions of the experiences of a member of Thrive Balbriggan, yet similar issues can be mirrored in the systematic changes which occurred in New York and are occurring in Thrive Edinburgh at present. Views on how *Thrive* should be organised or implemented, particularly with changing political spheres and funding can cause conflict across partners and within organisations (Gray and Purdy, 2013, Greer et al., 2017, Lowndes and Skelcher, 1998), this can be exemplified with

the ubiquity of politics in public health initiatives (Greer et al., 2017), also being reflected in political discourses around how health should be approached. Criticisms of alliances with certain political entities opens initiatives up to critique, sometimes warranted and sometimes misguided. A contemporary example of this is the discourse in the US surrounding the affordable healthcare act, also known as ‘Obamacare’. Whilst these are one and the same, political discourse, labelling, and portrayal drummed up passionate debate and critique centring around political beliefs and alignments (De Haan, 2019). This is a larger scale example of a similar process which occurred in America with ThriveNYC. Aligning public health initiatives with politicians - in the case of ThriveNYC, aligning with de Blasio - can lead to well-meaning or impactful implementations to be taken down as collateral in political battles. An increasing number of commentators and academics are pointing to the importance of the political determinants of health alongside more well-established socio-economic or environmental determinants (Baum et al., 2020).

Relating back to the political nature of public health, it is important to acknowledge the political partnerships and influences of TCIs. Political partnership, much like grassroots partnerships, vary again across the board. The flagship ThriveNYC was heavily linked to politics, particularly the Mayor of New York City (Gratzer and Goldbloom, 2019). This connection contributed heavily to the fragility, scrutiny, and eventual reabsorption of the initiative into what is now HealthyNYC. Polarisation in politics reshapes public health policy (Kapadia, 2024).

“But what we also learned was that the political will to sustain that kind of approach is itself fragile as well. And it got fragile.”- NYC:KI1

This can be seen to particularly pertinent in the US where appointments within health are often inevitably connected to politics (Patel and Rushefsky, 2019). In the UK this lesson was noted, with ThriveLDN and Thrive Edinburgh avoiding being linked to a particular party or politician where possible. There are naturally still links with government and governing bodies in order to enact practices and forge connections across the city, however, much more similarly to

ThriveNYC's replacement HealthyNYC, the TCI is more integrated into the healthcare and health policy systems of the cities such as the NHS (Thrive LDN) and the Edinburgh Health and Social Care Partnership (Thrive Edinburgh). This kind of partnership can bring swathes of support, resources, and attention but risks collapse in changing circumstance. In conversations with a key informant in the UK, it was noted that, in regards to the weaknesses of Thrive:

“disadvantages, particularly with thrive NYC, is just the political attachment to it, and just kind of making sure that as part of your you're branding and what word am I thinking of, but just kind of thinking about the longevity of the program”. This reinforces that while rewards of partnering with influential groups or individuals can be great, these partnerships can also cause fragility or draw criticism. Despite this, one of Thrive's most robust strengths across the board does appear to be its ability to work with people and groups across cities both laterally and vertically.

The use of partnerships as such a foundational element of an initiative is not unique to Thrive, yet it holds much importance in its inception and expansion. Partners and collaborations appear to be the cornerstone of Thrive, appearing in conversations across the initiatives as a key ingredient or within individuals' own definitions of what Thrive is. An initiative that aims to better the wellbeing and mental health of all in a city which aims to include such a diverse range of actors across the urban ecosystem creates a sustainable, representative, and reinforced approach to urban mental health and wellbeing at a population level.

The integral nature of collaboration and partnerships in the case of TCIs inhibits the ability to attribute or clearly differentiate what is Thrive and what are existing or adjacent activities. Perhaps the undefined nature of Thrive allows it to absorb credit for work done by collaborators. Without a clear boundary of what Thrive is and what Thrive is not it is difficult to attribute credit but also difficult to discount its influence and input.

The results of a TCI cannot be easily or directly attributed to the initiative as it supports existing social and environmental infrastructure in the city to support mental health and wellbeing. For

example, Thrive Edinburgh has plentiful partnerships within Edinburgh. In this Thrive context this is appropriate as Thrive Edinburgh identifies itself as a strategy, meaning that this TCI in itself is less involved in direct on the ground activities. Instead, it acts as a supporter of groups such as the Cyrenians, and Health in Mind. The funding and knowledge support that Thrive Edinburgh provides is a key component of its partnerships. Arguably, the use of these many partnerships across Edinburgh dilutes the Thrive identity further. It makes it more difficult to identify what is actually Thrive Edinburgh and what is instead a partner group's independent work. To an average Edinburgher, it may be difficult to identify what impacts they have experienced are directly related to Thrive despite its far-reaching capabilities and actions. In this sense and context, it could seem that the TCI identity is less obvious to the public than it is to those in the health policy and governance spheres of the city.

As will be further discussed later in this chapter, public health initiatives often face difficulties when it comes to attribution and thus evaluation, particularly with more subjective aspects of health. There are means to evaluate public health initiatives and their impacts but the scope and implementation of this in Thrive initiatives has been somewhat limited. Many iterations of Thrive do not implement evaluative processes from the start, in fact from interviews it can be understood that most have delays spanning years before formal evaluative processes are put in place. This is weakness of the initiatives and thus far, from my standpoint, I cannot see an example where this has been done consistently and to a high standard. There are moves towards betterment of this which comes with increased buy-in, funding, and capacity. It is a shame that evaluative processes have not fully followed the journey of Thrive and this contributes to its relatively flimsy identity and definition.

The emphasis on partnerships, while perhaps diluting the core identity, suggest a level of humbleness. The initiatives that emerged from ThriveNYC do not appear to seek overt recognition and praise at every turn, instead placing focus on team work and inter-disciplinary actions to improve the mental health and wellbeing of citizens. Perhaps this is in order to

protect from the consequences of overt publicity seen in New York. Creating an initiative that appropriately engages with communities can be seen to be key in creating inclusive initiatives (Neville et al., 2021b), therefore the establishment of outward identity and an easily graspable concept are vital to work effectively with these partners. Clearly, Thrive is approachable and attractive to partners across the board.

I would encourage a level of critique and hesitance of this reliance on partnerships. The partnerships utilised in TCIs can bring unique skills, resources, and results to Thrive initiatives yet they dilute the identity of Thrive further. With a reliance on partnerships and their ongoing projects it makes it difficult to establish what is and is not Thrive. It reduces the gravitas that the concept of Thrive may hold and thus harms the legitimacy and sustainability of such initiatives. With other international public health initiatives such as WHO Healthy Cities, their own brand and identity is pushed to the forefront despite active engagement with local politics and organisations and this has lasted over five decades. There can be concern that in some TCIs, Thrive hides behind its partnerships instead of being an influence in itself. Vulnerability to change is one of Thrive's biggest weaknesses and without an established identity and an overreliance on others, change can cause collapse.

In the context of business, there are pitfalls of profit partnerships as explained by Avancha (2024). I would argue that in the cases of Thrive Edinburgh, many of these partners are in a way profit partners, sharing in the value of being associated with Thrive and the benefits in terms of resourcing and support that may come alongside this. These pitfalls include brand dilution, loss of integrity, and unsustainability- all of which are concerns raised in this PhD. Elements of these include consumer (in this case the public's) confusion, suffering of reputation, and a vulnerability to changes in partnership dynamics. The lack of concrete identity in combination with a heavy reliance on external forces to drive Thrive initiatives can lead to significant risks which evidently some TCIs go on to experience.

4.4.2 Prevention and promotion

“The aim of Thrive is to focus on the promotion aspect. That's the key. Promotion of mental health and wellbeing” - Balbriggan: K11

Evidence from key informant interviews alongside secondary data from TCI reports and websites show that prevention and promotion lay the foundations for Thrive. The population approach to public health is inherently reliant on promotion of good health and prevention of poor health (Labonte, 1995). Jacka et al. (2012) agree that there is a need to develop effective and universal preventative measures for common mental health disorders at a population level. There is evidence to suggest that changing habitual practices can have significant impacts on mental health and wellbeing outcomes (ibid.). Indig et al. (2018) propose that to achieve population-wide health improvement, public health interventions need to be ‘scaled up’, however pathways to scaling-up interventions are poorly characterised. Initiatives such as Thrive therefore do not have clear guidance for implementing city-scale interventions which may contribute to their inconsistent processes. Furthermore, Movsisyan et al. (2021) understand that implementing population health interventions in new context requires adaptations which comes with various uncertainties. This is particularly true when attempting to cater preventative and promotion measures to differing demographics, cultures, and norms. Adaptation can oppose the “fidelity” of the intervention (Carroll et al., 2007). Despite unique adaptations and implementations of Thrive, there remains a consistent emphasis on the promotion and prevention elements of population-level intervention for the wellbeing and mental health of citizens.

4.4.2.1 Approaches to prevention and promotion

The key informants reveal a desire to reduce mental health illness in their locations but also to promote protective characteristics and traits such as self-esteem and resilience. One key informant from Thrive Edinburgh explained that this strategy was about joy, kindness, respect, and love. These are very positive, yet quite intangible feelings. Thrive approaches prevention

and promotion from a hopeful and optimistic angle according to emerging discourses in the key informant interviews. Creating healthier and happier communities can help protect from poor mental health to an extent (Turnbull, 2021); happiness does not cure illness but it is protective against illness (Veenhoven, 2008). Veenhoven (2008) elaborates, expounding that public health can be promoted by policies that aim at greater happiness of a greater number of the population; this aligns with the foundational aims of Thrive initiatives such as Thrive Edinburgh.

There is presently no implemented way to prevent poor mental health for all, however there are means to reduce the burden on individuals, systems, and society. Arango et al. (2018) proposes a need for interventions which emphasise mental health promotion, and improvement of early detection and interventions in clinical settings, schools, and the community, with essential support from society and policy makers. From evidence emerging in my research, it would appear as though Thrive fulfils these needs in principle with its city-wide, cross-sectoral approaches to mental health prevention and promotion. The prevention and promotion approach of TCIs places a focus on the general population who may have a greater likelihood of avoiding formal mental healthcare and intervention through a population prevention and promotion approach. This is a rather novel approach at an urban level, with this being particularly true in the US context; with Thrive signalling a paradigm shift (Belkin, 2023, Ljubojevic, 2025b).

Some TCIs are more involved with formal routes to mental healthcare. This is particularly true for Thrive Edinburgh and ThriveNYC. Edinburgh, for example, employs Thrive Welcome Teams to ensure people can receive the right treatment at the right time. They aim to reduce barriers to formal support where needed but also approach mental health more broadly from a variety of angles with kindness, respect, and love in mind. A key informant explains that in the Scottish capital there is not an emphasis on separating prevention, promotion, care, and treatment and instead focussing on the holistic quality of people's lives. In Edinburgh, the clearer links to

clinical mental health echo the structure of ThriveNYC to a greater extent to other TCIs such as Thrive Ireland.

As explained by the New York key informant: *“the balance should really be on investments and social strengthening rather than just practices strengthening, both are needed. But we've got the balance off. And so how do we build that civic infrastructure to be an engine for mental health promotion”*. There is space within the identity of Thrive for an array of disciplines, and this quote further shows accommodation for traditional, clinical practices- *both are needed*. Mental health does not occur in a vacuum and TCIs understand this. The key informant goes on to discuss the limits of the mainstream approaches of focusing on clinical mental health warning that this leads to a concentration on those who are most severely ill, missing most of the mental illness burden which falls on the wider population; *“we end up reaching people way too late and way too narrowly”*. It is essential to support those most in need, but if the experiences of the wider population experiencing moderate to mild symptoms of mental health are neglected this places further pressure on urban and healthcare systems. This explains why TCIs take on a population prevention and early intervention approach to attempt to support happiness and health across the inhabitants.

4.4.2.2 Implementation of prevention and promotion in TCIs

The way in which they implement these understandings in a prevention/promotion sense varies. Prevention of poor mental health in tandem with physical healthcare is another example of the intersection of clinical care and public mental health. Thrive Edinburgh, in partnership with Edinburgh Leisure, implement a ‘get fit for surgery’ to help alleviate mental health consequences of long wait times and enable better recovery post-surgery. It shows a juncture between physical and mental health and how an interdisciplinary approach to health can be utilised.

Other approaches a TCI may use for prevention or promotion is through the arts. This is something that Thrive Edinburgh in particular place emphasis on but can also be evidenced in Thrive LDN and Bristol. Thrive LDN and Thrive Edinburgh collaborated on an arts-based event over the pandemic. Further, Thrive Edinburgh have a year-long arts programme acting as an integral component of this initiative. Arts can act as a form of therapy according to key informants. This is supported by literature from Butterwick and Selman (2020), Jensen and Bonde (2018) who explore the role of arts in mental health intervention, finding these to be useful and beneficial to communities and individuals, explaining why some TCIs have embraced creativity in their approaches to public mental health. The arts are used by TCIs as a vessel to promote good mental health and wellbeing, with an overarching aim to build resilience in the community (Thrive Edinburgh, 2021). A report by Thrive LDN (2018) states that arts and culture based interventions can keep people well, meet major challenges of public health – including loneliness – and help reduce burdens and spending on formal health services and social care; all elements of prevention and promotion in public health. It is evident that TCIs hope to promote good health where possible and prevent the onset and consequences of poor mental health across the population and services.

Health promotion is further facilitated by Thrive through training of citizens in relation to mental health. Examples of this include suicide alertness training, peer mentor training, and training of people-facing workers through Edinburgh's 'Thrive Line'. These people are not a replacement for health professionals such as psychologists or first responders however the introduction of people with greater awareness of mental health creates more support points and facilitates the resilience of the wider population. This approach can be noted across the TCIs.

4.4.2.3 A shift away from individualised approaches to health

There has been a shift towards prevention and promotion in recent years away from a more individualised approach to health with growing thinking that a focusing of resources on

individuals is not a viable approach to meeting the mental health needs of a population (Fusar-Poli et al., 2021, Le et al., 2021, Purtle et al., 2020). Although, it should be noted that this shift involves a lack of concrete guidance of evidence despite enthusiasm (Purtle et al., 2020), reminiscent of the issues that arise with TCIs as is emergent in this project. This shift is particularly important for the health equity for underserved and minority populations whom the biomedical approach has often disadvantaged and left behind (Trinh-Shevrin et al., 2015). Jacka et al. (2012) identify that thus far, at a public health level, community-wide approach has received less attention than the individualised approach but initiatives such as Thrive attempt to alter this balance. The World Health Organization Global Status Report (2010a) outlines the need for population-wide prevention for non-communicable diseases, not specifically addressing mental health instead including it in the 'broader scope' of conditions. Clinical approaches and solutions to health are no less vital today, yet *"we simply can't afford to treat our way out of this"* Balbriggan: KI2. The most resource efficient way of tackling most diseases and conditions long-term is through prevention and health promotion, avoiding costly curative care (Fusar-Poli et al., 2021, Le et al., 2021). TCIs acknowledge this and thus have taken on a novel approach to mental health and wellbeing at a population level. This novelty thus makes up a foundational aspect of the initiatives' identity.

"It's not about treating people. It's about giving people hope"- Edinburgh: KI1

Although potentially a little controversial in regards to mainstream approaches mental health and wellbeing, the perspective above is shared by many key informants across the Irish Sea in Balbriggan. The move away from traditional approaches to mental health and treatment and instead changing the day-to-day experiences of people to alleviate symptoms and triggers of poor mental health – *"we're very fast moving away from that biomedical model of mental health within Edinburgh"*. Informants believe that there is a positive approach. Literature does suggest legitimacy in this approach to prevention and promotion. Venning et al. (2011) found that hope is a significantly stronger predictor of mental health than mental illness is and

suggested that this be considered in strategies for mental health promotion. Another study found that hope is associated with elements of resilience such as coping, improved wellbeing, engagement in healthy behaviours, and mitigates depression and negative life events (Griggs, 2017). This emphasis on positive elements that are supportive of mental health and wellbeing is a refreshing approach and brings focus onto encouraging optimism and diffusing the positivity into communities. It is an alternative to biomedical approaches to mental health.

Conceivably there is a risk in this outlook of inadvertently stigmatising treatment and medical approaches- the opposite of what Thrive aims to do- through this positive versus negative discourse; however, I would be inclined to agree that Thrive does aim to humanise mental health. Having multiple approaches to public mental health in a city- not just a medical and not just a public health approach is sure to provide something that meets the needs of all. Prevention and promotion are key for those whose negative experiences can be lessened by this but it is imperative that there is still adequate support for those whom prevention and promotion alone cannot wholly help.

“It's not just about treating people. And it's not just about kind of psychological therapies. It's much more around about green spaces, art spaces, reconnecting people, preventing social isolation. Just you know, the all the big stuff that is a prevention”.- Edinburgh: K11

Other discussions that arose surrounding health interventions often centred around prevention. Prevention appears to form the basis of Thrive's approach to mental health intervention, followed by mental health promotion. Discourse on 'reconnection' also appeared, suggesting a more directly human approach to public mental health intervention, facilitating connection within communities and across support networks. The idea of connection and disconnect in cities makes up a foundational aspect of this PhD and its raison d'être. For the key informants to naturally bring up reconnection as an aspect of improving mental health in cities both supports the rationale behind the research and alludes to answers for the “what is the relationship between urban spaces and places the experiences of loneliness and social

isolation?” research question. Here we can see that prevention of isolation is a concern of TCIs and helps answer the third key research question about what Thrive can do to tackle social isolation and loneliness. Engagement with spaces and places such as natural features of art venues are examples of this that will be elaborated upon further in this thesis.

The key informants further suggest that their public health approach can be heavily individualised in regards to connection- *“A lot of it's around about connecting and finding yourself again.”*. It places some onus on the individual in a non-medicalised manner to take ownership of their health, recovery, and maintenance.

“A massive component is ensuring that people know that mental health wellbeing can be support, encouraged by the community through the community, you know, and clinical isn't a word that has to be directly used with that.” – Balbriggan: K15

As the above discourse establishes, partnerships within the communities are vital to the functioning of and identity of a TCI as it is the partnerships- both formal and informal- which instigate the change in prevention and promotion of public mental health in the cities. Connecting through existing social networks can help facilitate the aims of Thrive. Partnerships are intertwined in the processes of prevention and promotion in this initiative. Without these partnerships, implementation, dissemination, and impact would be limited; the small teams that operate TCIs cannot reach everyone.

In ThriveNYC, promotion was seen to be fuelled and propelled by whole communities. It sought to promote and empower people themselves as sources of support, care, and prevention to fill and prop up gaps in more specialised or formal care routes (Belkin, 2023). Promotion from a grassroots level seems to be crucial in a TCI even if the set-up itself may appear to be top down. This can be reflected in TCIs elsewhere such as Thrive Edinburgh which functions as a strategy but employs grassroots projects to execute the strategy. ThriveNYC chose to partner with existing resources and facilities, however to a lesser extent than exhibited by others such as

Thrive Edinburgh and Thrive LDN. This may have been due to its generous budget allowing for greater opportunity to independently establish novel initiatives within the city but also because of differing healthcare systems, resources, and structures (Ljubojevic, 2025b).

4.4.2.4 A place-based approach

Furthermore, political support, as established above can be a key driver. We saw that there was an appetite for a shift in approach to public mental health in the US in the mid-2010s and this appetite and buy in for prevention and promotion also preceded the establishment of the TCIs that followed including London with Mayor Sadiq Khan, the Lord Provost in Edinburgh, and the Fingal County Council in Ireland. Promotion and prevention are therefore not only propelled from the bottom-up by communities but also implemented by those at the top. A Thrive Ireland informant explained that interest in prevention and promotion approaches by leaders in communities and organisations led to support and resourcing of the initiative: *“at the moment they were so interested in promoting and supporting this type of movement, and they are aware of the importance of promotion, of mental health and wellbeing”- Balbriggan: K11*

TCIs allow for communities and groups to generate their own theories of change and identify root causes of poor mental health to focus on in their specific contexts (Belkin, 2023), particularly social determinants of health. As noted, each Thrive is unique and as the Ottawa Charter notes, “health promotion strategies and programmes should be adapted to the local needs and possibilities ... and take into account differing social, cultural and economic systems” (World Health Organization, 1986, p. iii). This elucidates that TCIs can be seen to facilitate and support prevention and promotion relevant to individual community or group circumstances, incorporating community development approaches (Walters et al., 2023). One area of a city will face completely different issues and determinants of health to another. This broad and flexible approach to prevention and promotion that Thrive undertakes, with space for adaption to meet specific local needs, can be seen as both a key component and a strength of Thrive (Figueroa et al., 2018).

Once more a theme of place emerges, establishing further that this is a place-based initiative and the links between health outcomes and local social and environmental determinants (Amobi et al., 2019, Hood et al., 2016). Perhaps the reason TCIs have been able to function and expand without concrete conceptualisation is due to their place-based nature which enables a greater flexibility and independence from other instances of international health promotion and prevention initiatives. This also means that the initiative can be implemented in diverse urban settings ranging from megacities to towns. In fact, Thrive Ireland has recently shifted the identity of Thrive to encapsulate all settlements, with a Thrive initiative implemented in Connemara; a rural area in the West of Ireland. It is the first rural community where Thrive is being implemented. In Ireland, the narrative of Thrive places emphasis on promotion with their documents emphasising the aim to “promote mental health and wellbeing through activities that benefit the local community” (Mental Health Ireland, 2024, p. 3).

“The outcome will be different, because the location is different. People are different there. And the expectations are different.”- Balbriggan: K11 on Thrive in different locations

Thrive seems to be an initiative that aims to change policy and governing attitudes to public mental health. It shifts conversations within public mental health action and policy. Belkin (2023) identifies that many cities such as New York face the issue of aiming public health solutions at subsets of the mentally ill instead of being scrutinous over social and environmental conditions that put *everyone* at greater risk of negative experiences and outcomes. The paper further identifies that this mindset in policy and governance is a hard habit to break. This project inspired change makers across other cities and countries to attempt to break that habit in their own localities through instigating TCIs and put focus on prevention and promotion for all. The influence Thrive has on policy regarding mental health prevention and promotion is present across the initiatives, embedding themselves into legislation, policy, and systems in their localities. This includes national legislation such as in Ireland, and healthcare systems such as the NHS, and health strategies such as in Edinburgh.

The original Thrive project was designed to break through a “static, overmedicalized, and undersocialized illness treatment paradigm” (Belkin, 2023, p. 118). This represents the initiatives’ aim to improve mental health for all in a city, including but not limited to those with the most serious mental health issues. It broadens the scope of mental health treatment to look further into environmental and social determinants of mental health and wellbeing outcomes (Figueroa et al., 2018). The initiatives continue to work with mental health professionals alongside laypeople and leaders in order to prevent poor mental health outcomes and promote positive mental health and wellbeing. This is redolent of the concept of health in all policies (World Health Organization, 2023b), creating an alliance across sectors with the vision of improving the health of the population. Every sector and discipline can hold influence over health outcomes. This pivotal feature of the flagship project was a key influence on the initiatives which followed suit and should therefore be understood as a key component and defining feature of a TCI.

Thrive Edinburgh’s strategy roadmap (2020) understands that, at the most basic level, a public health initiative such as this should think big and differently and include prevention of illness, and promotion of mental health as two of its main elements. It states that Thrive Edinburgh is an opportunity to not only reduce the toll of mental illness, but also promote and protect the citizens of Edinburgh’s mental health, resilience, self-esteem, family strength, and joy. (ibid.).

It should be noted that this does not come without heavy criticism for the initiatives. A broad prevention and promotion approach appears to be at the core of Thrive, however it also may be seen to be at the central to its vulnerability. Allison et al. (2022, p. e24) suggest that ThriveNYC and the following initiatives “disregard the moral imperative to prioritise care for the most unwell and most disadvantaged”. This statement holds a lot of emotive and evocative language. If TCIs make clear through their conceptualisation and definitions that they aim to create a better environment for all urban dwellers this criticism would be easier to manage or rebuff. The initiative does not claim to have a perfect solution; it is rather novel in its approach

and arguably has not have time to prove either way success or failure. It is well known that health promotion and prevention initiatives struggle with (in)direct attribution and evaluation due to the complex nature of health determinants and outcomes (Henderson et al., 2019, Meyer et al., 2018). This is particularly true when it goes against the grain of historical urban mental health initiatives which have focused on particular groups or categories which have had many years, nay decades, to evaluate and prove impact.

When there is pressure on primary care and treatment, it is also difficult to obtain resources and support for prevention. There is an opportunity cost regarding funding and resourcing in healthcare. Both primary care and prevention and promotion are vital for a functioning society. We want to prevent illness where possible, promote good health, but for those who fall through the gaps or have outcomes that cannot be wholly prevented, medical care is imperative. When there is a situation where there are many experiencing symptoms which require treatment, it is more difficult to garner support for longer term health planning and downstream activities: *“Prevention right now is quite difficult, because everyone is just in complete crisis mode and response mode.” LDN: K11.*

Despite this vulnerability to criticism and increased difficulty with attribution and evaluation due to its broad and partnered approach, it should be considered and identified as a key ingredient of Thrive. Prevention and promotion are pertinent and pervasive in each version of Thrive, thus existing as a foundational element: *“We can really drive change through acting early”- Edinburgh: K13.* The way in which TCIs go about establishing promotion and preventative actions involves changing a culture in public mental health.

Limits to what TCIs can achieve through prevention and promotion are acknowledged in conversations with key informants. An Ireland-based key informant emphasises that Thrive must communicate expectations regarding their remit and limitation: *“what we cannot provide is as such, because there's no full-time psychologist who would provide therapy, or something like that. Or psychiatrists.”* The Thrive identity must make clear what route they

choose to take to tackle mental health in their locations and across the board there is an acknowledgement of the importance of clinical healthcare and signposting to these within their activities as initiatives but the emphasis lies heavily on promotion and prevention.

Prevention and promotion prevail as key focuses of TCIs. Despite this, a shared identity from this is not clearly emergent. Noting a perceived commonality between the TCIs of prevention and promotion, one key informant from Ireland continued to maintain that: *“The formula of working is different. The structure is different”*. Even in areas of consensus between the TCIs there are still vastly differing approaches where the key informants struggle to identify their Thrive with another. There may be some grounding similarities yet the different approaches to these redact from the identity of Thrive overall. Reflecting on the presence of partnerships in the actions of prevention and promotion in TCIs, there is heavy reliance on partners and collaborators to both promote mental health and set about actions to prevent poor mental health and wellbeing. Given the nature of this initiative that takes a step away from clinical, individualised approaches to pressing public mental health issues; it follows that preventative and promotion tactics to public mental health are core to TCIs and their identities.

4.4.3 Tackling stigma, changing culture

“There's always a person. It's not just an ill person” - Edinburgh: K11

“How do we change the public consciousness of a particular locality around the idea of mental health, awareness, and addressing mental health awareness, and, you know, dealing with mental health?” - Balbriggan: K14

A societal approach to mental health and wellbeing as taken on by Thrive relates much to prevention and promotion: *“It can be a social problem. However, there can be a social solution.” - Balbriggan: K15*. One aspect of this is shifting the way in which we speak about and conceptualise mental health and mental healthcare in our cities. The impact Thrive hopes to

have on policy and implementation of prevention and promotion plays a role in changing cultures and conversation in this facet of public health.

The stigmatisation which is associated with poor mental health is pervasive, appearing to be a primary deterrent to getting help and transcending race and social class (Coffey et al., 2022). Stigma can be understood as “the identification of a trait, quality, or attribute as a ‘blemish’ or a deficiency that separates the owner from others” (Jones, 1997, p. 265). We see stigma in action in the places that host TCIs with one Irish informant explaining: *“once you begin to stigmatize you actually lock people and freeze them in a position, saying, you are now a member of a card-carrying member of the group of people we know as serious and enduring mental illness. And it's kind of a lifelong subscription.”- Balbriggan: KI2.*

Tackling stigma appears to be a core focus across the Thrive initiatives, at least to some degree. This is implemented in a variety of ways such as through creating conversations, training up the population to have mental health awareness and skills, and acting as social movements creating spaces and avenues for discussion and wider alertness of mental health and wellbeing in the target cities. The emphasis on stigma appears to vary across locations and time periods.

Some have been critical of this focus of TCIs, particularly in the case of ThriveNYC. Some discourses suggest that stigma is no longer as pressing a public mental health issue according to NYC health commissioner Dr Vasan during a 2024 seminar on TCIs at the University of Strathclyde. A key informant in Ireland agreed with this:

“I probably have controversial views, and I might be aligned to the speaker there as well. I think treatment is more stigmatized than mental illness in a mental health context. If we look at stigma. Stigma is really a signal of poor outcomes.”

This quote reiterates that those involved in Thrive tend to be of the belief that there is greater need for preventative and promotive action, preventing these poor outcomes that may result in severe mental health difficulties. A change in culture is therefore needed to tackle the

stigmatisation of those who experience mental health problems and the treatment of this. The anti-stigma work of TCIs varies in prioritisation; in some cases, it prioritises the overcoming of stigma surrounding treatment of mental health problems and in others it prioritises overcoming stigma against people with mental health problems. Regardless, resolving issues of stigma remains a theme across TCIs. If medicalised treatment can be avoided through the betterment of mental health and wellbeing at all levels in a city, there would be fewer indicators of these poor outcomes. However, this may also lead to a greater stigmatisation of those who suffer with extreme poor mental health who would still require intervention. The idea of changing cultures of public mental health through prevention and promotion is wholesome and optimistic, yet literature shows that there are biological factors that may predispose individuals to severe mental health outcomes. The pervasive discussion about nature versus nurture rears its head. Can we really promote and prevent ourselves out of treatment? I'm not sure that we can. The key informants do acknowledge this too. Thrive centres on the proportion of mental health problems which can be addressed outside of formal, individualised routes, such as addressing social causes of poor mental health and wellbeing. It is not an either/or affair, there is space and need for prevention and promotion alongside treatment. There is an awareness that aspiring to change conversations and better the mental health and wellbeing at a population level would alleviate pressure on formal mental healthcare systems but it is not a perfect solution. The discourses around Thrive in interviews, particularly in the Irish context, appear to emphasise a move away from medicalisation, at least under their own remit. Ironically, perhaps focus on the de-medicalisation of mental health pushes this stigma of treatment further, bettering the experience of the majority but pushing the most vulnerable minority further away – questioning why cannot they get better without medical intervention?

Of course, no one initiative has a perfect solution, and these key informants do not claim that Thrive would be one of these. It is a well-meaning initiative that must emphasise its limitations. Furthermore, having stigma as a key component of the TCI identity leaves it vulnerable to

criticism. Evaluations of similar population-level anti-stigma programs have been seen to have weak, if any, long-term effects with serious concerns raised over possible externalities and unintended consequences (Walsh and Foster, 2021).

“I think, rather than talking about anti-stigma. I prefer the idea of promoting understanding... the more useful understanding is the empathetic understanding”- Balbriggan: K12

Much of the work of TCIs revolves around “changing conversations” or similar notions, helping promote the empathetic sort of understanding rather than technical as mentioned in the quote above. This can be exemplified across the board. In Ireland, Thrive is seen to be empowering the community to break down stigma and hosts events such as Thrive n’ conversations and Connect Cafés to support this (Dublin Gazette, 2023). ThriveNYC strived to “publicly reshape the conversation around mental health by sharing positive messages about resiliency and recovery and the City’s new resources to connect New Yorkers to services” (Johnson and Dromm, 2019, p. 3).

Within Thrive, there are *“projects like thriving conversations, and the connect café is quite useful”* to help create dialogue between people relating to mental health and wellbeing. Furthermore, a key informant in Ireland suggests that these conversational, rather simple, initiatives *“nearly give people a eureka moment. In a sense, you know, it's like this is so simple, and I'm openly talking about mental health and wellbeing like, why have we kind of demonized it for so long?”*. These projects require few resources and often utilise existing infrastructure to facilitate conversations. The connect cafés and thriving conversations do tend to centre around mental health and wellbeing discourses; however, they are also there to encourage connection between people and provide empowerment and agency through sharing of experiences (Adu et al., 2022). Enablement of connection between communities and strangers decreases the othering of strangers or those different to themselves. Focusing efforts at a community level rather than at a public education level enables citizens to learn from one another. This aligns with evidence which suggest that the best campaigners against stigma and discrimination are

those who challenge it directly and personally (Quinn and Knifton, 2005), these facilitations of connection and discussion about mental health experiences help change conversations about mental health.

One key informant understands that stigma contributes to this 'othering'. When someone is diagnosed with a serious mental illness, *"once you begin to stigmatise you actually lock people and freeze them in a position, saying, you are now a member of a card-carrying group of people we know has serious and enduring mental illness."* Changing and embracing conversations surrounding mental health help thaw these perceptions. It facilitates social mobility within communities and supports vibrant and inclusive environments.

Reflecting on Thrive's attitude towards de-medicalising mental health for the majority, where stigma originates should be considered:

"Whether we like it or not, stigma has a function, and it usually means in our community. We know this ends badly. And stigma is associated with poor outcomes, or the perception of poor outcomes"- Balbriggan: K12

If stigma does in fact relate to our perception of outcomes, taking action at the source through prevention and promotion is a logical and appropriate course of action. We also must reflect on our own biases. As explained by Balbriggan: K12, *"When we talk about stigma, we locate the problem in the other person. When we talk about actually discrimination, I have to take ownership of this is my attitude and behaviour and responses that that need to be changed. Make the outcome better. and there is no stigma"*. TCIs operate training programmes and educative activities that spread awareness and sensitivity about mental health. These conversations that happen at training sessions, events, community groups, and activities all help to change the culture around poor mental health and create a more empathetic and understanding population, expanding potential support networks in cities.

The focus on tackling stigma also appears to be shifting in terms of use of language. Language, and by association how an initiative aligns and identifies itself, is very important. When attempting to change discourses and perceptions of mental health, the framing of mental health and lexis chosen must be done with care to ensure the change in conversation in the desired manner. One key informant explains that *“everyone knows they want to change the old language. They're not sure what they want to change it to”*. Through discussions with key informants working on Thrive initiatives globally, it was clear that there is a belief that addressing ‘stigma’, whilst a key factor in designing the approach a decade ago at the inception of ThriveNYC and its consequential initiatives, seems to have taken a back seat since. Stigma with some groups, particularly younger populations, is much less of an issue. One key informant described stigma using the black elephant analogy- when you tell someone not to think about a black elephant, they will automatically conjure up the image. This means that there is a concern that too much focus and use of the language of stigma will bring this to the forefront of people’s minds rather than tackling the issue.

Some TCIs, however, have taken a shift from stigma to focus more on prevention and other pressing public mental health factors. Thrive LDN is an example of this. At its conception, tackling stigma was at the heart of the project, however as time moved on and priorities changed, crisis management is now a top priority- particularly working with world events and how these might impact the mental health and wellbeing of Londoners (Thrive LDN, 2023). The Covid-19 pandemic can be seen as the trigger for this change in both London and other Thrive cities such as Amsterdam. Stigma is no longer a core feature of these TCIs, thus waning its salience as a key ingredient of Thrive at present.

“So usually, it's the serious stuff that gets the investment largely because I think of stigma driven fear. And I think a narrow mindedness of the profession itself.” - NYC: K11. This quote is a particularly interesting. There is a direct implication that stigma does not only exist within the general population who are generally assumed to be less educated and well versed in mental

health, moreover the stigma is pervasive within the health systems and this has influence on what gets funded and resourced in sphere of public mental health. Tackling stigma is not only needed at population but at policy level. In this context 'serious stuff' was in regards to treatment and other clinical, traditional aspects of mental health intervention. The way that this is phrased further connotes ideas of frivolity of prevention and promotion approaches as *unserious*. Circling back to the key question of what is Thrive, we once again see that perceptions are fundamental in understanding Thrive, the context of Thrive, and the function of Thrive. We see time and again the description of Thrive as innovative and novel, is this newness rising from decades of stigma within public health professions, a fear to try alternative solutions that go against the status quo at a high level? Having these initiatives implemented from the top-down (as much as they present or perceive themselves as grassroots adjacent) suggests a shift in action which has historically been left to those in more grassroots positions (Boivin et al., 2024) - health is created by people, communities, and civil society (Boivin et al., 2022). The existence of TCIs suggests a changing of culture at a governing and policy level, tackling stigma from the top- or at the very least attempting to.

The presence of stigma or culture changing in most TCI's operations suggests that it is a key component of implementing thrive. Once stigma is no longer seen to be a more pervasive mental health challenge, focus moves. This suggests that a TCI's key component may be instead its malleability, adaptability. Once again it does show stark inconsistencies and weak brand identity between approaches but this could be understood as a strength of the initiatives, allowing flexibility in changing times both in terms of changes in attitudes and needs of the population.

Once again, this discussion points to an inconsistent and misunderstood brand identity which highlights the question of how solid the brand or concept of Thrive actually is? There are elements of key ingredients but even these come at somewhat of a stretch. Is there a way to

truly extrapolate the model in a way in which one can confidently label themselves as a TCIs within the network of Thrive?

4.5 Conclusion

Despite the growing proliferation of Thriving Cities Initiatives (TCIs) across different contexts, there remains no consistent or clearly articulated model or shared identity underpinning their implementation. While key informants described TCIs in thematically similar ways - emphasising some common aims, values, and mechanisms - their definitions nevertheless varied in emphasis, scope, and interpretation. This lack of conceptual alignment raises important questions regarding the coherence, comparability, and overall effectiveness of TCIs, particularly when considered alongside more established public health initiatives. Establishing a clearer and more widely shared conceptualisation is critical to supporting effective implementation, coordination, and alignment, as well as enabling more meaningful opportunities for learning and knowledge exchange.

The absence of consensus around the concept and operational model also presents significant challenges for evaluation. Inconsistencies in framing and implementation further complicate efforts to understand impact, attribute change, and compare effectiveness. To ensure effective communication, implementation, and evaluation of these projects, a stronger identity is needed. This could involve creating a clear definition, further refining key components, and fostering a shared understanding across the board.

Despite variability, several key ingredients of TCIs consistently emerge. These include a strong emphasis on partnerships, a focus on prevention and mental health promotion, and efforts to shift public conversations and perceptions around mental health and wellbeing. Partnerships - spanning services, communities, and political actors - are foundational to the depth, reach, and sustainability of TCIs. Initiatives such as Thrive place particular emphasis on preventative and promotional approaches, aiming to improve mental health outcomes across entire populations

and thereby expanding the scope of urban mental health policy beyond treatment-focused models. Additionally, the prioritisation of dialogue, public understanding, and evolving narratives around mental health and wellbeing is both fundamental and adaptable, allowing initiatives to respond to local contexts while maintaining shared principles.

These common elements suggest that while TCIs are contextually shaped, they also possess transferable core features that could support a more unified identity. The identification of these shared features lends support to the use of a common name, branding, and baseline framework, though further work is required to strengthen and formalise this foundation.

5 What is a Thriving City Initiative? The making and make-up of Thrive

5.1 Introduction

Having considered the understandings and perceptions of what the concept of Thrive may be, alongside identifying key ingredients that create some foundation across the boards, to truly understand and answer the research question ‘*what is Thrive?*’, the more concrete, functional elements of the initiatives must be explored. The following section outlines some of the operative elements of Thrive such as who takes ownership, how the initiatives are resourced, and what the future may hold for TCIs. These sub-sections emerge from the thematic analysis of the KI interviews. These include ideas of resourcing, recognition, leadership, place, and the future.

5.2 Where does Thrive fit in a city?

“I think being inspired and then being able to translate that into your local context. I think that's a key point”- Edinburgh: KI2

TCIs are inherently place based. The fact that there is little that links these initiatives together is also likely a strength that has made them successful and populating different cities across the world in their own way. This means there is no one way in which Thrive can fit in a city. This is evident through the inconsistent functions and structures of Thrive. TCIs build Thrive to work for them in their localities. This includes working with communities, local authorities, and local leaders to make Thrive work for them.

Cities provide a strategic place for policy, they provide a platform on which public policy issues play out (Bradford, 2005), that is why there has been a call for place-based action in recent decades. TCIs broadly fit into place-based policy due to their flexible and malleable identities.

They can be shaped to fit a new locality and context with relative ease. Health is a place-based issue (Freitas et al., 2024) and thus it is logical that these novel public health initiatives appear to approach public mental health in a place-based manner. Evidence of this involves working with local communities and organisations, engaging with space and place concepts such as the Thrive Line (Edinburgh) and the Great Places and Spaces Map (Ireland). It is noted in literature that place-based health planning and action remains underutilised by local practitioners and is inadequately acknowledged and attended to by policy makers (Freitas et al., 2024). This reflects similar notions relating to undervaluation of prevention and promotion in health policy and urban action. The place-based nature of TCIs therefore implies some progress and innovation in urban health strategy and action.

An aspect which can cause inconsistencies with initiative identities for TCIs is their differing target populations. Most TCIs such as Thrive LDN and Thrive Edinburgh work across their cities' populations and geographies. Others such as Thrive at Work Midlands and Thrive Toronto can be seen to place a greater emphasis on the mental health and wellbeing of their working population. It makes sense that initiatives targeting distinct groups will form varying identities in order to achieve aims relating to these. Different approaches are needed for different groups and aims.

Defining TCIs on both a broad, conceptual level but further adding another identity at a local level appears to be appropriate. How one defines a project will impact its implementation. It can be seen that a broad definition allows for conceptual applications at macro and microlevels (Robichau, 2011), thus arguably the establishment of a definition or at minimum the key ingredients of a TCI would be useful for the expansion and further development or implementation of the public mental health initiatives. In order for TCIs to identify as such, under an umbrella term, this is a necessity. The identity of Thrive and how it establishes itself, or where it fits, in a city therefore varies.

As mentioned in passing, the idea of Thrive was integrated into Stockholm’s policy. Does this mean Thrive is a policy? Well, sometimes. We can look to the larger iterations of TCIs such as Edinburgh and see that they identify as “an innovative new strategy”, adjacent to policy. Thrive in Ireland has also somewhat been absorbed into policy with Thrive included in government health policy frameworks. The legacy of the flagship Thrive NYC now also lives on within New York city’s policy in the form of HealthyNYC. In London, Thrive LDN is also linked with local policy and constitutions. From a policy, governance, and strategy standpoint, Thrive has a place. Despite the diversities of the projects, each is influential in the local politics and implementations of public health. The differences of the initiatives do not seem to detract from their potential to influence public health outcomes, at least on paper, both within their local area and on a wider plane. This project, being exploratory rather than evaluative, cannot examine the extent to which this influence is successful in creating tangible or impactful changes in health within the spheres that it operates however it can identify that there is at least superficial involvement and influence on the policy workings suggesting that there is buy-in. Buy-in has been shown to be important for area-wide initiatives relating to prevention and promotion (Hickey et al., 2018) and TCIs appear to do this well at the point of their inception and the immediate years that follow. Literature also shows the importance of buy-in from influential figures in wide-scale health policy action (Mahabir et al., 2022), something that is poignant considering the sway a change in leadership has on health policy priorities.

