

Mental Health Strategy 2021-2031

Early Intervention and Prevention

Summary of the Social Determinants of Mental Health

Prepared on behalf of the Data & Outcomes Group

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1. Background

The term 'social determinants of health' refers to the conditions in which people are born, grow, live, work and age ¹. The profound impact that the wider societal and economic context in which an individual lives has on their health is now widely accepted, with the World Health Organization acknowledging that these social factors may be more influential on health outcomes than health care or lifestyle choices ². Whilst there are similarities in the social determinants that impact physical and mental health, the social determinants of mental health are considered distinct from the social determinants of health due to significant differences in causal mechanisms ³.

In recent years, recognition of the importance of the social determinants of mental health has grown substantially. It is thought that the unequal distribution of these societal conditions is what leads to inequalities in the risk of mental illness and a pervasive social gradient found in all countries and income levels, meaning that those with lower socioeconomic status also tend to have both poorer health and mental health outcomes ⁴. Moreover, unlike the biological or genetic factors which were previously thought to be most influential in mental health, the social determinants are modifiable for the most part and therefore represent an ideal target for prevention.

In the context of mental health prevention refers to reducing risk factors and enhancing protective factors associated with mental ill health with the aim of reducing the risk, incidence, prevalence and reoccurrence of mental disorders ⁵. There are three main methods of prevention. Primary prevention aims to prevent mental health problems before they emerge by targeting the whole population with universal approaches. Secondary prevention refers to selective or targeted approaches which target those who are considered at-risk or experience inequalities, aiming to minimise the impact of these inequalities. Tertiary prevention aims to improve quality of life for those already experiencing symptoms and reducing the risk of recurrence. Taking a solely universal approach would ignore that some individuals and groups have a higher risk of mental ill health than the general population ⁶. On the other hand, secondary prevention alone would not take into consideration that while some groups have increased risk, everyone can develop a mental ill health. It is for this reason that the World Health Organization recommend following the principle of proportionate universalism when considering the social determinants of mental health ¹. That is, combining broad universal approaches to improve mental health outcomes across the entire population and protecting everyone, while also scaling this to the need of individuals within society. This includes selective and/or indicated approaches allows for the consideration of differential experiences within the population and the fact that certain sub-groups have an elevated risk of mental ill health.

[The Mental Health Strategy 2021–2031](#) for Northern Ireland was published by the Department of Health on 29th June 2021. The Strategy outlines 35 actions to improve the mental wellbeing of the population in Northern Ireland. The Public Health Agency (PHA), has been tasked with forwarding Actions 1 and 2 of the strategy which focus on early intervention and prevention (EI&P):

- **Action 1:** Increase public awareness of the distinction between mental wellbeing, mental ill health and mental illness, encouraging the public understanding and acceptance of how life can impact upon mental wellbeing, and recognition of the signs of mental ill health and mental illness. Using public mental health education and effective awareness raising methods,

increase public knowledge of the key measures that can be taken to look after mental wellbeing, increase understanding of mental ill health, and encourage public discourse and dialogue to reduce stigma.

- **Action 2:** Create an action plan for promoting mental health through early intervention and prevention, with year on year actions covering a whole life approach, reaching from infancy to older age. The action plan must consider groups disproportionately affected by mental ill health who often struggle to access early intervention services and seek to reduce stigma associated with mental ill health.

As part of the Early Intervention and Prevention Action Plan (EIPAP), a Data & Outcomes group was established to develop a Mental Health Early Intervention and Prevention Outcomes Framework (EIPO) ⁷. This framework is required to;

- Describe population mental health outcomes and key determinants, for adults and for CYP at regional level, and, where data are available.
- Highlight inequalities (by socioeconomic status or between population groups) in mental health outcomes and exposure to risk/protective factors.

The aim of this report is therefore to provide a brief overview of the current understanding of the social determinants of mental health. This will align with a separate report which outlines the key groups within the population who are identified as most at-risk. These reports are intended to act as resources to inform the ongoing work and decision making of both the Data and Outcomes Subgroup and the overall EI&P steering group.

2. Understanding the Social Determinants of Mental Health

2.1. Key determinants

The number of potential determinants is expansive and ever growing as research continues in this area. What is clear is that these determinants are pervasive across all levels of society from individual factors such as education, to neighbourhood deprivation to wider structural and societal factors such as inequality and climate change. The following list outlines a number of the key social determinants of mental health, collated from a range of seminal sources and organised according to domains outlined by the World Health Organization in their report ‘Social Determinants of Mental Health’^{1, 6, 8, 9}.

