



UCL Institute of Health Equity



Social determinants of mental health

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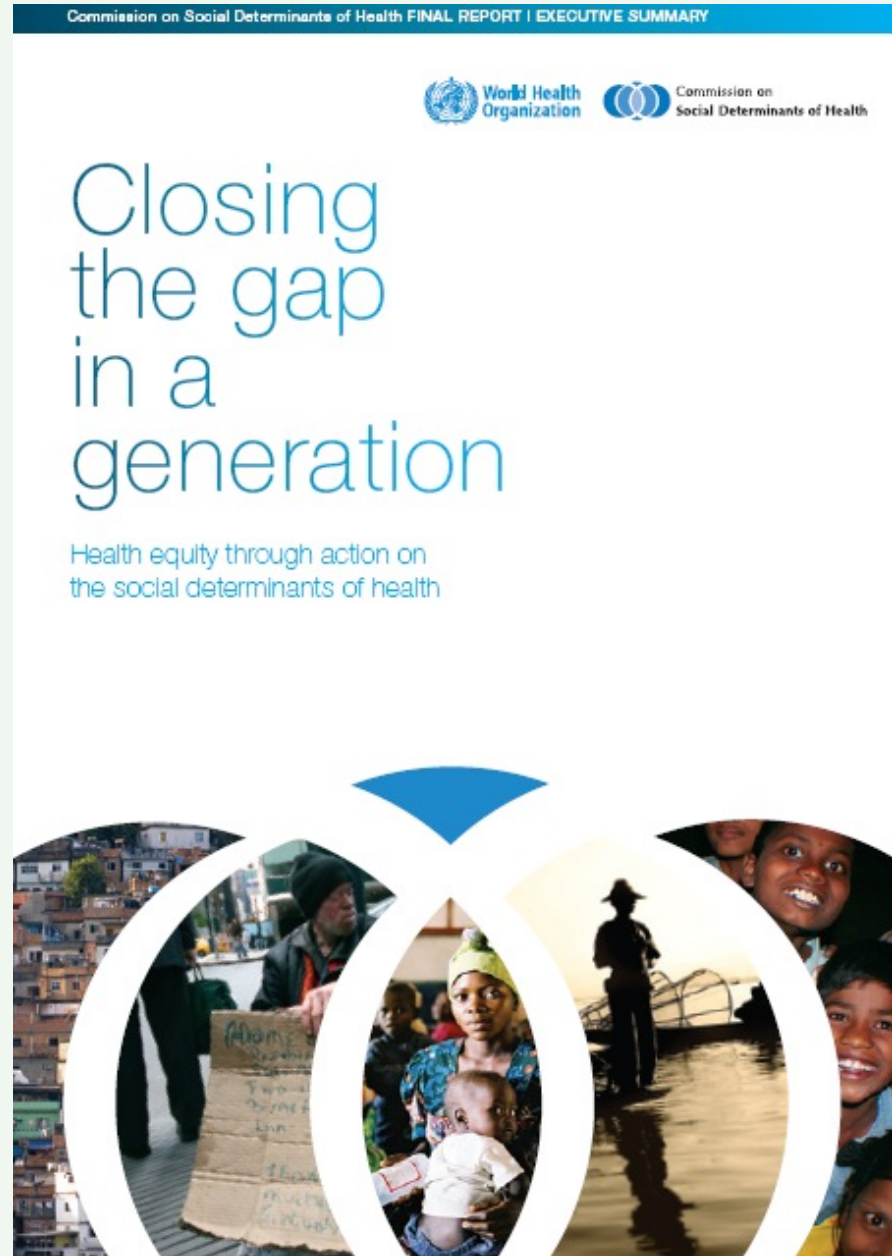
Lisbon

October 2013

Overarching principles of action on SDH

- Social justice
- Material, psychosocial, political empowerment
- Creating the conditions for people to have control of their lives