5.3 Recognition of Thrive in policy and governance

In Ireland, Thrive has been written into policy two years since its inception. Further, as noted in Chapter 4, it has been recognised in national and local awards. This provides a sense of appreciation and legitimacy, and governance buy-in for this conceptualisation of Thrive. The expansion of Thrive in this context into localities across the nation positions its presence in a different, arguably more integrated way than other Thrive initiatives. This presence that permeates across the Irish landscapes potentially helps embed the culture shift that so many

TCIs hope to achieve. Again, it brings about this idea of changing conversations and culture, not just around stigma but approaches to mental health more broadly in various contexts. This iteration of Thrive, whilst being acknowledged and partnering with governing bodies, continues to place much of the onus on the communities it exists within; supporting a much more bottom-up approach than is seen in other initiatives and with many examples of health policy more widely (Iemmi, 2022). Literature shows a need for grassroots engagement and action in health policy to create critical advances in social change relating to health and empowerment (Marquam et al., 2022).

This could be further seen through experiences of my own as the researcher when I was invited to attend the launch in Swords, another area in county Dublin. Here people expected to be told what Thrive would be bringing and imposing and there was initial surprise followed by enthusiasm and engagement when it was understood to be an opportunity to establish what they thought was lacking in the community utilising their own skills and existing resources. Suggestions such as peer support groups were put forward. In the context of Thrive in Ireland it appears as though there is a 'movement' which empowers communities, as is the descriptor of the initiative. This view is not only my own but is echoed by key informants working on or volunteering for Thrive Balbriggan who are not involved in Mental Health Ireland.

In London, Thrive is involved in NHS and city policy, such as a strategy on health inequalities (Mental Health Foundation, 2017). It acts as the lead on suicide prevention in the region and part of the Transformation Partners in Health and Care (TPHC) in the NHS (Thrive LDN, 2024a). Thrive LDN is supported by the Mayor Sadiq Khan, however it appears not to be too entangled in politics.

"A report from the Conservatives who actually referenced thrive London and suicide prevention. So that was really nice to see, because it actually it kind of crosses the different parties. So for us that was that was good to see and that there were recommendations for thrive London" –

LDN: K11

In Edinburgh, Thrive is a strategy. It is fully embedded into policy. There was originally buy-in from leaders from across sectors and governing parties, surviving changes in local and national government until recently.

5.4 Putting Thrive into action

5.4.1 Grassroots or top-down?

How Thrive is led and implemented also causes confusion in its identity. There seems to be a desire to be seen to be grassroots, or upstream, yet many fundamental features of Thrive involve top-down guidance, implementation, or direction. This is particularly seen in the larger urban areas such as New York and Edinburgh. In relation to Edinburgh, one informant noted that: *“I would love to say that we're grassroots, but we're not.”*. They later described it as: *“not grass roots. But community roots... I don't know if I'd say that we're top down”*.

If we were to look at the definitions of top-down and grassroots we would find the following:

TOP-DOWN: Denoting a system of government or management in which actions and policies are initiated at the highest level; hierarchical.

GRASSROOTS: The most basic level of an activity or organisation; ordinary people regarded as the main body of an organisation's membership.

Comparing this to what I have learned about our Thrive projects throughout the PhD and these key informant interviews, it can be surmised that the initiatives are generally closer to top-down than grassroots. Really, a middleman position is what tends to be assumed. Edinburgh, along with most TCIs, appears enamoured with the idea of being grassroots, or at least being perceived to be involved in grassroots activities. In these conversations, it has been widely reported that TCIs are ‘mainly bottom up’; but there is acknowledgement of the combination of top-down and grassroots action: *“It is kind of a combination, I would say. Mainly it's bottom up. But we are kind of engaging at strategic level”* LDN: K11. Most TCIs tend to have a leading group

of sorts, with this structure varying, who most often act as middlemen between large scale partners including governing bodies, healthcare systems, NGOs, and community members. In London, for example, there is a direct link to the Mayor and the London Health Board: *“I think what is quite unique about thrive London is that we are. I think we actually are the only program that reports directly to the London Health Board, which I mentioned is chaired by the Mayor” and “It sits across the system. And I guess one of the things that also makes us quite unique in that, although we kind of sit at system level. What we aim to do is feed the insights and learnings from those within the communities up towards the decision makers.” – LDN: K11.*

There are elements of grassroots approaches through engagement with communities but much of the work directly attributed to those who are employed by or associated directly under Thrive tends to be somewhat away from on-the-ground work. This does not discount the impact of this work by any means. The capacity to bring so many partners together is an asset for any city and interdisciplinary, innovative approach to public mental health. I do find it fascinating that these initiatives seem to have some sort of need to be seen as grassroots despite the work they do at present being complimented and recognised at various levels.

It may be seen as more palatable to be seen as working from the bottom or grassroots to communities due to the design and implementation processes (Powell et al., 2024) and thus it can be seen as a political decision to frame these initiatives in such a way when the reality is that they are predominantly making decisions and actions from the top-down. As identified by Panda (2007), it is unlikely that these initiatives can be entirely top-down or entirely grassroots as both involve elements of the local community whilst also engaging with the inevitable involvement from local governments and other bodies. It is difficult to arbitrarily categorise TCIs by grassroots or top-down and most fall somewhere more central, the distinction between the bottom-up and top-down approaches can be blurred. This leaves flexibility from framing an intervention in a manner which will be politically beneficial (Oxley, 2020).

This middleman position is somewhat acknowledged in the key informant interviews; one such example is a Thrive Edinburgh informant's description of the hierarchy being: *"a flattened hierarchy in the way that we work. We don't see ourselves as up here in the we see ourselves like here, with all our partners."*- *Edinburgh: K11*. The idea that those who work in Thrive, and Thrive itself, are not above the partners suggests a strive for equity and contributes to quality and consistent collaboration and coproduction in the host cities. Another key informant from Thrive Edinburgh stated that: *"we are only the mechanisms for change. We're only there to help to help support, facilitate that change. So it's whatever the people really want to see"* – *Edinburgh: K13*. I think this summarises the idea of Thrive as a whole quite concisely. From the understanding gathered across this PhD, I would agree that Thrive is not an active changemaker in itself. It is there as a facilitator for others to bring upon the change they would like to see. They build upon existing infrastructure and support the growth of new ideas and groups, but Thrive itself does not necessarily fuel the action as its main role.

The location where most ownership and influence over Thrive has been given to the community themselves is in Ireland: *"The overarching aim of all thrives in Ireland that to create a happier and healthier community, and how this will be done. This is a decision for this particular community, right?"* *Balbriggan: K11* and *"This is the way that I see it being a concept that can develop into something bigger, you know, because you've got to want the community to take us with what it is they need"* *Balbriggan: K14*. There is consensus on this from our key informant interviews too. When asked "do you think that Edinburgh shares similarities with other thrive cities?", a participant responded with:

"Their [Thrive Ireland's] approach is brilliant, but it's very much grassroots, and they're out there doing stuff. But I think that's because of where they set like we actually are the strategy for mental health as part of the partnership. Thrive Edinburgh is probably much bigger than say, thrive Ireland, but that's not to say that I would say that the work that they're doing isn't brilliant." *Edinburgh: K11*

Discussion with volunteers from Thrive Balbriggan provided much insight into the structure and viewpoints of the newest Thrive location. One participant highlighted their understanding of Thrive as being a *“community led initiative that is built from the ground up.”* They elaborated on this explaining that, in the case of Balbriggan, *“it just goes back to basics, you know, simply, it's acknowledging that mental health exists all around us. You know mental health exists all around us within the community”*. The theme of back to basics was strong in the Balbriggan interviews.

It was described as being “bit by bit” suggesting a gradual approach to changing population health outcomes. This idea of small changes with big outcomes was further evident in the interviews. Low-cost or relatively simple approaches to mental health promotion and prevention were discussed including community benches, walk and talks, connect cafés, and upholstering furniture to create new, informal spaces for the community to spend time in. These identified initiatives help foster both social and spatial connections in Balbriggan. The voluntary nature identified in the interviews of this iteration of Thrive further engenders a sense of community ownership and stewardship over these projects. People invest their own time and resources into the concept of Thrive showing a true buy-in from the local people. This local buy-in is vital for longevity and sustainability of a project like this (Hickey et al., 2018). Imposed, or top-down, projects often falter when funding ends or when those who implement the project move on leaving the locals to take over, and is not seen as an adequate approach to sustainable change (Aaron, 2017). Giving ownership and responsibility to the population of Balbriggan from the start suggests that the success or investment in the project is more ideologically motivated than financially. For a concept like Thrive, this appears to be important. From the understanding garnered from interviews and literature, it can be seen that the concept of Thrive is rather ideological. It has little grounding and no shared framework. This means that in order for Thrive to succeed and spread, the notion of Thrive must be accepted and adopted by the community in which it operates.

5.4.2 Resources

“The new infrastructure. Was this our support system? We really went through existing channels, you know, existing trusted social networks, or and we built some new capacity like with this 24/7 call centre that provided immediate psychotherapy on demand for free on the phone for several sessions to trying to connect people with more formal care if they needed it...but it was really working through existing capacities”- NYC: K11

“We need them because they have resources. They want to learn from us. We need. We need them to be able to grow it is so hugely, hugely important. It's not a siloed initiative”- Balbriggan: K13

Immediately, from the quotes above, it is clear that there is a significant difference in capacity and resourcing. ThriveNYC had capacity to build new networks, facilities, and take on employees whilst also taking advantage of existing capacities, whereas Thrive in Ireland have very little of their own resources and rely heavily on the community and local bodies to support resourcing. There is a divergence in operations. Thrive Edinburgh and Thrive LDN operate on a closer resourcing plane to Thrive Ireland, the spectrum of resourcing is extensive.

The way in which TCIs are resourced and the resources they capitalise on vary. This can be dependent on various factors including capacity of the implementing organisation, scale, public infrastructure, and community buy-in.

“We're very careful that it didn't need to become an agency in its own right and become a charity or become a business and that brings certain limitations when it comes to say, seeking resources from central government or local authorities, or grants and it was also to that we, you know, it would be recognized as a project brought by Mental Health Ireland that we didn't have to have proprietorial logos stamped everywhere, saying, You know, did I mention Mental Health Ireland, you know. Did I get a plug in here, or was it some sort of promotional vehicle. So I think we've got that makes nicely done. And it's a very respectful relationship”- Balbriggan: K12

This quote shows that in Ireland there was a conscious decision to keep Thrive Ireland separate from much infrastructure that may usually be associated with health initiatives. This decision has been made to keep Thrive in Ireland associated with MHI which means that it has certain respect and buy-in from association with the country's oldest mental health charity but Thrive itself is not a charity. This differs from the way other Thrive initiatives conduct themselves. Elsewhere Thrive appears to be more corporate or heavily linked and intertwined with government and policy. For example, in London and New York, Thrive initiatives were put forward by local Mayors thus being inherently political at their conception. Other initiatives have emerged that are linked with governing and healthcare bodies such as Thrive Edinburgh which emerged from the Edinburgh Health and Social Care Partnership which is jointly run by the National Health Service (NHS) and local governing body.

These varying points of conception and identity link with differing levels of access or approaches to resources.

The community itself is a vital resource for TCIs. As discussed in the section on partnerships, community partners and collaborators make up a key cornerstone of implementing the initiative successfully. While the people of the community are vital, action cannot be taken without community infrastructure, existing community assets. TCIs do not see building new physical urban infrastructure as under their remit, besides perhaps some smaller scale restorative or renovative initiatives such as installing seating areas or reviving disused spaces and places like Gorgie Farm in Edinburgh. This means that instead they must harness existing facilities to house TCIs like community centres or natural spaces- *“really harnessing the assets within communities. Whether that's geographical communities, like localities within Edinburgh or communities of interest”- Edinburgh: K13*. Resourcing themselves with infrastructure that is already present within the cities increases the available resources for focussing on improving mental health and preventing poor health.

Some places are better equipped than others. Large cities such as Edinburgh, New York, and London have a greater number of pre-existing resources. They receive support for implementation and awareness building, for example for design processes: *“So we got support from the innovation unit to do all this kind of design process and kind of stuff.” - Edinburgh: K11.* This eases implementation and enables a larger scale of intervention, even if official Thrive staff numbers remain relatively small.

Places in other contexts such as in Ireland may not be so well equipped. This was partly why Balbriggan was chosen as the first installation of Thrive in the country; it had a community and it had resources which Thrive could leverage. The scale also varied which meant the remits of what they could do with available tools was different as *Balbriggan: K12* explained- *“Some of the tools were available to us, and we could replicate others weren’t.”*. This likely contributes to the large variations we see in the implementation of Thrive across contexts.

“We don't have resources to do it, because there are just two of us working... it is really limited at the moment”- Balbriggan: K11. The limited manpower allocated to Thrive Ireland - in large part due to limited financial resources allocated to Thrive – has restricted expansion and knowledge sharing. There is not capacity in the two current official Thrive roles to provide support for expansion across the country. Given this dearth of paid staffing relating to Thrive in Ireland, it is impressive that in a few years the local populations with some support from MHI have been able to set up three versions of Thrive Ireland: Balbriggan, Swords, and Connemara. This success has been due to aforementioned partnerships. Volunteers and community groups, or partnerships, are the most valuable resource to TCIs generally but this is especially true in under resourced versions of the project such as Thrive Ireland. Volunteers *“recognise themselves as a resource to the community... people have common interest and recognize that they have resources within themselves within their agencies to mobilize and make a difference.”- Balbriggan: K12.*

The resource that is manpower and community or individual engagement is also heavily valued by larger Thrive initiatives such as Edinburgh and London: *“It was all about conversations and bringing Londoners together. And looking at kind of what assets we have, what are the community organizations doing?”*- LDN: K11. Springboarding from existing human and infrastructural assets in an area is key in developing TCIs. All TCIs tend to be resourceful, making the most of infrastructure that is already present in their locations. This means that less energy and resource is spent setting up platforms from which to act. Instead, all TCIs utilise existing means to facilitate Thrive functionings. This is something that is shared across the board and aligns with the apparent ethos which emerges from Thrive of a whole population approach, including not just the civilian population but existing professionals across skillsets and physical facilities that come with these.

“It is just brilliant that you know people want to engage with us. They want to continue the conversation. And actually, they really want to understand kind of what actions collectively we can take forward. So that's definitely a strength”- LDN: K11

In the development of Thrive Balbriggan, different locations were assessed for suitability. Criteria for this included an open and willing population and existing community infrastructure. With very limited resources to bring in, it would be impossible to execute a successful initiative without community buy-in and places to facilitate activities such as community centres and libraries.

In the cases of most TCIs, it appears they take on a sort of middleman role in regards to resources and funding. More often than not Thrive benefits from existing resources that it uses to springboard into action. This can be through existing political or healthcare structures or physical and intangible resources within a city. From here they receive varying levels of funding in order to function. At this point, many Thrives appear to become middlemen. Through discussions it was found that Thrive funds and resources other groups or activities that act within the sphere of public mental health across various disciplines in their localities.

“The community groups and organizations are the experts themselves, so resourcing them and funding them is incredibly important as part of that kind of trust building.”- LDN: K11

The TCI that most opposes this pattern is Thrive Ireland where there are very limited resources and finances being propelled into the communities in which they operate. It is reliant on the passion and energy of volunteers at almost every stage. The organisers behind Thrive in Ireland, Mental Health Ireland, instead take on a more advisory supportive role:

“We can support to some extent and provide some support when needed, and provide advice as well, and some sometimes guidance or and so that's important.”- Balbriggan: K11

Other TCIs such as Thrive Edinburgh and Thrive LDN benefit from larger injections of cash and resources.

5.4.3 Funding

What makes an initiative feasible often lies within its budgets and therefore its funding streams. Funding origins also have the power to lead the outcomes and actions of an initiative: *“it's led by need and partly led by funding”- LDN: K11*. Most TCIs begin with a significant investment, but this investment ranges from around £12 million in London to £60 million in Edinburgh, and even an incredible \$850 million in NYC. These vast variations in funding naturally lead to different operational capacities and goals. This could in part explain the differences in structures of TCIs and why they do not follow a set path. What was possible with New York's budget would simply be improbable on London's budget, and even more impossible on Thrive Ireland's minimal budget.

In the Irish context, there is little consistent financial support. Much of this comes from the charity Mental Health Ireland; *“from the HSE as an institution and government body, we don't have any funding and support as such” - Balbriggan: K11*. This differs from most other TCIs which are backed both politically and financially by healthcare systems and governing bodies. A

reliance on grassroots in the Irish iterations likely stems from this. *Balbriggan: K12* explained: “*It had to be self-sufficient as well as self-sustaining. And it had to work in collaboration. So sometimes the beauty of coming into a community with empty pockets is you're not going to get your pockets picked.*”. *Balbriggan: K13* from Thrive Balbriggan later explained further that once people bought into the idea of Thrive, the funding followed. Instead of being funding-led, Thrive in Ireland is idea-led. Here we see a positive outcome of the limited finances. The community genuinely get to take ownership because there is no other investor. This version has to be grassroots because no other actor is investing, whereas other TCIs have many investors with various priorities, aims, and agendas whom have influence over the direction and activities under Thrive.

The more generous budgets of the other TCIs do not come without conflict or struggle. The nature of public health funding, as established, is political; meaning that it is subject to changing priorities and broader budgets. In London, the annual cycle of funding proves to be “disruptive” for planning purposes, and recent budget cuts in Edinburgh cause conflicts of interest and uncomfortable conversations with partners where finances are severed. These ebbs and flows of income impact long term sustainability, planning, and relationship building; particularly in cases where TCIs themselves act again as middlemen, allocating grants and fundings from their wider pots to various organisations and activities.

In 2020, Thrive Collective Edinburgh received confirmation of funding for five years, with the view for extension for a further three years. This was the first time contracts of this duration had been awarded by the Edinburgh Health and Social Care Partnership to the 3rd sector providers (Edinburgh Health and Social Care Partnership, 2020). This longer-term funding for a population-based initiative for mental health and wellbeing represents a confidence and appetite for this type of approach to public health. As will be discussed shortly, this is surprising considering the relatively small evidence field of similar initiatives.

The differing approaches to funding and receptivity of funders to these initiatives may depend upon local values and health cultures. The health systems in the countries in which Thrive exists vary, from the USA where healthcare is heavily privatised, to the NHS where healthcare is, on paper, free at the point of use. The healthcare system in the Netherlands, home of Thrive Amsterdam, is considered to be the 4th best in the world according to the most recent World Index of Healthcare Innovation (Girvan, 2024). The UK has bought into Thrive at present, meaning that the NHS and cities have bought into Thrive. In the UK, all Thrive initiatives are linked at least in part to the NHS. This means that some funding is available from the health budget of the country for these initiatives. As exemplified in New York, the governments of America do have the capacity to invest large sums of money into health, including public mental health, however this can be redacted rapidly.

The different systems create differing levels of fragility in regards to funding availability and stability. Without available and relatively stable funding it is difficult to implement initiatives that take years to yield results, as is the case with many public health initiatives which focus on prevention and promotion worldwide (Schang et al., 2012).

The structure of Thrive Edinburgh's funding of their partnerships opened space for innovation, flexibility and the building of trust:

“That helped build also more trust and relationships. And that allows the organizations to be a bit more innovative and kind of, you know, they're able to respond. They're able to. They don't just have to kind of keep on doing within their whole contract that there is that variation. So if they see that something isn't working, that they might open into submission, they can change it, they can. And they tend to do that. It's quite amazing, actually, like, kind of, they're very responding, responsive. And especially during kind of the whole Covid thing. They were just amazing.”- Edinburgh: K11

The financial context of how public health is funded also plays a role in finances in TCIs. The UK for example has the NHS (England and Wales) and NHS Scotland which are free at the point of use and provide, sometimes slow, access to mental health and wellbeing services to the British population. TCIs in the UK often have some element of partnership with this well-established health system. The HSE in Ireland is somewhat similar to the functioning of the NHS but with different funding sources. The HSE acknowledges the works of Thrive in its frameworks. In the US, the healthcare system is much more privatised. This makes how a TCI would function and its fundamental role and impact differ. Where there is less of a safety net for the general population, particularly those who are vulnerable or facing financial strains, Thrive may act as more of a lifeline and would also have to receive funding and support from elsewhere. *NYC: K11*, suggested that Thrive should have been an inspiration to the United States' healthcare systems and encourage reflection on how healthcare is currently paid for.

5.4.4 Implementation & Evaluation

How an initiative is implemented is vital. TCIs all take on various approaches. Given they share the same branding it would be logical to assume the foundational theory or processes are somewhat similar across the board. In this case, that would be an incorrect assumption. As established, these initiatives come into their locations with enthusiasm and optimism. Some come in with a more concrete theory to underpin their actions, others do not. This arguably creates a vulnerable foundation on which to build years' worth of promotion and prevention processes. Surprisingly, this laissez-faire approach to setting up wellbeing initiatives is not unique to Thrive.

The set up of Thrive seems to be rather slow. In conversation with key informants at various TCIs, it was revealed that despite originating years prior, the first mental health plans and any real action towards evaluation came up to half a decade from their first points of inception. This is not the case for all TCIs but there does appear to be a pattern. This is surprising as delaying gathering of data or implementation of frameworks that can be used to assess

outcomes and function disrupts ability to showcase evidence for or against activities. It also limits credibility of the initiatives as judgment is placed on evidence and evaluations, particularly by investors and partners in the projects.

Given the premise and remit of these initiatives it is surprising that these baseline actions are so delayed in many of the cities. Bristol and Edinburgh appear to be more proactive in this and according to conversations with key informants, ThriveNYC was also prudent with analysis and evaluation until 'political will cratered': *"We were starting to do getting evaluation grants to look at some of the impacts of these things when the political will cratered, which was disgusting."* - NYC: K11. This quote shows the vulnerability of TCIs and the need to evaluate from the start to avoid risks associated with politics. If there is solid evidence it is more difficult, although certainly not impossible, for political support to be retracted.

The lack of rigorous basis of these initiatives is cause for concern, particularly when in the sphere of health policy where interventions should be rooted in evidence. Despite this, evidence exists that much work in health policy does not in fact rely on evidence (Campbell et al., 2009, Lancaster and Rhodes, 2020). There is acknowledgement of a need to bridge the gap between evidence and policy and meet the 'ideal' of evidence-based policy (Lancaster and Rhodes, 2020). As established in this project, health and health policy or practice are inherently political.

A – sometimes years long – delay in establishing actions, reports, and evaluative infrastructure risks the integrity and sustainability of the projects. While there may be a disconnect between evidence and policy, evidence is still impactful when framed in relation to social norms, values, and politics (Liverani et al., 2013). A lack of rigour in evidencing paints a rather contradicting picture of the initiatives- ambitious, novel, wide-reaching, yet without a clear basis or evaluation. Time and time again the interviews reveal that Thrive is 'novel'. This population approach to mental health has 'never been done before'. Where is the evidence for it? For an initiative that arose from an arguable failure in New York, it is surrounded with optimism and

drive. It is rare to see global expansion and large investments in an initiative with so little clear foundation or evidenced outcomes. Instead of the Thrive name being muddied by political dissent and criticism; it is budding.

In the interviews, little concern is shown for the lack of evaluation that has occurred across the board. This aligns with the 'haphazard' consideration of evidence by policy makers (Campbell et al., 2009, Innvaer et al., 2002). As a researcher, I am quite surprised at the longevity and fertility of this initiative in the political climate we are experiencing at present. There is acknowledgement of political driving forces behind aspects of data collection relating to government targets for specific aspects of mental health. Evidence and data use in policy is very much influenced by media perceptions and the individual attitudes of leaders in urban and health policy positions (van de Goor et al., 2017). TCIs also appear to look for gaps in healthcare or in wider urban systems to inform their actions, suggesting evaluative processes are at least somewhat in place prior to implementation.

There is evidence of evaluative process and structures in some TCIs - *"we tend to try and have evaluation frameworks."*- Edinburgh: KI1, or *"And we purposely kind of call it impact as opposed to. If I mean, it is kind of an evaluation"*- LDN: KI1. The language used around evaluation tends to be rather tentative and does not exude confidence. This research tends to take on a mixed methods approach. There is an emphasis on quantitative data collection for funding applications which may include numbers of participants, surveys, demographic data, and access point data. This is seen to be useful strategic data. Another Thrive Edinburgh key informant seems to be confident that their quantitative data through the different tracks is well documented and therefore useable to attribute outcomes and changes to the work of Thrive. In discussion with Thrive Edinburgh, it was pointed out that: *"You should always have a mix of both. You do need your numbers, like that is like really within strategy people. Some people are just all about numbers"*, suggesting that there is an acknowledgement that mixed methods reaches more types of people. The numbers appeal to some groups and the stories appeal to

another; discussion of this is reflected in the methodology section of this PhD which itself is mixed methods. *“You need to hear the stories behind the numbers”* – I must admit I do find myself, as a researcher, agreeing with the thought processes behind utilising both qualitative and quantitative data for such broad and large-scale initiatives.

“So the qualitative, I think, has to be given even equal weighting here, you know, because it is about, how do you experience the world? I say, people give a lot more legitimacy to quantitative pieces. Well, you know, we're actually not saying very different things, except we're using different parameters and different frames of reference. So, they need some sort of tangibles that you can cling on to, and feels that to making progress and getting traction.” –

Balbriggan: K12

Data gives some grounding to an otherwise potentially weak overarching identity. It evidences why a TCI should exist and be invested in and supported. It is all well and good believing in Thrive as a concept and the good such a novel approach to public mental health could do but to function sustainably in these societies you need these tangibles to ‘cling on to’. As *Balbriggan: K12* explains in the quote above, the different actors in a TCI and across TCIs tend to have a broad agreement, yet have different perspectives.

All TCIs utilise a mix of qualitative and quantitative research to some degree. The way in which they collect and interact with their data varies, as well as the time scales. Some are slower than others to start evaluative processes but all do acknowledge importance of evaluation within implementation and its impact on sustainability of such projects.

The way in which data is disseminated also varies, but there tends to be at least one report produced at some point in a Thrive’s lifecycle. Sometimes this can take years. Others use qualitative data to disseminate evaluative findings, data, and experiences with TCIs such as through films, arts, newsletters, or conferences.

As noted in the prevention and promotion discussion in this chapter, evaluation is not always straightforward in public health, particularly when you are looking to prevent poor mental health at all levels- not just at the most severe instances. Data for those experiencing mild poor mental health is likely biased by people not reporting symptoms (Brown et al., 2018).

“So can you do it a second time? Can you recreate that, or would you just get lucky?... In terms of mental health investment, it's very difficult to measure that and to capture that in a way that is recognized and universally accepted. Attribution is really difficult. Things are better anyway... So, it's very difficult to attribute any one strand of an initiative, and I suppose what I like about thrive is it's able to accommodate a number of elements... in the whole area of mental health, promotion. There's no doubt about that.”- Balbriggan: K12

Attribution in particular is ‘really difficult’. The breadth of Thrive means potential influence on various outcomes and as *Balbriggan: K12* points out, it is very difficult to attribute outcomes to one aspect of an initiative. This is echoed by *LDN: K11* in London:

“Prevention, and particularly because we're looking at the wider determinants does make it harder to evidence. But I think through spotlighting and using Londoner's stories. It's kind of quite a powerful way of bringing that message across.”

Conceivably it is somewhat easier to attribute changes to a wider initiative but with public health this is still tough (Gourevitch et al., 2012). This struggle to attribute evidence directly to TCIs can impact longevity and leave it vulnerable to criticism, impacting implementation and efficacy of the initiatives. Data is important to funders and supporters who want evidence that what they are backing is viable and impactful. The delays in beginning evaluative processes may hinder the richness of the findings and limited resources, particularly financial and labour shortages, further hinder the capacity to conduct strong evaluation. Evaluation and evidence ironically help in the obtaining of funding and resources: *“It will be great to have something for funding purposes. Right? So when you put some numbers on the ground applications has more,*

of course. Better I suppose, has a bigger impact that if you talk general terms” - Balbriggan: K11.

This quote showcases the need for evidence in terms of building tangible support for Thrive, but also shows the delay in building up this evidence base using the future tense ‘it will be great to have something’. It is important to note that at the time of the interview, Thrive Balbriggan was almost three years in, with their researcher only being onboarded after a year and a half. Most TCIs do now have some dedicated human resource to research and evaluation but there could be a risk of it not being enough, or maybe too little too late given the apparent slight shift in climate surrounding financial support.

Reflecting on *Balbriggan: K12’s* quote above, we also can see the issue of replicability arise. Can TCIs replicate successes both within their contexts and in other TCI environments? An element that could detract from Thrive’s potential impact is its ability to replicate successes. The diversity of the initiatives which call themselves TCIs limit the capacity to recreate outcomes in a similar manner.

Furthermore, the relative lack of consistent evaluative processes means there is not always a clear narrative of how outcomes were achieved, or what these actions involved. This is not to say all TCIs fail to provide adequate storylines and data on initiatives taken but comparative to similar scale public health initiatives this does appear to be lacking (Weitzman et al., 2009). I would argue that this limits the impact that a TCI can attain in the long run and should be rectified where possible.

The variation in processes also creates immense difficulty in comparison and evaluation of TCIs as a whole. The initial idea for this PhD was to compare and contrast, or evaluate, TCIs. This is impossible for a PhD project under current circumstances. It would be like comparing apples to pears. There is no consistent framework, identity, or data collection making evaluation across TCIs strenuous and potentially ineffective. A consensus on what Thrive is, is needed before this can begin, hence the salience of chapters 4 and 5 of this thesis. There is hope that these chapters - and related published paper - in particular can open doors for future research of TCIs

by establishing similarities which can then be explored. Thus far this is not done and thus evaluation of Thrive as a whole does not exist.

5.5 Future?

There was much discussion surrounding sustainability and the future of Thrive in the key informant interviews. An emergent belief that enough has been done to establish Thrive in its cities for the long term is evident. Embedding Thrive into urban social infrastructure gives key informants confidence of longevity. Most felt they had built a solid foundation that would allow the survival of the initiatives in the years to come whether this be through integration of Thrive into local or national policy, embedding Thrive in political or healthcare structures, securing of funding for coming years, or due to the initial set-up of the initiative. In Edinburgh, for example, an interviewee suggested that the way they included partnerships: *“made it feel more authentic and properly co-designed... made it just much more, I suppose, sustainable”* - *Edinburgh: K11*. The idea of sustainability through partnerships arose regularly in discussion with key informants.

When asked what is the future of Thrive Balbriggan, a response included reference to community engagement; again, a reference to embedding Thrive into the locality:

“Get more of the community engaged and be able to get more volunteers and be able to create even further awareness, you know, within Balbriggan then for more positive outlooks on mental health and wellbeing in the future... generally speaking, with all thrives in general about taking the community health approach instead of the clinical health approach. That for me ideally, is what I'd love to see. I'd love to see a nation, a world even as well, though let's just keep it local. You know. I'm not going to go too far ahead of myself, so I'd love to see Balbriggan itself, and Ireland itself just become more accepting of the term itself mental health and wellbeing, you know, not demonizing to understand that everyone has it. Everyone ourselves have it as well, and it's just acknowledging that it can be support. It can be. It can be simply

promoted and supported, possibly by merely just being there for someone, you know”-

Balbriggan: K15

There is a sense of passion about Thrive in Ireland, potentially exuding this feeling more so than in other key informant interviews. The community ownership and relative lack of formal support including financing appears to strengthen the resolve around the initiative and appears, from the interviews, to have created a strong local Thrive identity and understanding of Thrive. It has become so place based in this country that it has since moved away from urban areas to include villages in rural Ireland. This suggests a new and divergent path for Thrive. It does raise the question once again, what is Thrive’s identity? Thrive appears to be ever changing, each iteration moving in a different direction to its peers and predecessors. How much longer will there be a common ground, a common ground that today is already frail?

Though there are concerns about changing political landscapes and funding pots, TCIs generally feel that they have established themselves enough in their host locations in order to survive into the future according to data from key informant interviews:

“I think it's so embedded now. And because we, I mean we have the assembly, we have the conference. We could do a lot more, but we don't have the capacity to be honest. So, we have to, we focused a lot on our service delivery part, which is just the way that we do. It's our mental health services. Now there are thriving services, so I think they're pretty sustainable... I'm just hoping we've got it's embedded enough within communities and within partners that it can sustain that.”- Edinburgh: K12

The idea of partnership is often present in discussions with key informants. The partnerships and relationships built in and across communities and urban actors, including health services, enable the embedding of Thrive in their urban ecosystems. This key ingredient helps ensure some longevity to the projects even in changing circumstances and leadership changes as there are elements that will survive even in major shifts. This is somewhat reminiscent of what

occurred in New York. ThriveNYC, as it once was, may no longer exist in the city, yet some elements of what was established in ThriveNYC live on in a rebranded and reworked HealthyNYC. The future of Thrive, or the legacy of Thrive in some cases, may be more reliant on cultural shifts triggered by the original initiatives in the cities' structures in order to promote good mental health and prevent poor mental health for the general population for years to come. ThriveNYC's absorption and transformation into what is now New York's approach to public health could potentially be echoed by other TCIs in the future. The sphere of public health is vulnerable to politics and changes which includes branding and identity changes to fit shifting needs or wants of funders and governors.

Thrive is clearly emotive, it engenders feelings of optimism and local - if not global - change. Thrive is deeply rooted in prevention and promotion and it appears as though changing the way people approach and interact with others both actively and passively is key for future agendas. While stigma is not directly cited by interviewees in most interviews it is apparent that perceptions, understandings, and culture surrounding mental health is a focus of Thrive. This cultural shift away from medicalisation and stigma may be relatively new on a policy level for mental health but it appears as though those involved in Thrive want to see it stay.

During the course of the write-up period of this project, a change in leadership in Edinburgh appears to have altered Thrive Edinburgh rather swiftly, in spite of the optimism and scaffolding erected by the Thrive Edinburgh team including the key informants interviewed in this project. The Lord Provost will continue to chair the Thrive Assembly, reflecting the 10-year commitment to the roadmap signed-off by city leaders, and certain elements of Thrive such as the Thrive Welcome teams - teams of skilled practitioners who collaborate to address various mental health concerns (iThrive Edinburgh, 2025)- will continue at present. However, there have been large cuts to community projects and disagreements within leadership on resourcing, approaches, and attitudes towards public mental health intervention. With this emerging situation in mind the conclusions surrounding the future of Thrive have somewhat

shifted. My findings from my research suggested an acute vulnerability to change for TCIs and led to a cautious optimism for the future of TCIs. The fate of ThriveNYC appears to be more of a threat than the key informant interviews had suggested. From the interviews, it can be seen that Thrive Edinburgh firmly believed that Thrive was embedded enough to survive changes, having already endured changes of political parties and a pandemic. Divergence in priorities and beliefs in mental health intervention in new leadership appear to have had outstanding impact.

Shortly after this data was collected, there were changes in leadership in the second case study location where the lead on Thrive left Mental Health Ireland in part due to conflicts in values and beliefs on how mental health interventions were to be implemented going forward. A shift towards individualised mental healthcare was suggested as a point of contention. MHI further decided to not renew funding for the Thrive researcher, suggesting a shift in resourcing priorities in this location as well. The local leadership and ownership structures of Thrive in Ireland mean that in this short period of time there has been little tangible change to the activities in Thrive Balbriggan, Swords, and Connemara as resourcing was already very limited. The withdrawal of organisational support despite recognition and awards obtained was surprising to me.

This begs the question about how reliant Thrive is on individuals. Are the figureheads and pioneers of TCIs the embodiment of Thrive in their locations? If not why does a change in leadership have such drastic consequences on some of the most well-resourced TCIs? Since this project began, the CEO of MHI and instigator of Thrive Ireland retired yet this did not slow the progress of Thrive in the country. In fact, it has seen expansion to two new locations in a novel manner despite a relative dearth of resourcing. Perhaps the level of investment - or lack of – suggests the level of resilience to changing priorities and mindsets a TCI may have.

The next steps of Thrive are seen to be uncertain, the collapse of or substantial changes to two major iterations of Thrive may have impacts on the remaining and future versions. What has

happened in Edinburgh and New York may signal a change in political will for population approaches to mental health. As Figueroa et al. (2018) noted, there was a window of opportunity in the last decade. This window may be shutting. The lack of playbook or strategy that overarches Thrive leads to flexibility but also ambiguity: *“We still don't know. Like, you know, we don't have like clear scenario. Okay, this is what we going to do next year or next month, or something like this, right? Because there are so many things that can change in the meantime”* - Balbriggan: K11. The ambiguity contributes to a vulnerability. Thrive is subject and susceptible to influence from its surroundings, both structurally and socially. It has capacity to diversify and has shown itself to be adaptive to changing needs. It has also shown vulnerability regarding political and financial support. There are many things that may change which in turn impact the future of TCIs.

5.6 Conclusion

The question of what is Thrive cannot be wholly answered in the way in which I thought it could be at the onset of this PhD. There is clearly no right way to implement a TCI, no framework or blueprint that can be copy and pasted into a new environment. There is not even all too many core similarities that justify a shared name.

Edinburgh: K12 from Thrive Edinburgh surmises: *“So I think probably Edinburgh's got something in common with all of the Thrive cities, but we're all very different as well”*. This aligns with the overall consensus reached in this chapter. The TCIs do have a, somewhat weak, basis of similarity but they all exist in very different structures, contexts, and visions.

The key ingredients that emerge: partnerships, prevention and promotion, and changing cultures and conversations, can surely all be associated with countless other brands of initiatives. Yet somehow, they have chosen to be associated with ‘Thrive’. I would also like to acknowledge the pertinence of motivated and charismatic leadership in Thrive as an important, yet diverse, ingredient. This unique and adaptable concept has clearly enamoured policy

makers, governors, and communities across nations so there must be some salience to a TCI. Perhaps it is the element of international community and solidarity which attracts cities to utilise this name and the opportunity for shared knowledge, learning, and support as seen in the origins of Thrive.

“It became a bit more clear that it's more of a concept.”- Balbriggan: KI4

As *Balbriggan: KI4* points out in the quote above, Thrive is more of a concept than a set structure. Different environments and influencing forces catalyse the differing variations of Thrive. Keeping it conceptual rather than rigid allows for flexibility and adaptability. TCIs are intrinsically place based initiatives with various factors affecting the form that they take on including funding, attitudes, systems, and resources. The answer to ‘what is Thrive?’ is therefore left somewhat unanswered by this research yet a foundation for further exploration, perhaps even elaboration, is established.

I would suggest a cautious optimism. I would further advise for remaining and future TCIs to emphasise the value of population-level interventions in health policy and advocate for the preservation of these long-sighted and holistic approaches to mental health intervention in cities. There is value in Thrive and there is plentiful opportunity to make great impact on population health outcomes in this sphere with the correct framing and long-term support. A greater focus on evaluation and data gathering would be a good starting point for this given the organic and contextual approach to this seen in some TCIs, at least to some level. This is done to some degree and can be found in grey literature around Thrive evaluation (Brogan and Di Bucchianico, 2025, The City of Edinburgh Council, 2024, Thrive LDN, 2024a, TNL Community Fund, 2022), however, this is not done consistently across TCIs and across interventions within Thrive. Implementing a consistent and proactive approach to data collection and evaluation can help strengthen the case for supporting such initiatives during the changes we are seeing in health politics at present.

6 Photovoice

6.1 Introduction

This chapter will explore the insights that arose from the photovoice method. This includes information from the photographs, captions, and focus group discussions. It aims to enlighten about how people experience Balbriggan and Edinburgh and how they engage with and reflect upon concepts of loneliness and connection, particularly relating to socio-spatial connection and places and spaces within these case study locations.

Results from thematic analysis guide the structure and discussions found below. The results come from 18 participants (7 in Balbriggan and 11 in Edinburgh) submitting a total of 52 photographs and captions with follow up focus group discussions with 7 participants in Edinburgh and 5 in Balbriggan.

As each image and each caption was viewed as independent to avoid unintended bias where possible, this means that different themes emerged despite the two medias aiming to portray the same experiences. This enriches the data and discussion that can be drawn from photovoice. From these data sets, the themes which emerged illustrate the experiences of locals in the case study locations with connection and loneliness. This can help further understanding of wellbeing and mental health in relation to feelings of isolation or connectivity in urban spaces.

The prominent themes which emerged from the analysis process are discussed in this chapter. This includes an exploration of feeling alone versus lonely, the impact of natural spaces, activities, communities, changing times, issues of access, lifestyles, and the urban environment. There are connections between these themes. Exploring these through the lenses of my participants helps elucidate experiences of loneliness and connection as influenced by these themes.

6.2 Exploration of Photovoice Data

6.2.1 Alone v lonely

Bringing in ideas of optimal arousal theory, people may wish to achieve a point where they are engaged and alert but not stressed. Ettema and Smajic (2015) find that social interaction is important for wellbeing which is supported by much of the literature in this project. Further, their paper finds that happiness can be seen to be greatest in active and bustling locations such as places with many people in the background with cafés, shops, and restaurants. On the converse, in accordance with restoration theory, Ettema and Smajic (2015) also find that places with lower levels of activity may foster positive feelings, particularly if they contain natural elements (such as trees and water) or architecture with a more 'contemplative character'. This suggests that you can be alone and not be lonely if you are in an environment which supports restorative processes (Roe and McCay, 2021). The work however does suggest that the bustling areas of a city may provide places for connection. It depends upon the internal feelings of the individual – are they alert and engaged or are they stressed?

Based on literature cited previously in this project such as in Svendsen (2017), (Perlman, 2004) or (Rodriguez et al., 2025), it is clear that experiences of loneliness are highly personal and subjective. Finding an objective way of measuring or understanding loneliness is incredibly difficult. Therefore, it is unsurprising that differing experiences of loneliness emerged through photovoice. When one is alone are they lonely? Both literature and photovoice evidence points to answer being 'no' (Rodriguez et al., 2025). In spaces deemed to be 'Least Lonely', only some images or captions referenced others. In fact, feelings of inner peace were paired with ideas of solitude, representing a duality of experience. Heu and Brennecke (2023) find that many lonely people have a preference for spending time by themselves, and may benefit from this. It should be noted that these lonely people do not necessarily prefer to remain in private space, and instead may choose to feel lonely in public spaces such as parks. The causes of loneliness, be it internal perceptions and expectations, or realities of a lack of social connection can have

influence over where lonely people choose to spend their time - *“social contact may be the antithesis to social isolation, it is not necessarily the antithesis to the subjective experience of loneliness.”* (Heu and Brennecke, 2023, p. 3188).

