

THE SOCIAL DETERMINANTS OF MENTAL HEALTH

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LEARNING OBJECTIVES

- 1 | Define key concepts associated with social justice in psychiatry
- 2 | Consider how social injustice contributes to mental health inequities
- 3 | Examine the role of social injustice on the field of forensic mental health

DISCLOSURE/DISCLAIMER

- This is a difficult and uncomfortable topic
- Complex feelings often emerge, including guilt, anger, resentment, and defensiveness
- You may perceive me of accusing you of being racist/sexist/etc.
- You may feel I have a specific political agenda or that I lack objectivity

**“I’M NOT INTERESTED
IN ANYBODY’S GUILT.**

**GUILT IS A LUXURY THAT WE
CAN NO LONGER AFFORD.**

**I KNOW YOU DIDN’T DO IT, AND
I DIDN’T DO IT EITHER, BUT I AM
RESPONSIBLE FOR IT BECAUSE I AM A
MAN AND A CITIZEN OF THIS COUNTRY
AND YOU ARE RESPONSIBLE FOR
IT, FOR THE VERY SAME REASON.”**



OPINION | COMMENTARY

Take Two Aspirin and Call Me by My Pronouns

At 'woke' medical schools, curricula are increasingly focused on social justice rather than treating illness.

By Stanley Goldfarb
Sept. 12, 2019 5:54 pm ET

The American College of Physicians says its mission is to promote the “quality and effectiveness of health care,” but it’s stepped out of its lane recently with sweeping statements on gun control. And that isn’t the only recent foray into politics by medical professionals. During my term as associate dean of curriculum at the University of Pennsylvania’s medical school, I was chastised by a faculty member for not including a program on climate change in the course of study. As the Journal [reported](#) last month, such programs are spreading across medical schools nationwide.

RECOMMENDED VIDEO

1. Saudi Arabia Suspends About 10% of Its Oil Output After Drone Attacks
2. Why Making Appointments for iPhones in America is So Hard
3. What the U.K.'s Political Drama Means for Brexit

“WHY HAVE MEDICAL SCHOOLS BECOME A TARGET FOR INCULCATING SOCIAL POLICY WHEN THE STATED PURPOSE OF MEDICAL EDUCATION SINCE HIPPOCRATES HAS BEEN TO DEVELOP INDIVIDUALS WHO KNOW HOW TO CURE PATIENTS?”

“CURRICULA WILL INCREASINGLY FOCUS ON CLIMATE CHANGE, SOCIAL INEQUITIES, GUN VIOLENCE, BIAS, AND OTHER PROGRESSIVE CAUSES ONLY TANGENTIALLY RELATED TO TREATING ILLNESS. AND SO WILL MANY OF YOUR DOCTORS IN COMING YEARS.”

“SOCIAL AND HEALTH POLICIES HAVE ALWAYS DETERMINED WHO GETS SICK AND WHO GETS CARE, AND WHERE, AND HOW. UNDERSTANDING THE SOCIAL DRIVERS OF HEALTH AND ILLNESS IS NOT PERIPHERAL OR TANGENTIAL TO HEALTH. IT IS THE KEY TO DIAGNOSING AND MEETING A PATIENT’S FUNDAMENTAL NEEDS.”



THE DISTRIBUTION OF GOOD (**ADVANTAGES**) AND BAD (**DISADVANTAGES**) IN SOCIETY, AND MORE SPECIFICALLY **HOW** THESE THINGS SHOULD BE DISTRIBUTED IN SOCIETY. IT IS CONCERNED WITH THE WAYS THAT RESOURCES ARE ALLOCATED TO PEOPLE BY SOCIAL INSTITUTIONS.

-David Miller

**ASSURING THE PROTECTION OF EQUAL ACCESS TO
LIBERTIES, RIGHTS, AND OPPORTUNITIES, AS WELL
AS TAKING CARE OF THE LEAST ADVANTAGED
MEMBERS OF SOCIETY.**

-John Rawls

WHY IS IT SO HARD TO TALK ABOUT SOCIAL INJUSTICE IN MENTAL HEALTH?

- We have been socialized to believe that it is not polite to talk about race, racism, and oppression

This begins early, as children in the US (and elsewhere)

- Health professionals have not been taught about the connection between oppression and health

Medical school has a long tradition of teaching biological determinism

- Are the times a-changin'?

Some feel that there is an overemphasis and over-correction happening now

THE PROBLEM WITH RACE-BASED CLINICAL CARE

- Race is a **social and political construct**
- Race is a **rough and imprecise proxy** for culture, genetics, and socioeconomic status
- Race cannot be accurately biologically categorized
- Yet, we use race to confirm assumptions/prejudices/biases about our patients

HOW DID WE GET HERE?



*“We hold these truths to be self-evident, **that all men are created equal**, that they are endowed by their Creator with certain unalienable Rights, that among these are Life, Liberty and the Pursuit of Happiness.”*

“AFRICAN AMERICANS HAVE HIGHER INCARCERATION RATES, HIGHER UNEMPLOYMENT, LOWER INCOMES, LOWER HOME AND BUSINESS OWNERSHIP, LESS EDUCATION, LESS HEALTHCARE, MORE DISEASE, AND LOWER LIFE EXPECTANCY THAN WHITES.

IF YOU BELIEVE BLACKS ARE NATURALLY DUMB, SICK, CRIMINAL, YOU HAVE YOUR ANSWER FOR THESE DISCREPANCIES.

IF, HOWEVER, YOU RESIST USING STEREOTYPES TO MAKE SENSE OF YOUR WORLD, INSTITUTIONAL RACISM PROVIDES A VERY PRACTICAL (AND VERY TRACEABLE) EXPLANATION FOR THE INFERIOR SOCIETAL POSITION OF AFRICAN AMERICANS.”

HISTORICAL ORIGINS OF PSYCHIATRIC PSEUDOSCIENCE

Drapetomania

“If any one or more of them, at any time, are inclined to raise their heads to a level with their master or overseer, humanity and their own good requires that they should be punished until they fall into that submissive state which was intended for them to occupy. They have only to be kept in that state, and treated like children to prevent and cure them from running away.”

