



An Examination of Social Determinants of Mental Health

Julie Stevens, MPS, ACPS, ICPS

Preventiontrainingservices.com



Objectives

- Define mental health
- Identify social inequalities that are associated with risk of common mental health and substance use disorders
- Discuss a life-span approach which will give every child the best possible start and generate the greatest societal and mental health benefits.
- Recognize that action needs to be universal: across the whole of society, and proportionate to need.

The World Health Organization defines mental health as

“a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.”

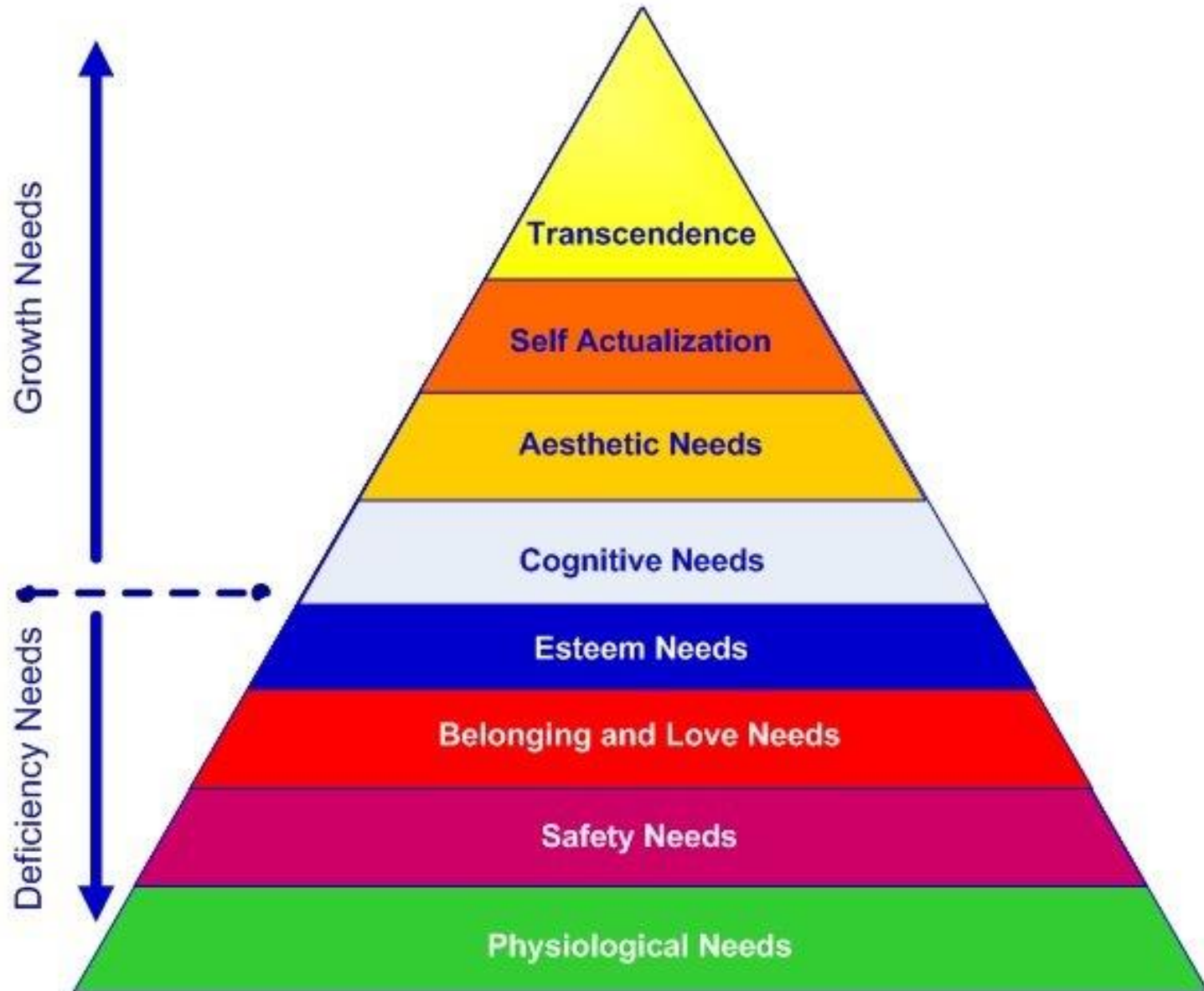
World Health Organization. (2018). Social Determinants of Health. Retrieved from http://www.who.int/social_determinants/sdh_definition/en/

Maslow's Original Hierarchy of Needs



McLeod, S. A. (2017). Maslow's hierarchy of needs. Retrieved from www.simplypsychology.org/maslow.html.

MASLOW'S MOTIVATION MODEL




Miasma Theory

- In miasma theory, diseases were caused by the presence in the air of a miasma, a poisonous vapor in which were suspended particles of decaying matter that was characterized by its foul smell. The theory originated in the Middle Ages and endured for several centuries. That a killer disease like malaria is so named - from the Italian *mala* 'bad' and *aria* 'air' - is evidence of its suspected miasmatic origins.



A Glasgow street, 1868.

