Social causes and solutions for mental health: towards equity in recovery

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Senior Scientist CAMH
- Social causation evidence
- A new model for considering social causation
- Implication for developing equitable solutions and recovery
What we know about social causation
Events in society interact with community to change risk

Pathway through care for someone in psychological distress

- Balance
- Distress
- Regular symptoms
- Symptoms causing problems with functioning
- Life events
  - Stress
  - Vulnerability
- Seek help from family and non-statutory sector
- Resilience Coping structure Safety net
- Help sought from primary care (general practitioner/social worker)
- Help sought from secondary care
Multilevel causation of psychosis

- Pro and anti psychotic factors at each level
- Each level different scientific rules
- Impact at any level confined by higher level
- Studying interaction vitally important
- Multi-level modelling may disentangle sub and supra level effects
- After Susser and Susser
Individual factors in psychosis

- Obstetric complications
- Viruses (flu?)
- City birth
- Childhood adversity (separation / abuse)
- Substance misuse (cannabis)
- Adult adversity (daily problems)
- Migration
- Racism
Migration meta-analysis – schizophrenia incidence

Bwegellera 1977 (30) (West Africa)
Harrison et al. 1988 (15) (Caribbean)
Harrison et al. 1997 (10) (Caribbean)
McGovern and Cope 1987 (17) (Caribbean)
Castle et al. 1991 (13) (Caribbean)
Bwegellera 1977 (30) (Caribbean)
Dean et al. 1981 (32) (Caribbean)
Selten et al. 2001 (3) (Morocco)
Goater et al. 1999 (11) (West Africa/Caribbean)
Hitch and Clegg 1980 (29) (Eastern Europe)
Goater et al. 1999 (11) (Asia)
Goater et al. 1999 (11) (mixed foreign-born)
Dean et al. 1981 (32) (New Commonwealth Africa)
van Os et al. 1996 (14) (West Africa)
Krupinski and Cochrane 1980 (31) (Poland)
Cantor-Graae et al. 2003 (4) (Australia)
Selten et al. 1997 (25) (Dutch Antilles)
Cantor-Graae et al. 2003 (4) (Africa)
Selten et al. 1997 (25) (Suriname)
Cantor-Graae et al. 2003 (4) (Middle East)
Selten et al. 2001 (3) (Suriname)
Selten and Sijben 1994 (34) (Morocco)
Cantor-Graae et al. 2003 (4) (Greenland)
Hitch and Clegg 1980 (29) (New Commonwealth)
Cochrane and Bal 1987 (18) (Caribbean)
Dean et al. 1981 (32) (India)
van Os et al. 1996 (14) (Caribbean)

Grand Mean
Thomas et al. 1993 (33) (Caribbean)
Cantor-Graae et al. 2003 (4) (South America)
Krupinski and Cochrane 1980 (31) (Germany)
Dean et al. 1981 (32) (Ireland)
Cantor-Graae et al. 2003 (4) (Asia)
Cantor-Graae et al. 2003 (4) (Europe)
Selten et al. 2001 (3) (Dutch Antilles)
Cantor-Graae et al. 2003 (4) (North America)
Selten et al. 2001 (3) (mixed foreign-born)
Cantor-Graae et al. 2002 (4) (Scandinavia)
Cantor-Graae et al. 2003 (4) (second-generation Denmark)
Zolkowska et al. 2001 (27) (mixed foreign-born)
Krupinski and Cochrane 1980 (31) (Italy)
Bhugra et al. 1997 (15) (Caribbean)
Cochrane and Bal 1987 (18) (Ireland)
Thomas et al. 1993 (33) (Asia)
Bhugra et al. 1997 (15) (Asia)
Cochrane and Bal 1987 (18) (Pakistan)
Cochrane and Bal 1987 (18) (India)
Dean et al. 1981 (32) (Pakistan)
Krupinski and Cochrane 1980 (31) (United Kingdom)
Selten and Sijben 1994 (34) (Turkey)
Selten et al. 2001 (3) (Turkey)
Racism psychosis risk factor – cross sectional

Estimated prevalence of psychosis

- Karlsenn et al Psychological Medicine 2005 Sept 29-1-9
Cannabis consumption at age 18 and later risk of schizophrenia

Andreasson et al, 1987
Ecological factors in psychosis

- Urban environment
- Social fragmentation
- Poverty
- Alienating environments (population density)
- Work availability
- Income inequality
- Social capital
Incidence rates of psychosis and social cohesion
## Causation of what?

<table>
<thead>
<tr>
<th></th>
<th>Predisposition</th>
<th>Onset</th>
<th>Course / recovery</th>
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<tbody>
<tr>
<td>Individual</td>
<td></td>
<td>cannabis</td>
<td>cannabis</td>
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<tr>
<td>Environmental</td>
<td>social cohesion</td>
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<td>social cohesion</td>
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- Problems have a social cause but a social course

- Recovery depends on the social situation and community

- Individuals live in communities

- Should we spend more time thinking about communities?
A new model
4 determinants of impact of a factor

- Strength of the factor in increasing risk
- Amount of exposure
- When the person or group are exposed
- How it interacts with other factors
There are 4 dimensions for working out social risk

- Exposure to individual risks
- Exposure to ecological risks
- Interaction between the different risk factors
- When and how long you are exposed
4 d model of risk indicative findings

- continued use and residence
- cannabis city and early use
- cannabis and city
- city
- cannabis
What of recovery and equity
Different groups may have different needs.
The issue not just different needs but what we do about different needs
Health inequities = differences in access, use or outcome because of an interaction between community need and service response
<table>
<thead>
<tr>
<th>Who can offer interventions for what type of need</th>
<th>Differential need of community or group</th>
<th>Inequitable service response</th>
<th>Societal context in which communities and societies exist</th>
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</thead>
<tbody>
<tr>
<td>Clinicians and teams</td>
<td></td>
<td>X</td>
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<td>Organisation</td>
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<td>Service system</td>
<td>XX</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Societal / legislative</td>
<td>XX</td>
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The best interventions target the problem

- Social causes multi-level
- Social course and recovery depend on community
- Community recovery requires
  - Acknowledgement of history
  - Policies that promote healing and community development
  - Good public services, housing, schools and jobs
  - Community cohesion, self determination and efficacy
  - Attachment to power structures
Thank you