Dysaesthesia Aethiopica

“The disease is the natural offspring of negro liberty - the liberty to be idle, to wallow in filth, and to indulge in improper food and drinks.” After the prescribed “course of treatment” the slave will “look grateful and thankful to the white man whose compulsory power...has restored his sensation and dispelled the mist that clouded his intellect.”

KEY CONCEPTS

HEALTH DISPARITIES:

DIFFERENCES IN HEALTH STATUS AMONG DISTINCT SEGMENTS OF THE POPULATION INCLUDING DIFFERENCES THAT OCCUR BY GENDER, RACE OR ETHNICITY, EDUCATION OR INCOME, DISABILITY, OR LIVING IN VARIOUS GEOGRAPHIC LOCALITIES

HEALTH INEQUITIES:

**DISPARITIES IN HEALTH THAT ARE A RESULT OF
SYSTEMIC, AVOIDABLE, AND UNJUST SOCIAL
AND ECONOMIC POLICIES AND PRACTICES
THAT CREATE BARRIERS TO OPPORTUNITY**

THE SOCIAL DETERMINANTS OF MENTAL HEALTH

The **societal, environmental, and economic conditions** that impact and affect mental health outcomes across various populations

These conditions are **shaped by the distribution of money, power, and resources** at global, national, and local levels, which are themselves influenced by policy choices

The social determinants of health are **prominently responsible for health disparities and inequities** seen within and among populations

“The Fundamental Causes of Disease”

If risk factors are the precursors of disease, then the environmental and contextual factors that precede or shape these risk factors are **the causes of the causes**

THE CAUSAL CHAIN

Why is Jason in the hospital?

Because he has a bad infection in his leg.

But why does he have an infection?

He has a cut on his leg and it got infected.

But why does he have a cut on his leg?

He was playing in a junk yard next to his apartment building and fell on some sharp, jagged steel there.

But why was he playing in a junk yard?

His neighborhood is run down. Kids play there and there is no one to supervise them.

THE CAUSAL CHAIN, CONTINUED

But why does he live in that neighborhood?

His parents can't afford a nicer place to live.

But why can't his parents afford a nicer place to live?

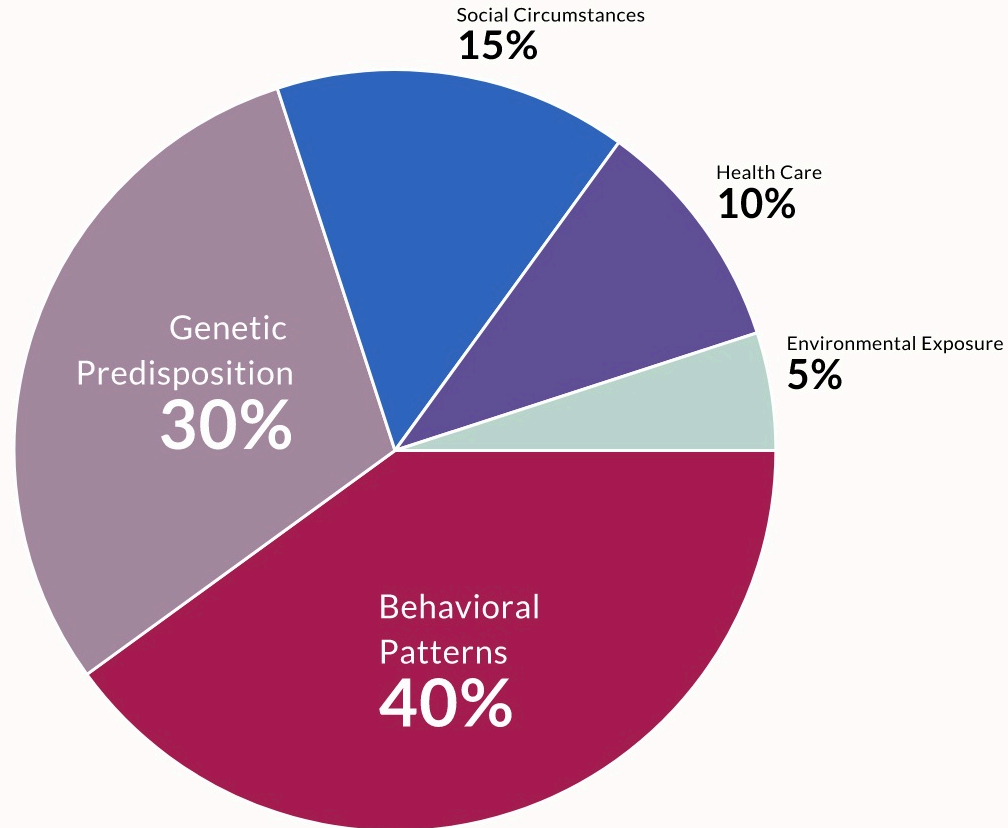
His dad is unemployed and his mom is sick.

But why is his dad unemployed?

Because he doesn't have much education and he can't find a job.

But why?

