Addressing the social determinants of global mental health in the Sustainable Development Goals era

Workshop report

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Opinions expressed in this report do not necessarily represent the views of all participants at the event, the Academy of Medical Sciences, InterAcademy Partnership for Health, or its Fellows.

All web references were accessed in March 2020.

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Executive summary

The inclusion of mental health in the United Nations Sustainable Development Goals (SDGs) demonstrates recognition of this important global issue. Within Low- and Middle-Income Countries (LMICs), poor mental health is increasingly recognised as a pressing challenge to individuals, families and communities, as well as a growing and significant economic burden at the national level. Although biological factors may be important, social determinants have also been established as key factors in people's mental health.[1] Identifying these determinants can help vulnerable groups and are crucial in developing effective interventions.

Many social determinants have an impact upon mental health in culturally and context-specific ways. Our understanding of the intersections of multiple social determinants is growing but further research is required.

This workshop aimed to develop an overview of current knowledge about social determinants of mental health, and to identify barriers and opportunities for tackling mental health problems. Participants discussed research gaps, opportunities for collaboration, potential points for intervention, and relevant determinants for five domains aligned with the SDGs: economic, demographic, neighbourhood, environmental events, and social and cultural domains.[2] The key messages from these discussions are summarised below and reflect the conclusions of the workshop participants.

Demographic

- Gender and age are important determinants but research is lacking on men's mental health, the impact of gender norms, early adversity in the life course and ageing.
- The impact of existing interventions such as gender empowerment on mental health, needs to be evaluated.
- Studying population movements, e.g. migration, provide opportunities for cross-sector collaboration.

Economic

- Intergenerational poverty and changing dynamics of work are important determinants of mental health.
- Mental health needs to be included in more economics research, including as an outcome of economic policies and interventions.
- There are several interventions with positive impacts on mental health, however, all new approaches should be evaluated for potential negative impacts.

1. World Health Organization. *Social determinants of health.* https://www.who.int/social_determinants/sdh_definition/en/
2. Lund C, *et al.* (2018). *Social determinants of mental disorders and the Sustainable Development Goals: a systematic review of reviews.* Lancet Psychiatry **5(4)**, 357-369.

Environmental events

- Climate change and conflict negatively impact mental health through loss of support, extreme events, forced migration, and socio-political instability.

- Interventions and research should focus on resilience and preparedness.

- Strong leadership and global collaboration are important for tackling cross-country issues.

- Interventions should be developed with communities to raise awareness of the link between mental health and the environment.

Neighbourhood

- Understanding the role of neighbourhood should focus on both the built environment and community.

- 'Neighbourhood' must be defined and studied using a mixture of methods.

- The role of families and communities requires consideration when developing interventions.

Social and cultural

- Socio-cultural factors can affect access to or deprivation of resources, interpersonal relationships, and exposure to adverse events.

- Interventions should be developed and evaluated, focusing on wide-ranging social aspects rather than only mental illness.

- Existing socio-cultural platforms and new tools should be used in combination for mental health research.

Cross-cutting themes

Following discussion of important aspects of individual domains, a number of themes were identified as relevant across all five domains by the workshop participants.

- Collaborating with a wider range of academic disciplines on large cohort studies, and determining which metrics are best suited for addressing mental health. These studies could act as a starting point for building networks around social determinants of mental health.

- Identifying existing and new opportunities for funding, including for large cohort studies.

- Improving our understanding of the social processes that affect community engagement, and including cultural practices in our definition of 'community'. This will help us to mobilise communities to take action on mental health, and meaningfully engage them in the development and implementation of interventions.

- Differentiating and inter-relating macro, meso and micro-level questions and interventions, and identifying the targets for each level.

- Considering the rapidly growing field of technology and digital communities and how these relate to social determinants.

- Increasing discussion on the impact of men's mental health, migration and displacement, politicians, and political events, and their effects on resilience and access to interventions.

- Investigating the role of faith and religion in mental health.

- Focusing on the role and metrics for resilience in individuals and communities within diverse contexts.

- Using education curricula to provide comprehensive training and awareness on the social determinants of mental health.

Key messages

Having identified the issues and opportunities for mental health interventions, participants discussed actions different sectors need to take in order to address the social determinants of mental health.

Key messages for researchers

There was agreement from participants that researchers need to focus on some of the key research gaps and ensure research culture and infrastructure supports productive working.

- Investigate how different communities build resilience and mobilise to maintain good mental health.

- Investigate stigma and discrimination against staff working in mental health and psychiatry.

