Applying a psychosocial pathways model to improving mental health and reducing health inequalities: practical approaches

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Abstract

Mental health can help explain how social inequalities impact on health. Many current public health challenges are shaped by social, economic and environmental conditions that take a mental toll on society. This paper describes a conceptual framework illustrating the psychosocial pathways that link the wider conditions to health behaviours and outcomes. The paper draws out implications of this framework for mental health practice that aim to support policy and decision making on future action to reduce health inequalities, and presents practical examples of what can be done. Collaboration between mental health and public health practitioners has potential to contribute to the national challenge of inequalities in life expectancy and healthy life expectancy.

Introduction

No Health without Mental Health has become the cornerstone of national and international mental health policy dialogue. In England recent emphasis has been on achieving parity of esteem: with the aim of giving equal attention and proportionate resources to mental health and physical health (HM Government 2011, HM Government 2012, NHS England 2016). Extensive evidence and advocacy, resonating with lived experience, has rightly pushed mental health up the public health agenda. Less attention has been paid to the role of mental health and wellbeing, and the determinants of mental health and wellbeing, in shaping the distribution of health outcomes. This paper aims to fill that gap by providing a conceptual framework that focuses on social determinants of health and their relationship with mental health and wellbeing in the context of tackling health inequalities, and presenting practical implications of the model.

It is widely understood in practice that inequity in distribution of power, money, and resources leads to inequity in health outcomes.(CSDH 2008) However, the role of mental health as an intrinsic part of this causal pathway is less explicitly recognised in policy and practice (Friedli, 2009, RCPsych, 2010; Kelly and Russo, 2017). Psychosocial pathways describe how social and material conditions affect health via states of mind (Marmot, 2005). Therefore, psychosocial pathways are an important part of the framework of causes that lead from social determinants to inequalities in health (Marmot et al. 2012; CSDH 2008). Recognising the breadth of this causal framework, in particular the influence of psychosocial pathways, provides a comprehensive understanding of improving physical health and reducing health inequalities, and the influence of mental health in achieving that. The overall prevention goal is the reduction of inequalities in life expectancy and healthy life expectancy. For this, the promotion of mental health and prevention of the onset of mental disorders are key.

This paper is based on a report on psychosocial pathways (Bell, 2017), commissioned by Public Health England (PHE) from the Institute of Health Equity at University College London (IHE). The report presents a conceptual model illustrating the psychosocial pathways between factors associated with social, economic and environmental conditions, psychological and psychobiological processes, health behaviours and mental and physical health outcomes. The report is part of a series of evidence reports on local action to reduce health inequalities in England through action on the social determinants of health. The report was launched as part of a new national programme of work on the prevention of mental health problems and promotion of good mental health, known as the Prevention Concordat for Better Mental Health,(PHE 2017).

Awareness of psychosocial pathways is important in addressing the full complexity of causation because it will help to avoid the 'lifestyle drift' of public health policy and

practice which focus predominantly on individual behaviours with insufficient attention paid to the contexts that shape individual behaviours, (Popay, 2010). In addition, embedding this awareness will support positioning mental health and wellbeing in all public health policy and practice and tackling the root causes of health inequalities. Whilst good mental health and wellbeing is often recognised as a population health outcome, the report (Bell, 2017) collates and synthesises evidence on mental health and wellbeing as a determinant of physical health, summarised here below. This paper expands on the implications for mental health action at the local level, drawing on existing practice examples that recognise and address psychosocial mechanisms within the causal pathway.

Method

The article is based on research carried out at the UCL Institute for Health Equity for a national publication, commissioned by Public Health England. The report included a narrative review and synthesis of relevant evidence, building on existing IHE work, and work carried out for the WHO Commission on Social Determinants of Health (CSDH), the Marmot Review, the WHO European Review of Social Determinants and the Health Divide and related work. A conceptual model was developed (fig 1.), drawing on the conceptual framework developed by the CSDH, and literature searches were carried out on combinations of terms in the framework – examining relationships between inequalities in social determinants, psychosocial factors, health behaviours and health outcomes.

A consultation exercise was carried out with experts, including academics and practitioners. This helped to revise and develop the framework and gather practice examples of how comprehensive approaches across the causal pathway are being implemented. The consultation helped to develop recommendations and implications for practice. Whilst the publication is focussed on local practice, there is also much to consider for national level action.