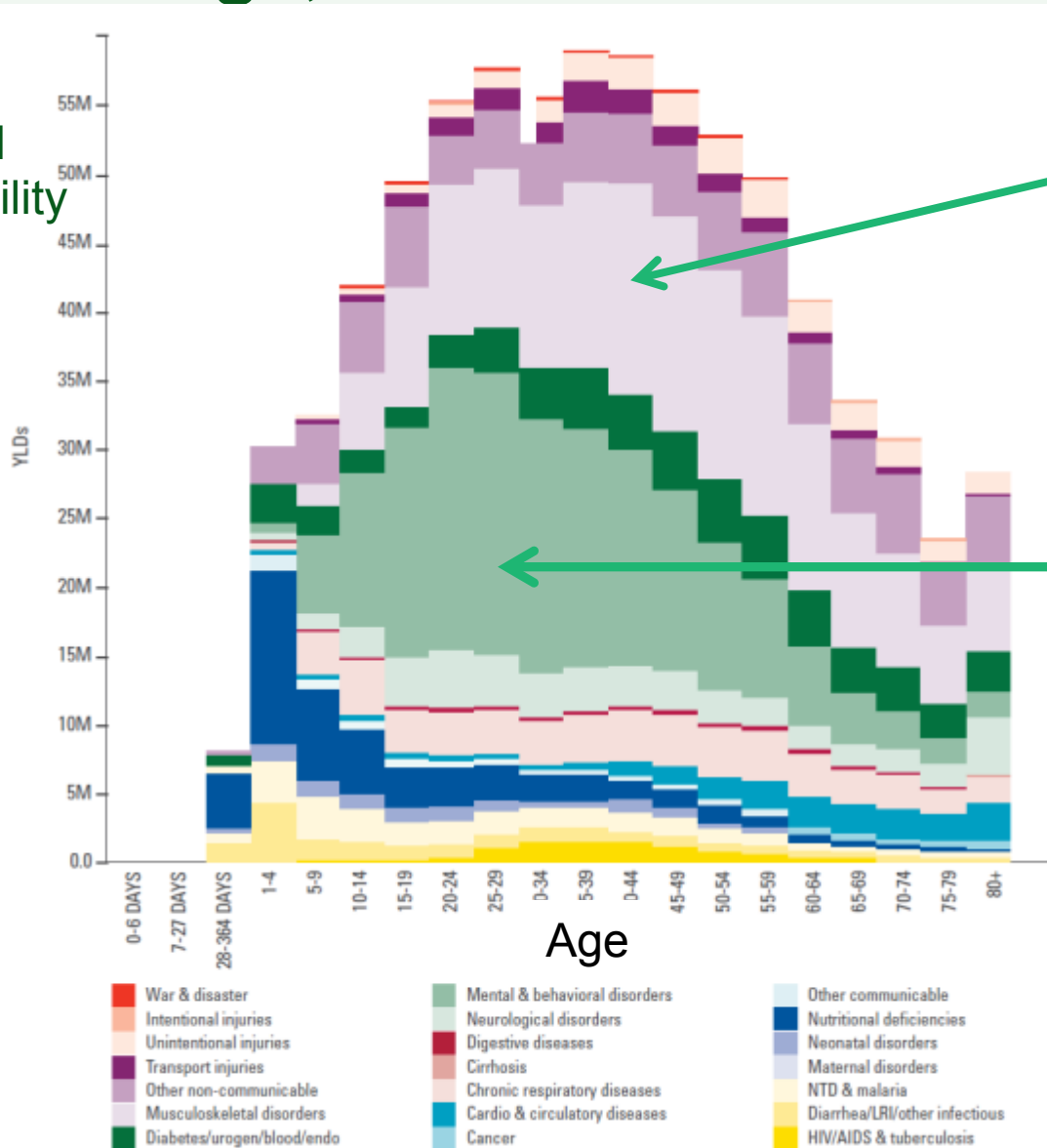
www.who.int/social_determinants



“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

Global disability patterns by broad cause group and age, 2010

Years lived with disability

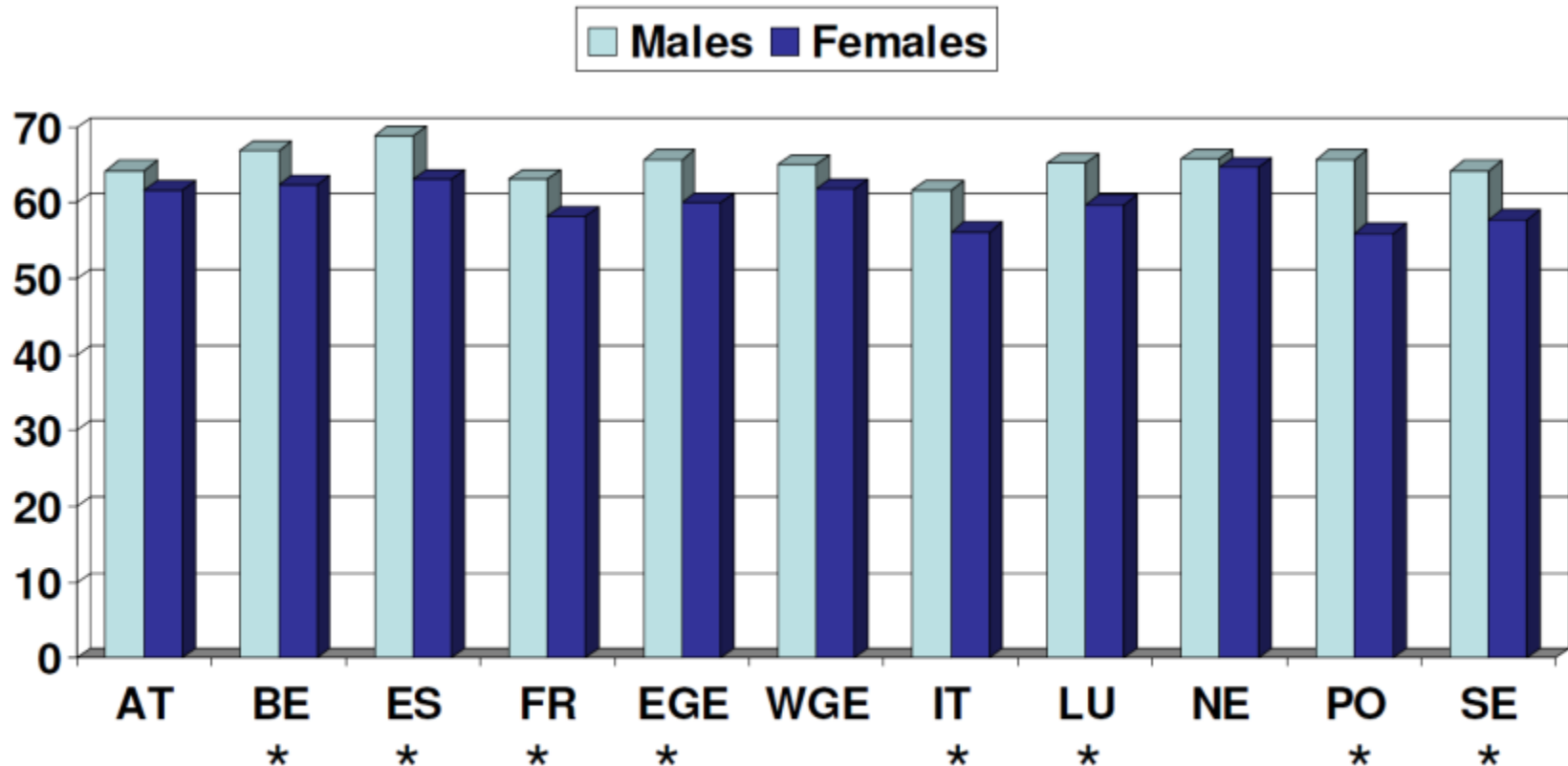


Musculoskeletal disorders

Mental and behavioural disorders

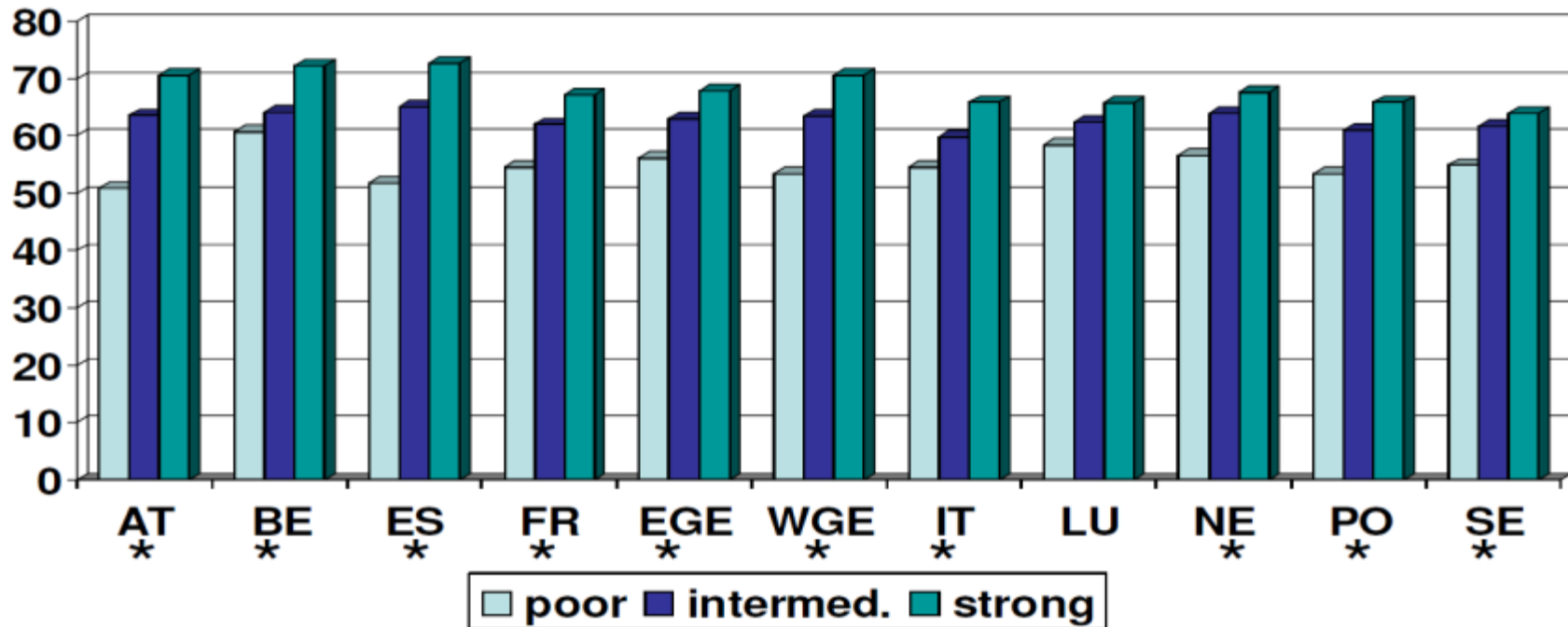
Between country and within country: unequal distributions of positive mental health and mental disorders

Positive mental health in EU countries, age adjusted, by gender, 2002



* = $p < 0.01$

Positive mental health by perceived social support (age adjusted)

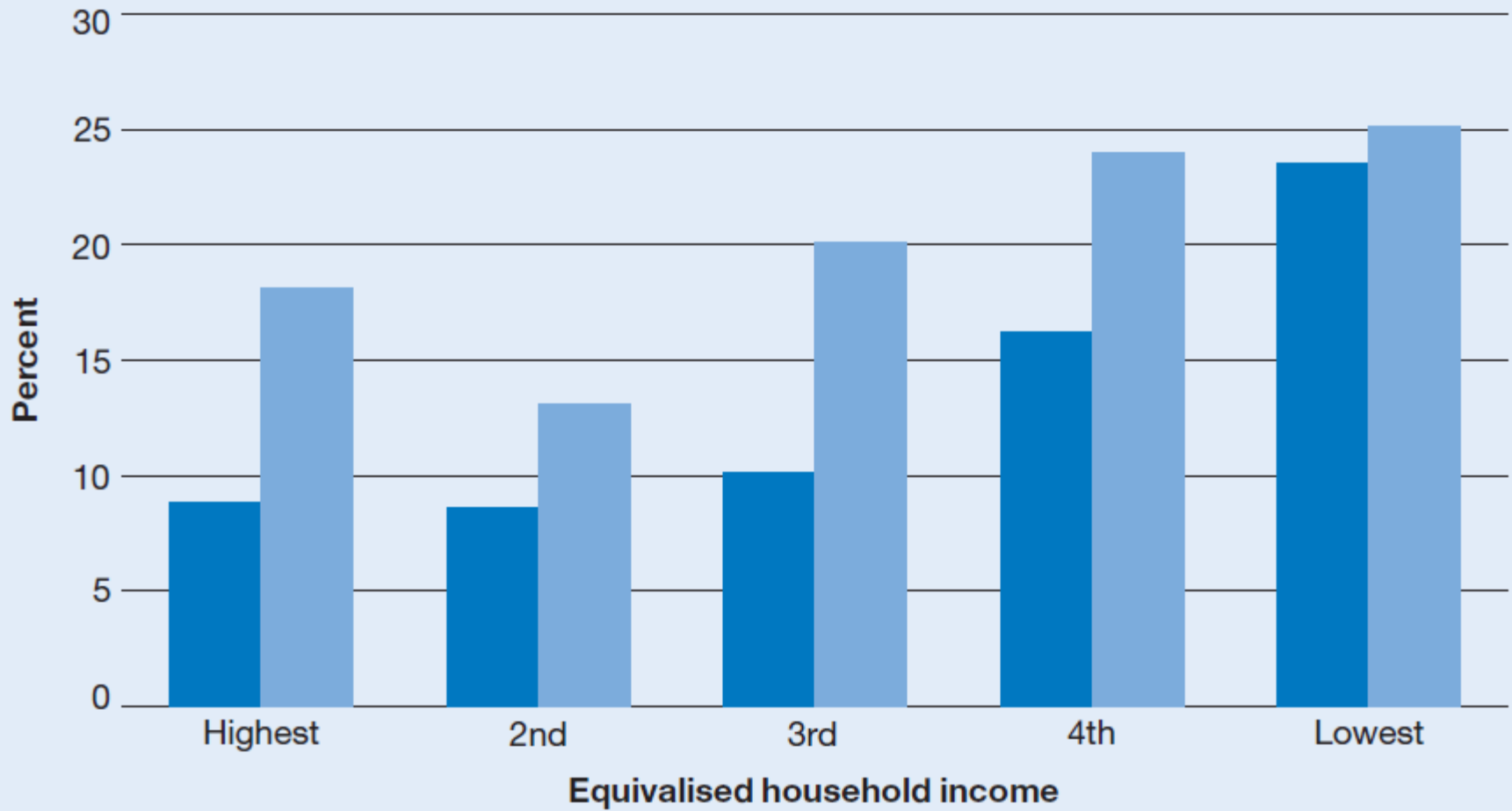


* = $p < 0.01$

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

Men
Women

Base: all adults

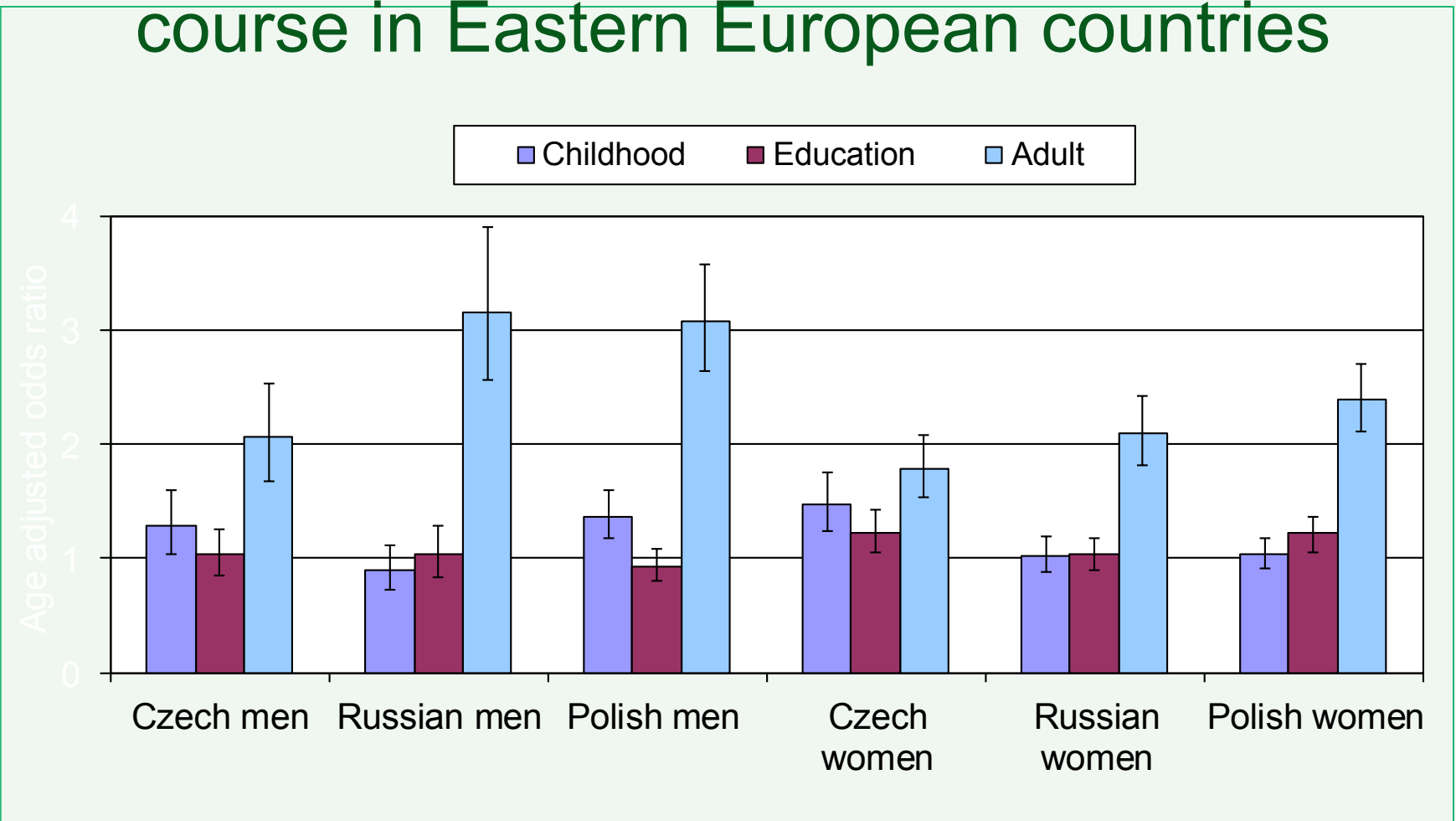


Mental health and many common mental disorders are shaped to a great extent by the social, economic, and physical environments in which people live

