

SOCIAL INEQUALITIES IN MENTAL HEALTH: FACTS AND FABLES

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CONTENTS

01

Population health

Main features and core assumptions

02

Health inequalities

Main features and core assumptions

03

Population, Social disadvantaged & High risk groups

04

Final comments

if time left!

01

POPULATION HEALTH: FEATURES AND ASSUMPTIONS



Genes/brains versus experiences/context?

Clinical versus non-clinical?



Population distribution of mental health problems:
general level and inequalities/diversities

Population distribution



Societal causes: structural and compositional

Society level causes



Societal causes of population mental health

Structure/culture

Institutional forces
impacting social relations

e.g., gender stratification

Social composition

Distribution of social
characteristics of persons

e.g., proportion of single
mothers

02

SOCIAL EQUALITY AND (MENTAL) HEALTH



Impacts all members of society

Broad, general effect



Not limited to the social disadvantaged

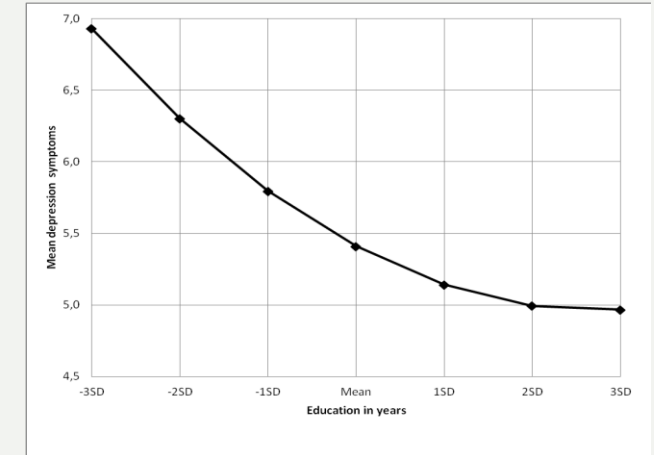
Gradual (but ceiling) effect



Universal in *place*, but also in *time*

Persistent

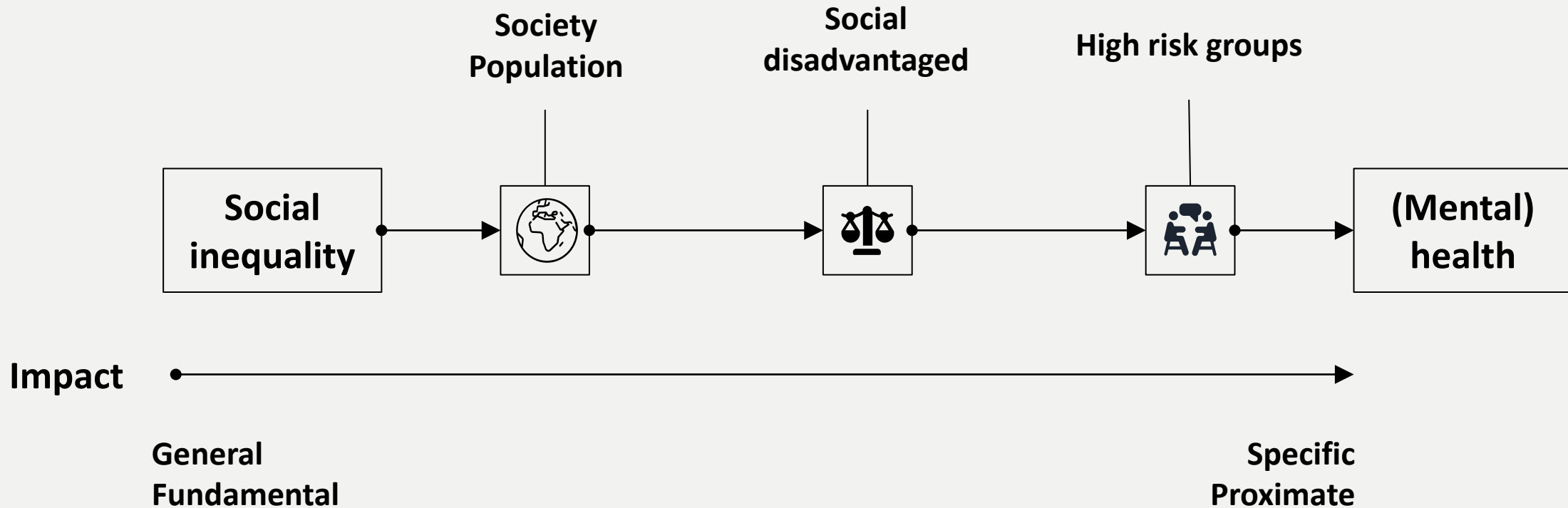
Depression and educational attainment



Source Bracke, P. et al (2013). Overeducation and depressive symptoms: diminishing mental health returns to education. *Sociology of health & illness*, 35(8), 1242-1259.

