“Social Determinants of Health from the Global Mental Health Perspective"

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Objectives of this presentation

- To present an additional perspective on SDH to answer the questions proposed in this joint presentation
- Defining concepts relating to globalization and global mental health in relation to SDH by using two examples, a local one in Toronto and an international one based on the case of Cuba.

The local example: LA in Canada

- Will be presenting the results of the cultural adaptation of cognitive behavioural therapy for the treatment of depression for Latin American people in Canada
- The SDH as explanation of depression by the focus groups participants
- Taking action on SDH to deliver this culturally adapted psychotherapy in Toronto

The international example: Cuba's approach to health and mental health

- I will present how Cuba has taking action on SDH as part of their health care delivery strategies in this island since the revolution in 1959 and their health care achivements.

global mental health perspective

for the purpose of this presentation, a **'global mental health perspective'** is an approach that *critically examines* ***globalization processes and its impact on psychiatric practice and the social determinants of health***

global mental health

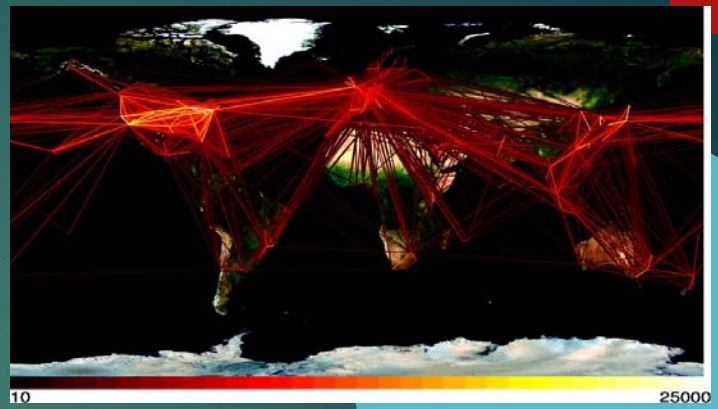
"global health is an area for study, research and practice that places a priority on improving health and achieving equity in health for all people **worldwide…*Global mental health* is the application of these principles to the domain of mental ill health**" (Koplan et al, 2009).

"Globalization is a set of **processes** that intensify human interaction by eroding boundaries of time, space, ideas that historically separated people and nations in a number of spheres.....

Meddins, D. R., Bettcher, D. W. and Ghafere, R. (2003). Violence and Human Security: Policy Linkages. Chapter 10, pages 161-180 in Global Health Challenges for Human Security. Edited by Chen, L., Leaning, J. and Narashon, V. Global Equity Initiative Asia Center. Harvard University.