- Initiate longitudinal, interdisciplinary, multi-centre and multi-country collaborations.

- Share expertise with sectors outside of healthcare and beyond established collaborators.

- Help build more capacity for research around social determinants of mental health.

Use technology to perform studies and collect data.

Key messages for policy makers

Participants concluded that policy makers should make sure their policies across all areas consider and work to positively impact mental health. Policy makers are also well placed to collaborate with organisations and researchers to advocate for issues that affect mental health.

- Work with researchers to assess whether indicators used in studies, such as the World Happiness Report, are appropriate and effective.

- Assess how policies from outside the health sector (for example macro-economic and social welfare policies) can affect mental health.

- Regulate how the media discusses mental health to help avoid disinformation.

- Join scientists in highlighting climate change as a major risk to mental health.

- Review spending on mental health using research findings.

- Work with other areas of social advocacy such as non-governmental organisations (NGOs), the WHO and the World Bank.

Key messages to research funders

Workshop participants agreed that funders should support diverse research on mental health, and ensure consideration of mental health across all the areas they fund.

- Consider greater research funding support for social determinants of mental health.

- Support funding for larger, adequately powered, inter-disciplinary longitudinal studies – to move beyond documenting associations and towards identifying causal relationships, mechanisms and opportunities for intervention.

- Implement a mental health impact assessment on any proposal to improve consideration of mental health as a determinant and outcome in a broader range of studies.

- Simplify the research assessment process.

- Be more open to studies investigating mental wellbeing and resilience beyond a traditional clinical focus on mental disorders.
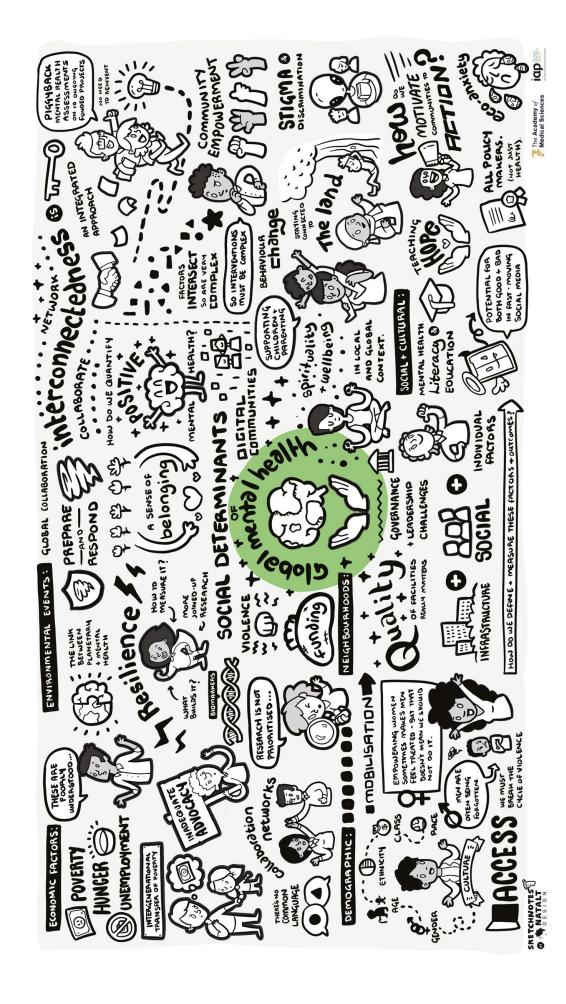
Key messages to civil society organisations

The participants agreed that civil society organisations should integrate mental health in their work where they do not do so already and build relationships to create impact across other sectors.

•   Bring social determinants of mental health into their advocacy messaging and mainstream mental health into broader social actions related to the SDGs. This might include, for example, linking poverty alleviation, reductions in gender-based violence and advocacy on climate change to mental health.

•   Build relationships between civil society organisations and research and vice versa.

•   Empower people to speak out so that their lived experiences are strongly represented.

•   Encourage government and research funders to recognise that in LMICS, professional expertise in mental health is often found among non-governmental, humanitarian, and professional organizations

Conclusions

The workshop identified the research and working practices needed to better understand the social determinants of mental health and develop interventions to tackle them in LMICs. The cross-cutting nature of mental health across many domains was evident throughout the event, with participants emphasising the need for more collaboration between research disciplines and policy sectors. In order to achieve this, workshop participants identified key next steps for researchers, policy makers, research funders and civil society organisations, focused on embedding mental health in diverse sectors.

