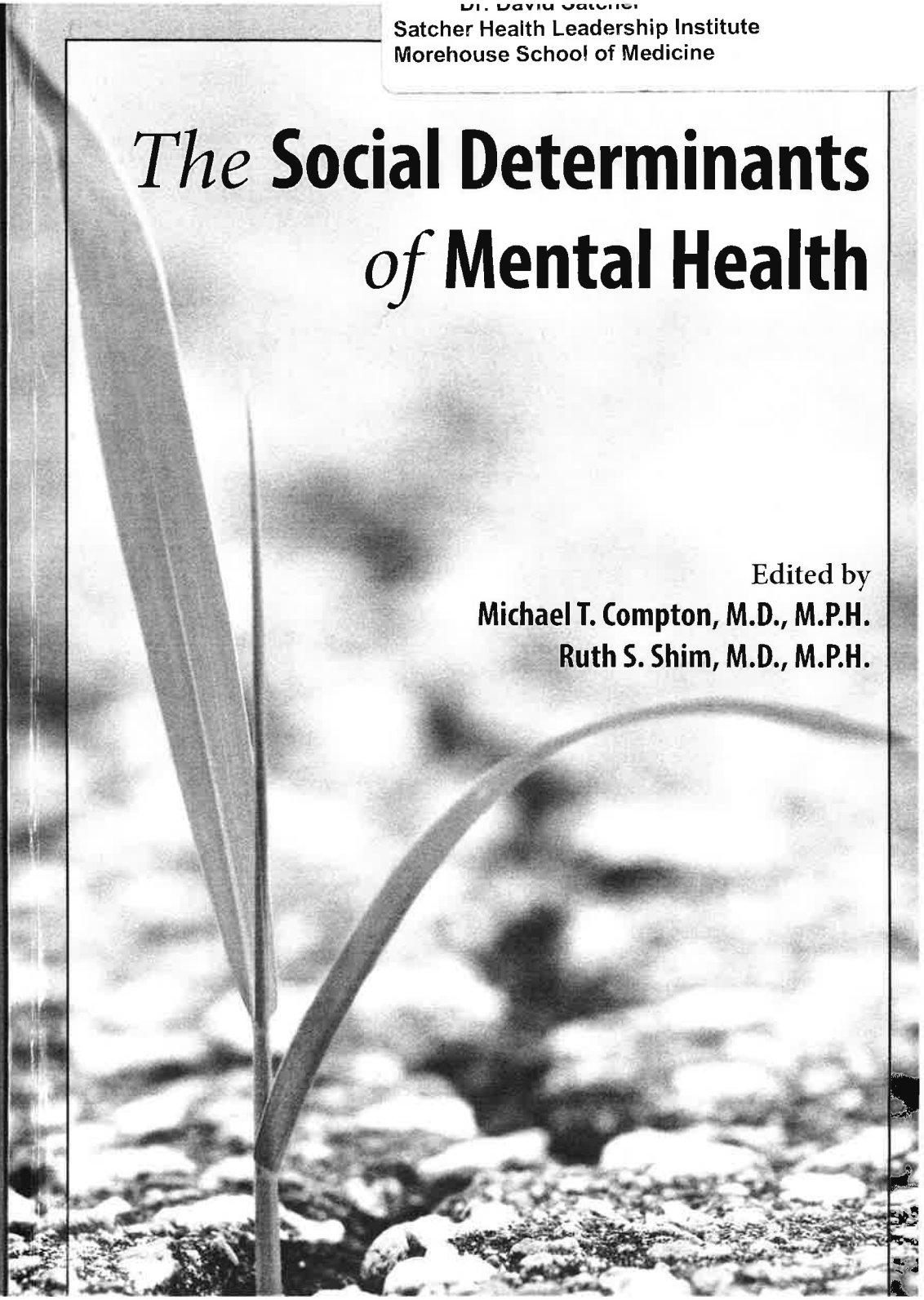
The Social Determinants *of* Mental Health



Edited by
Michael T. Compton, M.D., M.P.H.
Ruth S. Shim, M.D., M.P.H.