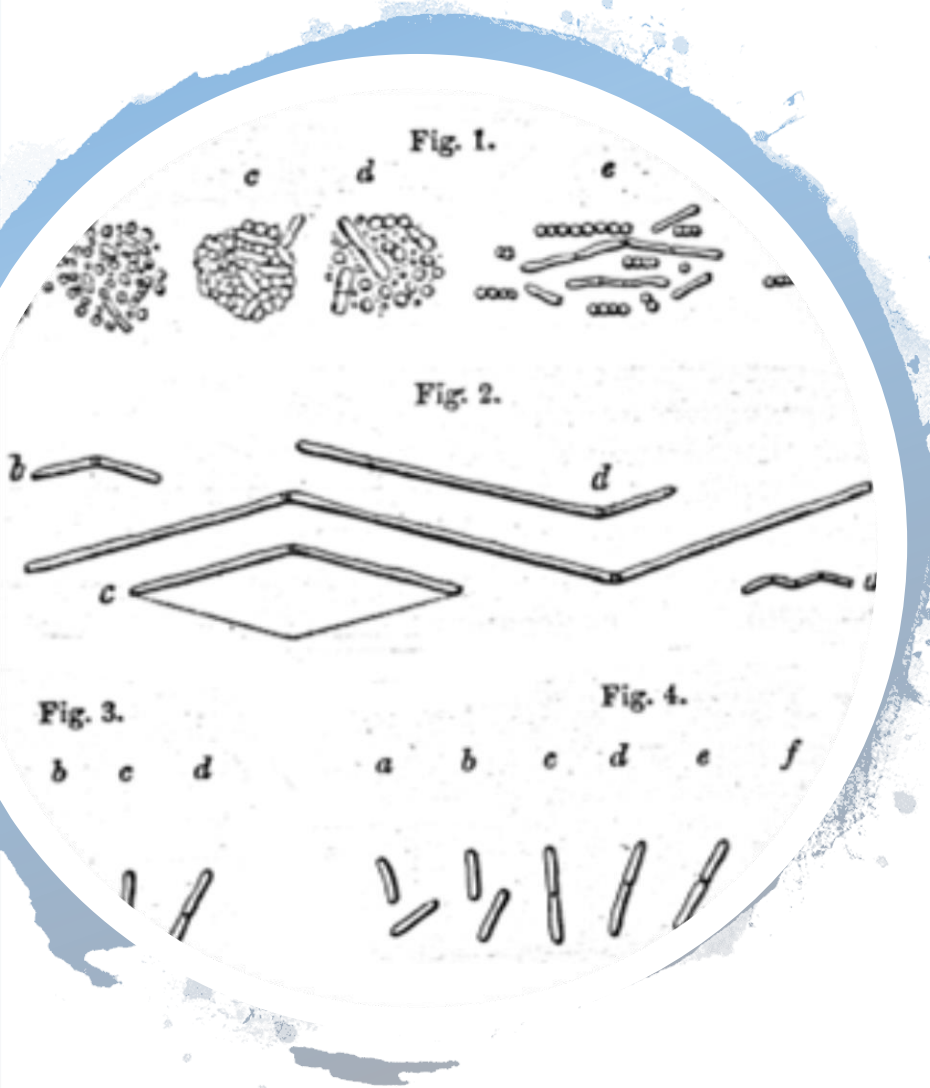


Miasma Theory

- Attributed the causes of disease epidemics to “bad air” and led to a focus on public health interventions to improve living conditions of populations as a means of effectively limiting the incidence and prevalence of disease.
- This theory, although later supplanted by the germ theory of disease, was one of the earliest conceptualizations supporting the role of social factors in causing and sustaining illnesses. Furthermore, miasma theory led to important public health interventions, such as urban sanitation systems

Germ Theory

- Germ theory states that many diseases are caused by the presence and actions of specific micro-organisms within the body. The theory was developed and gained gradual acceptance in Europe and the United States from the middle 1800s. It eventually superseded existing miasma and contagion theories of disease and in so doing radically changed the practice of medicine. It remains a guiding theory that underlies contemporary biomedicine.



Biological Psychiatry

- With the advent of biological psychiatry, fueled by the 1990's "decade of the brain," the social causes of mental illnesses were downplayed in favor of discussions about the molecular and genetic risk factors, causes, and correlates of mental disorders.
- The shift toward biological psychiatry has led to many positive outcomes, including a decrease in stigma associated with some mental disorders, such as depression (but not necessarily with others, like schizophrenia).
- Major advances have been made in genetics, imaging, neurobiology, and psychopharmacology. However, just as biological reductionism replaced ideas about social causation of disease in the 19th century, there has been a gradual movement away from scientific evaluation of the social and environmental processes that contribute to the development and persistence of mental disorders.





Nature AND Nurture

- Enormous investments are currently being made to understand the neurobiology of mental disorders. Conversely, the social underpinnings of mental disorders are increasingly recognized by society but grossly under-studied and inadequately addressed. In the past, nature and nurture were often presented as two competing realms at odds; however, medical science is increasingly aware of the importance of the interplay between biology and the environment. Psychiatry stands poised to recognize the mutual interaction of both; that one cannot understand biology without understanding the socio-environmental context, and that the mechanisms underpinning social factors cannot be understood without considering neurobiology.

Mental disorders

- Mental disorders include anxiety, depression, schizophrenia, and alcohol and drug dependency.
- Common mental disorders can result from stressful experiences, but also occur in the absence of such experiences; stressful experiences do not always lead to mental disorders.
- Many people experience sub-threshold mental disorders, which means poor mental health that does not reach the threshold for diagnosis as a mental disorder.
- Mental disorders and sub-threshold mental disorders affect a large proportion of populations.
- The less commonly-used term, mental illness, refers to depression and anxiety (also referred to as common mental disorders) as well as schizophrenia and bipolar disorder (also referred to as severe mental illness).