Introduction

There is growing global recognition of the importance of mental health, and the promotion of mental health is included as a health priority in the United Nations' SDGs.[3] Mental and behavioural problems account for 9.4% of the global burden of disease and are the leading contributor to the economic cost of non-communicable diseases: in 2010, the cost of mental illness in LMICs was estimated at $870 billion.[4] This is projected to at least double by 2030.[5]

As well as biological influences, multiple socio-environmental determinants affect mental health yet their mechanisms of action are poorly understood. As identified in the UN's 2014 report, mental health is influenced by the social, economic and physical environment.[6] The report proposes interventions that address mental health needs across the whole of society in proportion to demand, in order to address social inequalities in health outcomes.

In 2018, the Academy of Medical Sciences and the InterAcademy Partnership held a meeting to explore how to strengthen mental health systems in LMICs. This meeting particularly focused on developing a research agenda for global mental health and achieving universal healthcare for mental health services. One of the key conclusion was that there is a need to develop a deeper understanding of social determinants and their impact on global mental health.

Social determinants can cluster and interact resulting in coexisting physical and mental health problems, meaning that a syndemic perspective is required to design mental health interventions.[7] As highlighted in the Lancet Commission on Global Mental Health and Sustainable Development, a combination of two or more social determinants of mental health is likely to suggest highly vulnerable populations that may benefit from such an approach.[8]

This workshop considered this issue in the context of the UN's Sustainable Development Goals and the WHO's social determinants framework. The aim of the workshop was to discuss social factors that influence mental health prevalence and treatment. It provided an opportunity to establish new partnerships for intersectoral collaboration, identify suitable points of intervention to promote mental wellbeing, and identify policy changes that could improve global mental health.

The meeting, held in London, UK, was organised by a workshop steering committee (Appendix 1). This report provides a summary of the themes that emerged during the discussions. It reflects the views expressed by participants at the meeting but does not necessarily represent the views of all participants, all members of the steering committee, the Inter-Academy Partnership or the Academy of Medical Sciences.

3. World Health Organization (2016). *Mental health included in the UN Sustainable Development Goals*.
    http://www.who.int/mental_health/SDGs/en/

4. Institute for Health Metrics and Evaluation (2018). GBD Research Tools.
    https://vizhub.healthdata.org/gbd-compare/

5. World Economic Forum, Bloom DE *et al* (2011). *The global economic burden of non-communicable diseases.*

6. World Health Organisation (2014). *Social determinants of mental health.*
    https://apps.who.int/iris/bitstream/handle/10665/112828/9789241506809_eng.pdf?sequence=1

7. Mendenhall E. (2017) *Syndemics: a new path for global health research.* The Lancet, **389(10072)**, 889-91.

8. Patel V, *et al.* (2018). *The Lancet Commission on global mental health and sustainable development.* Lancet, **392(10157)**, 1553-1598.

Workshop Group Work: Addressing the social determinants of global mental health in the context of the SDGs

Participants were divided into breakout groups to share evidence and examples of research on social determinants of mental health from their respective countries. The groups identified the major social determinants of mental health and assessed the extent to which they are addressed by SDGs.[9] They also identified common research gaps on how social determinants affect mental health and ways they could be addressed. There was a focus on identifying suitable points of intervention to promote mental wellbeing. The points in this section reflect the view of the workshop participants.

Demographic

Participants explored the role of social determinants of mental health through a gender lens, and presented a number of country-specific case examples to illustrate key demographic determinants. In Jamaica – a matriarchal society – the phenomenon of 'baby fathers' normalises non-committal relationships and increases the risk of children growing up without strong male role models. Jamaica has also seen early sexualisation normalised, with a link to mental disorders being shown. In Nigeria, Almajiri boys are turned out onto the street by their families, leaving them at increased risk of substance abuse and mental health problems. This practice, whilst originally linked to a religious custom, is now perceived as a poverty-alleviation strategy for families who cannot afford to feed all of their children. Another relevant social determinant is ageing: in China, large numbers of adults have migrated from rural to urban areas, leaving behind children and older relatives at increased risk of mental health problems.

Success stories
It was noted that success stories were difficult to identify. While there are a lot of interventions around reducing gender-based violence, a known risk factor for mental illness, there were limited examples of effectivness in this area. The Stepping Stones study from South Africa that looks at reducing gender-based intimate partner violence was offered as an example of an intervention working with men and women to tackle key social determinants including intimate partner violence.[10] Outcomes included decreased depression amongst men and reduction of violence.

