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# Social Determinants of Mental Health and the Sustainable Development Goals

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# Outline

1. Definitions
2. Framework for the social determinants of mental health and the Sustainable Development Goals
3. Domains of social determinants:
  - Demographic
  - Economic
  - Neighbourhood
  - Environmental Events
  - Social
4. Social determinants and the Sustainable Development Goals
5. Policy agenda
6. Research agenda
7. Conclusions

# Defining social determinants

- “Social determinants of mental disorders refer to the social and economic conditions that have a direct influence on the prevalence and severity of mental disorders in males and females across the life course.”
- This includes:
  - structural social and economic arrangements which confer advantage or disadvantage
  - differential exposure to adverse life events
  - specific conditions of vulnerability and resilience that these arrangements and exposures produce

# Framework: Social Determinants of mental health and the SDGs



Lund C, Brooke-Sumner C, Baingana F, Baron EC, Breuer E, Chandra P, Haushofer J, Herrman H, Jordans M, Kieling C, Medina-Mora ME, Morgan E, Omigbodun O, Tol W, Patel V, & Saxena S. (2018) Social determinants of mental disorders and the sustainable development goals: a systematic review of reviews. *Lancet Psychiatry*. 5: 357-369.



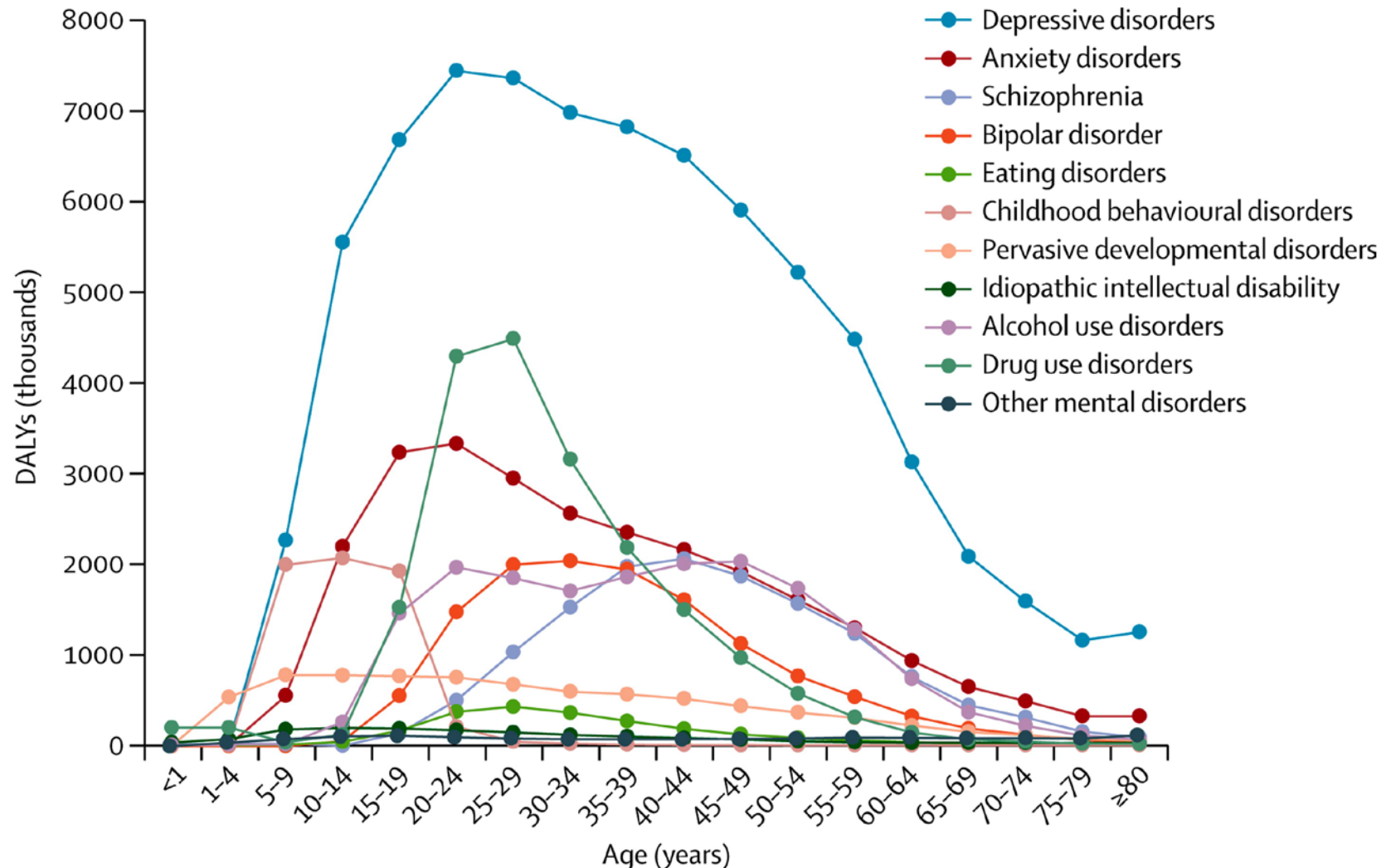
# 1. Demographic domain

- Gender:
  - Females: increased risk for depression, anxiety, eating disorders
  - Males: increased risk for substance abuse, childhood behavioural and developmental disorders such as conduct disorder, autism spectrum disorder, attention deficit/hyperactivity disorder, Tourette Syndrome and early onset schizophrenia
  - Note suicide: higher female suicidal ideation and self-harm, but higher male suicide completion
