B9 | MENTAL HEALTH AND INEQUALITY

Inequality has a significant impact on mental health. It can increase the likelihood of people becoming mentally ill, affect the quality of care they receive, worsen existing mental health conditions, and make recovery harder. Mental health is also related to many other factors, including food insecurity, inadequate housing, unemployment, occupational health, a lack of mental health services, and conflict. These social and economic factors also contribute to widening inequalities, and negatively affect the poorer and more marginalised sections of society to a greater degree.

Global Health Watch 2 (GHW2) described the relationship between poverty and mental health, the importance given to biomedical and individual care, and the relative neglect of action on the social and structural determinants of mental health. GHW2 also drew attention to situations of unequal power in which some forms of treatment and diagnosis take precedence over local and familiar methods of care that may be more effective.

This chapter concentrates on four aspects of mental health and inequality:

- how increasing inequalities are negatively influencing mental health;
- how the global economic system allows profits to be made from people's mental health problems;
- how attempts to influence mental health are used to try to extend power, including in situations of armed conflict;
- how effective responses can be taken to address these issues.

The World Health Organisation's (WHO) definition of mental health is both a reminder of this and of the need to concentrate on mental well-being rather than a list of problem conditions:

> Mental health is not just the absence of mental disorder. It is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.[1]

Mental health is strongly influenced by the ability to provide the basics of life for oneself and one's family. The 2010 *Human Development Report*[2] estimates that the basic needs of 1.75 billion people in 104 countries are not met. GHW2 had reported on the substantial increase in suicides among small-scale Indian farmers struggling to survive in a situation of unfair competition, rising prices, erratic weather, and heavy debt.

Inequality is related not only to widely different levels of material resources, but also to the importance attached to them (once basic survival needs are met) and to the degree to which society is hierarchical. The predominant global economic system is built on the need for constant growth and profit, and hence is dependent on a high value being put on material possessions. A stark example of this is the scramble to become a supplier in the luxury goods market in areas such as China, and the promotion of the exclusive individual who is needed to sell these goods.[3] In a society such as China, which had previously prioritised community and family loyalty, this promotion of materialism also requires the active promotion of a society made up of separate individual consumers.

Inequality may exist within a region, within a nation, or among nations (at the international level). When individuals live together in a group with relatively equal incomes, it appears both that their mental health can be affected if that group has an unequal standing in the wider society, but also that there can be a protective 'group density' effect on mental and physical health. This has been shown in the case of members of minority communities living in an area that is home to a high proportion of their ethnic or racial group. These people have better mental and physical health than those who live in areas where there are fewer people of their own ethnic or racial group, even if they are materially better off.[4]

The causes of mental health are another and significant indication of the need to reduce regional, national, and international inequalities, and this will happen only through adjustments to the global economic model.

Increasing inequalities and their influence on mental health

Globally, inequality is increasing both within and between countries. The GDP ratio between the poorest and the richest countries has almost doubled over the last 40 years, and 59 per cent of the world's population has been affected by an increase in income inequality.[5]

Globally, the burden of mental illness is huge. It has been estimated that depression will be the leading cause of the burden of disease in high-income countries in 2030, and the second and third cause in middle- and low-income countries respectively.[6] At present, 14 per cent of the global burden of disease is caused by mental, neurological, and substance-use disorders, and almost three-quarters of this burden occurs in low- and middle-income countries.

Mental health is not only affected by inequalities, but inequalities are also deepened and exacerbated by mental disorders. Stress and depression, for example, can increase poverty by affecting the ability to work effectively. Aspects of poverty, such as poor nutrition, financial insecurity, low levels of education, and lack of access to medical care, can, in turn, increase mental health problems.[7] A growing body of literature even blames stress, a major cause of mental health problems, on inequality.[8]

A strong correlation has been shown between mental illness and inequality in rich societies. In one study, the proportion of adults who had been mentally ill in the 12 months prior to being interviewed was less than one in ten in Germany, Italy, Japan, and Spain (all more equal countries); more than one in five in Australia, Canada, New Zealand, and the UK (increasingly unequal); and more than one in four in the United States (most unequal).[9] There is also increasing evidence that those affected are distributed across the income scale, and are not just clustered at the poorer end.[10]

Inequalities, wealth, profit, and mental health

Inequalities and legislation Legislative inequalities related to mental health can occur at the local and national levels in criminal justice systems, in interpretations of legal frameworks based on prejudice and stigma, and in mental health legislation that is lacking or that does not reflect the rights and needs of those with mental health problems. At the international level, legislation on a wide range of issues, including international trade, can result in inequalities that have an impact on mental health.