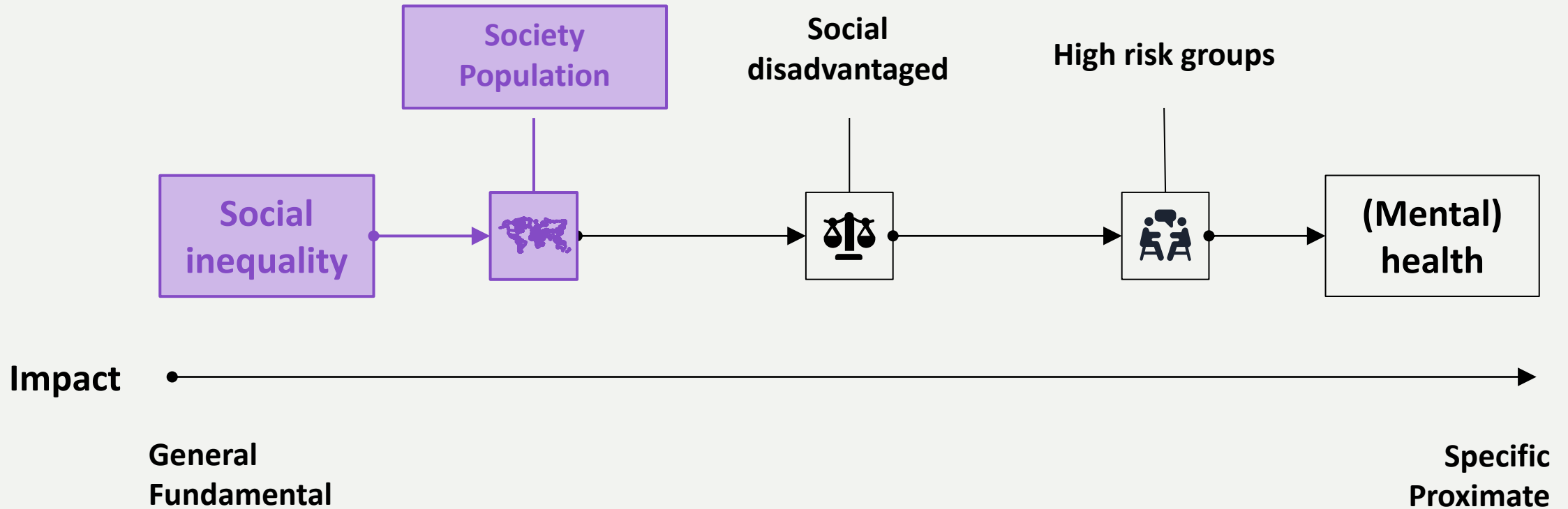
03

POPULATIONS, DISADVANTAGED GROUPS AND HIGH-RISK GROUPS



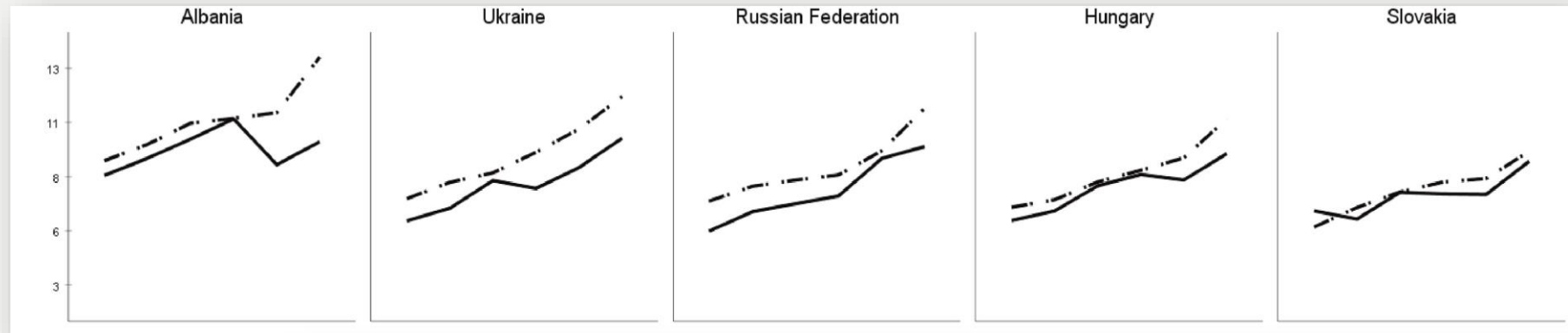
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POPULATIONS, DISADVANTAGED GROUPS AND HIGH-RISK GROUPS