Research gaps
Participants highlighted existing research on women's mental health across countries, but noted a research gap on pathways to mental ill health among men. Participants discussed the need for cross-cultural research to understand how local gender norms link with increased risk of substance use, suicidality, violence, and Post Traumatic Stress Disorder amongst men. It was agreed that it is important to consider cultural contexts and backgrounds that affect age and gender – ethnographic models are therefore required to distil these interactions. There is also a gap in the literature that measures positive mental health and resilience. With the young moving to cities and leaving behind older family members, ageing should also be another area of focus.

9. Lund C, *et al.* (2018). *Social determinants of mental disorders and the Sustainable Development Goals: a systematic review of reviews.* The Lancet Psychiatry **(4)**, 357-369

10. Institute for Health Metrics and Evaluation (2018). *GBD Research Tools.* https://vizhub.healthdata.org/gbd-compare/

Opportunities for collaboration

Participants identified migration and gendered patterns of movement as an area that would allow for collaboration with researchers and policy makers beyond the field of mental health. They felt it was imperative to build partnerships to explore what data are already available and what is already known about demographic determinants and their relationship with mental health. Research capacity must also be built through strong collaboration between countries, and within countries, between different sectors. It was suggested that research on mental ill health risks further stigmatising and marginalising already disadvantaged groups; future research could adopt a wellbeing and positive mental health approach to help avoid this. A need for expansion of and more detailed research on resilience was also agreed.

Economic

There was general agreement from workshop participants that a wide range of economic factors have a direct effect on the mental health of populations. These include: the changing dynamics of work, globalization, economic recessions, income inequality, and poverty. These economic factors frequently exert their influence on mental health when linked to other factors such as urbanisation, migration and climate change. While there are benefits brought about by economic growth, it is also important to look at the disparity and negative consequences it can introduce. For example, cash transfer programmes focused on women and have resulted in positive change, but there have also been evidence of increased gender-based violence.

Success stories

The Thinking Healthy Programme in Pakistan focuses on perinatal depression in women and has now been backed for expansion by the prime minister.[11] Using cognitive behaviour therapy techniques, the programme has increased economic empowerment for the women involved, with the youngest and poorest benefiting the most. The Bangladesh Rural Action Committee focuses on the 'ultra-poor' and gives women a productive asset – such as livestock – to generate an income.[12] The Bolsa Família cash transfer programme in Brazil has resulted in a drop in suicide rates.[13] There have also been programmes in Liberia, Kenya and Ghana that combine cash grants with cognitive behaviour therapy – they have found that combining these two approaches is more effective than either programme separately.

Research gaps

There was agreement that the economics of mental health are poorly understood and there is a lack of coordination between policy makers and researchers. There are also inequities in the existing services as well as inadequate advocacy for addressing macro-level social determinants. Participants were concerned that current research models do not prioritise research on social determinants of mental health.

Priorities for interventions

Despite social protection systems expanding and programmes being evaluated, there is still little understanding of the effects on mental health. Understanding how mental health components can be included in economic interventions would also be beneficial.

Opportunities for collaboration

Participants agreed that mental health measures should be included in economic surveys and that intergenerational transmission of mental health and illness should be investigated. Work to encourage collaboration can be done with cross-country governments and policy makers, with a focus on inter-disciplinary research when addressing economic determinants of mental health. There is also a need to develop a network of people implementing interventions by connecting multi-site and multi-country research.

11. Mental Health Innovation Network (MHIN). Thinking Healthy Programme.
     https://www.mhinnovation.net/innovations/thinking-healthy-programme

12. BRAC Centre. http://www.brac.net/

13. Centre for Public impact (2019). *Bolsa Família in Brazil.* https://www.centreforpublicimpact.org/case-study/bolsa-familia-in-brazil/

Environmental events

While discussing environmental events, workshop participants shared experiences from their respective countries and highlighted the following: war and armed conflict, climate change, and natural disasters and the resulting forced migration and separation of families. Participants agreed that the socio-political environment after armed conflict and civil war is an important social determinant because it generates continuing instability, corruption, disregard of laws, and violence directed at the vulnerable (especially women and children). Participants also highlighted that climate change impacts mental health by contributing to natural disasters as well as man-made environmental degradation. Family displacements lead not only to the loss of social support, but also to people being unable to access health and mental health services.

Success stories
In the Philippines, a country facing many natural disasters because of its location on the 'Pacific Ring of Fire', the President has organised a Mental Health Task Force. This seeks to address the continuing psychosocial consequences of these extreme life events and plan appropriate strategies for intervention. Two books have been published focusing on 'the transformation of victims to survivors' – these have become the basis for integration of psychosocial concepts and strategies for mental health care in the government's 'National Disaster Risk Reduction Management' programme.