  - Mechanisms:
    - Disadvantages associated with female gender roles and power in relationships
    - Biological/genetic background
    - Variance in exposure to adversity
    - Differential endorsement of symptoms, as defined in psychiatric classification systems.

# 1. Demographic domain

- Age:
  - Developmental life course approach essential
  - Key developmental risk periods:
    - Pregnancy
    - Early childhood
    - Adolescence
    - Old age
  - Most mental disorders start early in life
  - Early intervention essential

# Disability-adjusted life years (DALYs) for each mental and substance use disorder in 2010, by age



1. Whiteford et al (2013). Global burden of disease attributable to mental and substance use disorders: findings from the Global Burden of Disease Study 2010. Lancet

## 2. Economic domain

- Income
- Expenditure
- Debt
- Assets
- Subjective financial strain
- Food security
- Employment
- Housing
- Income inequality
- Macroeconomic trends eg recessions



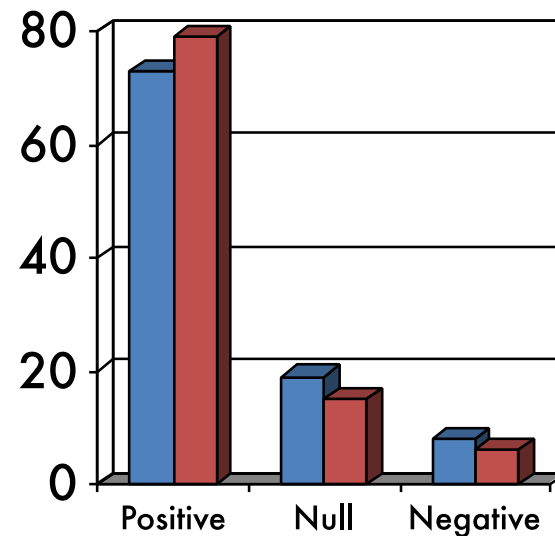


# Poverty and Common Mental Disorders in Low and Middle-Income Countries

Is there an association between Common Mental Disorders and poverty?

- Most studies showed statistically significant association\* between diverse measures of poverty and CMD
- Poverty strongly associated with higher rates of CMD across age ranges in rural and urban areas
- Poverty associated with:
  - Increased prevalence
  - Increased severity
  - Longer course and worse outcome

76 Community-based studies



\* ( $p < .05$ ; OR with 95%CI > 1)

# Cycle of poverty and mental illness

## Poverty

- Economic deprivation
- Indebtedness
- Low education
- Unemployment
- Lack of basic amenities
- Inadequate housing
- Overcrowding

### ***Social causation:***

- *Social exclusion*
- *High stressors*
- *Reduced access to social capital/safety net*
- *Malnutrition*
- *Obstetric risks*
- *Violence and trauma*