DETERMINANTS OF HEALTH AND THEIR CONTRIBUTION TO PREMATURE DEATH

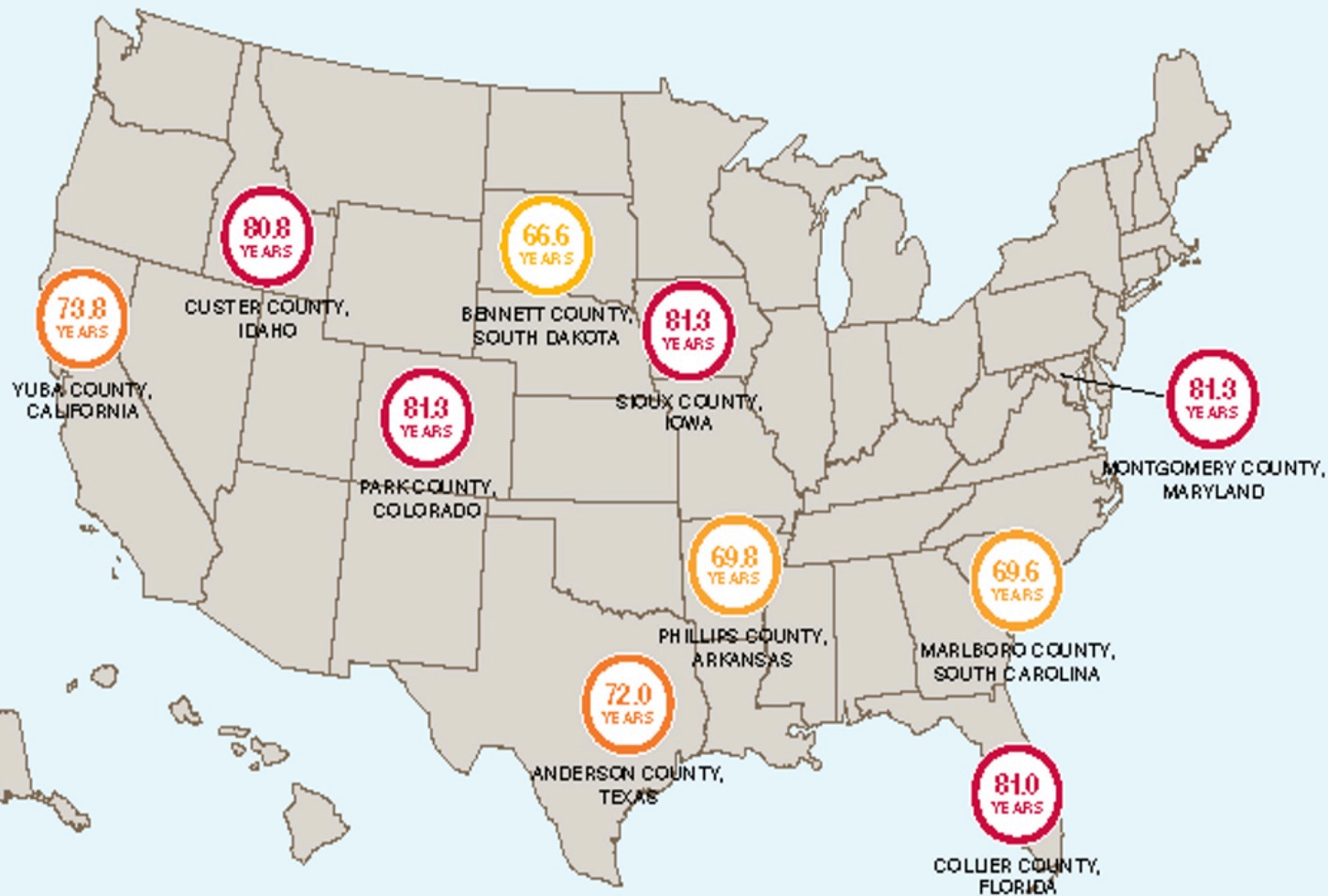


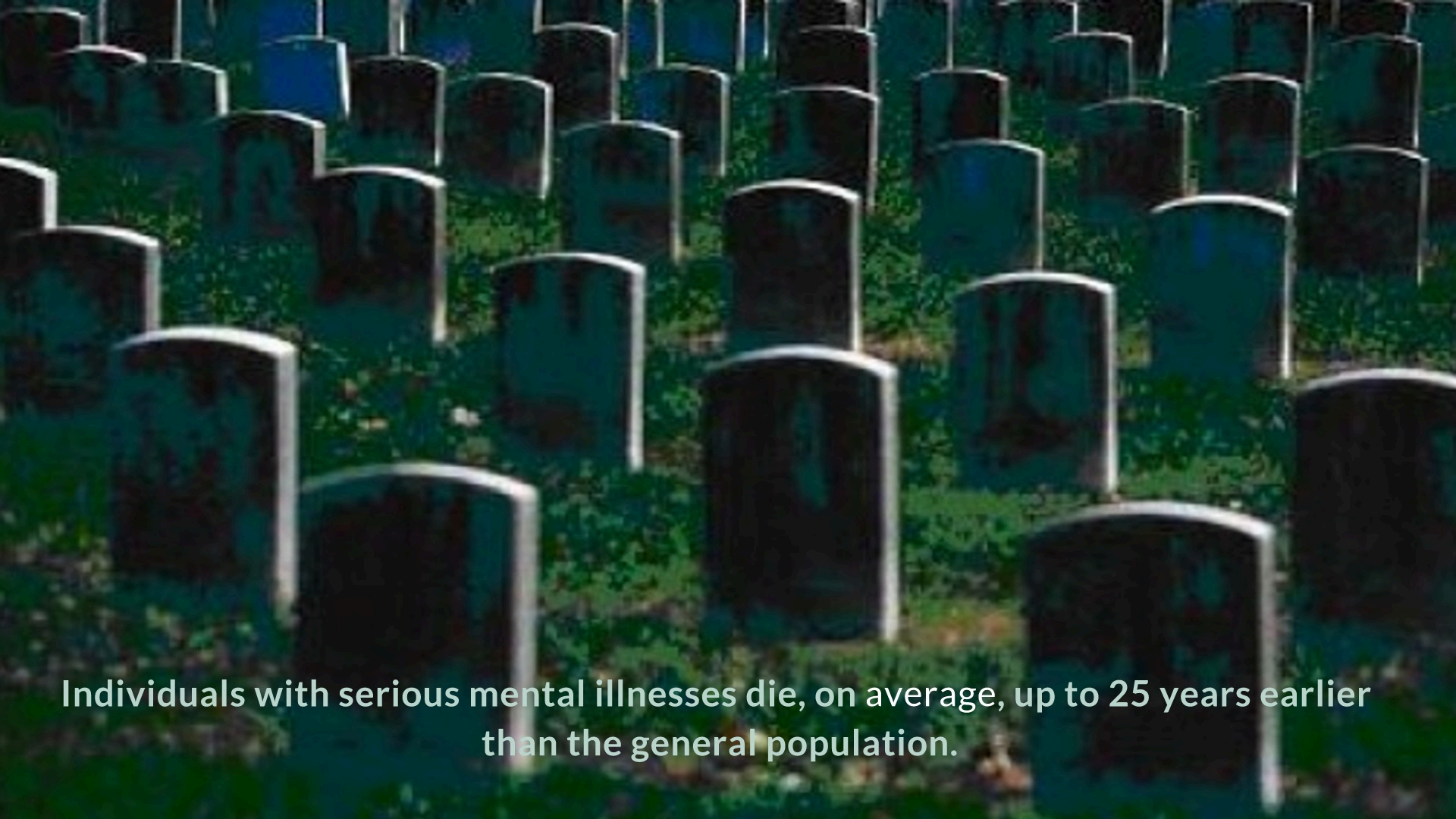
Average Life Expectancy



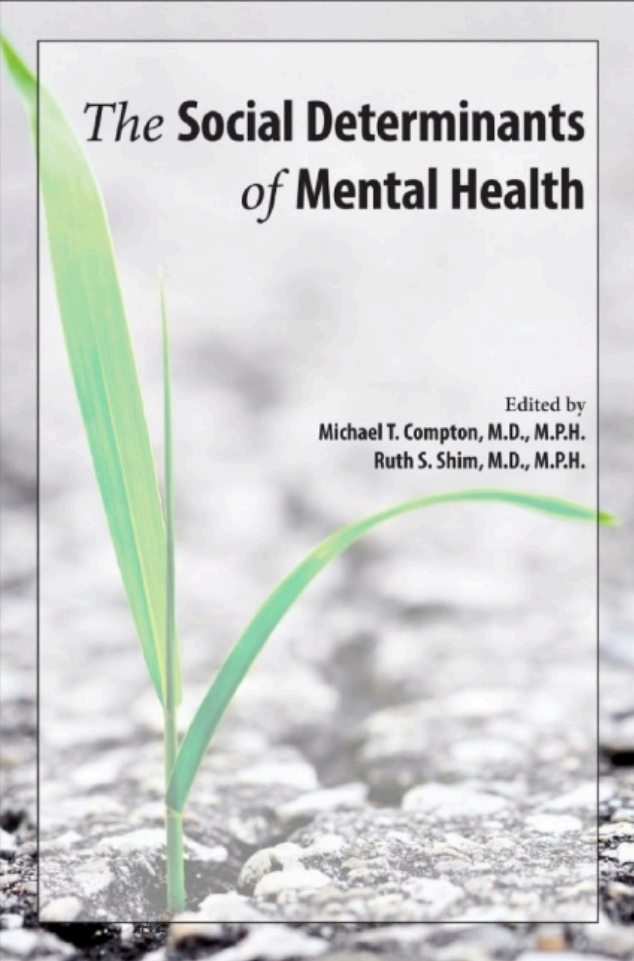
High

Low





Individuals with serious mental illnesses die, on average, up to 25 years earlier than the general population.

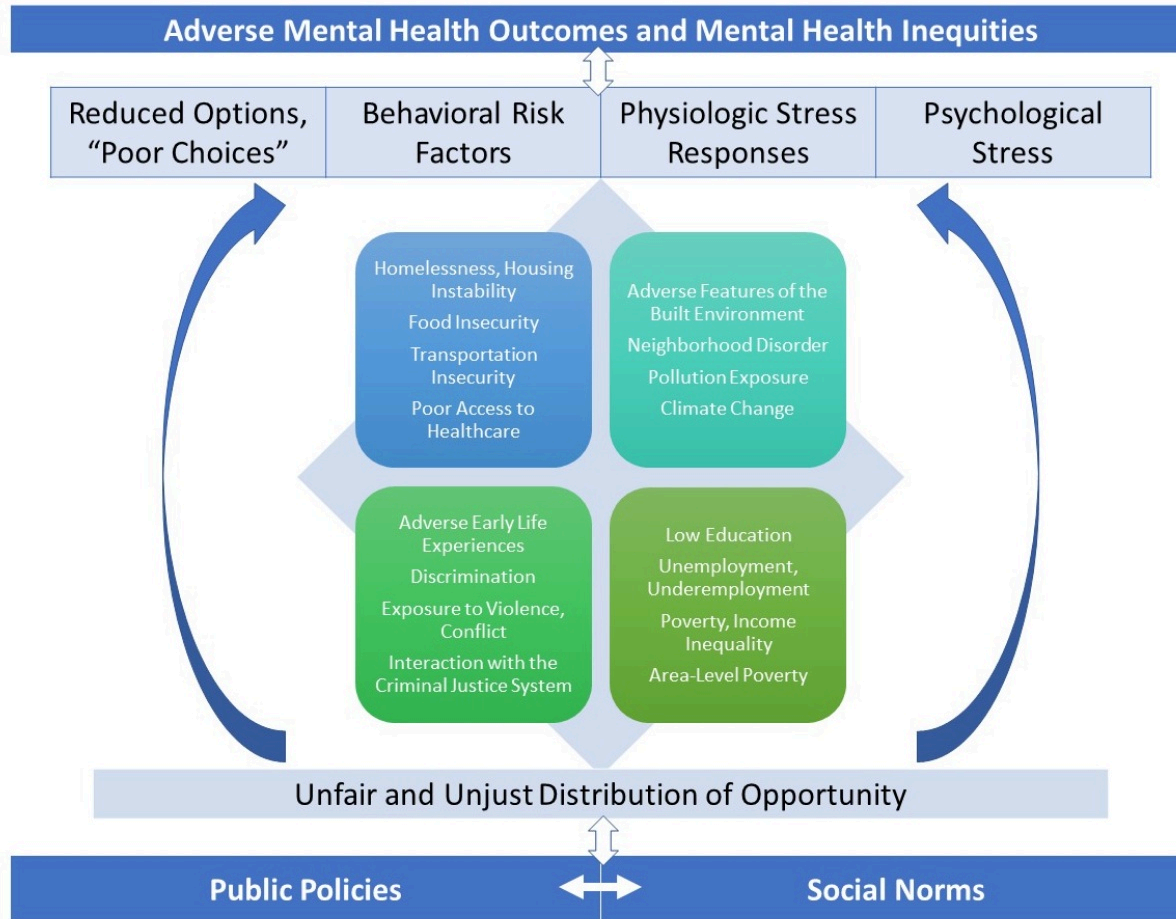


The **Social Determinants**
of **Mental Health**

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SOCIAL (IN)JUSTICE
AND
MENTAL HEALTH

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MORAL PANIC AND SUBSTANCE USE DISORDERS

- 1 Someone/something is perceived and defined as a threat to social norms
- 2 News media and communities depict the threat in symbolic ways
- 3 Widespread public concern is aroused by these portrayals
- 4 Authorities and policymakers respond to the threat with new laws or policies
- 5 These actions lead to social change in the community



“THE FUNDAMENTAL CLINICAL ACCOUNTABILITY OF DRUG TREATMENT PROFESSIONALS TO INDIVIDUAL PATIENTS HAS BEEN SUBORDINATED TO THE GOALS OF THE CRIMINAL JUSTICE SYSTEM.”