A conceptual model

The term 'psychosocial' connects the social environment to psychological states that constitute aspects of mental wellbeing. 'Psychosocial factors' are understood as encompassing the nexus between social conditions and experiences and psychological states. (Singh-Manoux, 2003, Martikainen et al, 2002). Figure 1 presents the links between social determinants, psychosocial factors, mental health and wellbeing, health-related behaviours and physical health.

Figure 1: Psychosocial pathways: linking social determinants with psychobiological processes, health behaviours and distribution of health outcomes.
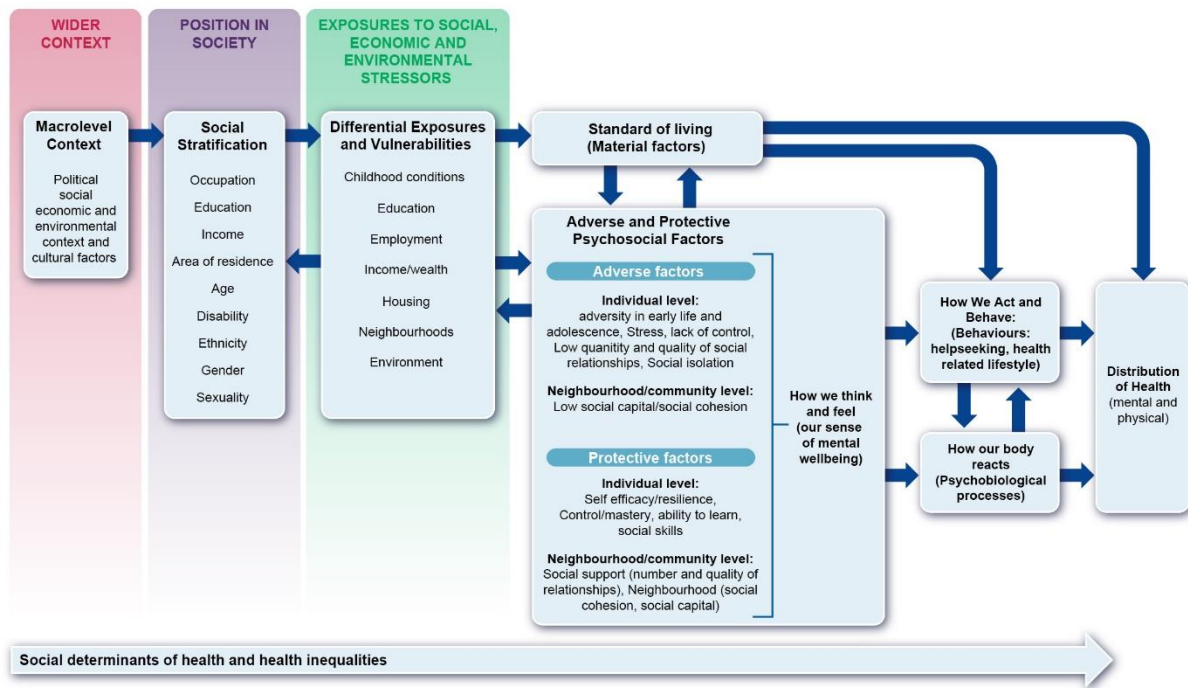
Mental wellbeing is both a cause and consequence of poor physical health and lifestyle behaviours. However, the emphasis here is in describing the distal and proximal influences on physical health outcomes. Therefore the model has been simplified into a linear diagram for ease of explanation, whilst understanding that the pathway is a complex, dynamic and interactive network of relationships, not all visualised in Fig. 1. There are many overlapping and bi-directional interactions in the pathways, for example between health outcomes, social determinants and behaviours. This remains an active area of research.

Explaining the conceptual model from left to right, the macro-level national, political, social, economic and environmental context, and cultural and social norms, shape the extent of social stratification within a country across a number of dimensions, including education, occupation, income/wealth, area of residence, age, disability, ethnicity, gender identity and sexuality (CSDH 2008).

