Reflections on the social determinants of mental health

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RCPsych Public Mental Health Seminar

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Deepening the relationship...

What are the special contributions of public health and psychiatry to each other’s skills and practice?
Social justice, happiness and all that..

There can be no justice without a common sentiment of suffering about the human predicament

Rousseau

Many Americans cannot stand to be unhappy, cannot stand to grieve and cannot stand to look at poverty or the real damages of war. One could argue that this is a larger problem than the problem of excessive unhappiness.

Martha Nussbaum
‘Understanding the unique contribution of psychiatry ..... all forms of suffering involve layers of personal history, embedded in relationships that are, in turn, embedded in cultural and political systems’

Bracken, Thomas et al 2012
Reduce health inequalities and improve health and well-being for all.

Create an enabling society that maximises individual and community potential.

Ensure social justice, health and sustainability are at heart of policies.

Policy objectives

A. Give every child the best start in life.

B. Enable all children, young people and adults to maximise their capabilities and have control over their lives.

C. Create fair employment and good work for all.

D. Ensure healthy standard of living for all.

E. Create and develop healthy and sustainable places and communities.

F. Strengthen the role and impact of ill health prevention.

Best start  Quality work  Healthy places

Income  Prevention

Education & skills  Policy mechanisms

Equality and health equity in all policies.

Effective evidence-based delivery systems.
MH impact of impending job loss......
Explaining the social gradient: mental illness journeys...

‘distribution & causes of population patterns of health, disease & wellbeing’

- Socio economic status – parental income, tenure, education, occupation, employment
- Adverse life events: violence, abuse, neglect, illness
- Contact with criminal justice system
- Racism and other forms of discrimination
- Institutional care in childhood
What SDOH can help with

Distress needs to be understood as a legitimate response to life events, socio-political oppression, spiritual crises, trauma and stress – taking into account the pre-story of a person’s life...

African, African-Caribbean & South Asian Women’s Narratives of Recovery

Minding the gap:

• Social gradient in mental wellbeing and mental illness

• Inequalities in how and where people end up in the system

• Inequalities in who does and doesn’t recover
Contribution of mental health to inequalities

Key domains: education/employment/behaviour /health/ consequences of illness /services

(Whitehead & Dahlgren 2006)

Mental health is a significant intermediary determinant in each case, influencing:

• readiness for school/learning
• employability
• capacity, motivation and rationale for healthy behaviours
• risk for physical health (e.g. coronary heart disease),
• chronic disease outcomes (e.g. diabetes)
• relationship to health services, including uptake/treatment
Some living conditions deliver to people a life that is worthy of the human dignity that they possess, and others do not. Dignity can be like a cheque that has come back marked ‘insufficient funds’

Martha Nussbaum

- material requisites
- psycho-social (control over lives)
- political voice (participation in decision making)
<table>
<thead>
<tr>
<th>Life</th>
<th>Bodily health</th>
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<tbody>
<tr>
<td>Bodily integrity</td>
<td>Sense, imagination, thought</td>
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<tr>
<td>Emotions</td>
<td>Practical reason</td>
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<td>Affiliation</td>
<td>Other species</td>
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<td>Play</td>
<td>Control over environment:</td>
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<tr>
<td></td>
<td>a) Political</td>
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<td>b) Material</td>
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Source: Nussbaum 2011
Social Epigenesis: biological embedding *

“\textit{The most effective interventions will require a deeper understanding of how common social risks “get under the skin” to affect human biology and influence the causal pathways to disease}”

* Clyde Hertzman 2012
**Meta analysis: comparative odds of decreased mortality**

Social Relationships: Overall findings from this meta-analysis

Social Relationships: High vs. low social support contrasted

Social Relationships: Complex measures of social integration

**Smoking < 15 cigarettes daily**

Smoking Cessation: Cease vs. Continue smoking among patients with CHD

**Alcohol Consumption: Abstinence vs. Excessive drinking (> 6 drinks/day)**

Flu Vaccine: Pneumococcal vaccination in adults (for pneumonia mortality)

Cardiac Rehabilitation (exercise) for patients with CHD

**Physical Activity (controlling for adiposity)**

BMI: Lean vs. obese

Drug Treatment for Hypertension (vs. controls) in populations > 59 years

Air Pollution: Low vs. high

The relative value of social support/social integration

Source: Holt-Lundstad et al 2010
‘It gets so lonely around here that I phone myself seven or eight times a day, just to see how I am’

Phantom Tolbooth

Declaration of Intent of the Mental Patients Union

• We proclaim the dignity of society's so-called mental patients.
• We challenge repressive psychiatric practice & its ill-defined concepts of 'mental illness'.
• We state that the present appalling situation in 'mental health' primarily arises from acute problems in housing, unemployment & social inequality.
• Mental patients in our society are treated as people with no human rights.
Psychologising of public health....