ERNEST DRUCKER, A PLAGUE OF PRISONS



The Washington Post

Crack Babies: The Worst Threat Is Mom Herself

By Douglas J. Besharov

LAST WEEK in this city, Greater Southeast Community Hospital released a 7-week-old baby to her homeless, drug-addicted mother even though the child was at severe risk of pulmonary arrest. The hospital's explanation: "Because [the mother] demanded that the baby be released."

The hospital provided the mother with an apnea monitor to warn her if the baby stopped breathing while asleep, and trained her in CPR. But on the very first night, the mother went out drinking and left the child at a friend's house—without the monitor. Within several hours, the baby was dead. Like Dooney Waters, the 6-year-old living in his mother's drug den, whose shocking story was reported in The Washington Post last week, this child was all but abandoned by the authorities.

Children of the Opioid Epidemic

In the midst of a national opioid crisis, mothers addicted to drugs struggle to get off them — for their babies' sake, and their own.

By JENNIFER EGAN MAY 9, 2018



TYPES OF DISCRIMINATION



Legal



Illegal



Overt



Covert



Interpersonal

(Individual)



Institutional

(Organizational)



Structural

(Systemic)

PRINCIPLES OF SOCIAL INJUSTICE

- **Essentialism**

The belief that there are distinct, unchanging, and natural characteristics that define social groups and facilitate their categorization

- **Erasure of Context**

Failure to consider sociohistorical context when seeking to understand the etiology of inequities

- **Biological Determinism**

The false belief that racial groups are biologically and genetically different

- **Cultural Determinism**

The false belief that racial group inequities are the result of cultural factors

TYPES OF OPPRESSION

Exploitation

The unequal exchange of one group's labor and energies for another group's advantage and advancement

Cultural Imperialism

Establishing the ruling class culture as the norm; othering of groups that are not part of the dominant culture

Powerlessness

Oppressed groups lack power and are blocked from routes to gaining power

Marginalization

Expelling specific groups from meaningful participation in society

Violence

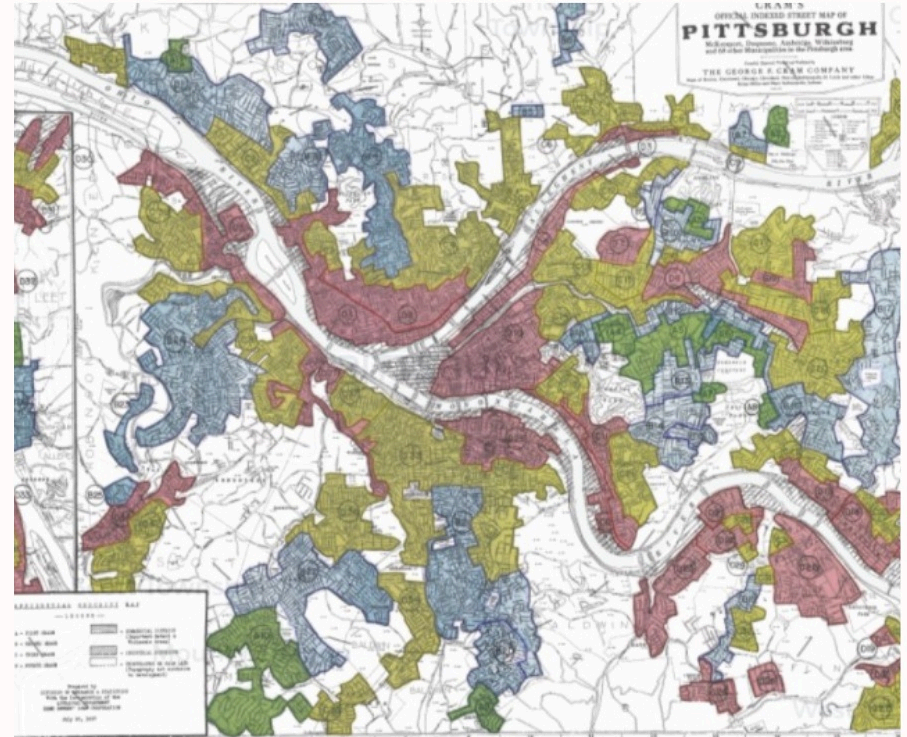
Threats and experiences of physical and structural violence

STRUCTURAL RACISM

A SYSTEM IN WHICH PUBLIC POLICIES, INSTITUTIONAL PRACTICES, CULTURAL REPRESENTATIONS, AND OTHER NORMS WORK IN VARIOUS, OFTEN REINFORCING WAYS TO PERPETUATE RACIAL GROUP INEQUITY.