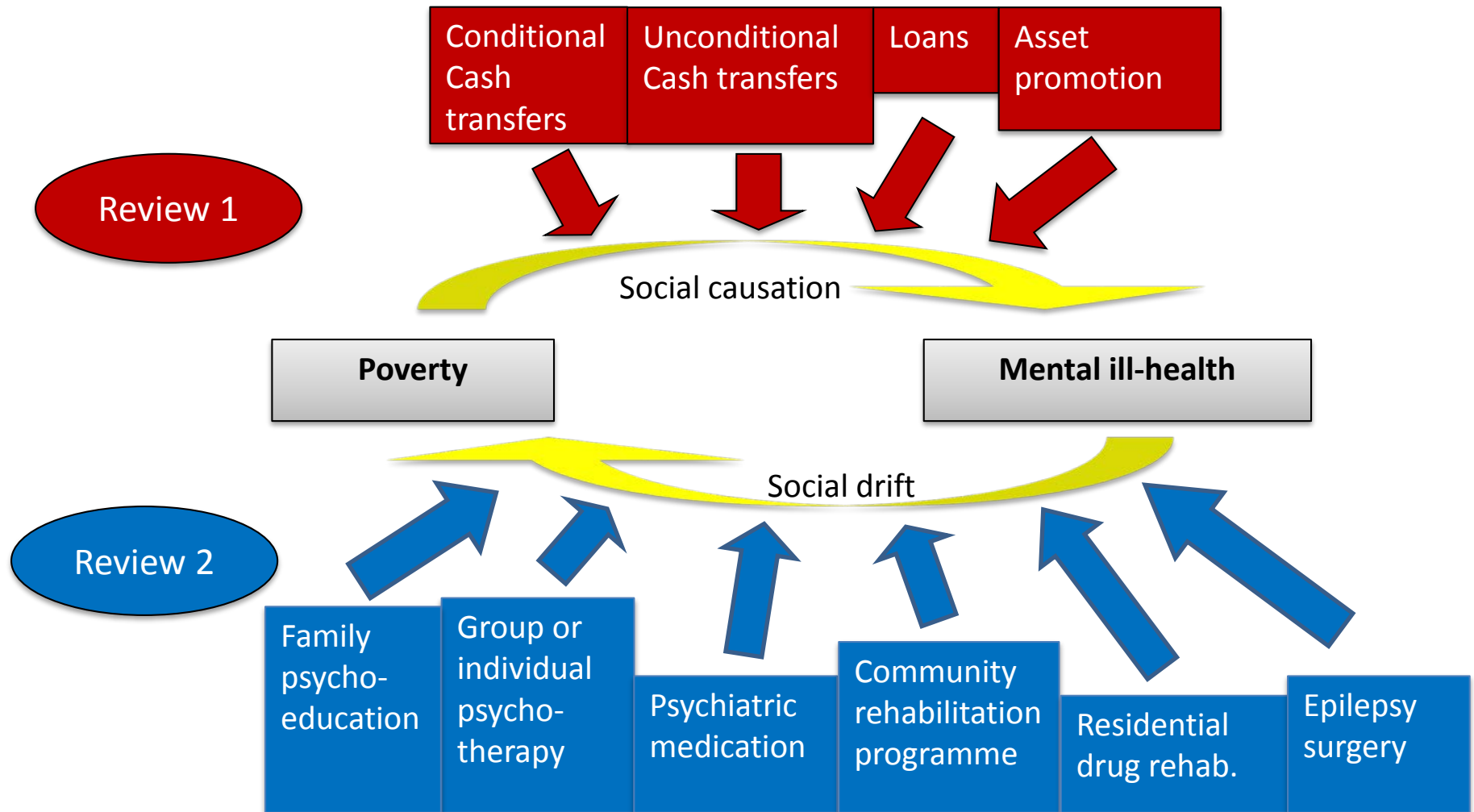
## Mental Ill Health

- Higher prevalence
- Poor/lack of care
- More severe course

### ***Social drift:***

*Increased health expenditure  
Loss of employment  
Reduced Productivity  
Stigma*

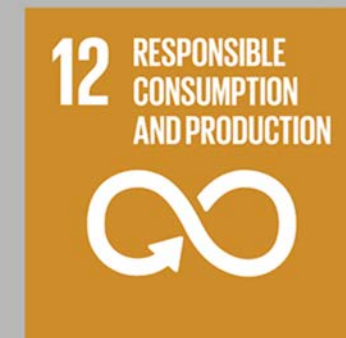
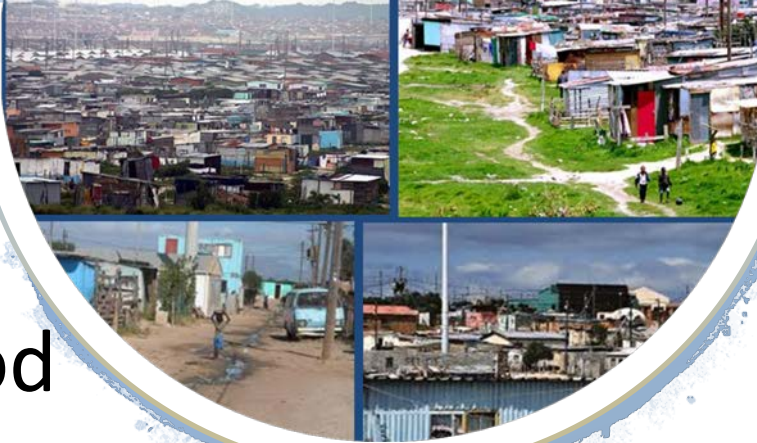
# Breaking the cycle of poverty and mental illness: the evidence so far...