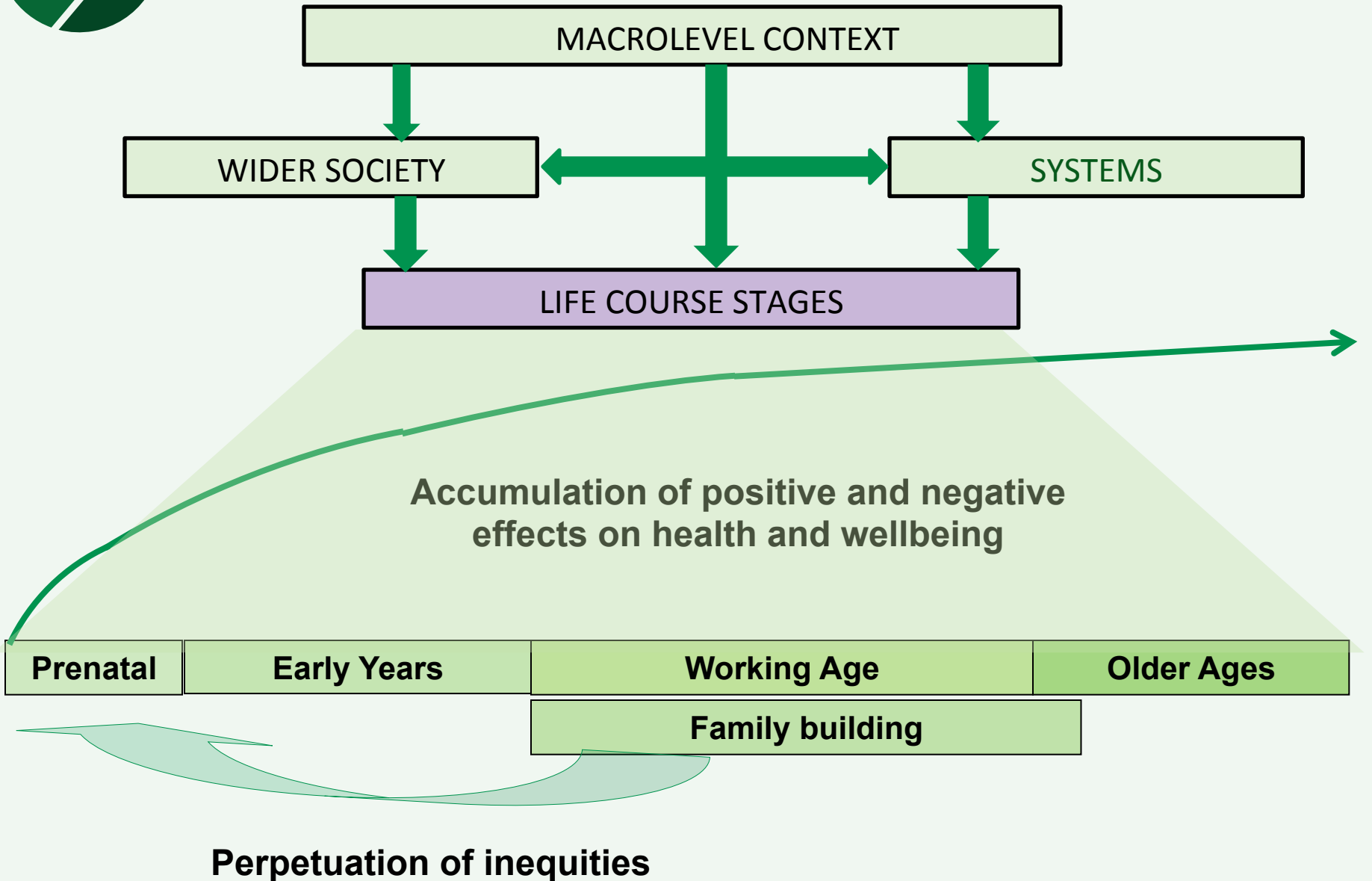
Risk factors for depression

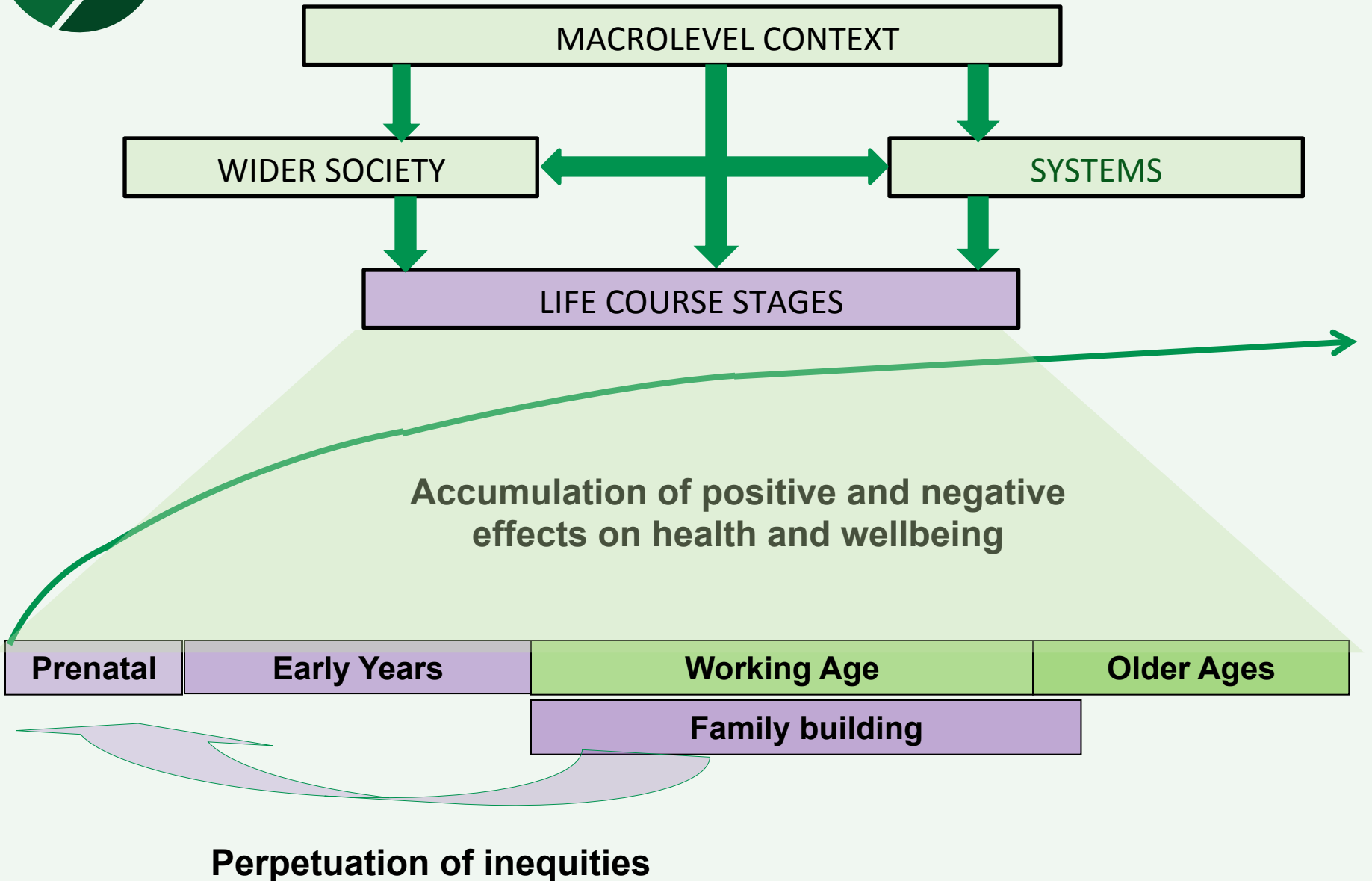
	Level of evidence
Low socioeconomic position	Very convincing
Low education	Very convincing
Unemployment and under employment	Very convincing
Food insecurity and early nutrition deficiency	Strong
Gender inequity	Strong
Low income	Strong

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





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

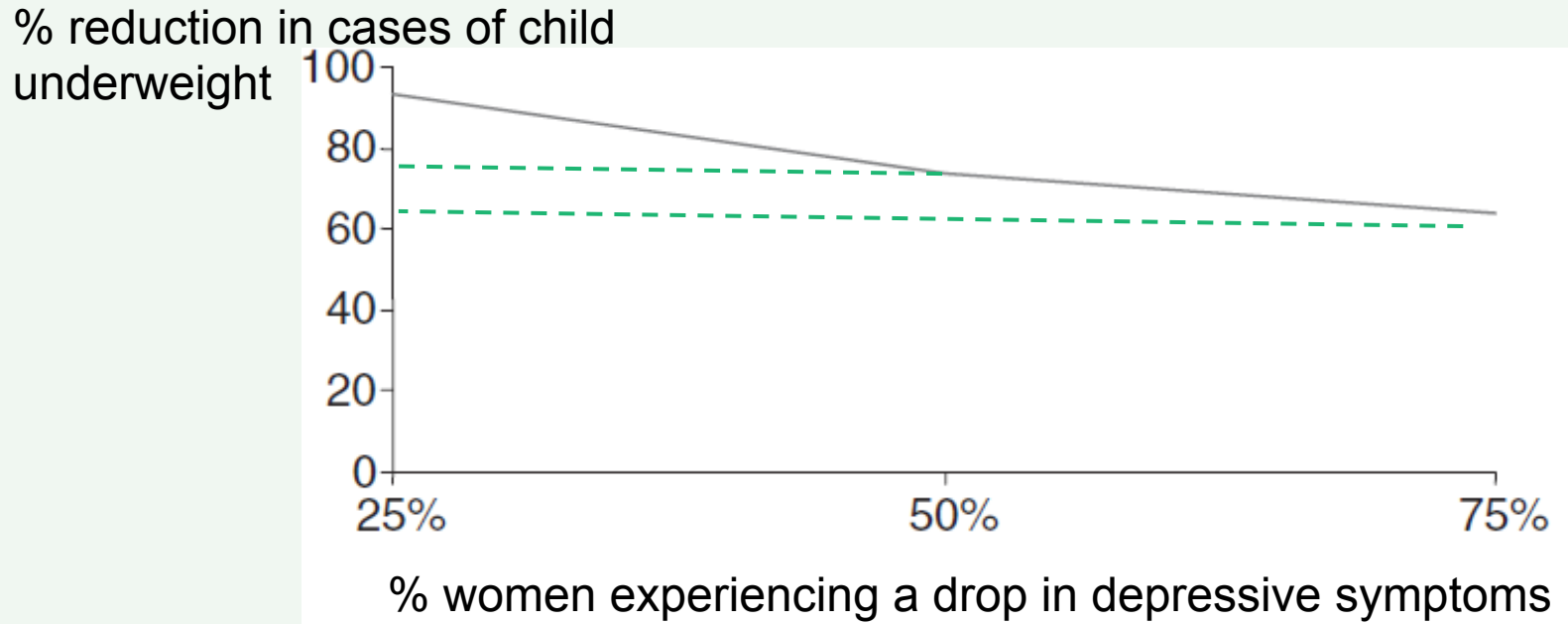
Protective factors for perinatal mental disorders

- 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

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

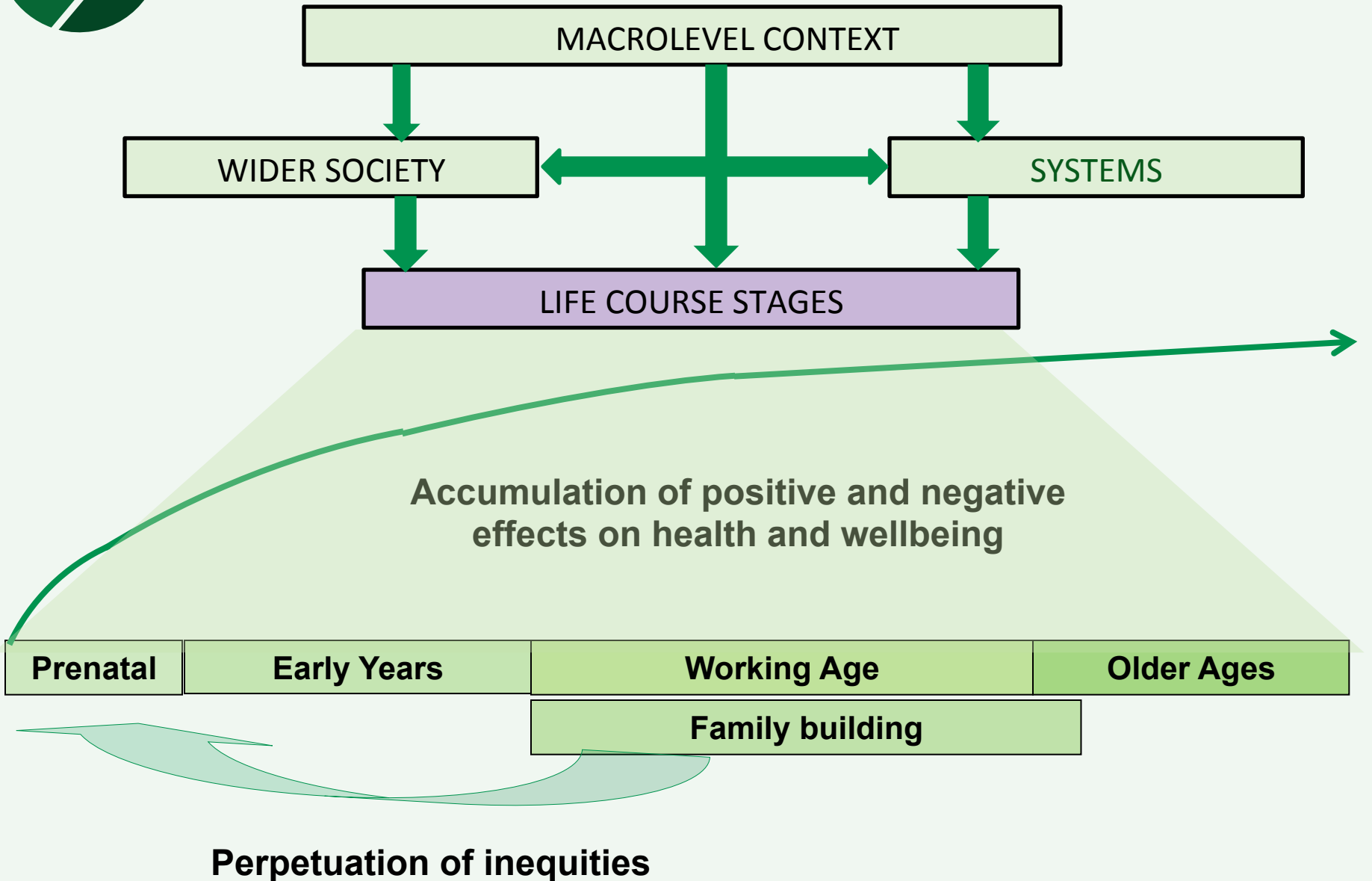
Categories of antenatal SRQ scores (SRQ-Self reported questionnaire)	Per cent of mothers in group	Per cent of infants underweight at 6 months
0-2	14.0	5.3
3-5	32.4	10.9
6-8	22.9	9.7
9-11	11.8	15.5
12-14	10.4	19.3
15-20	8.2	27.3