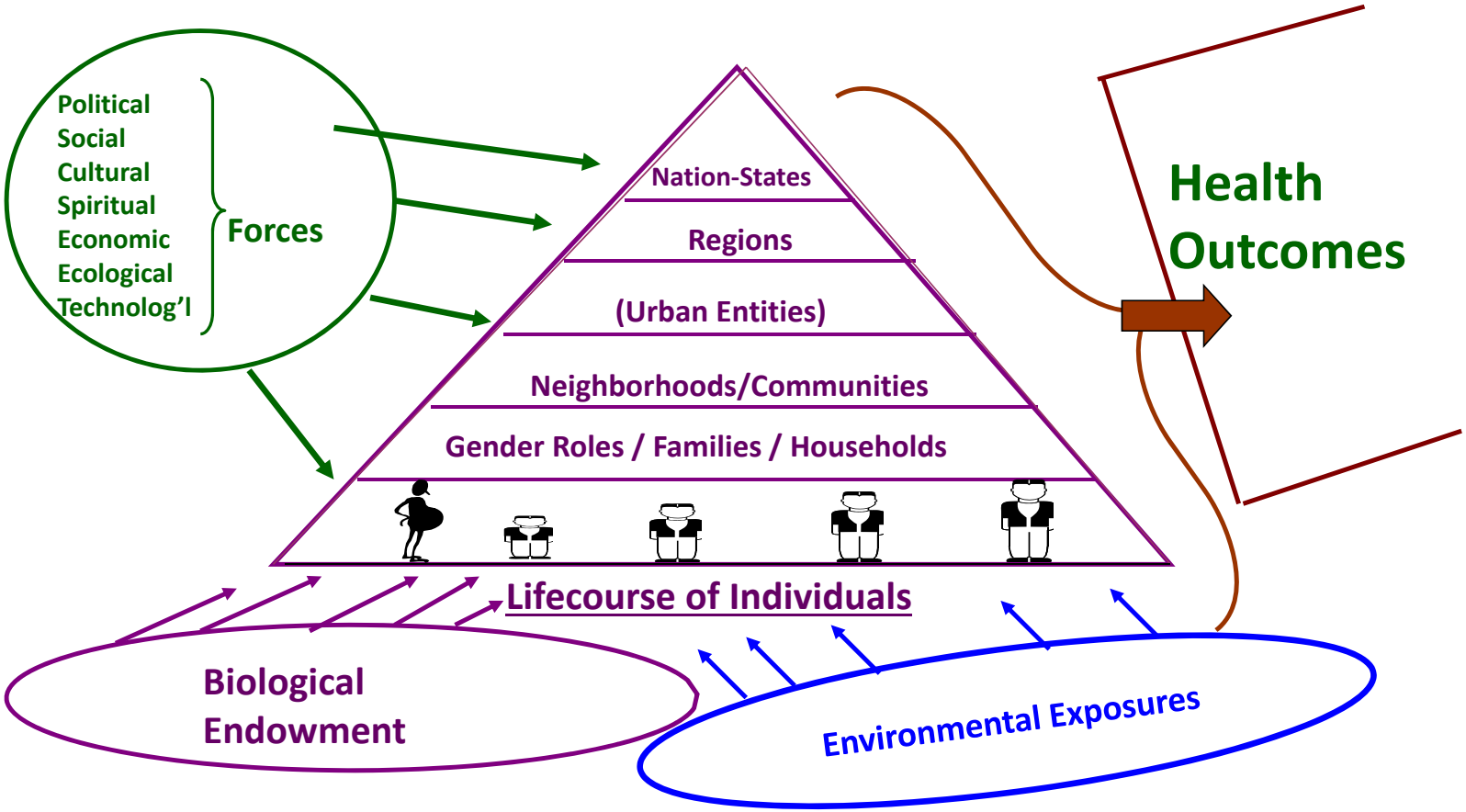
Processes of globalization

- Changes in labor trends
- Ease of trade across borders
- Social reorganization
- Rural to urban migration
- Civil unrest and conflict-war
- Natural disasters
- Mass displacement of people around the world
- Traveling and tourism
- a



traffic between the 500 largest airports in 100 countries in rate per day

What Determines Health ?