THIS SYSTEM IDENTIFIES DIMENSIONS
OF OUR HISTORY AND CULTURE
THAT HAVE ALLOWED **PRIVILEGES**
ASSOCIATED WITH WHITENESS AND
DISADVANTAGES ASSOCIATED
WITH COLOR TO ENDURE
AND ADAPT OVER TIME



STRUCTURAL RACISM IS **NOT**
SOMETHING THAT A FEW PEOPLE OR
INSTITUTIONS CHOOSE TO PRACTICE.
INSTEAD, IT HAS BEEN A FEATURE OF
THE SOCIAL, ECONOMIC, AND POLITICAL
SYSTEMS IN WHICH WE ALL EXIST

STRUCTURAL MECHANISMS **DO**
NOT REQUIRE THE ACTIONS
OR INTENTIONS OF OTHERS



**EVEN IF INTERPERSONAL DISCRIMINATION
WAS ELIMINATED TODAY,
RACIAL AND ETHNIC INEQUITIES WOULD REMAIN
DUE TO PERSISTENCE OF STRUCTURAL RACISM**

HOW STRUCTURAL RACISM IMPACTS HEALTH



“The War on Drugs”



Residential Segregation



Immigration Policy



Social Security Act of 1935



Mental Healthcare

IN 2018:

69%



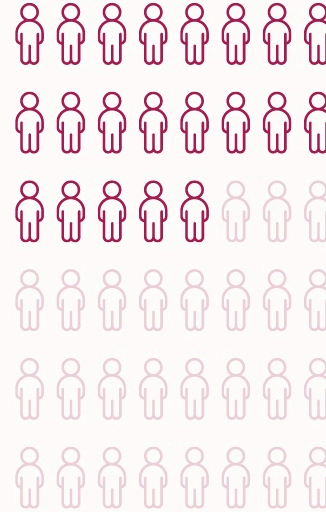
of Black adults with any mental illness received no treatment

67%



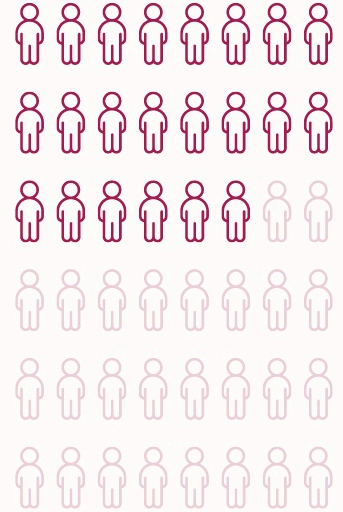
of Latinx adults with any mental illness received no treatment

42%



of Black adults with Serious mental illness received no treatment

44%



of Latinx adults with serious mental illness received no treatment

89%  of Latinx adults with substance use disorders reported receiving no treatment

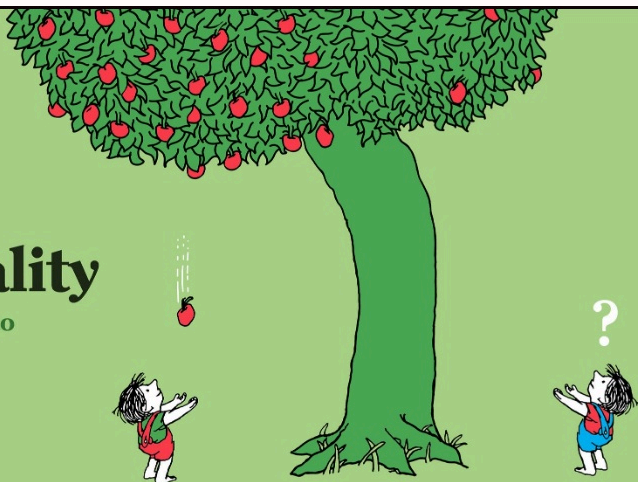
88%  of Black adults with substance use disorders reported receiving no treatment

**COST IS THE MOST COMMONLY CITED
REASON FOR NOT SEEKING CARE
TWICE AS OFTEN AS MINIMIZATION OF SYMPTOMS
AND NEARLY FIVE TIMES AS OFTEN AS STIGMA**

WHERE DO WE NEED TO GO?

Inequality

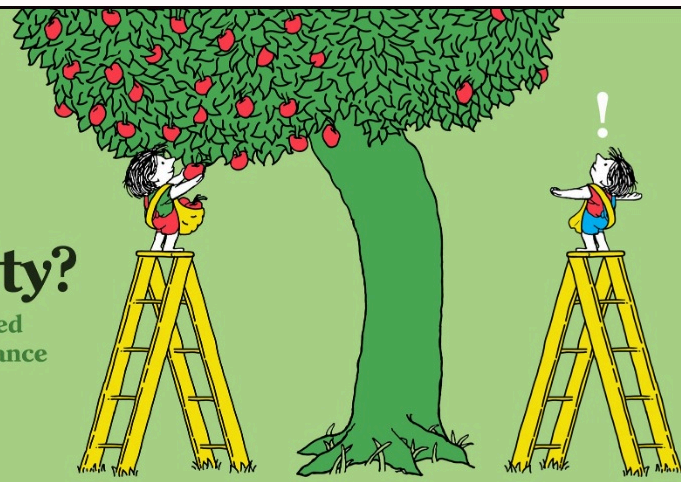
Unequal access to opportunities



By @lunchbreath
based on Shel Silverstein's *Giving Tree*
for John Maeda's 2009 *Design in Tech* Report

Equality?

Evenly distributed tools and assistance



By @lunchbreath
based on Shel Silverstein's *Giving Tree*
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Equity

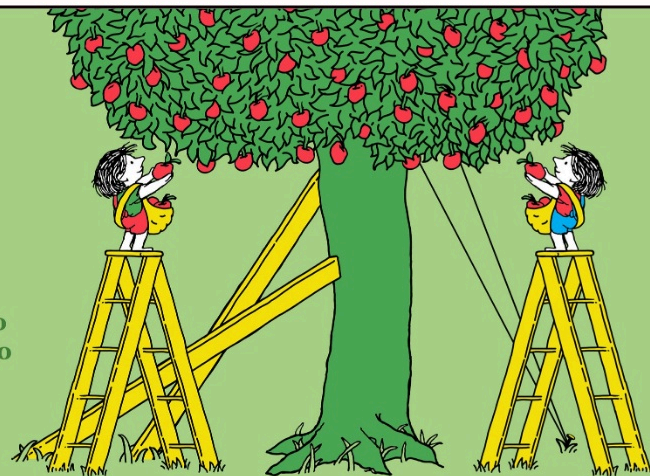
Custom tools that identify and address inequality



By @lunchbreath
based on Shel Silverstein's *Giving Tree*
for John Maeda's 2009 *Design in Tech* Report