Quotes from the focus group discussions can help illustrate this: *“Loneliness is a sensation that's inside.”* (J). This quote shows that the experience of loneliness is highly individual, aligning with works explored in the literature review chapter (Henriksen et al., 2019, Rodriguez et al., 2025, Svendsen, 2017). The participant continued to say *“People bring the sense of loneliness to different places.”* (J) suggesting a mobility of loneliness at an individual level, perhaps with the implication that internal environments may have a notable influence on experiences of loneliness or connection.

The urban experience of feeling alone in a crowd is socially isolating, yet commonplace (Bennett et al., 2018). This is also reflected in discussions with participants in this project. Notions of crowds and busy places are associated with feelings of increased isolation and disconnect for some participants: *“I feel like whenever I'm out somewhere. And there's like a lot of people in groups, I definitely feel like more isolated... Sometimes it is like the fear of missing out can make you feel like more isolated”* (N). Others find busy spaces and places overwhelming, citing the rushed nature of cities with people on the move from one place to another. Reflecting on the work by Ettema and Smajic (2015), the bustling urban areas that seem to provide high levels of happiness can achieve the opposite for individuals who experience elements of stress with these types of environment. Perhaps this stress originates from personal perceptions of how they and their surroundings should be, social norms, and personal preferences.

Despite this feeling of being alone in a crowd being shared by participants and validated by academic sources, participants appear to show a level of self-consciousness about their own interpretations: *“It feels silly to say somewhere which is so busy, and where there's so many people it's kind of contradictory.”* The evidence from this research aligns with existing work

showing a trend of feeling alone when in the presence of others. Reflecting on this, many felt that this was down to individual personality traits, whether this be due to being more introverted or what hobbies they might prefer: *“But there are people as well who have personality traits who like to sit at their home. They would prefer their home more as compared to more outdoorsy people.” (R)*. This corresponds with work by Bergefurt et al. (2019) on public spaces and loneliness showing that personal characteristics are significant on how one experiences loneliness.

Being alone clearly can be associated with feeling lonely or disconnected. Evidence of this can be seen in the following pieces of data too. Notwithstanding these experiences, it is also emergent from this research that a person can be alone, yet feel content or at peace. They may feel connected to others through passive interaction, sharing space, engaging with artwork that others have created, or engaging with elements of community, heritage, and history.

When one is alone are they lonely? Both literature and photovoice evidence points to not necessarily. In spaces deemed to be ‘Least Lonely’, only some images or captions referenced others. This will be explored further in this chapter.

6.2.2 Natural spaces

“I was in a mysterious, magic land somewhere in a fairy tale.” - participant B5

Based on literature on natural spaces and their impacts on mental health and wellbeing it may have been assumed that photos of nature would be restricted to represent feelings of connectedness and represent places where individuals may feel less lonely (Razak et al., 2016, Russell et al., 2013). This assumption was somewhat supported by the photovoice data, however there are instances where the data challenges this belief. Perhaps this relates to the findings of Astell-Burt et al. (2024a) where contact with nature is associated with lower levels of loneliness but higher levels if there is no one to share the experience with.

Many express feelings of serenity in natural spaces in their locations. In Balbriggan this is particularly evident and there is a sense that there is a deep connection to the sea and the coast. One participant even chose to caption their image of the beach in Balbriggan as 'PEACE'. In Edinburgh this trend was reflected, utilising imagery of various greenspaces in the city including Arthur's Seat and the Meadows. The captions suggest these spaces as restorative in solitude (see alone v lonely) but also as opportunities to interact with others (Ettema and Smajic, 2015). One young participant from Edinburgh suggested that Arthur's Seat provides opportunities to connect with others through a united aim of climbing to the top and another suggested the Meadows as a place where they feel least lonely.

Figure 6: Photovoice submission participant E11 Least Lonely



“For me, I definitely feel the least isolated in the Meadows for a variety of factors. In winter it’s quite popular for runners and there is a very popular coffee stall near the edge of the university library. In summer it becomes even more popular with a lot of people going to the meadows for barbecues drinks and generally to enjoy the weather. This makes it a very easy place to try and meet up with someone, and especially when the weather is very nice you can easily spend a whole day there. Especially when it comes to summer, you’re really able to hear the laugh that

the laughs of the people around you, the general chatter of them, and how they are also here to try and relax”- Participant E11

Conversely, some utilised imagery or references to natural spaces such as parks in their ‘Most Lonely’ submissions. This goes against the assumptions and findings of mainstream discourse on mental health and greenspaces (Lee et al., 2015, Pouso et al., 2021, Subiza-Pérez et al., 2020, Sugiyama et al., 2018, Wendelboe-Nelson et al., 2019). Much of this literature places emphasis on the benefits of natural spaces for mental health and wellbeing. To understand this deviation from the norm, one must delve deeper. The image and caption can be seen below.

Figure 7: Photovoice submission participant E3 Most Lonely



“This is Inverleith Park in Edinburgh. I have had many happy and sad memories of this place. But I used to live nearby here during a difficult break up and I would come here for walks to clear my head. I come here when I need time to myself or need to reflect on something important. I also think the scale of this park makes me feel quite small, and even when it’s busy it can feel like nobody notices you here.”- Participant E3

The caption suggests a melancholy associated within this park. It suggests that the outcome of a place or space’s influence on you can be almost wholly dependent on your own internal dialogues and experiences associated with a place. In this quote we can see feelings of loss and change with the break up. This heightened feeling of loneliness in nature could be related to no longer having someone to share that nature with, or having lost a person whom they shared this with in the past, negating the broadly positive wellbeing impacts of natural spaces (Astell-Burt et al., 2024b).

This is important to understand as it suggests that, when approaching public mental health, we cannot assume that a population will all create positive connections with spaces or places despite literature suggestions. Of course, at a population level it is difficult (impossible) to control for these personal experiences such as a break up of a relationship. Despite this, when delving deeper into this caption, we see that the association with a negative time period is not the only anchor to these less than positive associations. This participant is not the only one to establish scale and distance to be salient in determining socio-spatial connections and that they can be impactful on feelings of loneliness and connection. This idea of “feel[ing] quite small” and “feel[ing] like nobody notices you here” implies that size and design of place can fundamentally alter people’s experiences and exacerbate or amplify feelings of loneliness and disconnection to others.

This was reflected in the image and caption of a young person in Balbriggan:

Figure 8: Photovoice submission participant B3 Most Lonely



“This is a photo of the beach between Skerries and Balbriggan. Not many people know how to get onto this beach through a set of hidden stairs near the Ardgillan bridge or down steep desire paths on the side of the cliff. For that reason, it is usually isolated and a good place to go when I need a clear mind. Being near a body of water always calms me down and allows me to put my problems into perspective. However, there have been a few times when I have been enjoying my solitude here and caught off guard when I come across another person seemingly here with the same aim to clear their mind. It is then that the spell is broken for me and I am reminded that there is a great deal of us who feel lost or confused and are simply trying to remind ourselves of the vastness of our world outside our small town.”- Participant B3

Here, the “vastness of our world outside our small town” is referenced. Again, the idea of scale and feeling small comparatively appears. It suggests that in Balbriggan the small town offers feelings of safety and connection and the outside world beyond the sea evokes feelings of disconnectedness or being overwhelmed. Once again, this ‘Most Lonely’ location is in a natural space. This natural space is acknowledged to provide perspective and a calmness – more positive experiences much like those acknowledged in the prior example – yet is also associated with this distinct experience of isolation, and what may be interpreted as instability or insecurity.

Once again, reference to scale and vastness can be seen in E11’s submission for most lonely in Edinburgh:

Figure 9: Photovoice submission participant E11 Most Lonely



“I did not necessarily want this prompt to reflect any negative feelings, but I will answer this as it is right on the boundaries of Edinburgh, outside of the city bypass but I'm still going to count it as you do feel quite isolated in this part of the city as the closest beings to you are either hillwalkers or highland cows. You are really able to detach from the hustle and bustle of the city and get a bit of appreciation for your surroundings. Being able to hear the low drum of the cars far away on the motorway, when it's a bit windy or that you hear that as well you see some more wildlife including pheasants and any falcons up in the air.” -Participant E11

Yaden et al. (2019) understands that vastness can be either perceptual (such as looking out on expansive rolling hills or a flat ocean horizon), or conceptual (such as long lengths of time), and that awe is an emotion that can carry both, positive and negative valences. This means that the vastness the participants perceive in these submissions have the potential to carry positive and negative emotions, much like how being in a natural space can trigger negative or positive feelings in this sample.

Aligning more so with literature on the benefits of natural spaces on mental health and wellbeing, the submissions for photovoice did often utilise imagery or captions relating to green and blue spaces to portray feelings of connection and inclusion. However, the mixed feelings evoked by natural spaces reflects the findings of previous studies. Local public spaces such as parks and beaches are viewed as both opportunities for socialising as well as places for solitude and reflection (Matthews et al., 1999, Moore et al., 2023). The duality of these types of urban spaces is important to consider.

Greenspaces were commonly utilised in the Edinburgh group when prompted to represent where they feel 'Least Lonely'. Bluespaces appeared as the majority in the Balbriggan group. This is interesting as both Balbriggan and Edinburgh are coastal urban areas. Edinburgh for example has notable beaches such as Portobello, and the sea is visible from many parts of the city centre due to its hilly topography. Balbriggan, whilst also being coastal, is surrounded by

greenspaces due to its relative distance from the capital, Dublin. Nearby there are publicly accessible greenspaces such as Ardgillan Castle's grounds.

Figure 10: Photovoice submission participant B1 Least Lonely



“This is a photo of our local beach in Balbriggan. The sea does something for me, and a beach is one of the places I feel no loneliness or isolation. A beach for me evokes a feeling of peace, contentment and total tranquillity. “Alone with the wonder of nature”. “At one and content with myself” “Carefree and happy in the moment!” are all phrases that come to mind. A beach scene is always different as the sea is forever changing, morning until evening, day to day and through the seasons.

Before this photo was taken I was at home and decided that it was too nice an evening not to go for a walk. The scene immediately enveloped me with the gentle sound of the waves, the smell of the salty air and the sun reflecting on the beach as the tide receded. After taking the photo I sat down to admire the scene and to take it all in, as I sent the photo to my Family on Whats-app.”- Participant B1

From the photograph and caption submitted by participant B1, a sensory experience emerges. A holistic experience of sight, smell, and audio. Literature such as that of Roe and McCay (2021) explain that 'sensory cities' involve all five senses alongside the atmosphere of a place to support mental health and wellbeing. The caption utilises language associated with positive mental health and wellbeing including 'carefree', 'happy', even 'total tranquillity'. According to Finlay et al. (2015), this is to be expected from interactions with blue space. This image was accompanied by the title "PEACE". The idea of peace being related to least lonely places was echoed by a member of the young adult demographic in the Edinburgh focus group discussions where it was stated that "for me, I would argue. Being isolated or lonely is also like it's a factor of like feeling at **peace**".

Evidence of this can also be found within E11's submission for the 'barriers' prompt; stating: "I feel that access to nature is ... quite important place for me is somewhere where I've always been able to go in a relatively short time to try and just relax, see people going around their day on things such as dog walks and to really try to feel more at **peace** with myself.". Darcy et al. (2022) found in their study that local green and blue spaces facilitate a greater sense of psychological and physical space, and an enhanced sense of being away, escape and switching off. They found this to be a positive element of local natural spaces of wellbeing. Some people find being away, or escaping, restorative rather than isolating. Where one does or does not feel peace appears to influence socio-spatial connection and finding a place or space that provides peace can help overcome barriers to connection. If urban policy makers and planners can help facilitate this, this could help improve the wellbeing of urban populations at a broader level.

Seeing that B1 shared this experience with their family is an insightful addition to the caption, suggesting a fortification of positive experiences in a place may arise from sharing the experience with others. This follows from the themes which emerged throughout this analysis of alone v lonely and community and connection. While this individual went on a solitary walk, their thoughts and actions remained connected to their family.

This idea of natural spaces and a shared connection continues in B2's photograph and caption for the 'Least Lonely' prompt:

Figure 11:Photovoice submission participant B2 Least Lonely



“Balbriggan beach is a place where people come together to enjoy the most beautiful part of our town. People bond over beautiful sunsets, cute dogs, and delicious coffee from cabana. I never feel lonely at the beach whether surrounded by friends or strangers.”-Participant B2

B2, unlike B1, is a young person in Balbriggan yet they both concur on the bonds that Balbriggan's beaches can foster. Connection to the coast transcends ages in this town. The caption paints a scene where a community of friends and strangers can share an experience and create connections. This underpins why this was chosen to represent the 'least lonely' place for them in Balbriggan. The set scene suggests that the beach in Balbriggan acts like a bumping place where people can informally and spontaneously interact or share space (Ljubojevic, 2025a). Literature is increasingly showing these and third spaces (Oldenburg,

1999), a category which this beach can also fall under, to be important particularly in the sphere of urban mental health and wellbeing (Banwell and Kingham, 2023, Roe and McCay, 2021). Aesthetics come into play once more with the beach being labelled as ‘the most beautiful part of our town’, this links to concepts discussed in the human ecology framework that underpins the research. The phrasing of ‘our town’ emphasises a shared place. The town is not just theirs; but the wider community’s.

The use of collective language was much more present in submissions and focus group discussions from Balbriggan than in Edinburgh. Could this be due to the scale of the urban areas or links to changing times and migration? An idea of “we-ness” has emerged in community identity literature (Gray et al., 2022). It relates to collective language building, culture, and practices. Marsiglio (2025) explores we-ness as a process in place-belonging; this concept therefore relates to the experiences of those in Balbriggan presented in these submissions. We can see examples of “our local beach” or “our town”. There is a sense of shared ownership of local spaces. Marsiglio (2023, p. 14) states that “we-ness [is] rooted in their love for country, community and each other”. A shared space suggests collective psychological ownership, perceiving these spaces as shared with each other rather than perceiving them as ‘mine’ (Pierce and Jussila, 2011). There is little literature that explores this collective psychological ownership according to Chung (2025), with individual psychological ownership – seen to a greater degree in Edinburgh submissions – appearing more prominently in academic discourse; despite the inherently shared nature of these spaces.

Figure 12: Photovoice submission participant B5 Least Lonely



“I come to the sea for many reasons. I find it incredibly beautiful whether it’s raging or calm or somewhere in between. Sometimes, I come to meditate and look within to gain insight and clarity into how I’m feeling or a particular challenge. Sometimes, I come just to relax and stare out over the water enjoying the spectacle before me. Sometimes, I walk the beach for exercise and enjoyment. Almost always, I pick up rocks and sea shells. I look for my favourites and get a thrill when I find one.”

I picked these photos because that time was so magical. The sunset was particularly amazing that day. The sky was ablaze with orange and red. The tide was out. The pools of water left on the beach looked like pools of molten lava. As the sunlight faded and the beach got darker, the rocks stopped looking like rocks and became just dark shapes. They seemed to me to be maybe elves or gnomes advancing towards me, hunkering down to look like rocks when I turned to look

at them, but advancing silently when I looked away. I was in a mysterious, magic land somewhere in a fairy tale.”- Participant B5

B5's image captures a different scene to the other coastal images gathered in this dataset. Sunsets are however referenced by peers in captions and focus group discussions. The bright colours of sunset contrast to the cool tones of their peers' photos. They describe this time period as being 'so magical'. Again, the senses are engaged - particularly surrounding visuals which are particularly prominent in this caption. The similes used embolden the ideas of magic comparing this to imagery of molten lava, and as the light darkened to elves or gnomes. There is a long history of storytelling within human groups (Yilmaz and Ciğerci, 2019). Imagination is important, and this example from an older participant illustrates that this need for imagination and playfulness does not recede with age.

Natural spaces, just like they have done in historical examples, leave room for imagination and engagement with surroundings. The caption is reminiscent of Nordic associations of rocks with elves and magic (Magnusson, 2021). Natural spaces provide opportunity to engage with feelings and experiences through informal routes. Prescribing of nature has increased in recent years (Kondo et al., 2020). This has been somewhat harnessed by TCIs with urban greening projects, nature walks, and sea swims being organised.

Literature on greenspace, particularly urban greenspace has been far more thoroughly tackled thus far than research on (urban) bluespace and therefore could prove to be a thought-provoking area of research to continue, particularly for current Thrive cities given so many have identities so closely linked with bodies of water such as Edinburgh's seaside suburbs, London's Thames river, Amsterdam's canals, and Ireland's strong links with the Irish Sea and Atlantic. New York, too is coastal. Given population health approaches focused on both climate and social sustainability are looking towards water and bluespaces as a solution for crises faced by cities, it may be wise for mental health initiatives to dive into opportunities provided by urban water. More recently, bluespace is coming to the forefront of wellbeing and mental health

research with evidence suggesting a potent source for health promotion and mental health benefits (Britton et al., 2020, Hermanski et al., 2022, White et al., 2020).

From discussion with the participants in the focus group and the evidence from the photovoice submissions it appears as though in Balbriggan, the coast takes on a much greater significance to the community than it does in the capital as they have prioritised the coast to represent where they feel least lonely – and even acknowledge its benefits when used to represent their most lonely moments. This could relate to the cultural and historical significance of the coast to Balbriggan - originating as a fishing town. It can be seen that culture and heritage are influential on perceptions of connection (Daly, 2003, Power and Smyth, 2016, Wallace and Beel, 2021).

6.2.3 Doing things, being active

Multiple participants understand natural spaces to be a place of activity. From the data ‘doing things’ was an emergent theme. The process of ‘doing things’ or being active appears to bolster wellbeing and senses of connection. Examples of activities represented in the data included: walking, dog walking, running, drinking coffee, meeting friends, crochet clubs, music, and recreational sport.

Participant B1 talks about “decid[ing] that it was too nice an evening not to go for walk” to the beach which they photographed for their ‘Least Lonely’ prompt. B5 similarly explains that “sometimes, I walk the beach for exercise and enjoyment. Almost always, I pick up rocks and sea shells”. The spaces and places that were chosen by participants are outwardly linked with doing some form of activity.

Barriers can be overcome through activity. According to E5, they created connection and overcame loneliness through outdoor activity.

Figure 13: Photovoice submission participant E5 Barriers



“Picture yourself at the top of Arthur's Seat in Edinburgh, enjoying the stunning view. But let's be real, it can be tough to spark up conversations with strangers, right? It can make you feel pretty lonely and left out. But when you have a mutual acquaintance, it can act as a bridge and make things so much easier. Recently, I went on a guided walk, and even though we were all strangers at first, we had one common goal - reaching the top of Arthur's Seat. That common goal helped us open up, and we started to chat more easily, and even formed bonds. Even though it might seem like an isolated place, we found that it was actually a great opportunity to connect with others and overcome social barriers.”-Participant E5

Sharing spaces and experiences once again emerges from this caption. A common goal broke the ice for this group and enabled connections to be fostered. They explain how ‘an isolated place’ may become a place of connection when activities are associated in this as seen with the

aforementioned evidence of natural spaces acting as a facilitator of connection or disconnect. It is about how a space is utilised and given meaning. A volcanic plug can become a place for humans and human connection.

Once again correlating natural spaces with activity in Edinburgh, multiple submissions from the younger cohort referenced activities and the outdoors as what makes them feel 'Least Lonely'. The caption and image also relate to the recurring idea of visuals being important - 'the stunning view'.

Figure 14: Photovoice submission participant E1 Least Lonely



*“This photo was taken at Holyrood Park on a Saturday morning. This space, along with other greenspaces, I find to associate with feeling less isolated and lonely. I find the environment of a park the perfect opportunity for socialising, this includes meeting up with my flatmates and friends for a walk and catch-up, having a picnic or barbecue in summer, and attending community events such as parkrun which the image above captures. I also find Holyrood park a great place to take friends and family from home and University to visit, as the walk up Arthur’s Seat is a great activity. Lastly, Holyrood park (and other greenspaces) is a good place to observe others interacting and connecting with each other, even if I am not directly involved. This increases the sense of community I feel in Edinburgh which is important in not feeling isolated or lonely. This is easier to achieve in summer, when the weather is better and the days are longer. In autumn and winter it is much easier to isolate yourself as there is fewer opportunities to gain the benefits from greenspace.”- **Participant E1***

Holyrood Park, in this example provides opportunity to connect with others in Edinburgh. It is a multiuse space where one can partake in sports or in other leisure activities. It is used as a place to both interact and connect with those in their circle in Edinburgh but also as a way to connect with and invite in people with whom they have connected with in the past such as from home or university. This participant further introduces the idea that Holyrood Park is a bumping place: “[Holyrood Park] is a good place to observe others interacting and connecting with each other, even if I am not directly involved. This increases the sense of community I feel in Edinburgh which is important in not feeling isolated or lonely.”.

Whilst natural spaces are often seen as a vessel for activity in this photovoice data set, we also can find examples of activities indoors. This can be seen in submissions which feature café visits, community group sessions, or arts-based activities.

Passive and casual engagement with others has been proven to be beneficial to mental health and wellbeing outcomes. Social interaction can occur at “modest levels” such as being amongst others in public urban spaces, fulfilling elements of the need for social contact in an

undemanding way (Kazmierczak and James, 2007). This participant has chosen to express that places like these help them feel less lonely. The caption relating to an image of a community café by older participant E9 corroborates this. They express an appreciation for the place where they can “be out of the house but sit in peace, so be around other humans but not have to interact”.

Potential focus on these more passive means of gaining interactions and facilitating these sorts of places may be a viable root to explore improving mental health and wellbeing of a population at a larger scale. It does however understand that times change and what is possible at one point may not be as feasible at another, such as changes through the seasons.

Taking part in arts-based activities arose in submissions and discussions. In Balbriggan, participant B7 submitted an image of a local arts venue called the Warehouse:

Figure 15: Photovoice submission participant B7 Least Lonely



“The colourful building is called The Warehouse, this is a place where anyone can come and feel they are in a safe environment and just be themselves, as that is The Warehouse motto “be yourself” you can be creative regardless if its visual art, creative writing, poetry, and so on. The other building is called the window where there is a printer in residence at the moment, this building will become a work shop / meeting space / art gallery and resident space for artists in the near future.”- Participant B7

In focus group discussions in Ireland, there was active discussion of local bands, concerts, festivals, and art. Taking part in arts-based or creative activities is seen to be protective of mental health and wellbeing and is utilised as an effective tool in mental health interventions (Jensen and Bonde, 2018). Later in the chapter, the arts in relation to public space and heritage will be explored (Nurse-Bray, 2020). Further others in photovoice submissions suggest that “art gives a sense of beauty and freedom to our town”. The human ecology framework suggests that beauty is a key cornerstone of creating a city which can thrive. It has been noted that the opposite - an ugly space – reduces restorative potential and can have implications for general mental health and wellbeing (Felisberti, 2022).

Significant work by Fancourt et al. (2021) shows that there is large and growing body of evidence on the health benefits of engagement in leisure activities. These include hobbies, arts, volunteering, community group activities, group membership, sports, and general socialising (Adams et al., 2011, Borgonovi, 2008, Cuypers et al., 2012, Fancourt and Steptoe, 2018, Muro and Artero, 2017). The photovoice submissions support this with participants showcasing what they do in their free time as facilitators for connection in their city. This ranges from sporting activities (both solo and team sports), taking part in groups such as women’s organisations, knitting groups, and music bands, to photography or crafting in their spare time. It is clear that doing things and keeping active in your free time helps the participants in this project feel a sense of connection. This in turn bolsters wellbeing and mental health. Doing things, engaging

with opportunities and environments, is something which initiatives already facilitate with many existing organisations and policy centring about getting active in some way.

6.2.4 Changing times

Change is constant, inevitable, and impactful on mental health and wellbeing. These divergences can occur over a short time period or over decades and can be a physical change to the environment or a shift in cultures, norms, and attitudes (Clayton et al., 2014, Goldsworthy, 2005, Kettlewell et al., 2020). Changes can contribute to positive outcomes, but also have the potential to be distressing in relation to changing of or loss of environments; this is known as solastalgia (Albrecht, 2010, Albrecht et al., 2007).

Change over time, in its various forms, is evident in the submissions. This can relate to the changing coastal and natural scenes, with daily or seasonal variations: *“A beach scene is always different as the sea is forever changing, morning until evening, day to day and through the seasons.”*- Participant B1. These natural processes, though outside of our control can still be impactful on our internal experiences. The environments in which we inhabit as discussed in the section on natural spaces can be pertinent in shaping the outcomes of our wellbeing and mental health (Turnbull, 2021). Changing times also relate to more personal aspects of transformation or revolution be it our relationships with others and ourselves in our present lives or further into the past. Sectioning changing times into history and heritage and notions of loss aids structuring of the understanding of this complicated experience.

6.2.4.1 History and Heritage

The idea of the passage of time was present in many examples of photovoice, as identified in the natural spaces section. There were elements of nostalgia for past times, local and personal history, and ideas of loss. The idea that one’s local or personal history is related to outcomes of wellbeing is interesting. The past can influence the present with literature showing that history can influence present day health outcomes through public and personal narratives (Mohatt et

al., 2014). There is a 'power of place'. Particular sites have the power to inflect and reinforce a shared public memory (Hayden, 1997). Interestingly, nostalgia has been found to be defensive of mental health and wellbeing and could play a factor in this feeling of connection relating to a person or place's past (Hepper et al., 2021).

The idea of intergenerational or historical trauma is often discussed in relation to mental health and wellbeing outcomes (Isobel et al., 2021, Menzies, 2010). The concept of pride is another parallel discourse and instead of being detrimental to mental health and wellbeing like its contrair; it instead is seen to be protective in many instances (Berkel et al., 2024, Conn et al., 2023) . In the photovoice dataset, it can be seen that links with a place's history, and thoughts of those who came before, bolsters the feeling of connection. This is particularly true in this collection for the young people in Balbriggan.

Figure 16: Photovoice submission participant B6 Least Lonely



“The first photograph is of Balbriggan Martello tower. It is positioned on a grassy hilltop that overlooks the beach. I used to frequent the beach when I would be walking home from college. due to relying on public transport the times I made it to the beach were sporadic so the time

of day or flow of the tide would never be the same when I got to the beach itself, but the tower was always there and as I was studying history in college at the time it just seemed poignant that the tower itself remained a constant when my life was moving forward. I personally take solace from knowing that the men who made the tower may be gone but a remnant of them remained in the form of that decaying ruin.”- Participant B6

This photovoice submission, from a young person in Balbriggan, highlights this point. Here, the passage of time is a comfort to this individual as it suggests that time may pass but part of you can remain in a place for generations to come. The connection to places through history is well understood and can be shown to contribute to community wellbeing and building of social capital through Bourdieu’s view on cultural capital (Wallace and Beel, 2021). This structure that has withstood the test of time gives comfort to the residents of Balbriggan; it suggests a factor which influences connection and loneliness can be highly linked to spaces and places which have meaning to people collectively. The heritage and actions of those who preceded the present inhabitants has impact on those who live there today. Furthermore, its stoic presence is unaffected by what changes presently around it such as the tides as mentioned in this caption.

The statement ‘it just seemed poignant that the tower itself remained a constant when my life was moving forward’ does, as the participants pointed out, feel poignant. The unmoving presence of historic architecture fosters a sense of stability and rootedness even when surrounded by changing times.

A further example of heritage and history affecting where people feel least lonely today can also be seen in the following photovoice submission from another young person in Balbriggan:

Figure 17: Photovoice submission participant B3 Least Lonely



*“This is a photo of one of the local pubs on Bridge Street in Balbriggan, The Central. Painted on the side of the building is a mural to commemorate the Sack of Balbriggan when part of our town was burned to the ground by the Black and Tans. I walk past this building almost every day on my way to the train station and have looked up at it many times after leaving the pub on a night out with my friends. Apart from the fact that it is aesthetically pleasing, it reminds me that there always has been a sense of community in my town that demands a certain respect from the young people. We understand that the foundation of this community was built on the hardships of the people in our families who came before us and we now get to take joy in what they built before we were even born.”- **Participant B3***

Here it can be seen that the visuals and arts can be utilised to preserve history and a sense of connection to places and spaces, for example through murals. As this caption was utilised to illustrate where this participant feels least lonely it is clear that visual history is imperative for this individual to feel connected to others in this place. The use of ‘we understand’ in this example is interesting. It suggests a collective experience, heightening feelings of connection, similarly to the use of B3’s ‘our town’. It suggests an assumption that many in this place share

this notion. Furthermore, it evokes strong positive emotions such as 'joy'. In terms of ideas of time, this caption brings in concepts of routine. Here it appears as though routine and connection are intertwined. Passing this place on the daily basis has reinforced connection to this space and its history. This can be reflected in the caption of participant B6 above where it is understood that this participant passed the beach and Martello Tower regularly on the way to and from college.

As noted, literature supports this concept of historical places and artwork supporting a sense of community and connection (Echavarria et al., 2022, Wallace and Beel, 2021). This can relate to community heritage as a wider concept as a way of facilitating connection between people in a passive and broad brush way (Daly, 2003). Links to local and personal history are therefore seen to be somewhat protective of a population's wellbeing and sense of connection both to place and to others. Work by Hayden (1997) suggests a usefulness of utilising the social history of a place to create more resonant connections. In 2016, researchers put forward community-based heritage conservation as an aspect of health geography deserving of greater attention to go alongside recent research on green and blue spaces in relation to social wellbeing (Power and Smyth, 2016). These findings in Balbriggan support this idea that there is value in understanding heritage in community as a vessel for connection and social wellbeing.

During the research period, much time was spent in Balbriggan and it is evident that in Ireland, preserving culture and heritage is seen as a priority. Balbriggan Festival in June 2024 for example showcased the town's history and there was much engagement with cultural moments such as St Brigid's Day. Lewis (2016) suggests that community can be regenerated through a sense of connection to place through the sharing of memories of how life used to be and of landmarks in the area. In order to further bolster wellbeing and decrease loneliness on a population level, events and activities that work to improve this connection to space and history could be implemented in Thrive locations.

Barrett (2015, p. 191) understands that “feelings of authenticity and rootedness come to reflect memory and place”. In these submissions, particularly in Ireland we see this idea of rootedness and heritage emerge quite strongly in association with feeling connected.

Intriguingly, this sense of connection to history to heritage was not overtly present in the submissions from Edinburgh. This could potentially be due to the migratory processes in Edinburgh and the participants who chose to participate. While Balbriggan is one of the most diverse towns in Ireland (Grant Thornton Ireland, 2024), all young participants were born and raised in the town. This may have limited discourses around experience of newcomers or those without generational history in the area. In the Edinburgh sample, two young participants were born and raised in Edinburgh however the remaining 4 consisted of people who had moved to the city in adulthood from England or further afield. In the photovoice submissions from the two participants born and raised in Edinburgh, history and heritage were not spoken about. This does not necessarily mean that this does not play a role in experiences of connection or the decline of loneliness in the city however it does show that this was not prioritised in the same way as it was in Balbriggan.

However, it cannot be assumed that birth and upbringing are the only reason for this connection to the history of Balbriggan. In focus group discussions, it was uncovered that some of the older participants were ‘blow-ins’ – this can be understood to mean someone who was not born and raised in a place; came in on the wind. Those who are blow-ins will always be blow ins: “I’m still a blow in. You’ll always be a blow in, but that is not saying that you won’t get involved in the community... we’ve been here 49 years and there’s still an element there... you know you’re aware of it... but I don’t think it stops people, though, from integrating and making an effort” (participant B1) and another stated “I will have my history from me here, but that’s not the history that you all have... I can’t get that. There’s no way I’m going to get that, and I can’t know the ins and outs and nuances” (participant B5). In spite of their status, these relative

new comers, including a participant from North America, also discussed feeling a connection to the town's heritage and history: "I can't say I feel isolated here, I feel pretty integrated."

Other studies do however suggest that connections to the past of an area through exchanges of local knowledge through narratives of the past do draw distinctions, creating a sense of 'us' and them', excluding those who are seen as outsiders (Lewis, 2016). It suggests that in some cases people may be excluded when they move to a place due to a lack of shared history, heritage, or culture. It creates a disconnect between newcomers or 'blow-ins' and locals who have had links to a place for generations. Like the participant pointed out: "That's not the history that you all have... I can't get that". This was not a discussive point in either of the Edinburgh focus groups regardless of its fame for being a historic city.

When inspecting the theme of changing times, change and the passing of time were more commonly noted in the prompts associated with more negative emotions. Within this, a subtheme which emerged was the concept of loss.

6.2.4.2 Loss and change

Loss is understandably impactful on mental health and wellbeing. In this discussion this can be understood as a loss of connection. A loss of connection can be associated with a loss of a relationship through a breakdown of the relationship or through the passing of an individual (Caplan, 1990, Thimm et al., 2020). Factors relating to loss such as the time since loss, the nature and quality of relationship, the nature of the loss, influence the nature and intensity of reactions and thus impact on mental health and wellbeing (Redican et al., 2024). Much like the subjective experience of loneliness, personal perceptions and world views also impact experiences of loss. A higher loss perception is predicted by greater loneliness, grief, and a lower quality of life according to Buchman-Wildbaum et al. (2020). This shows the interwoven nature of perceptions and experiences relating to connection, loneliness, and mental health.

This understanding of loss was not only present in the older group. Multiple photovoice submissions expressed a loss of a relationship. In the older group, this could be exemplified in the loss of a partner or family member and the repercussions of this as can be seen in the following photovoice submissions.

Figure 18: Photovoice submission participant E6 Most Lonely



"This photo shows a chair it's a new chair, it could be an old chair, but it's an empty chair. When you've shared a home with someone for more than 50 years there is always going to be a feeling of loneliness. That's life but recognising and accepting it brings comfort."-Participant E6

The change that is a loss of a partner of over 50 years is clearly significant. A chair that may once have been used by a loved one now sits empty.

Another older person experienced the most loneliness in a place associated with their grandparents suggesting that loss can persevere as a determinant of loneliness for longer time periods. Memories of people and places are a recurrent theme throughout photovoice submissions and can be placed into the theme of changing times.

Figure 19: Photovoice submission participant E7 Most Lonely



“The photo, it is at Girvan where my grandparents lived it was so peaceful but now it is lonely”-

Participant E7

An additional older person in Edinburgh referenced loss in their caption:

“I don’t have time to be sad. I am always happy. I never feel alone. When my sister died in January I felt sad for a week but then I was ok”-Participant E8

Although this example did not necessarily engage fully with the prompt, it is an interesting insight into people’s perceptions of loss. Unlike the caption previous to this example, this loneliness – or sadness – associated with loss of family is felt to be temporary. Comparative to still feeling the loss of grandparents when the participant themselves is a grandparent is a stark contrast. Loss and grief and the consequences of this on feelings of connection and loneliness in the present is evidently subjective and thus difficult to approach with a broadbrush tactic.

For young people, ideas of loss were also present in their ‘most lonely’ prompts; some with reference of loss in terms of losses of relationships directly and others indirectly.

Following with the theme of loss of relationships, we can again look at the submission of E3’s experience in Inverleith Park. Here, a ‘difficult breakup’ was mentioned in the submission for ‘Most Lonely’. In Balbriggan, a young participant also engaged with experiences of loss for this prompt:

Figure 20: Photovoice submission participant B6 Most Lonely



“The second photograph is of the stony shoreline leading up to Gormanston back before I entered college I would frequently go down the shore line with my dog and grandfather, there's an old crumbled stone bridge that passes over a shallow stream that I used to stack stones into to act as a makeshift bridge. Every time I returned to the beach the stones in the stream I tossed in before would be gone and there was a pile of stones further down my grandfather referred to as the sailor's grave that we would pile another rock onto whenever we went by. I no longer frequent that beach; it just feels kind of pointless to walk down now that my grandfather is gone and there's another beach that leads up in the direction of my house.”-Participant B6

Coming to the beach in the photograph evokes a sense of 'pointless[ness]' and apathy since a loss and has totally changed how this individual experiences connection and loneliness in this place. It also suggests habit changes associated with loss and where one may (or may not) go when loss occurs. This caption is emotive as it engages the reader with their memories of time

spent with their late grandfather and how the shared experiences with him shaped how they connected with this place. The image associated with this caption has a forlorn feeling, particularly with the abandoned ball in the puddle which was identified and discussed by participants during the Balbriggan focus group.

Figure 21: Photovoice submission participant E1 Most Lonely



“This photo was taken on Princes Street on a busy Saturday afternoon. This image captures how overwhelming it can feel to live in a busy urban environment. While cities are a great place to meet new people (and combat any feelings of loneliness), sometimes the sheer amount of people makes this prospect overwhelming and thus contributes to feeling potentially isolated. For example, it can be harder to establish a sense of community as people are often rushing, on-the-move, and busy. These feelings contrast to how I would

feel at home, or University, where I was more likely to bump into people that I know. Being new(ish) to the city means that this doesn't happen very often, and I have fewer shared experiences with the people around me. This image and what it represents to me is also a direct contrast to the previous image and caption of Holyrood Park.”-Participant E1

This submission captures the loneliness and lack of connection that can be experienced in cities due to migration. The participant has experienced a change in location and lifestyle in this city compared to their time at home or at university.

Here loss can be envisioned as a loss of a certain time in life or way of living. These changes occur through the life course for many. Loss and grief in their various manifestations are integral to life, all losses in life require change and all changes in our lives involve some sort of loss (Goldsworthy, 2005). This makes an understanding of how people interpret and experience loss in relation to how they connect themselves with the world around important for building up a population's wellbeing.

These experiences of loss are visibly important to the participants in this project. They have chosen to portray their 'most lonely' experiences through the lens of loss and grief, placing it above that which others may have chosen. This shows that it is a salient determinant of how people experience connection and loneliness.

In terms of a population approach to mental health and wellbeing, this is a difficult hurdle to overcome. Loss is so personal and subjective that aiming to tackle this in an impactful way for all in a city would be logistically and practically difficult. Unfortunately, loss does touch everyone at some point in life and therefore pertinent to understand attempt to address if aiming to tackle root issues of loneliness and connection at a population level. At smaller levels there are initiatives which aim to support those struggling with experiences of loss such as through third sector work or mental health support routes in formal care, however it is difficult to build resilience to loss at a large scale. Resilience is key for building a sustainable and healthy

long-term plan for a city's population's mental health. How possible this is and whom the resilience may support can depend upon prior experiences and appetite for change. Kleber (2019) suggest that public mental health initiatives should consider that they may be able to impact resilience but the impacts of a disturbance such as trauma or loss can be present for extended periods of time. This means that those who already have experienced adverse events may struggle to benefit from resilience building activities that are restorative for those past experiences. This does not redact from the value of increasing resilience of a population overall and is arguably imperative in a changing political and environmental climate (McCabe et al., 2014). Relating this back to 'thrive', Wulff et al. (2015, p. 361) sums up appropriately that "a community resilience paradigm can help communities and individuals not just to mitigate damage and heal, but to *thrive*".

6.2.5 Work and lifestyle

"I believe real connections are formed in person."-**Participant E3**

Work or employment can be argued to be critical interventions for mental health and wellbeing (Drake and Wallach, 2020). It can be seen to engender self-confidence and a sense of community which I have established in this PhD thesis to be a vital factor for improving population wellbeing and mental health. This includes people recovering from mental illness - 'recovery' can be conceptualised as a meaningful, active, functional life, and not necessarily as a complete absence of symptoms (Deegan, 1988). Engaging in employment, volunteering, or other forms of work and productive activity can therefore contribute to a bolstering of mental health in a population. Some TCIs engage with this, Thrive West Midlands, Bristol, and Toronto all place emphasis on working-age adults as a target demographic for interventions. Despite evidence suggesting the benefits of work on mental health and wellbeing, the data in this project shows that the way in which employment is presently structured can be detrimental rather than protective. The experiences below broadly paint an isolating picture of their experiences and interpretations of their work and lifestyle, particularly in relation to a move to

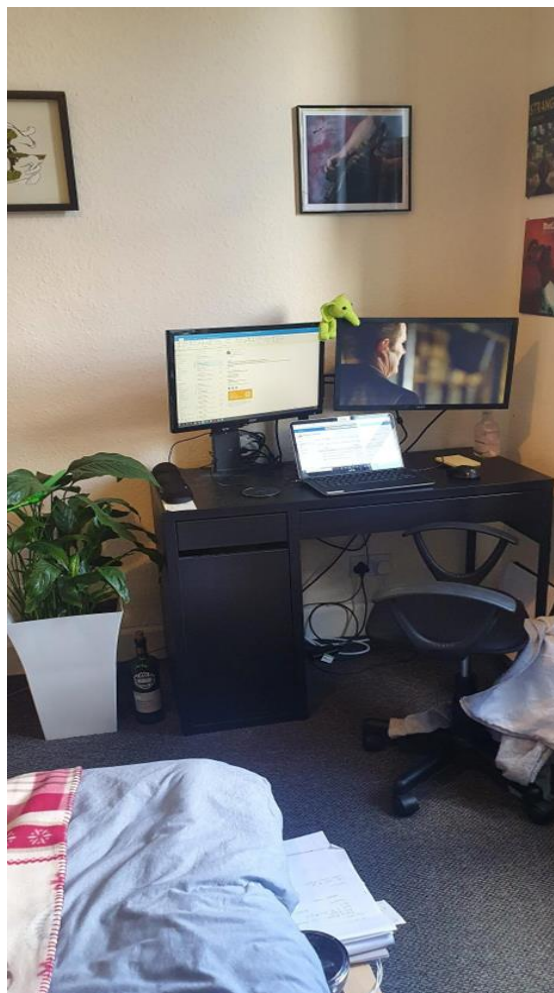
work from home (WFH). While some evidence suggests there are benefits of working from home, the participants in this project express feelings and experiences which more so align with evidence to the contrary. An older piece by Mann and Holdsworth (2003) identifies increased levels of stress, irritability, worry, and guilt. Ozcelik and Barsade (2018) refer to issues of social companionship and emotional deprivation in the workplace. We can see from the submissions below; participants do not feel that they are fulfilling their social and emotional needs in their working hours through their home-based jobs or through going into increasingly empty offices.

Work and lifestyle are interlinked with the theme of access and changing times. It is important to understand that these emergent themes are not independent of each other and do not exist in a vacuum.

This theme appears to be particularly poignant to the young people of Balbriggan and Edinburgh. In Edinburgh the loneliness experienced by participants appears to be intertwined with their work from home lifestyle (WFH). Even those who do have office space expressed loneliness in the workplace due to a lack of colleagues also working in person. From the captions and photographs it appears that the young participants in Edinburgh struggle with this distance from others during their 9-5s. It is also cited as a barrier to feeling more connected or less lonely. It inhibits opportunities to create connections with other people in their city.

