

Social Determinants of Health and Potential Barriers to Effective Treatment

SOCIAL DETERMINANTS OF HEALTH

Healthy People 2020 defines the social determinants of health as the social factors and physical health conditions of the environment in which people are born, live, learn, play, work, and age. Social determinants of health are increasingly recognized as contributing to disparities in physical health outcomes between different populations. Social determinants of health should be assessed and reported given their contribution to disparate health outcomes.

Social determinants of health are categorized into five main domains. These domains and examples are:

- Neighborhood and built environment: Access to foods that support healthy eating patterns; crime and violence; quality of housing; environmental conditions
- Health and healthcare: Access to primary care services; health literacy
- Social and community context: Discrimination, incarceration, civic participation
- Education: Early childhood education and development; high school graduation; enrollment in higher education; language and literacy
- Economic Stability: Employment status; food insecurity; housing instability; socioeconomic status (e.g., poverty)

POTENTIAL BARRIERS TO EFFECTIVE TREATMENT

There are many potential barriers to effective treatment for individuals with SMI. It may be helpful for clinicians to be aware of the most common barriers, assess for them, and ensure that they are addressed and addressed in treatment plans.

Social Determinants of Health and Potential Barriers to Effective Treatment (*continued*)

Box 1.

Potential Barriers to Effective Treatment

Patient and illness-related factors

- ◆ Not seeking adequate physical care due to psychiatric symptoms (e.g., cognitive impairment, social isolation, and suspicion)
- ◆ Difficulty comprehending health care advice and/or carrying out required changes in lifestyle due to psychiatric symptoms and adverse consequences related to mental illness (e.g., low educational attainment, reduced social networks, lack of employment and family support, poverty, poor housing)
- ◆ Severity of mental illness (SMI patients have fewer medical visits, with the most severely ill patients making the fewest visits)
- ◆ Health risk factors and lifestyle factors (e.g., substance abuse, poor diet, smoking, lack of exercise and unsafe sexual practices)
- ◆ Less compliant with treatment
- ◆ Unawareness of physical problems due to cognitive deficits or to a reduced pain sensitivity associated with antipsychotic medication
- ◆ Migrant status and/or cultural and ethnic diversity
- ◆ Lack of social skills and difficulties communicating physical needs

Treatment-related factors

- ◆ Deleterious impact of psychiatric medication on physical health (e.g., obesity, type 2 diabetes mellitus, cardiovascular disease, hyperprolactinemia, and xerostomia)

Psychiatrist-related factors

- ◆ Tendency to focus on mental rather than physical health with infrequent baseline and subsequent physical examination of patients
- ◆ Poor communication with patient or primary care health workers
- ◆ Physical complaints regarded as psychosomatic symptoms
- ◆ Suboptimal and worse quality of care offered by clinicians to patients with SMI. Lack of assessment, monitoring and continuity of care of the physical health status of people with SMI.
- ◆ Guidelines perceived as a threat to autonomy, not well known or clinically accepted
- ◆ Lack of knowledge regarding medical issues
- ◆ Erroneous beliefs (SMI patients are not able to adopt healthy lifestyles, weight gain is mainly adverse effect of medications, lower cardiac risk medications are less effective)
- ◆ Unequipped or underfunded teams to handle behavioral and emotional problems of patients with SMI

Social Determinants of Health and Potential Barriers to Effective Treatment (*continued*)

Box 1. (*continued*)

Potential Barriers to Effective Treatment (*continued*)

Other physician-related factors

- ◆ Stigmatization of people with mental disorders
- ◆ Physical complaints regarded as psychosomatic symptoms
- ◆ Suboptimal and worse quality of care offered by clinicians to patients with SMI
- ◆ Lack of assessment, monitoring, and continuity of care of the physical health status of people with SMI
- ◆ Unequipped or underfunded teams to handle behavioral and emotional problems of patients with SMI
- ◆ Complexity and time intensity of coordinating both medical and psychiatric medications

Service-related factors

- ◆ Financial barriers, especially in developing countries; paucity of funding in some countries of general somatic care for patients with SMI
- ◆ High cost of (integrated) care
- ◆ Lack of access to health care
- ◆ Lack of clarity and consensus about who should be responsible for detecting and managing physical problems in patients with SMI
- ◆ Fragmentation or separation of the medical and mental health systems of care; lack of integrated services
- ◆ Under-resourcing of mental health care that provides little opportunity for specialists to focus on issues outside their core specialty
- ◆ Lack of health insurance coverage

Adapted from Hert, et al., 2011.