

## **Citizenship, Recovery and Inclusive Society Partnership**

### **A moment of shift? Reflections on the social determinants of mental health in the United States**

As part of the Citizenship, Recovery and Inclusive Society Partnership, I have been seconded from the University of Strathclyde to New York University for the summer in 2016. The partnership aims to share knowledge in relation to social inclusion and mental health, and is structured around 4 themes: citizenship, recovery, stigma and public policy. Alongside planning knowledge exchange events, and strengthening collaborative partnerships, I am learning about the ways in which mental health is constructed in public policy and academic discourse in the United States.

### **Expanding awareness of the social determinants of mental health?**

From my clinical experience in the United Kingdom, it is my view that whilst social or contextual information may be acknowledged in clinical formulations, these factors are often not the dominant explanation within services for what causes and maintains psychological distress. Our systems are not well placed to respond to social determinants at their source. Whilst we have a strong public health community focused on tackling health inequalities, the intersection of public health and mental health, appears less well established.

It has therefore been encouraging to hear about a focus on the social determinants of mental health in the connections I have made at Silver School, New York University. For example, the McSilver Institute is running a series of webinars called '*Zero Degrees of Freedom*', focused on developing awareness of the social determinants of mental health for practitioners and service providers. In particular I was inspired by one webinar delivered by Dr Ruth Shim, , who has recently co-edited a book on '*The Social Determinants of Mental Health*' with Dr Michael Compton. Dr Shim grounded her presentation in the work of the WHO Commission on the Social Determinants of Health, and the political philosophy on ideas of justice. She argued that the social determinants of mental health have been largely neglected, and illustrated this with the stark reality of a 25 year mortality gap for those who experience serious mental illness. Dr Shim outlined 9 determinants of mental health, the societal and structural forces which shape our lives, such as adverse childhood experiences, economic inequality, poverty, and education. Dr Shim called for the need for public policy to shift social norms, and the importance of advocacy and cross-sector collaboration. Hearing Dr Shim's presentation and reading her book me wonder if we are experiencing a shift in perspective in which the social determinants of mental health are being brought into focus?

### **Public health strategies for mental health: bold approaches in a 'window of opportunity'**

Building on this theme, at the National Institute for Mental Health<sup>1</sup> (NIMH) Conference: "*Harnessing Science to Strengthen the Public Health Impact*" public health perspectives on mental health appeared to be given particular attention. The morning plenary on August 2<sup>nd</sup> was delivered by Chirlane McCray, First Lady of New York City, and Gary Belkin, Deputy Commissioner for the Department of Health and Mental Hygiene at New York City. They outlined their vision for THRIVE NYC, a comprehensive public mental health initiative, which is being funded by the Office of Mayor Bill de Blasio. The First Lady spoke passionately about the need to respond with a bold solution to

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<sup>1</sup> NIMH is the lead federal agency for research on mental disorders  
<https://www.nimh.nih.gov/about/index.shtml>

the crisis in mental health which sees 1 in 5 New Yorkers affected either directly or indirectly by mental health issues. She encouraged the gathering of mental health researchers to connect directly with policy makers in order to find out what they need to be able to respond to this crisis. Dr Belkin then spoke about the 'window' of opportunity for delivering a truly visionary public health strategy for mental health in New York City. He made an explicit invitation to researchers to collaborate with Thrive NYC, and outlined the need for 'pragmatic' and 'rapid cycle' improvement science to be able to respond to this public policy challenge. From a European perspective, these ideas and models chimed with the work of the Early Years collaborative in Scotland, which has been passionately supported by Professor Sir Harry Burns. It made me wonder whether common approaches are emerging on both sides of the Atlantic in response to the crisis in public mental health we are facing.

### **Concluding thoughts**

The experiences and discussions I have engaged with in New York have led me to reflect on this particular moment in the policy and practice of public mental health. We have several decades of medical, psychiatric and psychological research which has explored the complexity of human intrapsychic life and neurobiology, and has developed a wide range of pharmacological and psychological treatments for individuals. Yet our societies and communities continue to experience high levels of distress. There appears to be greater recognition that both supporting positive mental health and tackling the source of distress must be achieved beyond the realm of the individual. This has led me to wonder, is there a fundamental shift towards greater awareness of the social determinants of mental health? Shared learning from both sides of the Atlantic can surely contribute to explore potential answers.