Table 1: Overview of the key social determinants of mental health^{1, 6, 8, 9}

Level	Social determinants
Family and Household Level Determinants	Educational attainment and quality
	Income
	Homelessness, housing stability and housing quality
	Food security and quality
	Unemployment, underemployment and job insecurity
	Working life conditions including job stress and satisfaction
	Early childhood development and adverse childhood experiences
Social support	
Community and Neighbourhood Level Determinants	Neighbourhood safety, crime and disorder
	Neighbourhood deprivation
	Physical environment including urbanicity and access to green space
	Access to local services including health and transport
Structural and Country Level Determinants	Poverty
	Inequality and social exclusion
	Discrimination
	Conflict, war and other humanitarian crises
	The effects of climate change

2.2. Conceptualisation

There have been many attempts to conceptualise the social determinants of mental health and construct frameworks to better understand these how these wider societal factors exert their influence on mental health and the risk of developing mental ill health. It is thought that these social determinants such as poor education, housing insecurity and unemployment influence an individual's risk of developing a mental ill health through a combination of poor choices, high-risk behaviours (such as smoking, alcohol and drug use), a lack of options and an accumulation of stress responses ¹⁰.

However, the specific pathways by which these determinants influence mental health remain unclear for the most part. This is due to the complexity of the relationship between the social determinants which can be cumulative and closely interlinked. Furthermore, similar to other individual determinants of health and well-being, these social determinants are not necessarily always negative. For instance, while exposure to violence/abuse or low income are adverse factors which may increase the risk of a mental ill health, physical security/safety and economic security can act as protective factors ¹¹. In addition, there is growing evidence of the role that stigma and the individual's perception of their situation plays in the relationship between social circumstances and mental health. In a recent report, the Mental Health Foundation found that perceived poverty stigma was positively associated with symptoms of anxiety and depression even after accounting for the level of economic hardship experienced ¹².

2.3. A Life Course Approach

It has been shown that the early years and childhood are a critical period of development, with approximately half of all mental conditions developing before the age of 18 ¹³. Addressing adverse childhood experiences and 'giving every child the best start' has therefore been given particular prominence since Marmot's seminal report in 2010 ¹⁴, and remains a key priority of Northern Ireland's Strategic Framework for Public Health, 'Making Life Better' ¹⁵. However, mental ill health can develop at any age and there remain key opportunities for prevention and intervention far beyond childhood. Therefore, it is clear that understanding and addressing the social determinants of mental health requires consideration of the entire span of an individual's life. Adopting this life course approach also recognises that advantage and disadvantage can begin prior to birth and accumulate throughout the lifetime. The World Health Organization has identified a number of key stages in the life course (*Figure 1*).

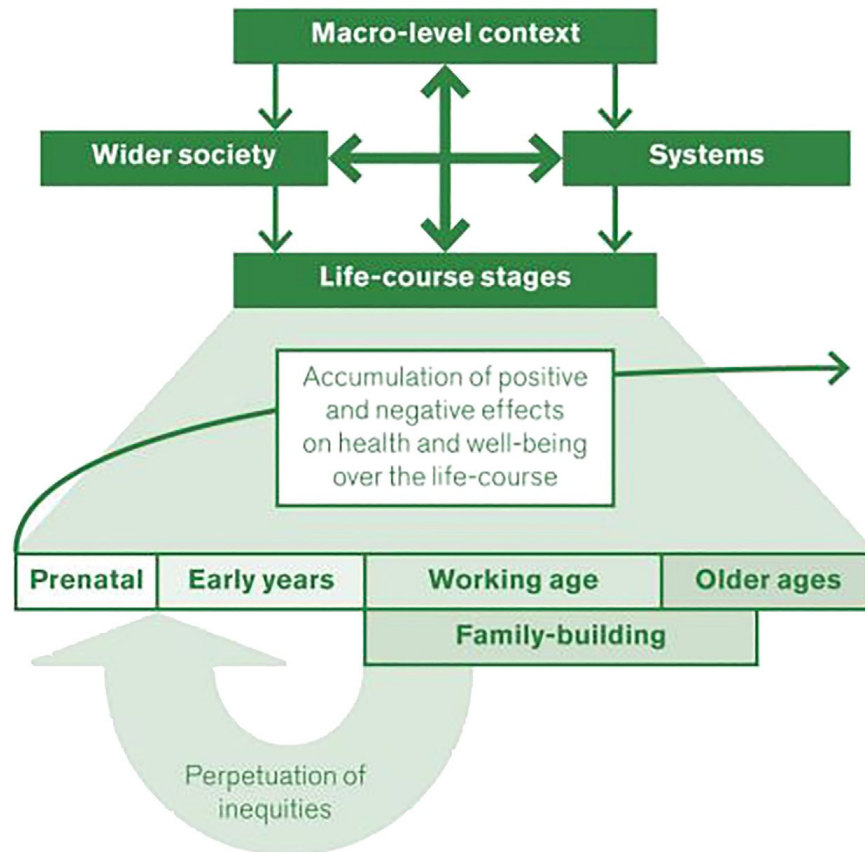


Figure 1: The World Health Organization life course approach to the social determinants of mental health

