

Social Determinants of Mental Health and Psychotherapies

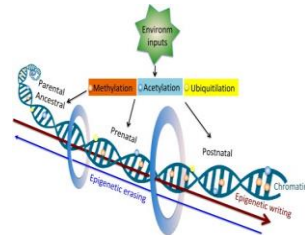
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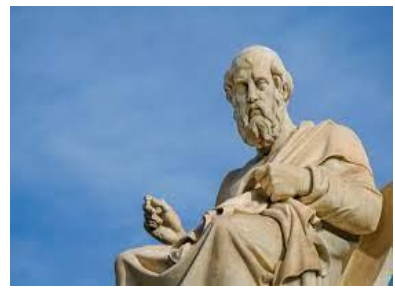
Potential Conflicts of Interest

- Royalty from publishers of “Wiser” and “Positive Psychiatry”
- No financial relationship with the pharmaceutical industry

OUTLINE

- **What Are Social Determinants of Mental Health (SDoMHs)?**
- **How Can We Address SDoMHs in Clinical and Community Practice?**

SDoH: Historical Background



- 6th century BCE: Greeks considered physical & social DoH and recognized importance of supportive social environments (Tountas, 2009)
- 1840: “Medicine is a social science.” —
Rudolf Virchow
- 1998: WHO Report on SDoHs

Social Determinants of Health

(WHO, 1998, 2002, 2023)

Non-medical factors that influence health outcomes, including the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life

Examples: Poverty, racism, other forms of discrimination, migration, neighborhood, food insecurity, early-life adversities, climate change



Social Determinants of Mental Health (SDoMHs)

- Stigma against mental illnesses
- Poor healthcare access for psychiatric patients
- Flawed criminal justice system
- Homelessness
- Social media

(Compton & Shim, 2015; Jeste & Pender, JAMA Psychiatry, 2022; Alegria et al., AJP, 2023)



Positive Social Determinants of Health

- Social Support & Positive Social Connections
- Being Married / Having a Partner
- Religious Group Activities
- Family / Community Resilience
- School Connectedness
- Own Ethnic Density, especially for Migrants
- Communities: Compassionate, Age-Friendly

Review of Reviews of SDoMH in SZ-Spectrum Psychotic Disorders

- Meta-analyses and systematic reviews of 10 SDoMH
- Clinical Outcomes: Incidence, Prevalence, Symptoms, Hospitalization
- Implications and limitations of published studies

(Schiz Bull, 2023 - Dylan Jester et al.; Emily Sturm et al.; Dilip Jeste et al.)

SDoH: Associations with Clinical Outcomes: I

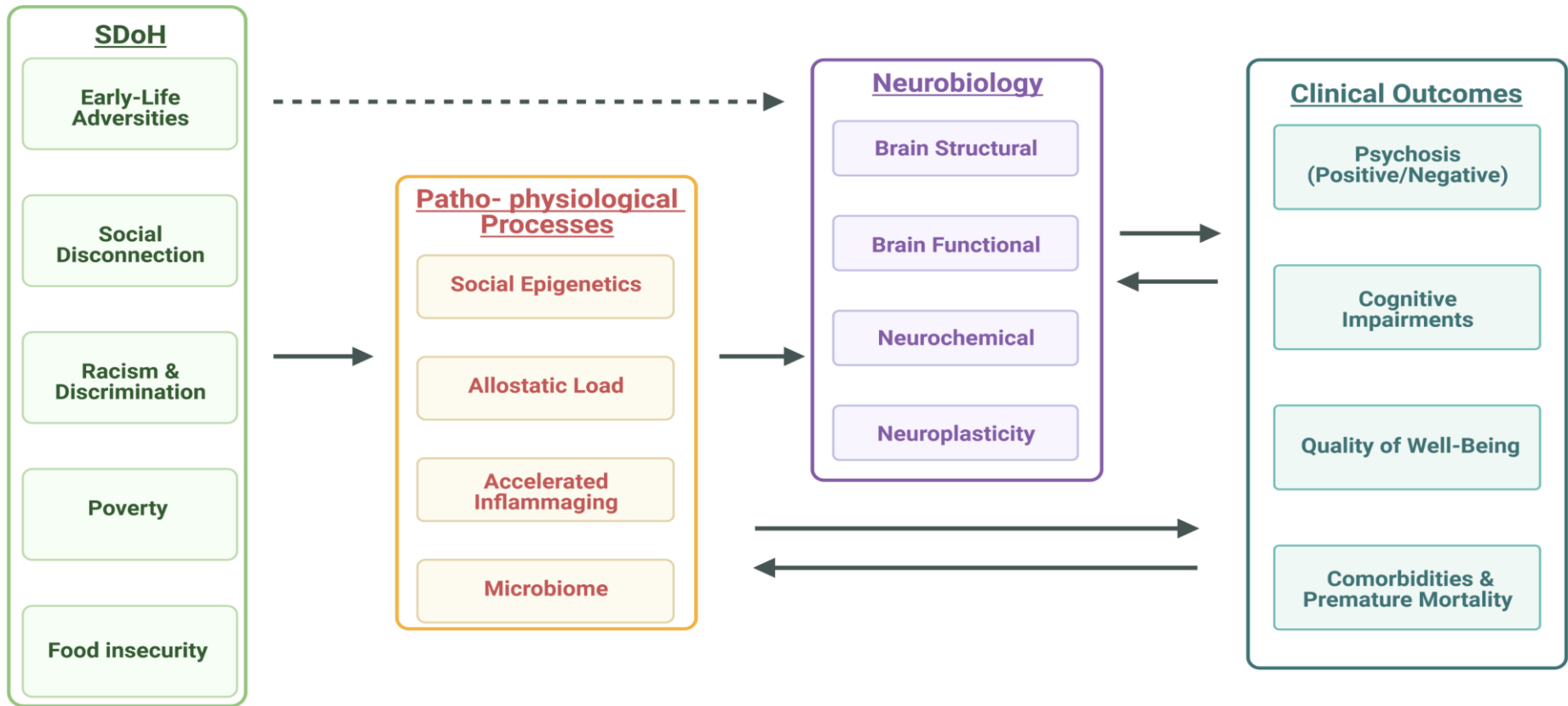
- **Early-Life Adversities:** Increased risk of later developing non-affective psychosis (**OR=2.81**; 2.03-3.83): Emotional > Physical > Sexual > Neglect
- **Food insecurity:** **OR 2.71** (2.27-3.24)
- Perceived/Experienced **racial/ethnic discrimination:** Asso. with psychotic experiences (**OR=1.94**; 1.42-2.67)
- **Immigrants** vs. non-immigrants: **OR 1.81** (1.62-2.02)

