# Social Determinants of Mental Health and Well Being

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Set up by the World Health Organisation, 2005

- The goal is not an academic exercise, but to marshal scientific evidence as a lever for policy change — aiming toward practical uptake among policymakers and stakeholders in countries" Dr JW Lee
- Final report submitted to Dr Margaret Chan
- Final report will be published by WHO after the summer

www.who.int/social\_determinants/en

## Values

Health equity is a matter of social justice

 Health and health equity are markers of social development

 Empowerment through action on the causes of the causes

# Health inequities within and between countries

# Mental Health

 not just the absence of mental disorder;
 state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.

# Mental ill health

- 20% of the burden of disease in the European Region
- Mental health problems affect one in four people at some time in life.
- Nine of the ten countries with the highest rates of suicide in the world are in the European Region.

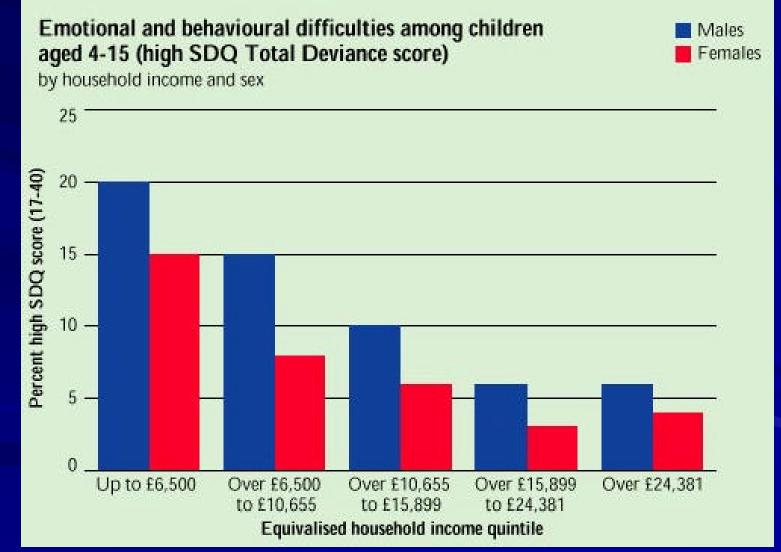
# Burden of disease, projected by 2030...

- Unipolar depressive disorders projected to be
  - number 1 cause of DALYs in high income countries
  - Number 2 cause of DALYs in middle income countries
  - Number 3 cause of DALYs in low income countries

## Mental Health in England

8 million people in England
NHS expenditure
third with depression untreated
half anxiety disorders untreated
Rise in dementia - a growing older population

# Emotional and behavioural difficulties among children in England, 1995/97



Health of Young People

Social Determinants of Health The simplified framework

The causes and...The causes of the causes

# **Risk factors for depression**

	Level of evidence	
Low socioeconomic position	Very convincing	
Low education	Very convincing	
Unemployment and under employment	Very convincing	
Food insecurity and early nutrition deficiency	Strong	
Gender inequity	Strong	
Low income	Strong	

