Social determinants of mental health

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Overarching principles of action on SDH

- Social justice
- Material, psychosocial, political empowerment
- Creating the conditions for people to have control of their lives
“Mental and behavioural disorders, such as depression, anxiety, and drug use, are the primary drivers of disability worldwide and caused over 40 million years of disability in 20 to 29-year-olds” in 2010

Institute of Health Metrics, Global Burden of Disease Report 2012
Global disability patterns by broad cause group and age, 2010

Institute of Health Metrics, Global Burden of Disease Report 2012
Between country and within country: unequal distributions of positive mental health and mental disorders
Positive mental health in EU countries, age adjusted, by gender, 2002

* = p < 0.01

Lehtinen et al 2005
Positive mental health by perceived social support (age adjusted)

Lehtinen et al 2005
Prevalence of any common mental disorder (age standardised) by household income and sex; England

Base: all adults

Source: McManus et al 2009
Mental health and many common mental disorders are shaped to a great extent by the social, economic, and physical environments in which people live.
<table>
<thead>
<tr>
<th>Risk factor</th>
<th>Level of evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low socioeconomic position</td>
<td>Very convincing</td>
</tr>
<tr>
<td>Low education</td>
<td>Very convincing</td>
</tr>
<tr>
<td>Unemployment and under employment</td>
<td>Very convincing</td>
</tr>
<tr>
<td>Food insecurity and early nutrition deficiency</td>
<td>Strong</td>
</tr>
<tr>
<td>Gender inequity</td>
<td>Strong</td>
</tr>
<tr>
<td>Low income</td>
<td>Strong</td>
</tr>
</tbody>
</table>

Patel et al, WHO CSDH PPHC KN 2007
Odds ratio for depressive symptoms by presence of social deprivation at different phases of the life course in Eastern European countries

From Nicholson et al J Affective Disorders 2008
MACROLEVEL CONTEXT

WIDER SOCIETY

SYSTEMS

LIFE COURSE STAGES

Accumulation of positive and negative effects on health and wellbeing

Prenatal | Early Years | Working Age | Older Ages

Family building

Perpetuation of inequities
Accumulation of positive and negative effects on health and wellbeing

Perpetuation of inequities
Scale of perinatal mental disorders in low and middle income countries

- A systematic review of studies in low and middle income countries estimated prevalence of common perinatal mental disorders among women to be 16% before birth and 20% post-natally

Source: Fisher 2012
Risk factors for perinatal mental disorders

- Socioeconomic disadvantage
- Unintended pregnancy
- Being younger;
- Being unmarried;
- Lacking intimate partner empathy and support;
- Having hostile in-laws;
- Experiencing intimate partner violence;
- Having insufficient emotional and practical support;
- Having a history of mental health problems
- In some settings, giving birth to a female

Source: Fisher 2012
Protective factors for perinatal mental disorders

- having more years of education;
- having a permanent or secure job;
- Having an employed partner
- being of the ethnic majority;
- having a kind, trustworthy intimate partner;
- Traditional post partum care from a trusted person

Source: Fisher 2012
Association between antenatal self reported symptoms of depression (SRQ group) in Pakistani mothers and prevalence of child underweight at 6 months

<table>
<thead>
<tr>
<th>Categories of antenatal SRQ scores (SRQ-Self reported questionnaire)</th>
<th>Per cent of mothers in group</th>
<th>Per cent of infants underweight at 6 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-2</td>
<td>14.0</td>
<td>5.3</td>
</tr>
<tr>
<td>3-5</td>
<td>32.4</td>
<td>10.9</td>
</tr>
<tr>
<td>6-8</td>
<td>22.9</td>
<td>9.7</td>
</tr>
<tr>
<td>9-11</td>
<td>11.8</td>
<td>15.5</td>
</tr>
<tr>
<td>12-14</td>
<td>10.4</td>
<td>19.3</td>
</tr>
<tr>
<td>15-20</td>
<td>8.2</td>
<td>27.3</td>
</tr>
</tbody>
</table>

Source: Rahman et al 2008
Maternal Depression: effects on child health and development – Pakistan

% reduction in cases of child underweight

% women experiencing a drop in depressive symptoms

- Estimated that reducing maternal depression in Pakistan by 25%, 50% or 75% would result in reductions in child underweight by 7%, 26% and 36% respectively.