GENDER STRATIFICATION AND GENDER GAP IN DEPRESSION (EUROPE 2006-2014)

More gender unequal



Societal causes of
population mental
health

Structure/culture

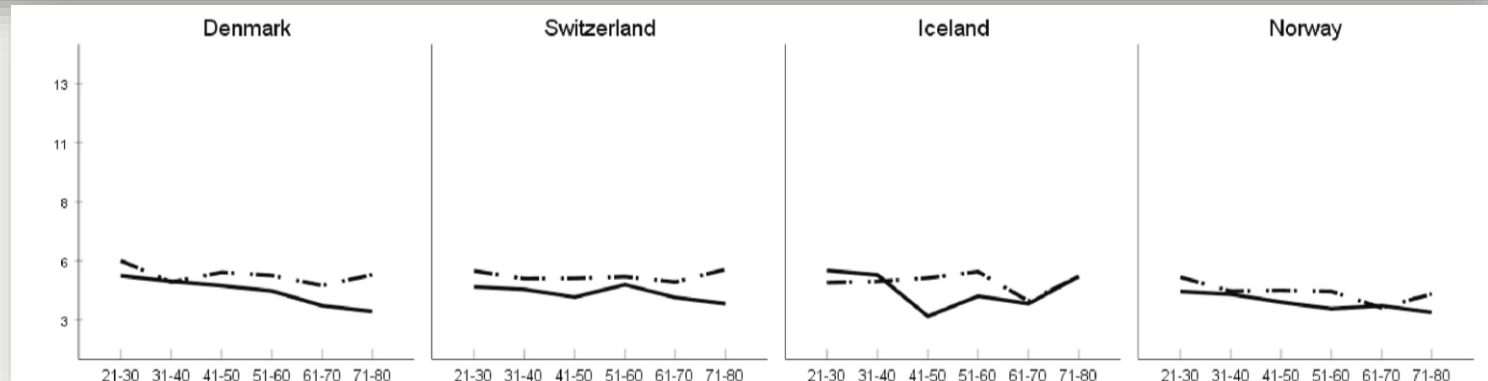
Institutional forces
impacting social relations

