As psychiatrists with training in community psychiatry and public health, we have a deep commitment to understanding and advancing the principles of prevention within mental health. One way to do this is by attending to the social determinants of mental health — the economic and social conditions that influence mental health status. We use the phrase “social determinants of mental health” to be consistent with the large public health literature on the social determinants of health, though the factors discussed in this issue of *Psychiatric Annals* are social determinants of poor mental health and mental illnesses.

The paradigm of the social determinants of mental health sheds light on the ways that mental illnesses can be prevented or minimized, and mental health promoted, through policy rather than through treatment alone. These determinants are the broad, societal norms and structures (eg, prejudice, discrimination, and social exclusion based on race, ethnicity, or sexual orientation), and the community- or population-level conditions (eg, unemployment, housing instability, and food insecurity) that lead to social and environmental risk factors (eg, unhealthy behaviors, limitations in help-seeking, and problems with access to care). The latter, social and environmental risk factors, in turn bring about poor mental health, an elevated risk of mental illnesses, and a more persistent course of mental illnesses among those affected. This is not to deny the role of personal responsibility when considering social and environmental risk factors; many such risk factors are driven not only by the background social determinants of mental health in society, but also by individuals’ choices. Thus, there is work to be done in improving personal choices while also changing underlying living conditions to give people better opportunities to make healthy decisions.

Our focus on environment is not meant to deny the important role of genetics and biology in the causation, manifestation, and treatment of mental illnesses. Our field continues to make enormous advances in neurobiology and psychopharmacology, and the significance of these strides is undeniable. However, the time is right for our field to make equal advances in understanding the pathways through which social and environmental risk factors lead to poor mental health and mental illnesses, and how those pathways can be altered to promote mental health at the community level and reduce the incidence and prevalence of mental illnesses. In doing so, social epidemiology is the “basic science,” communities are the “patients,” and working to change social norms and policies is the “treatment.”

This issue’s focus on social determinants of mental health is intended to bring greater attention to these societal and environmental causes and exacerbating factors, though we acknowledge that these concepts are not new. The social determinants of health have been widely discussed with regard to many physical health conditions such as obesity, diabetes, and cardiovascular disease. They also have a rich history in the context of the community mental health movement. Fifty years ago, with the passage of the Community Mental Health Act of 1963, the field was infused with great hope for prevention by focusing on the social de-
determinants of mental health. Yet, subsequent decades did not realize the hoped-for prevention of serious mental illnesses or amelioration of social problems underlying poor mental health. Prevention science has grown tremendously since then, however, and our field is now poised to redouble our efforts at characterizing and addressing the role of environmental factors on mental health.

At the heart of addressing the social determinants of mental health is social justice and equity — equity in terms of economic resources, access to nurturing families or other support networks, educational and employment opportunities, healthy food, secure and stable housing, and access to quality health care. Taking action on the social determinants of mental health can lead to a reduction or even elimination of health inequities and health care disparities, a crucial aspect of social justice.

In this special issue, we present just a few social determinants of mental health in order to provide an overview. The initial article, written by the Prevention Committee of the Group for the Advancement of Psychiatry, sets the stage by defining the social determinants of health and the social determinants of mental health, and also describing how those determinants can be addressed by diverse stakeholders, including psychiatrists and other mental health professionals. Lynn C. Todman, PhD, MCP, and Ana Diaz, MA, expand on the introduction in their discussion of the social determinants of health framework and populations, but also inequities in health outcomes across individuals and populations. The authors point out that within the growing discourse on the social determinants of health, the impact of such determinants on mental health has been largely lacking, in part due to minimal collaboration between public health and mental health professionals. These two introductory articles set the stage for four articles that depict how select social determinants of health clearly can be understood as social determinants of mental health.

Marc W. Manseau, MD, MPH, covers the crucial topic of economic inequality and poverty as a social determinant of mental health. Although it may seem obvious that poverty is linked to poorer mental health and mental illnesses, this piece cogently conceptualizes how not only poverty, but perhaps more importantly, economic inequality, drives poor mental health through a number of mediating factors, and how diverse moderators influence the associations between economic determinants (both absolute and relative) and mental health. Income inequality and poverty (especially childhood poverty) have been increasing, not decreasing, in the U.S. during the past several decades, which will unfortunately have long-lasting effects on individuals’ and the nation’s mental health.