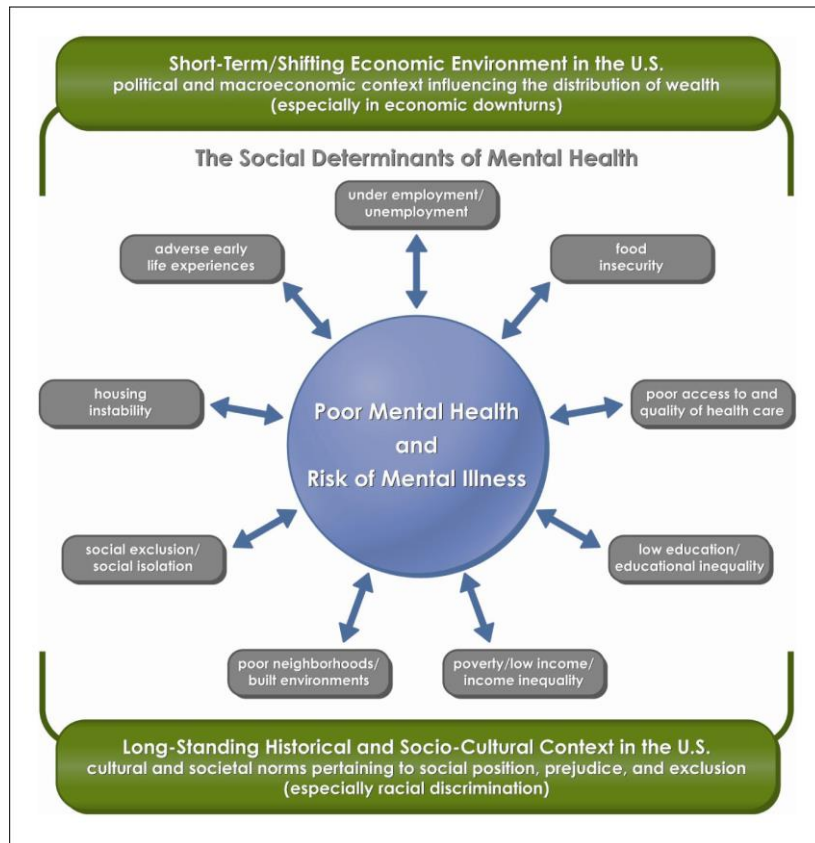


What are Social Determinants of Mental Health?

- The social determinants of health are the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels. The social determinants of health are mostly responsible for health inequities - the unfair and avoidable differences in health status seen within and between countries.

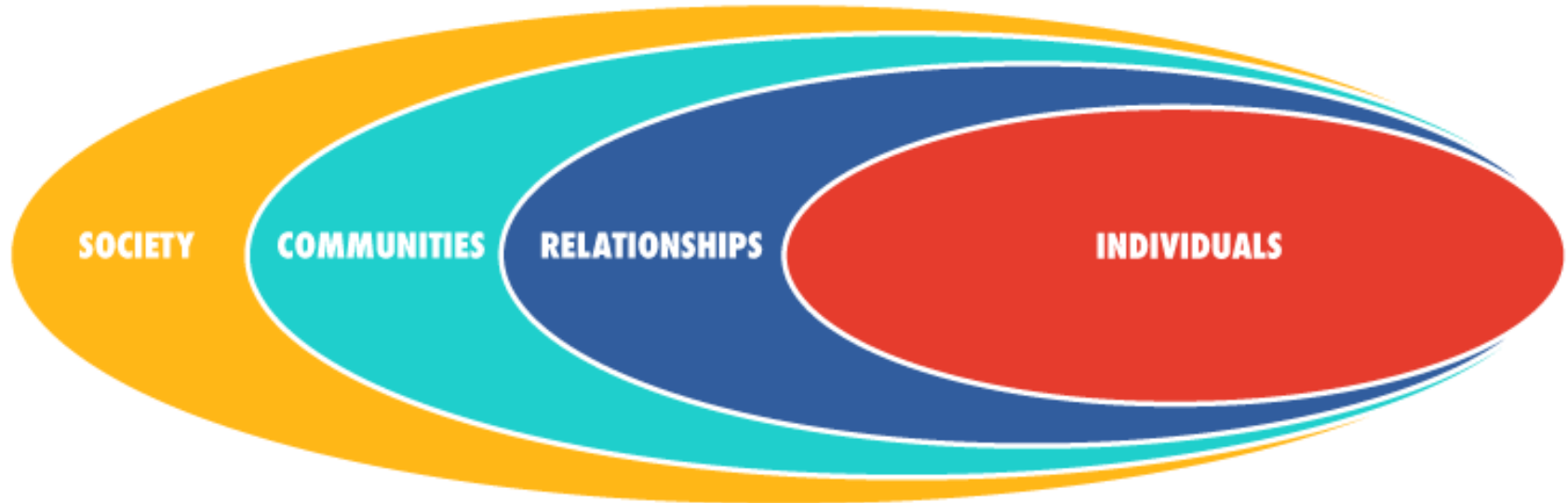
World Health Organization. (2018). Social Determinants of Health. Retrieved from http://www.who.int/social_determinants/sdh_definition/en/

Our Experiences Go Deeper than We Thought



- Adverse early life experiences
- Underemployment/unemployment
- Food insecurity
- Poor access to and quality of health care
- Low education/educational inequality
- Poverty/low income/income inequality
- Poor neighborhoods/built environments
- Social exclusion/social isolation
- Housing instability

Social Ecological Model



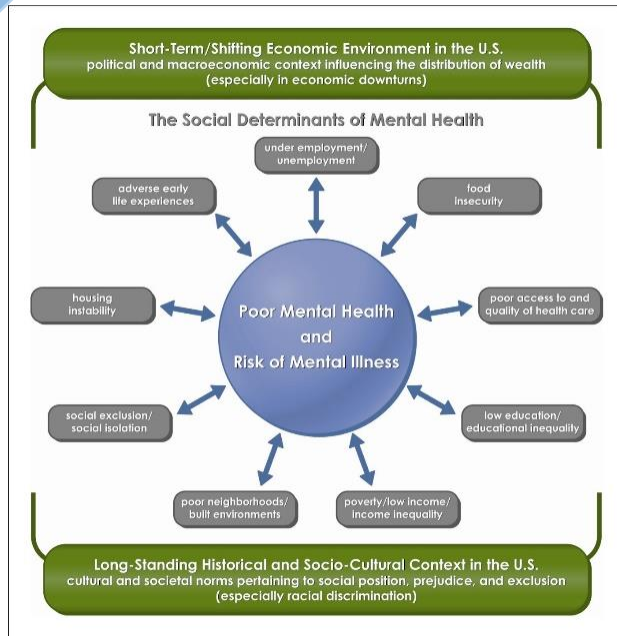
Individual determinants

- adverse early life experiences;
- poor social support and lack of connectedness;
- social exclusion based on race, ethnicity, sexual orientation, or disability

Societal/political determinants

- poverty and income inequality,
- low education,
- unemployment,
- housing instability,
- food insecurity,
- adverse features of the built environment

What drives Social determinants of Mental Health?