Source: adapted from Frank, 2001

Globalization's interaction with Population Health Model

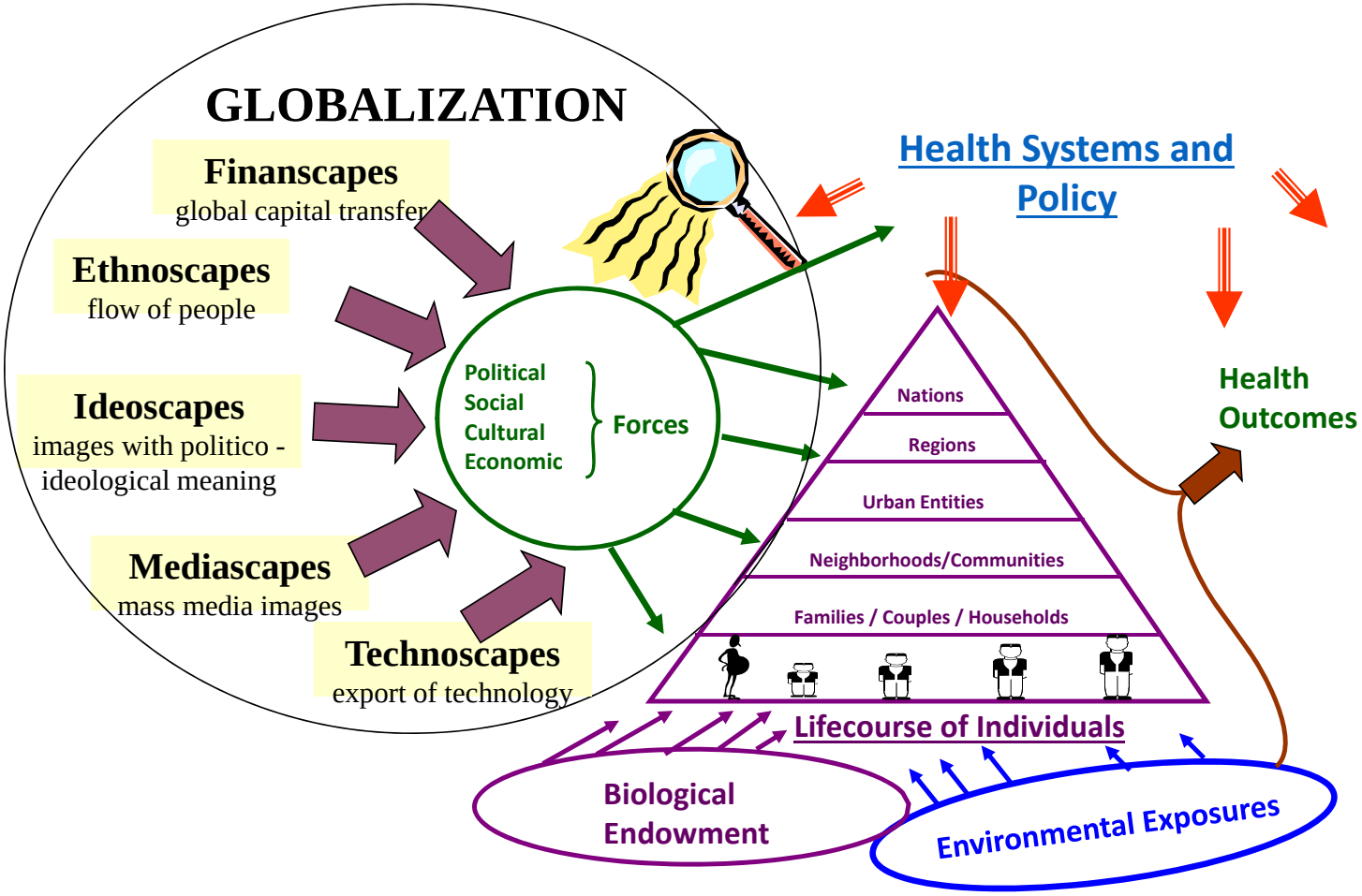
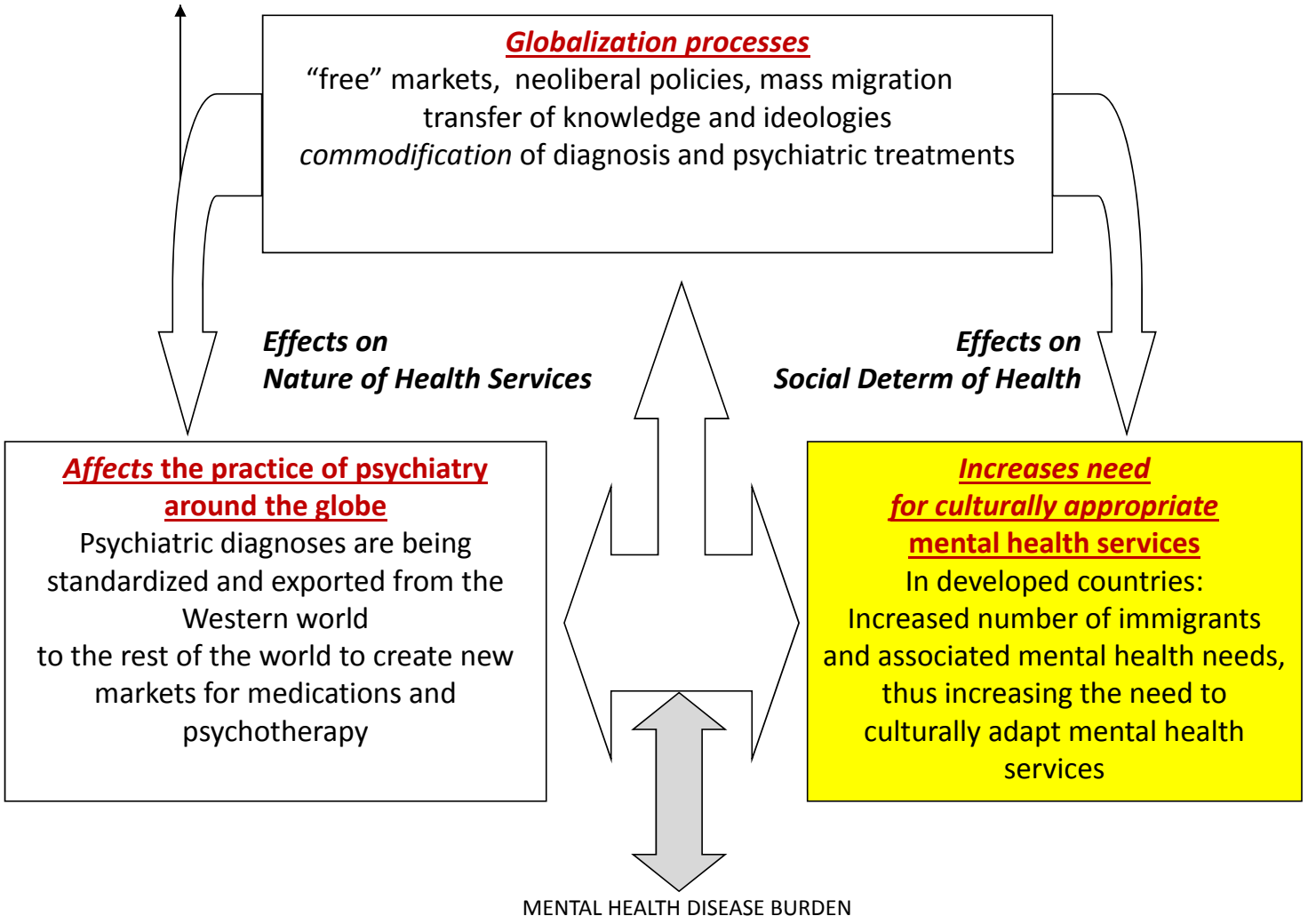


