The Social Determinants of Mental Health

Michael T. Compton, M.D., M.P.H.
The societal, environmental, and economic conditions that impact and affect mental health outcomes across various populations.

These conditions are shaped by the distribution of money, power, and resources at global, national, and local levels, which are themselves influenced by policy choices.

The social determinants of health are prominently responsible for health disparities and inequities seen within and among populations.

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*Health disparities*: differences in health status among distinct segments of the population including differences that occur by gender, race or ethnicity, education or income, disability, or living in various geographic localities.

*Health inequities*: disparities in health that are a result of systemic, avoidable, and unjust social and economic policies and practices that create barriers to opportunity.
The Social Determinants of Health

Health begins where we live, learn, work, and play. Your zip code may be more important to your overall health than your genetic code.
Social Justice
Defining Social Justice

Assuring the protection of equal access to liberties, rights, and opportunities, as well as taking care of the least advantaged members of society.

John Rawls
How Does Social Justice Relate to Health?

- Social justice is considered the moral foundation of public health.
- It strives to ensure that individuals in a society have equal opportunities to lead healthy, meaningful, and productive lives.

The Social Determinants of Mental Health
Not distinctly different from the social determinants of *physical* health

But deserve special emphasis, because:

– mental illnesses and substance use disorders are highly prevalent and highly disabling

– behavioral health conditions are high-cost illnesses

– *they likely have more powerful effects on mental health than on physical health conditions*

– unlike most physical health conditions, mental illnesses are not only created in part by social determinants, but also *lead to* social “determinants” that worsen course and outcomes
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The diagram illustrates the relationship between various factors affecting mental health. It categorizes these factors into three main sections: Pathogens/Toxins, Injury, and Genetic Risk. Each of these sections influences Poor Mental Health, Disease, and Morbidity.

Pathogens/Toxins, Injury, and Genetic Risk are linked to factors such as Social, Environmental, and Behavioral Risk and GxE. These risk factors are further influenced by Health Care System, Health Policy, and Public Policies.

Health Care System includes Health Policy, which is linked to the Health Care System. This system is further influenced by reduced options, poor choices, high-risk behaviors, and stress.

Reduced options, poor choices, high-risk behaviors, and stress are influenced by various factors: Un(Under)Employment, Poor Built Environment, Food Insecurity, Housing Insecurity, Adverse Early Life Experiences, Social Exclusion, Poverty/Income Inequality, Poor Education, and Discrimination.

These factors are influenced by the Distribution of Opportunity, which is influenced by Public Policies and Social Norms.

The diagram suggests a complex interplay between different factors and how they affect mental health outcomes.
Discrimination and Social Exclusion

No one is born hating another person because of the color of his skin, or his background, or his religion. People must learn to hate, and if they can learn to hate, they can be taught to love, for love comes more naturally to the human heart than its opposite.

Nelson Mandela
Adverse Early Life Experiences

The Child is father of the Man.

William Wordsworth
Poor Education and Educational Inequality

The school is the last expenditure upon which America should be willing to economize.

Franklin D. Roosevelt
Unemployment, Underemployment, and Job Insecurity

If a man doesn’t have a job or an income, he has neither life nor liberty nor the possibility for the pursuit of happiness. He merely exists.

Martin Luther King, Jr.
Poverty, Income Inequality, and Neighborhood Deprivation

Poverty is the worst form of violence.

Mahatma Gandhi
Food Insecurity

There will never cease to be ferment in the world unless people are sure of their food.

Pearl Buck
Poor Housing Quality and Housing Instability

The connection between health and the dwelling of the population is one of the most important that exists.

Florence Nightingale
Adverse Features of the Built Environment

Where you stand depends on where you sit.

Nelson Mandela
Poor Access to Health Care

Of all the forms of inequality, injustice in health care is the most shocking and inhumane.

Martin Luther King, Jr.
The Causes of the Causes

• “The Fundamental Causes of Disease”
• If risk factors are the precursors of disease, then the environmental and contextual factors that precede or shape these risk factors are the causes of the causes.
The Causal Chain

“Why is Jason in the hospital?”

*Because he has a bad infection in his leg.*

But why does he have an infection?

*He has a cut on his leg and it got infected.*

But why does he have a cut on his leg?

*He was playing in a junk yard next to his apartment building and fell on some sharp, jagged steel there.*

But why was he playing in a junk yard?