e.g., gender stratification

Social composition

Distribution of social
characteristics of persons

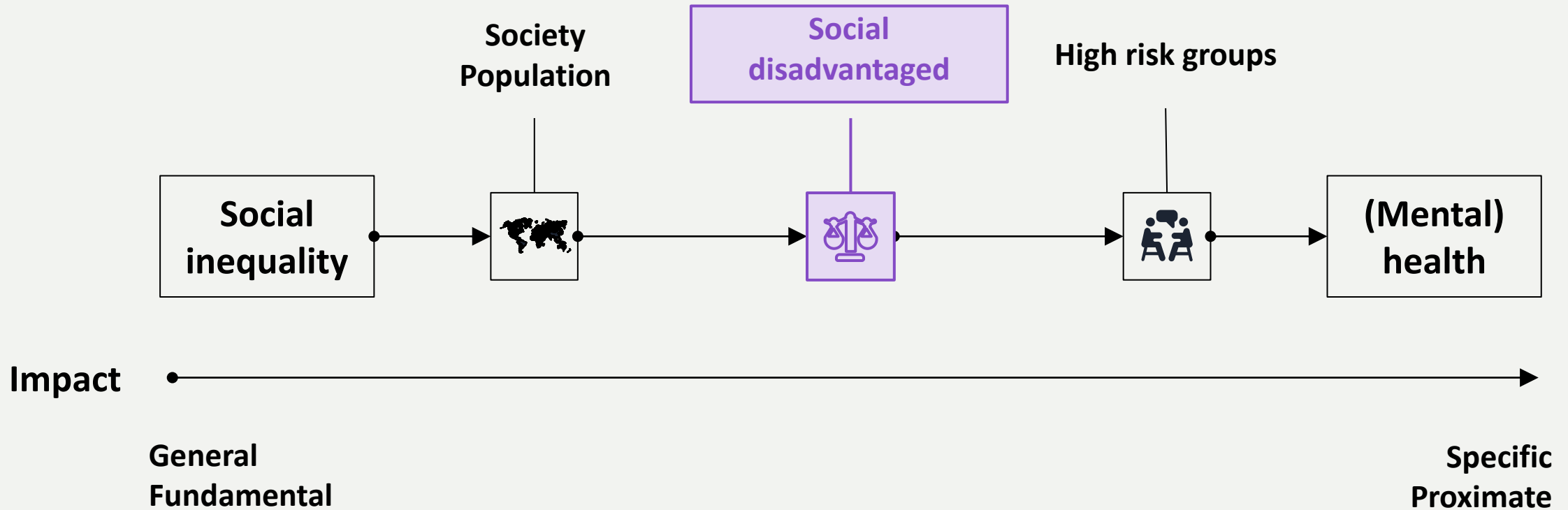
e.g., proportion of single
mothers



More gender equal

Source: Bracke, P., Delaruelle, K., Deruedde, R., & Van de Velde, S. (2020). Depression in women and men, cumulative disadvantage and gender inequality in 29 European countries. *Social Science & Medicine*, 267, 113354.

03

POPULATIONS, DISADVANTAGED
GROUPS AND HIGH-RISK GROUPS

IMPACT OF THE 2008-2010 CRISIS ON ANXIOLYTIC/ ANTIDEPRESSANT USE AND THE MODERATING ROLE OF NEIGHBORHOOD REVITALIZATION (ANDALUSIA)

Journal of Housing and the Built Environment (2021) 36:393–405
<https://doi.org/10.1007/s10901-020-09774-0>

ARTICLE



Urban regeneration policies and mental health in a context of economic crisis in Andalusia (Spain)

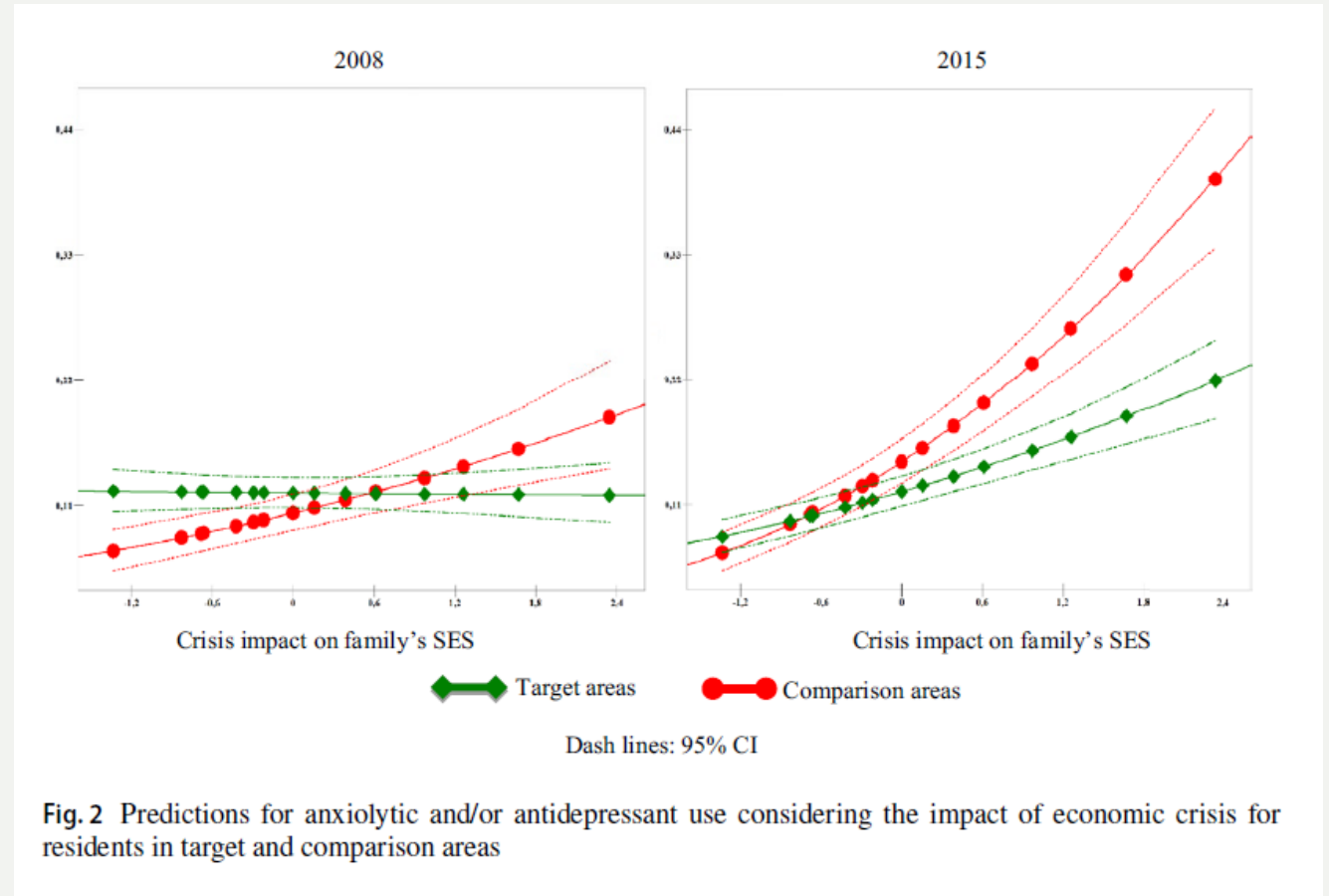
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Abstract