Justice

Fixing the system to offer equal access to both tools and opportunities



By @lunchbreath
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ELIMINATING SOCIAL INJUSTICE IN MENTAL HEALTH

1 Education and Self-Reflection

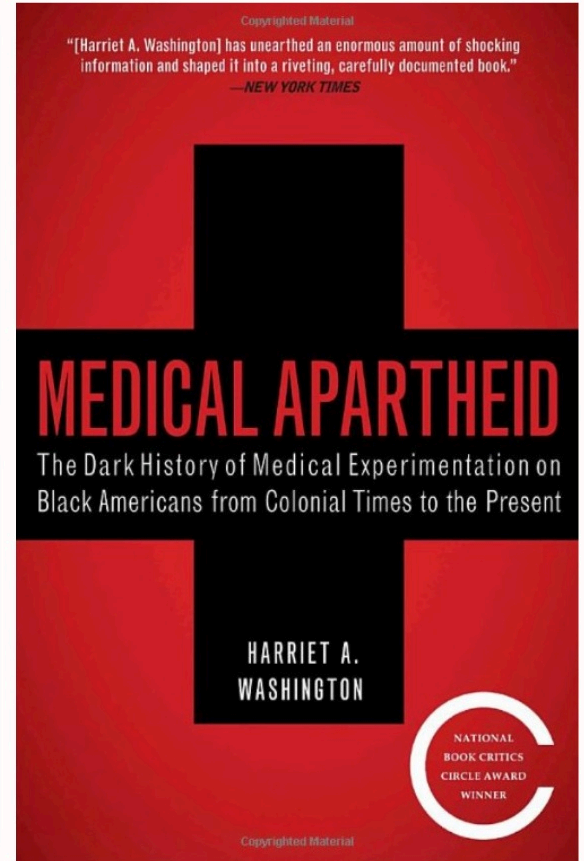
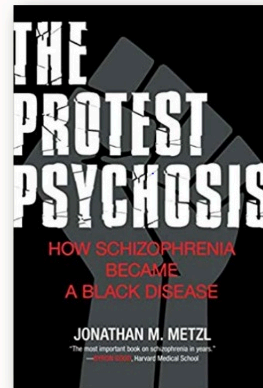
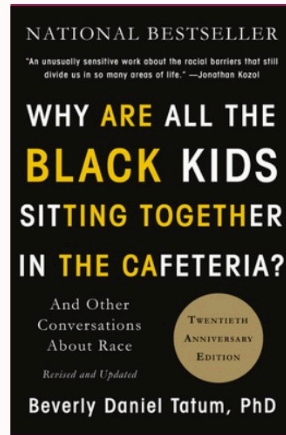
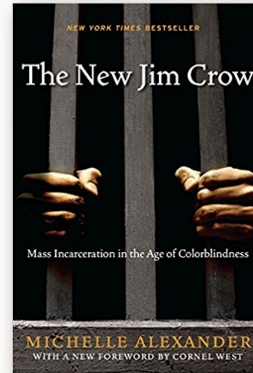
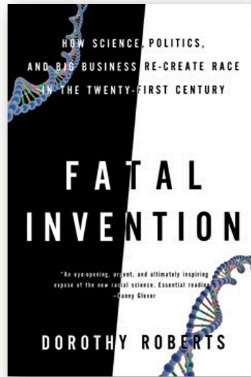
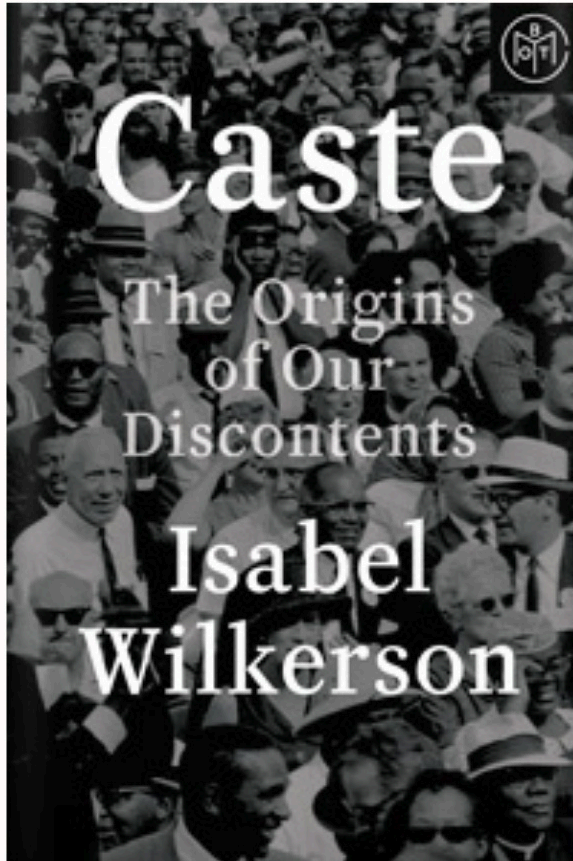
2 Promote Social Norms of Inclusion, Equity, and Respect