Manufactured in the United States of America on acid-free paper
18 17 16 15 14 5 4 3 2 1
First Edition

Typeset in Swis721 Md BT and Palatino Lt Std

American Psychiatric Publishing
A Division of American Psychiatric Association
1000 Wilson Boulevard
Arlington, VA 22209-3901
www.appi.org

Library of Congress Cataloging-in-Publication Data
The social determinants of mental health / edited by Michael T. Compton, Ruth S. Shim.—First edition.

p. ; cm.

Includes bibliographical references and index.

ISBN 978-1-58562-477-5 (pb : alk. paper)

I. Compton, Michael T., editor. II. Shim, Ruth S., 1977–, editor. III. American Psychiatric Publishing, publisher.

[DNLM: 1. Mental Health—United States. 2. Socioeconomic Factors—United States. WM 31]

RC455

362.19689dc23

2014039125

British Library Cataloguing-in-Publication Data

Contents

Contributors ---------- vii

Disclosure of Interests ---------- xi

The Social Determinants of Mental Health: From Evidence to Policy ---------- xiii

Preface ---------- xv

Acknowledgments ---------- xxiii

1 Overview of the Social Determinants of Mental Health ---------- 1

The Group for the Advancement of Psychiatry (GAP) Prevention Committee
Ruth S. Shim, M.D., M.P.H.
Michael T. Compton, M.D., M.P.H.
Marc W. Manseau, M.D., M.P.H.
Carol Koplan, M.D.
Frederick J.P. Langheim, M.D., Ph.D.
Rebecca A. Powers, M.D., M.P.H.

2 Discrimination ---------- 23

Jane A. Rafferty, M.A.
Jamie M. Abelson, M.S.W.
Kimson Bryant, B.A.
James S. Jackson, Ph.D.

3 Adverse Early Life Experiences ---------- 47

Carol Koplan, M.D.
Anna Chard, M.P.H.

4 Poor Education ---- 77
Rebecca A. Powers, M.D., M.P.H.

5 Unemployment, Underemployment, and Job Insecurity ---- 99
Brian S. McGregor, Ph.D.
Kisha B. Holden, Ph.D., M.S.C.R.

6 Economic Inequality, Poverty, and Neighborhood Deprivation ---- 121
Marc W. Manseau, M.D., M.P.H.

7 Food Insecurity ---- 145
Michael T. Compton, M.D., M.P.H.

8 Poor Housing Quality and Housing Instability ---- 171
Shakira F. Suglia, Sc.D., M.S.
Earle Chambers, Ph.D., M.P.H.
Megan T. Sandel, M.D., M.P.H.

9 Adverse Features of the Built Environment ---- 193
Lynn C. Todman, Ph.D., M.C.P.
Christopher S. Holliday, Ph.D., M.A., M.P.H.

10 Poor Access to Health Care ---- 213
Frederick J.P. Langheim, M.D., Ph.D.
Ruth S. Shim, M.D., M.P.H.
Benjamin G. Druss, M.D., M.P.H.

11 A Call to Action: Addressing the Social Determinants of Mental Health ---- 235
David Satcher, M.D., Ph.D.
Ruth S. Shim, M.D., M.P.H.

Index ---- 255

Contributors

Jamie M. Abelson, M.S.W.
Senior Research Associate, Institute for Social Research, University of Michigan, Ann Arbor

Kimson Bryant, B.A.
Research Associate, Institute for Social Research, University of Michigan, Ann Arbor, Michigan

Earle Chambers, Ph.D., M.P.H.
Assistant Professor, Department of Family and Social Medicine, Albert Einstein College of Medicine, Bronx, New York

Anna Chard, M.P.H.
Public Health Program Associate, Department of Environmental Health, Rollins School of Public Health, Emory University, Atlanta, Georgia

Michael T. Compton, M.D., M.P.H.
Chairman, Department of Psychiatry, Lenox Hill Hospital; Professor, Department of Psychiatry, Hofstra North Shore–LIJ School of Medicine at Hofstra University, New York, New York