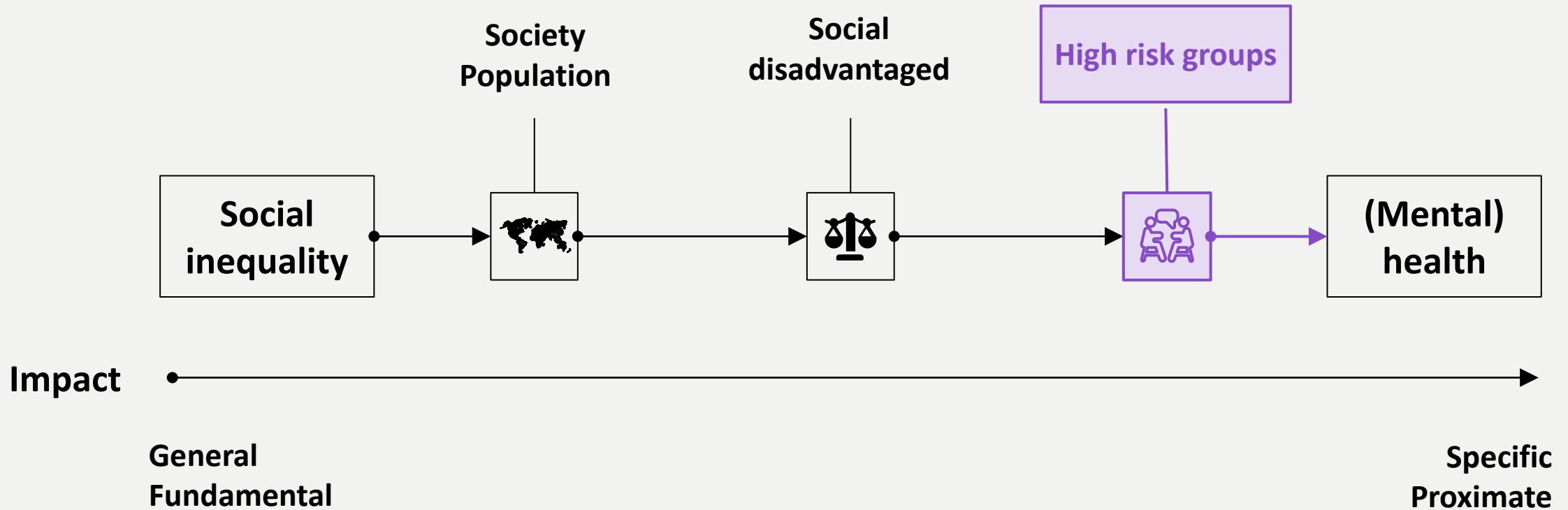
Literature suggests that urban regeneration policies might contribute towards improving mental health of residents, but to date there is a lack of empirical research on how these policies and downward social mobility can interact and influence health outcomes. The current study aims to explicitly test whether regeneration policies implemented in deprived Andalusian urban places (southern Spain) moderate the use of anxiolytics and/or antidepressants, taking into consideration families' downward social mobility during the recent period of economic crisis in Spain. We designed a post intervention survey to retrospectively compare the evolution of psychotropic drug consumption in target and comparison areas. We observe a general increase in the use of anxiolytics and/or antidepressants from 2008 to 2015, specifically for people in whose families the economic crisis had the greatest impact (odds ratio=2.18; p value <0.001). However, better evolution is observed among residents of the target areas compared with residents of similar urban areas where this kind of policies have been not in force (odds ratio=0.50; p value <0.05). Therefore, urban regeneration policies might act as moderators of the risk of mental health, particularly when people are subject to the loss of individual/family resources in urban vulnerable contexts.