- Policies pertaining to basic rights and opportunities
 - Food, education, employment, energy
- Our surroundings
 - Neighborhood characteristics and housing
- Our social fabric
 - Social connectedness, access to health care, equal opportunity for political voice.

Mental health disparities

- Lack of insurance coverage parity
- Limited financial investments in mental health care
- Failure to provide adequate care of individuals with serious mental illnesses.

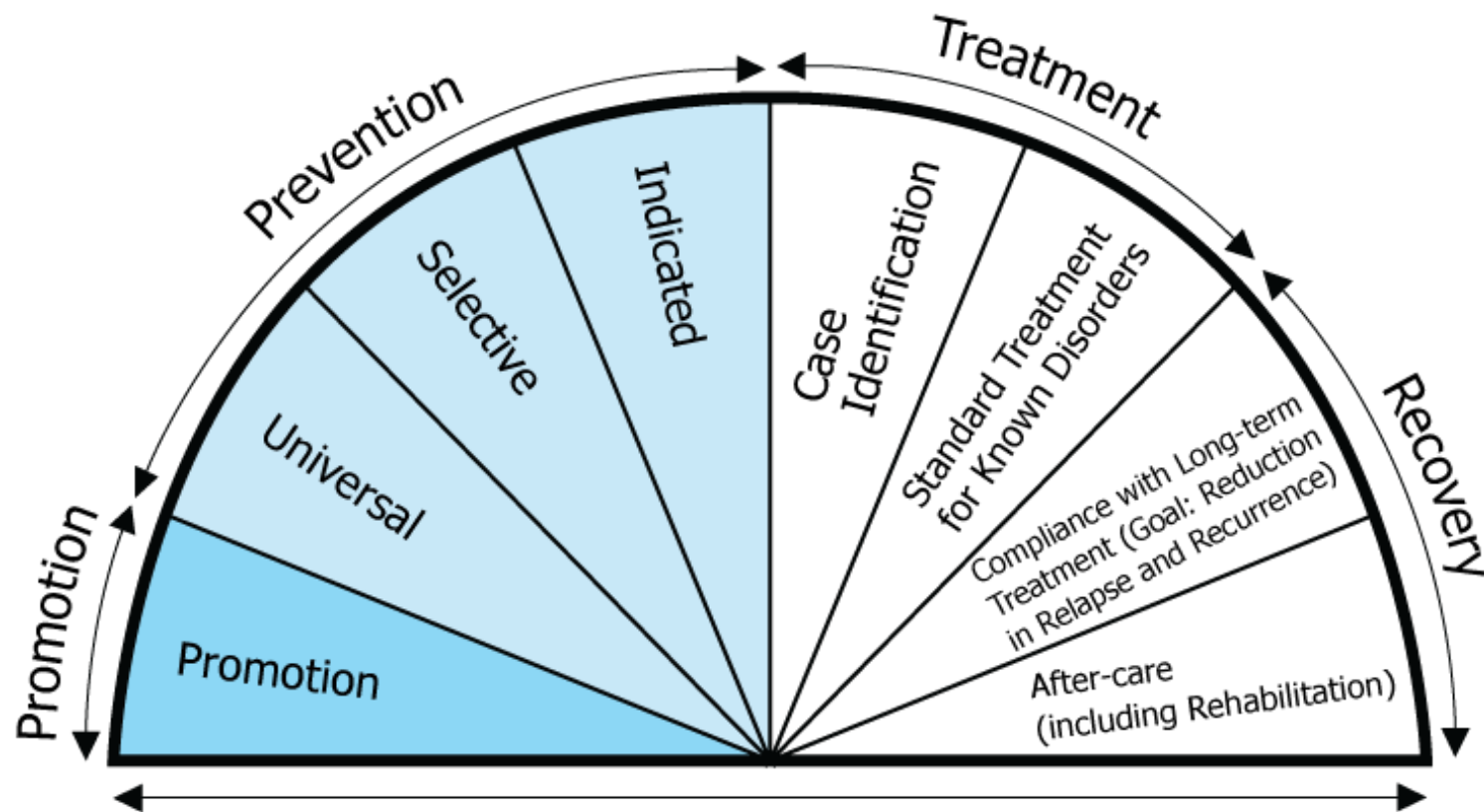
These issues are a direct result of politics and the political agendas in our society, such as hot-button issues pertaining to access to and availability of firearms, drugs, cigarettes, and alcohol; access to healthy foods; and whether society chooses to provide services and support for its poorest and most vulnerable citizens.



Social determinants of mental health

- Underlying the concept of the social determinants of mental health is the importance of a **population-based, public health approach** in identifying and treating mental disorders.
- focuses on mental disorders from the perspective of the population rather than the individual patient.
- This public health approach also emphasizes the **prevention of mental illnesses and the promotion of mental health.**

Mental Health Intervention Spectrum- Population-based, public health approach.



Mental Health Promotion

- Mental health promotion includes efforts to enhance individuals' ability to achieve developmentally appropriate tasks (developmental competence) and a positive sense of self-esteem, mastery, well-being, and social inclusion and to strengthen their ability to cope with adversity.

