

‘The Social Determinants of Mental Health, Validity and Expertise: What Do They Mean for Psychiatry, Psychology and Law?’

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**Australian and New Zealand Association of Psychiatry,
Psychology and Law (ANZAPPL) Congress, Melbourne, 20-
23 November 2024**

Acknowledgment of Country

I would like to acknowledge the Wurundjeri Peoples of the Kulin Nations as the Traditional Owners of the land on which the conference is held and to pay our respects to their elders, past and present and emerging.



Road Map of Presentation

- What are the social determinants of mental health?
- What do they mean:
 - *Conceptually* for the validity and expertise of psychology, psychiatry and law?
 - *Clinically* (recruitment and training, screening, social prescribing and medical-psychological-legal partnerships)?
 - For psychiatrists, psychologists and lawyers as *agents of social change*?
- It is argued that embracing the social determinants of mental health can enrich psychiatry, psychology and law and increase their effectiveness and legitimacy



What is the Relationship between Society and Health?

- 40-65% modifiable health outcomes due to social and environmental factors, 10-20% due to clinical medical care
- Health, mental health and longevity 'socially determined' by structural factors such as distribution of money, power and resources and daily living conditions (eg. poverty, housing, education, employment, violence etc)
- Sub-categories of determinants: eg. legal determinants, commercial determinants, political determinants etc



Social Determinants of Health (SDH) and Mental Health (SDMH)



- Many different models of social determinants
- SDMH was part of SDH, but upswing in interest in SDMH since 2010 and especially in the last 5 years
- SDMH are similar to SDH
- SDH more 'direct' (eg. housing, transport, toxins)
- SDMH more 'indirect' (eg. social support and education) with psychosocial perception and appraisal processes as mediators
- Still personal responsibility, but law and policy to make healthy behaviour easier

Conceptually - shifting to a truly balanced biopsychosocial model

- Biopsychosocial model emerged to emphasize the “bio” to respond to psychoanalysis in the 1950s but is widely attributed to George Engel in his seminal 1977 paper in Science.
- While it has come to be thought of as the overarching theoretical model in psychiatry if not medicine, in reality the biomedical model has been ascendant in psychiatry.
- The biopsychosocial model is more conceptually compatible with psychology and law.

Biopsychosocial Model and Psychiatry

- American Psychiatric Association (APA) -psychiatry has ‘largely distanced itself’ from the social component of the biopsychosocial model
- *‘The prevailing narrow biological focus in psychiatry did not emerge overnight. It has deep roots in our institutions, knowledge base, tools, career paths, business models and other alliances and networks. A long term commitment is needed to grow similar, deep roots for a social determinants-based paradigm for psychiatry. Let’s put the “social” back into the biosocial model.’* - APA, Presidential Taskforce on the Social Determinants of Mental Health (2022) p.4.

Implications of the SDMH for Psychiatry

- Biomedical model – social context is ignored, considered evidence of symptoms or “out of scope”
- Assumed there is little that psychiatrists can do about the SDMH.
- SDMH is not about abandoning biomedical psychiatry – broaden it.
- Recognising the role of social and environmental factors, talking therapies and social support on the body, mind and gene expression
- More compassion for patient’s life circumstances and explanatory models
- Address social issues like housing and employment that are not normally considered mental health interventions
- Psychiatry may not be the centre of all mental health interventions drawing on expertise from experts in housing, education, employment and social services
- Intervene at an individual and community level

Clinically – Recruitment and Training

- More diverse recruitment and support for professionals who come from marginalized, minoritised or disadvantaged communities
- More training on what SDMHS are, how they influence person's encounter with professionals, strategies within and beyond the clinic to address SDMHS and professional humility
- Skills of leadership, advocacy and working with service users and families, social movements and media



Clinically – Screening for SDMH

- Growing interest in surveys which can be used to screen for SDMH (eg. Handerer and Colleagues 2024).
- Can improve relationship between the professional and patient
- Help the professional better understand the patient
- Improve aetiology models
- Provide data for advocacy to increase social investments.



Social Prescribing

- Doctors use the biological model of diagnosis and prescription to help patients access social resources
- Used world-wide but particularly in the UK by the NHS – refer to a link worker who will help high risk patients access social services and charities to respond to their non-medical psychosocial needs
- Reduce health costs
- Can be useful, for instance, the ‘life rooms’ social support program in some hospitals
- Can make people feel less lonely
- Critics – can disrupt fairness of social care system because medical patients get priority and there is inadequate funding to meet patient needs
- Doctors can intervene more directly by being aware of how their diagnoses and reports can unlock access for patients to social programmes (Vanjani and colleagues, 2023)

Medical-Psychological-Legal Partnerships

- Collaborations between doctors, lawyers, psychologists and other professional in one health service
- Originated in US in 1980s now used internationally
- People more inclined to approach health services than lawyers with legal problems
- Medical-psychological-legal partnership used to assist children in US.
- Medical team – preventive care and medication management,
- Legal team access to educational services, housing and other benefits,
- Psychological team implemented behavioural therapy and school-based behaviour plans
- Also involved in advocacy and policy development



Psychiatrists, Psychologists and Lawyers as Agents of Social Change

- Clinical practice is the priority of psychiatrists there is room for public health advocacy (Lancet Commission 2017)
- Health actors need to use law more strategically in pursuit of health equity (Lancet Commission 2019)
- Other specialties like cardiology involved in health promotion
- Tradition of medical activism, 'moral treatment', suffragettes, nuclear disarmament, taking on big tobacco, AIDs advocacy and climate change protests.
- Can work in partnership with lawyers, policy experts and consumer advocates.

The Public Mental Health Framework

- Facilitating and promoting the health, mental health and well-being of its citizens is an important function of the contemporary state
- The Public Mental Health Framework brings together research from three overlapping fields: Social Determinants, Health and Human Rights and Social Model of Disability
- Model to include SDMH in all law and policy-making as a whole-of-society intervention

Kay Wilson, “The Public Mental Health Framework: Thinking About Law as Preventive Medicine” *Medical Law Review* (forthcoming)

Any Questions



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