*His neighborhood is run down. Kids play there and there is no one to supervise them.*

But why does he live in that neighborhood?

*His parents can’t afford a nicer place to live.*

But why can’t his parents afford a nicer place to live?

*His dad is unemployed and his mom is sick.*

But why is his dad unemployed?

*Because he doesn’t have much education and he can’t find a job.*

*But why?*
Example 1: Adverse Early Life Experiences
Adverse Early Life Experiences

Inconsistent, threatening, hurtful, traumatic, or neglectful social interchanges experienced by fetuses, infants, children, or adolescents.
The Adverse Childhood Experiences (ACE) Study

• Surveyed over 17,000 adults about childhood issues and current health status.

• ACEs (occurring in the first 18 years of life): abuse (emotional, physical, or sexual), neglect (emotional or physical), and household dysfunction (mother treated violently, household substance abuse, household mental illness, parental separation or divorce, incarcerated household member). Created the ACE Score.

ACEs are Highly Prevalent

More than 60% of the population surveyed reported one or more ACEs.
Health Problems Associated with ACEs

- Alcohol use disorders
- Depression
- Illicit drug use
- Suicide attempts
- Teen pregnancies
- Smoking
- COPD
- Fetal death
- Ischemic heart disease
- Liver disease
- Hearing voices
- Risk for intimate partner violence
- Multiple sexual partners
- STDs
- Unintended pregnancies
- Early initiation of smoking
- Early initiation of sexual activity
- Early mortality
Example 2: Discrimination and Social Exclusion
SOCIAL EXCLUSION

- Results from racism, discrimination, stigmatization, hostility, and unemployment

- These processes are socially and psychologically damaging, materially costly, and harmful to health

- People who live in, or have left, institutions, such as jails and prisons, children’s homes, and psychiatric hospitals, are particularly vulnerable

TYPES OF DISCRIMINATION

- Interpersonal (individual)
- Institutional (organizational)
- Structural (systemic)
- Legal
- Illegal
- Overt (blatant)
- Covert (subtle)
- Can be *de jure* – mandated by law
- Or *de facto* – not sanctioned by law, but the standard practice
“African Americans have higher incarceration rates, higher unemployment, lower incomes, lower home and business ownership, less education, less healthcare, more disease, and lower life expectancy than whites. If you believe blacks are naturally dumb, sick, criminal, you have your answer for these discrepancies. *If, however, you resist using stereotypes to make sense of your world*, institutional racism provides a very practical (and very traceable) explanation for the inferior societal position of African Americans.”

HOW RACISM AFFECTS HEALTH

1) Can lead to truncated socioeconomic mobility, differential access to desirable resources, and poor living conditions that can adversely affect health

2) Experiences of discrimination can induce physiological and psychological reactions that can lead to adverse changes in health and mental health status

3) In race-conscious societies, the acceptance of negative cultural stereotypes can lead to unfavorable self-evaluations that have deleterious effects on psychological well-being

SELF-REPORTED RACISM ASSOCIATIONS

Increased negative mental health outcomes
- Depression
- Anxiety
- Psychological Distress
- Negative Affect
- PTSD

Decreased positive mental health outcomes
- Self-Esteem
- Life Satisfaction
- Control
- Mastery
- Well-Being

Example 3: Food Insecurity
Imagine: Increasing Risk for Diabetes
Imagine: Increasing Risk for Depression
Food Insecurity

- A condition at the household level wherein the availability of nutritionally adequate and safe foods, or the ability to acquire such foods in socially acceptable ways, is limited or uncertain, oftentimes due to constrained economic resources.
- In 2007, 6.2 million U.S. households (15.8% of households with children) were food insecure at some time during the year.
Food Availability: sufficient quantities of food available on a consistent basis

Food Access: sufficient resources to obtain appropriate foods for a nutritious diet

Food Use: appropriate use based on knowledge of basic nutrition and care
Food Availability

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Food Insecurity and Mental Health

• Clear linkages to depression.
• Also related to generalized anxiety disorder and poor self-reported mental health status.
• Affects academic performance and social skills.
• Can cause behavioral problems, hyperactivity, and inattention in children.
• Can lead to increased suicidal ideation in adolescents.
The Food Insecurity-Obesity Paradox

• The two seemingly contradictory states of food insecurity and obesity coexist in economically vulnerable populations.
• This effect is particularly observed in women and children.
• Possible explanations for the food insecurity ~ obesity association include a diet consisting of inexpensive but energy-dense foods.
Poor Mental Health
Food Insecurity
Poverty or constrained financial resources

Food insecurity

Psychological stress and physiological stress responses

Depression and anxiety

Poor childhood school/social development

Unemployment, social disadvantage

Hunger

Reliance on inexpensive, energy-dense foods

Overweight/obesity

Increased risk for mental illnesses

Nutritional deficiencies
The graph illustrates the percentage of food insecurity among the U.S. population and patients with Serious Mental Illness (SMI). For food insecurity:
- The U.S. Population has 14.5% food insecurity.
- Patients with SMI have 68.9% food insecurity.