Illustrating the barrier of working from home to connection with others can be seen in the following examples:

Figure 22: Photovoice submission participant E3 Barriers



“This is my bedroom desk that I use for work. The world of work can operate remotely now and it’s something I struggle with. I am a sociable person and being confined to a room at home can feel isolating especially because this was my normality during COVID. It evokes memories of that time. My partner also works from home and I feel I need to separate this space from my workspace. I make sure I am in the office 3 to 4 days a week now. It can be hard to socialise with colleagues when 50% or more of them are located all over the country. It’s something that I struggle to deal with as I believe real connections are formed in person.”-Participant E3

Figure 23: Photovoice submission participant E1 Barriers



“This photo was taken in my bedroom on a Friday morning and is of my desk-based work-from-home set up. I moved to Edinburgh last year and working remotely (along with the majority of my colleagues) has definitely reduced my opportunities for socialising and building and maintaining connections at work (that you would usually benefit from in an office environment).

This can contribute to feelings of loneliness and frustration, as work is normally a good opportunity to meet new people and make friends when moving to a new city. The overall dependence on technology when working remotely also contributes to these feelings, as it is harder to build and maintain connections with people over a team’s call. Working from home also blurs the boundary between work and personal life which is another challenge as it becomes easier to isolate oneself.”-Participant E1

The two submissions under the prompt for ‘Barriers’ shows an insight into how the work life has shifted. In recent history, images of offices may come to mind when thinking of the workplace. Since the pandemic, for many this is no longer the case. In Scotland, 22% of the

workforce are fully remote workers (Hays, 2023). This is usually associated with much time spent on computers rather than interacting with colleagues or customers/clients in person as we can see from the computer monitors which these images centre themselves upon. Unsurprisingly, literature has shown a positive correlation between loneliness and computer use (MacDonald et al., 2020). It should be noted that this research also investigated other activities and their links to loneliness. TV watching, listening to music, and reading books were not found to contribute to loneliness as activities in the way spending time on the computer did – “There is clearly something different about people’s engagement with computers that is associated with loneliness.” (MacDonald et al., 2020, p. 5). As computer screens replace the day to day interactions with colleagues and clients, the offline world of work is being replaced by the online world. Nowland et al. (2018) suggest that this is a key factor to greater feelings of loneliness; highly relating loneliness to substitution of face-to-face interactions with online variants. O’Day and Heimberg (2021) suggest that lonely individuals do not find the social fulfilment they seek in online spaces, contributing to further feelings of isolation. Perceptions and individual needs for interaction can spill-over into the virtual world where some hope to replace or enhance interactions but the evidence suggest this is not an adequate replacement for in-person social contact. According to work by Green et al. (2021), this also is applicable to older adults; remote social contact is unlikely to compensate for in person interaction.

As we can see in E2’s experience of ‘Most Lonely’, being in the office in the current culture of work may also leave a person feeling disconnected from their colleagues through the rise of WFH.

Figure 24: Photovoice submission participant E2 Most Lonely



“My office is where I feel the most lonely. I spent the majority of each working day here, by myself. While there are benefits to this, such as listening to music out loud without bothering anyone, there are certainly downsides. I have no one to bounce ideas off of, or to just have a casual chat. I used to have an office “roommate” but he graduated and I’m now the only one left. This affects my productivity as there is no one to hold me accountable when I procrastinate, which in turn makes me feel bad as I am not as productive as I could be. I hope to one day get a new office “roommate” to mitigate some of the loneliness I experience during working hours.”-

Participant E2

The office set-up experienced by this individual not only impacts their productivity - which is important to understand in terms of progressing and influencing policy - but also their experiences of loneliness and disconnection. Much time is spent at work. The average work hours per week in the UK are 31.8 (ONS, 2024). If people are feeling lonely and disconnected, or feel that their workplace and work set-up is a barrier to achieving higher levels of wellbeing

and connection, this is clearly an aspect of the population's lifestyle that must be considered when trying to improve wellbeing and mental health. The West Midland's iteration of Thrive focuses primarily on the working age population with 'Thrive at Work'. This is also a priority in Toronto and Bristol's Thrives. This could be extrapolated across the Thrive initiatives in order to impact this significant population of cities. Cities are hubs of productivity and employment thus wellbeing at work - whether that be in the home or the office - should be prioritised by initiatives aiming to better the wellbeing and health of a city's wider population.

Figure 25: Photovoice submission participant E2 Barriers



“This map of our campus represents the spatial barriers I face when feeling lonely. The green dot is the location of my office, right at the edge of campus. Most of my friends from my undergraduate years have now left, so I had to make new friends after starting my postgraduate studies. They are scattered around campus, so I rarely bump into anyone in the

hallways, and meeting up requires taking into account the 15-20 minutes for a round trip journey from my office to a more central area. This means it's hard to regularly hang out with anyone else while on campus"-Participant E2

When looking at the barriers perceived by E2, distance and scale once again play a role in feelings of loneliness and connection. It shows that distance within the work environment acts as a spatial barrier to connection. The idea of bumping places also appears in this submission: "I rarely bump into anyone". Creating spaces in places where people spend time where spontaneous and impromptu interactions can occur would alleviate barriers to good mental health and wellbeing.

When reflecting on the theme of work and lifestyle it may be of interest to consider what is meant by this. An understanding of free time by Adorno (Adorno, 1991) is that it is neither devoted to nor completely devoted to work. Instead, work shapes how free time is used. In the context of this project, it can be seen that examples of employment have been used to represent where participants, particularly in Edinburgh, feel most lonely or face barriers to connection. Their least lonely places conversely are found in their free time. Perhaps these are shaped by the lack of connection felt in the workplace where they are feeling a deficit. The workplace no longer seems to be a place of community and connection for this cohort.

6.2.6 Community and connection

Nursey-Bray (2020) explains that urban spaces require the engagement of citizens to create and shape them into unique signifiers of connection, residence and activity in urban areas. Community and how community is shaped by the engagement of residents is therefore influential on connection.

Social capital, as established in the literature review, is a cornerstone to understanding the findings of this project. A theme of community and connection clearly emerges from the photovoice submissions. It can be seen that there is a need for interaction with others. Even

those who identify as introverts in focus groups express a desire to connect with others in their city or locality. Trust, reciprocity, friendship, and respect require interactions to be formed (Ferlander, 2007, Villena et al., 2011). Putnam et al. (1993) presents social capital as a public good, and through the evidence from this research I would be inclined to agree. This evidence also supports the work by Roe and McCay (2021) on neighbourly cities, emphasising a need for feelings of belonging, social cohesion, and conviviality.

“Being new(ish) to the city means that this doesn’t happen very often, and I have fewer shared experiences with the people around me.” This quote from the caption of participant E1 relates to the discussions in Balbriggan exhibiting an international consensus that shared experiences are important factors in shaping the experiences of connection and loneliness of a population. Participant E1 appears to feel that a lack of shared experiences with her neighbours creates a distance which contributes to their decision on where portrays their ‘Most Lonely’ experiences in Edinburgh.

In the Balbriggan focus group, the idea of community was at the forefront: “I really feel community is very, very, very important.”. This participant went on to discuss the importance of taking part; doing things. They explained that it ‘nourishes’ the community; “It’s like the glue, the life that oozes through the place.”.

In the images submitted for least lonely, the presence of community centres and groups is notable. Participant B4, an older lady from Balbriggan, explains in her caption that community and community group activities came a close second to spending time with her children and grandchildren stating that:

“Secondly my immediate community, I am the President of the Irish Countrywomen’s Association (Balbriggan). I joined fourteen years ago following retirement and was always made feel welcome and get great support from all the members, never feel isolated. Other hobbies are knitting and crochet group. Exwell exercise classes twice a week for the older age

group. Chi Gung classes once a week. I belong to a walking group where we meet once a week including a coffee break.”

Participant B4 engages in a breadth of community activities and takes active leadership roles within these. There is also much engagement with physical activity which is shown to be protective of mental health in older adults (Yao et al., 2021). Further, for the prompt on barriers, this individual submitted a photograph of her peers at the Irish Countrywomen’s Association with the caption *“I do not have many barriers or challenges to face. I have excellent social contacts and a wide circle of friends. I think the key is to get out of the house and mingle socially. Most important is to look after my physical and mental health”*. This implication that older people may not be as lonely as one may assume based on preconceptions and much academic literature is persistent in this research. This could be due to the participation bias that arises from the likelihood of those who volunteer to participate being easier to reach through networks and thus may be less lonely or isolated to begin with. As explained by Queen et al. (2014), those who are lonelier tend to accrue less enjoyment from activities and experiences and thus are less likely to be motivated to overcome feelings of anxiousness or other negative emotions that may arise from taking part in leisure activities such as these community groups, let alone research participation.

Despite this it is clearly not an uncommon experience for older people in these study locations to not (outwardly) experience loneliness or isolation with many members of community groups explaining that they simply do not feel lonely and that choosing images and captions for ‘least lonely’ was particularly difficult for them. This was echoed when conducting the participatory GIS research later in the project.

Arguably, this may be down to personal interpretation of loneliness. Again, as established in the literature review and prior discussions in this project, loneliness is subjective and the tolerance for loneliness or need for connection and interaction can differ widely both at an individual and cultural level (Perlman, 2004, Svendsen, 2017). Despite this, from this research,

the connection and interaction these community spaces and groups provide cannot be ruled out as being protective of mental health and wellbeing and facilitating these positive states and self-conceptions of the individuals recruited for this research. The recruitment locations that resulted in the highest engagement were these community groups ranging from senior citizens groups to lunch clubs to places of worship. This research does not and presently cannot establish a causal relationship between these feelings of contentedness in community and connection and the community spaces that facilitate it but it would be naïve to discredit their positive impact on this cohort.

An older participant in Edinburgh shared this photograph and caption for the prompt 'least lonely':

Figure 26: Photovoice submission participant E6 Least Lonely



“This is my local community centre which organizes a coffee morning each week and has brought together lots of people who were left feeling very vulnerable and lonely after lockdown. Some people are just happy to sit and feel better just being in company others like to share ideas and organise various activities such as quizzes and crafts. The anticipation of going somewhere gives a feeling of inclusion.”-Participant E6

Here it can be seen that simply sharing spaces with others appears to benefit the group. It suggests that these community spaces provide for those with social interaction needs across the spectrum. It has been already stated that individuals have differing needs to satisfy feelings of inclusion and connection. This participant’s reflections acknowledge this yet still find their local community centre to have the capacity to meet these needs. This shared space has a place for everyone and fulfils their needs that were left lacking throughout and after the Covid-19 lockdown. Patulny and Bower (2022) find that post-covid there has been an increase in the loneliness gap with impacts of covid such as a decrease in participation in activities prevailing in some groups. Many opportunities for socialising and systems for community support collapsed over the pandemic and some have struggled to re-emerge in the following years (Morton et al., 2024). Places like the community centres in both Balbriggan and Edinburgh can act as lifelines to connection particularly for those out of the workforce or education, or in minority or marginalised groups (Bear et al., 2021).

Community centres for older people are not the only places that can facilitate interactions. For the younger people of Edinburgh, we can see a regular use of buildings outside of the house or workplace that are a source of connection. A Brazilian Jiu Jitsu gym and a local pub are examples of this:

Figure 27: Photovoice submission participant E3 Least Lonely



"This is Low Tide. It is a Brazilian Jiu Jitsu (BJJ) gym in Edinburgh and is the place I feel least lonely and isolated. I started BJJ to gain a bit more confidence and improve my fitness, but what I found at Low Tide was a community of genuinely lovely people who enjoy spending hours and hours a week with. It can be scary attending a martial arts gym, but Low Tide is a safe space where people can train and not be afraid to get hurt or be judged for who they are. I'm so glad I found it when I did because it is a second home to me in Edinburgh, and I have made friends for life here."- Participant E3

Figure 28: Photovoice submission participant E2 Least Lonely



“The Caley Sample Room is a local pub where I feel the least lonely. A few months ago, we started coming here with a group of friends for their weekly pub quizzes, and ever since it’s become one of the things I look most forward to in a week. It’s a nice cozy place to chat, have some fun, and eat some great food. The bar staff are also very friendly and always happy to chat, which makes me feel very welcome there. It is also a dog-friendly establishment so I get to interact with lots of lovely dogs on a regular basis, which fills me with joy.”- Participant E2

These are not community venues in a traditional sense but appear to create space for communities to develop. Physical activity is paralleled with B4’s exercise classes and E3’s martial arts. Sports as a vessel for connection transcends age groups and case study locations. These spaces create a “community of genuinely lovely people” with the latter half of the caption stating that people would “not be afraid to get hurt or be judged for who they are.”. Again, much like E6’s experience with their coffee morning, this suggests a community space

that caters for a diverse range of social needs. It shows an indication of baselines which create sturdy points for connection in cities.

Pubs, according to the submission by participant E2, are spaces that provide different forms of interaction and activity in an accessible manner. Thurnell-Read (2021, p. 61) understand pubs to be a place of connection: “There remains an at least notional consensus that the pub plays an important social function by providing a place for people to come together in pleasurable and meaningful social interaction.”. From this submission it appears that pubs are a place where you can connect with those you already know – their friendship group- and new faces such as the bar staff, pets, and likely pet owners.

It should be noted however that pubs or venues centred around alcohol are not necessarily the pinnacle place for young people to connect. Whilst the pub or drinking may be referenced in the photovoice submissions, the in depth focus group conversations in both urban areas expressed a desire for more third spaces or spaces that are not orientated around alcohol to be open for longer periods of time such as places to play board games, cafés, and affordable or subsidised physical or arts-based activities. Examples of points that came up in focus group discussions in Edinburgh include: “socialising and doing things that are like less drinking related”. This is also true for the older group where one focus group participant stated “there's local pubs, but I don't want to go into pubs where there's lots of drinking culture”.

The provision of alternative activities to drinking such as pub quizzes, book clubs, and other arts and wellbeing based activities in these established venues of connection could be and appears to be a move towards this. Thurnell-Read (2021) acknowledge that the benefits of social interaction from pubs are not solely found in regular visits focussed solely on drinking alcohol, but from this shift to new and more contemporary social and wellbeing-related activities (Mansfield et al., 2020). Here, ideas of bumping places and third places can also be brought to the forefront. Creating and supporting spaces and places where casual socialisation

can occur is important for bolstering the wellbeing and mental health of the urban populations. This will be explored further in the final chapters of the thesis.

6.2.7 Access

The theme of access was at the forefront of photovoice submissions relating to barriers, and this is true across study locations and age groups. The issues of access included access to opportunities, financial struggles, limited movement, access to people, access to third spaces. The issue of access was seen to affect people across the urban spectrum, having greatest impact on those who are more vulnerable based on physical or personal limitations and those who are often seen as outsiders or on the margins of communities. It should be noted that, despite the relatively small sample size, participants included a mix of genders, nationalities, ethnicities, and other demographically interesting features. Despite this diversity, the theme of access at various levels was brought up or built upon by each participant. It shows that even those in more privileged positions still face adversity in access to some extent be this financial, personal, or otherwise.

B5's image of the beach in Balbriggan at sunset further shows the importance of access when it is convenient and appropriate for the population. It shows engagement with the space at a different time to their peers' images, yet implies a diverse and accessible usability of space - a space usable at different times of day. Spaces like these are supportive to wellbeing and mental health as they can accommodate different schedules. A place which is only functioning at certain times of day, like a café as discussed in the focus group, limits its effectiveness at providing a point for connection either alone or with others.

Migration, in more ways than one, came up in discussions with participants or through their captions. With those who migrated within the UK to Edinburgh or from North America or elsewhere on the island of Ireland to Balbriggan this movement may have led to some social

barriers. For these there was an issue of access to the established communities, for example through being seen as 'blow-ins'.

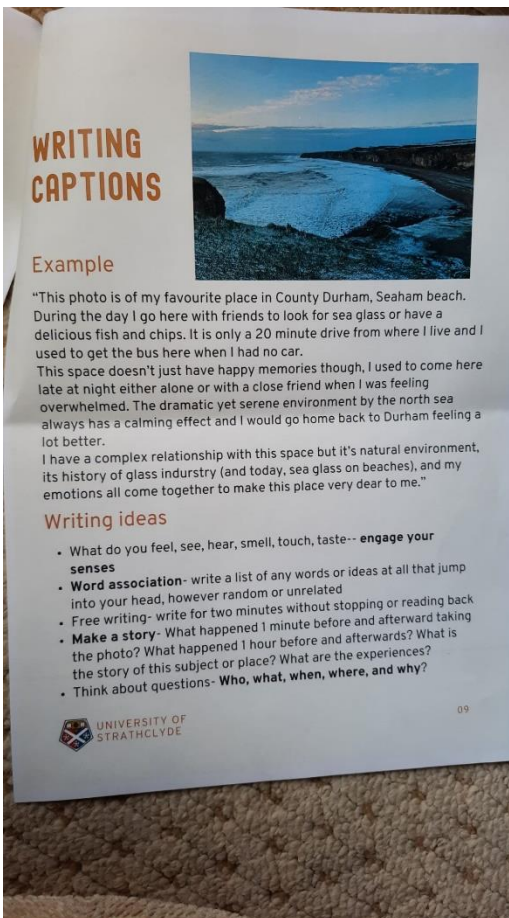
For others their work set up being WFH meant that when moving to Edinburgh they did not have the same access to people through spending time in shared work locations such as offices or more corporate bumping places such as a break room or the stereotypical water cooler for impromptu chats. This move to a new city for work has decreased access, at least in-person access, to old social networks without the provision of access to new social networks: "I moved to Edinburgh last year and working remotely... has definitely reduced my opportunities for socialising and building and maintaining connections at work contribut[ing] to feelings of loneliness and frustration, as work is normally a good opportunity to meet new people and make friends when moving to a new city.". This workforce instead must actively seek out opportunities for connection and networks in Edinburgh in their own time and with little support; a qualm raised in focus group discussions.

"You're already like really struggling to pay all your bills. So I think you know, joining a club as well like it depends whereabouts you are in Edinburgh, like how expensive it can be"

"I think it's definitely harder as a non-student to find events... I think there's just as much out there, but it's probably harder to find"

Due to the nature of the research and difficulties reaching older immigrant communities both through existing groups but also through communication and language barriers, a participant from eastern Europe provides a small insight into barriers faced to accessing connection for those who do not speak English as a first language. In their submission to the 'Barriers' prompt, the participant reflected on their participation in this project:

Figure 29: Photovoice submission participant E8 Barriers



“Sometimes translating is difficult. I had to translate the information booklet to do this project”-

Participant E8

A translator from the community group was present and translated the consent and information sheets, however the participant chose to translate the materials for the project themselves as they expressed a preference for learning and engaging independently. Despite this effort put in to further their English abilities, when building rapport with these community groups in Edinburgh there was a notable divide between where people from Poland and

Ukraine sat and where the rest of the group sat. From my understanding this was not seen to be a problem by either group but as a necessary function to enable people to accrue the most benefit from these community group sessions. It was explained that when they mixed, the language barrier proved to be too much of a block to conversation- which was the *raison d'être* of these groups. It suggests that access to new connections may prove to be more challenging to migrants who may not have a working to high level of proficiency of the spoken language in the city where they reside. If they can find a community who speak their language this will not isolate them from others in the city as seen in the groups that I worked with, however it does cause concern for those who may not know about or be able to access these groups.

Furthermore, according to a report looking at schoolchildren in 2002 in Edinburgh, 59 languages were spoken (McPake, 2002). It would not be unfounded to assume that this number has increased considering data showing that in Scotland over 154 languages are spoken (Scottish Government, 2024). The places in which Thrive is established are often diverse. Even in Balbriggan, a comparatively small urban area compared to New York or Amsterdam, it happens to be one of the most diverse places in Ireland. This is both a strength and a challenge for Thrive. They have opportunity to build connections that weave through the rich tapestries of cultures and heritages in these locations yet must also tackle difficulties relating to accessing these different groups in approachable and appropriate manners.

The two younger participants who come from central Europe and South Asia did not face such a language barrier.

Access can also be conceptualised as mobility - both physical and social. Furthermore, it has been found that access to social ties is linked to mobility trajectories in terms of social capital (Li et al., 2008). This heavily links with discussions of social capital had in the literature review stage of the project. Li et al. (2008, p. 394) further suggest in their exploration of social capital and social mobility in Britain that it “is well known that, cross-sectionally, there is an association between social position and access to social capital.” Where the participants of this

project lie on the spectrum of social mobility was not distinctly explored, however through informal discussions while building rapport or through more formal focus group discussions it is sure that there was diversity in social position in this cohort.

Access interlinks heavily with ideas of social exclusion which has consequences on mental health and wellbeing outcomes. In 2000, The Joseph Rowntree Foundation identified four dimensions of social exclusion. These were: impoverishment, or exclusion from adequate income or resources; labour market exclusion; service exclusion; and exclusion from social relations (Gordon et al., 2000). Experiences identified in this photovoice project share some prominent resemblance.

Informal discussions with older groups, particularly in the hillier Edinburgh, uncovered that getting around was a major barrier to connection and for decreasing feelings of loneliness. This can be witnessed in participant E7's submission on 'Barriers':

Figure 30: Photovoice submission participant E7 Barriers



“The bus stop where I have to climb a very steep hill to get there and there is only one bus we can get the 44”- Participant E7

Public transport further arose as a factor affecting socio-spatial connection in both locations. Pooley (2016) identifies that lack of adequate access public transport contributes significantly to all four dimensions of social exclusion. Further it can be seen that transport is related to social exclusion: *“While health effects of isolation have been most extensively studied among older... transport-related social exclusion can cause problems for any age group”* (Pooley, 2016, p. 106). The limitations of public transport were not confined to the older population. In Balbriggan, B2’s submission for most lonely was an image of a local bus stop:

Figure 31: Photovoice submission participant B2 Most Lonely



“I feel most lonely on my commute to college. Hours every week spent in solitude. Surrounded by people but in ways completely alone. It’s the worst part of my week. I think many people living in a commuter town feel like this.”- Participant B2

Sitting in a shared place for hours every week should provide opportunity for connection, yet it somehow creates an experience of solitude clearly evoking negative emotions for the participant. Interestingly, a systematic review of studies by Williams et al. (2022) found that public transport is an opportunity for connection, particularly compared to commuting by car. This clearly is a stark difference to B2's experience and perceived shared experience with other commuters. This can be potentially explained by culture. Williams et al. (2022, p. 25) go on to explain that "the culture around public transport and active travel are critical to whether these are modes of travel where there is opportunity, and it is acceptable to interact with strangers". Once again, there is an implication that the way and places in which our society perceives interaction to be acceptable or not seems to impact upon how people perceive and experience their simple, daily interactions or routines. Bumping places, or impromptu interactions, and a reframing of how we view spontaneous interaction in shared spaces could alleviate this barrier to an extent.

The barriers associated with public transport for young people are not limited to social and cultural barriers. A young person in Edinburgh described an issue of access and quality of public transport infrastructure in their submission for 'Barriers':

Figure 32: Photovoice submission participant E4 Barriers



“The Edinburgh transport is really good and relatively cheap, however there is limited Edinburgh buses to where I live. This means to meet people sometimes I will have to take two buses which can seem time consuming and a lot of work to just meet someone for a coffee for an hour. However, I do appreciate that buses are free. I feel more bus routes could enable people to travel to new places and meet new people. I also feel as a student driving can be very expensive with parking costs and fuel. Therefore, more bus routes could help students to travel and meet friends more conveniently without the stress and time of getting multiple buses. It could also help to offer more options of things to do, for example visit the beach over the weekend with a friend.”-Participant E4

Something that is interesting is the subjectiveness of expectations and standards. As established in this project, loneliness and connection are highly subjective and are hard to define in absolute terms. Pooley (2016) suggest that this can also be the case for mobility through transport and its impacts on feelings of exclusion. The participant identifies that public transport is available to gain access to the locations that they need. In the focus group discussions, another participant explained that “the reason why I don't go into the office as much is because it's outside of town, and I have to get a bus to get there, and it's quite unreliable”. It could be made more convenient and more efficient; however, the infrastructure does exist. In the Pooley (2016, p. 106) historical exploration they identify high expectations can lead to ill-health relating to frustration and exclusion. They state that “one consequence of such high expectations is that disappointment and frustration is that much greater if expectations are not fulfilled. Those unable to participate fully in a highly mobile twenty-first century society are likely to experience both absolute and relative transport-related social exclusion, leading to reduced employment and social opportunities and, potentially, to ill-health due to feelings of frustration and isolation.”. It further reinforces the idea that our expectations are salient in determining our health outcomes in regards to social connection and loneliness. How our place in society and our entitlement to access and experiences are perceived appears to have great impact on how connected we feel to others. This is a difficult aspect of public mental health to tackle. Many Thrive initiatives talk about ‘changing the culture’ of mental health discourse, but what if there is space to change the culture of expectations. An urban initiative that somewhat approaches this, although indirectly, is this concept of 15-minute cities, or adjacent initiatives (Graells-Garrido et al., 2021, Poorthuis and Zook, 2023). Clearly access to places outside of localities is desired by populations, but maybe there is scope to shift people’s focus onto their local areas. If social activities, networks, and natural spaces were all accessible in a shorter commute than communicated in this participant’s piece. If this person’s local area had more opportunity to ‘meet new people’ some of these frustrations may be alleviated. Obviously, this would not solve the problem of meeting with established connections or seeing ‘new places’ and thus this is an incomplete solution.

Pooley (2016) explains this as a paradox. While travel and communication are easier than ever and there is much greater access that would have been unfathomable in relatively recent history, simultaneously the heightened expectations and rise of car dominance has meant that those on the edges of our fast and convenient travel networks may experience social exclusion which in the past, when options were fewer and expectations lower, did not arise as problems. This alludes to the idea that our own perceptions and expectations have strong influence on our experiences much like they influence feelings of connection and loneliness. Where individual and societal expectations are placed is influential on wellbeing outcomes.

That is not to say these groups do not deserve access to excellent public transport. Cities in the Global North in particular place great emphasis on public transport. Edinburgh itself recently, although controversially, expanded their tram networks. Balbriggan is also relatively well linked to other urban areas such as Swords, Dublin, and Drogheda. Both urban areas have access to their respective countries' largest international airports. Being situated on the coast, both also have opportunity for aquatic transport links. The two case study locations, from a historical lens such as Pooley's are quite clearly well connected at a population level. But then we must zoom in and explore the experiences of the individuals who reside here. It is clear that some perceive themselves as spatially disconnected despite falling into the boundaries of these places. Interviews with key informants in Balbriggan touched on this issue which I personally experienced during my time in the town. The central and southern sides of the town are rather well connected, however the new, sprawling developments to the north lack infrastructure that fosters connection and this includes transportation.

The B1 bus, for example, is the only bus that serves Flemingtown in the north-west of Balbriggan yet the last bus of the day departs before 8pm every day of the week. For those who may feel unsafe walking alone in the dark and do not own or have access to a vehicle this limits their ability to connect with the rest of the town on an evening, when recreational activity for those who work is most feasible. It should be noted that in the groups and community

members I managed to access for this project, none lived in this area of the town. I only had contact with residents in this area due to myself staying with a local family at the edge of the town. This means that at the arts groups and senior citizens groups that supposedly serve the town are not engaging fully with the spectrum of the population of Balbriggan. Those who worked with Thrive Balbriggan did express frustration at this socio-spatial disconnect and placed much blame on poor urban planning. Without existing infrastructure, it is much more difficult to implement softer interventions such as those utilised by Thrive Balbriggan, showcasing the vitalness of cross-disciplinary coordination and implementation when trying to make cities better for all.

The younger photovoice participant further brought up issues of cost. It can be inferred that this participant has benefitted from the Young Scot card, an initiative which allows for free bus travel to under 22s in Scotland (Young Scot, 2025). There is an appreciation of how this scheme benefits them and their peers as alternatives are much more costly, however there is a relatively early expiry date on the scheme: "I feel like it is really great that they offer free transportation, for under. I think it's like under 22. And I just feel like it could maybe expand more in different areas.". In Scotland, degrees often take 4 years or 5 with an (integrated) masters. If a student were to start university at 18, the scheme would not support them until the end of their first degree leaving many students in a lurch when it comes to commuting in their final years. Consideration of how this could be amended, for example to be a 'student' card instead may be beneficial to how young people connect with places and people in their cities.

Struggles regarding expenses are not limited to young people - who were students, unemployed, or early in their careers - as uncovered in focus group discussions and photovoice submissions. Participants of all ages raised qualms with housing costs and costs of activities: "limiting what you do because everything in town so expensive.". They expressed a desire for subsidising of sports or arts to be taken up as hobbies in order to meet people and build

networks. A need for third spaces was also discussed; places where they did not have to spend money in order to spend time with people or doing activities alone. Reflecting on social position and social mobility, and The Rowntree Foundation's four identified factors of social exclusion; those with access to fewer finances have less social mobility due to their exclusion from spending time in a place.

An older person in Edinburgh shared their experiences with their local café:

Figure 33: Photovoice submission participant E9 Barriers



“Owners changed, the café became gentrified and out of the price range most local people can afford, so my guess is its people with lots of money who can afford to eat here”-Participant E9

The gentrification and pricing out of local residents is likely felt more sorely by those who have lived in the locality for much of their lives like the participant above. In the focus group discussion, it was explained that this café used to be more of a ‘caff’. Rangaswami (2023) explains these in his Guardian article as places in Britain where “you can eat hearty,

inexpensive food and linger without being moved along. Some people call these places greasy spoons, or better yet, caffs.”. This used to be a place our participant could frequent and feel welcome. Now it is not a place for them. This same participant referenced their financial struggles in their submission for ‘Least Lonely’. When spending time in a community café they feel that they “can have conversations if it feels ok but there’s no pressure to talk or to keep buying as I don't earn a lot...”. Finances seem to preoccupy this participant and influence how they use space and connect with others.

In discussion it was discovered that this older person felt discomfort in their social circles when spending time with wealthier peers, even if they had been friends for a lifetime. They could not afford to do the same activities, yet did not wish to be paid for by others. This creates somewhat of a stalemate when people have differing expectations and perceptions of activities and differing levels of access to resources - not only financial resources. Just as with literature on the subjective feelings of loneliness, the experiences of pride and boundaries may also be subjective and inhibit or allow for changes. In this case, communication and compromise may alleviate some issues with equity when spending time together, however the root issue is not resolved. Finances contribute to people’s experiences of loneliness and disconnectedness.

Older people are less likely to be in the labour force than their younger counterparts due to a large spectrum of factors. Many older participants in this research were retired. This project does not delve into the financial situations of those who take part so it is unable to comment on how actual finances impact wellbeing and connection in the case study cities. However, what it can offer is insight into how perceived financial situations impact wellbeing and mental health outcomes. It is apparent that participants such as E9 are struggling to connect with others due to financial barriers. Similarly, the younger demographic voiced concerns about affordability during focus group discussions and expressed that this limited what they could access and achieve. In regards to older people, Panarello and Tassinari (2023, p. 147) found that connections with others were important in determining outcomes of perceptions of

satisfaction regardless of actual financial situation: “Respondents stating that they have been engaging with neighbours, friends or colleagues at least weekly during the last three months, compared to those who met their acquaintances less often, are more likely to satisfactorily meet their living costs”. This paper does not suggest why this may be however guesses could be hazarded that if this benefit is not accrued due to social connection alone, the tangible support that can be provided by friends and family would play a role. A friend or family member may come by with food, or they may be invited over for dinner. A study by Neville et al. (2021a) explains that a key feature of healthy ageing, albeit in a rural context, is being surrounded by ‘the right people’.

Continuing with the idea of healthy ageing, health can act as a barrier to feeling connected and fulfilled. In fact, poor health has been seen in this project to engender negative feelings of anxiety and loneliness.

Participant B4’s submission for most lonely was then quite interesting as it revolves around health and the isolation that can be felt through healthcare journeys. Despite this participant’s strong community connections and activities that bolster both her physical and mental health, being older there are greater risks of poor health. Choosing to submit an image of Balbriggan’s primary care centre represents this. Perhaps this shows where cities and urban infrastructure may be lacking in provision of connection and inclusion. B4 explains that her “experience of loneliness is connected to health issues. Consultant and hospital stays leave me anxious and lonely.”.

Figure 34: Photovoice submission participant B4 Most Lonely



This individual is not alone in these feelings. While this was the only healthcare related submission, other older adults in the research referenced health issues as barriers to inclusion such as E7's physical mobility issues leading to misgivings with the hilly bus stop.

Despite primary care and other healthcare centres essentially being community venues - most of the community will at some point utilise and spend time in these spaces - they engender negative feelings and emotions in this sample. There is literature suggesting that hospitals actually have a lesser relationship with depression and loneliness than family health centres, or more local small scale centres (Isik et al., 2021). This paper then goes on to suggest that the greater presence and engagement with hospital attendants in hospitals, and therefore had higher levels of social interaction, causes this group to feel less lonely. This social support was found to decrease chances of both depression and loneliness in older adults (ibid.). Working towards creating interactions in health access points in cities may be a step towards alleviating this factor which influences loneliness and poor mental health in older adults. Thrive Edinburgh

is presently working on implementing a Thrive Line project where elements of this are put into practice. Currently the project focuses on spaces and places in a traditional sense, however there is a shift to connecting spaces and places with people through training of individuals with people-facing roles such as hairdressers, taxi drivers, and receptionists to create a more welcoming environment across the city at a human level and enabling small, positive reactions with others at a more regular and manageable scale. This Thrive Line concept can be applied to the aforementioned community spaces such as the Jiu Jitsu gym, the coffee mornings, and the staff that work in local pubs. There is much scope for both formal or traditional community centres and emerging centres of connection to be included in such schemes to create a resilient and multi-faceted approach to reinforcing urban mental health and wellbeing. The ground work for these small interactions are already evident in many places in cities. As seen in E2's caption "The bar staff are also very friendly and always happy to chat, which makes me feel very welcome there". These personal interactions with people-facing roles facilitate feelings of connection and inclusion.

6.2.8 Urban environment, urban decline

"Derelict buildings in the town of Balbriggan... acts like a barrier to everyone and anyone who wants to be creative"-Participant B7

Urban decline, particularly in urban centres, is prominent and has been present in geographical discourses since the 1990s (Chouraqui, 2021). Decades later, in a post pandemic world, we continue to see closures of facilities, businesses, and dereliction. There has been a move away from high street shopping (Portas, 2011), office working (Fiorentino et al., 2022), and high costs of real estate in urban centres has further pushed businesses and residents outwards (Chouraqui, 2021, Razemon, 2017). This cumulates in a devitalisation of a town or city. The term devitalisation is akin to the antonym of thrive. If thrive and TCIs look to vitalise people and place, devitalisation is sure to bring the opposite. Thus, exploring the impacts of urban decline and devitalisation on a population's wellbeing can add a further layer of understanding of how

people experience wellbeing in their cities. Hahn (2022), inspired by Knox (2005) *Vulgaria*, explains that in recent decades, the connection in urban areas - particularly in suburban areas – is limited to contracts, otherwise there is a lack of responsibility for the community and there are no social relations with neighbours. The changes in urban structures, planning, and culture are contributing to feelings of isolation and disconnect in cities and towns.

Through codes of closed doors, decaying architecture, and urban landscapes a theme emerged. There were spaces and places in both locations which were no longer for people. They were repelling people and impacting on their sense of connection and wellbeing.

Decline in the environments in which people spent time in relates back to pride in one's local area. E6 submitted an image of litter in a pub doorway for 'barriers' and stated that "This image shows a challenge I have to face when I go out locally. This is the corner pub where I wait for a bus when I go out. It's the thing that makes me most angry. Any kind of litter and lack of pride for our surroundings is my thing." A lack of stewardship of the local environment and aesthetics and experiences within these spaces leads to negative emotions such as anger. This individual perceives this disregard by others as a 'challenge'.

Others find closures of spaces to evoke feelings of loneliness or find them to create barriers to feelings of connectedness and inclusion. This was seen at multiple points in Balbriggan submissions.

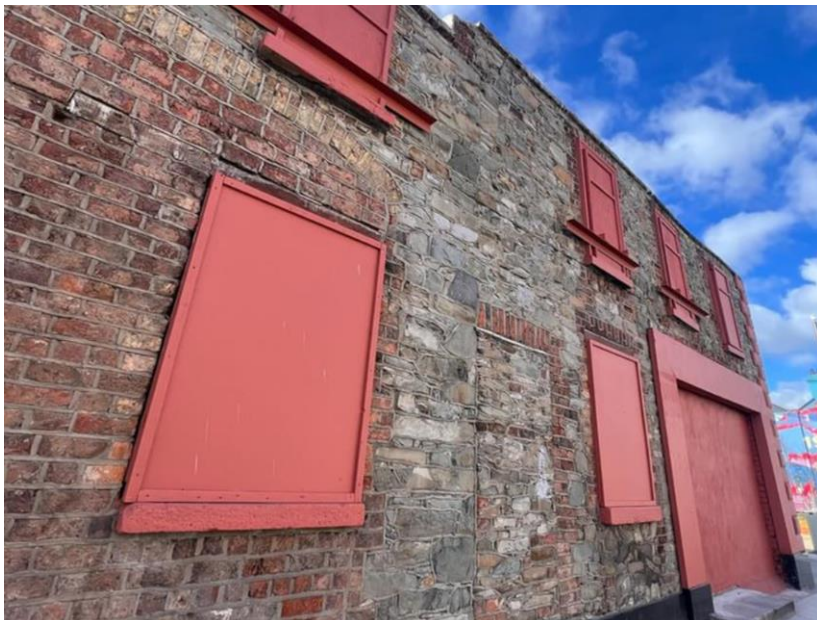
Figure 35: Photovoice submission participant B7 Barrier



“This picture is only a very small sample of derelict buildings in the town of Balbriggan, which acts like a barrier to everyone and anyone who wants to be creative. They also act as an unsafe environment; these buildings could be put to better use.

*If the council were to make it compulsory for landlords to make these empty buildings accessible to the community if they were fixed up and rent them out to local creative people, art groups or collectives at a reasonable rate. I have no doubt that it would breathe life back into the lifeless town of Balbriggan”- **Participant B7***

Figure 36: Photovoice submission participant B2 Barriers



“The derelict buildings are a reminder of the possibilities of third spaces that aren’t being fulfilled. We lack places to socialise past 5pm in balbriggan which don’t revolve around alcohol.”- Participant B2

Once again, a lack of third spaces and places to spend time in outside of the home, workplace, and traditional working hours is seen as a barrier to this 18-30-year-old. While we have discussed the enduring relevance of pub culture for youth socialisation, there has been a marked decline in drinking for young people in higher income countries (Caluzzi et al., 2022). This caption paints an image of a town where the only place that young people can spend time in in the evenings is in drinking establishments. The barrier here is the lack of alternatives. In Edinburgh based discussions and submissions we see that there are some alternatives, despite there still being a desire for more and for greater diversity of these options. In Balbriggan, from

focus group discussions and photovoice submissions such as this one by B2 we see there is a perceived gap. This gap may not necessarily be reality as through this research groups such as bands, theatre groups, and sports have been uncovered in Balbriggan. However, this imagery of derelict buildings does suggest space in the town is not being used to its full potential. Given the interpretivist approach of this project these perceptions are of high importance even if they do not appear superficially to correlate with objective observations. Perhaps these spaces may be invested in and create third spaces. Spaces that are accessible and free, or at least affordable, to spend time in without a need for consumption of alcohol. As agreed in discussions across the generations - a café or board games café which remains open until the later hours could be a start. Urban planners, designers, and changemakers who wish to improve the wellbeing benefits accrued from free time of the youth in Balbriggan may wish to heed these suggestions.

Relating to this we can once again see a desire for more space for alternative activities from another young person in Balbriggan:

Figure 37: Photovoice submission participant B3 Barriers



“This is a picture of some art on a wall near our train station and beach in Balbriggan that I pass on my commute to college every morning. This art gives a sense of beauty and freedom to our town that I often feel doesn’t exist here anymore. What I mean by that is that I often feel the opportunity for self-expression in my hometown is limited. Of course, there are exceptions to this, but I feel that many people here are close-minded and quick to shut down new ideas. I think most communities could benefit from a more diverse range of people, artistry, and establishments. Me and my friends tend to gravitate toward nights out in Dublin city centre as it feels like a more open and judgement-free space. I think many young people would agree with me when I say the lack of space for self-expression in our town can feel oppressive.”-

Participant B3

Here this idea of urban decline may not be wholly linked to the infrastructure but the more intangible spaces and places. People are quick to ‘shut down new ideas’, a ‘sense of beauty and freedom... doesn’t exist here anymore’. This alludes to a time when the town embraced freedom, beauty, and change. It may not necessarily have been radical but does suggest there has been a decline in social capital and growth in this town during this young person’s time in Balbriggan. This is interesting as the town has, in recent years, become one of the youngest and most diverse towns in Ireland. One might think this would bring more open mindsets or desire for novelty. The influx of youth and diversity however unfortunately may not always breed innovation and positive change (Sudirman et al., 2025).

These captions, much like many seen in this project, overlap with various themes and ideas. Changing times, aesthetics, doing things amongst others. Urban decline whether this be physical or social does not occur in a vacuum. Again, it can be seen that there is a need for holistic and multidisciplinary efforts to rejuvenate urban areas in terms of mental health and wellbeing. This apparent decay and decline acts as a barrier to feeling connected. The participants in this project have put forward suggestions that should be considered. A trust in their localities to provide spaces and places for people to connect and be is lacking and wanted.

6.3 Other interesting findings

It is notable that there was a reluctance to say negative things about local areas, further bolstering this idea of local pride which emerged when coding the photovoice data sets. This was also evident in the GIS dataset and in the photovoice focus groups.

Further, there was a reluctance to suggest locations or instances where loneliness was experienced for the 'Most Lonely' prompt. In discussions with participants and their peers it emerged that many in the older groups, particularly men, did not feel that they were ever lonely. One older man stated that he had never felt lonely in his life.

There was a much greater openness to discuss feelings of loneliness in the younger group in Edinburgh which is reflected through the follow through on focus group participation in this location with only one older person agreeing to participate further. To add to this, older participants were less likely to fully engage with the photography process with one Edinburgh participant choosing not to submit any photo for the 'Most Lonely' prompt and one in Balbriggan choosing to use the same photo twice.

In Balbriggan, there was a similar dismissal of personal experiences of loneliness in the older group however this group were much more inclined to follow through with all older participants accepting the invite to discuss further – one unfortunately could not make it on the day.

