

Certain social risk factors have been found to influence both the risk for and course of mental and physical illnesses, especially in individuals biologically or genetically predisposed to these conditions. Social and environmental factors that affect an individual or entire community's health status are known as social determinants of health (SDOH). The more nuanced factors that influence an individual's emotional and psychiatric well-being are known as social determinants of mental health. Insufficient food, inadequate housing, lower socioeconomic or social status, lower educational levels, trauma and challenging environment conditions are among the factors associated with worse individual and community health and well-being.

Information about relevant social determinants reaches judges through avenues such as pre-sentence investigations and evaluations that contain biological, psychological and social reports. This information positions court personnel to craft dispositions that address unfavorable social determinants and/or enhance favorable ones. For example, conditions of probation can take into account an individual's access to housing and treatment in the community. Sentencing can take into consideration mitigating circumstances.

This *Mental Health Facts in Brief* provides an overview of the role of social determinants in propelling people toward poorer outcomes, including criminal justice system involvement. Strategies are presented for recognizing and considering these determinants in order to mitigate risks and improve life trajectories.

BRIEF HISTORY

The World Health Organization has defined SDOH as "the conditions in which people are born, grow, work, live and age, and the wider set of forces and systems shaping the conditions of daily life, and are mostly responsible for health inequities which are the unfair and avoidable differences in health status seen within and between countries." The organization in 2010 called these conditions "upstream" factors that have "downstream" effects. Physicians and social scientists have analyzed these effects at least since the mid-19th century, when the social and political influences on typhoid and cholera infections were subjects of study. Such analyses only proliferated in the centuries since.

Today, the Centers for Disease Control (CDC) identifies five main social determinants of health: economic stability; access to quality education; access to quality healthcare; neighborhood and surrounding environments; and social and

COMMUNITY POLICIES AND PRACTICES

Concrete policies for incorporating consideration of SDOH in healthcare practice are in their emergent phase. In particular, clinical systems are examining ways to measure social determinants to inform patient care. Some healthcare programs, for example, have adopted policies that allow for adjusting benefits to provide resources that may offset or mitigate risk-related social determinants (e.g., enhanced food and housing benefits or clean water). The CDC has developed a tool called the Community Health Improvement Navigator to identify and assess social determinants of health by region (e.g., poverty, livability, health care access) and to inform local efforts to improve social and environmental conditions based on those determinants. The Health Impact Assessment model supported by the World Health Organization offers a tool to measure how a specific policy or practice might affect the health of selected populations, especially those at risk for poor outcomes.

(Brief History cont.)

community contexts. Current analyses that consider COVID-19 infection, hospitalization and death rates in the context of demographics such as race, ethnicity, income and educational level are examples of this concept in practice. Especially as the political, medical and public health communities seek data-driven strategies for addressing the overrepresentation of mental illness in inmate populations, recognition of the role of social determinants and practical measures to address them are likely to increase in many settings, including the courtroom.

SUPPORTING EVIDENCE

Evidence supporting the influence of health and mental health determinants beyond genes and biology has grown over time. Seminal research looking at SDOH in the United Kingdom began in the late 1960's. Known as the Whitehall study, the longitudinal research found that high socioeconomic status correlated directly with better health, and lower socioeconomic status predicted poorer health. An extensive body of literature replicating and expanding on this research has been published in the decades since. More recently, research has also focused specifically on social determinants of *mental* health. Findings such as the following are representative.

- Low household income, low educational attainment, material disadvantage, unemployment and social isolation are among the biggest factors associated with poor mental health. For example, youth from homes with low socioeconomic status are twice as likely to experience depression or anxiety as those from homes of higher status.
- Populations that experience stigma and/or discrimination because of race, class, gender or other identity factors experience higher rates of illness and mental illness than populations not similarly marginalized.
- Communities living with poverty, urban crowding, poor access to healthcare or low education are associated with higher rates of trauma exposure, which in turn increases the risk of mental illness, substance use disorders and criminal and juvenile justice involvement.

This evidence converges to support the individual and social benefits of preventative measures to modify or mitigate social determinants and thus to improve health and mental health outcomes across populations.



JUDICIAL CONSIDERATIONS

People with mental illness who come before the courts often have backgrounds that contributed to their justice involvement, including exposure to negative social determinants of health or mental health that contributed to their justice involvement. Therefore, consideration of the following questions may be useful in the disposition of cases before the court and contribute to the improvement of individual outcomes.

- *What information is available to the court about the individual's past social and physical environment, access to health care, socioeconomic status and other recognized determinants of health and mental health?*
- *What social, community, and environmental factors are still relevant and can be addressed in the court's handling of the case (e.g., by linking the individual to social services, education, benefits or treatment)?*
- *To what extent does an individual have the means to make gains in personal health and mental health goals (e.g., access to exercise, green spaces, nutrition)?*
- *What social programs exist in the individual's community to help the individual make these gains (e.g., group therapy, telehealth, peer supports, and youth groups)? What mechanisms does the court have for connecting the individual to them?*
- *What community policies or practices exist that identify and improve outcomes of SDOH for the local population (e.g., poverty reduction, affordable housing development, transit subsidies to treatment)? What mechanisms are available to the court to see that they are implemented?*
- *What opportunities exist for judges to convene or collaborate with stakeholders to impact SDOH factors in the community?*

SUMMARY

Innumerable factors influence an individual's health and well-being. Social determinants of health and mental health use a biological, psychological and social models to consider health outcomes through the lens of physical and social environmental factors, such as income, education, nutrition and housing. As courts consider SDOH and find strategies to address poorer individual and community mental health outcomes and find strategies for addressing them, the judicial toolbox for reducing revolving-door outcomes expands.

- Centers for Disease Control and Prevention. "Social Determinants of Health: Know what affects health." Accessed 30 Sept. 2021 from <https://www.cdc.gov/socialdeterminants/index.htm>
- National Academy of Medicine. "What are the social determinants of health?" Retrieved from <https://nam.edu/programs/culture-of-health/young-leaders-visualize-health-equity/what-are-the-social-determinants-of-health/>
- Braverman P & Gottlieb L. "The social determinants of health: It's time to consider the causes of the causes." Public Health Reports (vol. 129 (Suppl 2), 2014, pp. 19-31). Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3863696/>
- World Health Organization. *Health impact assessment*. Geneva, CH: World Health Organization (1999). Retrieved from https://www.who.int/health-topics/health-impact-assessment#tab=tab_1
- World Health Organization and Calouste Gulbenkian Foundation. *Social determinants of mental health*. Geneva, CH: World Health Organization (2014). Retrieved from https://www.researchgate.net/publication/264867611_Social_Determinants_of_Mental_Health

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