Passed in 2019, new laws in Peru approved the development of hundreds of centres using a multi-disciplinary approach based on the philosophy of community psychiatry services. This is a new programme and the results are yet to be seen.

Research gaps
Research is ongoing but more needs to be done, especially regarding resilience and the role of interconnectedness in the context of adversity, such as in terms of social cohesion and spirituality. There also needs to be a greater understanding of the mechanisms linking environment and mental health.

Priorities for intervention
Influencing environmental determinants is particularly important, along with promting the role of preparedness and building resilience and capacity. The effectiveness and sustainability of existing intervention should be evaluated, and populations with particular vulnerabilities supported through campaigns to raise awareness of the links between environmental events and mental health and how to intervene to build resilience.

Opportunities for collaboration
There needs to be an emphasis by researchers on multi-disciplinary and intersectoral collaboration by bringing together countries, particularly those with common environmental priorities. This could be done by building research capacity within countries and setting up a global network on the environment and mental health.

Neighbourhood

Participants felt that the most important factors linking neighbourhood and mental health are the built environment, sanitation, green spaces in urban spaces areas, access to facilities, overcrowding, pollution and electricity supply. At a neighbourhood level, factors such as education, income, assets and diversity were also considered to be significant. However, the importance of these factors varies substantially depending on local context. For example, while such factors as crime, substance use, community networks and social capital may be important for those living in urban and rural settings, nomads living in rural areas characteristially do not have a sense of belonging to a place, and may have greater concerns about lack of access to clean water, sanitation, schools for their children, and access to health care services, including mental health care.

Success stories
A programme in Pakistan focused on the mental health of mothers which then extended to fathers, further family members and then the health sector, showing how this programme can be easily scaled up.

Another success story came from Nairobi – parents were trained around violence in specific urban catchment areas where there were high rates of abuse, emotional neglect and left-behind children. This education resulted in a reduction in violence and abuse against children, with associated mental health benefits.

Research gaps
It is important to look at neighbourhood mental health outcomes in terms of resilience, and from a community-level point of view. Longitudinal cohorts are required to see the effect of neighbourhood risk factors on mental health. Qualitative ethnographic studies are also needed to understand neighbourhoods from a culturally sensitive standpoint. Geographic Information Systems could be used to help understand the clustering of mental health outcomes. More randomised control trials are needed to assess the impact of neighbourhood level interventions on mental health. It was agreed that there are many community interventions taking place beyond the health sector and it would be advantageous to work across sectors to explore how mental health outcomes data be could included.

Priorities for intervention
Neighbourgood interventions such as violence reduction, building social capital, trust, social events, community mobilisation,and linking with community leaders to improve communities could also help improve mental health. While it would be difficult to impact on infrastructure, there could be opportunities for coordinated action in terms of sanitation, recycling and open spaces.

Opportunities for collaboration
There is a need for multi-country, multi-site longitudinal studies with interdisciplinary collaborations. Working with the Sustainable Development Solutions Network could allow for the mapping of neighbourhood programmes across different countries and linking to mental health outcomes.[14]

Social and cultural

Participants looked at a range of social and cultural risk and protective factors. For example, how stigma and discrimination are powerful forces for social exclusion. Social support, social capital, childhood and life course adversities, parenting and religion were noted as particularly relevant in terms of mental health.

Success stories
The Andhra Pradesh Project in India has helped to reduce stigma.[15] Time to Change, a global campaign which originated in England, has also helped to reduce stigma and increase knowledgewithin communities.[16]

Research gaps
Participants felt that the current evidence on social determinants and mental health in LMICs is largely cross-sectional and does not allow causal relationships to be examined. These could be better understood with longitudinal and qualitative studies. Other areas requiring focus are the impact of social media and population movement. Most studies are currently on a small scale due to funding limitations. National-level studies would help to obtainnationally representative data.

Priorities for intervention
Community development for inclusion needs to be looked at, along with the prevention of early-life adversities. Anti-bullying interventions, both in schools and online, should be developed and evaluated. Isolation in adults, particularly in the older population, must also be focused on. It was suggested that the most effective interventions include wider social aspects that have a positive impact on population mental health, rather than interventions purely focused on mental illness. Research to assess the impact of programmes to reduce stigma and discrimination in LMICs are also necessary to build the evidence-base of how to reduce social exclusion and low rates of help-seeking.