6.4 Conclusion

Overarching themes that emerge in this chapter appear to centre around shared spaces, be they natural spaces, community spaces, or transitional spaces. Within these, issues of access emerge across the board. Access to social connection and facilitators of this appear to affect people across demographics and levels of privilege suggesting action needs to be taken by change makers, policy makers, or other urban actors. This could involve implementing

interventions that build upon existing facilitators of connection as identified in this chapter or enacting preventative or mitigating measures in spaces which evoke negative feelings and experiences.

It appears as though, superficially, types of spaces and places evoke different experiences of connection and loneliness in case study locations. The contexts of these further amplify or lessen the consequences of these places on feelings of wellbeing and mental health. For these participants, experiences of loneliness are quite heavily linked with external influences however appear to be further driven in whichever direction by internal discourses and expectations. The place in which you are may facilitate feelings of connection or loneliness but does not necessarily evoke them. Feelings of connection and loneliness can be assumed to be associated with certain locations but cannot be attributed to them according to this data set. Connection and loneliness as experiences are deeply personal thus any findings of this or any further research should be carefully considered. Likewise, any policy or action towards tackling this potent mental health issue should also be carefully considered.

It can be seen that while the young and the older may have differing experiences, there is plenty of overlap which can in turn be used to inform policy or action to reduce loneliness at a population scale. Some of these are present across contexts, despite significant geographical and scaled differences, invoking an optimism that there are possible action points where loneliness can be tackled at a population level where different generations and locations would all be able to benefit somewhat.

As the Thrive initiatives agree, there is a wish to create happier and healthier cities for all. Using this photovoice data, Thrive or other similar initiatives may find hope and inspiration for areas for holistic improvement in feelings of loneliness or connection. This chapter reveals facilitators of loneliness and connection in the case study cities, and provides a platform from which initiatives can build upon. The data provides rich insight into the experiences of those who took part.

7 PGIS: Zoom out

7.1 Introduction

This chapter explores data from the Participatory Geographic Information Systems in the context of experiences of loneliness and wellbeing of the participants in Balbriggan and Edinburgh. It will situate the created maps in literature and the wider findings of the previous methods (photovoice and KI interviews). It visually compares the experiences of areas deemed 'most' and 'least' lonely by participants at urban levels and in regards to age demographic. This chapter provides a different perspective and vantage point of experiences of urban connection and disconnect and lays groundwork for intervention and understanding of the spatial natures of these feelings.

Following on from my exploration of the in-depth photovoice findings, using participatory GIS allows us to zoom out and reflect on these findings at a different scale. Here connection to spaces and places at an urban scale are explored as well as how these impact feelings of loneliness, isolation, and connection. This allows us to see if patterns which emerged in the previous chapter can be somewhat extrapolated to the wider urban environment rather than only at specific locations and for individual subjective experiences. The findings of this chapter tend to align with the prior results in regards to emergent themes.

Using various visual quantitative analyses, the following maps displayed in this chapter were formed from the data sets created by participants in Edinburgh and Balbriggan. The goal of these maps is to visually display quantitative data gathered in tandem with the qualitative data of this project. The value of these maps is that they enable a triangulation of the various types of data used in my project in a way that can be understood, respected, and engaged with by various users. The maps provide a more zoomed-out perspective of how people feel across an urban setting, presenting insights on a geographically different scale. This creates evidence that appeals to and is usable by urban actors across the board; and can help strengthen my

arguments and discussive points. Further, whether quantitative evidence reflects or opposes qualitative data, it creates a greater depth and breadth of knowledge that can be employed to better direct actions in public health. This is the same when quantitative data is used concomitantly with qualitative as an enhancement.

7.2 Making the project mixed-methods: Visualising loneliness and connection in a quantitative manner

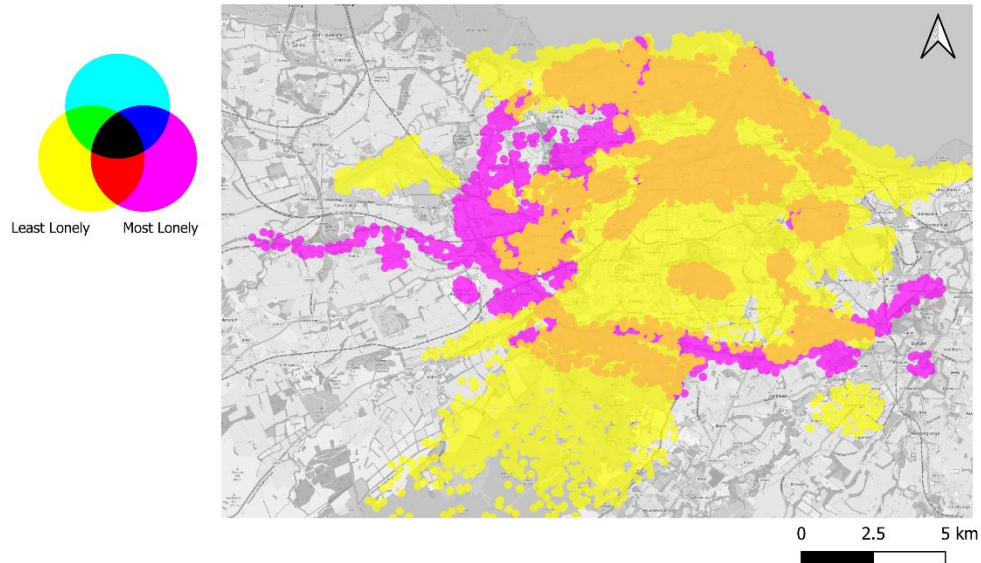
The visual presentation and analysis allow us to zoom-out and reflect on the findings of this project from a third method's perspective. It provides a quantitative snapshot of experiences to ground the qualitative findings in. As identified by Neubauer et al. (2019), health professionals and researchers may assume the experiences and data obtained through qualitative data are not as reliably informative as more objective data such as that collected through quantitative means- or an external reality. The use of PGIS to investigate feelings of connection and isolation in the city allows us to view data at a different scale and provides a quantitative way of presenting vague notions (Huck et al., 2014).

The revelations that location data can uncover about cities and their spatial imaginaries has a growing research base that this project will contribute towards (McCosker et al., 2021, Shelton et al., 2015). The following maps therefore contribute to the creation of knowledge about how people understand their urban areas and how they imagine them. Understanding this is imperative for solid application of urban place-based initiatives surrounding mental health such as Thrive whilst simultaneously aligning with the fundamentals of interpretivism.

7.2.1 Overview

Figure 38 : Raw data map split by least and most lonely, Edinburgh

Map Showing Overlap of Where Participants Feel Least and Most Lonely in Edinburgh
(Prior to Kernel Density Analysis)

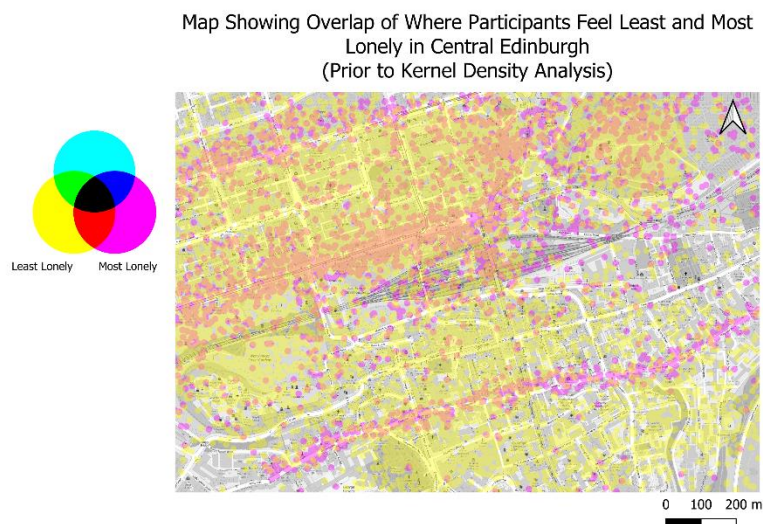


This first map provides an overview of the almost raw data that will be utilised in this chapter for Edinburgh. This map shows all the dots sprayed by the participants with the symbology representing the prompts they signify. This map shows where these dots are located across the city and displays an overlap between where people identify feeling most and least lonely. At first glance we can see that there is some overlap between the feelings (the orange areas), this is congruent with what we have found in our previous data from photovoice such as the central, bustling areas of an urban setting evoking mixed feelings in addition to natural or expansive spaces (Ettema and Smajic, 2015, Yaden et al., 2019). This repeats the idea that these experiences result from individual interpretations, expectations, and perceptions of themselves and the environment around them. Nevertheless, it can also be seen that there are

areas where these feelings do not overlap. This will lead on to analysis of where these types of places are which evoke mixed or more siloed emotions surrounding loneliness and connection.

On QGIS we can zoom in further to look at where people spray on a more local level. Given the role of this method, and limited space in this project, the analysis will broadly take a zoomed-out approach to contrast the prior methods and to provide a different perspective. The analysis will zoom in to place or space-based levels where appropriate. For illustrative purposes, the map below shows what the sprays of dots look like at a zoomed in level.

Figure 39: Example of what the maps look like at a zoomed-in scale



The larger swathes of ‘blobs’ seen in the figure 38 are made up of many individual ‘sprays’ of data from the spraycan tool. Figure 39 illustrates what the data looks like at a smaller scale. The maps used for analysis are at zoomed-out, urban-area level. These ‘sprays’ are the data points used to visualise and analyse these fuzzy notions of isolation and connection in relation to urban landscapes. Figure 39 acts as an illustrative example.

Kernel Density Analysis on QGIS was undertaken resulting in the maps presented in this chapter. These help us delve deeper into the patterns which emerge from the participants' actions.

7.3 Edinburgh

7.3.1 Map showing where people feel least lonely

Figure 40: Map showing where participants feel least lonely in Edinburgh

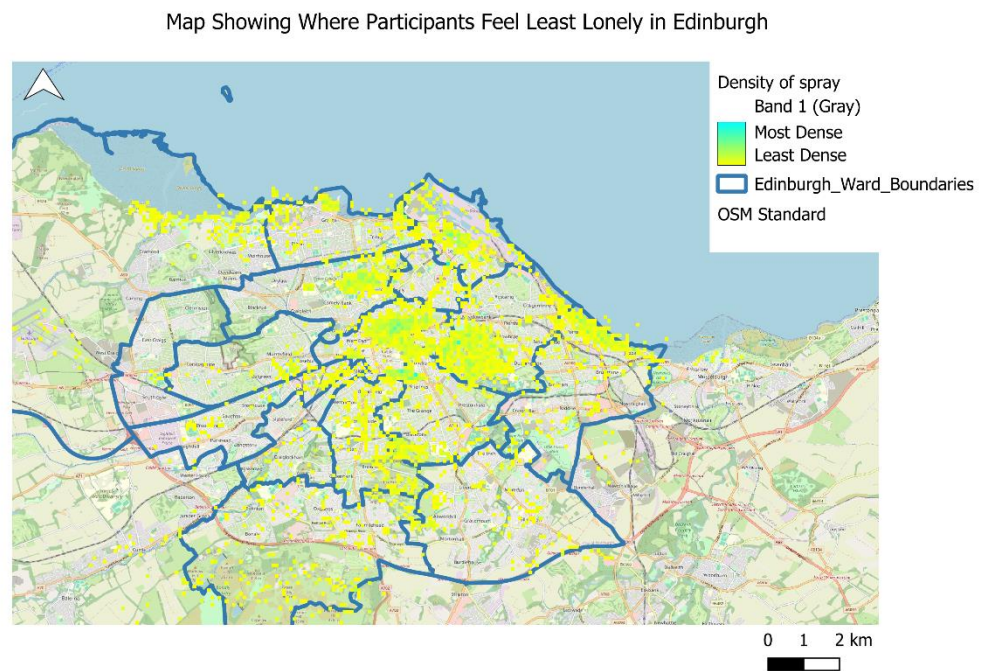


Figure 40 above presents the data obtained in response to where participants felt least lonely in Edinburgh. The green/blue areas are of the highest density suggesting areas where there was much consensus between the participants while the yellow areas do show some level of

density according to kernel density analysis but to a lesser extent. Reflecting on the map above (Figure 40) it can be seen that some areas previously sprayed by participants are not highlighted here suggesting that there was less intense spraying in these areas, which in turn suggests a lower level of agreement between participants. This map shows the results of all participants from Edinburgh and highlights areas of agreement across ages. Brown et al. (2020) state that the spatial results arising from mapping of place values reflect the complex and variable nature of relationships between humans and place. The paper explains that it is expected that there will be significant variability amongst mapped values even in the same geographic spaces due to the diversity of demographics and experiences of participants (ibid.). This both means that disagreements should be expected but also suggests that a high concurrency may be noteworthy.

At first glance, it is notable that there are multiple areas of high agreement around central areas of Edinburgh. These include areas around the Royal Mile, Holyrood, Arthur's Seat, Leith, Portobello, and Inverleith park. You might recognise some of these places as locations chosen to represent during the photovoice process, most often as places of connection but in some cases as places of disconnect.

7.3.1.1 Central Areas

These central areas may be seen to be more densely agreed upon due to this area's traditional role in the city as a central point. It acts as a transport and activities hub, facilitating access across the city and further afield as well as providing much activity from shopping to commerce to culture. Many parts of the city resonated with at least some participants, represented by more sparse yellow dots on the map, where these participants may reside or have reason to spend time in but the city centre appears to create a common ground for connection across the population. It is a place where it appears that many have a level of familiarity, enough to feel confident in spraying these areas as places of connection where they feel least lonely. Literature supports this finding. Familiarity is influenced by physical or perceived access (Brown

et al., 2020, Raymond et al., 2016). Further, those with greater familiarity with a place are more likely to include these places in spatial mapping and employ greater levels of detail or information (Brown et al., 2020, Brown and Weber, 2013). This provides an opportunity for action. It shows locations where people have connected with and thus can act as facilitating spaces for interventions and public health promotion in the sphere of mental health and wellbeing.

7.3.1.2 Green & Blue

From this map it can also be seen that coastal areas such as Leith and Portobello are consistently highlighted as places where people do not feel particularly lonely. The majority of Edinburgh's waterfront on the Firth of Forth has been identified as a kind of place where people feel least lonely. Interestingly, coastal urban areas can be conflicting in terms of mental health literature but also conflicting in terms of how participants in the photovoice section of this research felt. In a UK context, many coastal areas faced decline either through changes in industry or changes in holiday patterns. This decline is an entrenched and longstanding problem in the UK (Fiorentino et al., 2024). Portobello for example was historically "Scotland's premier seaside resort from the late 19th century" (Portobello Online, 2025). It is still popular today, and predominantly lies in the least deprived half of areas in Scotland (appendix 10). This affluence and upkeep of an area can contribute to how people feel in it. Reflecting on the human ecology framework this is to be expected, aligning with ideas of 'well ordered', 'beautiful', and 'prosperous'. Leith is seen to be slightly more deprived than Portobello but benefits from investments and regeneration, including a recent (albeit controversial) extension of the tramline to include the area. This area, which is now known as the port of Edinburgh, is widely recognised as a very distinct part of the city according to Lapsley (2024). Place identity might heighten feelings of connection to otherwise similar places.

Leith and Portobello areas experience the greatest density of spray from participants, however much of the coastline is coated in some density of spray. This aligns with literature on blue

spaces and wellbeing as established in this research project thus far (Finlay et al., 2015, Subiza-Pérez et al., 2020, White et al., 2020). It suggests that even in more deprived, or less accessible, or perhaps less aesthetic areas of coastline, experiences that engender feelings of connection occur. This is important as it suggests a potentially underused yet potent resource for urban public health initiatives in Edinburgh and feeds into the implications of this study and what can be built upon by urban actors and policy makers. Natural areas here such as the beach and waterfronts are broadly public, much like most greenspaces in the cities (bar places like golf courses). This means that they are at least to some extent accessible and open to use by individuals, communities, and interventions if physical and financial accessibility of reaching these free natural spaces is covered. As explained by Yoo et al. (2022), those in socially vulnerable neighbourhoods may not reap the benefits of these spaces and in some circumstances experience a reduction in good mental health and wellbeing. Considerations must be taken surrounding issues of accessibility, equity, and socio-economic environments (Seaman et al., 2010).

This aligns with findings from photovoice and is already acknowledged by TCI Key Informants as an important facilitator of wellbeing. The evidence that this map provides implies that natural spaces have the potential to work across demographics and importantly succeed in places where there is a lack of resources, investment, or financing. Despite this, literature does suggest that the quality of natural space does control the impact (Knight et al., 2022). Complacency should be avoided and natural spaces in all areas should be well maintained and cared for in order to maximise wellbeing potential. This complacency relates to anyone who may have personal or professional responsibility to the area, ranging from policy makers, planners, leaders, and community members. Perhaps there is an implication here that we must understand to a greater degree how different natural spaces work for different social groups, and the conditions affecting this.

There was no mention directly of the sea in photovoice submissions for the prompt 'least lonely' in the Edinburgh cohort suggesting that these participants in this city did not deem the coastal areas of the capital to be their most influential place or space on connection, however due to the limited submissions combined with the evidence of this mapping, it could be assumed that the coast could still be in the top few places and spaces for connection for others including our photovoice participants. If we look across the sea to the neighbours in Ireland, many submissions for least lonely chose to represent the coast as a key place for connection.

Despite the lack of direct photovoice evidence for blue spaces from the Edinburgh photovoice cohort, there was much evidence for a connection between greenspaces and good mental health and wellbeing which aligns with literature on the topic. The literature reveals that local urban parks, for example, can work as sites of routine encounter, mixing, and place belonging (Neal et al., 2015). Collins et al. (2022) find that urban greenspaces provide a reliable constant where people can maintain social contact or experience respite and relaxation. They help form routines and connection to spaces and places in the city. This coincides with the dense sprays across Edinburgh's natural spaces.

There appears to be an affinity with greenspaces. Arthur's Seat, Holyrood, the Meadows, the botanical gardens and Inverleith park are all examples of locations identified by many of the participants. The Pentland Hills, and Braid Hills were also identified by some participants as key locations for connection. This affinity is not just limited to greenspaces and does extend to blue spaces. Reflecting on the data obtained in the photovoice segment, this supports the experiences of the more qualitative method of exploring spatial experiences in the city. Many of these locations seen on the map were explicitly mentioned as the chosen locations to represent the same prompt in the context of photovoice. Further this appears to corroborate claims found in wider literature of links between green or other natural spaces and positive impacts on mental health and wellbeing outcomes (Callaghan et al., 2021, Wood et al., 2023).

These consistent findings across the methods used in this project suggest that there is evidence for use of nature-based solutions for public mental health improvement.

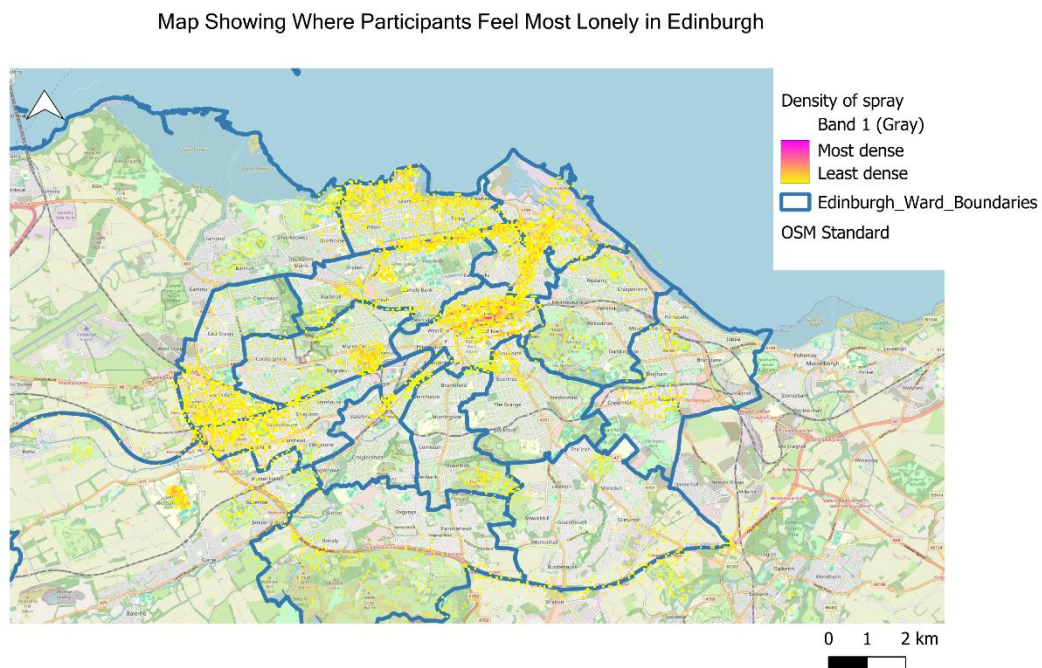
7.3.1.3 Connective Infrastructure

From this map we can see that the participants imagine Edinburgh's areas of connection to be linked with connective infrastructure such as main roads, transport hubs, and transport lines such as the tram lines or train stations. Conversely, we can see spaces of connection in Edinburgh to be associated with natural areas. These two types of spaces contradict one another. One represents a highly urbanised efficiency, creating central hubs which people across the urban area can access. The other represents the opposite, spaces where one can retreat from the hustle and bustle of cityscapes. This is interesting as it shows a need for a multifaced approach to improving wellbeing and mental health through socio-spatial connection. It shows that efforts must be taken to preserve physical and mental spatial linkages which may be achieved through changes to urban transport planning, facilitation of access to connective spaces and routes, and policy that protects and supports these mechanisms for connection.

Streets and roads are interesting in terms of conception as spaces of connection. Stilwell (2017, p. 123) explains that "from path, to larger road, and then on to the permanency and official function of a paved street, there is a social significance in the phenomenon of the creation and use of streets.". Streets can be understood as connectors, facilitators of connection. Kaltmeier (2016) conceptualises streets not as places in and of themselves but as a means of connecting places to each other.

7.3.2 Map showing where people feel most lonely

Figure 41: Map showing where participants feel most lonely in Edinburgh



7.3.2.1 The city centre

Just as seen above, the city centre once again emerges as a central point in figure 41; but this time for disconnect. The city centre often acts as a hub for activity, leisure, and work.

Edinburgh, much more so than Balbriggan, attracts hordes of tourists annually with many being drawn in by central landmarks such as the Royal Mile. The city centre is often teeming with life as evidenced by images from the photovoice participants. This abundance of life surprisingly does not appear to solely correlate with connections and inclusion. The experience of feeling

alone in a crowd is isolating (Bennett et al., 2018) and thus has been acknowledged in literature. The findings of this map support this. The provision of opportunities to connect in a busy centre does not always match with the expected outcome. These opportunities may not be adequately facilitated either through social or environmental factors. Perhaps there is not enough space to take time and share experiences with others, to facilitate interactions. This issue that faces urban areas will be explored further in the upcoming chapter. Here we can surmise that there are clearly features of central urban areas that paradoxically evoke feelings of isolation and disconnect despite being centres, on paper, for connection.

7.3.2.2 Sports & activities: an issue of community and access

Elsewhere on this map a dense area of spray can be found at Murrayfield, Roseburn, and Ravelston; home to the Murrayfield stadium. This stadium is known to host large-scale events. This is a surprising finding as events are seen in literature to bring people together. Scholars largely agree that there is a social value to large sports events, particularly when there is large scale participation at various levels (Zhou and Kaplanidou, 2018).

Large scale sporting events can coincide with heavy traffic, consumption of alcohol, and poor behaviour (Humphreys and Pyun, 2018, Üngüren et al., 2015). This can cumulate in distressing or discriminatory experiences for those in the vicinity (Brown and Godden, 2024). Evidence of this was provided in informal conversations with participants during the PGIS process showcasing their own lived experiences.

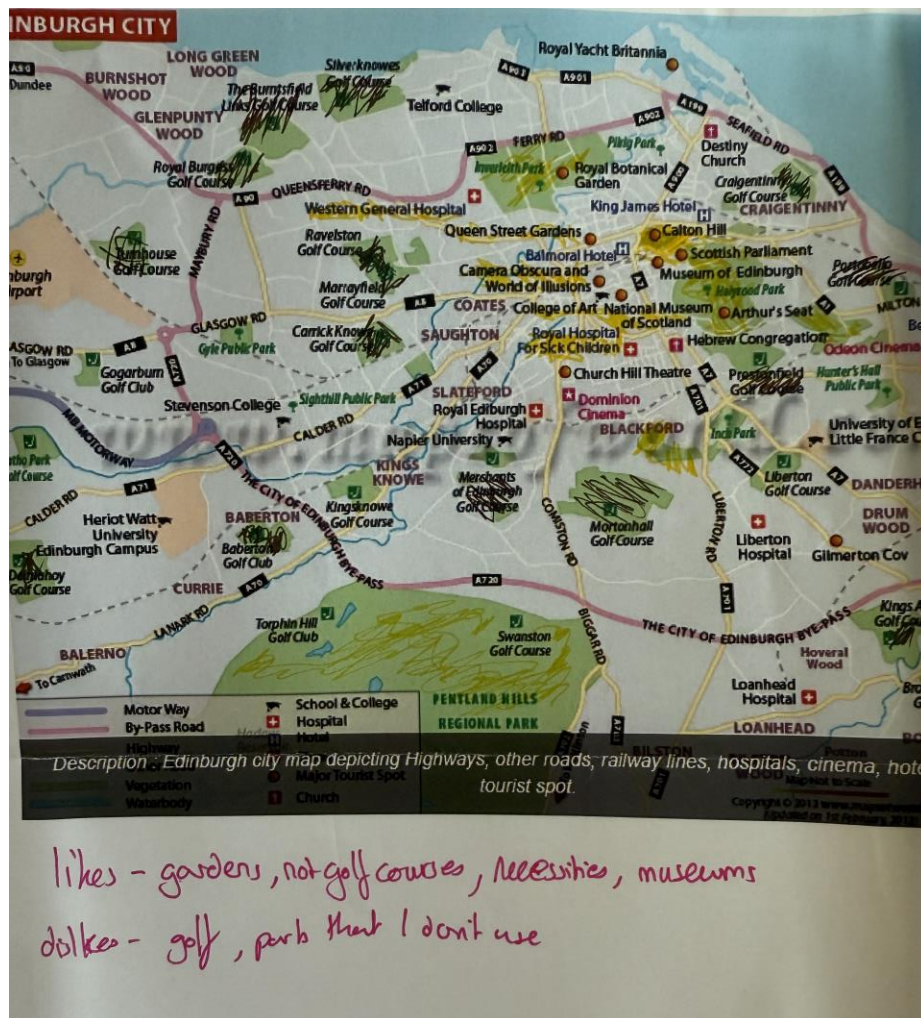
Despite this, literature based in a Scottish context has shown that both participation of sport and the consumption of its media form an important feature of everyday life, identity, culture, and public policy; it has value in the promotion of health and wellbeing as well as wider cultural and social meaning (Haynes, 2020). This literature shows a contrast with patterns surrounding sporting venues and amenities in these maps. Perhaps this can be associated with the discussed concepts of belonging. Being a supporter of a sports team helps build a sense of

identity and community. People can develop an identity as a fan of the team, while simultaneously developing a strong connection to other consumers of that team (Katz et al., 2020). Mastromartino et al. (2022) states that people are more likely to form communities within informal organisations, such as common interest or lifestyle groups, which includes sport. My research has established that connection, social capital, and community are imperative for good public mental health and wellbeing. These sports teams and other venues for activity can help support this. This can be reflected in the findings from photovoice where many of the least lonely submissions included common interest organisations or lifestyle groups such as sports, creative, or community activities and amenities. It is therefore surprising that places which provide a platform for activity and community has been strongly identified as a place of disconnect.

Another example of this is golf courses such as Braid Hills, Ravelston, and Carrickvale golf clubs which, despite facilitating activity, show up on this kernel density map. This is interesting as we have established throughout this project that natural spaces are more commonly associated with positive feelings- albeit this is clearly not a rule. These maps show that certain 'natural' spaces evoke feelings of disconnect. Golf courses, unlike natural spaces such as Arthurs Seat and the Pentlands, are rather more exclusive. These are not wholly public spaces. They are not free to use for all and may be associated with certain lifestyles or groups of people. Work by Briassoulis (2010) puts forwards quotes that resonate with notions I was told during the data collection process including: "golf is not a sport is only a rich-show!". Not all spaces are created equal, or for equality. There are areas in urban spaces that are elitist or exclusionary (Sykes, 2025). Literature shows that physical activity spaces - for sport and for leisure - are shaped by racial, gender, and socioeconomic factors (Azzarito, 2009, Carter et al., 2023). Briassoulis' article continues to identify that the "most pronounced features mentioned were homogeneity, uniformity, artificiality—unnaturalness, poor aesthetics, and symbolism of elitism and inequality" (Briassoulis, 2010, p. 300). These features contrast with ideas of the human ecology framework and show a sense of othering of those who use golf courses and those who

do not. Landscapes like these have the potential to create division much like the way that amenities and venues have capacity to create connection (Mastromartino et al., 2022).

Figure 42: Participant analogue map showing a dislike of golf courses and parks that they do not use



Brown et al. (2020, p. 4) understand that “mapped place values are generally consistent with an individual's pre-existing attitudes toward land use.”. This means that preconceived ideas of who places are for and what this means for others in a city can impact socio-spatial connection

and feelings of inclusion. Kang (2022, p. 8) states that “When we think about golf, the word equity probably wouldn’t be used to describe this sport” and goes on to explain that part of this reason is the amount of people able to use the space at one time is limited by the layout and conditions. This is in stark contrast to other urban greenspaces where numbers are not so policed and restricted. A park on a sunny day may be filled to the brim with people as we understood could be the case with places like the Meadows in the photovoice submissions. Further, golf courses can be seen to take away from public space, risking a degradation of social contract when the public are pushed out (Aalbers, 2001, Blakely and Snyder, 1997). DeChaine (2001) understands the complexities of social and material spaces in our cities, this is not restricted to golf courses and cordoned off spaces. Once again issues of access arise and plentiful examples of inequalities of access to quality natural spaces can be found in literature (Bressane et al., 2024, Nutsford et al., 2013, Seaman et al., 2010, Sun et al., 2022, Yoo et al., 2022). They can play into narratives and experiences of inequalities and socio-economic differences. Landscapes are where identity, community, and power are imagined and wielded. Some public spaces may act as places of disconnect, taking up space which is not to be shared by all in the city. Once again, the theme of access emerges from discussion relating to the data in my research. It appears spaces and places which are more openly shared create feelings of connection whereas the converse can facilitate feelings of loneliness and disconnect.

Reflecting on these themes, the idea of a degree of separation from maddening crowds resonated with the photovoice submissions. The crowds of the city centre of Edinburgh were identified as places of acute loneliness for some participants, and a removal from the hustle and bustle with space for reflection and distance was where others felt least lonely. It is therefore understandable that this separation is part of the appeal for the golfing community. But how does this serve the wider community?

Golf could be assumed to be culturally significant in this case study location given the sport’s local origins (Whigham et al., 2021). If a shared public history and culture is protective of

mental health and wellbeing in Balbriggan, it raises the question of why this is not the case with this situation in Edinburgh? Sports have the capacity to create culture and community. I saw this in Peru with surfing when completing research for my masters dissertation. Peru is said to be the home of surfing and that surfing originates through fishermen surfing back in from fishing trips on traditional sailboats - caballitos de tortora (Hough-Snee, 2015). This shows that internationally sport and activity create connection to culture and community. Large sporting events such as the World Cup bring nations together and can increase subjective wellbeing, particularly when the event is hosted locally (Pawlowski et al., 2014). In our photovoice collection in Edinburgh we see running and martial arts groups cited as vessels for local connections.

Perhaps it is the permanence of the manicured and gated landscapes of golf courses. A running group can use a park such as the Meadows, as can a group of people wanting to play some cricket. The sea is a public space open for all sorts of recreation. A golf course does not provide this multifaceted usefulness. Access and usability are of key importance. Areas which people have less access to appears to engender greater feelings of loneliness and disconnect. This othering of people and activities due to access is not only seen in examples of golf courses but of different areas or facilities which a person may not frequent for a variety of personal or socio-economic reasons (Cerin and Leslie, 2008, Powell et al., 2004). Our preconceived ideas, habits, and experiences shape how we perceive and interact with different spaces and places. A (sub?) conscious classification appears to occur in Edinburgh based on socio-economic factors. Edinburgh is a privileged city for the most part, making inequalities that much starker. Studies exploring social inequalities and loneliness are rare but studies that do exist imply that those on lower incomes and lower occupational prestige are systematically more affected by loneliness than their higher status peers (Beller, 2024). This experience may be echoed in Edinburgh with its huge variations in privilege.

7.3.2.3 Redevelopment and deprivation

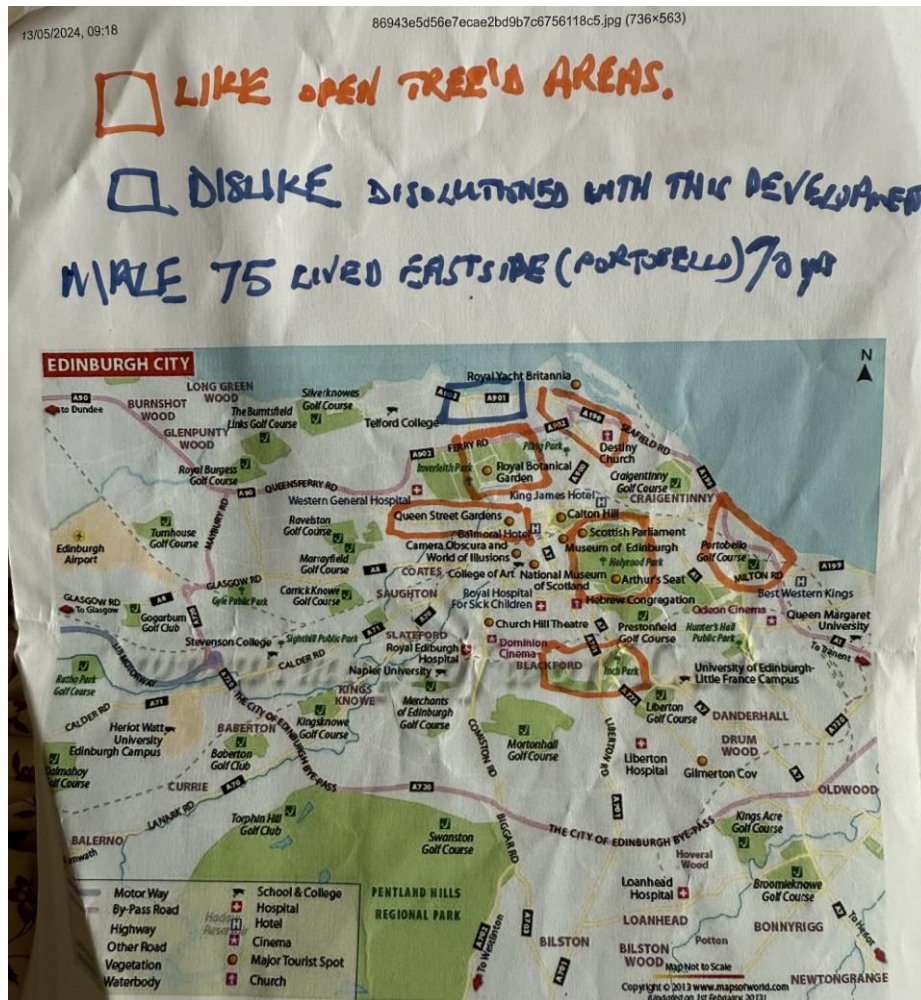
An area that faces a dense spray for the prompt 'most lonely' can be found in the west edge of the city in an area called Sighthill. Having visited this area on recruitment efforts I can reflect that compared to other areas of the city it appeared to be less walkable, less green, and had a greater emphasis on large shops with larger car parks than other areas of the city visited. On participants' comments submitted on some PGIS entries descriptors such as grey, 'no facilities', 'no character', and 'place I don't like to go -> may not feel v safe there' were used to describe Sighthill. While this area may be different to other parts of the city, does it warrant such a response in terms of how people feel in association with this place? According to data by the SIMD, Sighthill experiences greater levels of deprivation than much of the city. Parts of Sighthill are in the most deprived decile and are surrounded by areas in the least deprived decile. This contrast is rather stark and may contribute to a jarring experience that people may associate with discomfort. The experiences of loneliness and disconnect people associate with Sighthill maybe due to prejudices of an area they are not comfortable in or with. But there may also be reasoning in the way it is designed. Being a deprived area, it is likely that there is little money for investment in aspects of the human ecology framework which is associated with good and thriving experiences of cities. In fact, almost all of these aspects are lacking, given the aesthetics of the built environment, the instances of crime, the lower levels of educational attainment amongst others (appendix 11, SIMD, 2024). Reflecting on this, perhaps the human ecology framework caters to places with the capacity to achieve lower levels of deprivation and thus is aspirational and not entirely fair to areas with limited resources.

Another area densely highlighted under the 'most lonely' prompt is Granton. It has a similar story of experiencing high levels of deprivation while surrounded by deep blue (very low deprivation). Having both areas appear on this kernel density map suggests a perception that may contribute to a lived experience of disconnect with deprived areas. This brings up a multitude of questions and issues surrounding privilege and prejudice. If deprived areas are seen to be lonelier, is connection dependent on privilege? This links into the findings on access

in previous chapters. In the context of queer experiences, Carroll (2013, p. 23) suggests that some “might not have the privileged ability to become unlonely”. This can be extrapolated into the wider context of privilege and access to connection. Yang (2023) explores loneliness in the context of intersectionality - another area where privilege has power - and explain that the uneven distribution of loneliness across socio-demographic groups exhibits social marginalisation and disadvantage regarding connection. This can be related back to social capital, where those who are more disadvantaged – or deprived – face greater hardships in accruing social capital and thus building connection, again suggesting privilege as a somewhat determining factor of connection.

Granton, an ex-industrial port, has benefitted from investments in recent decades. This area of the city used to contain the city’s busiest port and was an industrial centre. This example of a British coastal settlement is better reflected in the examples of ‘left behind’ areas referenced in Fiorentino et al. (2024)’s exploration of coastal towns, contrasting with the experience of Portobello and parts of Leith. More recently it has undergone extensive waterfront regeneration projects, and gentrification, yet still has not been identified as a place of connection and is still situated in the more deprived side of the spectrum (appendix 12, SIMD, 2024). One participant left the comment on their coloured-in map: *disillusioned with the development* (figure 43). This suggests that longstanding perceptions of places may have lasting repercussions on how a person may experience the location. The theme of changing times and the passage of times once more becomes relevant, tying in with experiences related to (re)development (Frank, 2021, Shaw and Hagemans, 2015, Tran et al., 2020).

Figure 43: Participant analogue map showing disillusionment with urban development in Edinburgh

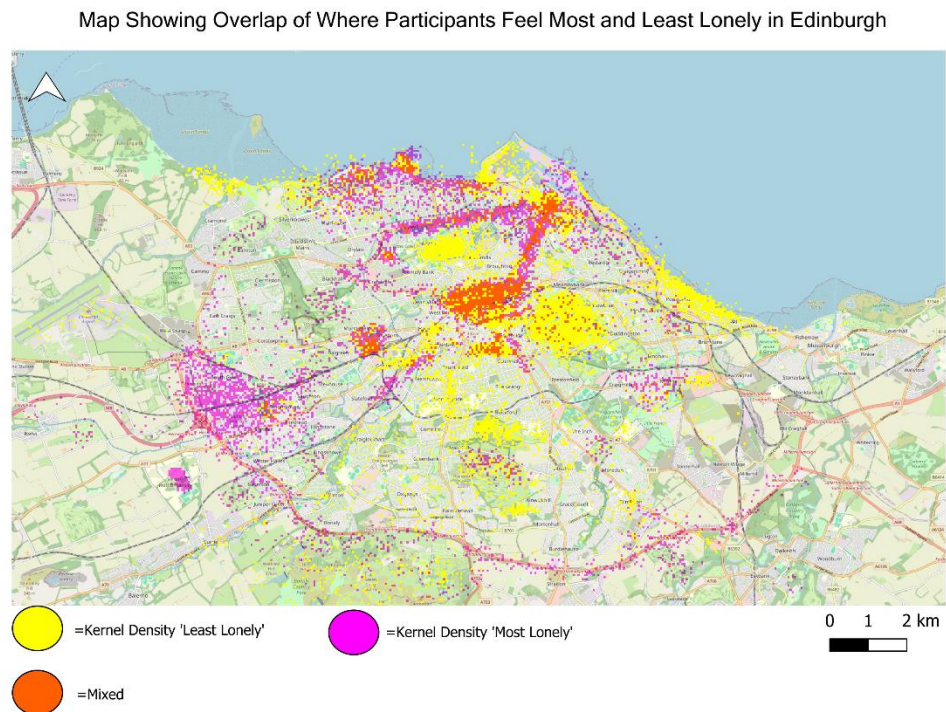


Recruitment efforts in these areas involved the use of posters and direct engagement with local community groups. However, a limitation of the study is the absence of a specific demographic question regarding participants' area of residence within Edinburgh. As a result, it was not possible to disaggregate the data by location in the same way as for other demographic variables, such as age or duration of residence in the city. Consequently, it remains unclear whether individuals from Sighthill or Granton participated and, if so, whether their perspectives

aligned or diverged from the broader findings. On reflection, this should have been done differently, and a future study should aim to rectify this in any replications. This may well be an example of social stigma at play. As discussed in the literature review, stigma can interact with distinct social geographies, culminating in 'spatial stigma' (Halliday et al., 2020). Perceptions of places and the people who reside in them are influenced. According to Brown et al. (2020) and their discussion on geographic/ spatial discounting theory, people prefer to be close to what they like and more distant from what they fear or dislike. Furthermore, people's conceptions of values of place relate to the 'sense of place' developed around their homes. Again, this can manifest as an issue of access. Place-based stigma acts as a barrier to connection (Stevenson et al., 2014). This evidence adds to the idea that determinants of mental health are multifaceted and interplay with geography and our perceptions of places and spaces.

7.3.3 Map showing overlap of where people feel most and least lonely

Figure 44: Map showing overlap of where participants feel most and least lonely in Edinburgh



7.3.3.1 Spatial linkages

As suggested by the results of the map earlier in figure 40 (least lonely), spatial linkages appear to be important for creating a sense of connection to both space and other people. This can be corroborated by the findings of the photovoice element of the project where issues of access, particularly relating to public transport, were prevalent in regard to the fostering of socio-spatial connections. The corroboration of these quantitative results with the qualitative data obtained through images, captions and discussions strengthens the argument that this is

something urban actors and leaders should seek to act upon and harness. This could be through action on creating accessible and reliable transportation links to disconnected areas or creating maps or place-based spatial interventions such as the Great Places and Spaces Map in Balbriggan (Figure 45) or the Thrive Line in Edinburgh.