SDoH: Associations with Clinical Outcomes: II

- Living in **lower** vs. higher **Socioeconomic neighborhoods**: **OR 1.78** (1.43-2.22)
- **Urban** vs. Rural settings: **OR 1.64** (1.38-1.95)
- **Social network size**: Inversely associated with overall psychiatric symptoms (**$g=-0.53$** ; -0.88 - -0.18)

SDoH: Associations with Clinical Outcomes: III

- **Social fragmentation:** 4 times higher rates of SZ prevalence in areas with highest vs. lowest level
- **Incarceration:** Prevalence of psychosis **3.6%** (3.1%-4.2%) in males; **3.9%** (2.7%-5.0%) in females
- **Housing Instability:** Pooled prevalence of SZ **>10%**





Global Research Network on SDoMH and Exposomics (socialdeterminantsofhealthnetwork.org)

- Multi-disciplinary research network open to scientists, clinicians, educators, public advocates, professional societies, and institutions
- Goal: to help develop and promote high-quality research, practice, training, and advocacy
- Monthly webinars, Publications, Conference presentations, Collaborations, Help with research grants and courses

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SDoH Assessment

(Sturm ET, et al., Schiz Bull, 2023)

- Individual-level: Transportation, Internet use, Finances, Food security, Housing, & Positive factors
- Impact of community-level factors on individuals: Neighborhood, Racism, Other discrimination, Own ethnic density
- Valid but pragmatic measures to be completed online
- Inclusion in DSM and in Electronic Health Records



Social Prescribing & Case Management



- Collaborative approach to integrate care for patients to meet their practical needs for health and well-being – e.g., transportation, food, internet, housing, finances
- A systematic review suggested positive effects of social prescribing on various relevant endpoints, but the findings had limitations. Need for methodologically rigorous controlled trials (Napierala et al., 2022).

Trauma-Focused Psychotherapy (TFP)

- Goal: to replace maladaptive coping with more satisfactory solutions such as replacing mistrust with trust and action to access supports and resources
- Impediments: Excessive complexity of current training, leading to limited availability of competent therapists
- Recommendations: Identify powerful and universal principles, understand the processes, and then simplify and disseminate accessible training to many healthcare professionals (Gennaro et al, 2019)

Trauma-Focused Psychotherapy (TFP) for PTSD

- CBT and Eye movement desensitization and reprocessing are considered first-line treatments for PTSD
- A meta-analysis of RCTs found that TFPs are moderately efficacious in improving interpersonal functioning (Benjamin et al., 2023)
- Limitation: Intervention research has focused on PTSD following exposure to single rather than multiple traumatic events



Trauma-Focused Psychotherapy (TFP) as a Genetic Neuroscience TX? (Jiménez et al., Front Genet. 2018)

- Major trauma and enduring stressors → Epigenetic changes in brain and in endocrine & immune systems
- Successful treatment of PTSD in soldiers with TFP → significant changes in DNA methylation at 12 differentially methylated regions in the genes (Vinkers CH et al. Mol. Psychiatry, 2021)
- Epigenetic changes produced by psychotherapy may potentially be passed on to the next generation
- Need for a more nuanced exploration of the effectiveness of TFP across diverse trauma histories (Bragesjo, 2024).

