NATIONAL MENTAL HEALTH RESEARCH STRATEGY

BACKGROUND PAPER: Public health and social determinants research (Session 6C)

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Introduction

Public health is defined as "the art and science of preventing disease, prolonging life and promoting health through the organized efforts of society" (Acheson, 1988; WHO). Activities to strengthen public health capacities and service aim to provide conditions under which people can maintain to be healthy, improve their health and wellbeing, or prevent the deterioration of their health. Many activities are targeted at populations such as health campaigns. Public health services also include the provision of personal services to individual persons, such as vaccinations, behavioural counselling, or health advice.[1]

Social determinants refers to the socio-structural challenges that are now recognised as contributing to poor mental health.[2] These include poverty, violence, unemployment, financial insecurity and housing. They also include the effects of health systems.[3,4] The formal definition used is that from the WHO.[5] Social capital, a related term, refers to the networks of relationships among people who live and work in a particular society, enabling that society to function effectively. An overview of the basic constructs (social determinants, power, equity etc) can be found on this Australian, short (6mins) YouTube video.[6]

Background

Why the social determinants of mental health are important?

"The burden of mental illness is not equally distributed in the population. Epidemiological evidence consistently demonstrates an inverse association between socioeconomic status (SES) and psychiatric morbidity, such that more disadvantaged groups are affected by mental illness to a greater extent. Also, demographic factors such as gender and ethnicity (although not in themselves modifiable) may further modify the risk of mental disorder, depending in turn on how wealth, power and resources are distributed by gender and ethnicity. This further suggests that distributions of mental illness are systematically shaped by social, economic as well as physical environments throughout the life-course, putting more disadvantaged population sub-groups at greater risk for mental illnesses through exposure to unfavourable social and economic circumstances".[7] Reach estimating the causes of death, have found that "The number of deaths attributable to social factors is the same as due to illness factors".[8] There is a concern that inequality will continue to get worse over the next 20 years, globally, and hence, there is a pressing need to address it.[9]

Why interest in social determinants of mental health is increasing?

Interest in the social determinants of mental health is linked to movements in Global and low to middle income countries (LMIC) wellbeing,[10] the strong voice of first nations communities, and the rise of lived experience leadership in mental health. There is recognition of the "need to develop more comprehensive

psychosocial prevention, promotion, and treatment interventions capable of addressing the everyday impacts of social, economic, and political forces on individuals' mental health, through expansion of the "social" aspect of our global mental health efforts"(see[2]).

The Royal Commission into Victoria's Mental Health System directly addresses the social determinants of health (p. 26-27) Section 2.3.1. The Productivity Commission into Mental Health addresses the social determinants of health through recognition of the importance of increasing participation in education and work (Section 4: p. 34) and Services outside of Health (Section 3: p. 30).

Features of the social determinants' perspective

Interventions in this domain are often "community-led", with a focus on the "social determinants" of the problem rather than the individual vulnerabilities of symptoms of the individual (the latter requiring individual responses, such as "medication or psychological therapy"). Typical social determinants interventions include interventions which increase self-care knowledge of the community or community worker training, which lift and improve the health of the whole community.

This area of work promotes the need to integrate lived experience into governance and decision making, and advocates "durable partnerships" with bodies representing priority populations. It acknowledges that improvement in mental health requires a "whole of government" response. It will have overlap with areas of research into prevention, promotion and 'universal' primary prevention. We must recognise that the field is divergent with different frameworks and a huge agenda.

What do we know about the social determinants of mental health?

- Workplace: Employment is good for your mental health (and better that it is not in sheltered workshops) (individual support and placement model[11]).

- Children and adolescents: Targeted prevention programs for parents, early visiting programs and pre-schools with a focus on trauma are effective in ameliorating and prevention mental health problems.

- Housing may improve mental health outcomes.

- Stigma can be reduced through education and contact with lived experience and increase help-seeking attitudes.