Maternal Depression: effects on child health and development – Pakistan



- 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

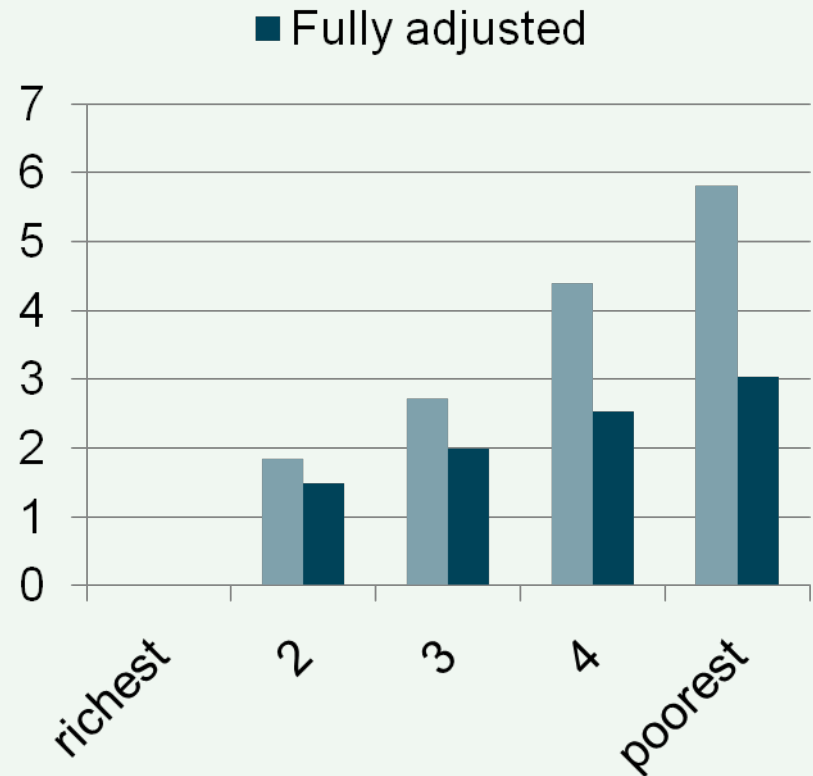
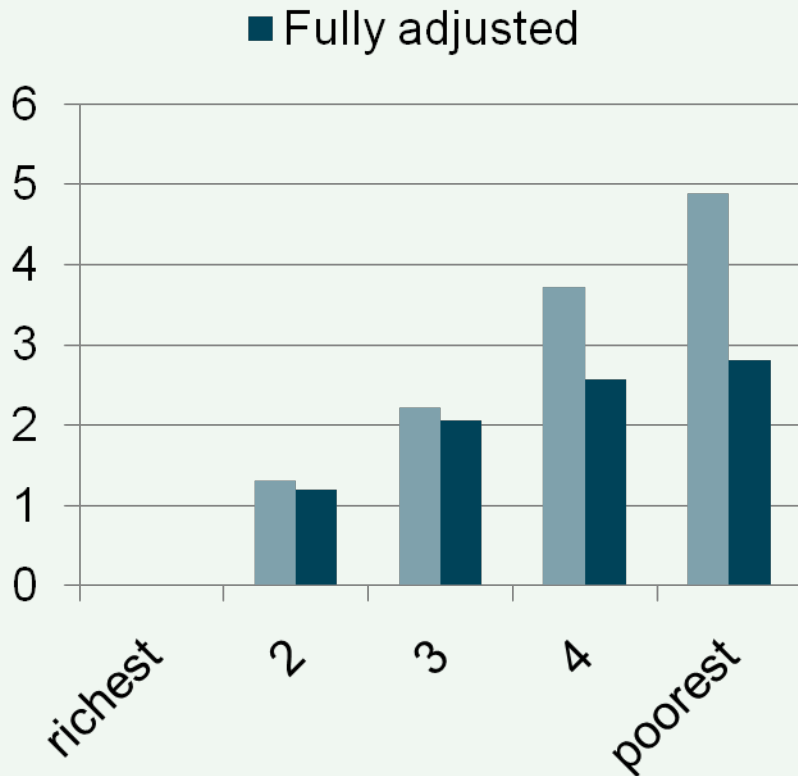
Source: Rahman et al 2008



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

Age 3

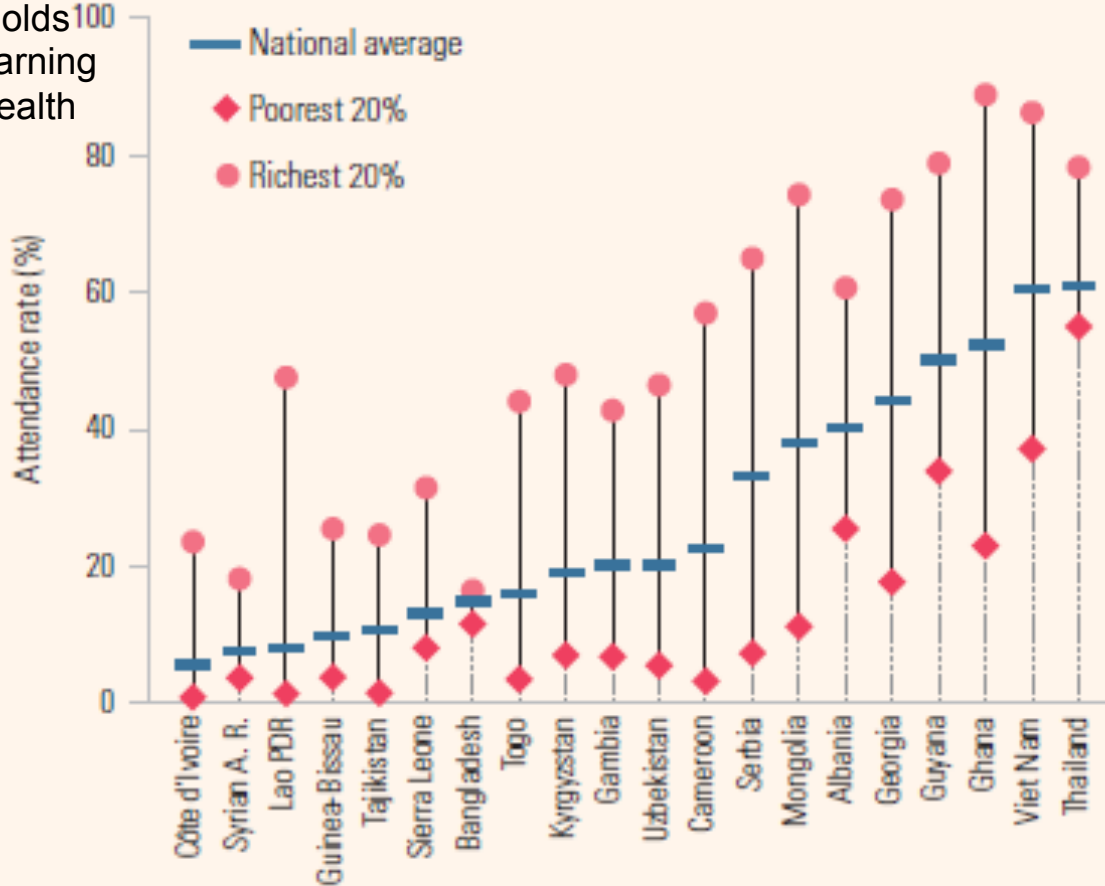
Age 5



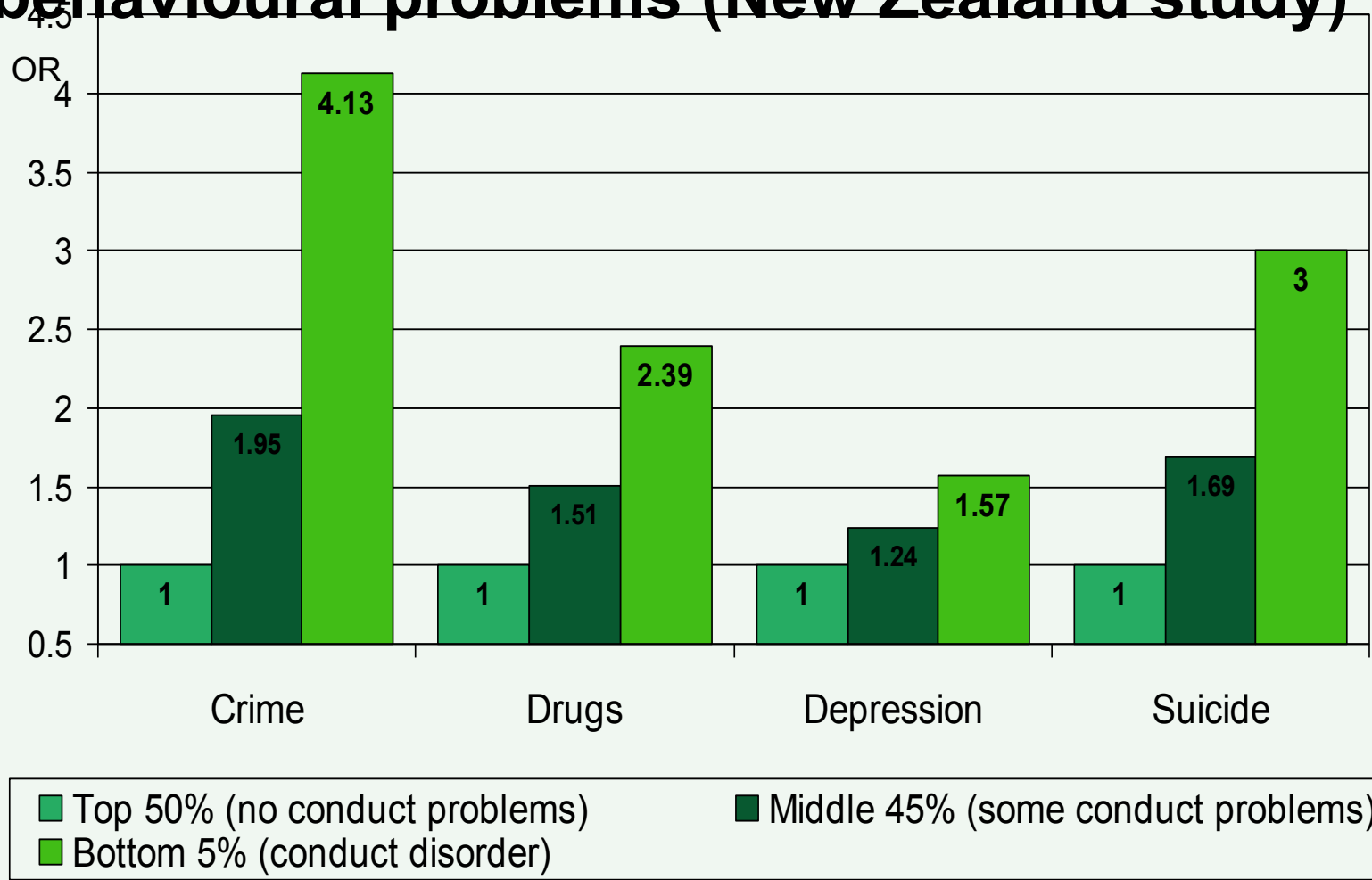
Fully adjusted = for parenting activities and psychosocial markers
Kelly et al, 2010

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)



Long term outcomes associated with childhood behavioural problems (New Zealand study)