### **CSDH – Principles of Action**

Structural drivers of those conditions at global, national and local level

**Conditions in which people are born, grow, live, work and age** 

Monitoring, Training, Research

# **CSDH – Areas for Action**

**Health Equity in all Policies** 

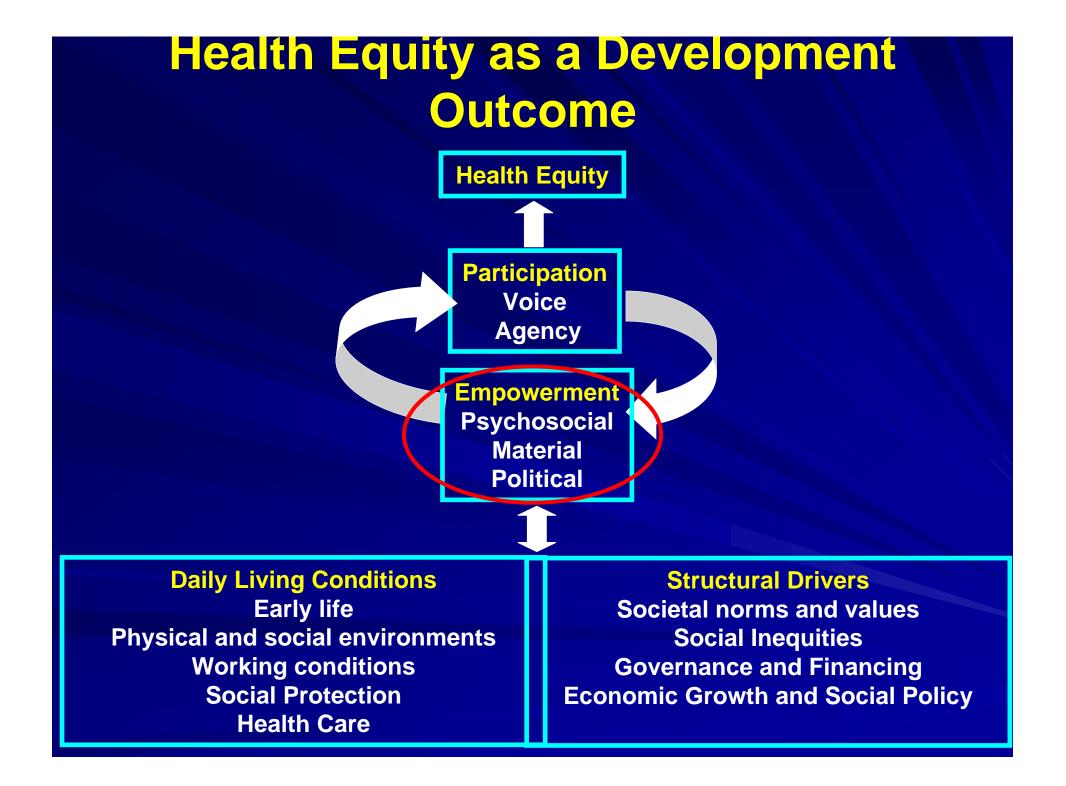
**Fair Financing** 

Good Global Governance

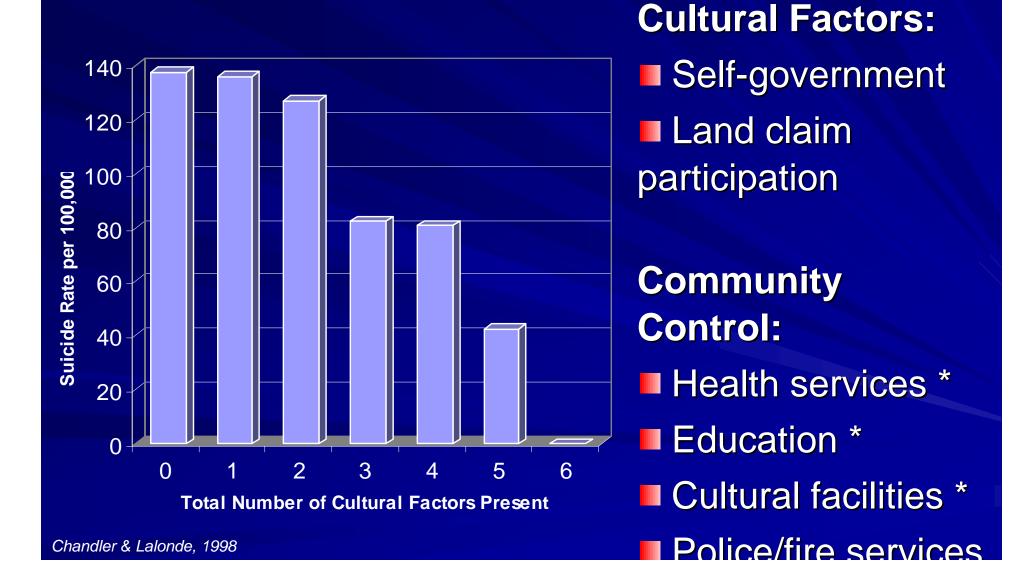
Market Responsibility Early child development and education Healthy Places Fair Employment Social Protection Universal Health Care

**Gender Equity** 

Political empowerment – inclusion and voice



### Aboriginal Youth Suicide by Factors Present



## Intersectoral linkage for mental health

Collective action

education, employment, justice, transport, environment, housing, and welfare...

Health sector - prevention and treatment.