2.4. Vulnerable Groups

It is also known that inequalities in these social determinants tend to group together and lead to cumulative disadvantage. Throughout society there are certain groups who are more disadvantaged than others and who have a higher level of risk due to the inequalities they face. These could be due to socio-economic status, due to life experiences or social exclusion groups who do not have equal opportunities or access compared to the general population. An overview of these at-risk groups will be provided in a separate report for the Data & Outcomes Subgroup.

3. Addressing the Social Determinants of Mental Health

The social determinants of health represent a major opportunity to prevent mental ill health. Unlike biological or genetic determinants, social determinants are not fixed and most are modifiable albeit with some exceptions such as war and climate change. Moreover, any strategies at a population level to address social determinants of health are impactful beyond mental health. Tackling these social determinants will also target the inequalities which exist in society, and due to the overlap in the social determinants of health and mental health, may prevent many other illnesses and impact overall health and wellbeing. This is also beneficial in the case of those already experiencing mental ill health by tackling the fundamental issue, as stated by Sir Michael Marmot ¹⁶, “Why treat people only to send them back to the conditions that made them sick in the first place?”

3.1. Interventions

There are significant opportunities throughout the life course in which the social determinants of mental health can be tackled. For instance, there is evidence that early life visits to support maternal and post-natal health in low-income families, young mothers, those socially isolated or from minority backgrounds benefit both the children and their parents and impact the intergenerational transfer of inequalities^{6, 14}. Parenting programmes which promote positive parenting practices have been found to protect against the risk of mental ill health caused by social circumstances such as child poverty^{6, 17}. Schools and workplaces also represent a key area of opportunity to reach large numbers of children and working adults using universal approaches which focus on mental health literacy and address stigma⁶.

However, a recent umbrella review found that there was a significant lack of evidence on social, cultural and community-based interventions in addressing the social determinants of mental at a national or population level¹⁸. The authors go on to note that the gap in evidence found in population level interventions is not because the interventions do not impact mental health and wellbeing, but is likely due to a lack of evaluation of these interventions specifically for mental health outcomes¹⁸. It is possible therefore that interventions in place in Northern Ireland to tackle social inequalities, the social determinants of health or individual issues such as housing or education may already be impacting the social determinants of mental health as well, but that we have just not been capturing this.

The best quality evidence at a national level was for direct economic interventions including increasing benefits which was shown to reduce the socio-economic inequalities in mental health outcomes, with austerity shown to have an opposite effect¹⁸. This highlights the scale of the challenge and that any effective strategies to address the social determinants of mental health will require action at all levels of society. Moreover, interventions to address the social determinants of mental health will have to include sectors beyond health. In fact, the World Health Organization suggests that the contribution of sectors outside health actually has a bigger contribution on population health outcomes than the health sector².

4. Monitoring and Measuring the Social Determinants of Mental Health at a Population Level

Any effective preventative strategies and policies which aim to address the social determinants of mental health will require robust measurement, not only to monitor these determinants but to evaluate the outcomes of any preventative actions. The World Health Organization has underscored the importance of this in their Mental Health Action Plan (2013-2030), urging member states to routinely collect and report on core mental health indicators including those relating to social determinants such as poverty, inequality, discrimination and violence¹⁹. However, there is a lack of specific information or guidance on how to collect this data. One starting place may be the WHO's recent Operational Framework for Monitoring Social Determinants of Health Equity²⁰. This framework builds upon the work of the Commission on Social Determinants of Health, and outlines a menu of indicators which could be used to monitor social determinants at a population level across several domains including: economic security and equality, education, physical environment and

social and community context. However, this framework is not specific to mental health, so would require some cross-referencing with the literature to confirm what social determinants are most relevant to the mental health context.

