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The Social Determinants of Mental Health

COSLA

Elected Members Briefing Series

The Improvement Service (IS) has developed an Elected Members Briefing Series to help elected members keep pace with key issues affecting local government.

Some briefing notes are directly produced by IS staff but we also make available material from a wide range of public bodies, commentators and observers of public services.

We will use the IS website and elected member e-bulletin to publicise and provide access to the briefing notes. All briefing notes in the series can be accessed on the IS website.

About this briefing note

Aligned to the joint COSLA and Scottish Government Mental Health and Wellbeing Strategy, this briefing is intended to enhance elected members understanding of the social determinants of mental health and support their consideration within local decision making.

What is the issue and why does it matter?

- Children and adults living in households in the lowest 20% income bracket in Great Britain are two to three times more likely to develop mental health problems than those in the highest.[1]

- Employment status is linked to mental health outcomes, with those who are unemployed or economically inactive having higher rates of common mental health problems than those who are employed.

- Those on housing benefit are more than twice as likely to have a common mental health problem than those not in receipt of it (35.1% vs 14.9%).

- The rate of suicide in the most deprived areas in Scotland is 2.6 times as high as in the least deprived areas in Scotland.[2]

Social determinants of mental health and health inequalities

Mental health and wellbeing can be experienced differently by different communities.

These inequalities are a symptom rather than the cause of the problem, often arising from the unequal distribution of income, wealth, and power, creating conditions which can impact on wider life chances and experiences. These conditions are commonly known as 'social determinants' and include issues such as:

- Poverty

- Employment

- Housing

- Education

- Social and cultural opportunities

- Access to green/natural spaces

- Opportunities to keep healthy and active

- Feeling included, empowered, and safe

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1   Poverty Statistics, Mental Health Foundation. https://www.mentalhealth.org.uk/statistics/mental-health-statistics-poverty
2   National Records of Scotland. https://www.nrscotland.gov.uk/news/2023/small-increase-in-suicides

These determinants interact and can be protective as well as detrimental. For example, unemployment or employment in a poor environment can be detrimental, whereas fair employment can be protective, supporting positive mental health and/or preventing mental health from deteriorating.

Social and structural inequality in society means that those who face the most significant disadvantages in life also face greater risks to their mental health. This includes marginalised groups who experience discrimination, racism or exclusion (social, political, economic or environmental) solely based on age, race, sex, sexual orientation, disability or other characteristics protected by the Equality Act 2010.

There are also other groups, such as veterans, refugees, children, young people and adults who are care experienced, people affected by substance use or those experiencing abuse or homelessness and those engaged in the justice system who are at higher risk of poor mental health outcomes.

Why does it matter?

Poor mental health has a significant impact on quality of life and the mortality rate for people in contact with mental health services was 2.71 times higher than for the general population in 2021/22.[3]

High demand for mental health support and services and increasing complexity of the support required is also placing significant pressure on mental health services across Scotland. This demand impacts the ability of those who need it to get the right support at the right time and places significant pressure on the workforce providing these services.

In addition to the personal impact on individuals, families and communities, poor mental health has significant economic costs, related to healthcare, time out of work and informal care. It is estimated that mental health problems currently cost the UK at least £117.9 billion a year (£100.8 billion in England; £8.8 billion in Scotland; £4.8 billion in Wales and £3.4 billion in Northern Ireland).[4]

Though data suggests the experience of mental health stigma has reduced in recent years, reports indicate it can still be a significant issue in some places, including within relationships, healthcare and workplace settings.[5] Whilst tackling the issue of poor mental health, the issue of mental health stigma should be addressed in its own right. The relationship between poor mental health and social determinants means that individuals experiencing poor mental health may also be facing stigma related to other factors, for example race or homelessness.

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3   Evidence Narrative to inform the Scottish Government Mental Health and Wellbeing Strategy. https://www.gov.scot/publications/evidence-summary-mental-health-wellbeing-strategy/

4   *The economic case for investing in the prevention of mental health conditions in the UK*, Mental Health Foundation. https://www.mentalhealth.org.uk/sites/default/files/2022-06/MHF-Investing-in-Prevention-Full-Report.pdf

5   *The Scottish Mental Illness Stigma Study*, See Me Scotland, 2022. https://www.seemescotland.org/media/11118/see-me-scottish-mental-illness-stigma-study-final-report-sep-2022.pdf

Recognising and taking appropriate action to appropriately support the social determinants of mental health should enable a long-term preventative approach. Prevention through action on social determinants is also anticipated to have an impact on suicide prevention and self- harm and is in line with COSLA and Scottish Governments joint work on these issues through Creating Hope Together and the Self-harm Strategy and Action Plan.

This knowledge is set against the context of very challenging budgetary circumstances, where many Local Authorities face difficult decisions that may impact the social economic determinants of mental health.

What does this mean for elected members?

The role of elected members means they are uniquely placed to consider mental health impacts of policy making across the wide range of social determinants. Taking potential short and longer-term mental health impact into account when contributing to or making decisions on local policy making will help provide the best support for local community mental health. Modelling leadership that highlights the importance of mental health impacts will also support the wider consideration of these issues.

Elected members also play a role in supporting policy coherence, ensuring interconnected policies align, and build on each other through local delivery. For example, considering the social economic determinants of mental health will support the delivery of the Mental Health and Wellbeing Strategy, Creating Hope Together and the Self Harm Strategy and Action Plan and is linked to wider commitments including the Trauma Informed Training Programme.

Key issues to consider

How can you, as an elected member demonstrate leadership that promotes the positive mental health and wellbeing of our communities?

What services could have a positive impact on mental health and how do you as a decision-maker support these services?

Has the potential impact on mental health and wellbeing been considered as part of policy design and within the decision-making process? Has this included both the population as a whole and those most at risk of poor mental health?

Can mental health and wellbeing be advanced through the policy/strategy/work being undertaken?

Does a policy/decision have the potential to create or promote mental health stigma or discrimination?

Are there actions that could be taken that could reduce stigma and discrimination?

Do you know where to signpost constituents to if they have a mental health issue? What support is available in your ward/council/nationally that you could promote at surgeries, newsletters or on social media? Are there services you could promote to constituents that would support good mental health (e.g. culture and leisure services, parks and green spaces)?

Summary

Poor mental health and wellbeing may be most effectively tackled at its root causes.

As an elected member, you can be a champion for supporting and advancing mental health and wellbeing, advocating for change at the root causes of poor mental health.

You can do this by ensuring that mental health and wellbeing and its social determinants are considered within strategic plans, policies and when setting budgets.

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