What are the social determinants of good mental and physical health?

Good mental and physical health are not equally spread across the country (Marmot et al, 2020a). The presence of good physical and mental health follows a social gradient: the environments into which people are born, live and work determine their health outcomes as measured by life expectancy and years lived with disability. Males in the poorest areas of the UK can expect to live for 9.4 years less, and females 7.6 years less, than those from the most affluent areas (Office for National Statistics, 2021a).

The latest Marmot review – Marmot et al (2020a) – is a follow-up of a landmark assessment of social inequalities first published in 2010 (Marmot et al, 2010); it shows that health and life expectancy in the UK has stagnated and not kept pace with its economic peers. Furthermore, the consequences of social inequalities have been revealed in sharp relief during the Covid-19 pandemic, as mortality from the disease has mirrored all-cause mortality along the social gradient (Marmot et al, 2020b).

Several physical and mental health conditions are more prevalent in areas of deprivation. Having a severe mental health condition can reduce lifespan to the same extent as moderate-to-heavy smoking. Employment schemes have been shown to be the best way to reduce social inequalities in people with mental health problems.

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Abstract Social inequalities are a predictor of poor mental and social outcomes, and years of life lived in disability. The wider the gap between the richest and the poorest in society, the worse the mental and physical health of both groups. Social and clinical studies have set out the specific interrelationship between social deprivation and physical and mental health. More recently mental health nurses have changed their education and practice to improve the identification and management of physical health problems. Mental health nurses can have some impact on reducing social inequalities, in particular around supporting people to access work schemes, such as individual placement and support.

Citation Young N (2021) What are the social determinants of good mental and physical health? Nursing Times [online]: 117; 10, 21-24.
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odds of unemployment, no secondary or higher education and living alone. These risks increased with the number of relapses and a longer time being spent receiving treatment.

Social inequalities and health

Mental health, physical health and social inequalities are closely related; as an example, obesity and depression are linked to cluster in socially deprived areas and are linked to social inequalities. Huet et al (2019) described how low-grade inflammation from adipose tissue and changes to the gut microbiome can lead to neuroinflammation and changes to neurotransmission. Furthermore, the stress response through the hypothalamus–pituitary–adrenal axis, affects appetite and gives rise to:

- Comfort eating;
- Reduced activity levels;
- Inflammation.

Antidepressants are also known to increase weight over the long term (Gafoor et al, 2018).

Obesity and depression are more prevalent in areas of social deprivation, with children in these neighbourhoods more likely to have, or to develop, physical and mental conditions in adulthood (Marmot et al, 2020a). At the individual level, economic hardship is associated with food poverty and increased levels of unsustainable debt, which, in turn, are associated with suicide, depression and obesity (Richardson et al, 2013). The cycle is illustrated by the finding that the bottom 10% of the population in terms of household income would have to spend 74% of their income on food to eat healthily (Marmot et al, 2020a).

In socially deprived communities there are environmental hazards for obesity and depression. The high street lacks diversity, has increased levels of street furniture, litter, and exposure to air pollution (Daly et al, 2018). Fast food restaurants are known to cluster in socially deprived areas and two for one offers are frequently linked to obesogenic foods (Macdonald et al, 2018; Cavill and Rutter, 2014). Combined with a lack of community resources, this leads to poor community cohesion and social isolation, which in turn have a negative impact on mental health (Giordano and Lindstrom, 2010).

Mental health and poor physical health

For those with schizophrenia, the weighted average of years of life lost for men and women is 14.5 years (Hjorthøj et al, 2017). The reasons for reduced life expectancy include suicide, accidents, and increased mortality from physical health conditions. Across all mental health conditions, there is an increased risk of mortality; in severe mental illness, there is a reduction in life expectancy comparable to heavy smokers (Chesney et al, 2014). A breakdown of physical health problems from GP records published by Public Health England (PHE, 2018) showed an increased risk across a range of conditions (Fig 1).

The factors that explain the risk are summarised in Table 1 (Working Group for Improving the Physical Health of People with Severe Mental Illness, 2016). The role of social inequalities has previously been understated, however, PHE (2018) has now highlighted the impact of the equality gap on physical health.

“Across all mental health conditions there is an increased risk of mortality leading to a reduction in life expectancy”

Implications for nursing

Improving physical health

Nazarko (2017) described the actions required at both the national, local and individual practitioner level to improve the physical health of people with severe and enduring mental health conditions. Mental health nurses have a key role in developing practice in these areas. For example, at the national and local levels, change is occurring through the Royal College of Physicians’ (2019) accreditation schemes, where mental health nurses advise on standards and review teams; these now include physical health requirements as core standards.

Mental health nurses have taken on leadership roles in physical health care (Nazarko, 2017). For instance, Cardiff and Vale University Health Board has created mental health nursing leadership roles for physical health in working age and older people services. The advanced practitioners carry out physical assessments, request, and interpret tests and prescribe medication. They also develop and promote best practice in physical health monitoring, such as running physical health clinics in both community and hospital settings (All Wales Senior Nurse Advisory Group, 2018; Royal College of Physicians, 2017).

Reducing inequalities

The Marmot et al (2020a) review recommendations focused on: reducing child poverty; investing in children; developing good education and jobs for all; and creating schemes and incentives that improve local environments and community

![Fig 1. Prevalence of health conditions in severe mental illness in primary care compared to all patients](source: PHE, 2018)
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Table 1. Factors associated with health inequalities in severe mental illness

<table>
<thead>
<tr>
<th>Factor</th>
<th>Effect</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual factors and medication</td>
<td>• Increased rates of smoking • Reduced exercise • Poor diet and knowledge about food • Complexity of managing two or more conditions • Treatment effects of antipsychotic medication leading to sedation and impaired glucose tolerance</td>
</tr>
<tr>
<td>Factors associated with practitioners</td>
<td>• A bias among practitioners to focus on mental health problems and omit physical health screening • Lack of knowledge about physical health care among mental health practitioners</td>
</tr>
<tr>
<td>Social inequalities</td>
<td>• Unemployment • Poverty, debt, fuel, housing, and food insecurity • Co-location of fast-food outlets, gambling shops and high-cost money lenders • Disruption of education • Poor build environments and socially fragmented localities • Reduced social networks and loneliness</td>
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</table>

Source: Adapted from Working Group for Improving the Physical Health of People with Severe Mental Illness (2016)

“The relationships between social factors and mental health are likely to be bi-directional”

For mental health nurses, the current best evidence to reduce the impact of social inequalities on health is around improving knowledge and skills about acute and long-term physical health conditions such as obesity, diabetes, and cardiovascular disease and employment support. While social prescribing has been extensively deployed in primary care, there is, as yet, no evidence base supporting its use in secondary mental health services outside of a research study. NT

References

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