Reflecting on suggestions made in the photovoice element of the project, creating more accessible, reliable, and convenient routes that people can travel through, be it active travel on foot or bike or using public transport such as buses should be considered. Using participatory research, reminiscent of those used in this project, could help changemakers identify weak points in the social-spatial connections in order to create action plans which work for those who live there. Initiatives, solutions, and interventions should be designed for and with the communities which the aim to cater for.



Figure 45: Balbriggan Great Places & Spaces Map; source Communitylocal.ie

We can see that the densest areas of overlap on figure 44 tend to fall around transport links. This may be because people have the most experience traversing these routes; both good and bad. The gaps in experiences that a lack of spatial linkages can create at a city scale are evident through the much lower densities in the in-between areas. Fewer people will have experience in these areas if they are not local to them and thus cannot necessarily judge how connected or lonely they feel in these areas. On a population level, this is relevant to initiatives such as Thrive. The more general trends should be the focus of intervention and action. Within this sample, trends show that people are willing to travel across Edinburgh to experience places and spaces and feel connection to those outside of their local area. The consensus, illustrated by spray density showing that better connected, or more well-known areas are centres for connection, implies there is opportunity for population approaches to public health to work with these areas as springboards for interventions. These

interventions could involve subsidising activity in the central locations, providing comfortable, warm, and safe spaces for people to spend time in, or centring educational health promotion campaigns in these spaces where the most social mixing occurs.

7.3.3.2 Hubs for connection and disconnect

This map highlights that there is conflict of feelings within certain areas. The city centre for example is a hub for connection but also a hub for disconnect. What is interesting here is that this parallels discussions and evidence from the photovoice elements of the project. This is an area where people explained that they felt lonely in the crowds, that it was overwhelming, that it was too expensive. However, they also stated that the centre was a place to meet with friends, go out, take part in activities. These places that attract so many people appear to be paradoxical. Again, as established in the last chapter, one's personal standpoint will impact their experiences of a place or space. From the results of this wider dataset, central and accessible points for connection do not equal uptake of connection. It appears that *facilitation* must be in place to bridge this gap of being alone in a crowd or lonely in a crowd. This again is an opportunity for change to be implemented, where there is scope to facilitate connection for large swathes of a population in a place they already choose to or must spend time in.

Another area that faces mixed results is the coastal areas of Granton in the North-West of Edinburgh. Above we established that Granton experiences a high density of spray for the prompt 'most lonely', but the coastal nature of the area brings in associations of connection as discussed in reference to figure 40. Edinburgh City Council describes this area as one of Scotland's largest brownfield sites located on a dramatic urban coastal green space. Both its identity as an ex-industrial site and a coastal space are contemporaneously true. Through photovoice and the above maps it has been identified that green and blue spaces can evoke mixed feelings, usually leaning more so on the positive side. However, these spaces, particularly those that are more expansive such as the sea, create room for reflection and feelings of insignificance which sometimes leads to more negative feelings. In these maps it

seems like there is a balance of lonely feelings and feelings of connection. They do appear to be somewhat mutually exclusive, with few coastal areas exhibiting an orange colour, showing that at the coast of Edinburgh there is a greater consensus on how these spaces make people feel and which parts of the coast do and do not evoke feelings of connection. Particularly with Portobello which in the PGIS component of this project is associated almost entirely with a more positive frame.

7.3.3.3 Change and Gentrification

The area around Granton has been in the process of redevelopment since the early 2000s. Memories, much like those exhibited in photovoice submissions in Balbriggan, may play a role in this mix of feelings surrounding Granton and the coastal areas of Edinburgh. Interestingly, there is generally a consensus between the sampled demographics on locations such as Granton. Some may remember the industrial hub that used to be and still associate the areas with this. Maybe the area was less welcoming, less aesthetically pleasing, experiencing decline. We can see from Balbriggan photovoice submissions that connections with the past impact feelings of connection today. The regeneration of Edinburgh's coast may not have yet offset prior perceptions.

There is an idea that urban regeneration can exacerbate estrangement people feel from places (Imrie, 2017). Lewis (2016) explains that the relationship between place and local identity can be irrevocably unsettled or disrupted by drastic changes such as deindustrialisation and the subsequent periods of drastic physical regeneration. Here we can reflect once again on the theme of change and loss. The theme of urban decay emerges again at this point. As noted in the photovoice chapter, there is no change without loss and no loss without change (Goldsworthy, 2005). With this in mind, the estrangement that people may feel when areas go under development or experience decline naturally would evoke emotive feelings. This emerges from literature on gentrification. If one is displaced by gentrification, associated emotions include grief or 'neighbourhood melancholy' (Frank, 2021, Lown, 2025). If one

experiences gentrification without displacement, emotions of estrangement can be evoked: “a sense of out-of-placeness is inextricably entwined with the transformation wrought by gentrification's class remake” (López et al., 2022, Shaw and Hagemans, 2015, p. 340). This could be important for sectors such as urban planning to consider in collaboration with those in the health and policy sectors when instigating changes in development. An interdisciplinary approach with considered action may mitigate these exacerbated feelings of estrangement due to stark changes.

7.3.4 Splitting by age group: Edinburgh

Figure 46: Map showing age demographic differences in where they feel least lonely in Edinburgh

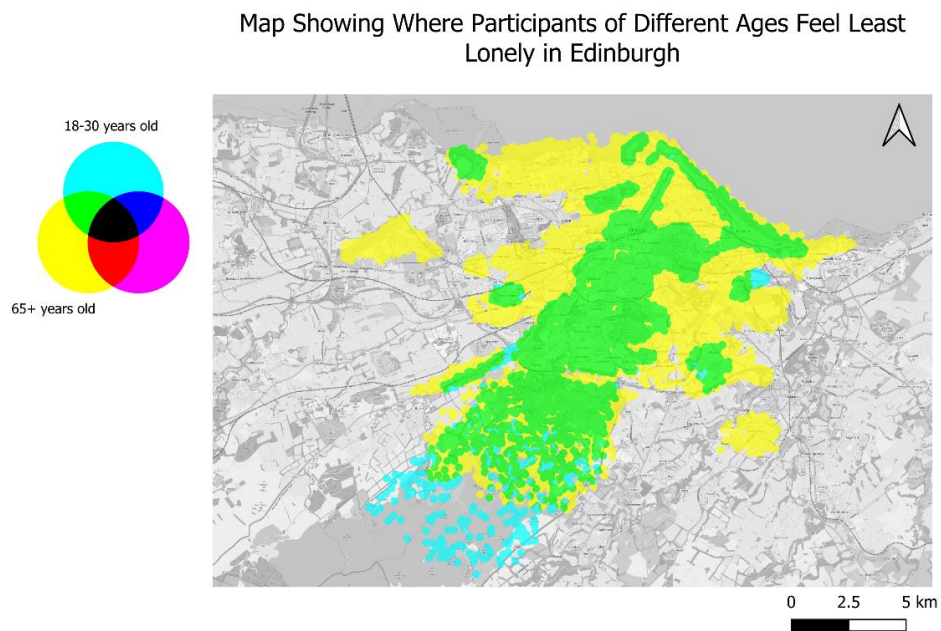
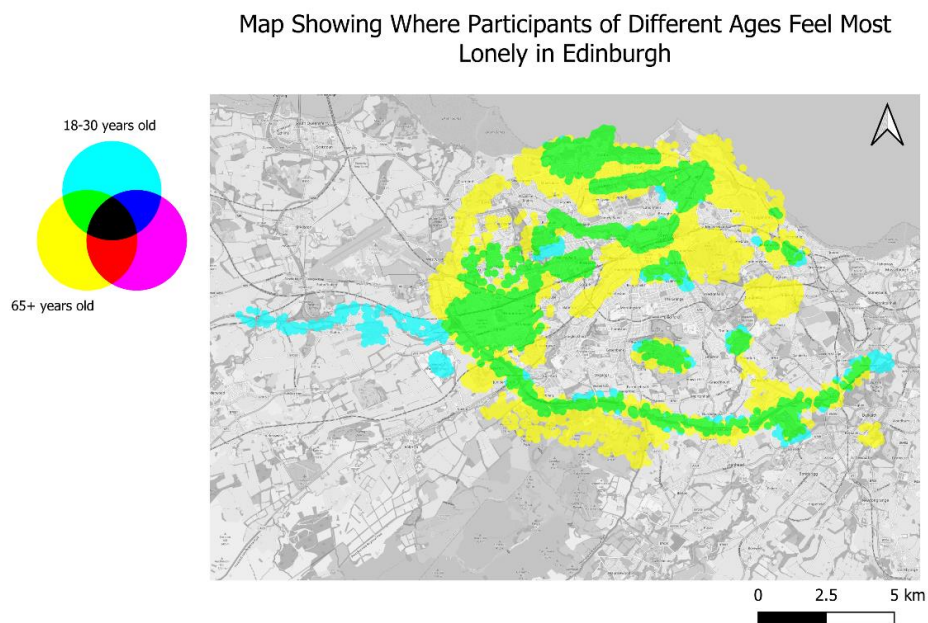


Figure 46 shows where the target demographics feel least lonely. A corridor of consensus between the generations appears through the north-east/ south-west centre of Edinburgh indicated by the green colouring; perhaps indicating how young people in Edinburgh more selectively move and traverse the urban space. This could be insightful into where to implement initiatives focussing on different age groups. If they have strong associations with different spaces and places, it may be more beneficial to concentrate efforts onto areas where there are established associations of connection or disconnect such as bolstering the connection felt in the green corridor.

For older people, efforts appear to be implementable across the urban space. This does not mean necessarily that efforts must be diluted but that there may be wider options for hubs for reinforcing of connection in places where this connection is already felt.

Figure 47: Map showing age demographic differences in where they feel most lonely in Edinburgh



In figure 47 there is much overlap between the generations- this is visualised by the green areas. Earlier Granton and Sighthill were discussed as places experiencing high densities of spray for feeling most lonely. In figures 46 and 47 we can see all the data points for 'most lonely' disaggregated into the younger and older demographics. Looking at the kernel density map for this prompt I theorised that past associations with the places may have influenced present framings of connection. In the case of Granton in particular, by this assumption, it would have been more likely to be the case for older people who have lived in Edinburgh through times of change. However, we see here that they younger participants also chose to highlight similar areas. Despite attempts at regeneration, it cannot be ruled out based on this data set that perceptions of a place based on its history and heritage do not influence feelings of loneliness or disconnect. This would align well with concepts emerging from the younger demographic in the Balbriggan photovoice submissions - the history affects the feelings in a place today. This interpretation of the data when compared with the maps provided by SIMD may unfortunately be optimistic or naïve. There is a good chance that the feelings represented on these maps correlate more directly with deprivation of areas and associations that come with this. Future research may wish to delve further into this. As discussed in the photovoice chapter, how our place in society and our entitlement to access and experiences are perceived or lived appear to have impact on how connected we feel to others and how we associate these feelings and experiences to place.

The Braids being a location agreed upon across generations is interesting. It shows a shared experience of loneliness in a suburban greenspace. Places like the green areas on the peripheries of the city and Inverleith park are not represented by an overlap despite their appearance in photovoice discussions and submissions about feeling lonely or disconnected. Perhaps this is because of the different participants having different lived experiences and associations. It shows once again that a place where one person may feel disconnected, others would not see in that way. The complexity of understanding the socio-spatial connection to loneliness continues.

With these two maps showing how different age groups perceive their experiences, it appears that the younger demographic is more particular or specific in where they highlight. This could be down to less experience of the city due to less time in their lifetime exploring, working, and living in the city or it could suggest a more scrutinous approach to place and wellbeing. The key informant interviews reveal that there is an assumption that the younger generation are more aware of mental health and wellbeing, thus they may be more aware of how they are affected by space and place, consequently having a greater ability to identify more specific locations for their 'fuzzy' notions. Literature supports this difference in mental health literacy (Hadjimina and Furnham, 2017, Malkin et al., 2019). An older generation may be less aware of these concepts in a mental health and wellbeing sphere and may not have been socialised in an environment where such introspection is commonplace. This is particularly true when barriers such as a lack of education or not speaking the local language come into play (Malkin et al., 2019). This may account for the broader area covered. This reflects conversations I had with members of community groups who often expressed uncertainty surrounding the meanings, concepts, and experiences the project covered and there were difficulties and struggles to translate the project and engage with the Polish speaking group at Edinburgh community centres. This perhaps represents wider barriers to access and engagement for BME groups in the case study locations. The younger generation had a more rapid uptake and outwardly showed a more confident grasp of the concepts and tasks.

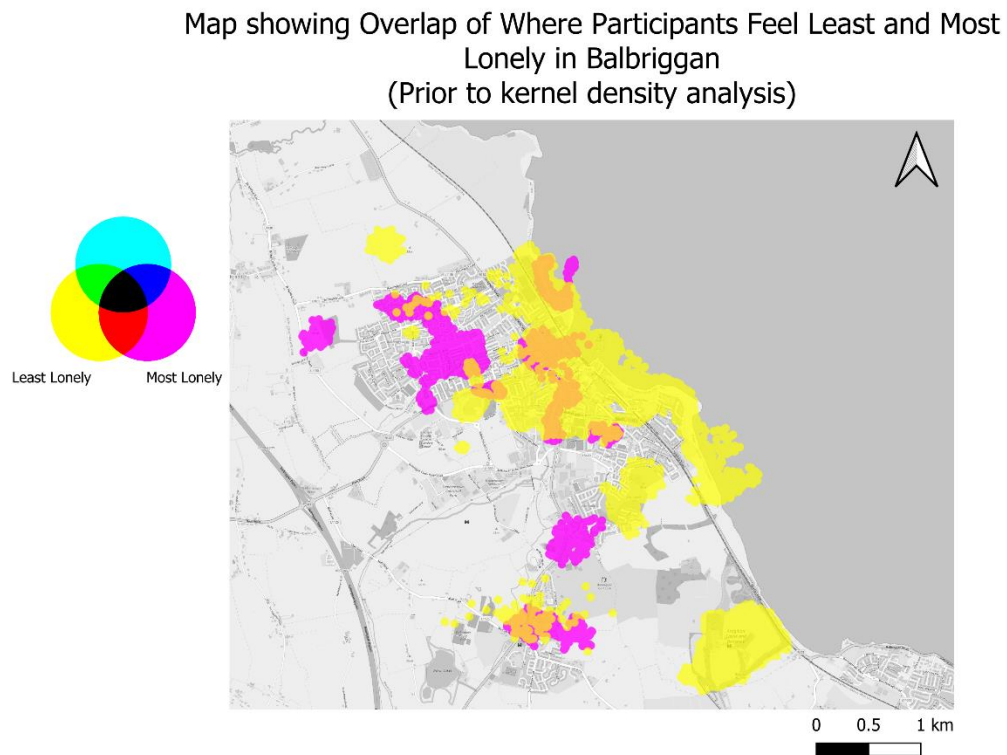
It is important to note that these results may not be due to differing levels of knowledge and understanding and it would be unfair to assume this. Instead, different perspectives, interpretations, and experiences may have shaped the participants responses in accordance with norms and expectations of each demographic. My positionality as a young person may influence how I perceive data and discussion in this context. It may also impact how I explain concepts and tasks from my own understanding and background, having grown up with technology and a more open dialogue about 'fuzzy' notions of wellbeing and mental health. In future research I hope to bring this experience forward and perhaps involve coinvestigators

from the target demographics to both deliver research and interpret data from a different perspective.

7.4 Balbriggan

7.4.1 Introduction

Figure 48: Raw data map split by least and most lonely, Balbriggan



To start the investigation into Balbriggan’s population’s feelings on disconnect and loneliness, a map of all the sprayed points can be found in figure 48. Much of the town has been acknowledged by at least one participant. There are some areas of overlap which could suggest

experiences of mixed feelings as seen in Edinburgh but also swathes of space with a clear demarcation of feeling least or most lonely.

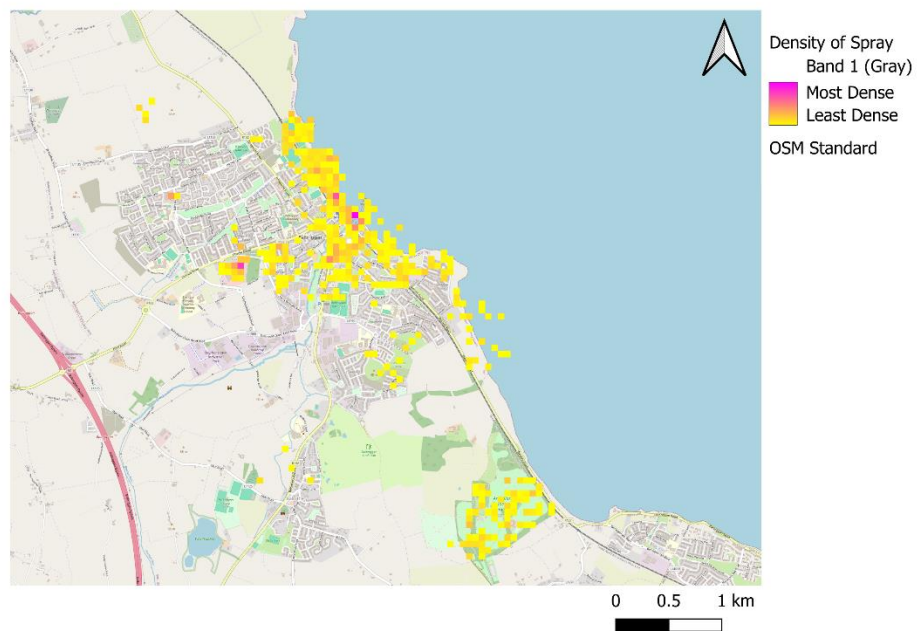
The maps seen below (figures 49-54) show the kernel density analysis conducted on the data from participants in Balbriggan. Comparative to Edinburgh, the mapped area is quite small thus there is less diversity in places and spaces. The type of place that Balbriggan is - a town belonging to the capital, Dublin - means that the scale and therefore results can differ. Balbriggan is the 17th largest urban area in Ireland, interestingly Edinburgh features at 14th largest urban area in the UK but the two are on vastly different scales.

The town is home to the first Thrive Initiative of Thrive Ireland. It is important to uncover how people experience mental health and wellbeing regarding loneliness in Thrive locations, regardless of size. The discussions below reveal what strengths and weaknesses there may be in the sense of connection within the Irish town and whether this aligns with the findings above.

7.4.2 Map showing where people feel least lonely

Figure 49: Map showing where participants feel least lonely in Balbriggan

Map showing Where Participants Feel Least Lonely in Balbriggan



The coast is a prominent feature of Balbriggan. Originating as a fishing village the sea has had salient impact on the evolution of Balbriggan. In fact, the Irish Sea creates some form of connection between Thrive locations, as I learned in my time spent there, as there were strong links with Scotland particularly in the last century with populations moving between the two for holidays, work, and romance. The map above shows that this link with the sea persists into modernity with the participants expressing through spraying the map that they felt most connected and least isolated along the beachfront areas of the town.

The relatively densely sprayed area south along the coast belongs to Ardgillan castle. This castle boasts a 194-acre parkland, woodland, and gardens. This provides opportunity for a variety of recreational activities ranging from culture to sport. Interestingly the other large greenspace present on the base map is avoided while there is some spray even seen in the fields to the north of the town. This greenspace is the site of the Balbriggan Golf Club. Reflecting on the findings above in Edinburgh, this supports the idea that some spaces, despite being well-kept, prosperous, and beautiful do not evoke feelings of connection if they are not *for* people to use. The sample here may not be golfers and therefore do not access or use this expansive space. It shows that the type of natural space is important in how it impacts outcomes of feelings of connection and ideas of access are once more at the forefront.

Here the themes of history and heritage appear to be present once again as they were in the photovoice results for the town. In this instance the theme emerges through the natural spaces in the area. These more densely sprayed areas encompass features of the town such as Ardgillan castle and gardens, the lighthouse, Broomore castle, and the Martello tower. The centre of the town is also densely highlighted. This could be for a multitude of reasons. The centre of town has facilities such as the library, train station, cafés, pubs, and restaurants. The town has experienced rapid expansion in the past few decades. The heritage of the town and history are thus largely located around the centre of the town- the dense area of spray around the confluence of the Bracken (Matt) river and the sea. The town used to have an industry in cotton and milling with the production of stockings and long-Johns called 'Balbriggans'. There are remnants of this history scattered around the town centre, particularly near the train station with public art and homages to heritage visible (see chapter 6).

As observed in the case of Edinburgh, it is reasonable to infer that central zones foster a sense of connection. Drawing on the understanding developed regarding the influence of history and heritage on local attachment in Balbriggan, it follows that areas rich in historical and cultural significance similarly evoke stronger feelings of connection among residents.

The densely highlighted area in the west of the town is home to Millfield shopping centre. This space is a linking point between the town and Dublin via bus routes. It also hosts much of the retail space of the town. It is anchored to one of the largest Tesco stores in Ireland alongside 30 other retail units and a food court. This centre facilitates leisure, economic activity, running of errands, and exercise in the on-site gym. Perhaps this multiuse space is a central point for the town, creating a space where people can bump into one another. An identified feature by key informants is the sprawl of housing estates with little infrastructure built alongside to provide activities or central meeting points for residents. The Millfield centre likely caters for much of the town's population, bringing people together.

7.4.3 Map showing where people feel most lonely

Figure 50: Map showing where participants feel most lonely in Balbriggan

Map showing Where Participants Feel Most Lonely in Balbriggan

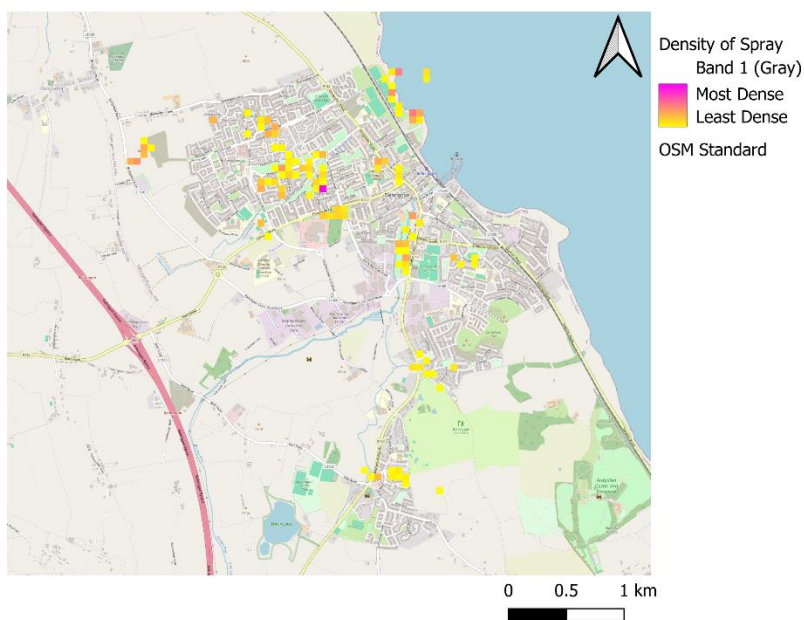


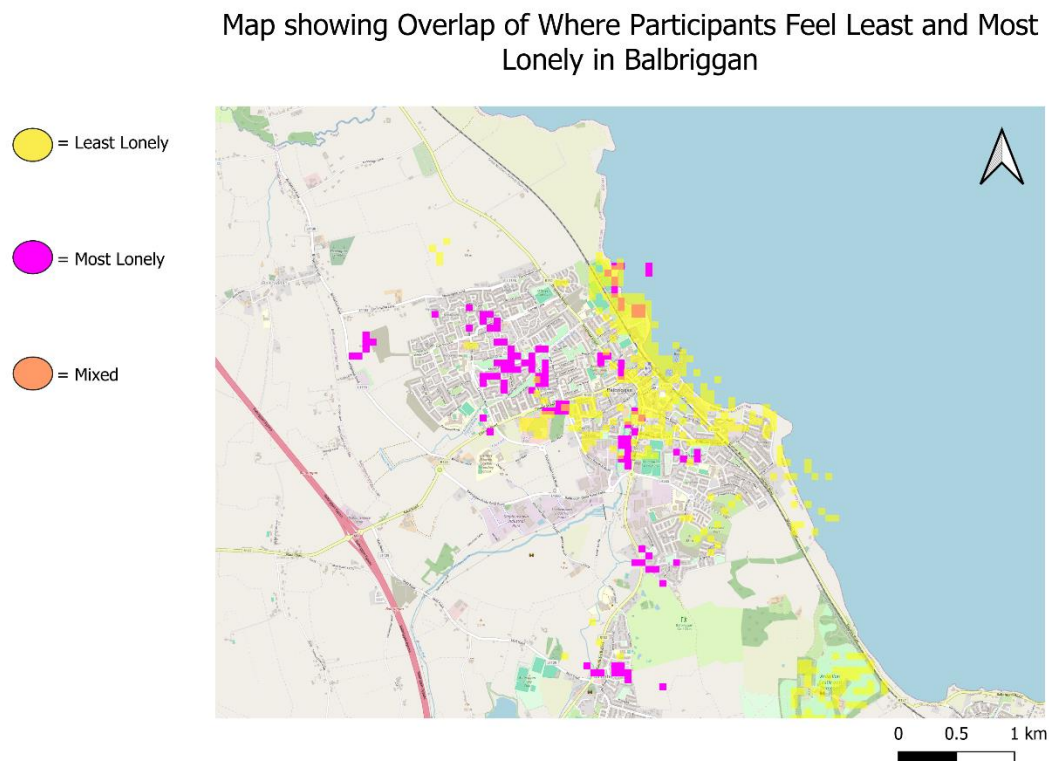
Figure 50 shows a much sparser kernel density map of loneliness. Visibly fewer areas are identified as places that participants consistently reported feeling most lonely in. The dense areas are in a small area of the town centre, residential areas, and the beach in the north. There was most agreement between participants according to this density analysis at the beach and near greenspaces in the residential areas. This is a surprising finding as greenspaces and blue spaces are seen to be protective and beneficial to mental health and wellbeing according to literature (Britton et al., 2020, Callaghan et al., 2021, White et al., 2020, Wood et al., 2023). The results from photovoice would also suggest this for the most part. These natural, shared,

and open spaces being associated with loneliness in Balbriggan could be due to the scale of the town. Particularly in the residential areas, the natural spaces are one of the only spaces where people may spend time in outside of work and the home. This is because outside of the centre of the town there are limited facilities and places for recreation or leisure outside of private home spaces. This means that in these areas people may be most familiar with the natural spaces and therefore associate disconnect felt here with these spaces rather than people's homes. Similarly, the beach is a space accessible to all so again may be a space people spend time in and either feel lonely due to their internal perspective or experience of social isolation and solitude (Ettema and Smajic, 2015, Seaman et al., 2010).

This map supports findings from earlier in the project that we cannot assume that natural spaces in cities and towns are unilaterally beneficial to mental health and wellbeing. Instead, we can see that they are vessels that amplify or facilitate people's feelings. They set a stage for emotions, connection, or isolation to be experienced that differs from places such as the home or workplace. This can be opportune for public health initiatives such as Thrive to make impact through public natural spaces. They can attempt to harness the stage that public spaces appear to set for experiences of mental health and wellbeing outcomes to improve the experiences and health of the wider population.

7.4.4 Map showing overlap where people feel least and most lonely

Figure 51: Map showing where participants feel least and most lonely in Balbriggan



Unlike in Edinburgh, here there is not such a strong mixing of feelings associated with different places and spaces. Here it appears superficially as though there are more finite conceptualisations of the places and spaces in the town with respect to loneliness and connection. One place where this is not the case is in the northern area of the towns coast, around an area colloquially known as shell beach. This reflects the findings of Balbriggan's photovoice participants who sometimes showed conflicting emotions relating to the coast, seeing these spaces as areas of reflection and solitude as well as places of connection and leisure.

It is interesting that the town, according to participants, is rather binary in experiences of loneliness or connection in a way that is not reflected in Edinburgh. This could be due to zoning of sorts, with areas in purple being in the sprawling suburbs with less social infrastructure or amenities and the yellow existing around facilities and social or economic activity hubs of the town. It sends a message that there is work to be done to facilitate feelings of connection in the housing estates. This is consistent with messages found in the key informant interviews and focus groups conducted in Balbriggan. There did not appear to be a great level of mixing in the areas further from the town centre with criticisms of the urban sprawl and lack of social infrastructure being commonplace. Reflecting on experiences during the recruitment and outreach process, it was less common to meet people from the recent developments such as in the north-west of the town at community groups such as the senior citizens group or the Scéal arts group at The Warehouse (figure 15). Staying in this area meant that I made contacts in these suburban spaces and had some success with outreach however there did seem to be a disconnect from old and new Balbriggan. The disconnect may be represented in these maps, perhaps there was less uptake in participation from those living outside of the older centre, or perhaps this is how people find their lived experiences in the town.

Literature that suggests that urban sprawl is a risk factor for social disconnect is predominantly found in outputs from the start of the century, where it was common to make this assumption. Freeman (2001, p. 69) stated that “although this seems like common sense, relatively little empirical evidence exists to support this notion.”. This brings into question why we see examples of results of people appearing to feel greater senses of loneliness and disconnect in peripheral areas. This is clearly not the rule, however this pattern of peripheral areas outside of more historic centres appear to engender more negative associations.

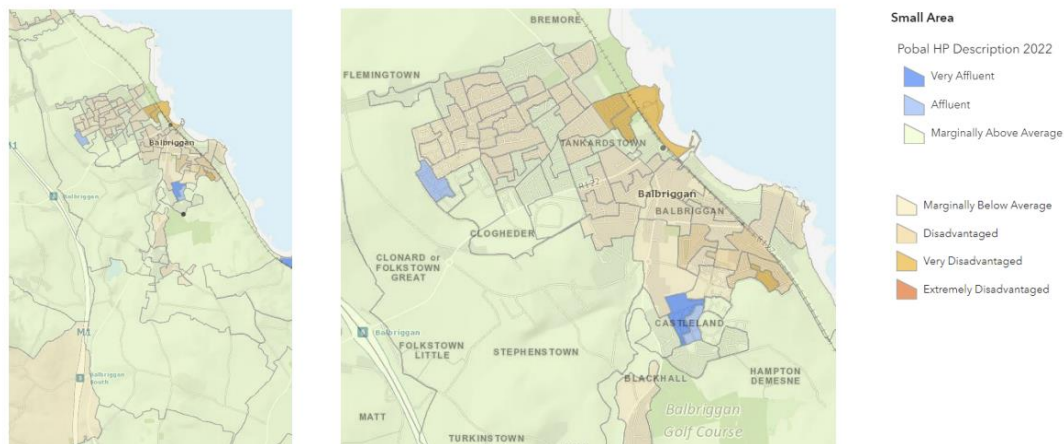
More recent evidence in literature seems to suggest more confidently that urban sprawl in itself is not a significant risk factor in itself (Garrido-Cumbrera et al., 2018). Instead, the risks are associated with the composition of these spaces both socially and structurally and relates

to the socio-economic makeup of these urban zones (ibid.). This suggests that the poorly perceived planning of space in Balbriggan may itself not be a root of issues, but the lack of connectivity and facilities may limit socio-economic prosperity and opportunity thus resulting in these perceptions of disconnect and loneliness in the sprawling suburbs. In many places the rapidly expanding peripheries of urban areas provide homes to diverse communities, often with poorer or more vulnerable groups being pushed out of central or more desirable areas through socio-economic processes including gentrification. We have already established that Balbriggan is home to a diverse and young population. Balbriggan has experienced more rapid population growth than the average of Dublin, Fingal county, and the wider nation since 1991 (Grant Thornton Ireland, 2024). The idea of blow-ins that arose in focus group discussions may have influence here.

Secondary data that breaks up the town of Balbriggan such as that of the SIMD is not readily available and thus it is harder to breakdown differences of deprivation or privilege in these areas. Despite this, data from the Pobal Deprivation Index places Balbriggan in the 10 most deprived areas in Fingal by a small margin (Grant Thornton Ireland, 2024). From spending time there, however, it is my understanding that the more central areas of the town are perceived to be traditionally the more affluent. Recent migration to the town has centred around these peripheral expansions, making the areas' demographics majority 'blow-ins'. The high prices of Dublin push people further out into commutable towns such as Balbriggan, which are comparatively more affordable. Based on understandings gathered through discussions and submissions from people in Balbriggan there may be risk of an 'othering' if there is not active participation in town life.

To contradict this perception, the Popal HP index suggests that the more socio-spatially connected areas of the town fall at the disadvantaged end of the spectrum with the densest area of agreement for feeling connection also being one of the most deprived areas in the town, classified as very disadvantaged (See figure 52 below).

Figure 52: Deprivation in Balbriggan source: Pobal HP Index (Grant Thornton Ireland, 2024)



Source: Pobal HP Index.

This finding of a conflict of personal interpretation and secondary evidence refutes ideas in literature and arguments made in this project that it is perhaps the influences of deprivation and socio-economic factors that has a most salient influence on loneliness or connection. Instead of associating the more deprived areas of the town with loneliness, the opposite appears to be true in Balbriggan, with the 'very disadvantaged' area broadly being considered a least lonely part of the town and the areas closer to the rare, blue '(very) affluent' areas having a greater association with loneliness. Based on other findings in this project and literature, the opposite would be anticipated. It adds complexity as the assumptions that could be made through comparative patterns in Edinburgh relating to deprivation and socio-spatial connection cannot be exported to Balbriggan. There is clearly more to the tale of privilege, deprivation, and connection. What may appear to be an obvious link between them could allude to internal preconceptions, misconceptions even with those creating the data and those analysing the data such as myself. This finding acts as a caution to assuming.

Alternative rationales to the findings in Balbriggan must therefore be explored. Again, perhaps it is the natural resources like we saw in Edinburgh that facilitate connection and distance from

these spaces either geographically or in terms of access that may have an effect on coastal towns like Balbriggan. The economic hub and connections out of Balbriggan to larger places such as Swords, Dublin, and Drogheda are all located in the old town so this concept of access and external connection may also play a role.

Fundamentally we cannot draw explicit conclusion about the causes and experiences of disconnect and loneliness based on deprivation patterns.

7.4.5 Splitting by age group: Balbriggan

Figure 53: Map showing age demographic differences in where they feel least lonely in Balbriggan

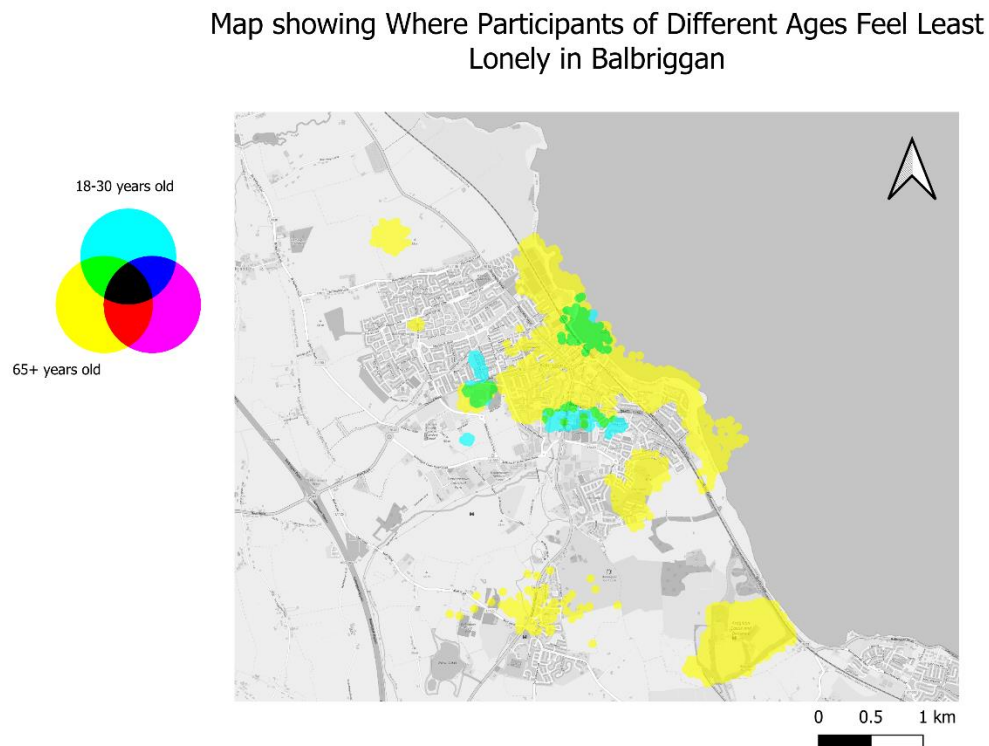


Figure 54: Map showing age demographic differences in where they feel most lonely in Edinburgh

Map showing Where Participants of Different Ages Feel Most Lonely in Balbriggan



Given the smaller geographic area and dataset, the above pair of maps will be considered together. Much like in Edinburgh, it appears as though the younger demographic might be more selective of where they feel least lonely. The areas seen in the most and least lonely places are quite different for the most part to the least lonely map. Older people and younger people in this sample have overlaps in locations where they feel least lonely but not in places where they feel most lonely.

The amount of spray seen in the most lonely map (figure 54), prior to density analysis, is less than that found in the least lonely map (figure 53). This could mean that people in Balbriggan

simply associate feelings of loneliness with fewer and more select places, however, it could also be that they do not identify places and spaces with these feelings. This could be due to a variety of reasons, and without follow-up discussions conclusive assumptions cannot be made. Having seen first-hand analogue maps used for this data, a handful of maps were submitted with no places sprayed to identify feelings of loneliness. This meant that there was less data collected for where people felt most lonely. Given that these participants were predominantly from the same cohort which submitted photovoice submissions, this was surprising as they felt they could identify where they felt most lonely through photographs, text, and verbal discussion, however chose not to do so in this medium. This, for me, is an interesting element to reflect upon as a researcher. It shows that some methods may help elicit engagement and experiential data more successfully than others; in the case of this project in Balbriggan photovoice was a more effective research method than PGIS. Further research may be able to clarify reasonings as to the reluctance of acknowledgement or association to place for negative feelings in these groups. Given the literature available, and the concern raised by WHO on loneliness as a public health issue, it is unlikely that these participants who presented me with no PGIS data for the 'most lonely' prompt do not experience loneliness.