Source: L. Friedli & M. Parsonage (2007) Mental health promotion: Building an economic case. Based on: Fergusson et al (2005) J. Child Psychol & Psych 46 (8): 837-849

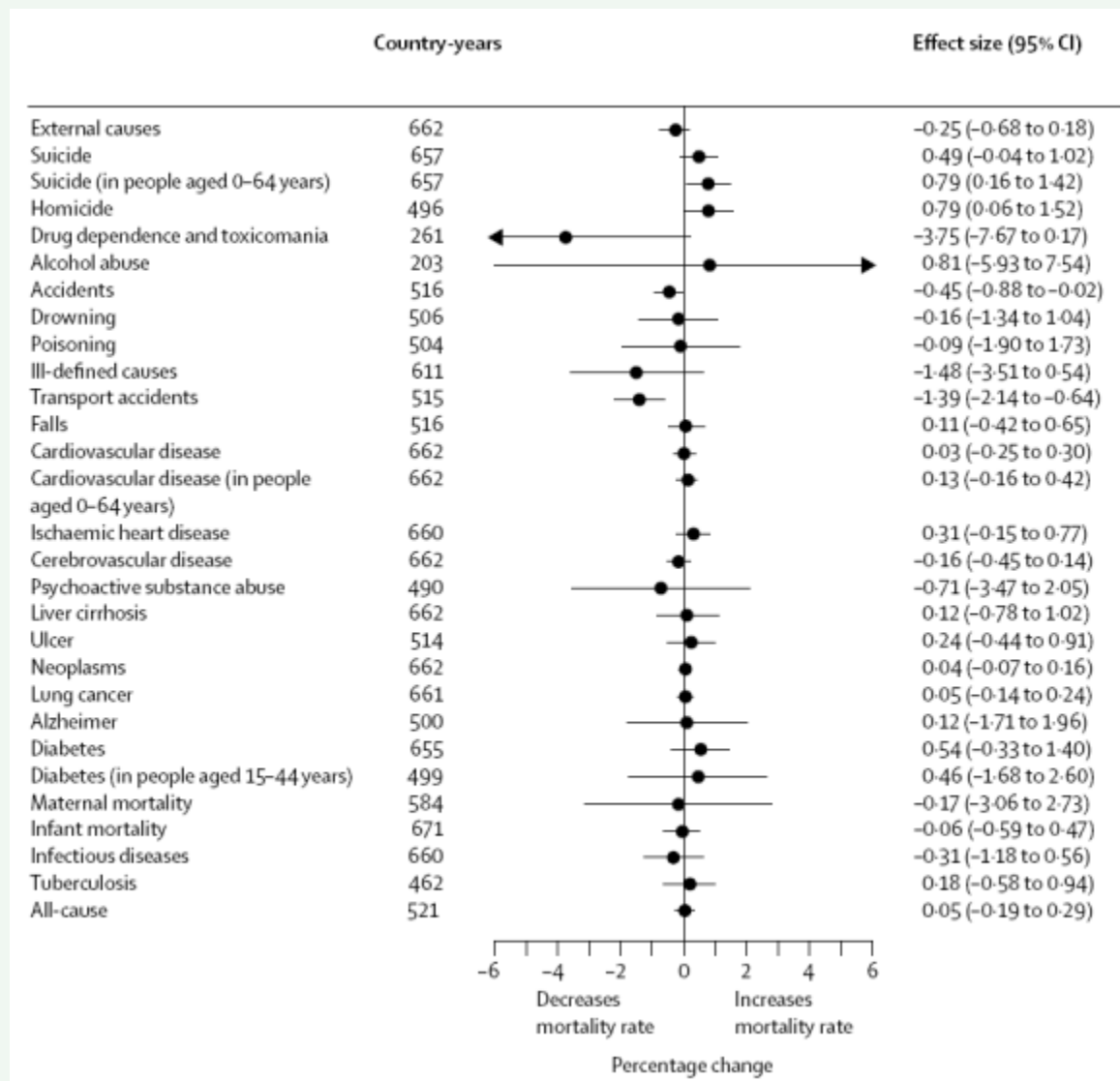
- Unemployment associated with poor mental and physical health

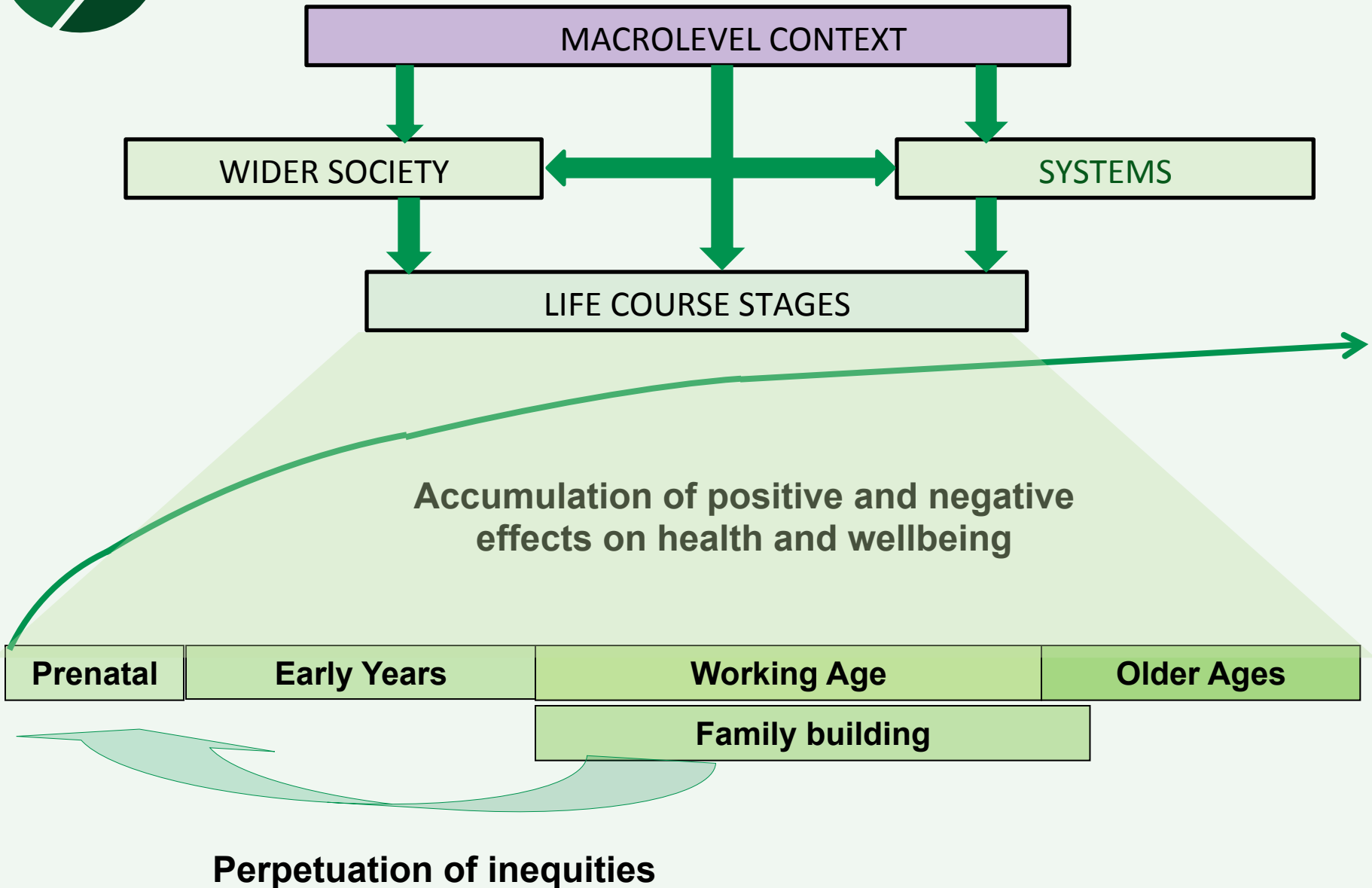
Unemployment and Mortality

1% rise in unemployment associated with:

- 0.8% ↑ Suicide
- 0.8% ↑ Homicide
- 1.4% ↓ Traffic death

No effect on all-cause mortality





Context matters

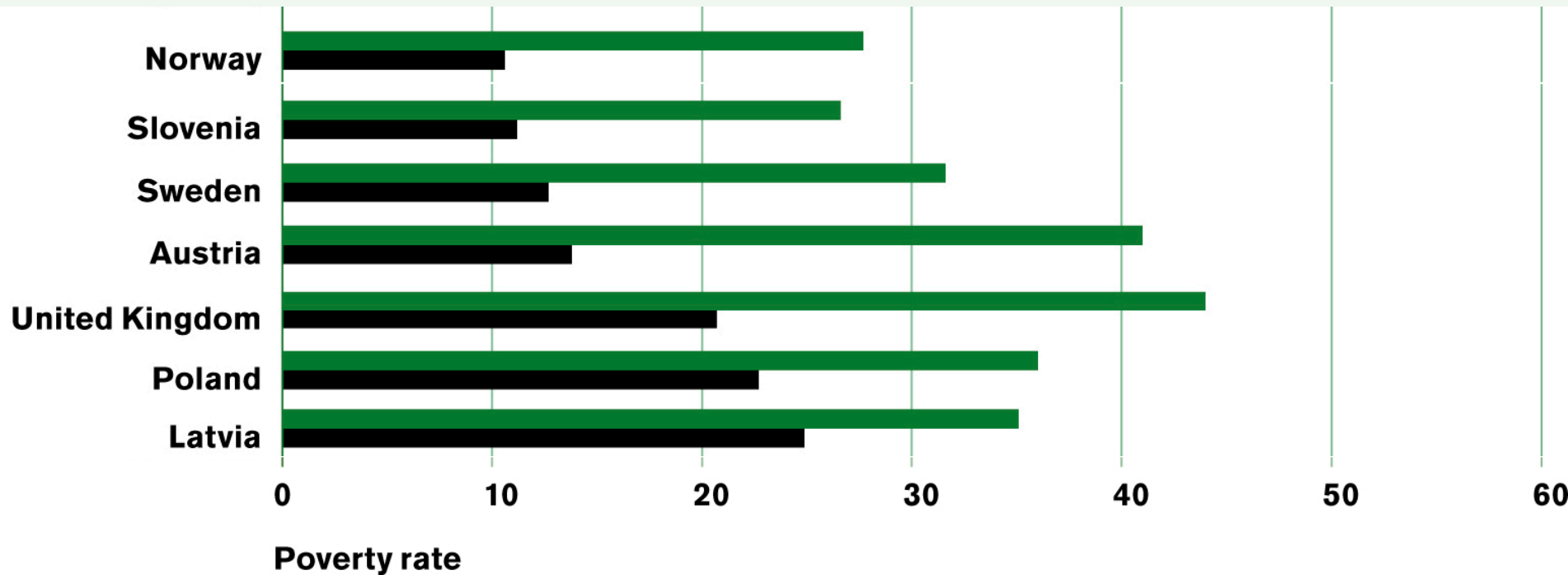
- Deprivation
- Social inequality
- Exclusionary processes

Country comparison on average rank in four dimensions of child wellbeing – material, health, education, behaviours & risks. in early 2000s and late 2000s