Benjamin G. Druss, M.D., M.P.H.
Professor and Rosalynn Carter Chair, Department of Health Policy and Management, Rollins School of Public Health, Emory University, Atlanta, Georgia

Kisha B. Holden, Ph.D., M.S.C.R.
Associate Professor, Department of Psychiatry and Behavioral Sciences, Morehouse School of Medicine, Atlanta, Georgia

Christopher S. Holliday, Ph.D., M.A., M.P.H.
Director, Population Health, Improving Health Outcomes, American Medical Association, Chicago, Illinois

James S. Jackson, Ph.D.
Director and Research Professor, Institute for Social Research, Daniel Katz Distinguished University Professor of Psychology, University of Michigan, Ann Arbor, Michigan

Carol Koplan, M.D.
Adjunct Assistant Professor, Department of Behavioral Sciences and Health Education, Rollins School of Public Health, Emory University, Atlanta, Georgia

Frederick J.P. Langheim, M.D., Ph.D.
Medical Director of Consultation and Liaison Psychiatry, St. Mary's Hospital; Staff Psychiatrist, Dean Health System; Clinical Adjunct Assistant Professor, University of Wisconsin–Madison, Madison, Wisconsin

Marc W. Manseau, M.D., M.P.H.
Clinical Assistant Professor, Department of Psychiatry, New York University School of Medicine, New York, New York

Sir Michael Marmot, M.B.B.S., M.P.H., Ph.D.
Director, Institute of Health Equity; Professor, Department of Epidemiology and Public Health, University College London, London, UK

Brian S. McGregor, Ph.D.
Instructor, Department of Psychiatry and Behavioral Sciences, Morehouse School of Medicine, Atlanta, Georgia

Rebecca A. Powers, M.D., M.P.H.
Associate Professor, Adjunct Clinical Faculty, Department of Psychiatry and Behavioral Sciences, Stanford University School of Medicine, Stanford, California

Jane A. Rafferty, M.A.
Senior Research Associate, Institute for Social Research, University of Michigan, Ann Arbor, Michigan

Megan T. Sandel, M.D., M.P.H.
Associate Professor, Department of Pediatrics, Boston University Schools of Medicine and Public Health, Boston, Massachusetts

David Satcher, M.D., Ph.D.
Director, Satcher Health Leadership Institute; Poussaint-Satcher-Cosby Chair in Mental Health, Morehouse School of Medicine, Atlanta, Georgia

Ruth S. Shim, M.D., M.P.H.
Vice Chair, Education and Faculty Development, Department of Psychiatry, Lenox Hill Hospital; Associate Professor, Department of Psychiatry, Hofstra North Shore–LIJ School of Medicine at Hofstra University, New York, New York

Shakira F. Suglia, Sc.D., M.S.
Assistant Professor, Department of Epidemiology, Mailman School of Public Health, Columbia University, New York, New York

Lynn C. Todman, Ph.D., M.C.P.
Research Affiliate, Community Innovators Laboratory, Massachusetts Institute of Technology, Cambridge, Massachusetts

The Social Determinants of Mental Health: From Evidence to Policy

Mental illness has been the dark secret of families and societies. For an individual to admit to it incurred public shame. Being mentally ill shaded into being morally lacking. For the medical profession it was the nonserious end of practice—no fancy diagnostic techniques, no heroic treatments. For a set of conditions that will affect a third or more of people at some point in their lives, this neglect is quite remarkable...and shameful.

At long last there are moves afoot to redress this neglect. There is a long way to go, but there are glimmers of recognition that more should be done on diagnosis and treatment and that discrimination against people with mental illness is indefensible. This book addresses a third important issue: the social determinants of mental health and illness. It is timely and welcome.