4.1. Academic Literature

There have been a small number of reviews which have looked at population-level indicators of mental health within the literature. Pietz and colleagues conducted a scoping review of public mental health indicators used in the OECD, as part of a plan to develop mental health surveillance in Germany ²¹. This represents the most comprehensive review of adult indicators to date, and was followed by a separate review focusing on indicators in children and adolescents and a scoping review looking specifically at community indicators ^{22, 23}. These reviews are useful in that they did identify and discuss a number of indicators of the social determinants of mental health (*Table 2*). However, they are limited in that they did not provide any information on data sources, collection tools or the feasibility of utilising these indicators at a national level.

Table 2: Key social determinant indicators identified through reviews of population mental health indicators

Perceived neighbourhood safety	High Job strain	Unemployment
Discrimination	Homelessness	Income/poverty
Adverse childhood experiences	Urbanisation	Housing conditions
Violence	Level of education	Income inequality in society

One key finding identified in these reviews was that although consideration of indicators on mental health is increasing, likely due to WHO guidance, there is a significant lack of indicators which focus on the youngest ages. Deckert and colleagues found that there was a scarcity of indicators for earlier ages, particularly 0-2, and where indicators were used, they were inappropriate for the age group selected ²². Similarly, Schoenweger found that children younger than 13 had far less indicators studied compared to adults, despite this being considered a critical period for prevention ²³. They also found no occurrences of indicators of climate change, mobility, presence of resources, macroeconomic environment, policy, population structures and small numbers for the rest of the indicator groups considered. They concluded that there are significant gaps in terms of both children and young people and the emerging areas of research such as climate change and pollution, both of which are relevant to measuring the social determinants of mental health.

4.2. International Comparisons

In addition to reviewing the academic literature, an overview of what other countries around the world are capturing is useful for comparison. The countries and frameworks focused on in this report were chosen to align with those presented in the Rapid Review of International Approaches commissioned by the Data and Outcomes Subgroup and included Australia, New Zealand, Germany, Canada and Scotland.

Collation of the indicators included in these frameworks highlighted a number of key groups of social determinants which are reported on consistently, including crime and safety, the built and natural

environment, education and early years, income and poverty, employment and work. However, there were also significant variations in the approach taken to the social determinants and the indicators included. This may be due to the different development methods and decision-making processes undertaken, as outlined in the rapid review. It also may show evidence of cultural differences in the aspects of society that are considered most important for mental health. For instance, Canada focused on positive aspects of mental health, in Scotland 'spirituality' was included along with a large number of indicators of family and social support, and Germany had a range of wider material and economic indicators.

Other key findings included:

- That although there were a small number of tools such as indexes or scales, and some population level statistics reported, the vast majority of the indicators were responses on questions from large social surveys, such as the Australian General Social Survey or the Scottish Health Survey.
- That this work is ongoing for many countries, with a number of the frameworks including constructs for which no indicator or measure has been developed or identified yet.
- That there are opportunities to use international sources for indicators, for instances some countries used data collected by the OECD, the EU and the UN. However, it is unclear how feasible this would be in the case of Northern Ireland which may be included only as part of the wider United Kingdom.

5. Social Determinants in Northern Ireland

In Northern Ireland the social determinants of health are mainly addressed via the overarching Strategic Framework for Public Health, 'Making Life Better' ¹⁵. Indicators monitored as part of this strategy overlap with the social determinants of mental health and include educational attainment, unemployment, poverty, child poverty, housing standards, and social capital. According to the 2024 progress update, of the 55 indicators included, 6 have had a negative change since baseline including life expectancy for males and females, healthy life expectancy for females, adult obesity for males and females and the number of road traffic collisions ²⁴. Despite this, the majority (31/55 indicators) have had a positive change since the baseline including wellbeing (WEMWBS) in the most deprived areas, GCSES in the most deprived, economic inactivity, housing standards and air/water quality.

However, beyond this strategy there is a wide mix of data collected across Northern Ireland by a range of organisations and sources which, although not developed for looking at social determinants, could be potentially be utilised to provide information on the social determinants of mental health. This review informs the ongoing work by the Data and Outcomes Working Group to conduct a trawl of these sources and potential indicators available in Northern Ireland.

6. Summary

The social determinants of mental health encompass a broad range of factors, across all the levels of society and shape mental health across the lifespan. By understanding and addressing these determinants there is a real potential for public health initiatives to significantly improve mental health at a population level in Northern Ireland, to reduce inequalities and influence wider health as well. However, the development of any preventative strategies or interventions is challenging and will require consideration of the following:

- How social determinants impact mental health across the life course including early childhood,
- What populations are particularly at risk to developing mental ill health,
- How universal and targeted approaches can be combined to prevent mental ill health for the whole population,
- The availability of data to measure the social determinants of mental health in Northern Ireland.

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