Alcohol and drug-use disorders are two of the categories in the WHO's mental health GAP Intervention Guide 2010, reflecting the huge influence that these disorders have on mental health. In 2007, it was estimated that 4.4 per cent of the global burden of disease was related to alcohol consumption.[11]

Despite this, attempts to legislate against trade in substances known to be damaging to mental health have been thwarted in the name of fair trade. Until 2007, Chile taxed alcohol according to alcohol content, with a higher tax for higher alcohol content. However, because imported alcoholic drinks from the European Union had a higher alcohol content than drinks produced locally, this was successfully challenged at a World Trade Organization tribunal under the national treatment principle (local goods cannot be favoured).[12]

Mental health problems have also been recognised as an associated problem for many injection drug users.[13] Young people who inject drugs are particularly at risk of being poor. Up to 30 per cent of homeless young people in San Francisco used injection drugs in 2000.[14] In many countries, injection drug users are a marginalised population because the drug abuse that dominates their lives is illegal and punishable. Because of this, they are unable to access psychological services to deal with their mental health problems, prompting further drug abuse.

Injection drug use can also affect mental health because of high rates of co-morbidity with diseases such as HIV, hepatitis C, and hepatitis B. HIV has been shown to be related to greater instances of depression, suicide, and other mental health problems in Africa.[15] All of these conditions are interrelated: mental health problems are a risk factor for HIV and injection drug use; injection drug use is a risk factor for HIV and mental health problems; and HIV is a risk factor for mental health problems.

Legislation as it affects individuals can also be highly unequal. Taking high-quality cocaine as a successful stockbroker in New York City is very different from stealing to fund one's habit as an unemployed youth in downtown Washington DC. And the care and treatment available to such individuals will also be very different. The stockbroker will be able to afford the purer powdered cocaine, while the unemployed youth is far more likely to be taking crack cocaine. However, the law in the United States is much stricter in relation to crack cocaine, which carries heavier sentences for possession of the same quantity. In March 2010, this disparity was reduced, but even after this change, a user of the more expensive purer cocaine can receive the same sentence as a crack cocaine user, despite being in possession of 18 times the quantity.[16]

Inequalities and global employment Financial insecurity, related to lower income, can promote feelings of hopelessness and shame, which increases stress.[17] In Tanzania, a study found that food insecurity and changes in food insecurity across seasons were strong predictors of symptoms of anxiety and depression.[18] In Ethiopia, it was found that stressful life events in addition to food insecurity increased susceptibility to mental disorders.[19]

Global inequalities drive people to leave their homes in search of employment. Estimates of financial benefit for their countries of origin ignore the human cost, including to mental health, of leaving home and family and living in an unfamiliar and often uncertain and hostile environment. There has been a steady increase in international migration over the last ten years, involving over 200 million people.[20] The circumstances that compel an individual to incur a debt of $2,000 at an interest rate of 10 per cent a month,[21] to leave his or her country to work at a job that pays a minimum wage of $43 a month (Bangladesh), to try to earn money for his or her family in a country where the minimum wage is $64 a day (UK), are clearly linked to international inequalities. The stress that can be caused by separation, difficult living conditions, dangerous working conditions, and a strange and unwelcoming environment is potentially damaging to mental health, even though those who migrate may be the fitter members of their communities.

Poor mental health outcomes are associated with precarious employment, such as non-fixed-term temporary contracts, employment with no contract, and part-time work.[22, 23] Work insecurity can have significant adverse effects on the physical and mental health of workers.[24]

Inequalities in care Global inequalities in mental health services are huge. Traditional healers have been, and continue to be, the mainstay of mental health care in many low-income countries, but very few of those with mental health problems have access to institutional mental health services. A recent WHO report estimated that 75–85 per cent of people with mental health

problems in developing countries do not receive institutional mental health treatment.[25] Almost a third of countries have no specific budget for mental health services and another 20 per cent spend less than 1 per cent of their total health budget on mental health services.

In richer countries, services may also be far from adequate and can discriminate against those with fewer resources. In the United States, it has been estimated that there are unmet health needs owing to a shortage of mental health professionals in 96 per cent of counties.[26]

Pharmaceutical companies: targeting the poor

Pharmaceutical companies have played a key role in the medicalisation of mental health problems in poorer countries, helping to foster a disregard for the economic and social causes of mental health disorders, and placing an emphasis on the individual rather than the community. Even in countries where the number of health professionals may be totally inadequate, there is often an excess of psychotropic drugs. In Pakistan, for example, these are readily available over the counter in a rapidly expanding market.[27] In India, people living in marginalised communities influenced by poverty and inequality have been targeted by promotions by drug companies that promise to make them feel 'happy', 'normal', and 'like yourself again'.[28]

By focusing on the medical model of conditions such as depression, pharmaceutical companies offer a treatment that can mask the social and economic inequalities that underpin so many mental health problems. The medicalisation of normal responses to enormous life stresses also avoids asking questions related to the social order and to the effects of global economic processes on individual lives. People are encouraged to buy psychotropic drugs and are assured that they have a problem that is treatable through medication, but the companies that supply the drugs are major operators within the global economic system driving the inequalities that are a root cause of their problems in the first place.