Opportunities for collaboration
Existing platforms (such as demographic health surveys and encouraging mental health inclusion in ongoing studies) can be used to improveknowledge. Methods of encouraging national surveys to include mental health questions should be sought – the costs of doing this would be low and would considerably improve data. Networking across LMICs requires improvement. There also needs to be a focus on promoting harmonisation of existing methods as well as developing new tools to assess social determinants.

14. Sustainable Development Solutions Network. https://www.unsdsn.org/

15. Maulik PK, *et al.* (2019). *Longitudinal assessment of an anti-stigma campaign related to common mental disorders in rural India.* The British Journal of Psychiatry **(2)**:90-95.

16. Time to change. https://www.time-to-change.org.uk/

Conclusions and next steps

This workshop highlighted that research in LMICs on the five socio-environmental domains of the social determinants of mental health is in its infancy. It highlighted the many opportunities that exist to intervene and address social determinants of mental health in LMICs. Participants emphasised the need for researchers and non-researchers alike to consider which factors have a negative impact upon mental health across a wider range of areas. From researchers to civil society organisations, all stakeholders will need to assess how their work can address the social determinants of mental health, in addition to providing treatment for mental illness directly.

This will require further studies on key research gaps, both within and beyond the mental health field. Funders should support diverse studies, with researchers driving collaborations in sectors beyond health and medicine. Participants agreed that using diverse methodologies and harnessing diverse expertise, were crucial in driving research. All of this work will rely on building more research capacity across LMICs.

Alongside research, participants stressed the need to work with policy makers, civil society, and communities to advocate for improved mental health services and outcomes based on firm evidence This will be crucial for tackling major threats to mental health, such socio-economic, demographic and environmental change, but also for embedding mental health across many sectors.

Annex 1: Workshop steering committee

Co-chairs

- Professor Crick Lund, Professor of Global Mental Health and Development, Centre for Global Mental Health, Institute of Psychiatry, Psychology and Neuroscience, King's College London; and Professor of Public Mental Health, Alan J Flisher Centre for Public Mental Health, Department of Psychiatry and Mental Health, University of Cape Town

- Professor Sir Graham Thornicroft FMedSci, Professor of Community Psychiatry, Centre for Global Mental Health, Institute of Psychiatry, Psychology and Neuroscience, King's College London

Committee

- Dr Kelly Rose-Clarke, Lecturer in Global Mental Health, Department of Global Health and Social Medicine, Kings College London

- Professor Lourdes L. Ignacio, Professor Emeritus of Psychiatry, University of the Philippines

- Professor Jonathan Burns, Professor of Psychiatry, Exeter University

- Dr Ritz Kakuma, Associate Professor, London School of Hygiene & Tropical Medicine

Annex 2: Participant list

Name	Organisation
Dr Jibril Abdulmalik	University of Ibadan, Nigeria
Dr Aishatu Abubakar-Abdullateef	Ahmadu Bello University, Nigeria
Dr Wael M.F. Abuhasan	Arab American University of Palestine, Israel
Professor Renato D. Alarcon	Mayo Clinic School of Medicine, US
Professor Lukoye Atwoli	Moi University School of Medicine, Kenya
Ms Taniya Bajaj	Global Innovation Fund, UK
Dr Ahmad Bawa'neh	The Royal Scientific Society, Jordan
Dr Tolulope Bella-Awusah	University of Ibadan, Nigeria
Dr Suraj Bhattarai	Global Institute of Interdisciplinary Studies, Nepal
Dr Abigail Bloy	Academy of Medical Sciences, UK
Dr Carrie Brooke-Sumner	Medical Research Council, South Africa
Professor Andre Russowsky Brunoni	University of São Paulo Medical School, Brazil
Dr Rochelle Burgess	Institute for Global Health, University College London, UK
Professor Jonathan Burns	Exeter University, UK
Professor Ives Calvalcante Passos	Universidade Federal do Rio Grande do Sul, Brazil
Dr Agnes Casino	National Center for Mental Health, Philippines
Dr Kelly Rose-Clarke	Kings College London, UK
Mr Joseph Clift	Academy of Medical Sciences, UK
Professor Anthony Costello	University College London, UK
Dr Shuvra Dasgupta	University of the West Indies, Jamaica
Dr Farah Deeba	University of Dhaka, Bangladesh
Professor Madeleine Duncan	University of Cape Town, South Africa
Dr Julian Eaton	Centre for Global Mental Health, UK
Professor Ary Gadelha de Alencar Araripe Neto	Universidade Federal de São Paulo, Brazil
Ms Dristy Gurung	Transcultural Psychosocial Organisation-Nepal, Nepal
Professor Oye Gureje	University of Ibadan, Nigeria
Mr Alex Hulme	Academy of Medical Sciences, UK
Professor Nusrat Husain	University of Manchester, UK
Professor Mohamad Hussain Habil	MAHSA University, Malaysia
Professor Lourdes L. Ignacio	University of the Philippines, Philippines
Dr Abdul Jalloh	University of Sierra Leone, Sierra Leone
Dr Obafemi Jegede	Institute of African Studies, Ghana
Dr Julie Jemutai	KEMRI/Wellcome, Kenya