Those of us concerned with social determinants of health and health equity cannot ignore mental illness because it is such an important effect, for good and ill, of how we organize our affairs in society. Those concerned primarily with mental illness cannot ignore social determinants because therein lies the prospect of improving mental health and preventing mental illness. This book is enormously helpful in showing the pathways from social norms and public policies to mental illness. It emphasizes the life course—harmful effects on adult mental illness begin with adverse early life experiences—and shows how social determinants can lead to stress with consequent psychological and physiological pathways to disease and to poor choices and risky behaviors. A key insight is that the same set of causal pathways from society to the individual can have adverse effects on both mental and physical illness.

In some quarters it is almost a reflex, which involves little cerebral activity, to blame poor people for their poor behavior and bad health.

Demonstrating, as this book does, how the social environment constrains choices and behaviors suggests that such a reflex is not based on an understanding of the scientific evidence.

A theme of the book is that understanding of the importance of social determinants of health has grown in many countries but has had little penetration of the policy process in the United States. If the book, in addition to its impressive bringing together of the scientific evidence on social determinants of mental health, succeeds in influencing U.S. policies and social norms, it will have done us all a wonderful service.

Sir Michael Marmot, M.B.B.S, M.P.H., Ph.D.

Preface

The basic premise of this book is that society plays a prominent role in creating and shaping poor mental health and mental illnesses. As such, society is also in a position to improve mental health and reduce risk for mental illnesses.

Where an individual, a family, a community, or a society is located on the continuum from health and wellness to illness and infirmity is multidetermined. Genetic influences and biological constitution are undoubtedly key drivers of health and wellness, but the contexts of the individual, family, community, and society are also crucial. In this book, we focus on those social and environmental contexts. At an even deeper level, we focus on society, specifically, America in the twenty-first century.

We begin with an in-depth overview in Chapter 1, which shows how an *unwell society* (one with *public policies* and *social norms* that, left unimproved, will continue to drive poor mental health) and an *unfair society* (one characterized by prominent inequalities in the distribution of opportunity) undergird the diverse social determinants of poor mental health and behavioral disorders. In Chapters 2–10 we then articulate how such factors as racial discrimination, adverse early life experiences, unemployment and underemployment, and poor access to health care, to name a few, have an impact on risk for and outcomes of mental illnesses. Although such *social determinants of health*, or *fundamental causes*, or *causes of the causes*, might appear to be quite far upstream compared with the more proximal risk factors that they create, they set the stage for poor mental health, and indeed mental illnesses, including substance use disorders, in individuals and communities. Note that in using the word *social*, we refer to both interactions among people and interactions between people and their surroundings. As such, how society distributes education, jobs, wealth, food, and housing is *social*, as are the health care system and policies pertaining to it. We outline (for psychiatrists and other mental health professionals primarily but for diverse other audiences as well) some of the many ways in which society

creates and *sustains* poor mental health and, indeed, diagnosed or diagnosable mental illnesses, including substance use disorders. Some of the clinical vignettes in Chapters 2–10 pertain to persons with serious mental illnesses because psychiatrists represent one of our intended audiences, but in such instances, the story would be just as relevant if it referred to milder poor mental health and related outcomes. In pointing out society's role in poor mental health outcomes, we also begin to show how society (i.e., all of us) can create mental *health* and *resilience.* In Chapter 11 we encourage everyone to take action and suggest ways to start doing so.

Unlike addressing the biological determinants of health and disease (e.g., genetics), addressing the social determinants of mental health inherently involves policy and politics. We have no a priori political agenda, but political considerations cannot be avoided if we are to adequately consider this topic and make progress in this arena. Mental health and risk for mental illnesses are substantially shaped by policy and politics, and taking action to promote mental health and reduce risk for mental illnesses is thus a political and policy-related process. For example, a youth's quality and extent of education certainly have long-term health implications, and improving educational quality, reducing high school dropout, and enhancing access to higher education for all are objectives that clearly necessitate a policy and political approach. Enacting policy requires discussion and compromise that evoke one's own political perspectives as well as those of the groups to which one belongs.