Figure 1. Commodification of Psychiatric Practice: A Global Mental Health Concern

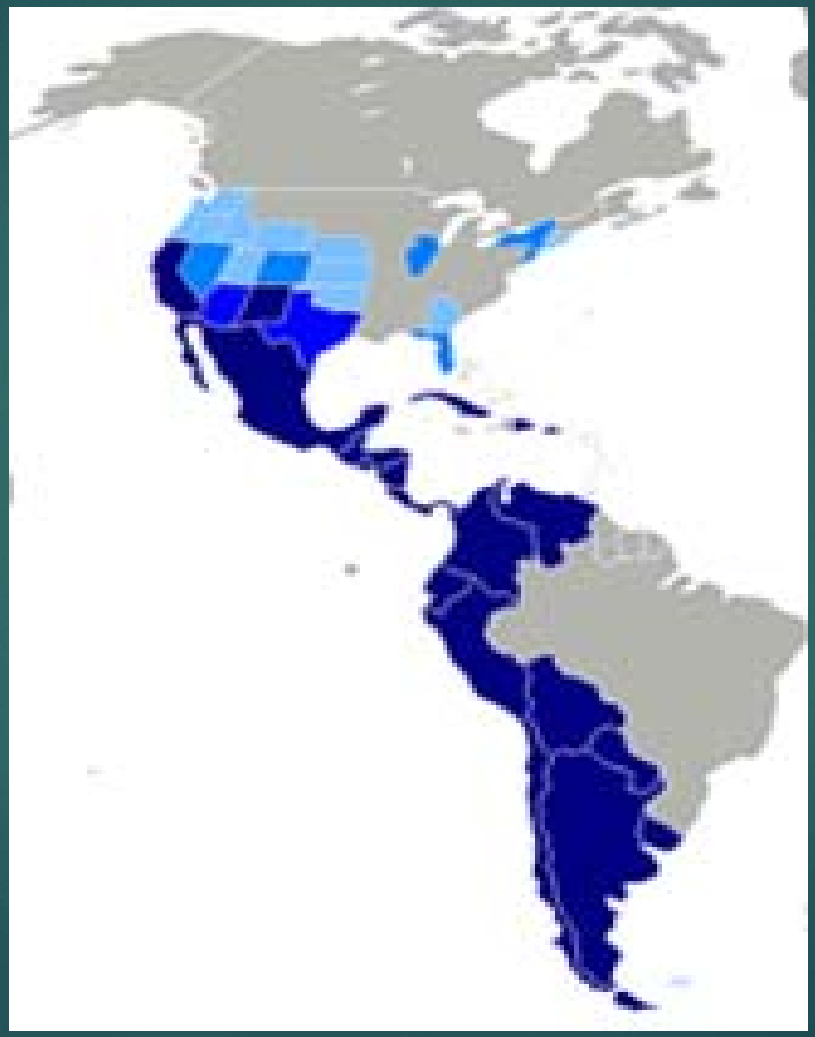


Research Questions

"Can applying a global mental health perspective contribute to more culturally appropriate mental health car for Spanish-speaking Latin Americans in Canada?"