## Early child development and education

### Early life

### BEHAVIOURAL PROBLEMS BY SOCIAL CLASS AND BIRTHWEIGHT

← SC I+II ← SC IIInm



Kelly et al, 2001

# **Healthy Places**

### Urban design

 good urban design can encourage social cohesion

### Substance abuse and mental health

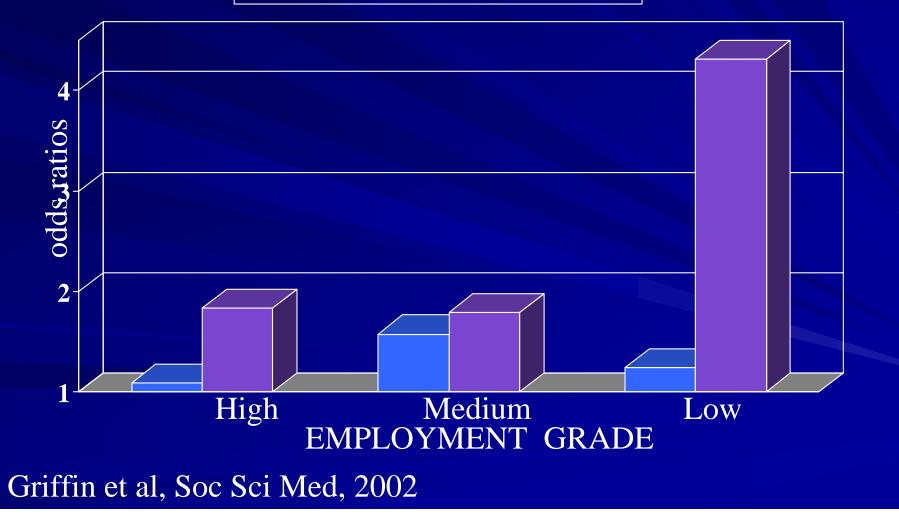
# **Gender Equity**

### Higher risk of depression in women

- Multiple responsibilities with no financial gain
- Caring responsibilities
- Lack of support
- Gender based violence
- Access to health care
- Poor physical health
- Level of education
- Autonomy in decision making
- Migration

# ODDS OF DEPRESSION BY CONTROL AT WORK & AT HOME WITHIN GRADE - WOMEN WHITEHALL II

Decision latitude Home control

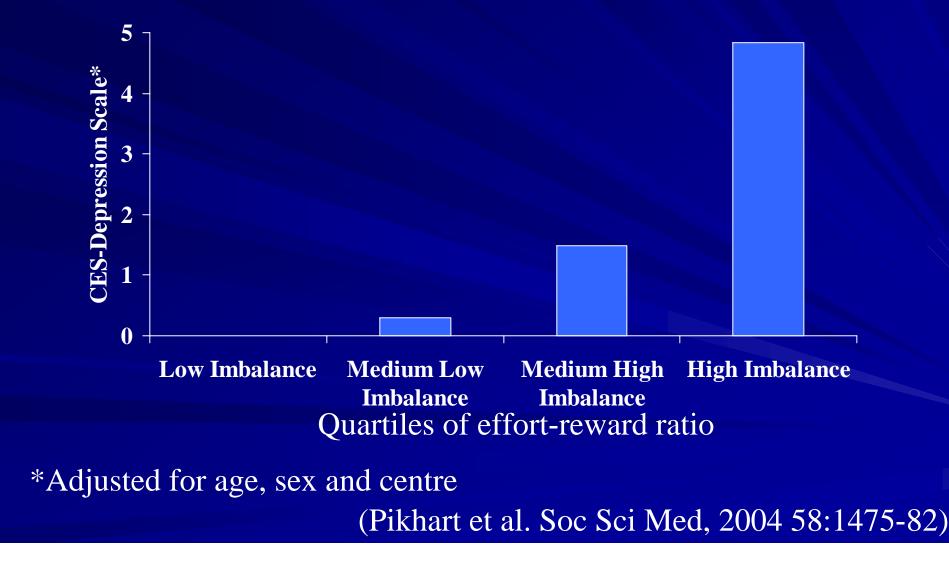


# Fair employment

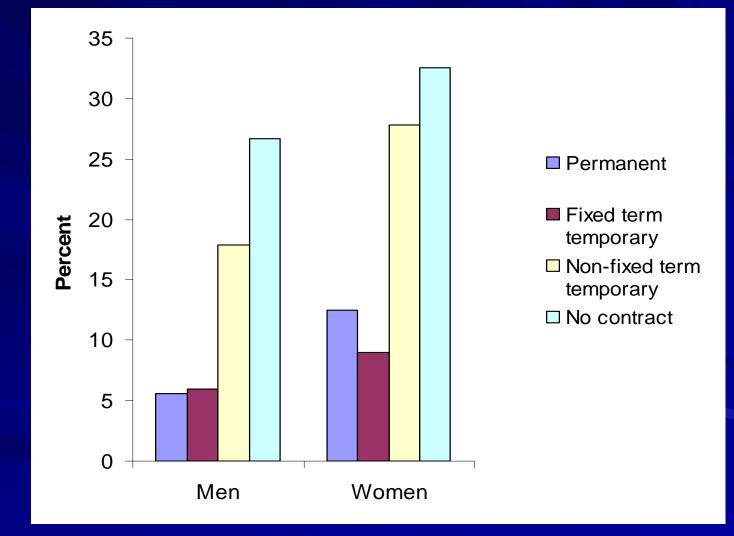
### Employment conditions

Stress in the workplace increases the risk of disease.

