Social Determinants of Health and Mental Health Idaho Judicial Webinar Series December 9, 2021 Debra A. Pinals, M.D. Clinical Professor of Psychiatry Director, Program in Psychiatry, Law and Ethics University of Michigan

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Provide an overview of social determinants of health that propel people into certain outcomes

Presentation

Present information for judges to recognized these determinants, mitigate risks and improve life trajectories



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According to the World Health Organization...

• Social determinants of health encompass "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."

Relevance for Judges

• Context related to pre-sentence evaluations

• Dispositions of individuals and families that may be influenced by favorable or unfavorable determinants

• Considerations for probation

• Considerations of aggravating and mitigating circumstances

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Health Care
Access and
Quality

• Healthy People 2030 Goal: Increase access to comprehensive, high-quality health care services
• 1 in 10 people in the US do not have health insurance and may not be able to afford medical care or medications
• Preventive care often not covered service

https://health.gov/health.ypeople/objectives-and-data/browse-objectives/health-care-access-and-quality

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Social and
Community
Context

• Healthy People 2030 Goal: Increase social and community support

• Unsafe neighborhoods, discrimination, social isolation all can negatively impact health

• Children and adults alike need connections and social support

https://health.gov/healthypeople/objectives-and-data/browse-objectives/social-and-community-context

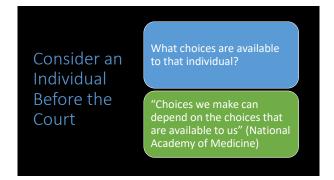
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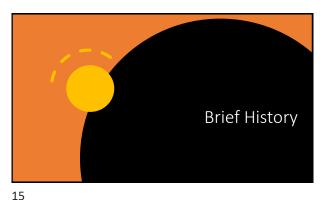


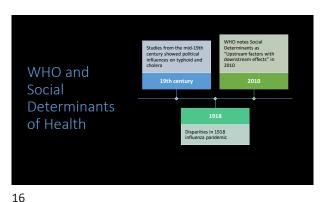
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Examined British civil servants
 Whitehall I: Began in 1967
 Examination of mortality rates among men ages 20-64
 Found an inverse relationship between the level of employment and mortality and other causes (lower grade, higher mortality)
 Whitehall I

Whitehall I

Whitehall I

Whitehall I

Massengers, doorkeepers had 3x mortality compared to administrators

Some relation to smoking, obesity, less leisure time and physical activity as well as higher blood pressure and baseline illnesses, but not all differences were accounted for by this.

Lowest job grades still had higher mortality compared to higher grade jobs

(Marmot, Shipley and Rose, 1984)

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• British civil servants (men and women) ages 35-55 • Level of employment was associated with work control and varied work as well as pace (job demands) • Prevalence of ischemia continued to be seen based on employment Poor health indicators (smoking, weight, level of physical activity) more common in lower status jobs Marmot MG, et al. Health inequalities among British civil servants: the Whitehall II study. *Lancet* 1991

 Upstream more nuanced now-e.g., upstream lack of economic opportunity leads to downstream poor living conditions Social determinants as "any nonmedical factors influencing health" including gender, race/ethnicity, occupation Highlights impact of racism and pervasive daily stress Considerations now include mental health as a health outcome also considered Social Determinants of Mental Health (Braveman et al 2011; https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6181118/#)

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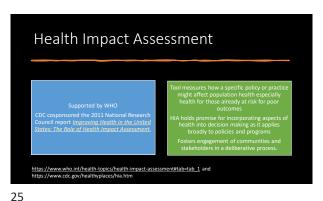


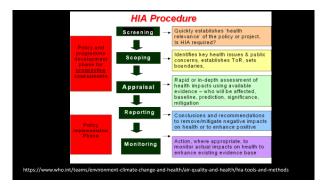
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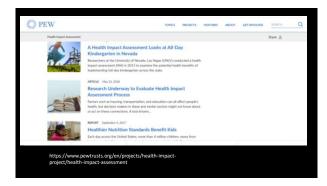


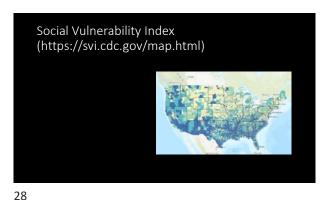


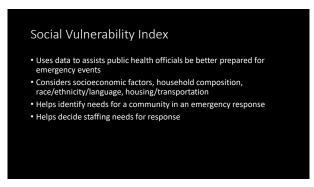
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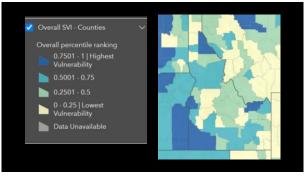












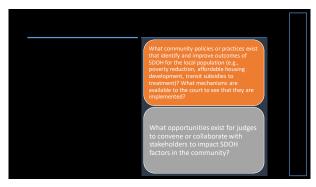


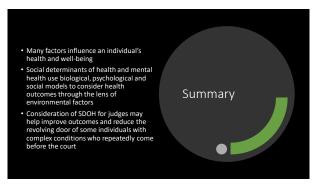












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