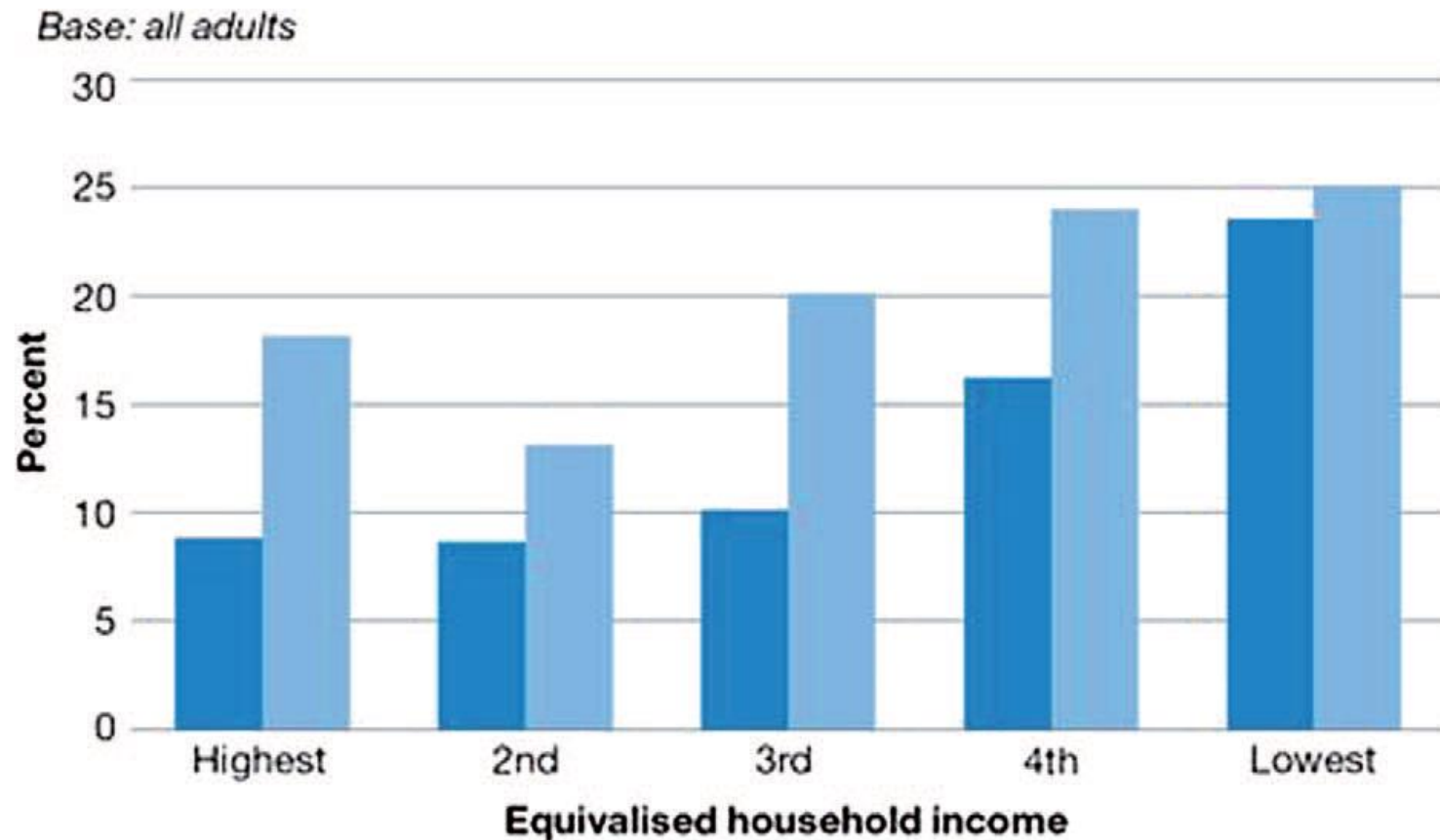
National Research Council and Institute of Medicine. (2009). *Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities*. Washington, DC: The National Academies Press. Retrieved from http://books.nap.edu/openbook.php?record_id=12480.

The background of the slide features a series of thin, curved lines in shades of gray, creating a sense of movement and depth. These lines are more prominent on the left side and fade towards the right.

World Health Organization Main Findings

- Certain population subgroups are at higher risk of mental disorders because of greater exposure and vulnerability to unfavorable social, economic, and environmental circumstances, interrelated with gender.
- Disadvantage starts before birth and accumulates throughout life
- A life course approach proposes actions to improve the conditions in which people are born, grow, live, work, and age.

Women tend to have higher levels of common mental disorders compared to men at every level of household income.

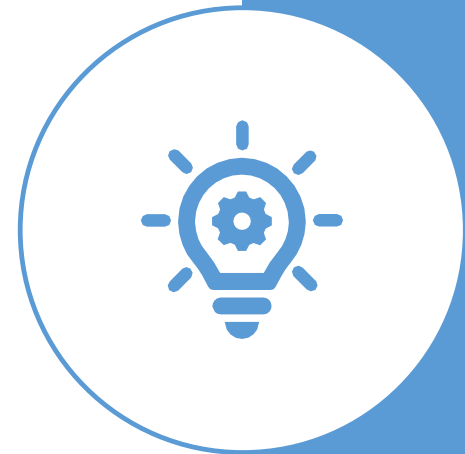


Pale bars, women; dark bars, men

Allen, J., Balfour, R., Bell, R., & Marmot, M. (2014). Social determinants of mental health. *International Review of Psychiatry*, August 2014; 26(4): 392-407.

Life-course

- The experience and impact of social determinants **varies across life**, and influence people at different ages, gender and stages of life in particular ways.
- There is a need for a life-course approach to understanding and tackling mental and physical health inequalities that accounts for the differential experience and impact of social determinants throughout life.
- A life-course approach proposes actions to tackle health inequality appropriate for different stages of life. Strong evidence shows that many mental and physical health conditions emerge in later life but originate in early life.