1. **How do globalization processes influence or affect the care immigrants receive in Canada**, from the perspective of the population receiving mental health services that are standard for the Canadian-born population?
2. Can looking at the **social determinants of health** from the perspective of the Latin American community help develop a global mental health perspective that takes into account systematic **barriers and pathways to care in the treatment of depression**?
3. Can looking at health equity issues from the point of view of the Spanish-speaking Latin Americans in Canada contribute to an **understanding of access to mental health services for this immigrant population** in Canada?
4. **Is the development of a culturally-adapted psychotherapeutic intervention enough to address issues of culturally appropriate mental health care?**

who are the Latin Americans in Canada and why do they need specialized services?



LA in Canada

- Latin Americans represent **one of the five fastest cultural growing groups; between 2001 and 2006**, the number reporting Latin American origins rose by 40.2% (59, 515), while the overall population grew by only 5.4%. (Census, 2006)

- most of the Latin American population belong to the first generation and **most are young** (Statistics Canada, 2006)

Latin American Community in Canada is **about 304,245** people, however, community organization and data re-analysis show that the number may be between 500 and 700,000.

About 80% have arrived **to Canada as refugee claimants.**

most of them are specifically located in the Toronto with 99,290 people (Statistics Canada, 2006).

the most common Origin Countries are **El Salvador** (18.6%), **Colombia** (15.1%) and **Mexico** (10.3%) (Canada's Ethnocultural Mosaic, 2006).

Prevalence of mental disorders

From US and few Canadian studies **LA present higher rates of lifetime prevalence of major depression and post-traumatic stress disorder compared to the general population**

risk factors are socioeconomic, acculturative stress and pre and post migration factors

Most important SDH in LA in Canada

- Migration
- Stress (acculturative stress)
- Unemployment or under employment
- Poverty
- Education
- Access to health care
- Social support
- Social exclusion (discrimination and racism)

Cultural adaptation of CBT

qualitative research methods are the ideal research methodologies for conducting psychotherapy research and for cultural adaptation of psychotherapies research.

focus groups are used to obtain in-depth information about what is it about the therapy that works

(Bernal, G., Bonilla, J.& Bellido, C. 1995; Brown C. & Lloyd, K., 2001; Interian, A., Allen, LA., Gara, M. & Escobar, JI. 2008; Interian, A. & Diaz-Martinez, A. 2006;Interian, A., Martinez, I., Iglesias Rios, L., Krejci, J., Guarnaccia, PJ. Markowitz, J.C, et al 2009).

Stage two:

- Focus groups
  - Men group
  - Women group
  - Young women group
  - Indigenous people group
  - Elderly group
  - Community group
  - Health professionals group
- Key informant interviews
  - Chilean female psychiatrist
  - Salvadorean male psychiatrist

questions asked in the focus groups

- What is your **perception of depression** and what do you think make people depressed here in Canada?
- **What do you do** if you feel depressed, who do you go to?
- What are your **thoughts about treatments**, i.e. medications versus psychotherapy?
- If psychotherapy was offered in Toronto, **how should it be like**? where, characteristics of the therapists, hours?