National level contextual factors, including the economic climate, unemployment or insecure employment terms and conditions, and poverty levels, affect people's mental health and wellbeing. (Parmer et al 2016, Stuckler et al 2009). National and local responses to these macro-level influences affect the conditions in which people live and have a long term impact on mental and physical health. (CSDH, 2008)

Macroeconomic and social policies, and social norms and practices influence the experiences of groups within social hierarchies. (CSDH, 2008). Social stratification

results in groups experiencing differential exposures and vulnerabilities to social determinants of health including conditions in childhood, education and employment as well as housing, neighbourhoods and the built and natural environment in which people live. The effects of these social determinants on health are mediated by psychosocial factors at individual and community levels. These include sense of control (Marmot 2005, Whitehead et al 2016), self-efficacy (Bandura 2012) social connectedness (Berkman et al 2003, Holt-Lundstad et al 2010, Umberson & Montez 2010), social capital and cohesion (Uphoff et al 2013, Chuang et al 2013), belonging (Ross 2002, Hystad & Carpiano 2012) and discrimination (Krieger 2014). Psychosocial pathways can be protective where they help build resilience and supportive social environments, or adverse, which can contribute to psychosocial stress. Combinations of protective and adverse experiences shape our mental wellbeing (Foresight mental capital and wellbeing project 2008).

Stressors can take make forms, including adverse experiences in early life, difficult relationships, ill health, poor working and employment conditions, debt, neighbourhood deprivation and housing problems. Prolonged stress, if unmitigated by protective factors, has impacts on the nervous, cardiovascular, metabolic and immune systems that can affect health (McEwen 2012, Brotman et al 2007). Stress and the wider conditions and opportunities that people experience, shape motivation, sense of control, self-efficacy and in turn health behaviours (Michie et al 2011). These include smoking, drug and alcohol use, healthy eating, and physical activity, all of which are lifestyle factors contributing to risk of illness and premature mortality.

The focus of this conceptual model is on prevention, rather than treatment, and on the psychosocial pathways of physical morbidity rather than psychiatric morbidity.

Implications for action

The evidence suggests that psychosocial pathways are important to health inequalities and should be explicitly considered in efforts to reduce these inequalities (Bell 2017). There is strong evidence that mental health can be improved through action on the social determinants of health (Marmot Review Team 2010, Marmot et al 2012). There is also good evidence on what works to improve population mental health although gaps remain in putting public mental health evidence into practice and researching the breadth of approaches, such as protective and resilience factors for mental health (Wahlbeck 2015) and their impact on physical health. Key messages from evidence and emerging practice for mental health action include:

1. Comprehensive action on health inequalities

Understanding the impact of psychosocial pathways enables a comprehensive approach to the complex network of factors that shape health. By this we mean an approach that, among other things, recognises the significance of psychosocial

pathways in mediating the effects of social determinants on health. One example of comprehensive action comes from Sandwell, in the West Midlands. The Sandwell model is innovative in that it represents a strategic and comprehensive approach at the city level that includes addressing social isolation and loneliness, control, resilience and wellbeing alongside wider determinants and lifestyle factors. Experience from Sandwell shows that this approach is feasible in practice, and it promises sustainable improvements in mental wellbeing as well as health inequalities. (Sandwell HWB 2016). Measuring the impact of such approaches is an area for further research.

2. Mental health in all policy

Understanding the importance of psychosocial pathways can help to embed mental health and wellbeing into all policy. Health in All Policy provides a practical approach to consider the impacts of policy and programmes on health in order to create healthy public policy (PHE/ LGA 2016). This should include wider determinants, psychosocial factors and pathways to health and health equity.

Mental health in all policy approaches have much to offer here. For example the Mental Wellbeing Impact Assessment Toolkit (Cooke et al. 2011) addresses the wider determinants of mental health as well as key protective factors of control, resilience and capabilities, participation and inclusion. It has been used on local initiatives as well as broader strategies to help understand psychosocial pathways and embed action on mental wellbeing (Burford et al 2017). Whilst the potential of this approach is gaining increasing interest internationally (Joint Action on Mental Health and Wellbeing, 2017), evaluation needs to accompany advances in practice in order to build the evidence.

3. Reducing mental health inequalities

Reducing mental health inequalities, like physical health inequalities, requires addressing the social determinants of health (Marmot 2010). Whilst attention is paid to the differences in lifestyle behaviours observed among people with mental health problems compared to the general population, including higher smoking rates, obesity, and lower physical activity levels, it is also necessary to understand the differences in intermediary factors such as social connections, control, neighbourhood cohesion and social capital, as well as wider determinants such as warm homes, good jobs and adequate income, in order to address the causal pathway. A danger is that action to reduce the high premature mortality rates experienced by people with mental illness is concentrated on the proximal individual factors without addressing root causes or the psychosocial mechanisms that link them. Both approaches are necessary, and prove complementary in improving outcomes.

For example, the Sheffield Mental Health Citizens Advice Bureau has provided welfare support to patients using secondary mental health services which has also

led to reductions in inpatient care and the prevention of relapse and homelessness (Parsonage, 2013). This research by the Centre for Mental Health recommended that mental health service providers should recognise the important role of welfare advice in helping achieve improved social outcomes such as secure incomes and stable housing.