Pre-Natal Experience and Mental Health

- Mother's maternal health
 - Poor environmental conditions
 - Poor health and nutrition
 - Smoking
 - Alcohol and drug misuse
 - Stress
 - Highly demanding physical labor
- Children of maternal depression
 - Underweight and stunted
 - Low birth weight

Risk Factors for Common Perinatal Disorders

- Socioeconomic disadvantage
- unintended pregnancy;
- being younger;
- being unmarried;
- lacking intimate partner empathy and support;
- having hostile in-laws;
- experiencing intimate partner violence;
- having insufficient emotional and practical support;
- In some settings, giving birth to a female, and
- having a history of mental health problems



Protective Factors

- having more education;
- having a permanent job;
- being of the ethnic majority and
- having a kind, trustworthy intimate partner

The Early Years

- Adverse conditions
 - Family conditions
 - Quality of parenting
 - “lack of secure attachment, neglect, lack of quality stimulation, and conflict, negatively impact on future social behaviour, educational outcomes, employment status and mental and physical health”
 - Poverty, debt

However, impact can be offset by protective parenting activities, such as good social and emotional interactions. These inequalities in early years’ development are potentially remediable through family and parenting support, maternal care, and child care and education. Wider family and strong communities can also act as buffers and sources of support to ameliorate impact

Later Childhood

- Education is important in building emotional resilience and affecting a range of later life outcomes that raise the risks of mental disorders – such as employment, income, and community participation. Schools are also important as institutions capable of delivering upstream, preventive programs to young people.
- Poverty makes it more difficult to provide home environments conducive to learning, for instance overcrowding and unhealthy conditions

Later Childhood

- Poverty makes it more difficult to provide home environments conducive to learning, for instance overcrowding and unhealthy conditions. Parents' access to employment not only reduces poverty, but also improves family routines, and ensures children grow up understanding the role of employment in adult lives. Schools can play a key role in working directly with children; they can also work with other services to provide parents with support and advice on parenting strategies and potentially support them with readiness for work or skills training.

Later Childhood

- As children grow into adolescents, they become more interested in taking risks, including substance misuse. It is important to ensure that adolescents have the knowledge to make informed decisions, and that they have protective factors including social and emotional support and positive interactions with peers, family, and the wider community. Depressive symptoms among adolescents are associated with their history of adverse childhood experiences as well as their current experiences.

Working Age

- There are significant and increasing levels of mental disorders among the global adult population. Among women, major depression is the leading cause of years lived with disability, while anxiety ranks 6th in this list. Among men, major depression ranks 2nd, drug use disorders rank 7th, alcohol use disorders rank 8th and anxiety ranks 11th . An estimated one in four or five young people (aged 12-24) will suffer from a mental disorder in any one year, notwithstanding substantial variations in prevalence between regions. Many mental disorders are undiagnosed and untreated globally.

Working Age

- The workplace is increasingly regarded as a key intervention setting where both mental and physical health can be improved and promoted among adult populations. Systematic reviews suggest that employers that promote actions such as greater job control, task-restructuring and decreased demand, can positively influence mental health through reducing stress, anxiety and depression, and increasing self-esteem, job satisfaction and productivity. Employers also can improve people's health by paying a minimum wage for healthy living, which would guard against poverty -- a major risk factor for poor mental health.

Family Building

- Family building and parenting influences children's mental and physical health and a range of other outcomes throughout their lives; in addition adult mental health can be profoundly affected during family building. This risk during adulthood partly relates to socioeconomic factors.
- Good, accessible maternal services, information and advice about parenting strategies, and helping manage transitions to parenthood are protective of adult and child mental health.
- Support for parents to improve employment prospects, income, and housing conditions also influence successful parenting and reduce mental disorders.

Older People

- Older people's mental health relates both to earlier life experiences and also to particular experiences, conditions, and contexts specific to ageing and the post-retirement period. Experiences of mental and physical health differ throughout the older age period. Risk of depression increases markedly beyond 80 years of age.
- inequalities in older people's mental health related to socio-economic status, educational status, gender, ethnicity, age, levels of physical health (itself related to cultural, social, and economic factors)

Older People

- For men, depressive mood relates to chronic ill-health and somewhat to exercise; for women, the differences are more closely related to social factors, such as levels of isolation, contact with family, and belonging to faith or other community groups.
- Some of the life events that can trigger depression are likely to be experienced in older age – bereavement, perceived loss of status and identity, poor physical health, loss of contact with family and friends, lack of exercise, and living alone.

Community Level Context

- Action to support mental health at the community level provides a platform to develop and improve social norms, values and practices, while encouraging community empowerment and participation.
- Central to a number of community-based approaches is the realization that change within a community is best achieved through engaging people of the community.
- This change is brought about by efforts to improve key determinants of mental health, including a social inclusive community, freedom from discrimination and violence, and access to economic resources.

Areas of risk and/or protection

- **Life-course:** Prenatal, Pregnancy and perinatal periods, early childhood, adolescence, working and family building years, older ages all related also to gender;

Areas of risk and/or protection

- **Parents, families, and households:** parenting behaviors/attitudes; material conditions (income, access to resources, food/nutrition, water, sanitation, housing, employment), employment conditions and unemployment, parental physical and mental health, pregnancy and maternal care, social support;

Areas of risk and/or protection

- **Community:** neighborhood trust and safety, community based participation, violence/crime, attributes of the natural and built environment, neighborhood deprivation;

Action to support mental health at the community level provides a platform to develop and improve social norms, values and practices, while encouraging community empowerment and participation. Central to a number of community-based approaches is the realization that change within a community is best achieved through engaging people of the community. This change is brought about by efforts to improve key determinants of mental health, including a social inclusive community, freedom from discrimination and violence, and access to economic resources.

Areas of risk and/or protection

- **Local services:** early years care and education provision, schools, youth/adolescent services, health care, social services, clean water and sanitation;

Areas of risk and/or protection

- **Country level factors:** poverty reduction, inequality, discrimination, governance, human rights, armed conflict, national policies to promote access to education, employment, health care, housing and services proportionate to need, social protection policies that are universal and proportionate to need.