Lund, C. et al (2011). Poverty and mental disorders: Breaking the cycle in low and middle-income countries. *Lancet*, 378, 1502-1514.

### 3. Neighbourhood domain

- Constellations of area level environmental risk factors: neighbourhood level deprivation, access to recreational facilities and service availability
- Remain even when individual or family level socioeconomic deprivation and other exposures are controlled for



### 3. Neighbourhood domain



- Neighbourhood socioeconomic deprivation associated with:
  - Psychosis
  - Depression
  - Common mental disorders in young people
  - Worse cognitive function in older adults
- More life stressors, fewer resources to cope

## 4. Environmental events domain



- Definition: “serious disruptions of the functioning of a community, which exceed its ability to cope using its own resources”
- Examples:
  - disasters triggered by *natural hazards*
  - *industrial disasters*
  - *armed conflict and displacement*
  - disasters triggered by *ecosystem hazards* due to climate change or increased population

# 4. Environmental events domain

- Disasters and hazards:
  - PTSD, depression and anxiety
  - 3-4 times higher prevalence than general populations
- War and conflict:
  - Behavioural and emotional symptoms, sleep problems, disturbed play, and psychosomatic symptoms are common among exposed children
  - Meta-analysis of prevalence of child PTSD in conflict: 47%
- Note: compounded risk factors: female gender, low SES, exposure to conflict



# 5. Social/cultural domain

4 QUALITY  
EDUCATION



- Examples:
  - Education
  - Family and peer relationships
  - Social capital
  - Social networks
  - Cultural identity
- Low education: increased risk for dementia, common mental disorders, chronic stress,
- Social capital and social support: protection against common mental disorders



**“We have a big,  
bold agenda before  
us – now we must  
work to make it  
real in people’s  
lives.”**

*UN Secretary-General  
Ban Ki-moon*



**UNITED NATIONS  
SUSTAINABLE  
DEVELOPMENT  
SUMMIT 2015**  
25-27 SEPTEMBER



**1** NO  
POVERTY



**2** ZERO  
HUNGER



**3** GOOD HEALTH  
AND WELL-BEING



**4** QUALITY  
EDUCATION



**5** GENDER  
EQUALITY



**6** CLEAN WATER  
AND SANITATION



**7** AFFORDABLE AND  
CLEAN ENERGY



**8** DECENT WORK AND  
ECONOMIC GROWTH



**9** INDUSTRY, INNOVATION  
AND INFRASTRUCTURE



**10** REDUCED  
INEQUALITIES



**11** SUSTAINABLE CITIES  
AND COMMUNITIES



# THE GLOBAL GOALS

For Sustainable Development

**12** RESPONSIBLE  
CONSUMPTION  
AND PRODUCTION



**13** CLIMATE  
ACTION



**14** LIFE BELOW  
WATER



**15** LIFE  
ON LAND



**16** PEACE AND JUSTICE  
STRONG INSTITUTIONS



**17** PARTNERSHIPS  
FOR THE GOALS



# Mental health links to SDGs

## **SDG 3: Good Health and Wellbeing**

- Target 3.4. “By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being”
- Target 3.5. “Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol”

...Critical for Universal Health Coverage to include Mental Health



# But what about the social determinants of mental health?



# The SDG Challenge

- How do we demonstrate the link between attaining “upstream” SDGs and mental health benefits?
- Can we also show that providing mental health care yields social, economic and environmental benefits?
- Is mental health both a means and an end of development?



# Growing global recognition

- World Bank/WHO have committed themselves (April 2016)
- Mental health is a “global development priority”
- Return on investment case: \$1 invested yields \$3-5 return (2015-2030)<sup>1</sup>



1. Chisholm  
et al (2016)  
*Lancet  
Psychiatry.*

# Policy options



Invest in mental health care?

Invest in interventions that address the social determinants of mental health?

Broad-based multisectoral interventions that address the causes and consequences of mental illness

# What are the key questions that future research should be addressing to tackle these issues?

**Longitudinal epidemiological studies in low and middle income countries** would give us a better understanding of:



the inter-generational transmission of poverty and mental illness

the mechanisms of poverty and mental health over time



the links between gender, poverty and mental health across the life course



the links between genetic, biological and socio-economic risk factors

Examples of intervention studies targeting **specific proximal mechanisms**:



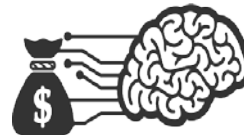
cash transfers combined with psychological interventions

studies that examine the impact of violence prevention on mental health



Examples of intervention studies targeting **distal mechanisms**:

the impact of living environment improvements on mental health



Such studies would require linking cognitive neuroscience with behavioural economics.



# Funding acknowledgements



**wellcome**trust



**NIMH**  
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