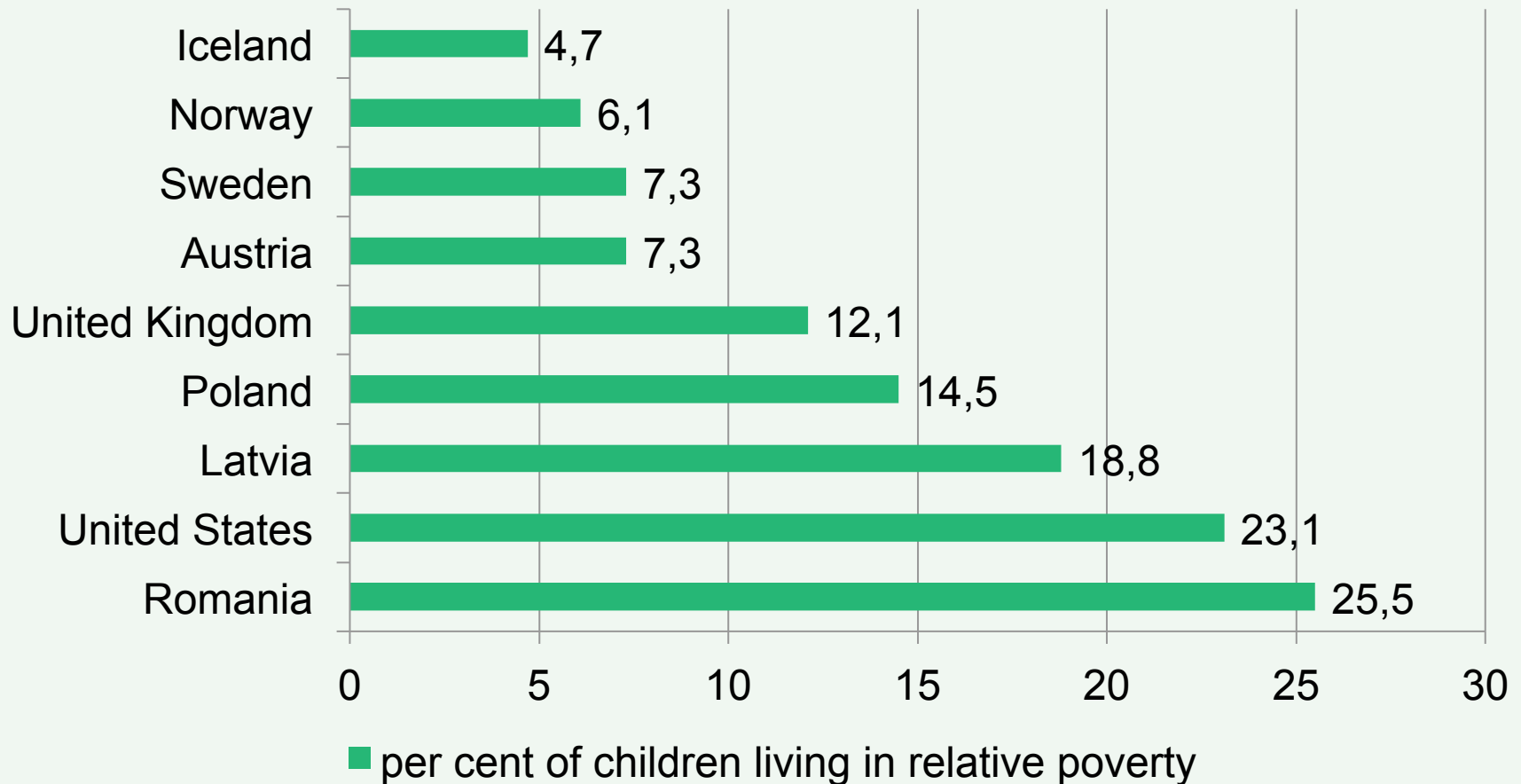
Rank	Early 2000s	Rank	Late 2000s	Change in rank
1	Sweden	1	Netherlands	+2
2	Finland	2	Norway	+2
3	Netherlands	3	Finland	-1
4=	Denmark	4	Sweden	-3
4=	Norway	5	Germany	+2
6	France	6	Denmark	-2
7	Germany	7	Belgium	+1
8	Belgium	8=	France	-2
9=	Czech Republic	8=	Ireland	+4
9=	Poland	8=	Switzerland	+3
11	Switzerland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

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



■ Before social transfers
■ After social transfers

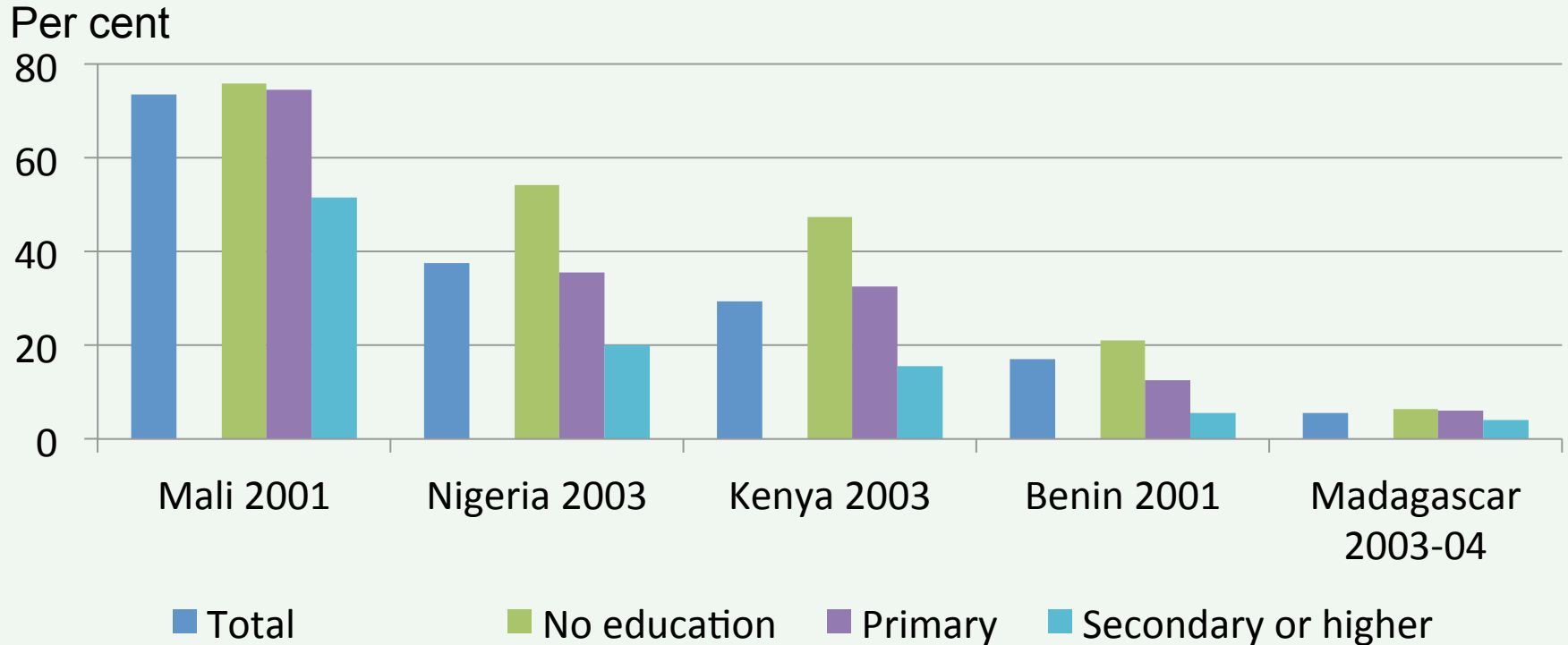
Child poverty rate at <50% median income



Per cent 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

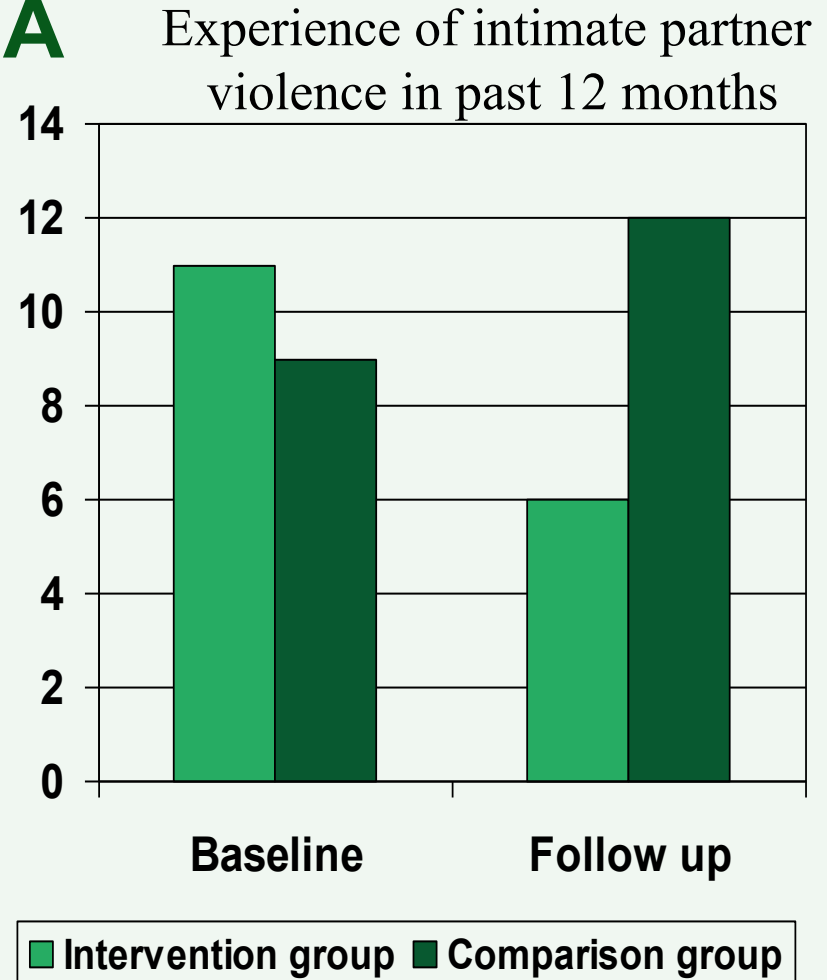


Source: Bell, Goldblatt & Marmot, ch 3 in Structural Approaches to Public Health, 2013
 data from ICF Macro 2011 MEASURE DHS STATcompiler Dec 19 2011

MICROFINANCE, VIOLENCE AND HIV: RURAL SOUTH AFRICA

- Loans
- Participatory learning

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



Source: Pronyk et al, Lancet, 368: 1973, 2006

Empowering communities: SEWA Case Study: The Parivartan Programme

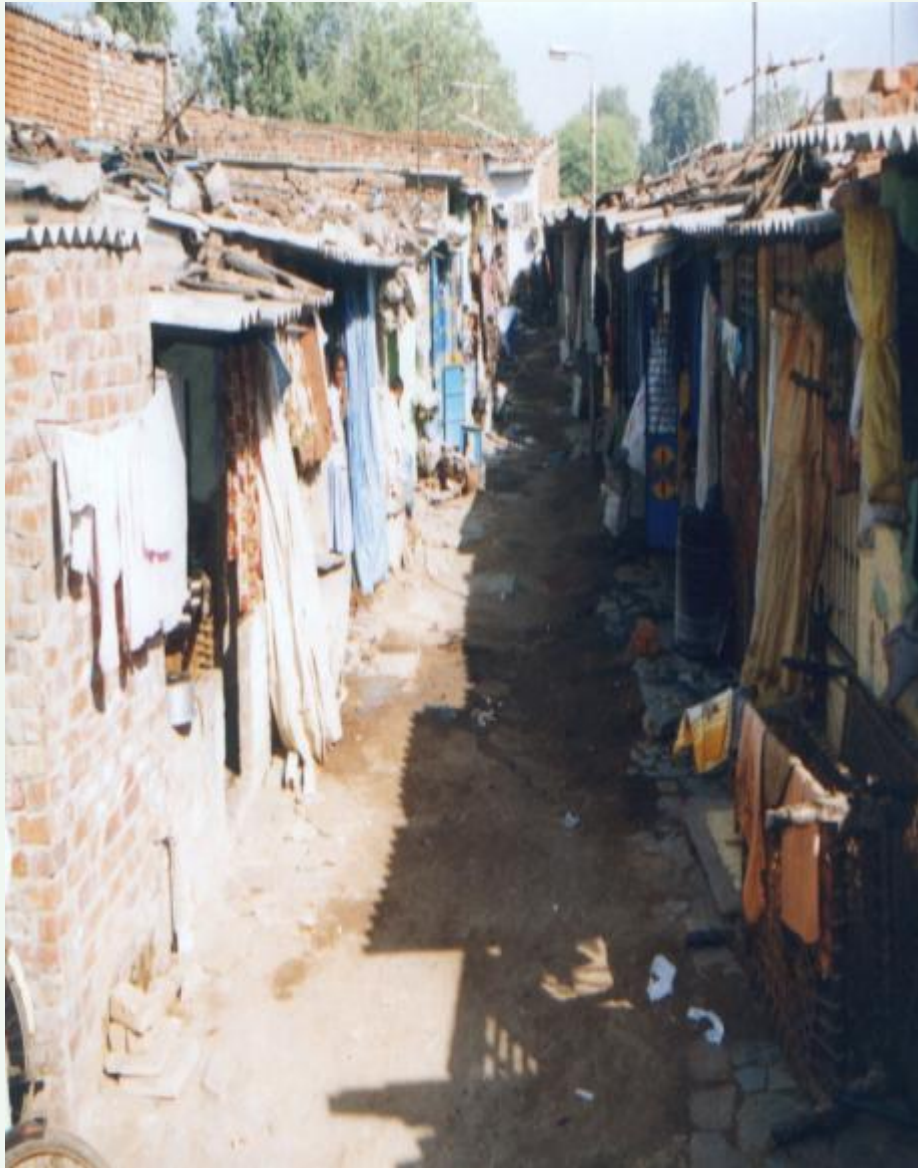
- Improve the basic physical infrastructure within the slums and in the homes;
- Community development;
- City-level organisation for environmental upgrading of the slums

SEWA: 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.