Name	Organisation
Dr Sujit John	Schizophrenia Research Foundation, India
Dr Ritz Kakuma	London School of Hygiene and Tropical Medicine, UK
Dr Christian Kieling	Universidade Federal do Rio Grande do Sul, Brazil
Dr Kwabena Kusi-Mensah	Komfo Anokye Teaching Hospital, Ghana
Dr Victoria Mutiso	Africa Mental Health Research and Training Foundation, Kenya
Ms Lucita Lazo	World Association for Psychological Rehabilitation, Philippines
Professor Nasantsengel Lhagvasuren	National Mental Health Centre of Mongolia, Mongolia
Professor Crick Lund	University of Cape Town, South Africa and King's College London, UK
Dr Boladale Mapayi	OAU/Teaching Hospitals Complex, Nigeria
Professor Sir Michael Marmot	University College London, UK
Dr Pallab Maulik	The George Institute for Global Heath, UK
Professor John Mudenda	Zambia Academy of Sciences, Zambia
Ms Iyeyinka Omigbodun	University of Cambridge, UK
Dr Kate Orkin	Blavatnik School of Government, UK
Professor Mehdi Paes	Ar-razi University Psychiatric Hospital, Morocco
Dr David Pan	Medical Research Council, UK
Ms Bharti Patel	South African Federation for Mental Health, South Africa
Ms Maria Paiva Pessoa	Academy of Medical Sciences, UK
Professor Shaozheng Qin	Development Cognitive & Affective Neuroscience Lab, China
Dr Tessa Roberts	King's College London, UK
Professor Iván Ernesto Ruíz Salvatierra	Central American University, El Salvador
Dr Marcia Scazufca	University of São Paulo, Brazil
Dr Rahul Shidhaye	Pravara Institute of Medical Sciences, India
Dr Siham Sikander	Health Services Academy, Islamabad
Professor Sir Graham Thornicroft	Kings College London, UK
Professor Richard Velleman	University of Bath, UK
Mr Ian Walker	Public Health England, UK
Ms Madina Wane	Academy of Medical Sciences, UK
Professor Shehan Williams	University of Kelaniya, Sri Lanka
Mr Peter Yaro	BasicNeeds-Ghana, Ghana
Professor Zukiswa Zingela	Walter Sisulu University, South Africa

Annex 3: Research into interventions targeting social determinants of global mental health

There were presentations of examples of research focused on social determinants. These included examples of successful interventions, discussions on opportunities to scale these up in different settings.

Psychological Distress among Children and Adolescent Internally Displaced Persons (IDPs) in Kaduna, Nigeria
Dr Aishatu Abubakar-Abdullateef, Ahmadu Bello University, Nigeria

Research was undertaken in 2017 looking at the psychological distress on IDPs, particularly around psycho-trauma. 73 children in IDP camps were assessed using the Hopkins Symptom checklist and a social demographic questionnaire. The data collected allowed recommendations to be made to the government, resulting in all individuals in the camps being resettled within 6-9 months, as well as providing a platform to look at psychological intervention. Government bureaucracy posed challenges: the government were running the camps and so participants viewed the programme with suspicion as they did not understand the reasons for the questions they were being asked. Looking ahead, similar studies and interventions have taken place in north-eastern Nigeria. Training with mental health workers has also been completed to help provide psychological support. As it is difficult to visit all IDP camps, partnerships are being built to reach more camps, and there is a wish to provide interventions and receive a national protocol for this provision

Mental Health Friendly Cities: Focus on Youth
Professor Lukoye Atwoli, Moi University School of Medicine, Kenya

This recently started project looks at mental health friendly cities with a focus on youth, and it is believed there is specific evidence for the rise in mental ill-health. Growing urbanisation is bringing people to cities away from their families and it has been recognised that most mental disorders begin in adolescence and early adulthood, meaning there needs to be a focus on early intervention. CitiesRISE is being implemented across Nairobi, Chennai, Bogota, Sacramento and Seattle and will look at assisting the youth with focusing their energy and teaching hope to help increase resilience. Youth groups are being connected to their governments – they are making sure that young people's groups are represented when mental health policies are being discussed. Spaces are being created in informal settlements where young people can come together alongside a primary mental healthcare worker where they provide support and link them to appropriate care where necessary. The main challenge is encouraging governments to commit to funding this programme and it has therefore had to be designed to involve local government.

