

# The social determinants of mental health and disorder: evidence, prevention and recommendations

James B. Kirkbride<sup>1</sup>, Deidre M. Anglin<sup>2,3</sup>, Ian Colman<sup>4</sup>, Jennifer Dykxhoorn<sup>1</sup>, Peter B. Jones<sup>5,6</sup>, Praveetha Patalay<sup>7,8</sup>, Alexandra Pitman<sup>1,9</sup>, Emma Sonesson<sup>10</sup>, Thomas Steare<sup>7</sup>, Talen Wright<sup>1</sup>, Siân Lowri Griffiths<sup>11</sup>

<sup>1</sup>Division of Psychiatry, University College London, London, UK; <sup>2</sup>City College, City University of New York, New York, NY, USA; <sup>3</sup>Graduate Center, City University of New York, New York, NY, USA; <sup>4</sup>School of Epidemiology and Public Health, University of Ottawa, Ottawa, ON, Canada; <sup>5</sup>Department of Psychiatry, University of Cambridge, Cambridge, UK; <sup>6</sup>Cambridgeshire & Peterborough NHS Foundation Trust, Cambridge, UK; <sup>7</sup>Medical Research Council Unit for Lifelong Health and Ageing, University College London, London, UK; <sup>8</sup>Centre for Longitudinal Studies, Social Research Institute, University College London, London, UK; <sup>9</sup>Camden and Islington NHS Foundation Trust, London, UK; <sup>10</sup>Department of Psychiatry, University of Oxford, Oxford, UK; <sup>11</sup>Institute for Mental Health, University of Birmingham, Birmingham, UK

*People exposed to more unfavourable social circumstances are more vulnerable to poor mental health over their life course, in ways that are often determined by structural factors which generate and perpetuate intergenerational cycles of disadvantage and poor health. Addressing these challenges is an imperative matter of social justice. In this paper we provide a roadmap to address the social determinants that cause mental ill health. Relying as far as possible on high-quality evidence, we first map out the literature that supports a causal link between social determinants and later mental health outcomes. Given the breadth of this topic, we focus on the most pervasive social determinants across the life course, and those that are common across major mental disorders. We draw primarily on the available evidence from the Global North, acknowledging that other global contexts will face both similar and unique sets of social determinants that will require equitable attention. Much of our evidence focuses on mental health in groups who are marginalized, and thus often exposed to a multitude of intersecting social risk factors. These groups include refugees, asylum seekers and displaced persons, as well as ethnoracial minoritized groups; lesbian, gay, bisexual, transgender and queer (LGBTQ+) groups; and those living in poverty. We then introduce a preventive framework for conceptualizing the link between social determinants and mental health and disorder, which can guide much needed primary prevention strategies capable of reducing inequalities and improving population mental health. Following this, we provide a review of the evidence concerning candidate preventive strategies to intervene on social determinants of mental health. These interventions fall broadly within the scope of universal, selected and indicated primary prevention strategies, but we also briefly review important secondary and tertiary strategies to promote recovery in those with existing mental disorders. Finally, we provide seven key recommendations, framed around social justice, which constitute a roadmap for action in research, policy and public health. Adoption of these recommendations would provide an opportunity to advance efforts to intervene on modifiable social determinants that affect population mental health.*

**Key words:** Mental health, mental disorder, social determinants, social risk factors, prevention, marginalized groups, population mental health, social justice

(*World Psychiatry* 2024;23:58–90)

Social determinants of health represent the most modifiable set of targets for intervention currently available to prevent the onset of mental health problems and disorders, and to promote positive mental health in our populations. Social determinants of mental health encompass the set of structural conditions to which people are exposed across the life course, from conception to death, which affect individual mental health outcomes, and contribute to mental health disparities within and between populations. These structural conditions include factors such as income, employment, socioeconomic status, education, food security, housing, social support, discrimination, childhood adversity, as well as the neighbourhood social and physical conditions in which people live, and the ability to access acceptable and affordable health care. Importantly, our chances of being exposed to protective or harmful social determinants of (mental) health are “shaped by the distribution of money, power and resources at global, national and local levels, which are themselves influenced by policy choices”<sup>1</sup>. Such determinants are therefore not randomly or benignly distributed within or between populations, but are manifested by systems and institutions of power that often produce and reproduce intergenerational inequities in people’s opportunities to realize safe, secure, prosperous and healthy lives.

There is now compelling evidence that the risk of developing any mental health condition is inextricably linked to our life circumstances<sup>2</sup>, meaning that a higher burden of population-level psychiatric morbidity is disproportionately experienced by those closer to the margins of our societies. Since poor mental health can be the invisible hand that suppresses life chances, including both how long we live<sup>3</sup> and the quality of years lived<sup>4</sup>, improving population mental health by designing effective prevention strategies that intervene on modifiable social risk factors should be seen as a central issue of social justice<sup>5</sup>.

We stand at a threshold moment not only in understanding the potential causal role of modifiable social determinants in the onset (or exacerbation) of mental health problems, but also in defining our response to them through effective prevention strategies that reduce inequities in the burden of psychiatric morbidity experienced between and within different populations. Arguably, the last two decades have brought about some progress in our biomedical understanding of psychiatric disorders, while investigating the importance of psychosocial factors in causing mental disorder has remained a peripheral focus for scientific discovery and clinical psychiatry. We have expanded our knowledge about the immutable, overlapping (pleiotropic) and polygenic bases of