Carol Koplan, MD, and Anna Chard, MPH, review adverse early life experiences, which are highly prevalent and tend to co-occur. Extensive research has documented the impact of adverse early life experiences on physical health outcomes (especially the chronic diseases that are leading causes of death in the U.S.), as well as the fact that constellations of adverse experiences are associated with a multitude of poor mental health outcomes. Clinicians can be vigilant for a history of adverse early life experiences and their negative effects and can foster treatment approaches that are trauma-informed and trauma-sensitive. At a societal and policy level, there is much work to be done to make home, school, and neighborhood environments safer, more stable, and more nurturing for our youth.

Michael T. Compton, MD, MPH, addresses the often overlooked topic of food insecurity. Although it is widely known that an unhealthy or inadequate diet is a major determinant of many common health conditions, such as cardiovascular disease, diabetes, and cancer, diet also contributes to mental health. Food insecurity — or being unsure that one will have sufficient financial resources to acquire enough healthy food — has been linked to poor mental health among youth and adults alike. Clinicians can routinely screen
for food insecurity and provide recommendations for those with food insecurity or other food-related risk factors. At a societal/policy level, mental health professionals can raise their voices in policy discussions that pertain to food and food security. Addressing food insecurity will improve physical health and will also reduce the incidence and prevalence of mental illnesses.

Frederick J.P. Langheim, MD, PhD, presents poor access to health care as a social determinant of mental health. Many barriers to accessing care exist, including individual-level factors, provider-level factors, the familiar system-level factors that pertain to inadequate insurance coverage, barriers inherent to the mental health system, and factors embedded into cultural norms and society at large. Although there are partial solutions that clinicians can enact within their own practices and organizations, the high-impact solutions clearly reside in policy development. Of the various social determinants of mental health addressed in this issue, the Affordable Care Act holds promise for making major strides in addressing this social determinant and will hopefully begin to reduce health inequalities that remain glaringly apparent across the U.S. population. Mental health professionals have a major role in advocating for this legislation and other policy solutions to improve access to health care.

This issue of Psychiatric Annals serves as a brief introduction to the field of the social determinants of mental health. Several other important social determinants that could not be covered within this issue include social exclusion and isolation; housing instability and poor housing quality; adverse effects of the built environment (eg, neighborhood disarray, residential segregation, and forced relocation); low education and educational inequality; and prejudice, exclusion, and discrimination based on social class or race/ethnicity. Racial discrimination drives inequality in many of the social determinants of mental health, such as employment inequality, exemplified by the fact that black Americans have double the rate of unemployment of non-Hispanic whites, which has persisted for the past 50 years, as well as economic inequality, exemplified by the fact that black Americans lag massively in household wealth. In turn, inequalities in the social determinants drive health inequities and health care disparities. Of note, factors such as income inequality are linked not just to the prevalence of mental illnesses, but also to a multitude of other adverse health and social outcomes that are also pertinent to mental well-being, including literacy, infant mortality, homicide rates, imprisonment, teen pregnancy, and social mobility. Thus, we do not suggest that the social determinants of mental health are different from the social determinants of these other health and social problems; rather, our goal is to emphasize that these social determinants are pertinent to mental health and as such should be a major focus of modern psychiatry.

In public health, it is widely said that one’s zip code is more important in determining health than one’s genetic code. Place matters. Social status matters. One’s grocery list matters. Childhood home environment matters. Most psychiatrists inherently know these things to be true, but we invite readers to embrace these topics more deeply within these articles, thinking beyond the clinic to the community, and even to the nation’s health as a whole. We should strive for healthy, economically just communities in addition to healthy and well-functioning patients. Addressing the circumstances in which we are born, grow up, go to school, reside, work, play, and age — the social determinants of mental health — will promote social justice, move our country toward health equity, reduce the incidence and prevalence of mental illnesses, improve the illness trajectories and outcomes of individuals living with mental illnesses, and promote mental health and well-being on a large scale.

doi: 10.3928/00485713-20140108-03
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