We are not policy makers or politicians, however. We are psychiatrists. We are extensively experienced in evaluating patients, diagnosing mental illnesses and substance use disorders, and developing plans and programs for optimal treatment. In designing, compiling, and editing this book, we have turned our attention from patients to communities and, more broadly, from communities to society. We have "evaluated" our society with regard to its role in creating risk for poor mental health. From this assessment, we have arrived at the "diagnosis" that our society is in some respects unwell and in many ways unfair. As a result, we have begun a process (which undoubtedly will need to be set forth in greater detail elsewhere) of developing plans for optimal "treatment" for society to become well and fair.

Because we are psychiatrists, our primary audience will most likely be mental health professionals. For this reason, in this book we repeatedly refer to psychiatrists and other mental health professionals and provide clinical vignettes involving patients to illuminate concepts at both the population and individual patient levels. In fact, our greatest

dilemma in preparing this book has been the difficult task of trying to balance the individual/clinical/patient perspectives and the population/public health/community points of view. However, ultimately addressing and treating the problems that we point out will require society (i.e., all of us) to work in a unified, willful, and health-smart way. Clinicians can take certain actions, but the real solution to reducing risk for mental illnesses and optimizing mental health depends on political will, advocacy, and collective action in which we *all* participate.

Having briefly introduced the content of the book, we will now tell you a bit about ourselves. How did we arrive at diagnosing unhealthy public policies and social norms and unequal distribution of opportunity within society as the societal "disorders" of primary interest to us within the field of psychiatry? It was largely an unplanned and uncharted journey. Choosing psychiatry as a medical specialty was itself a personal journey for both of us, one that is beyond the purview of this brief preface. Our shared journey, however, began on completion of our psychiatry training. Somewhat disillusioned by the limited effectiveness of psychiatric treatments—and impressed by the fact that many of our patients (especially those whom we evaluated and treated at Grady Health System in downtown Atlanta) struggle with social problems that often overshadow their mental illness—we both completed a fellowship in community psychiatry and public health. This 2-year experience and master of public health degree prepared us to embrace a population-based, public health framework that would come to complement our patient-based, medical/psychiatric perspective. As such, concepts such as prevention, health promotion, and social justice became as important to us as treatment and standard psychiatric care.

A number of years after our community psychiatry and public health fellowship training, we found ourselves amid a small group of like-minded colleagues in the Prevention Committee of an organization called the Group for the Advancement of Psychiatry (GAP). Many discussions within this committee (whose members wrote Chapter 1, with individual committee members also writing several other chapters) gravitated toward issues pertaining to health disparities and inequities and other social injustices. In our work to promote prevention within the field of psychiatry, we often found ourselves discussing policy approaches rather than clinical ones. The committee decided—after vigorous thinking around the table; sharing ideas at breakfast, lunch, and dinner at the GAP meeting each April and November; and debates and discussions at the juice bar—that moving toward genuine prevention in psychiatry would require digging deeper than the proximal risk factors;

we would have to look toward the causes of the causes, or the fundamental causes. Furthermore, for prevention of mental illnesses and promotion of mental health for all, we would have to look at those factors in our society that drive the causes of the causes. This decision led us to focus not only on the set of *core* social determinants of mental health (e.g., unemployment, food insecurity, housing instability) outlined in Chapters 2–10 but also on two substrata from which these core social determinants derive: an unfair society (because of the unequal distribution of opportunity) and an unwell society (by virtue of public policies that require health-focused optimization and social norms that must be shifted to achieve health). This shared journey resulted in the book that you are about to discover.

Having briefly introduced ourselves and the inspiration for this line of inquiry, we will now tell you more about the book itself. Following the overview (Chapter 1), which lays out our guiding principles and our framework in greater detail, the authors of Chapters 2–10 elaborate on discrimination and social exclusion; adverse early life experiences; poor education; unemployment, underemployment, and job insecurity; income inequality, poverty, and neighborhood deprivation; food insecurity; poor housing quality and housing instability; adverse features of the built environment; and poor access to health care as core social determinants of mental health. As noted earlier, Chapter 11 urges us all to take action. We settled on this way of organizing the book because it allows us to focus on one social determinant at a time. Other structures could have been used; for example, a life course approach or developmental perspective would have been equally informative, outlining social determinants and how they affect children, adolescents, adults, and older adults and the elderly.