### DEPRESSION AND EFFORT-REWARD IMBALANCE: RUSSIA, POLAND, CZECH

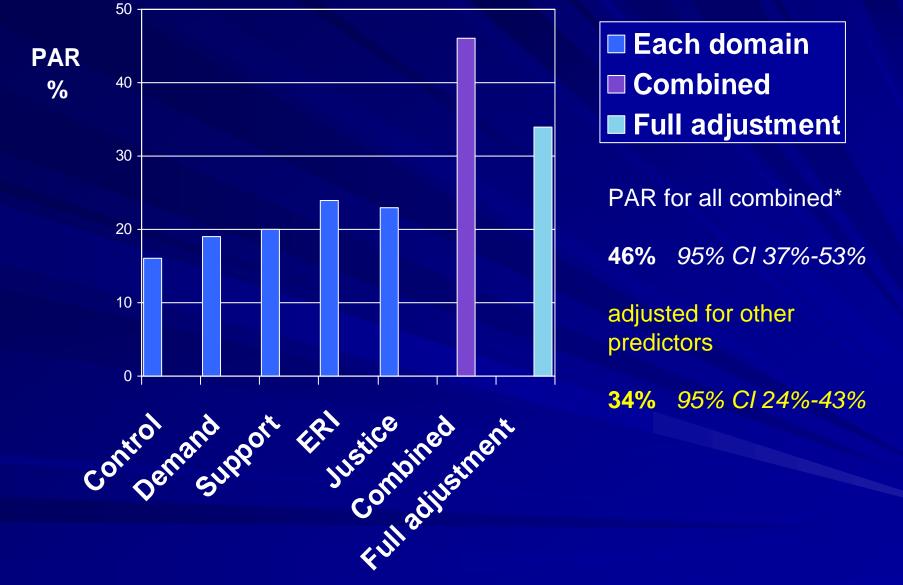


# Prevalence of poor mental health among manual workers in Spain by type of contract



Source: Artazcoz et al., 2005

### PAR\* for poor mental health (GHQ)

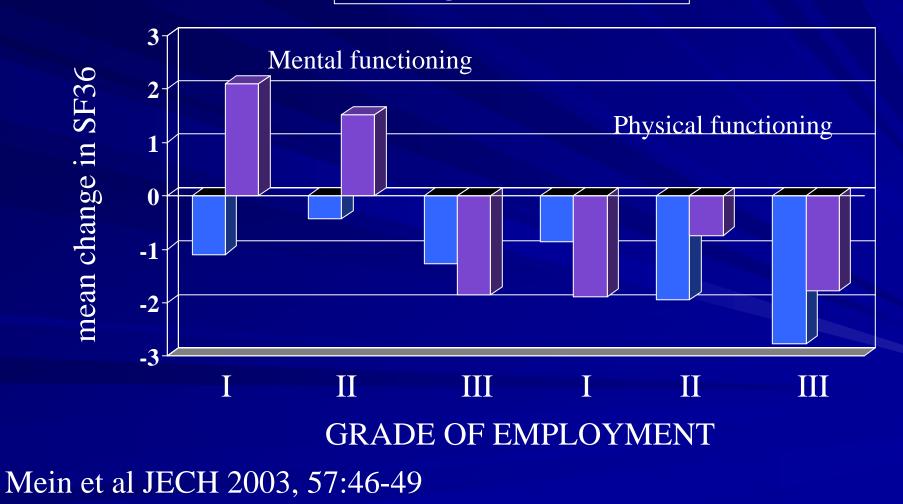


\*calculated from odds ratios adjusted for age, sex, employment grade

J Head et al,2007

## NORMAL RETIREMENT CHANGE IN SF36 - WHITEHALL II

**Working Normal retirement** 



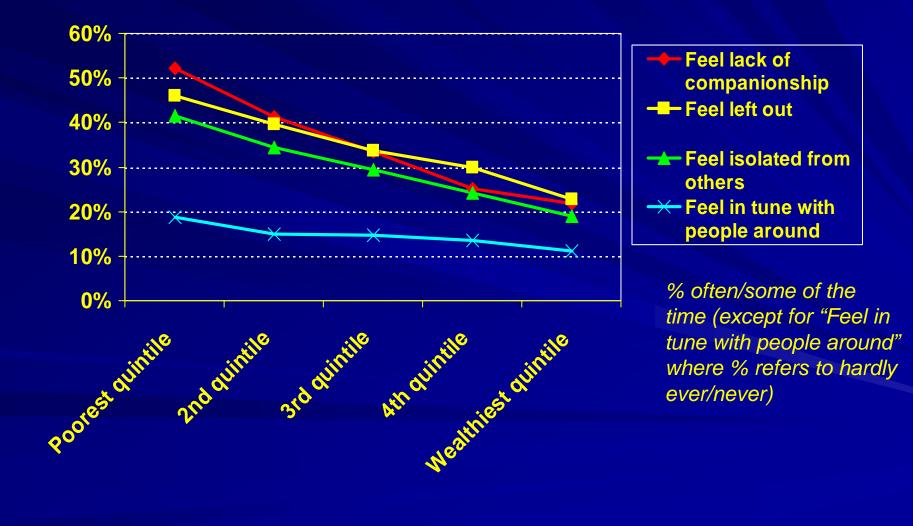
### SOCIAL EXCLUSION

### SOCIAL SUPPORT

### SOCIAL CAPITAL?

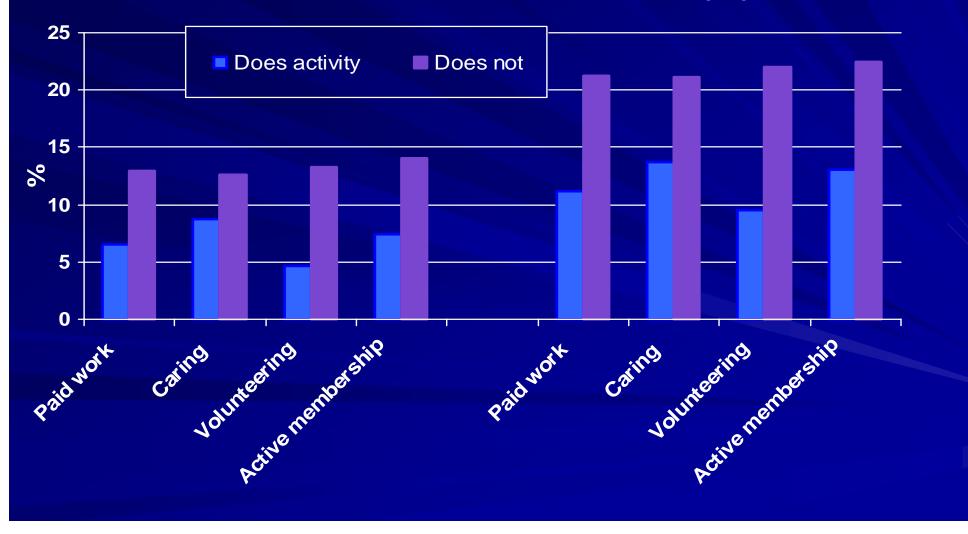


# Loneliness by wealth





# % depressed (CES-D 4+) by participation in activities



# **Social Protection**

### Minimum income for healthy living – Morris et al.

- Diet
- Physical activity/body and mind
- Psychosocial relations/social connections/active minds
- Getting about
- Medical care
- Hygiene
- Housing

#### Psychosocial relations/social connections/active minds

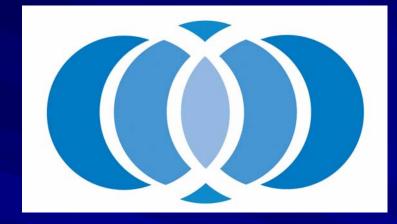
- Telephone
   Stationery, stamps
   Gifts to grandchildren/others
   Cinema, sports, etc
   Meeting friends, entertaining
- TV set and licenceNewspapers
- Holidays (UK)
- Miscellaneous, hobbies, gardening etc

# Disposable incomes for people over 65, England 2007

	State pension	Pension credit guarantee*	Minimum income for healthy living **
Single person	£87.30	£119.05	£131.00
Couple	£139.60	£181.70	£208.00

\*Rent, mortgage and council tax may be paid after further means testing \*\* people 65+ living independently in the community; excludes rent, mortgage and council tax Morris et al 2007 IJE

# Commission on Social Determinants of Health



Bringing people and organisations together to create a global movement

A world where social justice is taken seriously www.who.int/social\_determinants/en

## Closing the gap in a generation



### www.who.int/social\_determinants/en

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