Keywords Urban renewal · Housing policies · Economic crisis · Mental health · Health inequality



03

POPULATIONS, DISADVANTAGED GROUPS AND HIGH-RISK GROUPS



EXTRA

PERSISTENT HEALTH INEQUALITIES AND FUNDAMENTAL SOCIAL CAUSES



DOI and social reproduction of inequalities

Diffusion of Innovations

Moderating characteristics

- A. Structure vs agency
- B. Complex vs simple
- C. General societal vs high risk group specific

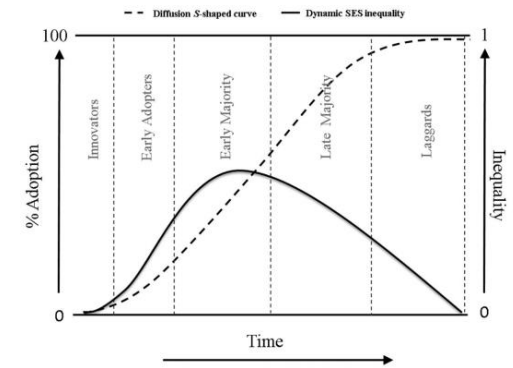


Figure 1. Proposed pattern of health inequality along the diffusion of innovation (DOI) model. Adapted from: Rogers (2003).