For very low food insecurity:
- The U.S. Population has 5.7% very low food insecurity.
- Patients with SMI have 46.8% very low food insecurity.
Imagine: Worsening Outcomes of Diabetes
Imagine: Worsening Outcomes of Depression
## Clinical Measures

<table>
<thead>
<tr>
<th>Discrimination and Social Exclusion</th>
<th>Use the DSM-5 Cultural Formulation Interview during all diagnostic evaluations</th>
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</thead>
<tbody>
<tr>
<td>Adverse Early Life Experiences</td>
<td>Screen for adverse early life experiences (using the ACE Score calculator)</td>
</tr>
<tr>
<td>Poor Education</td>
<td>Implement supported education in practice setting</td>
</tr>
<tr>
<td>Unemployment/Underemployment/Job Insecurity</td>
<td>Implement a supported employment program in your practice setting</td>
</tr>
<tr>
<td>Poverty, Income Inequality, and Neighborhood Deprivation</td>
<td>Create a local resource list for your practice setting to help support individuals experiencing poverty or financial crisis</td>
</tr>
<tr>
<td>Food Insecurity</td>
<td>Conduct the one- or two-item food insecurity screening at all initial assessments</td>
</tr>
<tr>
<td>Poor Housing Quality and Housing Instability</td>
<td>Screen patients with the I-HELP screening tool</td>
</tr>
<tr>
<td>Adverse Features of the Built Environment</td>
<td>Educate your clinic/community about mental health impact assessments</td>
</tr>
<tr>
<td>Poor Access to Care</td>
<td>Consider expanding available appointments in your practice or clinic to outside of traditional work hours (evenings or weekends) one or two days each week</td>
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(Mental) Health in All Policies

Energy policies
Housing policies
Education policies
Employment policies
Food and farm policies
Transportation policies
Environmental policies
Minimum wage policies
Income and taxation policies
The Social **Determinants** of Health

- problems within and created by society that have major impacts on health and disease
- they predate, predict, and cause poor health in diverse domains, as well as increased risk for virtually all physical and mental illnesses
- akin to “social causation”
- food insecurity *leads to* inattention and behavioral problems in school; job insecurity *leads to* substance use disorders; some adverse features of the built environment *lead to* anxiety disorders
The Social Determinants of Health also Impact Health Outcomes

• among people with existing health conditions (including mental illnesses), these same factors can worsen course and outcomes; in that respect, they again serve as social “determinants” of health and illness

• adversely impact treatment engagement, medication adherence, disease self-management, etc.
Social Determinants (e.g., discrimination, food insecurity, housing instability)

Physical Health / Illnesses

Physical Illnesses

Poorer Course and Outcomes
Social Determinants (e.g., discrimination, food insecurity, housing instability)

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Mental Health / Illnesses

Physical Illnesses

Mental Illnesses

Poorer Course and Outcomes
Social Sequelae / Social Drift

- a lowering of social class attainment caused by the illness
- having a serious mental illness leads to food insecurity, it leads to job insecurity and underemployment/unemployment, it leads to poor housing quality and housing instability/homelessness, etc.
- But how?
Social Sequelae / Social Drift

• such illnesses cause social sequelae / social drift (which then adversely impacts course and outcomes) in part because of the nature of their symptoms, but in large part because of the way that society has structured itself with regard to people with mental illnesses (e.g., social exclusion, discrimination (“stigma”), entitlements that assist but also ensure poverty)
Social Sequelae / Social Drift

• serious mental illnesses lead to social problems (e.g., discrimination (“stigma”), victimization (and structural violence), unemployment, impoverishment, poor housing quality, homelessness) to a much greater extent than do physical illnesses

• in part because of symptomatology, but largely because we have collectively decided (through social norms and public policies) that it should be that way