MELADI NAGAR

Before



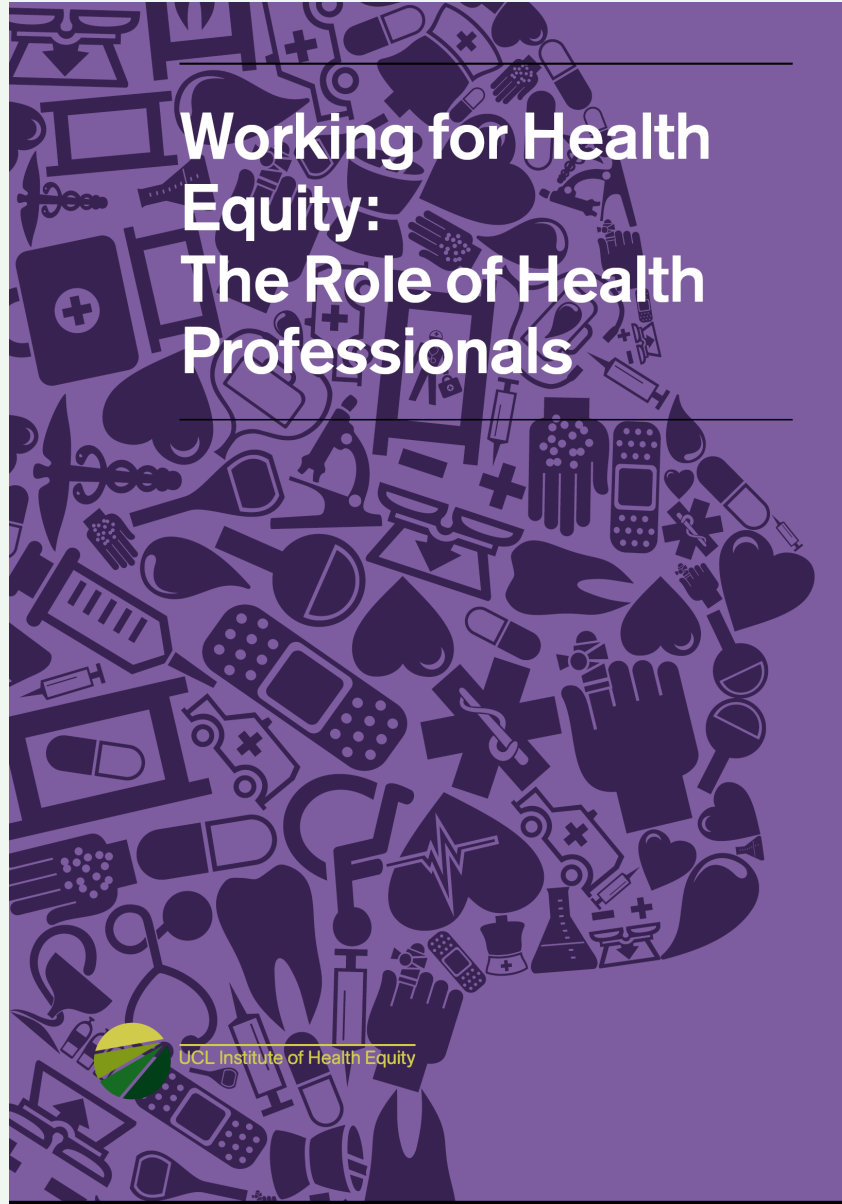
After



Slide courtesy of Gujarat Mahila Housing SEWA Trust



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

Review of Social Determinants of Health and the Health Divide in the WHO European Region

Published 2013



Review of social determinants
and the health divide in
the WHO European Region:
final report



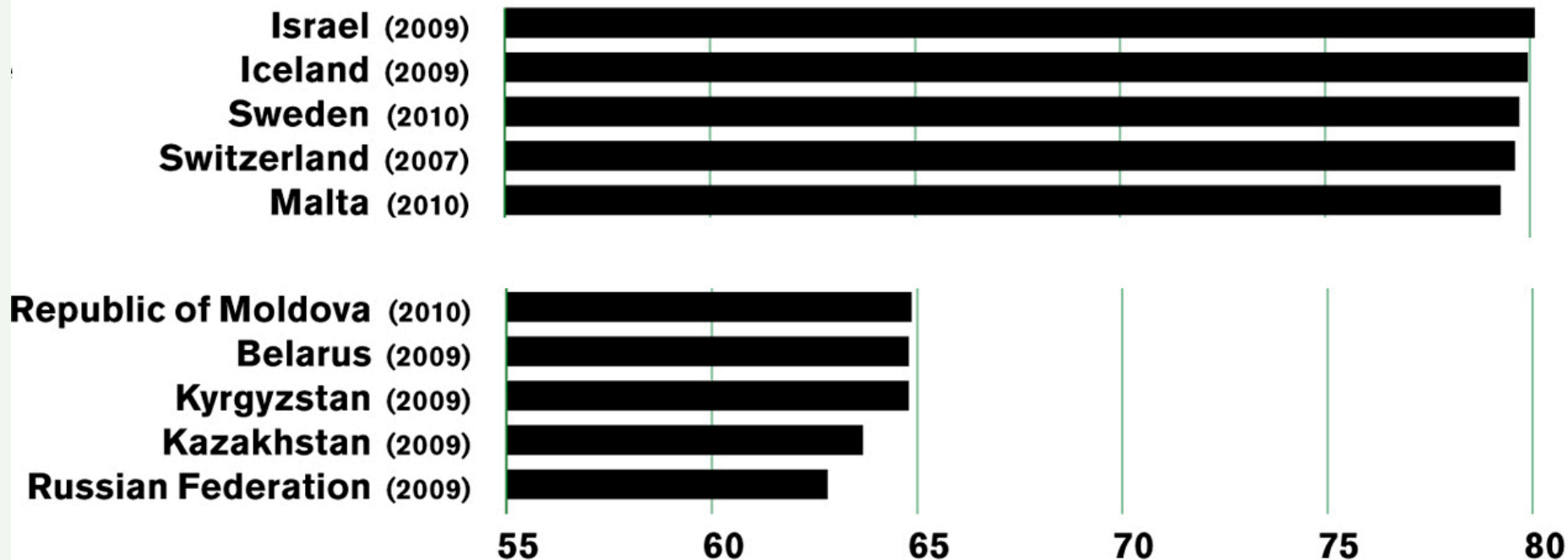


Health inequities
persist

within and between
countries



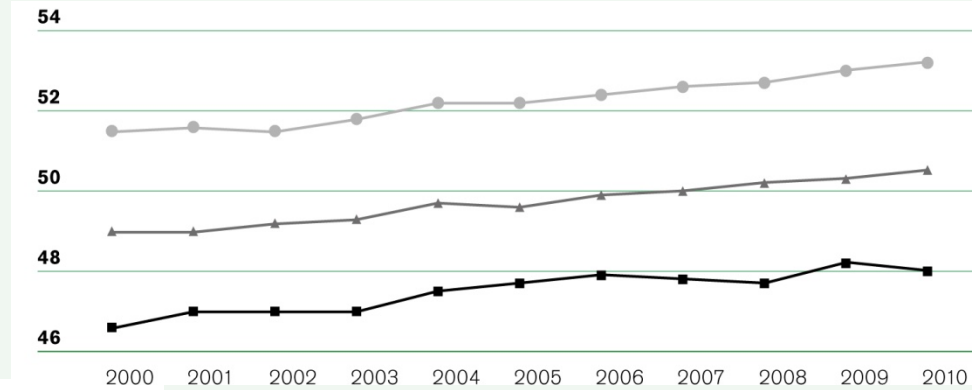
The health divide in male life expectancy



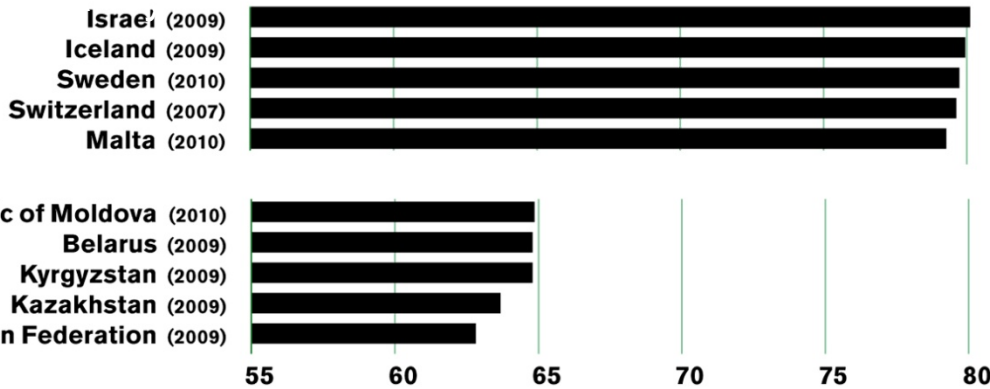


The health divide and health inequities, males

Persistence of health inequities in Sweden



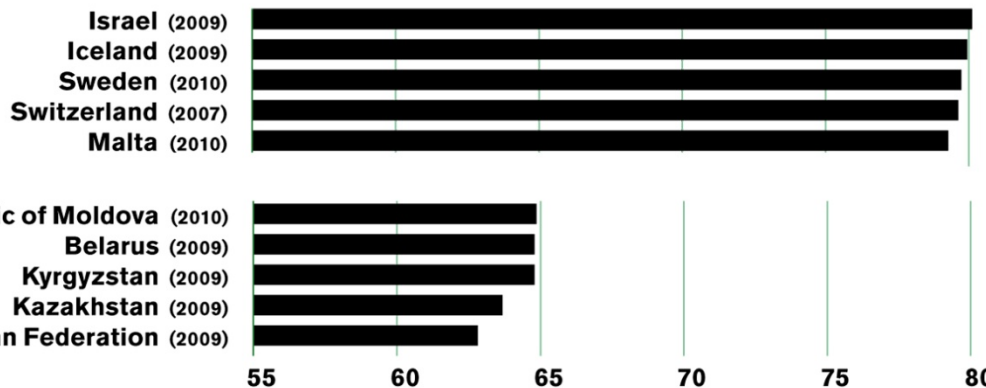
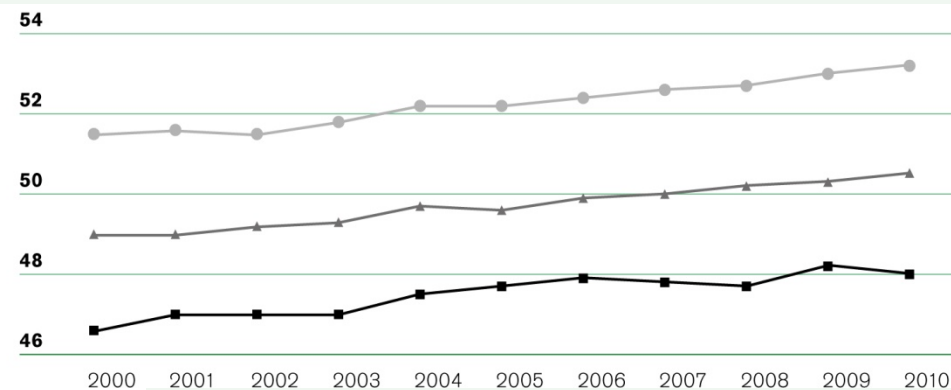
The health divide in male life



