The Social Determinants of mental health – More than the tip of the iceberg

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Overview

• Commission on the Social Determinants of Health

• How social determinants get into our brains

• How societies create or aggravate mental illness

• Creating mentally healthy societies
Commission on the Social Determinants of Health

- Launched 28th August 2008 by Dr. Margaret Chan, Director General, WHO in Geneva
- "Health inequity really is a matter of life and death" Margaret Chan
Commissioners

- Sir Michael Marmot (Chair)
- 18 others representing academics, politicians, civil society, senior public health bureaucrats
"(The) toxic combination of bad policies, economics, and politics is, in large measure responsible for the fact that a majority of people in the world do not enjoy the good health that is biologically possible. Social injustice is killing people on a grand scale."
Prime Minister Gordon Brown gave a strong endorsement to the CSDH report and stressed the importance of equity as a goal of government in Nov 2008
Basic logic: what good does it do to treat people's illnesses .......... then give them no choice to go back to or no control over the conditions that made them sick?
Final Report: Value Base

- Need for more health equity because “it is right and just” & a human right
- Quality and distribution of health seen as a judge of the success of a society
- Empowerment central
CSDH Report: Action Areas

Daily Living Conditions

- Equity from the start
- Healthy places - healthy people
- Fair employment – decent work
- Social protection across the life course
- Universal health care

Power, Money and Resources

- Health Equity in All Policies
- Fair financing
- Market responsibility
- Gender equity
- Political empowerment – inclusion and voice
- Good global governance

Knowledge, Monitoring and Skills

- Monitoring, research, training
- Building a global movement

Figure 4.1 Commission on Social Determinants of Health conceptual framework.

Source: Amended from Solar & Irwin, 2007

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Overview

• Commission on the Social Determinants of Health

• How social determinants get into our brains – mental illness as the tip of the iceberg

• How societies create or aggravate mental illness?

• Creating mentally healthy societies
How social determinants get into our brains and cause health inequities

- Lack of control over work and home life
- Poverty – managing on low income
- Racism
- Social isolation
- Unemployment
- Non-permanent work
- Gendered violence
- Living in area with high disorder & lack of safety
- Long term chronic stress
- Coping by using substances harmful to health – alcohol, tobacco, illegal drugs
- Depression, Anxiety, Schizophrenia etc
- Barriers to seeking mental health care: cultural, financial, class, gender
- Early childhood not stimulating maximum brain development

Unemployment

Non-permanent work
The Biology of Stress

Wilkinson & Pickett
2009, 86
Currently responses are all tip and no iceberg

<table>
<thead>
<tr>
<th>Anxiety</th>
<th>Focus on behaviours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental illness</td>
<td>Suicide Depression</td>
</tr>
<tr>
<td>Long term stress</td>
<td>Crisis response</td>
</tr>
<tr>
<td>Unsafe and disordered neighbourhood</td>
<td></td>
</tr>
<tr>
<td>Racism tolerated</td>
<td></td>
</tr>
<tr>
<td>Distribution of power</td>
<td></td>
</tr>
<tr>
<td>Class, gender and culture effects</td>
<td></td>
</tr>
<tr>
<td>Poverty</td>
<td>Lives with low control</td>
</tr>
<tr>
<td>Organisation of work</td>
<td></td>
</tr>
<tr>
<td>Unfair distribution of wealth</td>
<td></td>
</tr>
<tr>
<td>The market and consumerism</td>
<td></td>
</tr>
</tbody>
</table>

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Overview

• Commission on the Social Determinants of Health
• How social determinants get into our brains
• How societies create or aggravate mental illness?
• Creating mentally healthy societies
Examples of social organisation contributing to mental illness

- Inequity and impact on mental well-being
- Empowerment
- Racism
Epidemiology of Inequality

- More equal societies are healthier
- More equity leads to more just social policies
- Less crime more cohesion
Figure 5.1 More people suffer from mental illnesses in more unequal countries.

Figure 5.3 *The use of illegal drugs is more common in more unequal countries.*
## US compared to Costa Rica

<table>
<thead>
<tr>
<th>Indicator (2005)</th>
<th>US</th>
<th>Costa Rica</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life expectancy at birth</td>
<td>77</td>
<td>79</td>
</tr>
<tr>
<td>IMR</td>
<td>7</td>
<td>11</td>
</tr>
<tr>
<td>Happy Planet Index (NEF)</td>
<td>28.83 (rank 150th)</td>
<td>66.0 (rank 3rd)</td>
</tr>
<tr>
<td>Gross National Income per capita (US$)</td>
<td>41,440</td>
<td>4,470</td>
</tr>
<tr>
<td>Health expenditure per capita (US$)</td>
<td>5,711</td>
<td>350</td>
</tr>
</tbody>
</table>

Commentaries on impact of neo-liberalism

• James – The Selfish Capitalist “set of values that increase our vulnerabilities to emotional distress”
• Pam Stavropoulos - The psychology of neo-liberalism as unhealthy
• Clive Hamilton Affluenza
• Growth in books on happiness which are based on the paradox

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The paradox

• Most people want more income and strive for it. Yet as Western societies have got richer, their people have become no happier… But aren’t our lives infinitely more comfortable? Indeed we have more food, more clothes, more cars, bigger houses, more central heating, more foreign holidays, a shorter working week, nicer work and, above all, better health. Yet we are not happier. Despite all the efforts of governments, teachers, doctors and businessmen, human happiness has not improved.

