Addressing Outliers of Poor Mental Health Through Social Change

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We start out this New Year with a series of articles on the social determinants of poor mental health, guest edited by Michael T. Compton, MD, MPH, and Ruth Shim MD, MPH. In this issue of Psychiatric Annals, Lynn C. Todman, PhD, MCP, and Ana Diaz, MA, define the importance of recognizing social determinants of mental health and how they relate to health disparities. Marc W. Manseau, MD, MPH, addresses the topic of economic inequality and poverty. Carol Koplan, MD, and Anna Chard, MPH, provide a look at early life adverse experiences and their effects on mental health outcomes, while Dr. Compton discusses the ways in which food insecurity can be assessed and addressed. Frederick J.P. Langheim, MD, PhD, reviews the ways in which poor access to health care can also serve as a determining factor in mental health.

In a guest editorial by Drs. Compton and Shim, we are reminded that, “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 determinants of mental health. Yet, subsequent decades did not realize the hoped-for prevention of serious mental illness or amelioration of social problems underlying poor mental health.”

I very much remember that era, being in my psychiatric residency at that time. I watched while state mental health hospitals were closed with the idea that serious mental illness could be treated in the community — a hope fueled significantly by the introduction of chlorpromazine and related antipsychotic medications — in community mental health centers. I saw that dream fail and lose national funding, in part due to a failure to collect data showing positive effects. I witnessed the enthusiasm, disenchantment, and subsequent disappointment and dismantling of HMO’s that were to provide comprehensive and preventive care, followed soon after by a takeover by commercial insurance companies with high overheads and responsibility to provide profits for investors. Now Obamacare is trying to improve coverage and prevent prior medical condition refusals and other cherry picking, but to do so requires working through profit-hungry insurance companies.

As far as social determinants of poor mental health, the top 1% receives an obscene proportion of our gross national product and tax deduction “charity,” while the poor increase in number as the middle class shrinks. Unfortunately, although knowledge about the effects of social hardship increasingly supports the effect of social factors on poor mental health, this country has to generate the political will to demand that our health care system availability is seen as a right and not a privilege based on income levels. The people must learn what is in their best interest and vote. But we live in a highly polarized political context now, and this is not good news for addressing social disparities that affect our health and mental health.

We need a social movement of consumers to demand the care and medications they need; however, for the most part, many of my patients are too overwhelmed just trying to survive to advocate for themselves. Until that movement comes, we are left with research, education, and patience, until society as a whole demands affordable, available healthcare at the ballot box.