Social interventions in global mental health: the way forward in responding to social determinants of mental health
Dr Rochelle Burgess, Institute for Global Health, University College London

In previous ethnographic work exploring women's mental health in a rural South African community, it was found that practitioners did not have a way to manage that was driven largely by socio-structural challenges women faced: poverty, gender violence and their intersection with the HIV epidemic. While there were referral points to NGOs and social welfare departments, as well as access to social grants, most support networks were not available to women, due to funding or stigma barriers. More recently, a project in Colombia working with men and women internally displaced by civil conflict wanted to understand how to best promote mental health and well being. Even in the aftermath of conflict, the major story was the depression and mental distress created by the same social determinants as in South Africa.

Both studies highlight the need to understand how communities and neighbourhoods can be supported through interventions that address the whole picture of mental distress, looking at socio-relational dynamics, social connectedness and trust and social opportunity.
A recent Lancet paper identifies five areas of intervention as meaningful to bring together socio-structural and sociology-relational drivers of mental health. They include:

- Community empowerment

- Benefits of socio-structural intervention

- Service user and community ownership of intervention design

- People-centred health systems

- Longitudinal research and evaluation of social interventions

The Colombian projected piloted PLA and research action cycles as a treatment for mental health by taking a group of displaced individuals who were at risk of mental illness. Once local definitions of mental health conditions were established, they were able to come up with a series of actions targeting areas important to them. The group was then split into two intervention groups, one focusing on how to maintain and gain access to government support for small business ventures, and the other focused on reimagining their identities and looking at victim labels. Evaluation was conducted via PhotoVoice and the methods were handed over to the government who are now taking it through additional cycles. Looking to the future, the field now needs to identify and test models for socio-relational and socio-structural interventions and think about how to engage in ways that gives back to communities.

Identifying Depression Early in Adolescence (IDEA)
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IDEA looks to relieve the burden of depression across the globe, focusing on the development of a risk stratification tool to identify youth at high and at low risk for major depressive disorder. Targeted interventions have shown efficacy in the prevention of depression, but challenges still remain in the definition of high- and low-risk groups. While family history has been traditionally used as a marker, it is only a single factor – other fields of medicine have historically benefited from aggregating information from variables into a composite risk score. The IDEA risk calculator combines sociodemographic factors, easily collectable directly from the adolescent: biological sex, skin colour, school failure, loneliness, drug and alcohol use, involvement in fights, running away from home, relationship with and between parents, and history of maltreatment. The composite measure was informative in stratifying for the risk of future depression. However, when tested in different countries, adjustments had to be made. Looking ahead, further assessing the predictive ability of the score in other contexts will be essential to understand how risk and protective factors for depression in adolescence operate across different settings.

Reaching the Un-Reached by Translating Evidence into Practice
Dr Rahul Shidhaye, Pravara Institute of Medical Sciences, India

A programme was undertaken in a part of central India that was affected by rural agrarian distress and suicide, with the primary objective being to address social distress and improve access to mental health services in lower economic strata of the community. By the end of the 18-month implementation of a community-based mental health programme led by grass-root health workers, there was a 6-fold increase in demand and access to services for depression. In a neighbouring state, a project looked at integrating mental health into primary health care services, with the focus being how to collaborate and support the public health system to improve mental heath services. Using an implementation research approach, several barriers to service delivery were addressed, mental health was integrated in the primary health care system and those who participated in the programme experienced reduction in their depression severity and improved functioning. This implementation model was scaled up by the state government and now the mental health services are made available to a population of 75 million in the state. A synthesis of the learnings from the community-based programme and from the other facility-based programme for integration of mental health in public health system could potentially provide a way-forward to scale up mental health services in low resource settings.

National-level interventions in public mental health to address social determinants
Mr Ian Walker, Public Health England, UK

An umbrella review identifying evidence of national level interventions/policies addressing social determinants and their impact on mental health is being undertaken by Public Health England. While the study is in the early stages, it is expected that the four areas that will be included in the results are paid maternity leave, macro-level economic factors, welfare state and unemployment benefits, and migrant policies. To look at interventions, a life course approach has been taken to use socio-economic levels to propose a framework for interventions addressing the social determinants of mental health. The aim is to propose to UK government and local policy makers, interventions that could be considered at a local or national level.