Consumerism – impact on mental health

• Competition to have latest gadget
• Constant comparison with fellow consumers
• Positioned as consumers not citizens
• Material objects become meaning in life and source of satisfaction
• Advertising is manipulative and often unhealthy for our collective good (e.g. alcohol to young people)

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Unhealthy Societies

Economics

Social, family & community

Environment

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Where is the room for community, solidarity, conviviality, collective action if economic growth and consumer consumption is how we judge our success?
“When inequities become too great the idea of community becomes impossible.”
(Raymond Arons)
Path from Inequity to mental illness

Higher levels of inequity
- Low levels of trust
- Weaker community life
  - Less cohesion and co-operation
    - More concern with status
      - More social evaluation anxieties and more narcissistic behaviours
        - Raised levels of stress hormones
          - Increasing levels of mental illness

Based on Wilkinson & Pickett, 2009

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“The success of an economy and of a society cannot be separated from the lives that the members of the society are able to lead… we not only value living well and satisfactorily, but also appreciate having control over our lives.”


• Material
• Psychosocial
• Political
The Social Gradient…

• The Whitehall longitudinal studies of death rates over 10 years among British civil servants grouped in 4 categories … Administrative (senior executive), Professional, Clerical and Other.

• Controlled for known risk factors – smoking, BP, cholesterol, etc.
Findings

Source: Marmot et al

Years of follow-up

Cumulative probability of death (%)

- Other
- Clerical
- Professional
- Admin

Source: Marmot et al

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SELF-REPORTED JOB CONTROL AND CHD INCIDENCE WHITEHALL MEN AND WOMEN

Adjusted age, sex, length of follow up
+ effort/reward imbalance
+ grade, coronary risk factors, negative affect

Bosma et al, 1998
Is it about behaviour?

![Bar chart showing relative risk of coronary heart disease by civil service grade.](chart)

- Administrative: 0
- Professional: 1.8
- Clerical: 2.3
- Other: 2.6

Civil Service Grade

Evans RG, Barere ML, Marmor TR. Why are Some People Healthy and Others Not? The Determinants of Health of Populations. Aldine de Gruyter, NY, 1994
NUMBER OF MAZES SOLVED IN 15 MIN: INDIAN CHILDREN 11-12 YEARS

Caste announced?

(NO)  (YES)

( Source: Hoff & Pandey, 2004)
Canada: Cultural Continuity Factors

Why some groups of Canadian Indigenous peoples had higher rates of suicide than others

1. Self-Government
2. Land Claims
3. Education
4. Health Services
5. Police/Fire Services
6. Cultural Facilities
7. Women in Government
8. Child & Family Services
9. Traditional Language use

Source: Chandler & Lalonde Horizon, 2008:10,1: 68-72
Youth Suicide Rate by Number of Cultural Continuity Factors Present (1987-1992)

Chandler & Lalonde, 2008: 71
Aboriginal reports of racism

- 153 Aboriginal people living in Adelaide
- Non-random sample
- Interviews conducted by Aboriginal project manager and Aboriginal interviewers
Racism in at least one institutional setting

<table>
<thead>
<tr>
<th></th>
<th>Sometimes</th>
<th>Often/very often</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never/hardly</td>
<td>16</td>
<td>54</td>
</tr>
<tr>
<td>rarely ever</td>
<td>30</td>
<td></td>
</tr>
</tbody>
</table>
Racism in at least one informal setting

<table>
<thead>
<tr>
<th>Never/hardly ever</th>
<th>Sometimes</th>
<th>Often/very often</th>
</tr>
</thead>
<tbody>
<tr>
<td>16</td>
<td>42</td>
<td>42</td>
</tr>
</tbody>
</table>
– “You could be the only person on the back of the bus and no one will sit with you if you’re Nunga…everyone else will stand up around you” (002)

– “If I’m going into the shop and like there might be one or two before me, then about three or four come and then she goes onto them I’ll just say ‘I’m not just a shadow standing here. I was here before them’” (056)

– “People are always watching you and watching what you’re doing and, you know. Watching where your hands are and shit. Like I said now I just go and show them my bag anyway, as I’m walking out. Just you know…even if they don’t ask” (Belinda, 30yrs)

– “You get called ‘black mongrel’ when you’re walking along” (Mary, 51 yrs)
## Responses to racism