- Universal digital interventions can be effective for anxiety, depression, suicide etc.

- Health Systems Research has identified effective strategies to improve health, suicide prevention in hospitals, better integrated primary care systems etc.

Gaps and uncertainties

The social determinants of health embrace a huge area of research. The following are potential gap areas:

Need for better frameworks to describe and classify

- How do we define "social determinants"? Do we have a good typology, framework or description both overall and with respect to mental health?

- How do we define/classify social determinants interventions? What counts as a social determinant intervention? Do these include policy changes that lower stigma and increase acceptance? Changes in the law or financial practice? Changes in communities that aim to increase empowerment;

including gender empowerment? Financial responses including cash transfers? Although there are some attempts to frame policy types[7] and to develop multi-factorial frameworks to describe the types of interventions that can be used[12] (Table 1 below), more work needs to be done, specifically around mental health as an outcome, and using theoretically driven models.

- How do we link/integrate/distinguish Indigenous Frameworks from Non-indigenous Frameworks?

Table 1: Intervention levels to address health inequalities

Life-course level
Prenatal, pregnancy and perinatal periods, early childhood, adolescence, working and family building years, older ages all related also to gender.
Household and working life level
Parenting behaviours/attitudes; material conditions (income, access to resources which fulfil the basic needs), employment conditions and unemployment, parental physical and mental health, pregnancy and material care, social support.
Community level
Neighbourhood trust and safety, community-based participants, violence/crime, attributes of the natural and built environment, neighbourhood deprivation.
Services level
Early years care and education provision, schools, youth/adolescent services, health care, social services, clean water and sanitation.
Country level
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.

Need for stronger evidence base

Systematic reviews find little evidence[13] to support that social determinants interventions will lead to better mental health outcomes. A complete review of the evidence is indicated.

Challenges

- The area of research is huge and extends beyond mental health.

- Reliance on an individual model of intervention has been the dominant model, hence, 'social determinants' research remains the poor cousin to research on psychiatric and psychological interventions.

- Need for government data sets to be made available to examine the effects given governments' control of health, housing, education, justice, transport and all of those other essential services that aren't delivered equitably.

- All of government response and intervention is often seen as being required to change the effects of structural determinants – it extends beyond health to other portfolios – a potential challenge for research as all social determinants interact.

- Little evidence that social determinants interventions will lead to better mental health outcomes. The area has largely been ignored[12] according to some commentators, but there is increasing evidence.

Opportunities

Investigate the value of the following areas of research, as recommended by researchers and policy groups:

- For childhood adversity[14]: strengthen economic supports to families; change social norms to support parents and positive parenting; provide quality care and education early in life; enhance parenting skills to promote healthy child development; intervene to lessen harms and prevent future risk; broaden public and professional understanding of the links between adverse childhood experiences and mental disorders; train clinicians to routinely enquire about childhood experiences to inform treatment and avoid re-traumatization.

- In clinical treatment: social prescribing may be beneficial; social interventions to improve loneliness may reduce mental health problems; participation in the community may lead to better mental health; community level anti-stigma campaigns may be effective.

- In community health: advocacy around political and policy decisions; examine policy change and its effect on mental health outcomes; development of interventions where community empowerment is viewed as the route to mental health promotion;[2] expand evidence base to highlight the mental health benefits of participation in community-led interventions where the main focus is on topics other than mental health.

- For health care systems: investigate recommendations by the ROAMER report;[15] effect of national health care systems on wellbeing; cost effectiveness of different ways to finance, regulate, organise and provide services that promote and protect mental health; design and investigate methods to assess outcomes from mental health services that can be easily and reliably implemented.

- Other suggestions: investigate the pathways from one social determinant (e.g. inequality) to individual health risk;[9] Focus on Indigenous Health.[16,17,18]

Conclusion

Recommendations for consideration of the NMHC Research Group

- Improve our understanding of the evidence base through systematic reviews of the evidence and brief policy reports.