Mental health, inequality, and the conduct of conflict

Disturbing the mental equilibrium or harming the mental health of one's enemy has always been a part of war. Intimidating the enemy with a show of superior force, and maintaining a constant threat of a surprise attack, are just some of the stress-inducing tactics that have been used for centuries. However, there is a boundary that is crossed when actions are specifically designed to traumatise civilians, to undermine a society's culture, or to attack what lies at the core of an individual's self-respect. International humanitarian law defines this boundary under several conventions, including the Hague Convention and its Second Protocol for the Protection of Cultural Property in the Event of Armed Conflict, and the United Nations' 'Torture Convention'. The latter defines torture as 'severe pain or suffering, whether physical or mental'; it

also covers 'Other Cruel, Inhuman or Degrading Treatment'; as of October 2010, it had been ratified by 147 countries.

Psychological trauma as a weapon The US invasion of Iraq in 2003 included a 'shock and awe' operation directed at Baghdad, which involved approximately 1,700 air sorties and the use of 504 cruise missiles.[29] Later, Lieutenant Colonel Steve Boylan, the spokesman for the US military in Baghdad, stated that since the start of the campaign they had done 'everything we can to avoid civilian casualties in all of our operations'.[30] The sincerity of this statement has to be questioned after a campaign that was clearly intended to create a huge amount of stress and psychological trauma for the entire population.

Blocking permission to access health care is also a way of creating mental stress and exhibiting superior power in a highly unequal situation. Those who deny passage out of Gaza to those who seek medical care, including for eye treatment to prevent blindness,[31] must be well aware of the trauma they are causing in addition to the worsening of the physical complaint. As one person trying to cross the Rafah crossing said:

> It's as though they take pleasure as we languish in the uncertainty. The perpetual never-knowing. As though they intend for us to sit and think and drive ourselves crazy with thought. I call an Israeli military spokesperson, then the Ministry of Defence, who direct me back to the spokesperson's office, and they to another two offices; I learn nothing. As an Israeli friend put it, 'Uncertainty is used as part of the almost endless repertoire of occupation.'[32]

'New' wartime strategies in other parts of the world can also have enormous psychological effects. Child soldiers in Uganda are often found to suffer from severe post-traumatic stress and personality disorders.[33] In the Democratic Republic of Congo, rape is used as a weapon to terrorise and dominate.[34] The effects of these 'weapons' will live on in the form of mental health problems in these communities long after the fighting ends.

Effective responses

Effective responses to mental health problems need to take place at individual, local, national, and international levels, and involve all members of society as well as health professionals. Good policies and effective legislation need to be complemented by programmes aimed at reducing stigma and isolation. The root causes of many mental health disorders lie in inequality, the market economy, and conflict, and need to be addressed at all levels.

Raising awareness of the social and economic causes of mental health problems is essential and can have many benefits. In addition to drawing attention to the need to address the social and economic determinants of mental health, including inequality, it can also assist individuals who suffer from mental health problems in realising that some of their problems are

rooted in issues over which they have very little control. Without this awareness, there is a tendency for people to assume individual responsibility for their ill-health, and if they see it as their own fault, there is a danger that this will worsen their condition.[35]

There are positive new measurements of human development that now incorporate indicators of inequality. The 2010 *Human Development Report* includes three new measures, including a Human Better Development Index and a new measure of gender inequality. The measurement of the adverse effects of inequality will be a driver for action on many of the social and economic determinants that also have implications for mental health. The recent WHO Mental Health GAP Intervention Guide is a very practical guide on how to deal with a range of mental health problems, providing a 'full range of recommendations to facilitate high quality care at first- and second-level facilities by the non-specialist health-care providers in resource-poor settings'.

According to a recent study in the UK:

> Services from voluntary and community organisations were particularly valued for the provision of opportunities for socialising, befriending and participation in activities such as outings, lunch clubs, exercise and discussion groups.[36]

However, the responsibility for this type of care cannot be simply left to the voluntary sector. It needs to be incorporated as a standard part of national care programmes in partnership with community organisations. In the UK, at the end of 2010, there is a danger that the state will use community involvement and the benefits of a 'big society'[37] as a smokescreen to cut back on welfare budgets.

Addressing only psychological issues through pharmaceutical intervention will not address the underlying causes, such as inequality. A study in Brazil looked at the problem of '*nervoso*', a mental health condition that was treated by a variety of pharmaceutical regimens. The study found that the underlying problems behind '*nervoso*' were actually chronic hunger, caused by wide inequalities and poverty in the community.[38]

Community-level action and the integration of mental health treatment into non-specialist health care are key steps for ensuring better mental health for individuals globally. However, these measures have to be complemented by actions that address global inequalities in economic and military power if increasing mental health needs are to be met.

Notes

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