Source: Rahman et al 2008
Accumulation of positive and negative effects on health and wellbeing

Perpetuation of inequities

MACROLEVEL CONTEXT

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Family building
Socio-emotional difficulties at age 3 and 5: Millennium Cohort Study

Fully adjusted = for parenting activities and psychosocial markers
Kelly et al, 2010
Children in rich households are more likely to attend early learning programmes

% of 3 and 4 year olds attending early learning programmes by wealth (2005-2007)

Source: Nonoyama-Tarumi and Ota (2010)
Long term outcomes associated with childhood behavioural problems (New Zealand study)

• Unemployment associated with poor mental and physical health
Unemployment and Mortality

1% rise in unemployment associated with:
- 0.8% ↑Suicide
- 0.8% ↑Homicide
- 1.4% ↓Traffic death

No effect on all-cause mortality

Source: Stuckler et al 2009 *Lancet*
Accumulation of positive and negative effects on health and wellbeing

Perpetuation of inequities
Context matters

- Deprivation
- Social inequality
- Exclusionary processes
### Country comparison on average rank in four dimensions of child wellbeing – material, health, education, behaviours & risks, in early 2000s and late 2000s

<table>
<thead>
<tr>
<th>Rank</th>
<th>Early 2000s</th>
<th>Rank</th>
<th>Late 2000s</th>
<th>Change in rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Sweden</td>
<td>1</td>
<td>Netherlands</td>
<td>+2</td>
</tr>
<tr>
<td>2</td>
<td>Finland</td>
<td>2</td>
<td>Norway</td>
<td>+2</td>
</tr>
<tr>
<td>3</td>
<td>Netherlands</td>
<td>3</td>
<td>Finland</td>
<td>-1</td>
</tr>
<tr>
<td>4=</td>
<td>Denmark</td>
<td>4</td>
<td>Sweden</td>
<td>-3</td>
</tr>
<tr>
<td>4=</td>
<td>Norway</td>
<td>5</td>
<td>Germany</td>
<td>+2</td>
</tr>
<tr>
<td>6</td>
<td>France</td>
<td>6</td>
<td>Denmark</td>
<td>-2</td>
</tr>
<tr>
<td>7</td>
<td>Germany</td>
<td>7</td>
<td>Belgium</td>
<td>+1</td>
</tr>
<tr>
<td>8</td>
<td>Belgium</td>
<td>8=</td>
<td>France, Ireland</td>
<td>-2, +4</td>
</tr>
<tr>
<td>9=</td>
<td>Czech Republic</td>
<td>8=</td>
<td>Ireland, Switzerland</td>
<td>-3, +3</td>
</tr>
<tr>
<td>9=</td>
<td>Poland</td>
<td>11</td>
<td>Portugal</td>
<td>+5</td>
</tr>
<tr>
<td>11</td>
<td>Switzerland</td>
<td>12</td>
<td>Poland</td>
<td>-3</td>
</tr>
<tr>
<td>12</td>
<td>Ireland</td>
<td>13</td>
<td>Czech Republic</td>
<td>-4</td>
</tr>
<tr>
<td>13</td>
<td>Spain</td>
<td>14=</td>
<td>Canada, Italy</td>
<td>no change, no change</td>
</tr>
<tr>
<td>14=</td>
<td>Spain</td>
<td>14=</td>
<td>Canada, Italy</td>
<td>no change, no change</td>
</tr>
<tr>
<td>15</td>
<td>Greece</td>
<td>16</td>
<td>United Kingdom</td>
<td>+4</td>
</tr>
<tr>
<td>16=</td>
<td>Portugal</td>
<td>17</td>
<td>Austria</td>
<td>+1</td>
</tr>
<tr>
<td>17</td>
<td>Austria</td>
<td>18=</td>
<td>Greece</td>
<td>-2</td>
</tr>
<tr>
<td>18=</td>
<td>Austria</td>
<td>18=</td>
<td>Hungary</td>
<td>+1</td>
</tr>
<tr>
<td>19</td>
<td>Hungary</td>
<td>18=</td>
<td>Spain</td>
<td>-5</td>
</tr>
<tr>
<td>20=</td>
<td>United Kingdom</td>
<td>20=</td>
<td>United States</td>
<td>-1</td>
</tr>
<tr>
<td>20=</td>
<td>United States</td>
<td>21</td>
<td>United States</td>
<td>-1</td>
</tr>
</tbody>
</table>