EXTRA

DIFFUSION OF INNOVATIONS AND THE REPRODUCTION OF HEALTH INEQUALITIES

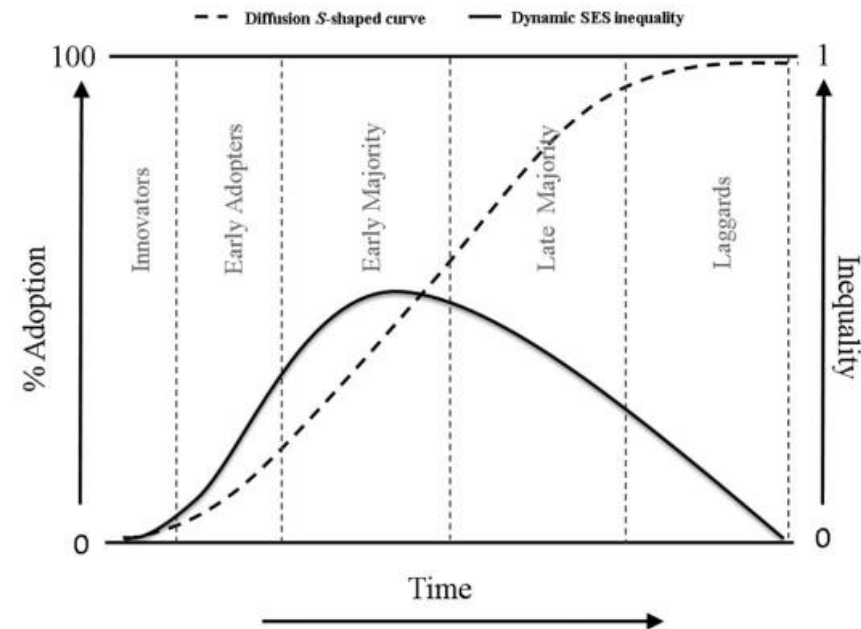
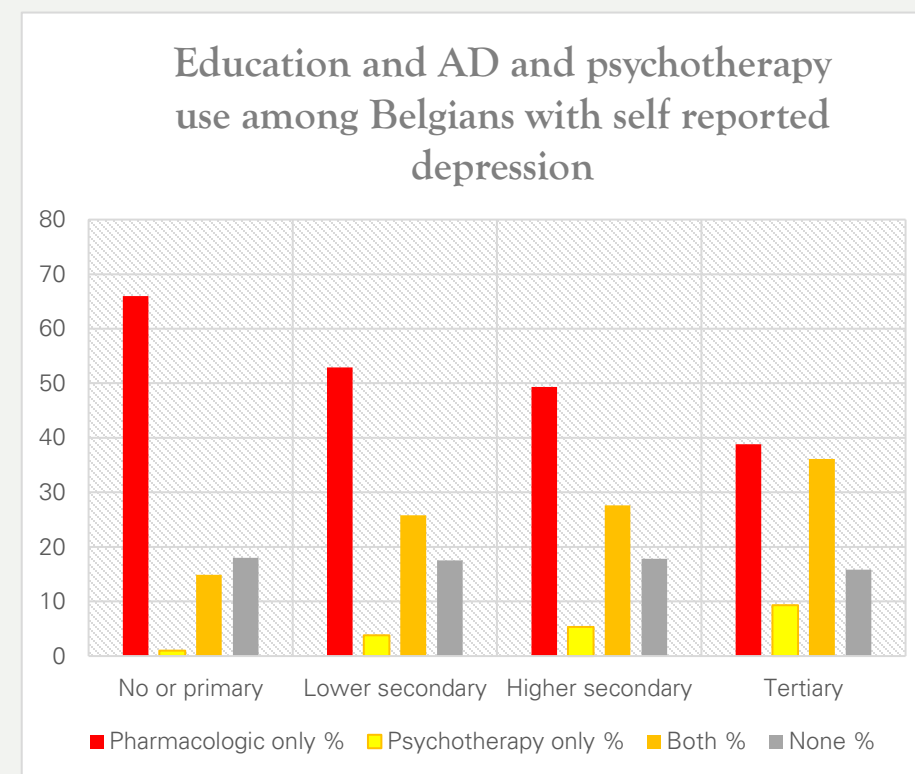
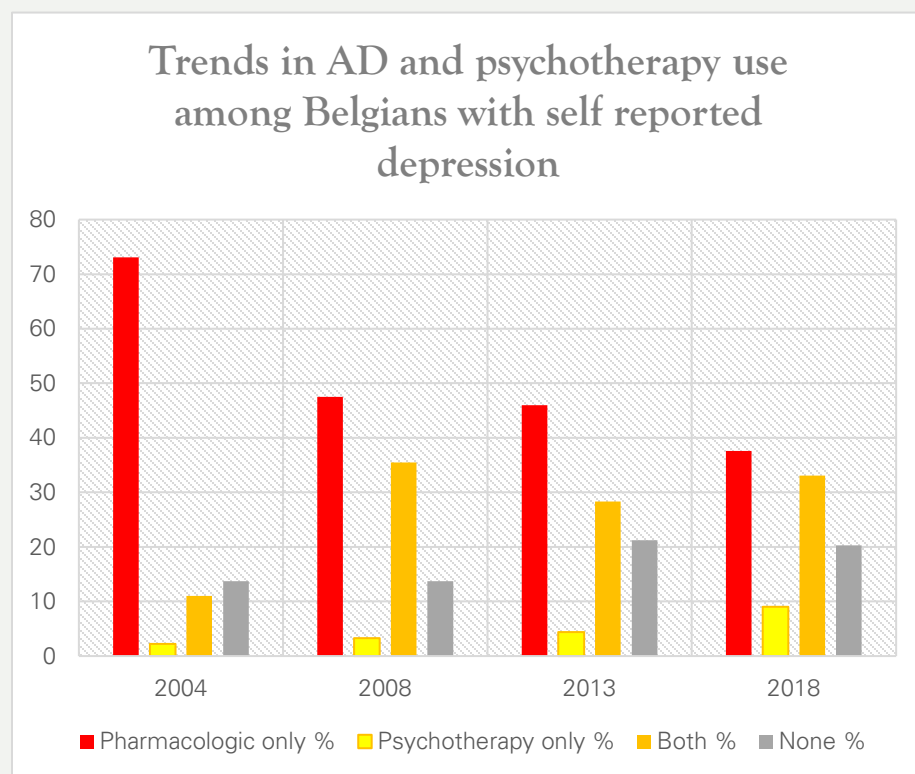


Figure 1. Proposed pattern of health inequality along the diffusion of innovation (DOI) model. Adapted from: Rogers (2003).