In describing the structure of the book, we should take a moment to specifically thank two special contributors. Both have immeasurably shaped the field of public health and fearlessly challenged us all to do more to address the social determinants of mental health. First, Sir Michael Marmot, who provided the thoughtful foreword, "The Social Determinants of Mental Health: From Evidence to Policy," is the world's leader and foremost expert on the social determinants of health. He has worked tirelessly to advance the science and implore societies to take action to address the social determinants of health and has achieved significant results in the process. Second, it is only fitting that Dr. David Satcher, the 16th surgeon general of the United States, has the final word in this book as a coauthor of the last chapter, which is a call to action. Beginning in 1999 with the publication of *Mental Health: A Report of the Surgeon General* and building on this work with the 2001 supplement, *Mental Health: Culture, Race, and Ethnicity,* Dr. Satcher has unwaveringly advocated for improving mental health diagnosis and treatment and addressing disparities and inequities in health in ways that no other governmental figure has done before or since.

We would like to point out a number of particularities about this book. First, although a relatively simple semantic issue, the terminology *social determinants of health* is imprecise in that the factors commonly called social determinants of *health* (e.g., adverse early life experiences, income inequality) are actually social determinants of *poor* health and *illnesses.* We will follow the commonly used terminology and refer to the *social determinants of mental health* even though these determinants lead to risk for poor mental health and mental illnesses.

Second, again with regard to semantics, the term *social determinants of mental health* emphasizes *mental,* although these determinants are related to diverse physical, psychiatric, behavioral, and social outcomes. They are also linked to the various substance use disorders. As such, the *mental* terminology is shorthand for diverse psychological, social, and behavioral outcomes. At times, we use *behavioral health* or *behavioral disorders,* the latter indicating mental illnesses and substance use disorders as a combined group.

Third, we focus on the United States, even though the topic is of great relevance across the globe and perhaps has even greater pertinence in low- and middle-income countries than in the United States. Several societies have made significant strides in addressing the social determinants of health, as evidenced by advances in Canada, the United Kingdom, the Scandinavian countries, and Australia. The United States lags behind in terms of implementing effective interventions to address the social determinants of health. This lag stems from a cultural perspective that is quite unique when compared with that of other countries. In the United States, policy change often requires striking a delicate balance between protecting and promoting the collective health of the population on the one hand and preserving autonomy and the individual freedoms of citizens on the other. It is our intention to consider and learn from the progress made in other countries and to begin to assemble the evidence to support taking action on these issues in the United States.

Fourth, another particularity of this book is that we artificially isolate social determinants from genetic and other biological determinants of health and disease, even though they clearly interact with one another and are actually linked in many ways. The biopsychosocial model that many psychiatrists are exposed to in training emphasizes this inter-

action. The environment changes our genes (in diverse ways, including epigenetics), and our genes change the environment (because they give rise to us all and we are continuously changing the environment around us). Most chronic medical conditions, including most psychiatric illnesses, are currently conceptualized as having a multitude of genetic, behavioral, and social determinants. We isolate the social determinants just to allow for a concise overview of existing knowledge and a clear set of directions that clinicians, policy makers, and others can take. It is also artificial to separate mental health from physical health and the social determinants of mental health from the social determinants of physical health. The social determinants of mental health are largely the same as those underpinning chronic physical health conditions (e.g., diabetes, hypertension, cardiovascular disease, cancer). We specifically delineate the social determinants of mental health in order to translate the existing body of literature to the mental health arena, again allowing for articulation of specific actions that clinicians, policy makers, and others can take.

Fifth, we recognize that we have not considered all of the social determinants that exist, either in the United States or globally. Some social determinants that should be considered but are not addressed include transportation limitations; exposure to natural disasters and other large-scale stressful events; global warming and climate change; and exposure to war, gun violence, and trauma in adulthood. Additionally, we acknowledge that most of the selected social determinants of mental health presented in Chapters 2–10 are closely linked to social isolation, social exclusion, and inequities and injustices; these topics are so important that entire books would be needed to lay out their significance to health. We also have not covered classism, sexism, or homophobia, which obviously also contribute to social exclusion, inequities, and injustices. We recognize these limitations while aspiring to give readers a general overview of an expansive topic in a single volume that is not intimidatingly lengthy.