Causes for depression

- "Migration causes depression, at least I think so because that happened in my family, because there is no support, or there is support but one doesn't know how to inform oneself about the support there is out there. (Young women's focus group participant)"

- "When one goes from one country to another it is like taking a plant from one place to another, from cold to warm or the reverse, so for there to be that adaptation, which maybe never arrives, it's a long process that can lead to depression. (Indigenous focus group participant)"

Motivating factors to seek therapy

- for Latin Americans, having a therapist who respects and understands their culture and language is a key component of an effective service delivery model. Among the motivating **factors for seeking therapy identified by the participants, *characteristics of the therapist* was the most frequently cited (101 references) including the therapist speaking Spanish, gender, *therapist's ethnic similarity* and an *understanding of the culture***

Pathways to care

- ***Seeking a spiritual leader* was the number one pathway to care cited by participants (31 references) compared to *going to a psychiatrist* (7 references) or a *psychologist* (8 references).**

Group psychotherapy

- “Look, I believe that working with a group was very positive. All the patients are here for different reasons -- a lot of loneliness, a lot of isolation. So, despite the fact that some have family, are married, and, in truth, aren’t totally alone, um… somehow there is an isolation caused by depression. **So, to suddenly come into a group, and just to be in a group in which you speak the same language, and I’m not just talking about Spanish, but on a cultural level there was understanding…** And also, it was very useful for the patients to have a CBT structure. So they were… in a sense**, the mental discipline in addition to the social support that was developed was very positive**” (group therapist)

recommendations for policy

federal and provincial governments need to provide **funding in the health care sector for community developed and culturally appropriate psychotherapy treatments** to address the *prevention, health promotion and early treatment* of mental illness at the same time as taking **action on social determinants of health** in large for migrant populations in particular the Latin American population.

The case of Cuba SDH

Developing a research program on Globalization, Social Organization and Health

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Liu Institute of Global Issues

Funded by Canadian Institutes of Health Research

❖Institute of Gender & Health ❖Institute of Pop'n & Public Health

Cuba

Pre-Revolution: 1959

-population of 7,028,515

-birth rate: 35.1/1000

-mortality from infectious diseases: 94.4/100,000

Latin American Context

- Greatest degree of disparity and inequality
- Poverty levels are 4 times that of other regions with similar GDP
- Poverty rates have not improved, in some cases worsened since 1980
- Urbanization of poverty
- Strong urban – rural disparities
- Income concentration is increasing