Source: Zapata-Moya, Á. R., Willems, B., & Bracke, P. (2019). The (re) production of health inequalities through the process of disseminating preventive innovations: the dynamic influence of socioeconomic status. *Health Sociology Review*, 28(2), 177-193.

EXTRA

TRENDS IN THE PHARMACOLOGICAL AND PSYCHOTHERAPEUTIC TREATMENT OF PERSONS WITH MAJOR DEPRESSION (BELGIUM 2004-2018)



Source: Colman, L., Delaruelle, K., & Bracke, P. (2022). The stratified medicalisation of mental health symptoms: educational inequalities in the use of psychotropic medication in Belgium. *Social Psychiatry and Psychiatric Epidemiology*, 1-10.

Colman, L., Delaruelle, K., & Bracke, P. (2023). The socialization power of education: approaching the social gradient in treatment for self-reported depression in Belgium between 2004 and 2018. Working Paper, Ghent University

EXTRA

- Economic crisis, biggest impact amongst shortest educated and on more preventable health conditions: when agency is important, educational differences emerge during economic crises.

Source: Zapata Moya, A. R., Buffel, V., Navarro Yáñez, C. J., & Bracke, P. (2015). Social inequality in morbidity, framed within the current economic crisis in Spain. *International Journal for Equity in Health*, 14(1), 1-20

RESEARCH

Open Access



Social inequality in morbidity, framed within the current economic crisis in Spain

A.R. Zapata Moya^{1*}, V. Buffel², C.J. Navarro Yáñez³ and P. Bracke²

Abstract

Introduction: Inspired by the 'Fundamental Cause Theory (FCT)' we explore social inequalities in preventable versus relatively less-preventable illnesses in Spain. The focus is on the education-health gradient, as education is one of the most important components of an individual's socioeconomic status (SES). Framed in the context of the recent economic crisis, we investigate the education gradient in depression, diabetes, and myocardial infarction (relatively highly preventable illnesses) and malignant tumors (less preventable), and whether this educational gradient varies across the regional-economic context and changes therein.

Methods: We use data from three waves of the Spanish National Health Survey (2003–2004, 2006–2007, and 2011–2012), and from the 2009–2010 wave of the European Health Survey in Spain, which results in a repeated cross-sectional design. Logistic multilevel regressions are performed with depression, diabetes, myocardial infarction, and malignant tumors as dependent variables. The multilevel design has three levels (the individual, period-regional, and regional level), which allows us to estimate both longitudinal and cross-sectional macro effects. The regional-economic context and changes therein are assessed using the real GDP growth rate and the low work intensity indicator.

Results: Education gradients in more-preventable illness are observed, while this is far less the case in our less-preventable disease group. Regional economic conditions seem to have a direct impact on depression among Spanish men (y-stand. OR = 1.04 [95 % CI: 1.01–1.07]). Diabetes is associated with cross-regional differences in low work intensity among men (y-stand. OR = 1.02 [95 % CI: 1.00–1.05]) and women (y-stand. OR = 1.04 [95 % CI: 1.01–1.06]). Economic contraction increases the likelihood of having diabetes among men (y-stand. OR = 1.04 [95 % CI: 1.01–1.06]), and smaller decreases in the real GDP growth rate are associated with lower likelihood of myocardial infarction among women (y-stand. OR = 0.83 [95 % CI: 0.69–1.00]). Finally, there are interesting associations between the macroeconomic changes across the crisis period and the likelihood of suffering from myocardial infarction among lower educated groups, and the likelihood of having depression and diabetes among less-educated women.

Conclusion: Our findings partially support the predictions of the FCT for Spain. The crisis effects on health emerge especially in the case of our more-preventable illnesses and among lower educated groups. Health inequalities in Spain could increase rapidly in the coming years due to the differential effects of recession on socioeconomic groups

Keywords: Crisis, Fundamental cause theory, Macroeconomic changes, Influence on health, Morbidity, Spain

04

POPULATION (MENTAL)HEALTH: FURTHER DISCUSSION

- Are mental health services irrelevant? And is this inevitable?
- Why most research and interventions on social disadvantaged and/or on high-risk groups?