I live in Sweden . . . I will live to be 80 years old

I live in Chad . . . I will live to be 49 years old
“Mental health disorders were estimated to account for 12% of the global burden of disease and for 30.8% of years lived in disability.”

The global cost ... 2.5 trillion in 2010 and greater cost than diabetes, respiratory disease, and cancer combined with an expected 6 trillion in 2030 for MH.
In the US, 20% or 43 million adults have a mental disorder and 5% experience disabling.³

According to the World Health Organization (WHO) around 450 million people currently suffer from mental disorders making them among the leading causes of ill-health and disability worldwide.
Determinants of Health

- Individual Behavior: 36.0%
- Genetics and Biology: 22.0%
- Medical Care: 11.0%
- Environment: 7.0%
- Social Circumstances: 24.0%
Our Call - The Code of Ethics

- ACA Code of Ethics - core value is social justice
- CSJ - Recognize and remove inequities from non-dominant groups across societal levels
- ASCA - Apply the ethical principle of justice
- Rehab (CRCC) - Social justice and disability are concomitant
- NOHS (Standard 16) - Human service professionals advocate for social justice and seek to eliminate oppression
Social Justice

Social justice involves the promoting access and equity to ensure full participation in the life of a society, particularly for those who have been systematically excluded on the basis of race/ethnicity, gender, age, physical or mental disability, education, sexual orientation, socioeconomic status, or other characteristics of background or group membership. Social justice is based on a belief that all people have a right to equitable treatment, support for their human rights and a fair allocation of societal resources. 

https://www.youtube.com/watch?v=z754lhcX6qw
Social Injustice Defined

Social injustice is social issues that involve the individual, the family, the community, the wider society, and even the international community. It refers to unfair treatment or inequities that have resulted from racism, sexism, socioeconomics, sexual orientation, religion, ableism, and other “isms,” all of which affect quality of life. Social justice constitutes the right to fairness and equity\textsuperscript{10}
Social Justice and Commitment

Social justice is a lifestyle where one commits to living a life encouraging of equity. Lee (2000)\textsuperscript{11} notes five specific action steps, including:

1. Explore life meaning and commitment (e.g. What do I do and why?)
2. Explore personal privilege
3. Explore the nature of oppression
4. Become multiculturally literate
5. Establish a personal social justice compass
It is a call but where is the how?
What is a Social Determinant of Health

According to the WHO (2015)\textsuperscript{12}, social determinants of health are the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels. The social determinants of health (including mental health) are mostly responsible for health inequities.
Health inequities

The **unfair and avoidable differences** in health status seen within and between countries.
Social Determinants of Health Framework - “Areas of Action”

Macro-level context

Wider society

Systems

Life-course stages

Accumulation of positive and negative effects on health and well-being over the life-course

Prenatal | Early years | Working age | Older ages

Family-building

Perpetuation of inequities

Source 4
Life Course

Life-course stages

Accumulation of positive and negative effects on health and well-being over the life-course

Prenatal | Early years | Working age | Older ages

Family-building

Perpetuation of inequities
Direct vs Indirect (upstream)\textsuperscript{13}

*Upstream aspects of the physical environment include, for example, access to parks, bike paths, and healthy foods.*
WHO Recommendation at Lifecourse level

“Ensure that the conditions needed for good-quality parenting and family-building exist, promote gender equity and provide adequate social and health protection” (p. 18).

How

- High quality services in particular to women, girls, and young people of both sexes that promote breastfeeding, effective parenting, and decrease poor outcomes such as smoking.
- Provide universal, high-quality and affordable early years, education and childcare services.
- Health and safe workplaces - improve psychosocial conditions, policies around employee rights.
● Efforts to increase social cohesion and mutual responsibility.
● Distribution of social protection based on need such as having minimal standards for living across race, gender, ethnicity, immigrants, sexual orientation, age, ... more equal distribution of power, etc.
● Central is empowerment.
WHO Recommendation

Improve the level and distribution of social protection according to needs to improve health and address health inequities

- Social protection for those with lower SES - policies that buffer income loss for example.
- **Build partnerships** locally across systems - health, housing, private business, planning dept, police, etc. that work towards cohesion, inclusivity, and sustainability.
• Broaden the focus to include action across countries such as policies (social, environmental, economic) that are “unfair” establishing health disparities.
• Also, establishing the concept of intergenerational effects.
**WHO Recommendations**

Promote equity through the effective use of taxes and plan for the long term, safeguard future generations

- Look at the balance of spending (taxing) that provides integrated social care for the vulnerable populations (elderly, children, etc).
- Look across domains - environmental, social, economic . . . (lead, noise exposure to taxing policies).
Looking at the systems and how they interrelate bringing about differential health outcomes such as healthcare system (siloed care) but also other system client engages.

Prevention actions verses primarily tertiary care as currently practiced in healthcare system.
WHO

Improve governance for social determinants of health and health equity.

- All levels of gov - transnational, national, regional, state, local such as a collaborative model to foster **shared priorities**.
- Ensuring **different needs, perspectives, and human rights of at risk groups** are heard and involved in decision making.
Other thoughts

● Attending to the social gradient of health (SES)
● Attending to strengths of individuals/communities
● Attending to “processes” of exclusion, not just those excluded
Translating to Professional Counseling

- Curriculum
- Advocacy
- Clinical Practice
- Research
Practical Strategies and Recommendations

- Target professional identity
- Introduction to the ethical codes and best practices
- Course names be considered.
- Attend to social change and advocacy theories.
- Reflective exercises.
- Draw on modern media to raise awareness of social injustice.
- Problem-based learning.
- Write letters to members of local, state, and national government on an issue that motivates them to take social action
- Invite guest lecturers
- Attend state legislative days.
- Present on a topic that addresses a need within their community
- Incorporate case studies.
- Incorporate a service-learning project to specific courses within the counselor education program.
- Volunteer in a community site.
- Structure discussions of social justice issues in field experience supervision.
- Faculty professional development
An Example of a Teaching Resource

PBS Series - *Unnatural Causes*

- In Sickness and Wealth
- Becoming American
- Collateral Damage
Advocacy

- WHO calls for “good quality parenting and family building to promote gender equity and social and health protection [for women]” 12
- Focus on upstream interventions that promote child development 0-3 years of age - “the strongest instruments to break the vicious cycle of disadvantage lie in the start of life”
- Attend to poverty - quality/access to child care, education for all groups
- Attend to unsafe (physical, emotional, intellectual, etc) environments
- Change the world of academia towards a culture of helping over perish and publish.
Clinical Practice

- Attend to gaps such as rural areas for MH access
- Embrace community counseling model of practice
- Have primary and secondary prevention as part of clinical practice not, just tertiary care
- Collaborate across professions and civic partnerships and community members
Research

- Expand scope of research and practice to include research designs such as participatory research
- Professional organization to develop funding streams for prevention oriented research
- Include social determinants into research students, not only individual level variables but community
What are your thoughts on actions across the 4 domains?
References

5. Bell, 1997
6. Hartnett, 2001
8. Miller, 1999
9. Rawls, 1971
11. Lee, 2000
References