Sixth, for the purposes of clarity and concision, the social determinants have been artificially segregated from one another. We readily acknowledge that most of the social determinants of mental health are intricately linked to one another. They rarely occur in isolation, and individuals, communities, or societies affected by one are typically affected by many, if not most, others. Just as the social determinants co-occur, the adverse outcomes that they predict and provoke co-occur. Thus, although at times we comment separately on specific physical health conditions (e.g., obesity, diabetes, cardiovascular disease) and specific

behavioral disorders (e.g., mood disorders, anxiety disorders, substance use disorders), these illnesses are highly comorbid. Individuals affected by one are more likely to be affected by the others. As such, some individuals are affected by multiple social determinants and risk factors, as well as by multiple adverse outcomes. As a parallel to the fact that some individuals are disproportionately affected by social determinants and adverse outcomes, the same is true of some population groups. For example, African Americans as a group continue to be unfairly and disparately affected by the social determinants detailed throughout this book. The same is true of native/indigenous groups and tribal communities.

Seventh, to make them easier to discuss, we often treat the social determinants as categorical (e.g., employment vs. unemployment, stable housing vs. housing instability). In reality, they each exist on a continuum rather than being categorical phenomena. For example, we all have some level of exposure to adverse early life experiences, and we all contend with adverse features of the built environment around us to a variable extent. Categorizing simply makes for easier writing and reading, although the social determinants are undoubtedly dimensional constructs.

Eighth, although numerous *social risk factors* have been identified and are familiar to mental health professionals, we focus instead on the more far-reaching and pervasive social determinants that have clear policy implications. For example, being unmarried, living alone, and having had a family member who committed suicide are commonly cited social risk factors for suicide, and a more urban upbringing, cannabis use in adolescence, and declining social functioning in adolescence are widely known as some of the social risk factors for schizophrenia; however, such individual-level, proximal social risk factors are not addressed in this book. We focus instead on the broader, deeper social factors affecting society as a whole and those with clear policy implications.

Our ultimate goal with this book is to increase knowledge about the potential for policy change and the shifting of social norms to address poor mental health and mental illnesses in the United States. We all have the power to act in the creating of a culture of positive mental health and wellness, in which children are born into secure and stable environments, grow up in settings free from trauma and other adverse early life experiences, receive high-quality and equal education and nurturing social support, and have endless and equal opportunities for success and fulfillment throughout their lives. The call to action aspect of this book is complex in that there is not a single action but a multitude of possible actions that must go hand in hand. To find a place to begin tak-

ing action, we recommend that each reader carefully consider the diversity of topics presented and then select an action or series of actions on the basis of his or her own particular interests and passions. For some, that might mean volunteering in a parenting skills program; for others it might mean working to bring a farmers' market to a disenfranchised neighborhood; and for others it might mean serving on the board of a local housing and urban planning agency. None of us can do it all, but all of us can do something.

Michael T. Compton, M.D., M.P.H.
Ruth S. Shim, M.D., M.P.H.

Acknowledgments

The writing or editing of any book is a collaborative effort, and acknowledgments are often extensive. To be brief, we thank John McDuffie, Rebecca Rinehart, and Robert E. Hales, M.D., M.B.A., at American Psychiatric Publishing for their remarkable support of this project. We ask forgiveness from all the chapter authors for our seemingly countless e-mails with deadlines; the end product of your work is, indeed, beautiful. We honor our patients over the years, whose difficulties pointed us to what we see as the real issues pertaining to mental health and mental illnesses. We thank countless colleagues, employees, bosses, friends, and loved ones who were patient as we often seemed distracted by the work of compiling this book. Most importantly, we offer gratitude to Carol, Becca, Fred, and Marc; they empowered us and entrusted us with the role of editors to put forth our shared ideas.