UNICEF 2013
Child poverty rates <60% median before and after social transfers 2009

- Norway
- Slovenia
- Sweden
- Austria
- United Kingdom
- Poland
- Latvia

Poverty rate

Source: EU SILC
Per cent of children living in a household in which disposable income, when adjusted for family size and composition, is less than 50% of the national median income

(UNICEF Innocenti Report Card 10)
Percent married women who believe that husband is justified to beat when wife refuses to have sex: selected countries

Source: Bell, Goldblatt & Marmot, ch 3 in Structural Approaches to Public Health, 2013
data from ICF Macro 2011 MEASURE DHS STATcompiler Dec 19 2011
MICROFINANCE, VIOLENCE AND HIV: RURAL SOUTH AFRICA

- Loans
- Participatory learning
- 55% reduction in violence
- No effect on unprotected sex
- No effect on HIV incidence

Experience of intimate partner violence in past 12 months

Empowering communities: SEWA Case Study: The Parivartan Programme

• Improve the basic physical infrastructure within the slums and in the homes;

• Community development;

• City-level organisation for environmental upgrading of the slums

SEWA Case Study 2008
SEWA: slum upgrading in India

- Slum upgrading in Ahmadabad, India, cost only US$ 500/household.
- Community contributions of US$ 50/household.
- Following the investment in these slums, there was improvement in health
  - decline in waterborne diseases,
  - children started going to school,
  - women were able to take paid work, no longer having to stand in long lines to collect water.
Working for Health Equity: The Role of Health Professionals
1. Workforce Education and Training
2. Working with Individuals and Communities
3. NHS Organisations
4. Working in Partnership
5. Workforce as Advocates
6. The Health System – Challenges and Opportunities
Health inequities persist within and between countries
The health divide in male life expectancy

<table>
<thead>
<tr>
<th>Country</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Israel</td>
<td>2009</td>
</tr>
<tr>
<td>Iceland</td>
<td>2009</td>
</tr>
<tr>
<td>Sweden</td>
<td>2010</td>
</tr>
<tr>
<td>Switzerland</td>
<td>2007</td>
</tr>
<tr>
<td>Malta</td>
<td>2010</td>
</tr>
<tr>
<td>Republic of Moldova</td>
<td>2010</td>
</tr>
<tr>
<td>Belarus</td>
<td>2009</td>
</tr>
<tr>
<td>Kyrgyzstan</td>
<td>2009</td>
</tr>
<tr>
<td>Kazakhstan</td>
<td>2009</td>
</tr>
<tr>
<td>Russian Federation</td>
<td>2009</td>
</tr>
<tr>
<td>Life Expectancy (years)</td>
<td></td>
</tr>
<tr>
<td>55</td>
<td></td>
</tr>
<tr>
<td>60</td>
<td></td>
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<tr>
<td>65</td>
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<tr>
<td>70</td>
<td></td>
</tr>
<tr>
<td>75</td>
<td></td>
</tr>
<tr>
<td>80</td>
<td></td>
</tr>
</tbody>
</table>
The health divide and health inequities, males

Persistence of health inequities in Sweden
The health divide and health inequities, males

Persistence of health inequities in Sweden

The widening of health inequities in the Russian Federation
Life expectancy by GDP, 2010 (or latest available)
Areas for action – emphasizing priorities

• The review grouped its recommendations into four themes

• Action is needed on all four themes.
Health inequities are: unnecessary, avoidable, unjust.
Support

Good Quality Parenting
Family Building
Gender equity
Employment among 15–24-year-olds and total unemployment in CCEE and CIS countries, 2010 (or latest available year)

- Among 15–24-year-olds
- Total

\(^a\) The former Yugoslav Republic of Macedonia (MKD)
Adequate social protection
Social Inclusion
Equity at older ages
Action across the Social Gradient
Self reported health by education and social expenditures: 18 EU countries

Source: Dahl & van der Wel, data from EU SILC 2005
Do something
Do more
Do better