Principles and Actions

- Policies should be universal yet proportionate to need.
- Risk and protective factors act at several different levels, including the **individual, the family, the community, the structural, and the population levels**. A social determinants of health approach requires action across multiple sectors and levels.
- Taking a life course perspective recognizes that the influences that operate at each stage of life can affect mental health. Social arrangements and institutions, such as education, social care, and work have a huge impact on the opportunities that empower people to choose their own course in life.

Key Message 1

“Mental health and many common mental disorders are shaped to a great extent by the social, economic, and physical environments in which people live.”

--World Health Organization and Calouste Gulbenkian Foundation. (2014). *Social determinants of mental health*. Geneva, World Health Organization.

Key Message 2

“Social inequalities are associated with increased risk of many common mental disorders.”

--World Health Organization and Calouste Gulbenkian Foundation. (2014). *Social determinants of mental health*. Geneva, World Health Organization.

Key Message 3

“Taking action to improve the conditions of daily life from before birth, during early childhood, at school age, during family building and working ages, and at older ages provides opportunities both to improve population mental health and to reduce the risk of those mental disorders that are associated with social inequalities.”

--World Health Organization and Calouste Gulbenkian Foundation. (2014). *Social determinants of mental health*. Geneva, World Health Organization.

Key Message 4

“While comprehensive action across the life course is needed, scientific consensus is considerable that giving every child the best possible start will generate the greatest societal and mental health benefits.”

--World Health Organization and Calouste Gulbenkian Foundation. (2014). *Social determinants of mental health*. Geneva, World Health Organization.

Key Message 5

“Action needs to be universal: across the whole of society, and proportionate to need in order to level the social gradient in health outcomes.”

--World Health Organization and Calouste Gulbenkian Foundation. (2014). *Social determinants of mental health*. Geneva, World Health Organization.

Key Message 6

“This paper highlights effective actions to reduce risk of mental disorders throughout the life course, at the community level and at the country level. It includes environmental, structural, and local interventions. Such actions to prevent mental disorders are likely to promote mental health in the population.”

--World Health Organization and Calouste Gulbenkian Foundation. (2014). *Social determinants of mental health*. Geneva, World Health Organization.

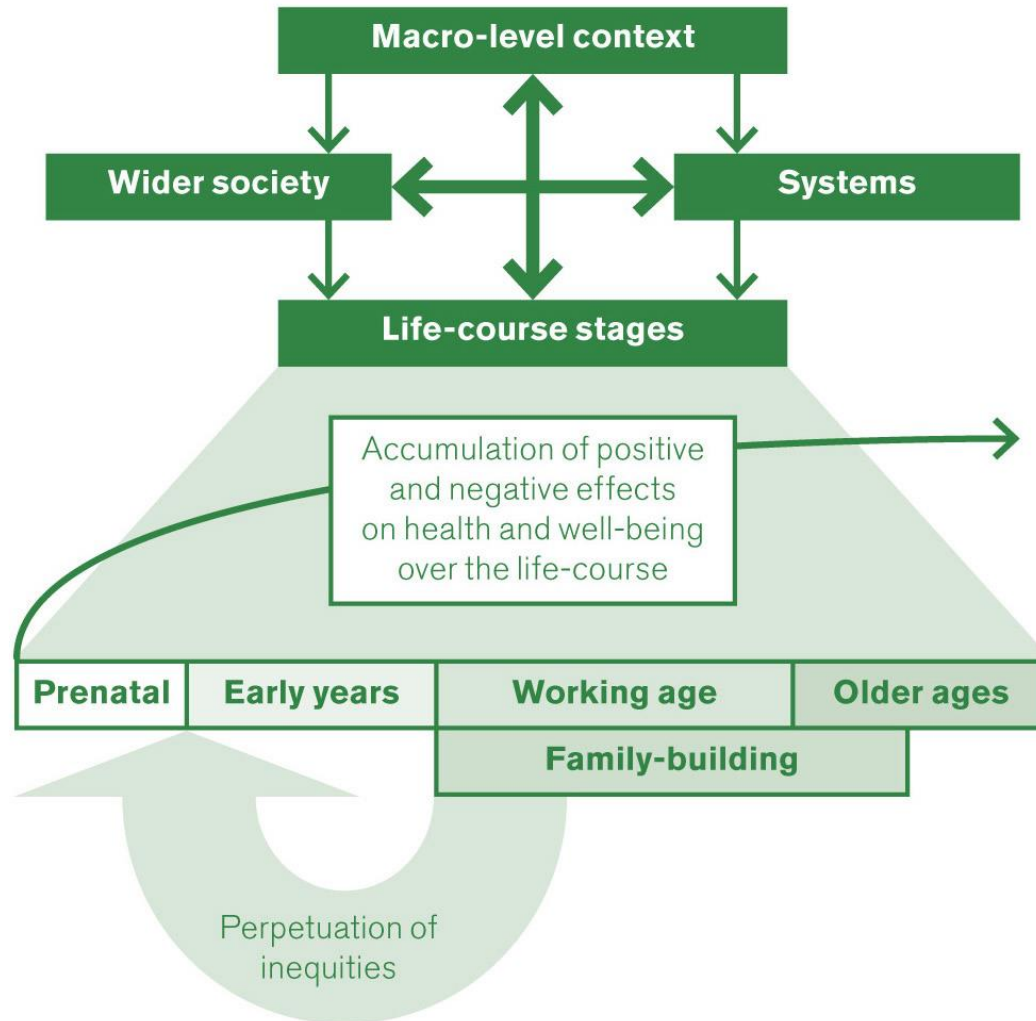
Conclusion

- Good mental health is integral to human health and well being. A person's mental health and many common mental disorders are shaped by various social, economic, and physical environments operating at different stages of life.
- Risk factors for many common mental disorders are heavily associated with social inequalities, whereby the greater the inequality the higher the inequality in risk.
- It is of major importance that action is taken to improve the conditions of everyday life, beginning before birth and progressing into early childhood, older childhood and adolescence, during family building and working ages, and through to older age. Action throughout these life stages would provide opportunities for both improving population mental health, and for reducing risk of those mental disorders that are associated with social inequalities.