Multi-Systemic Therapy (Scott Henggeler)

- Intensive therapy where each clinician sees a smaller pool of patients and gives them a lot more of their time
- MST therapists meet with families in the home and community, and also outline the roles of family and community
- Shown to be effective and cost efficient in preventing more expensive hospital and prison stays for high-risk patients, especially youth

(<https://info.mstservices.com/blog/author/dr-scott-henggeler>)

Community Resources Available in the USA

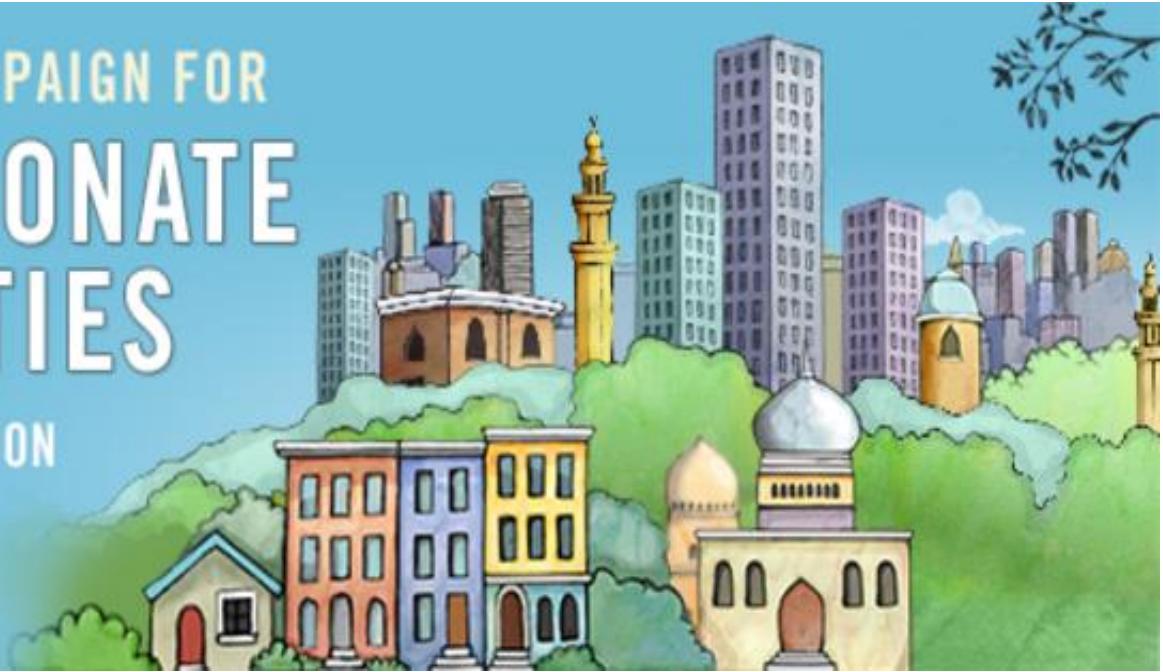
- Community mental health centers
- Alcoholics Anonymous (AA)'s 12-step program
- Addiction recovery coaches
- National Alliance on Mental Illnesses (NAMI);
Depression and Bipolar Support Alliance (DBSA)
- Knowledgeable practitioners trained in social supports

Treating Loneliness and Social Isolation

- VA Compassionate Contact Corps: Tele-support program that connects lonely veterans with volunteers
- Training for volunteers includes empathy, compassion, support, privacy, and confidentiality
- The volunteer calls or Zooms the Veteran weekly for 15 - 60 minutes to provide socialization and companionship

INTERNATIONAL CAMPAIGN FOR COMPASSIONATE COMMUNITIES

CHARTER FOR COMPASSION
International



Volunteers from Health and Social Services Offering Support and Empower Vulnerable persons to Set Personal Health Goals and Make Community Connections (Pfaff K et al., BMC Public Health, 2021)

Green Prescription Programs

(Thomson et al., 2020)

- Creative programs using a combination of arts- and nature-based activities can significantly impact the psychosocial well-being of adult mental health service users
- Museums with parks and gardens can integrate programs of outdoor and indoor collections

Age-Friendly Communities

(Jeste DV et al., Am J Geriatr Psychiatry, 2016)

- Housing
- Transportation
- Outdoor spaces
- Respect and social inclusion
- Civic participation & employment
- Communication and information
- Health and wellness services



SUMMARY

- Both community-level and individual-level SDoMHs have major impact on health
- Valid and pragmatic assessments of selected SDoMHs should be included in regular online questionnaires
- SDoMH-focused individual-level psycho-bio-social interventions should become a part of routine healthcare