- Investigate and model the effect of policy decisions at state and federal level and their effect on suicide and mental health.

- Model the impact of health and non-health social determinants on suicide and develop a policy framework to support changes that will reduce suicide.

- Make 'social determinants" one of the priorities of National Mental Health Research Strategy[15] and target Million Minds funding.

- Identify strong groups within Australia with an interest in social determinants of health and develop a population/prevention trial network to improve trials in this areas and advance information and disseminate results. See below for some potential members of the group.

- Survey Australian researchers to determine what they believe the evidence supports in terms of mental health and policy as per this report, which included all health conditions and was undertaken in the UK.[19]

What do our prominent researchers say are priorities?

A number of Australian 'social determinants' researchers were asked what they thought the best buys and research opportunities are in this domain. Their responses are summarised below:

- research on the impacts of racism (personal or direct, institutional, cultural), discrimination and stigma[20]

- research on the influence of physical and social environments on mental health, including the emerging field of research on the mental health impacts of climate change[21]

- taking an overtly systems approach to understanding mental health outcomes

- developing strategies to enhance early detection of and intervention with children at risk

- taking an integrated approach to workplace mental health, which acknowledges that mental health is shaped by both work-related and non-work influences

- examining relevant national policies and initiatives from other countries[22,23,24]

- using existing service frameworks to address social determinants, such as through embedding methods to address social determinants into clinical care pathways

- using a social determinants framework to highlight the links between addressing broader policy concerns (such as alleviating poverty and deprivation, improving psychosocial conditions of work, enhancing family and social relationships, and reducing discrimination and stigma) and improving population mental health

- considering the impacts of social determinants (such as limited resources or a lack of internet access) on capacity to access services, and the consequent need for alternative service options.

Further reading

This paper provides a brief introduction to the areas of social determinants and public research. For more in-depth exploration and critique, please see the following resources:

Patel, V., et al., The Lancet Commission on global mental health and sustainable development. Lancet 2018. 392: p. 1553–98. Available on: https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(18)31612-X.pdf

A decade on from the 2007 *Lancet* Series on global mental health, which sought to transform the way policy makers thought about global health, a *Lancet* Commission aims to seize the opportunity offered by the Sustainable Development Goals to consider future directions for global mental health. The Commission proposes that the global mental agenda should be expanded from a focus on reducing the treatment gap to improving the mental health of whole populations and reducing the global burden of mental disorders by addressing gaps in prevention and quality of care. The Commission outlines a blueprint for action to promote mental wellbeing, prevent mental health problems, and enable recovery from mental disorders.

Cosgrove, L., et al., A critical review of the Lancet Commission on global mental health and sustainable development: Time for a paradigm change. Crit. Public Health, 2019. Available on: https://www.tandfonline.com/doi/abs/10.1080/09581596.2019.1667488?journalCode=ccph20

In October 2018, the UK government, positioning itself as a global leader in mental health, hosted a Global Ministerial Mental Health Summit. The event was scheduled to coincide with the publication of the Lancet Commission on Global Mental Health and Sustainable Development. Despite claiming a public health and social determinants approach, the report focused on the importance of 'closing the treatment gap' through the use of Western diagnostic tools and interventions. In response, coalitions of mental health activists and service-users organized open letters detailing their concerns with the summit and report. Among these concerns were the ways in which recent UK government policies, particularly welfare reform, violated the rights of persons with disabilities; the lack of stakeholder representation and involvement in the report; and the continuation of the colonial legacy in which the 'North drives the South.' Expanding on the concerns raised by this coalition of activists and service-users, we argue that a focus on societal (structural) determinants and political economy could open new possibilities for global mental health beyond narrow individualized interventions. Additionally, we suggest that a politically informed societal determinants of health framework is needed in order to move the Global Mental Health Movement in a more emancipatory direction.

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