4. Trauma-informed care for treatment and prevention

The combined effect of stressors and trauma on population mental and physical health and wellbeing is substantial. Stressors exert effects from early childhood, throughout life and therefore a life course perspective is important. The prevention of mental health problems in particular requires action early in the life course, when many problems experienced later in life begin to develop.

Service responses such as trauma-informed mental health care (Sweeney et al 2016) and Routine Enquiry about Adversity in Childhood (REACh) across a wider workforce (Lancashire NHS 2016) are emerging examples of practice in increasing practitioner awareness of adversity, its prevalence and impact, and in re-orienting practice to respond appropriately. The REACh programme has trained practitioners and put an enquiry tool in place (McGee, 2015).

A systematic approach to prevention from the early years of life also includes addressing root causes notably reducing child poverty, creating health-enhancing school and family environments, enabling resilient family relationships and good parenting and providing psychologically-informed support services and early intervention (Marmot, 2010, IHE, 2014a, IHE, 2014b, NICE 2012).

5. Promoting protective factors

The evidence suggests that protective factors can help buffer stress and so are important areas for action alongside reducing exposure to risk. Mental health promotion requires action to boost the factors that create good health and wellbeing and many of these exist at community level. Mental health promotion interventions that build protection are relevant across the whole population and also for those experiencing mental health problems (RCPsych 2010, PHE 2015).

Individual characteristics such as control, self-efficacy and resilience, as well as the social characteristics described as 'social capital', such as social networks and participation, can protect health from the effects of stressors in some circumstances, and thus positively influence health outcomes. Creating environments that promote mental health in schools, neighbourhoods and workplace environments is also important in this context. Whilst further evidence is needed of what works to affect these protective factors, existing evidence is still not being implemented at scale.

Community-centred approaches can help to build empowerment, connectedness, participation, belonging and cohesion (PHE/ NHSE 2015). These are important for

public health and also for providing effective, accessible and relevant services, including within mental health care (Power to Change, 2017).

The workplace is also a key setting for adult mental health and whilst much emphasis is placed on supporting people with mental health problems into work, good management practices are conducive to creating a mentally healthy working environment that prevents problems arising, although more research in this area is needed (Bhui et al, 2012). Local areas and employers can improve psychosocial working conditions by ensuring good quality working conditions and good employment conditions (IHE, 2014c).

6. Psychosocial care pathways

Psychosocial pathways directly impact on physical health outcomes and also influence health-related behaviours. The evidence on the associations of stressors with high blood pressure, development of diabetes, and ischemic heart disease suggests more holistic practice would be beneficial, such as the integration of psychosocial aspects within all care pathways. This is sometimes confined to early identification of mental health problems but could be much broader to include the promotion of mental wellbeing of all patients, including meeting social needs via approaches such as social prescribing and signposting to support services. Such approaches are currently being developed by NHS England, (NHS England 2018) although it is recognised that social prescribing requires improved evaluation studies (Bickerdike 2017).

Strategies and services to prevent risk and disease such as CVD or diabetes can also do more to embed mental health and consider action to address psychosocial factors as well as wider determinants of health. For example, Integrated Wellness Services (LGA 2017, Live Life Well Sunderland, Gate 2016) are an emerging model that connects services across healthy lifestyle, mental wellbeing, self-care and social determinants. They operate in community settings (e.g. Live Life Well in Sunderland) or in health care (Gate et al 2016). Bringing mental and physical health and social wellbeing together can help promote multi-disciplinary practice with potential to strengthen parity of esteem.

Conclusion and recommendations

In summary, the importance of psychosocial pathways means that the field of mental health has much to contribute to prevention, not just of mental illness but also of physical health conditions and overall health inequalities, especially through collaborative public health action.

Efforts to reduce health inequalities require action across the causal pathway, specifically to the social determinants of health and mental health impacts.

Alongside the six actions outlined above, the significance of psychosocial pathways also has implications for a) health and social care workforce development (PHE

2015) – ensuring staff are equipped to address the root causes of health and the psychosocial factors; b) knowledge and intelligence - improving analysis of data on psychosocial factors and pathways alongside the wider determinants of health. This will increase understanding of the causal pathways to disease and prevention, for example the adverse and protective factors; and c) research and development – to further understand the complex systems of causation, life-course and prevention solutions in practice.

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