I’d like to see psychology think more about positive pain: the grief that expresses love, the fear that expresses a true sense of threat, the compassion that shares the pain of a suffering person, the anger that says ‘this is deeply wrong’.

Martha Nussbaum
There is an urgent need to talk publicly about the relationship between injustice and our mental health #Occupy Movement
Ring the bells that still can ring
Forget your perfect offering
There is a crack in everything
That's how the light gets in.

Leonard Cohen Anthem
“How do you shift money from services to life?”

PFG Doncaster
Appendices: data on mental health inequalities & Select Bibliography

Public Mental Health Seminar

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"The opportunity that the Bill gives to us is to give as much credence to social value as to cost. If we do not do this, then we end up knowing the cost of everything and the value of nothing."

Baroness Stedman-Scott
House of Lord’s Debate
Mental health and deprivation

Not ‘every family in the land’

Findings from 9 large scale population based studies:

- Material and relative deprivation
- Childhood socio-economic position
- Low educational attainment
- Unemployment
- Environment: poor housing, poor resources, violence
- Adverse life events
- Poor support networks

(Melzer et al 2004; Rogers & Pilgrim 2003; Stansfeld et al 2008; APMS 2007)

Cycle of invisible barriers:
- Poverty of hope, self-worth, aspirations
Mental Health in Relation to Income Inequality

http://www.equalitytrust.org.uk/why/evidence/mental-health
CMD, by household income and sex

Source: APMS 2007, all adults, age-standardised
Mental health of children by parental income

Source: Meltzer et al 2000  Mental health of children and adolescents in Great Britain

Warwick: Public Mental Health Determinants  lynne.friedli@btopenworld.com
Rates of poor social/emotional adjustment

(Source: Graham & Power 2004)

Warwick: Public Mental Health Determinants
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Mental health and the social gradient

“Infants develop the attachment behaviours that optimally enhance their survival in their own characteristic environments.”

Crittenden, 2000

Source: Fair Society, Healthy Lives: Marmot Review 2010
Rates of poor social/emotional adjustment by father’s social class at birth

Source: 1958 National Child Development Study

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School readiness by parental income

[Bar chart showing average percentile scores for various domains of readiness and behavior by income quintiles.]

Source: Washbrook and Waldfogel 108
Optimism and social position

Agreement with statement: Over the next 5-10 years I expect to have many more positive than negative experiences.

% agreeing with statement

<table>
<thead>
<tr>
<th></th>
<th>Total (1,994)</th>
<th>AB (464)</th>
<th>C1 (565)</th>
<th>C2 (409)</th>
<th>DE (556)</th>
<th>High income (371)</th>
<th>Medium income (264)</th>
<th>Low income (593)</th>
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<tbody>
<tr>
<td>Number</td>
<td>70</td>
<td>77</td>
<td>70</td>
<td>71</td>
<td>64</td>
<td>80</td>
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Base: British adults (base in bracket), 14-21 August 2008

Ipsos MORI
Low levels of (adult) mental wellbeing by concerns about income

Source: NW Wellbeing Survey

Warwick: Public Mental Health Determinants lynne.friedli@btopenworld.com
Mental health contribution: 

social archaeology

• Developing an *inequalities imagination* (Angie Hart)

• Life course approaches: *interventions & economic modelling*

• Strengths based approaches: *resilience, assets, wellbeing, recovery*

• Human rights: *UN conventions – disabilities, children*

• Epigenetics and disease ‘signatures’
Relative importance of early social and biological risk factors (PAR %)

Clinical risk factors

Social risk factors

Source: Jutte, Brownell, Roos, Schippers, Boyce, Syme, 2010


http://whqlibdoc.who.int/publications/2008/9789241563703_eng.pdf


Nef (2012) *Wellbeing patterns uncovered*

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http://www.euro.who.int/__data/assets/pdf_file/0008/134999/e94837.pdf

Campbell F (2010) Social determinants and the role of local government
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