<table>
<thead>
<tr>
<th>Response</th>
<th>Often/very often</th>
<th>Sometimes</th>
<th>Never/hardly ever</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feel angry, annoyed or frustrated</td>
<td>62</td>
<td>32</td>
<td>6</td>
</tr>
<tr>
<td>Talk, write, draw, sing or paint</td>
<td>52</td>
<td>26</td>
<td>22</td>
</tr>
<tr>
<td>Try to avoid it</td>
<td>46</td>
<td>26</td>
<td>28</td>
</tr>
<tr>
<td>Get a headache, upset stomach, other physical reaction</td>
<td>37</td>
<td>41</td>
<td>22</td>
</tr>
<tr>
<td>Do something</td>
<td>33</td>
<td>30</td>
<td>37</td>
</tr>
<tr>
<td>Ignore, accept, forget it</td>
<td>28</td>
<td>37</td>
<td>35</td>
</tr>
<tr>
<td>Feel amused or sorry for person</td>
<td>34</td>
<td>31</td>
<td>35</td>
</tr>
<tr>
<td>Feel ashamed, humiliated, anxious or fearful</td>
<td>29</td>
<td>32</td>
<td>39</td>
</tr>
<tr>
<td>Feel powerless, hopeless or depressed</td>
<td>26</td>
<td>32</td>
<td>43</td>
</tr>
</tbody>
</table>
**PERCEIVED THREAT**

- Increased production of adrenalin
- Increased Heart Rate
- Increased BP
- More blood directed to muscles
- Dilated pupils (eyes)
- Less blood to other organs (eg kidneys, liver)

**FIGHT OR FLIGHT**

- Increased production of Endorphins, reduced production of adrenalin
- Decreased Heart Rate
- Decreased BP
- Less blood directed to muscles, muscles relax
- Normal pupils (eyes)
- More blood to other organs (eg kidneys, liver)

**THREAT PASSES**

- Those with power
- Those without power
Biological Pathways 2 ...

Psych-social Demands (Stressors)
- Life events, chronic stress, daily hassles

Resistance & Vulnerability Factors
- Coping Responses; Personality; Social Supports

Psych-o-biological Stress Response

Neuro-endocrine (brain & hormones)
- Cortisol, ACTH, Catecholamines, Beta-endorphins, Testosterone, Insulin
- High BP
- Increased risk infection
- Increased Heart Rate
- Increased risk cancer
- Decreased Blood Clotting Time
- Insulin resistance
- Anxiety
- Depression

Autonomic metabolic
- Cardiovascular function, Renal function, Gastro-intestinal motility, Fat metabolism, Haemostasis
- High Cholesterol
- High BP
- Increase heart rate

Immune
- Immunoglobulins, WBCs, Lymphocyte sub-populations, Cytokines.

Diabetes ... Heart disease ... Stroke ... Renal Disease ... Infections ... Cancer

Source: Marmot & Wilkinson, 1999
Overview

• Commission on the Social Determinants of Health
• How social determinants get into our brains
• How societies create or aggravate mental illness?
• Creating mentally healthy societies: the health system and broader society
Mental health is a state of complete physical, mental spiritual and social well-being in which each person is able to realise one’s abilities, can cope with the normal stresses of life, and make a unique contribution to one’s community.
Health systems which promote mental health & well-being

• Psychiatry with a social conscience – connecting people through groups, empowering practice, affordable and accessible to low income people emphasis on recovery & leading a resourceful life
• Beyond blue and more
• Health system advocates mental health across society – working against bullying, sexual harassment, violence, racism
• Involvement of service users and citizens
• Advocacy for equity
Mentally Healthy Societies: settings and institutions

• Promote mental health and deal with mental illness in everyday settings – workplaces, schools, sports clubs, government services
• More connection between people through meaningful activity
• Engaged society & institutions which empower citizens
• Invest in supporting and developing all children and especially those from disadvantaged families (subject to “toxic stress” Shonkoff, 2005)
Mentally healthy societies: values and priorities

- Increasing suggestions that we need a change in values that will lead to less misery (anxiety and depression) and (as Marx put it) “becoming who you are”
- Lively democratic societies
- Less emphasis on feeling good through consuming and one uppersonship
- Make equity a key social goal nationally and globally
- Health Equity Impact Assessment – including mental health
Combating racism is an essential empowering task for non-Indigenous Australia
Shifting society from its left to its right brain.................

Economy
Economic Development
Consumerism
Competition
Inequity

Sustainable
Equitable
Social connection: good quality family relations, convivial work places, , neighbourly communities
Tolerant, diverse and accepting communities

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Imagining the possibility of another way of living together is not a strong point of our world of privatised utopias

(Zygmunt Bauman, 2005: 117)

If we allow ourselves to examine more than the tip of the iceberg and, on the basis of this analysis, take action to change the structures of society then mental illness can be significantly reduced and the stocks of happiness and well being and the number of citizens living truly meaningful lives increased
Thank you!

If you want to read more.....

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