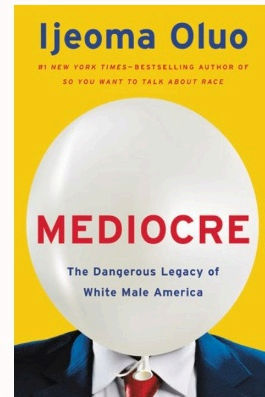
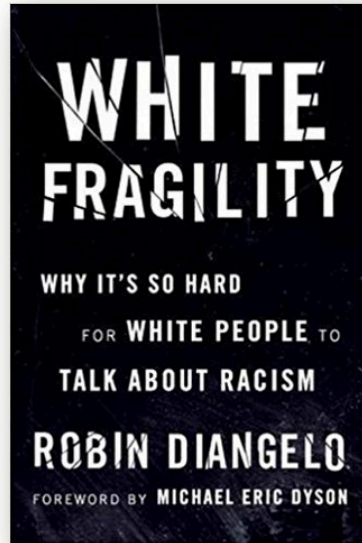
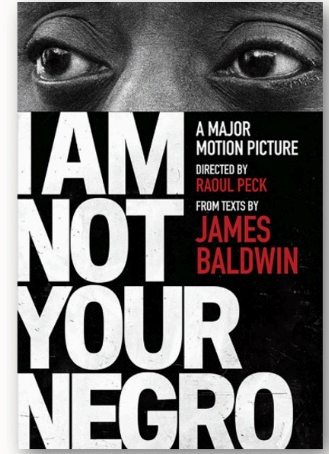
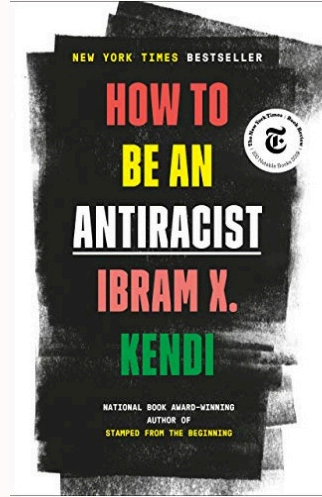
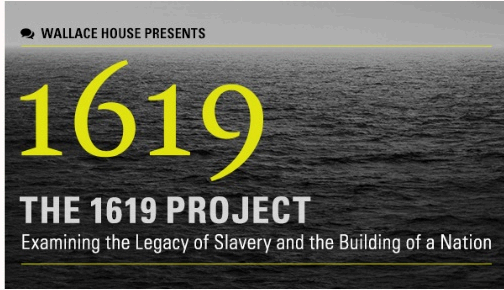
3 Advocate for Equitable Public Policies

4 **Speak Up** and **Take a Stand**

EDUCATION AND SELF-REFLECTION







PRACTICING CULTURAL HUMILITY



- Commit to a **lifelong process** of **self-evaluation** and **self-critique**
- Desire to **fix power imbalances** between providers and clients
- **Develop community partnerships** to advocate within the larger organizations in which we participate

THE TRAINED ABILITY TO DISCERN HOW A HOST OF ISSUES DEFINED AS SYMPTOMS, CLINICAL PROBLEMS, ATTITUDES, OR DISEASES (E.G., DEPRESSION, HYPERTENSION, OBESITY, SMOKING, MEDICATION “NON-COMPLIANCE,” TRAUMA, PSYCHOSIS) ARE INFLUENCED BY UPSTREAM SOCIAL DETERMINANTS OF HEALTH.

HOW TO BE ANTI-RACIST

“The opposite of racist isn't 'not racist.' It is 'anti-racist.'

What's the difference? One endorses either the idea of a racial hierarchy as a racist, or racial equality as an anti-racist.

One either believes problems are rooted in groups of people, as a racist, or locates the roots of problems in power and policies, as an anti-racist.

One either allows racial inequities to persevere, as a racist, or confronts racial inequities, as an anti-racist.

There is no in-between safe space of 'not racist.’”

“The good news is that racist and anti-racist are not fixed identities.

We can be a racist one minute and an anti-racist the next.

What we say about race, what we do about race, in each moment, determines what -- not who -- we are.”



**PROMOTE SOCIAL
NORMS OF INCLUSION,
EQUITY, AND RESPECT**



**“WE CAN DISAGREE AND STILL LOVE EACH OTHER, UNLESS
YOUR DISAGREEMENT IS ROOTED IN MY OPPRESSION
AND DENIAL OF MY HUMANITY AND RIGHT TO EXIST.”**

-James Baldwin

PROMOTING SOCIAL NORMS OF INCLUSION, EQUITY, AND RESPECT

- 1 Enforce social norms of inclusion and equity
- 2 Educate or legislate to change social norms
- 3 Observe and challenge your implicit biases
- 4 Evaluate and break down unnecessary hierarchies

ADVOCATE FOR EQUITABLE PUBLIC POLICIES



“Medicine is a social science, and politics is nothing else but medicine on a large scale.”

-Rudolph Virchow

“ALL POLICIES ARE HEALTH POLICIES”

- 1 Take action beyond the walls of traditional office settings
- 2 Advocate for policies that address social determinants of mental health
- 3 Communicate with elected officials and promote equitable representation
- 4 Form cross-sector collaborations and community coalitions

**POLITICAL STANCES AND POLICY
INTERVENTIONS ARE REQUIRED.**

**TO REMAIN APOLITICAL, OR
NEUTRAL, IS A POLITICAL STANCE.**

IT IS A TACIT ACCEPTANCE OF THE STATUS QUO.

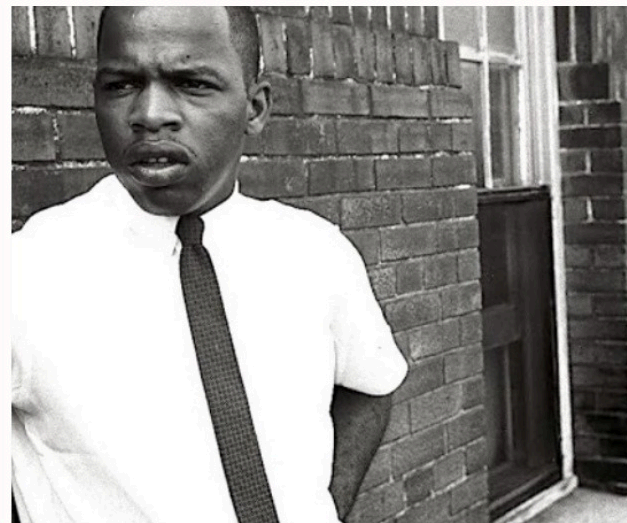
PROGRESS

Made through the passage of legislation, court rulings and other formal mechanisms that aim to promote racial equality

RETRENCHMENT

Refers to the ways in which progress is very often challenged, neutralized or undermined in key policy arenas

**“IF YOU SEE SOMETHING THAT IS NOT RIGHT,
NOT FAIR, NOT JUST, YOU HAVE A MORAL
OBLIGATION TO DO SOMETHING ABOUT IT.”**



**“WHEN WE SPEAK, WE ARE AFRAID OUR WORDS WILL
NOT BE HEARD NOR WELCOMED. BUT WHEN WE ARE
SILENT, WE ARE STILL AFRAID. SO IT IS BETTER TO SPEAK.**