7.5 Overlaying photovoice locations onto PGIS maps

Figure 55: Map showing photovoice locations overlaid on PGIS data in Balbriggan (100% opacity)

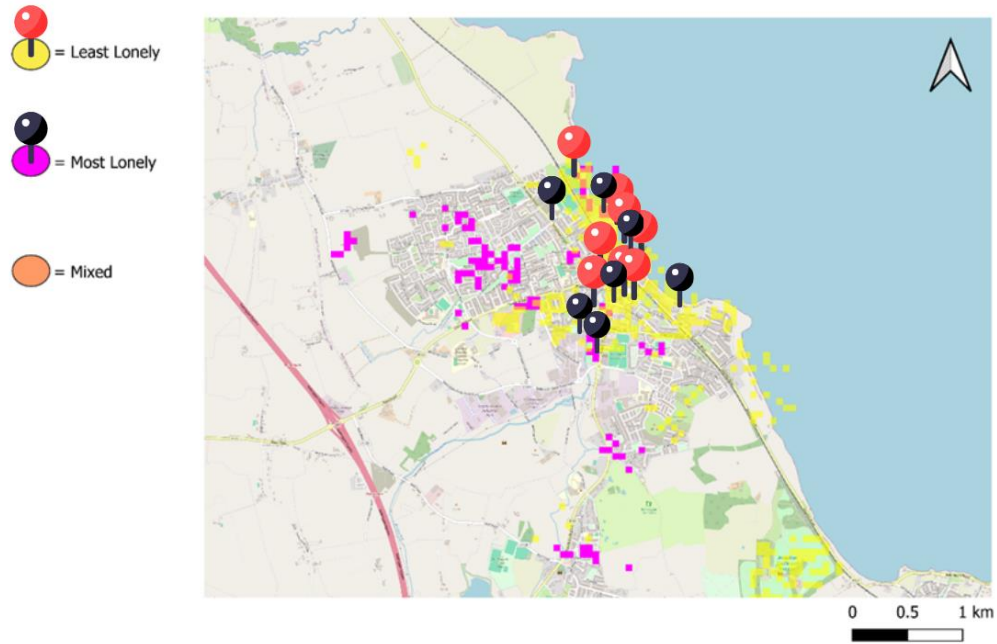


Figure 56: Map showing photovoice locations overlaid on PGIS data in Balbriggan (50% opacity)

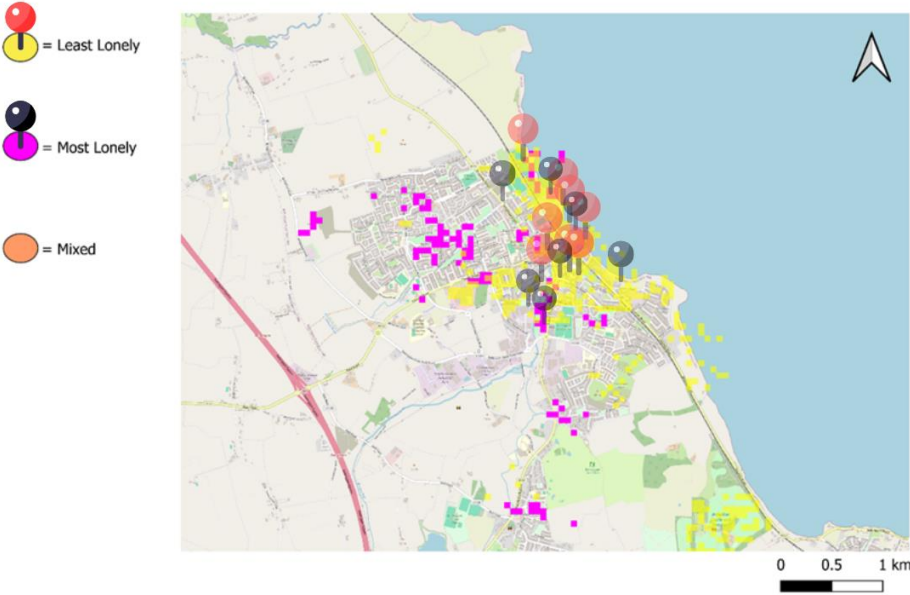


Figure 57: Map showing photovoice locations overlaid on PGIS data in Edinburgh (100% opacity)

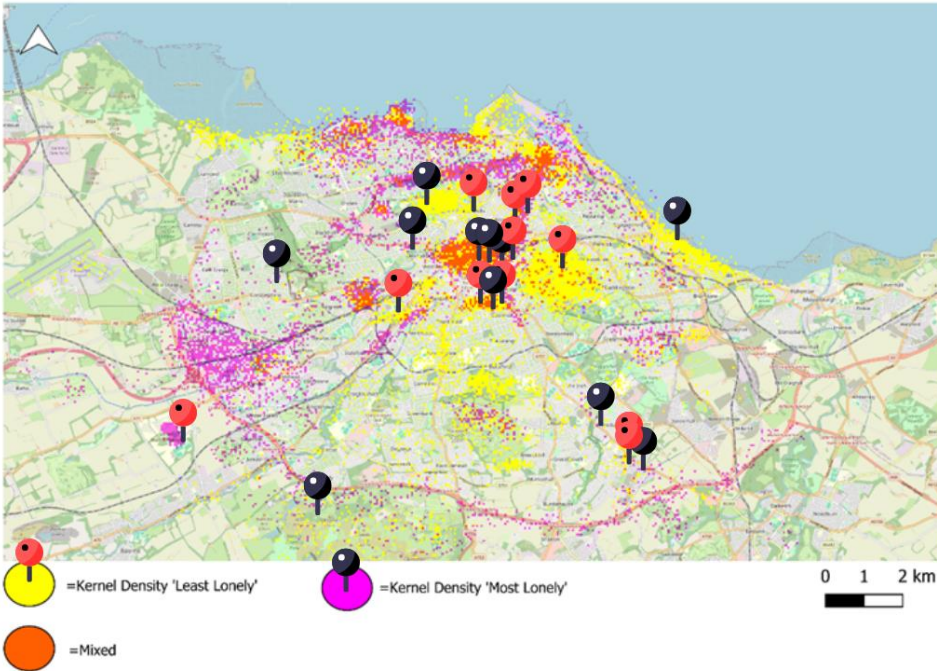
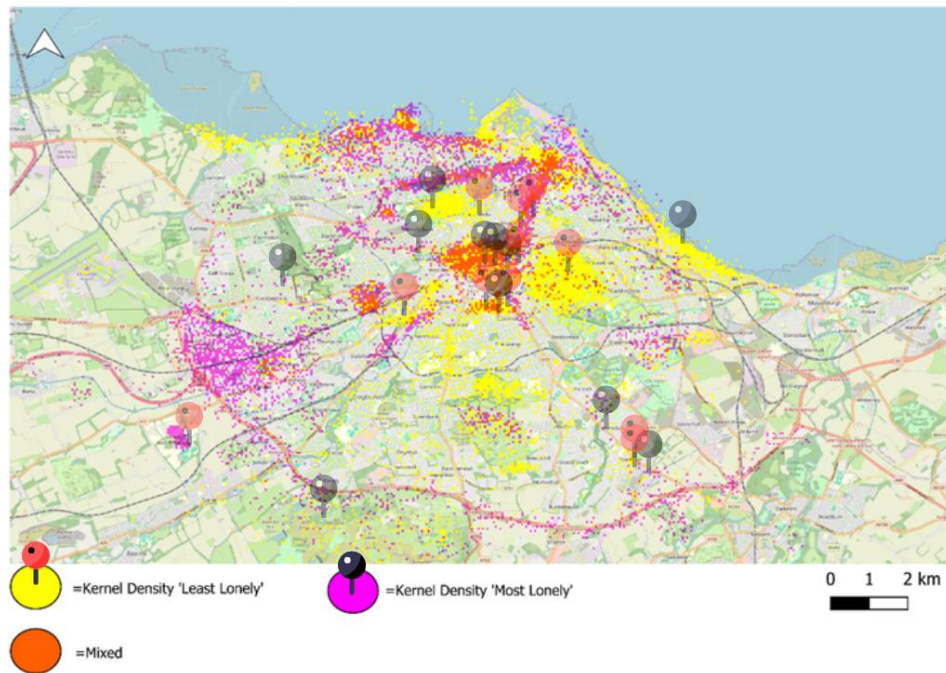


Figure 58:Map showing photovoice locations overlaid on PGIS data in Edinburgh (50% opacity)



Figures 55-58 combine the locations of the photographs taken by photovoice participants with the maps showing the kernel density of where people felt most and least lonely in each case study location. One figure from each location has had the transparency of the pinpoints increased to allow greater visibility of the data underneath. This enables a direct comparison of individual experiences of loneliness or connection to a wider experience of these to occur.

When our photovoice images are located on these maps we can see that they follow the trends seen by the wider cohort of participants in the majority of instances. They also appear to reflect the disagreements and internal discourses of where people feel most and least lonely, with examples appearing in these overlapping areas, for example by the beach in Balbriggan (Figure 56).

Notably, some data points showing the location of photovoice images contradicts the PGIS data. For example, in Portobello beach (Figure 58) there is a clear consensus that this place evokes feelings of connection, however we have a photovoice participant who experiences loneliness here, significant enough to be their submission for the prompt. The caption that corresponds to this photo submission states that they feel most lonely here as they are *“at the beach observing families and couples enjoy time together. When on my own.”* (Participant E10). This caption does allude to a context-dependent loneliness experienced in this instance – when on their own. However, this feeling is echoed by other participants who find feelings of loneliness can depend on those around them. This would be harder to identify in quantitative datapoints such as those used in the GIS maps which allow less space for nuance.

There are some limitations to the insight that can be garnered here. It is, however, important to see if individual interpretations of connection and loneliness shine through when aggregated into a wider dataset and manipulated to represent concurrence. Here we can see that aggregated data sometimes overshadows individual experiences. The value of triangulating data is apparent here. In my research I have been able to zoom in and explore the experience and insights on an individual scale and then zoom out and view the issues at a wider group scale. The insight we can gather from overlaying these image locations onto the created maps is limited to the size of cohort and to those who provided geographic information about their images. It should be noted that some of the pins are shown at more approximated locations for personal safety purposes.

7.6 Reflections

On reflection there are some barriers to this method’s success. People who think more literally may struggle with attributing abstract feelings to broader places. Others may grapple with inner feelings and interpretations in a way which are not compatible with a more quantitative mapping of emotions. That is why it is so valuable that this project provides opportunity to engage in various levels and types of methods to explore these feelings in a way which allows

different types of people to express themselves through a medium which feels appropriate to them.

Maps provide a level of respected and objective insight; at least, that is what we are led to believe. All maps are influenced by how we perceive the world around us. Maps provide a vessel for projection of current experiences and knowledge and have always included elements of the creator within them. In fact, scholars have expressed concern over GIS, suggesting it is neither value free nor objective (Harris and Weiner, 1998, Mukherjee, 2015). There is truth in this. As researchers there is power to create knowledge, there is also the power to transfer power of knowledge creation to others. One such way is through using participatory methods of GIS. Given this project situates itself in interpretivism, this facilitation of independent and unique experiences in space and place through the use of maps is appropriate and important. It inherently acknowledges that the resulting maps are neither objective nor value free.

Interpretivism and maps are not an obvious pairing. As I have established, maps as a concept should be considered at least somewhat interpretivist. It should also be considered that the users of the maps will apply their own lived experiences on how they may interpret a map. They may disagree with borders or illustrations or locations. Maps can make people reflect on how they perceive the world or how the world perceives their place in it. These maps therefore act as another active interaction between me as the author, the participants, and the readers of this PhD.

Looking at figures 46/47 and 53/54, it appears as though there was more variety in the locations sprayed by the 65+ group than the 18-30 group who had more selective areas. This could be down to perceptions, differences in representation, or experience with wider parts of the city. A further breakdown of why people chose to spray greater areas was difficult to obtain despite opportunities to input written data while spraying the maps. The lack of engagement with this limits an interpretivist understanding from the participants own perspectives and

instead relies more heavily on my own interpretations as researcher than in other methods used in this project.

What is shown in this map may not be representative of how every resident or visitor feels. What these maps do, however, is provide quantitative data that may have previously been deemed too intangible. Brown and Raymond (2007) understand that mapped values of participants feelings provide an adequate proxy for psychometric measures of place attachment. It has quantified what usually is qualified. With these findings, comparisons could be drawn between the methods of this project, triangulating them in a way that is insightful to an array of users of this document.

Instead of focussing on only the filled spaces on these maps, the empty space should also be studied. As I have discussed in this chapter, places where people spend time in are more likely to evoke responses and acknowledgement in participatory mapping processes. A dearth of engagement in some areas suggests a piece of the puzzle is missing. Further research should seek to involve these spaces; understand what kinds of connections these places provoke and why. These gaps leave space for initiatives like Thrive to influence socio-spatial connection. At this stage they may act like a blank canvas for connections, mental health, and wellbeing to be promoted.

I also think the question of where you feel most or least lonely is quite emotive but also polarising. The extremes of most and least work with this project's remit in terms of creating a manageable workload of data for a PhD and creating consistency between prompts in methods but it does not leave much space for a spectrum of in between experiences.

The value of this method lies within its capacity to view the case study locations at a vastly different scale. Photovoice could not encompass the experiences across an entire town and interviews or focus groups would struggle to accurately pinpoint and visually transcribe experiences in a way which could be presented quantitatively. The method provides a different

angle from which the key questions of this thesis can be explored and thus provides important context and insight which helps draw out conclusions and implications of the wider project. The approach helps to uncover interpretations of connection to and within spaces and places in Edinburgh and Balbriggan. Associations, prejudices, and personal experiences appear to have salience on how locations are perceived and categorised. These maps have also enabled debate on the role of privilege as a facilitator of connection. Regarding solutions to urban loneliness, the PGIS helps visually guide strategies and interventions to locations where people feel lonelier in a preventative/promotion manner and harness the power of areas where people already feel included and connected.

7.7 Conclusion

The value of this participatory GIS data lies within its capacity to illustrate the case study locations and personal experiences at a vastly different scale to the other methods used in this thesis. The data pinpoints and visually transcribes experiences in a way which may traditionally struggle to be presented quantitatively. The data provides a different angle from which the key questions of this thesis can be explored and thus provides important context and insight which helps draw out conclusions and implications of the wider project. Associations, prejudices, and personal experiences appear to have salience on how locations are perceived and categorised. This ranges from natural spaces, connective routes, landmarks, and centres versus peripheries. These maps have also enabled debate on the role of privilege as a facilitator of connection. The findings in this chapter align with those found in photovoice analysis, validating the findings of the thesis up to this point, exhibiting themes that emerge both at a zoomed-in and zoomed-out scale.

8 Bringing it all together: place-based interventions for loneliness and public mental health. Creation of physical and social spaces

8.1 Introduction

This chapter will bring together the learnings from the triangulated methods to create an understanding of what can be done to improve mental health and wellbeing in cities in the context of loneliness. It will explore the issues surrounding space and place both in terms of the physical and the social. It will collate the emergent ideas of socio-spatial connection and Thrive from this project. Further, it will provide some recommendations to be taken forward for both TCIs and other public mental health approaches.

8.2 Social space and place

The results of the photovoice and key informant interview elements of the project pointed to themes of social spaces and places. Participants identify various locations which they believe contribute to the wellbeing and mental health of themselves and others in their cities. Using data obtained in the PGIS element of the project, locations where people feel connected have been identified and thus can further inform what spaces and places are appropriate for or in need of interventions and public health promotion in the sphere of mental health and wellbeing.

8.2.1 Activities, facilities, and amenities

As seen in the chapter on photovoice, keeping active – be it physically, mentally, or socially – appeared as a cornerstone to promotion of good wellbeing and prevention of negative mental health and emotional outcomes. Activities identified varied from café visits where time was passively spent around others, to sporting activities, to pub quizzes. Work by Fancourt et al.

(2021) presents a growing body of evidence on the health benefits of engagement in leisure activities. These include hobbies, arts, volunteering, community group activities, group membership, sports, and general socialising (Adams et al., 2011, Borgonovi, 2008, Cuypers et al., 2012, Fancourt and Steptoe, 2018, Muro and Artero, 2017).

Spaces and places which facilitate these activities need to be protected and promoted according to the findings. If we lose these facilitators of connection and activity there is a risk to wider population wellbeing and mental health. Literature shows that pubs and cafés are a point for connection in communities, even in the recent shift away from drinking and the presence of a cost-of-living crisis (Thurnell-Read, 2021).

Arts spaces further emerged as a key point for activity in photovoice submissions and focus group discussions alongside conversations with key informants. Places like the Warehouse in Balbriggan and the cultural significance of the arts to Edinburgh such as the Fringe festival facilitate engagement with others alongside personal restorative processes associated with art (Jensen and Bonde, 2018).

Participating in sports and physical activity such as kick-boxing, walking, dog walking, and run clubs appeared central to the feelings of connectedness experienced by the participants in this project. This could also be reflected in the PGIS maps which highlight natural spaces as a place of connection; places our participants discussed directly in relation to physical activity such as Arthur's Seat in Edinburgh or the beach in Balbriggan.

The data shows that participants in the case study locations remain active through the enablement of facilities and amenities such as natural spaces for outdoor recreation; community centres which host women's groups, coffee mornings, and knitting groups; local businesses such as pubs and cafés; and local arts venues. These act as architects of good mental health and wellbeing in relation to activities which promote connection.

8.2.2 Thrive events and provisions

Building on the discussions around access, particularly financial access, there is a need for the preservation and introduction of free, or affordable, spaces and places in cities that facilitate connection and reduce loneliness. A case study from 'Live Better: Get Connected' shows a relationship between financial exclusion from activities and loneliness in older adults (Woodward, 2021). Further, it has been clarified that financial inequalities limit opportunity for connection and building of social capital (Beller, 2024, Layte, 2012).

Events and activities emerge particularly in discussion with key informants and through the photovoice imagery and captions. On an individual, citizen level we see engagement with a variety of activities associated with connection such as community groups, sports venues, pub quizzes, musical groups and so forth. In the follow-up focus group discussions it emerges that these extra-curricular activities are seen to be important for people to feel connected rather than lonely or isolated. There is a consensus amongst participants that there is a drop-off in accessibility to and availability of events as you age. It is seen to be easier to meet new people and participate in new activities in a university environment with sports and societies being actively advertised and often subsidised. Creating subsidised or financially accessible activities which reach people of all ages and demographics has the potential to benefit the wider population, principally those on lower incomes.

TCl's do host a variety of events and activities as part of their functioning as a public mental health initiative, fulfilling the need expressed by citizens to some extent. When considering whether TCl's meet the needs of their target populations in terms of events and activities, the remit and core goals of the initiative should be considered. TCl's themselves likely cannot place much emphasis in creating accessible sports schemes or encouraging attendance and hosting of pub quizzes, this relies upon others in the urban community including citizens, charities, and governing groups. Yet, the extensive partnerships that Thrive builds and relies upon can facilitate these activities. If TCl's place focus on partnering with those who have such activities

and schemes in place they can have positive impact on loneliness and isolation and reduce the negative outcomes of such experiences on the wider public's mental health.

8.2.3 Social networking, opportunities

Linking to the discussions above on activities and events, there was an appetite for wider opportunities to connect. This was evident in both the young adults and older adults. Interestingly there appeared to be a higher threshold for loneliness in the older groups suggesting that there was generally a lower amount of interaction needed to feel connected. This contrasts assumptions that older people are lonelier but is supported by literature such as a study on older adults in China by Lou and Ng (2012) and discussions in *A Philosophy of Loneliness* (Svendsen, 2017) and a literature review by MacLeod et al. (2016); which suggests resilience to isolation is built up over the life course and through experiences and various forms of social support and capital. Theories of social capital underpin much of the findings relating to social opportunities and networks within this thesis (Fraser and Naquin, 2022, Putnam, 2001, Torche and Valenzuela, 2011, Xue et al., 2020).

There is much public discourse surrounding loneliness and isolation in the older populations which most certainly is present within the population, however this research found that the older population was less likely to admit to feelings of loneliness. This may be due to personal feelings surrounding concepts of loneliness and isolation but may also be due to this increased resilience and threshold for change or isolation. Older adults have capacity for a high level of resilience irrespective of socio-economic backgrounds, personal experiences, and declining health (MacLeod et al., 2016). A literature review by MacLeod et al. (2016) finds that social support and connectedness alongside optimism and positive emotions are amongst the strongest evidenced aspects of the maintaining of high resilience. This aligns with the findings of the project, representing a combination of internal factors alongside connectedness with those around you.

Literature suggests that it is not necessarily how frequently public spaces are used that impacts life-satisfaction and loneliness, instead the effects of neighbourhood, mobility, and personal characteristics were significant in relation to loneliness and life satisfaction (Bergefurt et al., 2019). This means that results from this research somewhat align with existing results. How an individual perceives opportunities to connect and socialise varies from individual to individual as emerged in the photovoice and focus group discussions. Personality type, physical mobility, and local amenities and opportunities all arose in the conversations. How loneliness and connection are approached and understood differs on an individual basis (Lee and Tan, 2023), making population-wide initiatives to tackle loneliness in relation to health more difficult.

It was the younger demographic that put forward the most suggestions in discussions for solutions relating to activities or changes in culture. This included suggestions for subsidised activities and sports clubs, opening non-alcoholic venues for longer, and changing work habits. The older group tended to focus more on issues of accessibility to social networks and opportunities for interaction such as public transport, health conditions, and financial strains. This shows there is a slight divide in the priorities age demographics may put forward for changes they would like to see pertaining to connection and isolation in their cities.

8.2.4 Issues of access and inequality

Throughout the thesis issues of access have emerged. It has been present in the majority of discussive elements within the project and should play a major role in thinking on loneliness and connection in cities going forward. In literature we see that existing inequalities can diminish the effect of approaches that tend to promote and protect mental health and wellbeing such as natural spaces, activities, and events. This, I would argue, is largely due to barriers regarding access. I acknowledge there are other inequalities in mental health and wellbeing such as greater morbidity and experiences of poverty, however, access to opportunities in most circumstances may mitigate these; be they healthcare, employment, or social support related. In the photovoice chapter this could be seen quite explicitly at times

with physical or health related barriers reducing the opportunities for older adults to connect with others, or the inconsistent, inadequate, or expensive transport routes preventing people from physically accessing social or restorative opportunities. Other issues of access relate to wider socio-economic issues of inequality, particularly the cost-of-living crisis and financing leisure activities.

Those on lower salaries can experience disproportionately higher levels of loneliness and disconnect compared to wealthier peers in their local areas (Beller, 2024, Macdonald et al., 2018). Socio-economic inequality is clearly a driver of loneliness; which this thesis alongside other literature has established to be a potent influence on mental health and wellbeing.

It is imperative that issues of inequality and access are tackled when attempting to improve population wellbeing in cities, at the risk of creating even larger gaps and leaving groups and individuals further behind if this is not done. Population prevention and promotion approaches to mental health are fundamentally for *all* but should consider placing the concept of equity at the forefront. Reflecting on the work of Thrive Balbriggan and Thrive Ireland being primarily bottom-up, this should be brought into much of the work we see in cities on mental health and wellbeing. Work from the bottom upwards.

Concerning spaces and places in the city and how we use them, one needs to reflect upon who the space is for. Is it truly public? Is it truly accessible? It is very difficult to create a solution suitable for all but those most vulnerable have the least capacity to achieve this on their own therefore policy and initiatives must appreciate this and act accordingly.

8.3 Prosocial space – how we can rethink urban environments for public mental health?

A prosocial space or place is one that encourage positive interactions between people and promotes healthy living through a natural co-operative social behaviour towards a common goal that benefits other people or society. It relates to how we behave as a wider community

and as a set of individuals or groups (Corcoran and Marshall, 2017). The culture of behaving in cities perhaps would benefit from shifting towards a prosocial foundation to bolster public mental health and wellbeing.

“If we go back to first principles why people came together in cities, and what were the benefits of that? And this was a city that's built around humans across all life stages” – Balbriggan: K12

The quote above is poignant. What are the benefits of being in an environment where people are packed together with a mixing of demographics and life stages? There is much learning that can be done from those in our surroundings and that engagement with others is key to forming social support systems and alleviating loneliness. This can relate back to the literature review at the start of this project on social capital and the benefits of this (Ferlander, 2007, Fraser and Naquin, 2022, Layte, 2012, Xue et al., 2020). In a city, or urban area, there is an abundance of potential to build social capital with others and create connection.

Perhaps a factor that is limiting the capacity for this to be done is how we design our urban areas both socially and physically. This relates to an interdisciplinary approach to public health through fields such as policy, urban planning, geography, politics, sociology, and many more. An example of this could be through communicating across sectors and disciplines at all stages of planning and implementation with an approach like that of health in all policies – keeping urban wellbeing at the forefront of any work relating to city life. Throughout this PhD it has been established that there is unlikely to be one solution and the issues are multidimensional, requiring multidimensional and adaptable approaches. The following sections explore how cities and initiatives can reframe or adapt the physical space, and the culture attached to using public and shared spaces.

8.3.1 Bumping places

Across the data it has emerged that people can feel alone in a crowd on a regular basis. There is not necessarily a universal desire to be in company. In fact, many participants across this

project have identified restoration and benefits to their wellbeing and mental health in solitude when the environment is right. Being alone in nature or being around others alone does not necessarily mean the individual feels lonely. It is understood that passive social interaction can be just as beneficial in many instances as active interaction. Social interaction is not required to be formal, personal, or direct. It can occur at “modest levels” such as being amongst others in public urban spaces, fulfilling elements of the need for social contact in an undemanding way (Kazmierczak and James, 2007).

Instead of prescribing direct social interaction, a potential solution may be found in the introduction of spaces and places where people may passively interact, or ‘bump into’ interactions rather spontaneously (Ljubojevic, 2025a).

The concept of bumping places is relatively novel and under-researched. There is little academic literature available on this compared to many of the concepts discussed in this PhD. However, much like with Thrive, this concept is recent yet exciting. In the research, I first came across the concept in Roe and McCay (2021)’s book *restorative cities*. According to this book, bumping places can be conceptualised as the spaces where people meet spontaneously and have positive interactions. These are places where there exists a sense of conviviality which encourages people to linger and interact in positive ways. The wellbeing value of these bumping places should be acknowledged (Banwell and Kingham, 2023).

Since then, this idea of a space or place in which people can passively interact or bump into each other has emerged from the data gathered. People have identified such shared experiences and places to include natural spaces, historical spaces, aesthetic spaces, and urban facilities and amenities. During a focus group, a bus stop was identified as a place where people would often bump into others and eventually, through processes of recognition, instigate positive interactions with one another. A bumping place is usually seen to be in a place of transition. It is not necessarily a place where one may choose to linger in usually. In this way it is much like a third place. A bumping place need not be immediately obvious. They tend to be

local, walkable, and are where an unplanned or accidental interaction may occur. Places like a bus stop fit the criteria.

Thrive Edinburgh can be seen to have taken steps to create bumping places in the city. The Thrive Line project aimed to create socio-spatial connection through the city much like Balbriggan's great spaces and places map. The Thrive Line, however, came with training for individuals with people-facing roles to help stimulate conversation and connection at points where opportunities to connect may otherwise be missed. This could be in the waiting room of a GP, in a taxi, or in a café. It enabled the creation of a more socially connected city through both place and people. Thrive initiatives on their own may not be able to exert much influence over the physical urban design or planning processes, but they can socially retrofit the population with skills and understanding to facilitate connection with others and therefore bolster mental health. Initiatives to create bumping places can be found elsewhere. In London, for example, there was a move to try and create bumping places in libraries (City of London, 2021)— an accessible space for much of the population (Dalmer et al., 2022). Peterson (2023) explains that libraries are under-appreciated within wider society despite their obvious social functions. I would argue that this extends to much of the mundane architecture and infrastructure of a city much like transport, sitting spaces, and walkable spaces.

There are attempts at creating physical infrastructure to attempt to tackle loneliness and social isolation across the TCIs. As discussed in the literature review, welcoming architecture, as opposed to 'hostile architecture', of cities can be exemplified through benches. London engages with Act of Kindness Benches (Thrive LDN, 2025), partnering with the campaign to end loneliness to encourage people to meet and have a chat. Thrive Balbriggan are also hoping to have ownership over a bench to create space for people to sit down and observe or chat with others. Thrive Edinburgh also partnered with the Scottish initiative of Breathing Space benches in the transport hub, Edinburgh Waverly train station (Breathing Space, 2022); complying with suggestions made in chapter seven surrounding taking advantage of connective hubs for

creating social connection. ThriveNYC also engaged in benches with peer support (Rosenberg, 2019), creating space for conversations around mental health with others from the community in a public yet comfortable space. Most recently, Thrive Balbriggan received funding from the Fingal Local Community Development Council in order to build a bench, taking advantage once again from a place where people spend time in. These implementations of infrastructure by TCIs align with the findings and suggestions made by my research.

The simplicity of a bench, an understated piece of public infrastructure, can hold much power for connection. Ignoring hostile architecture's influence on many benches - for example, making them uncomfortable to sit on for longer periods, arguably detracting from their *modus operandi* – benches create space to take a moment, share experiences, help restorative processes (Breathing Space, 2022, Rishbeth and Rogaly, 2018). This simple yet impactful urban furniture can be mirrored to a large degree by many processes of TCIs; building on what communities already have; space and people. One should also consider the environment, comfort, and feelings of safety and welcomeness with these designs and concepts. In a rainy location such as Glasgow, shelter should be considered and in hot climates cooling features such as canopy shade or interactive water features could be implemented to facilitate greater use of the space or infrastructure.

8.3.2 Third places

The concept of “third places” has emerged as an important consideration in discussions around community wellbeing and initiatives such as Thrive. Coined by (Oldenburg, 1999), third places are informal spaces distinct from home (the first place) and work (the second place). They are inclusive, casual, and social environments where people can gather without obligation or cost. Oldenburg identified eight features that define such spaces: neutrality, levelling, conversation, accessibility, regulars, low profile, playful mood, and a sense of “home away from home.” These qualities resonate with findings in this project, where people described meaningful

connections in pubs, sports teams, and community centres. Conversely, the absence of such spaces was linked to loneliness and disconnection.

Third places strengthen social networks and build informal support systems, alleviating pressure on formal healthcare services and helping to prevent mental ill health (Lee and Tan, 2023). They are especially valuable in deprived areas where opportunities for connection may be limited (Hickman, 2013). Beyond fostering social ties, third places contribute to identity - both individual and collective. As Roberts-Ganim (2023) notes, they allow people to feel part of a society “bigger than ourselves.” Participants in this study often raised such themes when reflecting on barriers to connection and experiences of loneliness.

However, access and affordability can undermine the inclusivity of third places. Cafés and pubs, often assumed to be third spaces, can provide social lubrication through eating and drinking (Alexander and Gallant, 2020, Stroebaek, 2015), but they are not universally accessible. Participants in this research expressed an appreciation for pubs, while others wished for cafés to be open longer or opened in general to provide a space for people to spend time in socially whilst being protected from the elements and without the need for alcohol. Sadly, rising prices and exclusionary practices mean that for some, these spaces cannot fulfil the role of a genuine third place. Alternatives such as community cafés appear more equitable, offering affordable, inclusive environments that build belonging and social capital (Sumpter et al., 2024, Warner et al., 2013). Public infrastructure - including libraries, museums, and community centres - is also crucial, as these provide free access, shelter, and opportunities for social interaction. Similarly, natural spaces such as parks and waterways act as informal third places, enabling connection through shared experience.

Although often emerging organically, third places can also be intentionally created. Examples include museums designed as collaborative community spaces (Wang, 2024) or Thrive Balbriggan’s initiatives, such as benches, seating areas, and the use of libraries as hubs for classes and events. Mapping and highlighting existing “great places and spaces” encourages

wider community use and reinforces these sites as centres of connection. Importantly, accessibility underpins their success. Urban planning approaches such as 15-minute cities - where everyday services and green spaces are within easy reach - align closely with this principle.

The design and atmosphere of a space also play a decisive role in its effectiveness as a third place. Moody (2011) shows that well-designed, welcoming spaces enhance social capital, civic identity, and quality of life. This echoes the project's findings that aesthetics, arts, and the broader "beauty" of the environment strongly influence wellbeing. Safe, attractive, and inclusive spaces are therefore essential. Creating them requires multi-sector collaboration across health, planning, arts, and private enterprise to ensure cities nurture opportunities for connection and belonging.

8.4 Physical space and place

8.4.1 The green and the blue

These are emergent across both case study locations with people in both Balbriggan and Edinburgh identifying public natural spaces as places of connection and inclusion. Evidence for this is emergent in the photovoice and PGIS methods and is supported by both wider literature and is acknowledged in the key informant interviews where nature-based solutions to public mental health are referenced.

It is clear that this is a resource in cities that should be protected and capitalised upon in order to protect and promote public mental health (Burls, 2007, Roe and McCay, 2021). From discussions with key informants, we see that these natural resources are seen as opportunities to engage the public in activities surrounding prevention and promotion in the context of public health including through gardening activities, exercise, and mindfulness exercises. Evidence from PGIS and photovoice show that individuals often choose to represent their experiences of connection through imagery of nature in the urban contexts. This is notable as

here they may only choose one photograph to represent these experiences. When viewing a method which allows a greater selection of locations, PGIS, we see further engagement with natural spaces in Balbriggan and Edinburgh as places where people feel least lonely.

Reflecting upon literature utilised in this project it can be seen extensively that green and blue spaces in urban areas have power to influence public (mental) health outcomes (Burls, 2007, Callaghan et al., 2021, Collins et al., 2022, Jennings and Bamkole, 2019, Kazmierczak and James, 2007, Lee et al., 2015, Maas et al., 2009, Maas et al., 2006, Neal et al., 2015, Subiza-Pérez et al., 2020, Sugiyama et al., 2018, Wood et al., 2023).

It is important to note however that there are some deviations from the general consensus that natural spaces are beneficial to mental health and wellbeing (Van den Bosch and Sang, 2017). Within the data gathered in this project in both the photovoice and PGIS there is evidence of subjectivity and personal interpretation of the impact of natural space on their feelings of loneliness or connection. This often does involve positive experiences that bolster wellbeing and mental health but there are instances where natural, particularly expansive natural spaces, evoke feelings of isolation and disconnect in participants. This evidence suggests that engaging with green and blue spaces is not a perfect solution for tackling mental health in cities. The experiences and feelings people allocate to these parks, hills, or beaches are highly personal and thus incite a variety of feelings (Astell-Burt et al., 2024b). These spaces may offer respite from the hustle and bustle of cities and towns but can also cause people to feel very alone, or small. Feelings of distance, disconnect, and aloneness can all be identified in submissions relating to loneliness and natural spaces in the case study locations (Astell-Burt et al., 2024b). Despite this, it is difficult to find much literature supporting these findings. Studies tend to emphasise the benefits of natural spaces for feeling less lonely or disconnected (Peters, 2010).

8.4.2 Scale

Scale has emerged as a theme in this research. Firstly, we can reflect of scale in terms of what is a TCI? A TCI is clearly a fluid and flexible concept, and from this it can function at a variety of scales. This ranges from almost \$1 billion in funding in a city of over 8 million people (New York) to rural areas in Ireland with only 32,000 inhabitants (Connemara). Scale does not appear to dilute or concentrate the actions of Thrive with each building on assets already existing in the communities through partnerships and aiming to prevent poor mental health and promote good mental health. This consistency of sorts across scales is a testament to the viability of these initiatives to function for a wide range of populations across countries, contexts, and resources, suggesting promise for further expansion elsewhere. This learning can be applied to other initiatives and health interventions. As key informants from Balbriggan explained, *Thrive* brings together people and infrastructure not traditionally associated with public mental health. This approach aligns with the concept of *Health in All Policies* (Greer et al., 2022, Mahabir et al., 2022, World Health Organization, 2023b), or even the more ambitious notion of *health for all policies* as proposed by Greer et al. (2022). A multisectoral, strategic, and thrifty approach such as this may help overcome the scaling challenges often encountered when implementing population-level interventions. A key informant from Edinburgh explains that Thrive engages with *“all aspects of health and social care, so building resilience work isn't just for people with mental health problems. This is like communities coming together. Using places using assets. It is so much more akin to place making. And that public health approach to place making, rather than it being a public health approach to mental health.”*

Participants also discuss scale in their own contexts. We see discussions of feeling small in large open spaces, feeling connected to the rest of the world through ocean vistas, the scale of their working world and opportunities for meeting others shrinking post pandemic. From the PGIS maps we see experiences of connection at a wider scale than we see in our photovoice submissions and focus group discussions, yet this zoom-out shows a persistence in patterns which emerged at very personal, snapshot levels of experience. Using this variation of scale and

method of expressing experiences relating to spaces and connection further strengthens the conclusions which can be drawn.

In a key informant interview, the idea of connection through *knowing* someone emerged. This was in relation to Irelands tradition of emigration: “*Diaspora... So our interest in in the world was, I know, somebody there.*” - *Balbriggan: K12*. As people migrate, social networks expand geographically, increasing in scale. In a focus group discussion in Edinburgh, topics of conversation included moving away and feeling disconnected from people; however, there was also evidence of people coming to visit in the photovoice submissions. Increased access to others through development of transport and communication systems mean that the distance at which people can remain connected has increased, “people can travel, relocate and migrate and yet still be connected with friends and family members ‘back home’.” (Larsen et al., 2006, p. 262). Reflecting on this projects prior discussions on social capital, it is somewhat surprising that Putnam feels that this mobility undermines social capital (Putnam, 2000). Larsen et al. (2006) combats this thinking and instead argue that travel, and in this context scale of connection, builds social capital. This, I think, is reflected in discourses and evidence from the data gathered in this project.

Migration is topical in many political arenas at present. The divisiveness of the topic can often overshadow how global migration brings people closer together, the scale of the world feels more manageable when you know people elsewhere; and “technology is making our world smaller - and I mean that in the best way possible... distance is increasingly irrelevant” (Narla, 2024).

Now, this project focuses on individual urban areas separated by a sea from each other. Despite this, participants regularly brought up the idea of connection outside of the borders of their towns and cities. One participant submitted an image of the town their grandparents grew up in as a place where they felt least lonely, miles from the study location of Edinburgh. Another in Balbriggan used the sea as a vessel to be feeling connected to others outside of

their town. While this project hoped to investigate feelings of connection *within* these localities in relation to geographically local environments, it appears as though there is, for some, a need to feel connected at a wider scale. This desire for a connection that may cross borders, be they international or city-level, could be something that can be built upon to lessen 'us versus them' discourses. My data reveals an openness to others and to new connections regardless of scale. This is outside of the remit of this particular project, but the finding should be noted by policy makers across departments. There may be space here for reflection for how cities are designed regarding connections across locations and within them. This can be in relation to the physical design of transport and communication links, identified by participants, but also how urban communities and collaborations may be intentionally designed in the future to foster connection in a multitude of facets.

8.5 Thrive creating space

Considering Thrive as a space of sorts in itself emerged from key informant interviews. Above it has been established the importance of spaces and places as facilitators of public (mental) health promotion and prevention. What if Thrive is a space from which public health processes can occur? Surprisingly, the online space did not emerge to the forefront of the data. Reference to isolation through working from home alludes to the move into online spaces but the alternative spaces to traditional physical spaces did not play a major role in this research. This is despite much literature existing on intangible spaces such as social media acting as vessels for connection and community (Brusilovskiy et al., 2016, Clark et al., 2018, Ellison et al., 2007, Page-Tan, 2021). In fact - contextualising this in public mental health initiatives - Brusilovskiy et al. (2016) find that social media use was positively correlated with community participation for those with serious mental illness.

It should be noted that in an increasingly globalised and digitally connected social world, community can refer to the complex and manifold networks and social ties which constitute people's lives (Rainie and Wellman, 2012). This means that community is not rooted to a

particular tangible location, it instead can be spread across geographies or locate itself in intangible locations such as the online sphere.

During my PhD, I attended a summer school at the University of Copenhagen and met a colleague from Saigon (Ho Chi Minh City) who explained to me that in urban Vietnam, in their view, people prefer online spaces due to the hectic and polluted city environments. They explained that the city has become so packed that there is no space for people to spend time there anymore, somewhat reflecting the importance of the discussion of bumping and third places above.

It made me reflect on how people may find connection and support outside of the traditional urban spaces and places and led to the consideration of how Thrive could really be an intangible space. The interviews with key informants helped to shape this.

Thrive already takes advantage of the assets of the city. This includes the physical spaces and places but also the intangible assets such as communities and experts. Key informants note the importance of having people involved in the physical spaces of their cities, explaining that an aspect of Thrive is *“Creating spaces and places for people to go to and around about meaningful activities... It's about actually people being part of that space and having a purpose within that space as well.”- Edinburgh: KI1.*

Multiple key informants from a range of TCIs pondered whether Thrive is a space or a platform in itself: *“Thrive acts as a platform and a space”- Edinburgh: KI1* . When *Balbriggan: KI2* states *“I think Thrive has created a number of platforms where people can just come and be”*, there is an implication that this process of Thrive as an intangible space for connection and facilitation of good mental health and wellbeing is in progress. Another describes Thrive as a *‘safe platform’*, using lexis relating to comfort and accessibility, creating a welcoming space- something that we have seen is important to facilitate good mental health and wellbeing and acts as a precursor to connection.

A key informant from Thrive LDN explains in an interview that the use of art such as film is used to create space and opportunity for connection. The use of art as an intangible space, creating opportunity for connection is seen in Thrive Edinburgh, too; for example through their involvement in the Scottish Mental Health Arts Festival (iThrive Edinburgh, 2024). The arts and creativity provide opportunity for people to connect; and, as ever, context is crucial (Madsen, 2019). During my PhD I attended a multitude of Thrive events ranging from conferences to World Mental Health days and the incorporation of art was present in all instances ranging from storytelling, to theatre, to crafting, to videography. This practice of involving creativity and art to create space for people and mental health is supported by academic literature (Butterwick and Selman, 2020, Jensen and Bonde, 2018, Madsen, 2019). In some cases there is conflicting evidence on art interventions creating a space for belonging and community for those with poor mental health, however, there is consensus that there is at least some capacity for building belongingness (Parr, 2006). Creating space for arts in communities can help tackle the ever-important “us versus them” exclusionary narratives which emerge in literature and discussions with key informants about stigma and mental health, instead creating sites for healing and recovery where one can ‘change the story’ (Butterwick and Selman, 2020). This is reminiscent of discourses in chapter 4 on stigma and changing the narrative as a key ingredient of Thrive and can explain why an emphasis is placed on these types of spaces and approaches which are evidenced to create more inclusive spaces.

In Ireland and Edinburgh, discussions with key informants explain that Thrive brings people together through partnerships, acting as a platform from which organisations and individuals can have conversations. Thrive can be seen as a facilitator of connection both in tangible and in intangible spaces. As noted in chapter 4, Thrive is labelled in a variety of ways; one of which is a social movement. Throughout this research, an emergent discourse has been one of narratives and change. Enacting change through unconventional channels is a feature of social movements and appears to resonate with TCIs and how their respective teams and citizens approach public mental health. In a moment of reflection, Thrive could be conceptualised as a

social movement, creating space for change and changing conversations in the hopes of bettering experiences of those living in their cities.

8.6 Conclusion

Reflecting upon the triangulation of methods, it is clear that there is no one solution to public mental health issues relating to connection and loneliness. The issues which exist and are identified by participants are complex, requiring multidimensional and adaptable approaches.

The confluences of findings outlined above relate to the outcomes of the findings of this research and the interpretations of interviews, focus groups, photovoice, and maps from PGIS. Engaging with interventions from a perspective of space and place can help propel population-level public mental health. If space and place are harnessed based on these and other findings, there is capacity to bolster mental health interventions. It should be further noted that this perspective provides opportunity for prevention and promotion to build upon further existing assets and opportunities in an urban area. If prevention and promotion as methods for improving public health are not sufficiently endorsed or engaged with it will be difficult to implement these recommendations. The place-based nature of public health policy, or at least the place-based nature that should be applied to health policy, means that the findings of my research should not apply seamlessly across differing contexts, cultures, or health systems. The findings will, however, provide a rich and novel springboard from which further examples can begin to be understood.

9 Conclusion

The following chapter will summarise the findings of my research in relation to the aims and key questions outlined at the beginning of the thesis. It will provide recommendations based on these findings for public health policy and practice. These recommendations are in relation to TCIs, population interventions, and issues of loneliness, connection, and wellbeing.

This chapter also includes reflections on my research process and outcomes, outlining the original contributions it makes to the wider body of knowledge in an under-researched area and in public mental health theory, methodology and methods, as well as to policy and practice implications.

9.1 Key findings relating to the research questions

9.1.1 What is a Thriving City Initiative?

The first research question was explored in chapters 4 and 5 utilising key informant interviews, available documents and literature, and my observations and experiences throughout the research period. The project set out to understand how we can define a TCI, how TCIs define and perceive themselves, and uncover the key ingredients of a TCI. This research uncovered an array of inconsistencies between TCIs and a lack of consensus on identity, structure, and approach. At present there can be no overarching definition of *what Thrive is* due to such stark differences between the initiatives which share the same name. From the work conducted an array of differences were identified, encompassing: operational structures, processing, resourcing, and identity. However, it also emerged that the key ingredients included in all Thrive initiatives are: a reliance and establishment based upon partnerships with communities, stakeholders, governing bodies, and healthcare systems; a focus on preventing poor mental health outcomes for the population and promoting good mental health; and, changing the cultures and conversations surrounding mental health and wellbeing in the localities with emphasis on stigma reduction at some point in the journey.

The concept of Thrive has been revealed to be driven by the people who envision and create it in its locations. It exists in a fragile state in many cases, vulnerable to changing leadership structures or environments.

To conclude, this research question has not been wholly answered but has distilled some key elements that characterise all Thrive initiatives to date. This research created a foundation upon which these initiatives and those who follow suit can reflect upon and decide whether to move towards a cohesive identity or embrace the flexibility and adaptability that the present Thrive concept allows. There are benefits to this diverse conceptualisation which enables a greater degree of ownership for each location to create a contextually appropriate response to their population's needs and context. This, however, does cause difficulties in regards to wider understanding amongst outsiders who are not directly involved in Thrive which can cause issues down the line. This is particularly true in respect to impact evaluation at both an individual TCI level and across TCIs.

9.1.2 What is the relationship between urban spaces and places (in locations operating a thriving city initiative) and the experiences of loneliness and connection among older or younger residents?