- While comprehensive action across the life course is needed, there is a considerable evidence base and scientific consensus that action to give every child the best possible start in life will generate the greatest societal and mental health benefits. In order to achieve this, action needs to be universal, across the whole of the social distribution, and it should be proportionate to disadvantage in order to level the social gradient and successfully reduce inequalities in mental disorders.

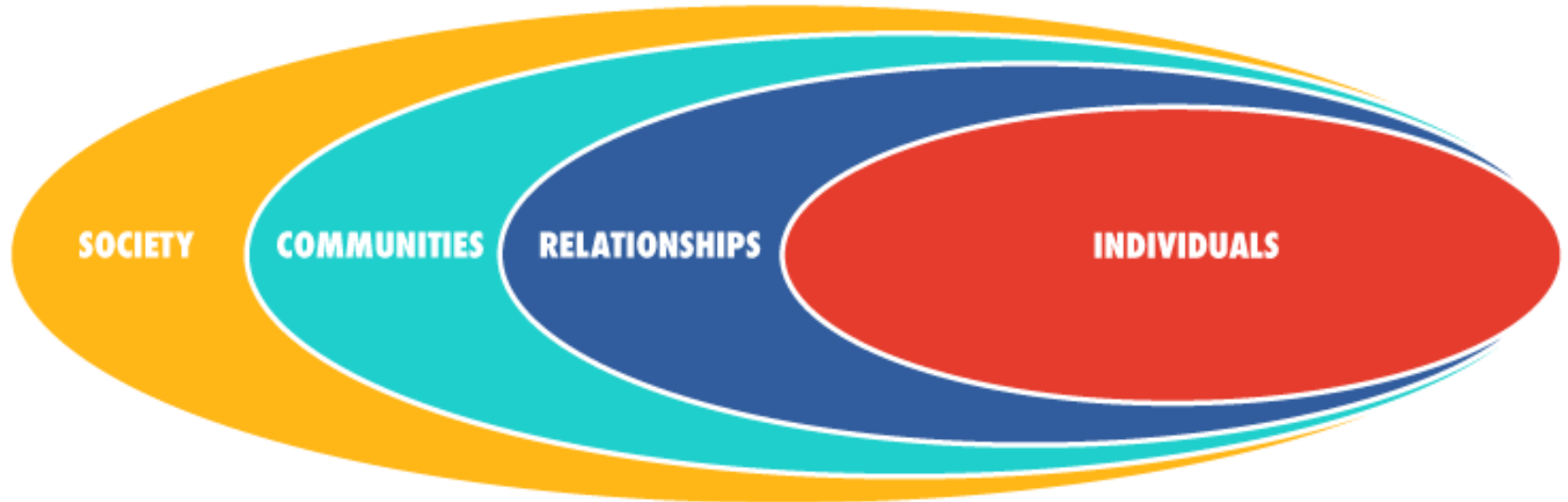
A life course approach to tackling inequalities in health

Broad themes



Wherever you live, Wherever you work: Social Determinants of Mental Health

Social Ecological Model



Your Trainer

Julie Stevens, MPS, ACPS, ICPS

Juliestevens49@gmail.com

Preventiontrainingservices. com

References

- Alder University Institute on Social Exclusion (2012). *Wherever you live, Wherever you work: Social Determinants of Mental Health*. Retrieved from <https://www.youtube.com/watch?v=IGLzZJ0CmgE>
- Allen, J., Balfour, R., Bell, R., & Marmot, M. (2014). Social determinants of mental health. *International Review of Psychiatry*, August 2014; 26(4): 392-407.
- Compton, M., Shim, R. (2015). The social determinants of mental health. *Focus*, 13, 419–425; doi: 10.1176/appi.focus.20150017. Retrieved from http://media.morehousetcc.org/RESEARCH_PROJECTS/THRIVE/PUBLICATIONS/Compton%20Shim%202015%20Clinical%20Synthesis%20Social%20Determ%20of%20Mental%20Health.pdf.
- Fortes, P., Zoboli, E. (2002). A study on the ethics of microallocation of scarce resources in health care. *Journal of Medical Ethics* 28:266-269. Retrieved from <http://jme.bmj.com/content/28/4/266.full>.

References

- Marmot, M, Friel, S., Bell, R., Houweling, T., & Taylor, S. (2008). Closing the gap in a generation: health equity through action on the social determinants of health. The Lancet, Volume 372, Issue 9650, 1661 – 1669. Retrieved from [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(08\)61690-6/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(08)61690-6/fulltext).
- McLeod, S. A. (2017). Maslow's hierarchy of needs. Retrieved from www.simplypsychology.org/maslow.html.
- Science Museum (n/d). Brought to Life: Exploring the history of medicine. Miasma theory. Retrieved from <http://broughttolife.sciencemuseum.org.uk/broughttolife/techniques/miasmatheory>

References

- Shim R, Koplan C, Langheim F, Manseau M, Powers R, Compton M. (2014). The Social Determinants of Mental Health: An Overview and Call to Action. *Psychiatric Annals* 44 (1):22-26. Retrieved from <https://www.healio.com/psychiatry/journals/psycann/2014-1-44-1/%7B30463a3d-71ee-4477-9ad7-2181b7167260%7D/the-social-determinants-of-mental-health-an-overview-and-call-to-action.pdf>.
- The Raising of America: Early Childhood and the Future of our Nation. Produced by California Newsreel (2015). *Our Experiences Go Deeper than We Thought*. Retrieved from <https://vimeo.com/131915678>
- World Health Organization and Calouste Gulbenkian Foundation. (2014). *Social determinants of mental health*. Geneva, World Health Organization. Retrieved from http://apps.who.int/iris/bitstream/10665/112828/1/9789241506809_eng.pdf?ua=1