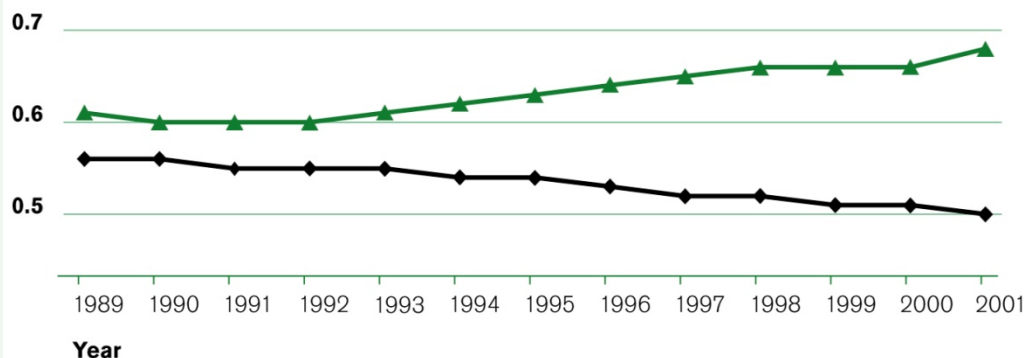


The health divide and health inequities, males

Persistence of health inequities in Sweden

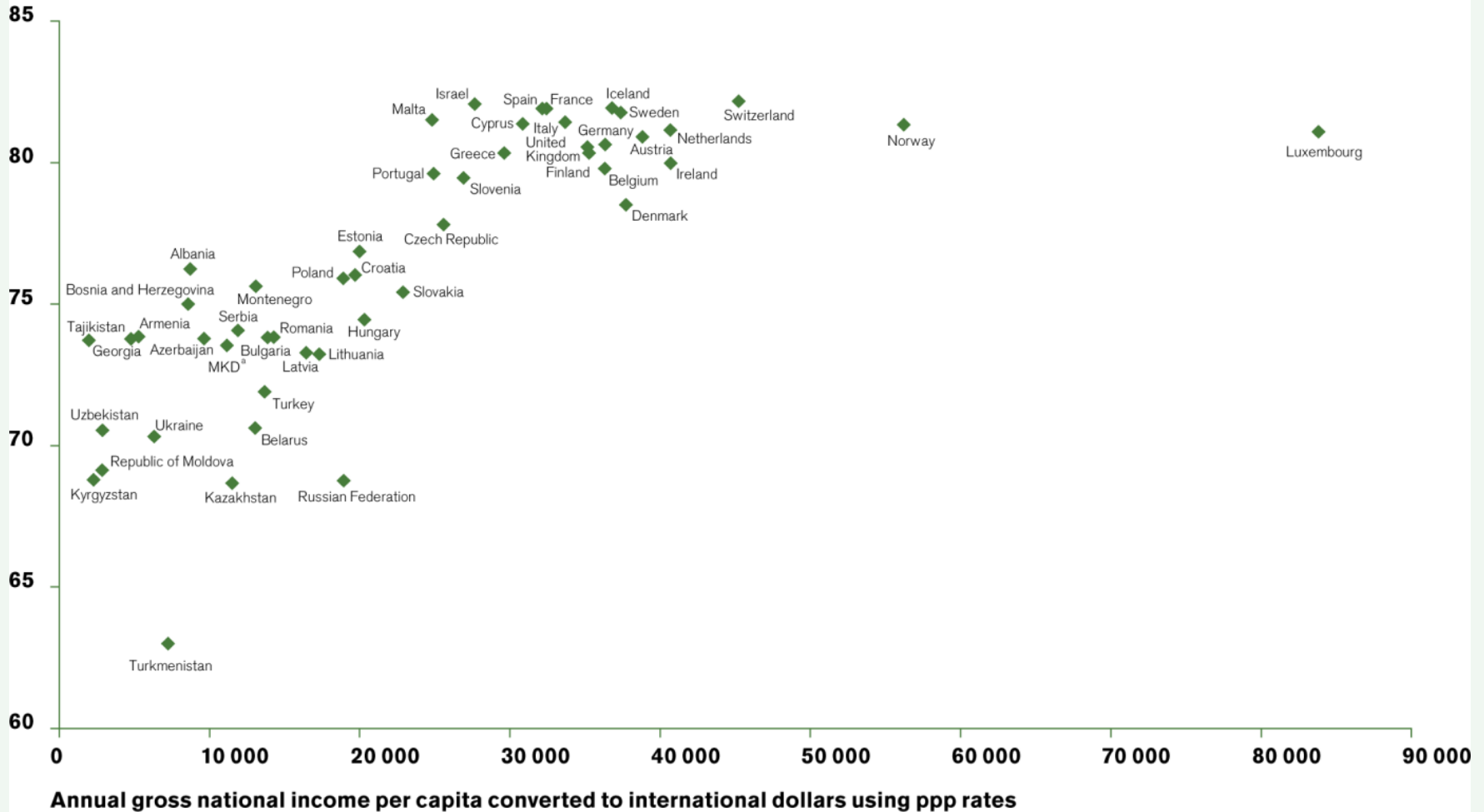


The widening of health inequities in the Russian Federation



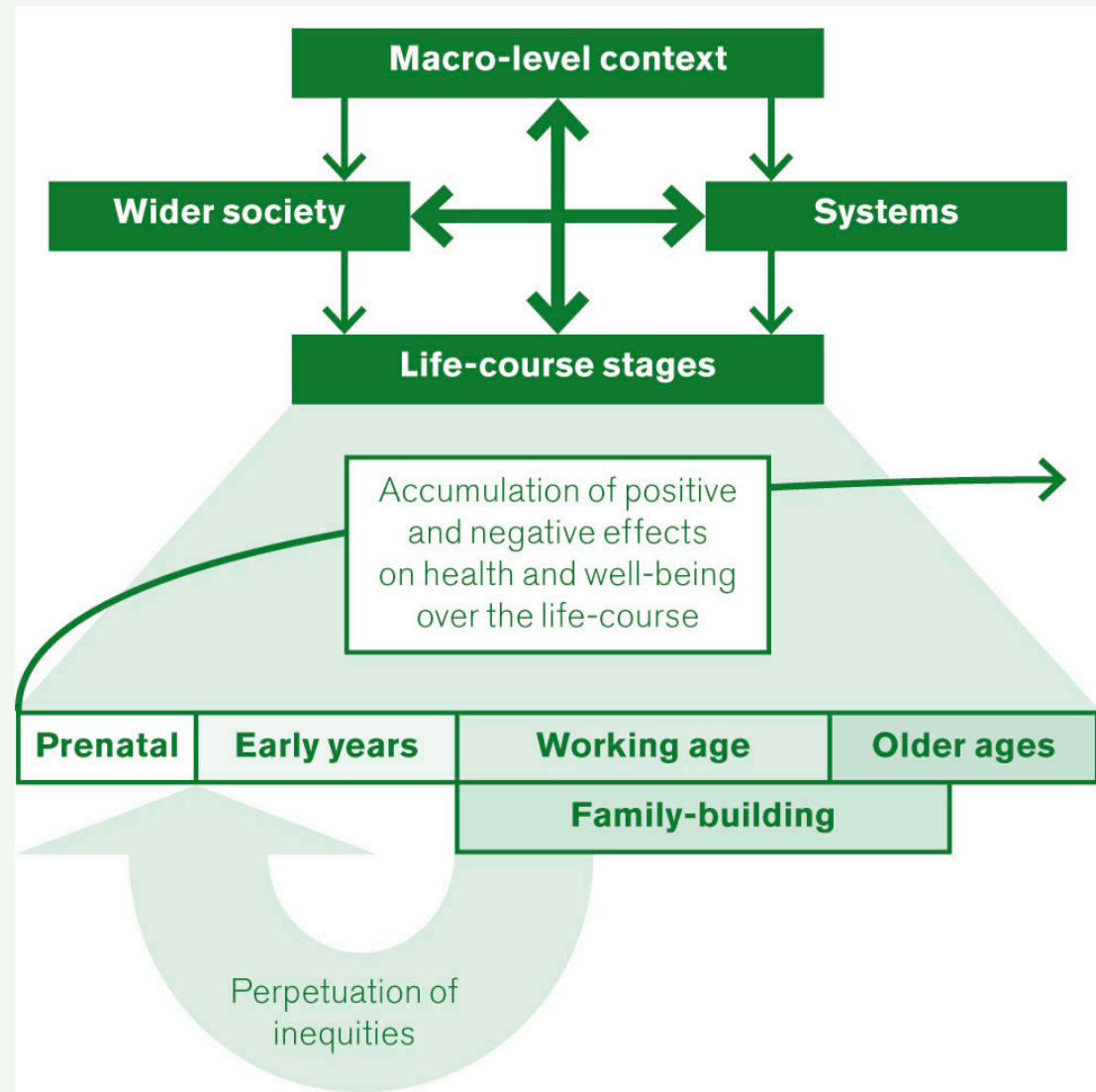
Life expectancy by GDP, 2010 (or latest available)

Life expectancy at birth in years



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**

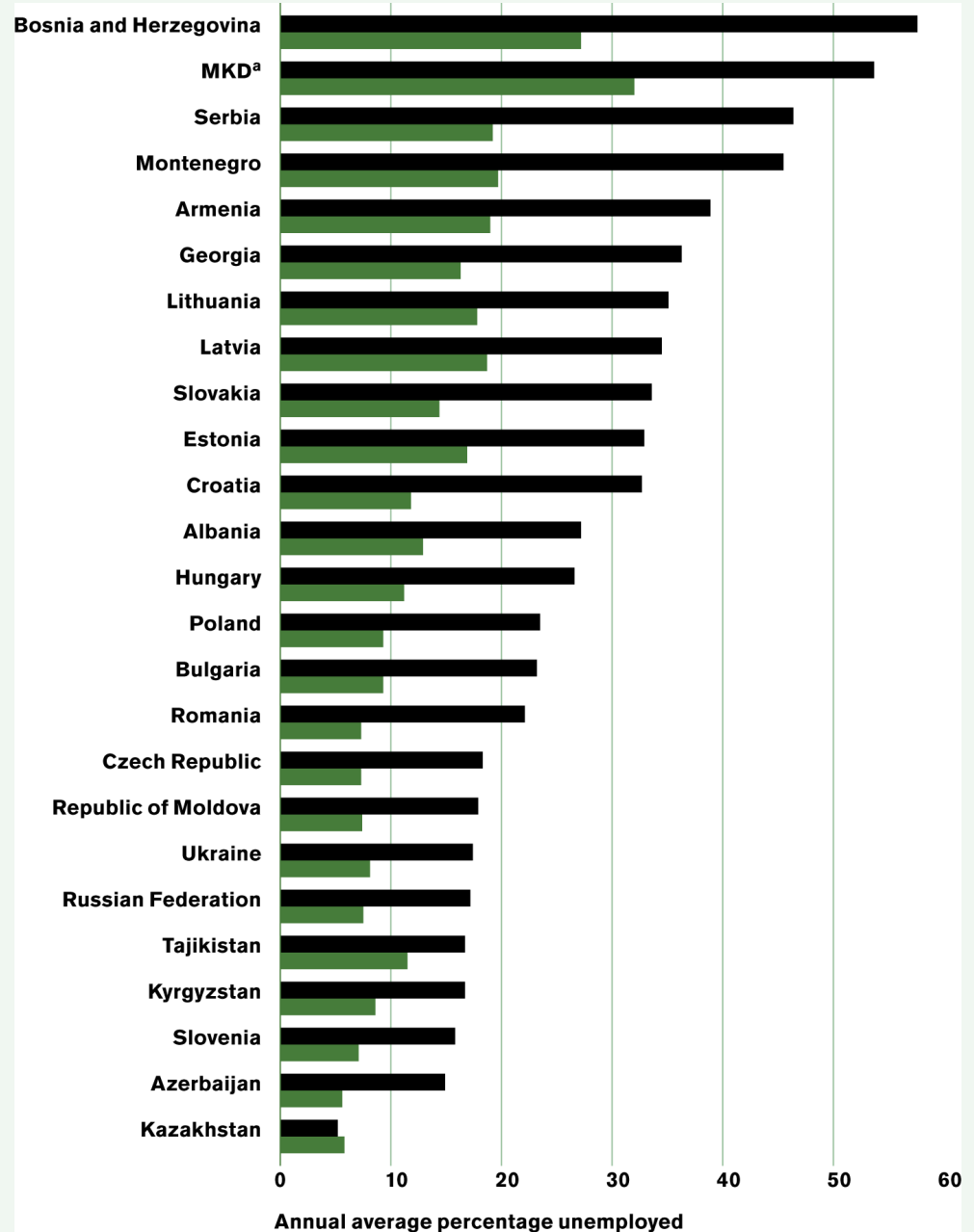
Support



**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



^aThe 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