The latter half of the data and discussion - chapters 6 and 7 - places emphasis on exploring this question. Utilising photovoice, PGIS, and focus group discussions; patterns have emerged surrounding the experiences of loneliness and social isolation in the context of space and place in the city. The data correlates broadly with existing literature on access, nature, and community as factors which help foster feelings of connection. There are certain spaces and places which have established capacity to bolster mental health and wellbeing, including issues of loneliness and connection, such as parks, community centres, accessible means of transport, and affordable places and spaces to spend time in and do things in. Conversely, inaccessible, dirty, unsafe, and unwelcoming areas are less likely to be associated with connection. Some types of spaces - often exhibiting extremes of physical isolation and connection, such as

crowded city centres or vast expanses of nature - create conflicting narratives of experiences of connection and loneliness.

Whilst social and structural factors have huge influence on experiences of loneliness and should be harnessed in order to mitigate this, the data in this PhD finds that experience of loneliness and connection in regards to space and place are incredibly personal and open to interpretation based on prior experiences and internal thought processes. This can create personal perceptions which can go against the literature such as feelings of disconnect in urban nature, a type of space broadly associated with restorative and protective processes. Similarities emerge to a greater extent than differences across the age groups studied suggesting socio-spatial experiences, perceptions and feelings of loneliness do not differ so much across age demographics. Themes were broadly congruent although discussive points differed according to life stages with the older group revealing more experiences relating to loss than the younger group and the younger group discussing leaving educational contexts or changing employment statuses. Across the board, change was a key factor of how loneliness and connection were experienced in urban places and spaces.

There also appear to be variations in patterns found in the smaller locality of Balbriggan to those found in Edinburgh suggesting geographical scale, once again, plays a role in how people connect with and experience spaces and places in regards to feelings of loneliness and isolation. It also implies a need for place-based interventions - such as engaging with existing vessels for connection such as Balbriggan's beaches and Edinburgh's natural spaces and arts places - specific to cultures and contexts of the places in which interventions operate.

How space and place are experienced in the context of loneliness and connection very much relates to internal conceptualisations of the individual but also can be influenced and propped up by the influence of landscape, be it social or physical. A space or place can mitigate feelings of loneliness when framed and executed well, but can also lead to the exacerbation of negative feelings. An example of this could be in the context of loss of a loved one or relationship,

shifting the narratives and feelings surrounding a usually connective and positive area. There are clear nuances that influence the experiences of a person in spaces and places.

The implications of this suggests a difficulty when attempting to implement place- and space-based policy. Interventions that may involve social or nature prescribing may be beneficial to one individual but not another based on underlying emotions and experiences. This can relate to perceptions of change or access, for example. It should be noted that in this research there generally appears to be consensus about types of spaces and particular notable locations in cities which foster connection or disconnect. For example, in relation to connection, the work conducted suggests that natural spaces, places for activity, and community spaces broadly foster a sense of connection whereas overcrowded places, modern work environments, and gentrification can be associated with a greater degree of disconnection.

9.1.3 What interventions of Thrive could impact loneliness and isolation?

The final discussive chapter, chapter 8, sought to answer the final key research question. We can see that factors relating to space and place can impact how individuals and communities experience feelings of connection and in response mental health outcomes. Feedback from participants also exhibited areas in which Thrive can alleviate issues relating to poor mental health deriving from feelings of loneliness and isolation.

From interviews it is clear that the TCIs are already enacting some of these needs and wants. They are inadvertently facilitating bumping places and third spaces amongst other opportunities for connection in accessible, welcoming, and affordable manners. Interventions are appealing to the public and facilitate social connection at manageable levels.

Multidisciplinary approaches appears central to interventions such as Thrive and this aligns with literature on evidence-based policy, stating that interventions which connect policy makers and researchers in the policy context seem most promising (van de Goor et al., 2017). In practice, this means involving people at all levels of the urban ecosystem including the

community, politicians, researchers, and practitioners in developing interventions such as Thrive and the establishment and implementation of this. The emphasis on partnerships from across urban sectors creates strengthened support networks, in turn facilitating interventions which impact connection. My research shows that collaboration is key and given the experiential evidence from photovoice and PGIS it is clear that the issues of loneliness and isolation are too multifaceted to be tackled by one discipline, one organisation, or one sector alone.

If Thrive continues to facilitate action and discourse across disciplines and sectors to intervene on loneliness and social isolation, this could be a powerful approach. The ability of approaches such as Thrive to bring health into all policies is pertinent to its capacity to improve wellbeing and mental health of many in the context of loneliness and social isolation.

In the broader context of public health - and arguably urban policy more generally - factors such as changing political dynamics, shifting leadership priorities to individualised psychiatry, budget cuts, and individual perceptions of loneliness and isolation, as uncovered by key informant interviews and photovoice, can undermine the potential for population-level initiatives to achieve lasting and positive impact.

9.2 Recommendations

Based upon the findings of this research, I propose a number of recommendations that can be considered by actors from a variety of disciplines and sectors pertaining to urban life and health. This includes action which has implications for policy and practice in public health spheres more generally. These are relevant – but not limited – to TCIs.

1. **Promote and mainstream interdisciplinary urban action:**

Interdisciplinary urban action across key social and structural infrastructure is needed in order to tackle loneliness and isolation and the negative public health consequences that arise from these experiences. This could span governmental departments such as

transport, education, and planning but also third sector, private, and community action. Grassroots action in tandem with tangible support from charities, governing bodies, and urban policy makers and planners is recommended in order to achieve lasting and sustainable changes. Examples of how this could be achieved include continuing with a health in all policies or pushing forward for a health for all policies approach, integrating public health into all elements of urban governance and practice and highlighting the importance of good health for the functioning and success for non-healthcare sectors; and further creating a positive state that enables social and economic participation, facilitating significant co-benefits for other sectors (Greer et al., 2022). The private sector needs to be encouraged to contribute to these efforts too for the benefit of their workers and the wider community those businesses are based in.

2. Shift urban norms and perceptions surrounding mental health and public spaces:

Put necessary effort into shifting societal attitudes toward mental health and wellbeing across all sectors and city levels to create more accessible, connected, and friendly communities. Reframe how we perceive public space usage, embracing lingering, and impromptu or spontaneous interactions as positive contributors to building individual and community resilience and mental wellbeing. This can be achieved through raising awareness and anti-stigma initiatives such as those implemented presently by TCIs but can be further emboldened through a place-based approach engaging appropriately with places identified to be places of connection and places of disconnect such as those identified through the PGIS maps. In a paper written during this PhD, I propose bumping places as a potential part of solution to the loneliness epidemic in cities (Ljubojevic, 2025a). I suggest a reframing of perspectives on how we engage with space and place, how we spend time in urban places, for both the general population and changemakers in cities. This includes accepting lingering and loitering in a new way rather than approaching these concepts, and strangers, with mistrust.

3. **Facilitate accessible, inclusive local spaces:**

Engage with local spaces and places and communities to define and facilitate activities and interactions that are accessible to a wide variety of demographics. These could include community cafés, public parks or waterways, sports facilities, and social venues. Within this, prioritisation of creating or facilitating safe, comfortable, affordable (or free), and accessible spaces is needed. It is important to be inclusive of minoritised groups such as BME or LGBTQI individuals and communities. This could be done through improving accessibility of public transport to enable people to attend events or through subsidisation of costs connective activities such as community cafés or sports teams. The idea of third spaces and bumping places as accessible, low-cost, welcoming social connection opportunities could be harnessed.

Feelings of safety are paramount. The opening times and transport to-and-from those spaces needs to be considered as well. Creating bumping places or further supporting third spaces is a tangible way of achieving this alongside funding and subsidising community facilities and spaces, and the stewardship of these. TCIs presently do much work on creating accessible spaces such as community cafés and groups, training and education sessions for the wider public; and this should continue.

4. **Enhance access and accessibility to social connection opportunities:**

Access and accessibility are recurring themes of this project. We can see social connection is felt more strongly in contexts where people can access others, regardless of how superficial or fleeting an encounter can be. We must recognise access as a fundamental enabler of social connection. An actionable point for this could be strengthening access points through community groups, public spaces, education sessions, and local initiatives. Further, addressing barriers to participation, particularly for marginalised and vulnerable populations, would enable facilitation of connection both within and across various demographics, fostering sense of belonging, community

and integration. This could be done, for example, through provision of culturally sensitive activities, activities which transcend language barriers such as art workshops, and facilitating

5. **Create and mainstream knowledge-sharing networks:**

Building upon the idea of increasing accessibility, there should be a creation of shared knowledge surrounding access points to support, communities, and mental health. The development and dissemination of that information and knowledge through various means enables a decentralised approach, fostering connections within and across existing social networks and communities which can alleviate pressure on formal healthcare routes and enhance population-level resilience. Self-help initiatives and programmes may also play a role here. Empowering people to seek help for themselves and others through informal routes may benefit public mental health.

6. **Build independent and sustainable identities for TCIs:**

Encourage TCIs to establish a stronger, independent, and sustainable organisational identities in order to survive changes in partnerships, resourcing, funding, or policy landscapes. That is not an easy thing to do, but putting effort into the planning stages to describe and prepare mitigating approaches and ways of working and delivery to reduce reliance on political partnerships and individual charismatic leaders, especially for long-term planning and sustainability, can be a pragmatic way forward. Place emphasis on working with existing resources and social/physical infrastructure in cities to build a sustainable scaffolding for population-level intervention. Build on good will and interest of residents who may be prepared to invest time, skills and effort to support the initiatives at the planning, implementation and maintenance stages. A stake in, or sense of ownership, at the individual and community grassroots levels can help ensure longevity of Thrive initiatives.

7. **Strengthen the case for prevention and promotion:**

Public health initiatives at a population level such as TCIs must conduct stronger and more consistent impact evaluations in order to strengthen the case of prevention and promotion for policy makers, politicians, citizens, and funding bodies. This can be done through undertaking cost-benefit analyses to demonstrate the economic and social value of preventative mental health initiatives. Further a mixture of qualitative and quantitative data based on interventions should be provided with evidence at the point of inception gathered as a baseline. There should be engagement with evidence-based advocacy. Case-studies such as those exemplified in this project can further illustrate the impact on individual and community levels, plus they could facilitate calculations of monetary contributions and/or savings to the wider system.

9.3 Original contribution

This PhD provides an original contribution to knowledge. The following section will outline what the research contributes in various forms. It will reflect on theoretical, methodological, and policy contributions.

9.3.1 Theoretical

Applying a Human Ecology Framework is an important contribution as it implements a framework appropriate for urban contexts while providing space for innovation (Lawrence, 2019). This integrated model can be applied to analyse different geographical areas including neighbourhoods, cities and mega-urban regions (Lawrence, 2019). The framework is not rooted to a particular discipline making it adaptable for this thesis which triangulates methods and literature from various disciplines; aiding the creation of new knowledge. It has not yet been applied to TCIs, so my work is the first effort to utilise this approach. Theory building can be described as a continuum, ranging from attempts to replicate previous theory to the introduction of new constructs (Svejvig, 2021). In this thesis, I utilise existing frameworks,

reflect upon them, and using a phenomenological interpretivist lens, I approached loneliness and connection in 'thriving' cities to develop a greater understanding of both the phenomenon and applications of these theoretical vessels.

The theoretical framework is applied to an understanding of TCIs. Given the inconsistencies of frameworks utilised by TCIs, it felt appropriate to focus in on one framework to underpin this research. This meant that a more focussed lens could be utilised. This approach overlaps with the frameworks found in TCIs. Applying this framework generates reflections and insights into the Human Ecology framework. Reflecting upon the endowments established by the Thriving Cities Group (2015) - the good, the beautiful, the true, the prosperous, the sustainable, and the just and well-ordered - my work suggests that certain elements may be more noteworthy in the context of loneliness and connection. In particular, through photovoice and KI interviews, the beautiful appears to be influential on how people experience their urban ecosystems. This relates to beauty within art, infrastructure, and nature. Further, in chapter 7 it emerges that 'the prosperous' may be influential on how people perceive and experience locations facing varying levels of deprivation. It was noted that perhaps this framework could be considered to be aspirational to places which have limited resources and capabilities; where there is perhaps greater focus on necessities before moving onwards to elements such as the beautiful, the prosperous, or the sustainable.

9.3.2 Methodological

The way in which TCIs and the wider research questions of socio-spatial connections in cities are researched in this project is also novel and original. While I do use methods that have been developed and established by others, my research applies them in an original way. My approach is novel as it triangulates methods which have not yet been utilised in such a way, in particular photovoice and map-me PGIS to study loneliness, with an addition of key informant interviews to add additional interpretations and perspectives. There have been instances where similar research has been conducted using photovoice data alone or photovoice and

emotional maps (Burgos-Thorsen et al., 2024, Meenar and Mandarano, 2021), however these have not been conducted for loneliness, in the case study locations, or utilising the map-me software; thus, my research remains original. The use of GIS in the context of a photovoice research project is not yet fully explored and my work is therefore somewhat cutting edge in this field (Burgos-Thorsen et al., 2024).

Throughout the process the design and methods used were considered to be ambitious and I had to justify the combination and added value of the chosen processes. The triangulation of key informant interviews, photovoice, and participatory GIS is very rare and has not been used thus far in the context of public health policy research. The use of these methods enabled a variety of perspectives to be included and represented, allowing for a variety of interpretations of Thrive, mental health, loneliness and isolation, and urban space and place to be explored.

The use of these methods in the case study locations further adds to originality. This is particularly true for Balbriggan where much published research orients around the town's history or natural features. There is no academic work in Balbriggan on experiences of loneliness and connection, and whilst there is some literature on mental health this often relates to either traveller communities or hospital mental health services rather than public health initiatives. There is certainly no work published on PGIS or photovoice at present. In Edinburgh, there are examples of photovoice and PGIS, however neither of these features in work that directly links to this research project thus maintaining originality.

In regards to key informant interviews, this is a tried and tested method within public health and health policy research yet no interviewing of those involved in Thrive initiatives have been conducted in an attempt to create an understanding of what Thrive is. This means that insight gathered from a range of TCI contexts is new and this research provides the first collation of TCI experiences in an attempt to establish an identity for this internationally popular public health initiative.

Furthermore, the combination of methods, and engaging with existing methods in novel manners, provides space for originality in policy and policy design. As identified by Burgos-Thorsen et al. (2024), retooling existing methods with a digital element opens up possibilities of reconfiguring public participation in urban planning, and in this case public health planning. The insight gathered through the triangulation of methods provides a rich toolkit for informing and designing future urban health policy. The data further identifies gaps, strengths, and weaknesses in the current landscapes of connection in the case study locations which provide a springboard for intervention and initiatives.

The combination of qualitative and quantitative approaches aids wider understanding by variety of actors and interested parties by providing various routes for engagement. Some actors or parties may prefer and trust quantitative data to a larger degree than qualitative. Using mixed methods therefore opens opportunity for cross-sectoral and cross-disciplinary dialogues and understanding. This is particularly useful when new policies, initiatives and practices are considered or developed.

The epistemological stance for this project is unusual and adapts a traditional perspective on methodology to suit modern problems and innovation. Using phenomenological interpretivism in the context of a mixed-methods project provides space for discussion and expansive thinking on how we perceive and apply interpretivism. It goes against the tradition to employ elements of positivism to quantitative data and instead embraces the 'fuzziness' of emotions in PGIS to compliment the traditionally qualitative methods used. Grounding my perspective and research in such a way provides an inherent originality to the work and creates precedence for further mixed-methods work to engage with alternative epistemological stances.

9.3.3 Empirical

The data in my research contributes to filling a gap in knowledge relating to TCIs and experiences of connection and loneliness in the case study locations. It reveals new,

experiential data surrounding urban landscapes such as mixed-feelings relating to natural spaces, desires to increase opportunity for connection, and how time and scale are powerful influences on narratives of connection and disconnect. The data further emphasises the need for accessibility across all elements of urban living. Triangulating the data sets enabled bolstered empirical findings to emerge (as discussed in chapter 8) and facilitated the proposal of recommendations.

KI Interviews

Key informant interviews reveal for the first time the narratives of those involved in Thrive and their perceptions and experiences of the novel public mental health approach. They provide a rich and unique insight into how novel public mental health initiatives are formed, sustained, and expanded. They reveal the key ingredients which shape Thrive and the data contributes to the formation of an initial framework of understanding of TCIs. Gathering data from experts in the topics adds credibility to the conclusions of my work as it is informed by their experiences rather than my own interpretations of secondary data such as reports.

Photovoice

The photovoice data provided a rich insight into individual-level experiences of urban connection and disconnect. It visualised and created narratives of barriers that can be overcome through various interventions. The data, at points, concurred with mainstream literature on influence on experiences of loneliness and connection but also gave space for experiences which contradict predominant narratives such as experiences of loneliness and disconnect in natural spaces, broadly identified by literature to be spaces of restoration and connection beneficial to mental health and wellbeing. It revealed some unexpected discoveries about how people connect with and to their localities and provides actionable feedback from the participants to the readers of this thesis for future interventions and policy planning.

PGIS

Revelations that location data can uncover about cities and their spatial imaginaries has a growing research base to which this project contributes (McCosker et al., 2021, Shelton et al., 2015). The value of this data lies within its capacity to illustrate the case study locations and personal experiences at a vastly different scale. The data pinpoints and visually transcribes experiences in a way which may struggle to be presented quantitatively. The data provides a different angle from which the key questions of this thesis can be explored and thus provides important context and insight which helps draw out conclusions and implications of the wider project. Associations, prejudices, and personal experiences appear to have salience on how locations are perceived and categorised. These maps have also enabled debate on the role of privilege as a facilitator of connection.

Triangulation

Triangulation brought together the learnings from the utilised methods to create an understanding of what can be done to improve mental health and wellbeing in cities in the context of loneliness as explored in depth in chapter 8. Triangulation particularly helped create an understanding of how connection and loneliness were experienced across scales and whether TCIs understood and applied this. Utilising multiple methods in tandem helped form a more comprehensive narrative that bolstered findings, for example findings relating to issues of access, natural spaces, and changing times. Narratives which emerged in photovoice, PGIS, and key informant interviews garnered strength. Through triangulation, inconsistencies in these narratives could also be explored and factors which may be more individualised could be identified compared to features which work to promote connectedness and reduce loneliness for a more generalised group.

A key narrative which emerged through the bringing together of these methods was on prosociality, and a desire or need for third spaces and bumping places to boost connection and mental health in cities. Discourses on connective networks arose from each method. It appears that culture of behaviours in cities perhaps would benefit from shifting towards a prosocial

foundation to bolster public mental health and wellbeing, facilitating passive, impromptu, convivial interactions.

Conceptual contributions on TCIs

The project is the first of its kind regarding Thriving City Initiatives. There is no published literature aside from work by myself looking at comparing and identifying commonalities and differences, or a definition for TCIs across contexts (Ljubojevic, 2025b). Other literature and data are sparse and relate to only one TCI at a time. There is a lack of academic interest in this area at present – perhaps because the whole TCI concept is rather new and not well established yet. This means that this PhD provides a platform on which future evaluative research or related research can be conducted. The work I have done has been appreciated by the TCI and academic community, cumulating in a peer-reviewed article “Thriving City Initiatives – what is a thriving city? Towards some definitions” (Ljubojevic, 2025b). As implied in the title, my work provides a step towards an overarching definition or identity of Thrive which has thus far remained elusive. It is described by the editors of the Journal of Public Mental Health as “a novel paper by Maya Ljubojevic looking at the Thriving City movement that has emerged in recent years in the US and Europe as a way to improve public mental health and wellbeing in urban areas. Despite some common approaches and themes, the promising Thrive model lacks consistency and clarity that is necessary to understand its value and impact.”. This paper can enable those working in public health and health policy to establish the key features of such an initiative. Thus far, TCIs are novel in their field as an approach to public mental health and therefore this new academic knowledge on the topic is inherently novel and original, remaining useful as a framing of these initiatives within context and provides a learning for others who may find inspiration or lessons from Thrive.

My research in this PhD has cumulated in this work being presented at a multitude of conferences and seminars, some in local communities and others at international conferences. The dissemination of new knowledge on TCIs developed throughout this project further

contributes to its value. Through this, connections between the two case study TCIs were strengthened through a knowledge exchange visit.

What I learned throughout this research on concepts surrounding connection and social support further inspired me to present at multiple conferences on impromptu encounters and bumping places, culminating in a conceptual conference paper and a peer-reviewed conceptual paper on the topic (Ljubojevic, 2023, Ljubojevic, 2025a). This research has enabled a furthering of discourse surrounding theory and concepts that hope to improve wellbeing and mental health of urban residents that can be implemented at a societal or population level.

As per the recommendations established, this research provides original insight into an element of public health practice and policy. Thriving City Initiatives, despite existing in a variety of context and being integrated into policy and practice, have received little exploratory attention in regards to identity and composition. This insight into the key ingredients and structures of Thrive can help inform future public health policy and design beyond mental health.

9.4 Limitations and space for further work

Evaluation of TCIs was within the original conceptualised scope for this PhD, however, once research began it became clear that at this stage appropriate and accurate evaluation across and between TCIs was not possible due to a lack of clear frameworks, baselines and definitions. Future research may wish to build upon the working definition - comprised of the key ingredients: partnership, prevention & promotion, and changing conversations - established in this project and create frameworks for inter-TCI evaluation.

Recruitment proved to be more difficult than originally anticipated, particularly for recruitment for photovoice and PGIS. The numbers of participants therefore are on the smaller side of what I had hoped for, particularly for the PGIS in Balbriggan. Despite this, the participation numbers align with similar projects elsewhere. The emphasis on personal interpretation of experiences

means that the data emphasises individual experiences which cannot necessarily be generalised to a wider population.

This lack of generalisability may prove contentious to some readers; future research may therefore choose to focus on quantitative data relating to experiences of Thrive or Loneliness in cities in relation to public health initiatives. More personal information on participants (for example the post code in which they reside/work) may be beneficial for future studies to ensure more personal bias (both positive or negative) could be more effectively eliminated at the analysis stage.

9.5 Key strengths of the research

My research provides foundations for future work relating to public (mental) health initiatives alongside building upon knowledge on experiences and perceptions of loneliness and poor mental health and wellbeing in urban areas. Varying scales of both locations and experiences are represented in the data and analysis.

The research engages with a range of disciplines making it approachable and understandable by diverse bodies of academics and urban actors. This work approaches the issues mainly from a public health and social sciences standpoint but engages with various aspects of public health, health policy, geography, anthropology, and sociology. This is enabled by the interpretivist phenomenological approach to the research, making room for interpretations of contexts and experiences by participants and also myself as a researcher. It creates a flexible basis supported by the human ecology framework as described in the literature review.

Mixed-methods approaches to public health research facilitate a strengthening of findings but also providing data and material that works for a range of audiences. Those who may not engage well with qualitative experiential data may find quantitative PGIS maps data and results easier to digest or vice versa. This also enables findings from the project to be engaged with

across policy professionals who may seek inspiration for future public health work relating to connection and health.

The participatory elements of the research engage with communities and explore issues which affect their daily lives. I built a deeper connection and engagement with participants and with their experiences and perceptions than other research approaches. This strengthens the real-world impact of the research as, if nothing else, it engages members of the community in discourse about these pervasive and important issues. It brings people into the discussions on loneliness, connection, and health through participation in the process of knowledge creation and increased awareness building.

9.6 My reflections

Upon writing this thesis, I can confidently say that I believe there are good intentions and a strong will for positive change within the spheres of Thrive. The foundations of TCIs, while varied, have some commonalities which lend themselves to sustainable change in support of building resilient populations. The loneliness epidemic, as identified by the WHO, is particularly poignant in cities and for those outside of sociable structures such as established communities, higher education, or majority in-person employment. Those on peripheries - be it due to access, knowledge, or stigma face increased barriers to social and physical connection and support. Everyone, even those embedded in communities and structures can face periods of loneliness. This highly individual experience and perception has the potential to be shaped, influenced, and mitigated by their surroundings and initiatives such as Thrive in partnership with other urban actors. It has the capacity to make tangible, positive, and lasting change to both the cultural environment and physical environment.

This research is particularly topical given the challenging global context in which we are living and the huge mental health implications of this for city residents. There is an importance to this work as it provides an insight into how opportunity for innovation in public mental health arises

and how this manifests itself in regards to key features, or key ingredients. It further provides perspectives from those who live in urban areas and how they experience city-living, social connection, loneliness, and wellbeing.

The research has uncovered a particular interest in the everyday spaces and places in our cities and how this can impact mental health and wellbeing and has left me with appetite for future research building upon the learnings from this project.

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Appendices.

Chapter 3: Methods appendices

Appendix 1: Information sheets

Participant Information Sheet for a study on loneliness and wellbeing



[FOR USE WITH STANDARD PRIVACY NOTICE FOR RESEARCH PARTICIPANTS]

Name of department: Social Work and Social Policy

Title of the study: A mixed-methods study exploring the Edinburgh and Balbriggan thriving city initiatives' impacts and influences on inclusive and equitable wellbeing, loneliness, social isolation, and mental health for older populations through spatial-social connectivity of cities

Introduction

You are being invited to take part in a research project. Before you decide whether or not to participate, it is important for you to understand why the research is being done and what it will involve. Please take time to

read the following information carefully and discuss it with others if you wish. Ask us if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part. Thank you for reading this.

This research is conducted by Maya Ljubojevic from the University of Strathclyde.

What is the purpose of this research?

The research project is set to explore how policy and governance – particularly through thriving city initiatives – in cities can influence mental health outcomes. It will focus on experiences and interventions on loneliness and social isolation in cities and how spaces and places impact this, particularly through social network building and social capital.

Do you have to take part?

Taking part in the research is entirely voluntary and that if you do not wish to take part, there will be no negative consequences. If you do decide to take part, you will be given this information sheet to keep and be asked to sign a consent form. You may discontinue participation at any time and do not have to provide a reason. If you wish to withdraw, please contact Maya Ljubojevic at maya.ljubojevic@strath.ac.uk. In August 2024 the data will be wholly anonymised and collated within a large dataset so at this point your data will not be able to be removed from the study, however you will not be identifiable within the study.

Please note that that by choosing to participate in this research, this will not create a legally binding agreement, nor is it intended to create an employment relationship between you and the University of Strathclyde.

What will you do in the project?

You will be involved in photovoice which will be identified and explained prior to the research beginning. This will involve investigating how you feel about certain topics and what your personal experiences are. This will help us learn how loneliness or social isolation are impacting people's wellbeing in the area and how they are experiencing it in their daily lives.

If taking part in **photo voice**- you will be asked to take 3 photos around your local area relating to prompts given by the researcher and reflect on these photos and how they make you feel/ explain why you chose to take certain photos. A more detailed explanation, exact locations, and dates can be found on the provided leaflet. This will involve an introductory session (approx. 1 hour), taking photos in your own time, and a community exhibition at the end with a group discussion with other participants (approx. 1 hour for the

discussion). This will happen across the course of 2-4 weeks with the introductory session being at the very start and the exhibition at the end once all the photos have been taken and written about.

Why have you been invited to take part?

You have been invited to take part as part of a larger group of participants. You live in the study area and fit the study criteria for furthering the understanding of the experiences and interventions surrounding loneliness and social isolation in cities with Thriving City Initiatives.

What are the potential risks to you in taking part?

Topics that may be sensitive to some people may come up, such as topics surrounding mental and physical health, and emotions.

What information is being collected in the project?

Information about your experiences and feelings will be collected through the project. This will include photos that you take, short written pieces about the photos, and the location of the photos. You may also be asked to provide some basic demographic information such as age or gender.

Who will have access to the information?

You can choose to have your name associated with your photographs or you can be pseudo-anonymised. The data collected will only be accessible by the researcher. Your photos and the piece of writing alongside this will be made publicly available during a local exhibition during which you can choose to have your name pseudo-anonymised.

Where will the information be stored and how long will it be kept for?

All the information that we collect will be stored on encrypted and password protected devices. It will only be accessible by the researcher. If you have requested to be pseudo-anonymised this will be done as soon as possible. Once the research is completed – around autumn 2025 – the data will be destroyed from the research devices. If you agree to us sharing the information you provide with other researchers (e.g. by making it available in a data archive), anonymised versions of the information collected will be stored in a secure data repository indefinitely.

Thank you for reading this information – please ask any questions if you are unsure about what is written here.

All personal data will be processed in accordance with data protection legislation. Please read our [Privacy Notice for Research Participants](#) for more information about your rights under the legislation.

What happens next?

If you would like to find out more about the project, contact Maya Ljubojevic using the email address below. If you choose to participate you will be asked to sign a consent form to confirm this.

If you choose not to participate, I thank you for your attention.

Once the final project is complete in autumn 2025, you will be able to receive a copy of the thesis or a summary document of the research findings. If you would be interested in this, express this to the researcher. If results are published, you will be notified.

Researcher contact details:

Maya Ljubojevic maya.ljubojevic@strath.ac.uk The *University of Strathclyde*, 16 Richmond St, Glasgow, G1 1XQ

Chief Investigator details:

Prof Neil Quinn neil.quinn@strath.ac.uk The *University of Strathclyde*, 16 Richmond St, Glasgow, G1 1XQ

This research was granted ethical approval by the University of Strathclyde Ethics Committee.

If you have any questions/concerns, during or after the research, or wish to contact an independent person to whom any questions may be directed or further information may be sought from, please contact:

Secretary to the University Ethics Committee
Research & Knowledge Exchange Services
University of Strathclyde
Graham Hills Building
50 George Street
Glasgow
G1 1QE

Telephone: 0141 548 3707

Email: ethics@strath.ac.uk

Appendix 2: Consent form



Consent Form for a study on loneliness and wellbeing

Name of department: Social Work and Social Policy

Title of the study: A mixed-methods study exploring the Edinburgh and Balbriggan thriving city initiatives' impacts and influences on inclusive and equitable wellbeing, loneliness, social isolation, and mental health for older populations through spatial-social connectivity of cities

- I confirm that I have read and understood the Participant Information Sheet for the above project and the researcher has answered any queries to my satisfaction.
- I confirm that I have read and understood the Privacy Notice for Participants in Research Projects and understand how my personal information will be used and what will happen to it (i.e. how it will be stored and for how long).
- I understand that my participation is voluntary and that I am free to withdraw from the project at any time, up to the point of completion, without having to give a reason and without any consequences.
- I understand that I can request the withdrawal from the study of some personal information and that whenever possible researchers will comply with my request. This includes the following personal data:
 - My photos and writing for photovoice
 - audio recordings of interviews that identify me;
 - my personal information from transcripts.
- I understand that anonymised data (i.e. data that do not identify me personally) cannot be withdrawn once they have been included in the study.
- I understand that any information recorded in the research will remain confidential and no information that identifies me will be made publicly available.
- I consent to being a participant in the project.
- I consent to being audio and/or video recorded as part of the project

(PRINT NAME)	
Signature of Participant:	Date:

Appendix 3: Information guide for photovoice

BALBRIGGAN PHOTOVOICE

WINTER/SPRING
2024

INFORMATION DOCUMENT

CO LED BY
Maya Ljubojevic
maya.ljubojevic@strath.ac.uk



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- 03 What am I being asked to do?
- 04 What is photovoice?
- 05 Timeline
- 06 Prompts
- 07 Photography tips
- 08 Ethics
- 09 Writing captions

WHAT AM I BEING ASKED TO DO?

Basics

- ✦ Take a photo for each prompt
- ✦ Write about the photo and why you chose to take the photo/ what it represents for you
- ✦ Discuss your photos with your peers and the researcher
- ✦ Show off your work in a local exhibition with coffee and cake



03

WHAT IS PHOTOVOICE

Photovoice is an engagement and research process by which people use photo images to capture aspects of their environment and experiences and share them with others.

The pictures can then be used, usually with captions composed by the photographers, to bring the realities of the photographers' lives to the public. The purpose of photovoice is produce and share knowledge in service of three main goals:

- (1) to enable people to record and reflect their community's strengths and concerns
- (2) to promote critical dialogue and knowledge about important issues through large and small group discussion of photographs
- (3) to reach policymakers

Photovoice is commonly used as a tool for community based participatory research (CBPR) as a way of empowering participants to produce unbiased accounts of their experiences, help gather data for a specific research topic, and act as tool evaluate programs and processes.

TIMELINE

- 01 **Introductory/ instructional session-** learn about photovoice, get to know the research, learn more about taking photos
- 02 **Take photos-** take as many photos as you like then choose one photo for each prompt (total 3), write captions for your chosen photos (approx 150 words)
- 03 **Group discussion-** the group gets together and we talk about the photos you have taken and you share your thoughts and experiences
- 04 **Local exhibition-** where you can show your work to your friends, family, and wider community! Refreshments and snacks provided
- 05 **Have an impact-** your work will be used in a research project aiming to better understand experiences of isolation and loneliness and inform your community and others on how they can do better!

PROMPTS FOR YOUR PHOTOS

These prompts will be the inspiration behind your photovoice photos and captions

PROMPT #1

Which spaces and places do you feel least isolated or lonely in?

PROMPT #2

Which spaces and places do you feel most isolated or lonely in?

PROMPT #3

What social or spatial barriers or challenges do you face to feeling less lonely or isolated?



04



05




06

BASIC PHOTOGRAPHY TIPS

This works for both phone cameras and digital cameras!

- Hold the camera steady- with both hands with your elbows against your body and your feet apart
- Don't move while taking the photo- if you are taking a photo of something that is moving, find something to steady yourself and the camera!
- Think about where the elements of your photo fit in the frame
- Play with angles!
- Lines: Our eyes tend to follow lines - lines in a photo can help guide a viewer
- Landscape or portrait?
- Pay attention to lighting
- Be creative and have fun! These photos are meant to show your perspective.



07

ETHICS

Taking photos of people:

- Ask for consent, be respectful of others
- Try not to take identifiable photos of people you don't know
- If you have any concerns of questions reach out
- Avoid photos of children (especially without parental consent)


Safety

- Don't take unnecessary risks!
- Bring a friend, tell people where you are going
- Be aware of your surroundings
- Use common sense
- Stay safe! You are more important than the camera

Self care

- Some of the photos and stories can capture experiences with trauma and realities of participants' lives that can incite a variety of emotions
- The process itself of reflection can bring things up for folks
- Remember to hold space and remind participants to do what they need to take care of themselves!

SIGNPOST SUPPORT



08

WRITING CAPTIONS



Example

"This photo is of my favourite place in County Durham, Seaham beach. During the day I go here with friends to look for sea glass or have a delicious fish and chips. It is only a 20 minute drive from where I live and I used to get the bus here when I had no car. This space doesn't just have happy memories though, I used to come here late at night either alone or with a close friend when feeling overwhelmed. The dramatic yet serene environment by the north sea always has a calming effect and I would go home back to Durham feeling a lot better. I have a complex relationship with this space but it's natural environment, its history of glass industry (and today, sea glass on beaches), and my emotions all come together to make this place very dear to me."

Writing ideas

- What do you feel, see, hear, smell, touch, taste-- **engage your senses**
- **Word association**- write a list of any words or ideas at all that jump into your head, however random or unrelated
- **Free writing**- write for two minutes without stopping or reading back
- **Make a story**- What happened 1 minute before and afterward taking the photo? What happened 1 hour before and afterwards? What is the story of this subject or place? What are the experiences?
- Think about questions- **Who, what, when, where, and why?**



09

Appendix 4: Focus group question structures

FOCUS GROUP SCRIPT

Good evening and welcome to our session. Thanks for taking the time to join us to talk about your experiences with photovoice in Edinburgh. My name is Maya Ljubojevic and assisting me is Johnnie Anderson. We are both with the University of Strathclyde. As you already know from the photovoice, this project is looking at mental health and wellbeing and experiences of socio-spatial connections in cities. I would love to learn more about your experiences with spaces and places in Edinburgh as well as experiences with loneliness or connections. I want to know what you like, what you don't like, and how things might be improved.

We are having discussions like this with several groups over the next couple of months. You were invited because you have participated in photovoice and live in Edinburgh, so you're familiar with the city and we will be discussing the photographs you have taken.

There are no wrong answers but rather differing points of view. Please feel free to share your point of view even if it differs from what others have said. The zoom session is being recorded because we don't want to miss any of your comments. People often say very helpful things in these discussions, and we can't write fast enough to get them all down.

We will be on a first name basis tonight, but we won't use any names in the PhD unless you explicitly ask us to. You may be assured of complete confidentiality. The information learned in this project will help inform public mental health and wellbeing initiatives and actions in the future and form a key part of the PhD research.

Remember this discussion is primarily with each other so focus on each other rather than interacting with myself where possible.

So, let's begin. Let's find out some more about each other by going around the table. Tell us your name and a little bit about yourselves.

ENGAGEMENT QUESTIONS

1. What participants **See** in the picture 2. What is really **Happening** in the picture 3. How this relates **to Our [participants'] lives** 4. **Why** this situation or experience occurred 5. How this image could **Educate others** 6. What participants could **Do about the experience or situation**

-Tell me about your photographs

-What do you notice when you look at these photographs?

-How do the photographs make you feel?

-Can you identify any cross-cutting similarities or differences between each others photographs?

EXPLORATION QUESTIONS

- Which types of spaces and places do you use the most? Why?
- Which spaces do you feel a connection to? Why?
- What kinds of spaces and places do you feel least welcome or able to spend time in? Why?
- How do you feel that public mental health and wellbeing is or can be supported through spaces and places in Edinburgh?
- How do you feel loneliness and social connection are experienced in Edinburgh and how is good mental health supported?
- How do spaces and places influence your connections to others and feelings of inclusion?
- What are your expectations vs realities of social connection in cities?
- Based on your experiences and reflections with photovoice what changes or ideas would you suggest to decision or change makers and planners – particularly relating to mental health and wellbeing?

EXIT QUESTIONS

- Is there anything else you would like to add about your experiences of feeling connected in Edinburgh and how this has impacted wellbeing?

Appendix 5: example of coding in excel for photovoice

Appendix 6: KI Interview questions

Role and initiative background

- What is your role in Thrive?
- What is a Thriving City Initiative- how do you define yours? How do you define thrive as a whole?
- What similarities do thriving cities share? – inspirations from NYC
- How was Thrive established in your location? What are its key goals, ambitions, outputs? Where is thrive going? Shared vision?
- Tell me a little about the partnerships that thrive has both in the city and externally with other initiatives or groups?
- How do you gain support from various stakeholders for Thrive?
- How is this thrive structured?
- What is the public's perception of thrive?
- For the thrive conferences- thinking behind these, dissemination of info, how do you explain how these projects relate to thrive?
- How does thrive inform its actions?
- Why questions needed- why do this? Why did this start? Why do you support? Why this model?
- Who has the power?
- Identity of thrive- differences across the initiatives
- So is there an identity and does the clarity or lack of affect impact? What are the remits of what it can achieve- what do you think it can achieve?
- If you could retrofit or change [Thrive City] what would you change to improve the population's wellbeing?

Evaluations

- What are the key components, key strengths and weaknesses?
- How does evaluation work? What space does experiential/ qualitative data have here? What data are you tracking or influencing? What are the right things to track?
- What are the expectations vs the realities you have experienced whilst working on thrive?
- Do thrives share enough to be able to share the name thrive?

Impacts on the population

- How is Thrive impacting the mental health and wellbeing of the population? What are the core strategies and avenues. Is there a bigger focus on prevention, promotion, or primary care?/ what is the biggest focus on? – no leading questions
- What place do socio-spatial connections have in thrive- how does thrive support these?
- Loneliness is a pressing issue in public health- what is thrives position and impact on this? - What is the relationship between (urban living /// thriving city initiatives and adjacent policy) and the prevalence of loneliness and social isolation among urban residents?

- How do thriving city initiatives influence the inclusivity and equity of wellbeing experienced by older and younger populations?
- What specific components of thriving city initiatives (e.g., accessible public spaces, community programs, access to support) are most strongly associated with improved inclusive wellbeing for older or younger adults? Is there a difference in perceptions between those who operationalise these such as yourself and those who experience it?

Appendix 7: Photovoice analysis graphs

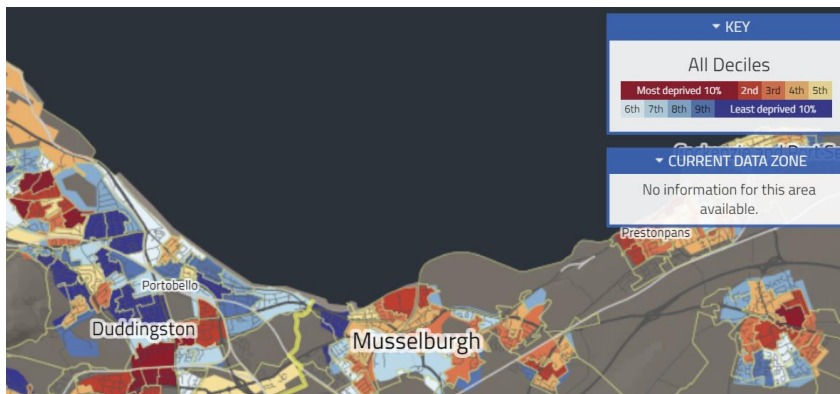
	MLCA	MLCO	MLCY	LLCA	LLCO	LLCY	BCA	BCO	BCY	MLPA	MLPO	MLPY	LLPA	LLPO	LLPY	BPA	BPO	BPY
Loney with others																		
Spaces & places (inc scale & landscapes)																		
Comm & culture																		
Changing times (inc attitudes & culture)																		
Social connection																		
Socio-spatial connection																		
Doing things																		
Comm & connection																		
Natural spaces																		
Alone with others																		
Decay & decline																		
Internal dialogue																		
Access																		
Work & lifestyle																		
Isolation & solitude																		
People watching																		
Visuals & Aesthetics																		

Appendix 8: Photovoice virtual gallery

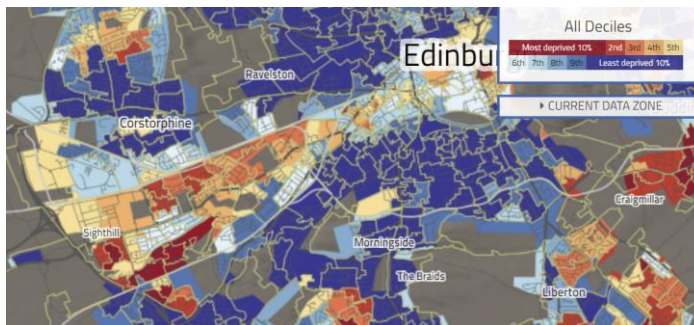
https://www.canva.com/design/DAGmTM9S55s/p8mviWmIWZ73wnbjeljvUw/edit?utm_content=DAGmTM9S55s&utm_campaign=designshare&utm_medium=link2&utm_source=sharebutton

Chapter 7: PGIS appendices

Appendix 9: SIMD map NE Edinburgh coast



Appendix 10: SIMD map SW Edinburgh



Appendix 11: SIMD map Granton, Edinburgh