1959

1 Medical school

Life expectancy 60 years

6 000 doctors, mostly in the Capital and private provision of services

Preventible communicable disease widespread

Infant Mortality > 60/1000

SDH in Cuba

HOUSING

FOOD SECURITY

INCOME

EDUCATION

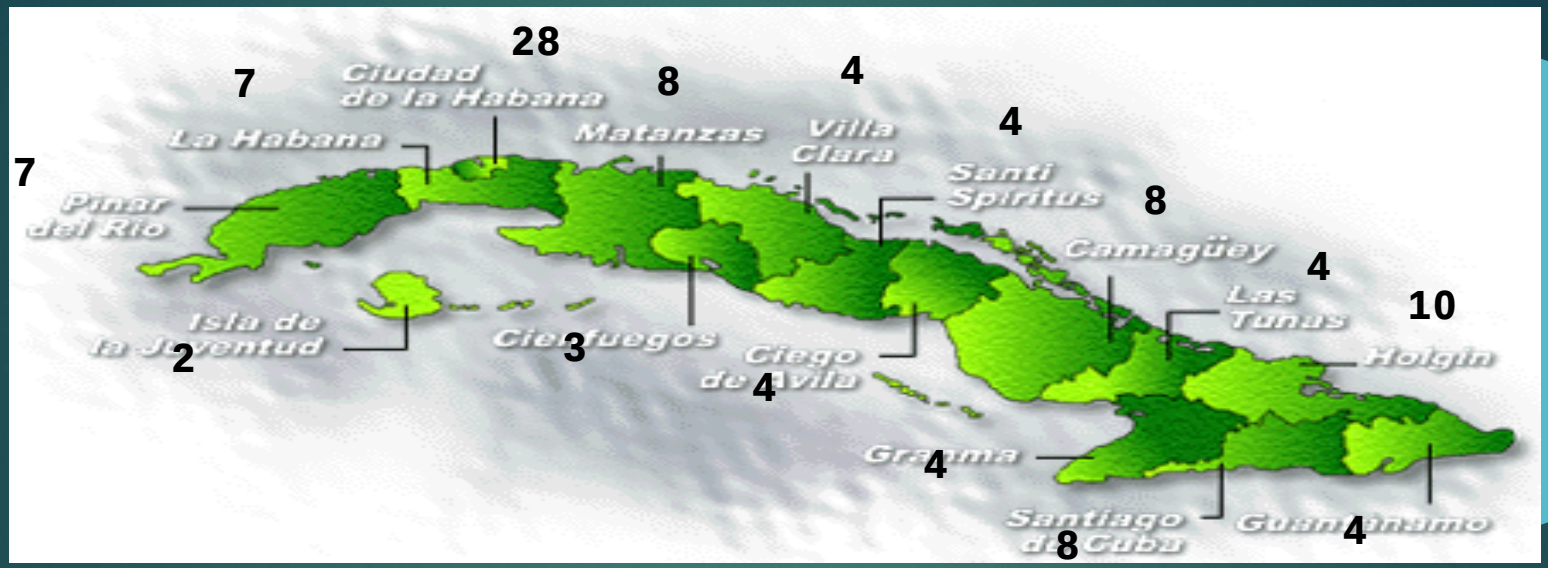
ACCESS TO HEALTH

Health facilities and personnel were greatly expanded

...despite the exodus to the US of many doctors and other trained personnel

- Rural and mountainous areas of the country which had limited or no access to health services prior to the revolution were covered,
- and the striking inequities in the distribution of health resources that existed before the revolution were erased.
- Cuba embarked on an effort to provide high tech medical care with the latest diagnostic and treatment technology,
- However, more importantly, the emphasis shifted from treatment services for the few to disease prevention and health promotion for the entire population

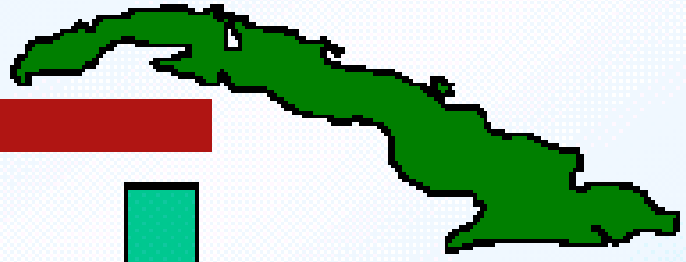
Centros de Estudio
Sistema Nacional de Salud



*** Distribuidos en:**

- 21 Facultad de Medicina
- 1 Escuela Latinoamericana de Ciencias Médicas
- 1 Escuela de Salud Pública
- 1 CENAPET
- 4 Facultades de Estomatología
- 20 Filiales
- 29 Institutos Politécnicos de la Salud
- 25 Institutos Politécnicos de Enfermería
- 2 Escuelas de Salvavidas

NATIONAL HEALTH SYSTEM



UNIVERSAL

ACCESIBLE

FREE FOR ALL CITIZENS:

- Without sex differences.
- Without religions differences.
- Without racial differences.
- Without residential place differences

Health care system is integrated: Horizontally and vertically

Staff at

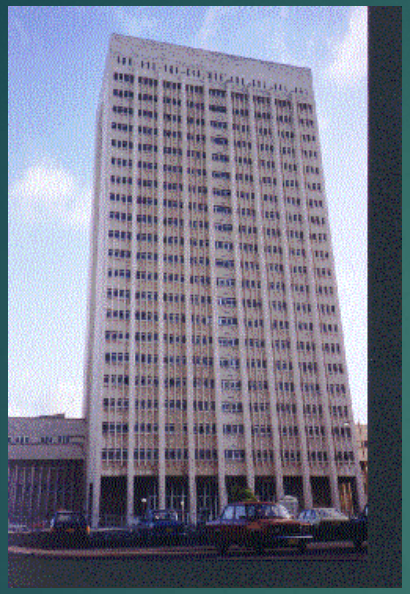
- primary (consultorio) (polyclinic)
- secondary (hospital – municipal & provincial)
- tertiary (institutes & specialized services

… provincial and national levels work together

….and mandate is not just treatment, but also disease prevention…

CONSULTORIOS DEL MEDICO DE LA FAMILIA.COSEJO POPULAR CAYO HUESO

Remarkable achievements



- Impressive health indicators
  - Infant mortality declined from 65/1000 live births in 1960 to 11 in 1991 to 6.4/1000 live births recently;

    (same period: Argentina: 59/1000 in 1960 and dropped only to 22 in 1991; developing countries average still around 25/1000)
  - "Third world country with first world disease patterns"
- Comprehensive healthcare system
- Strong emphasis on health, education & sports

SO…..

- Why is this poor country so HEALTHY?

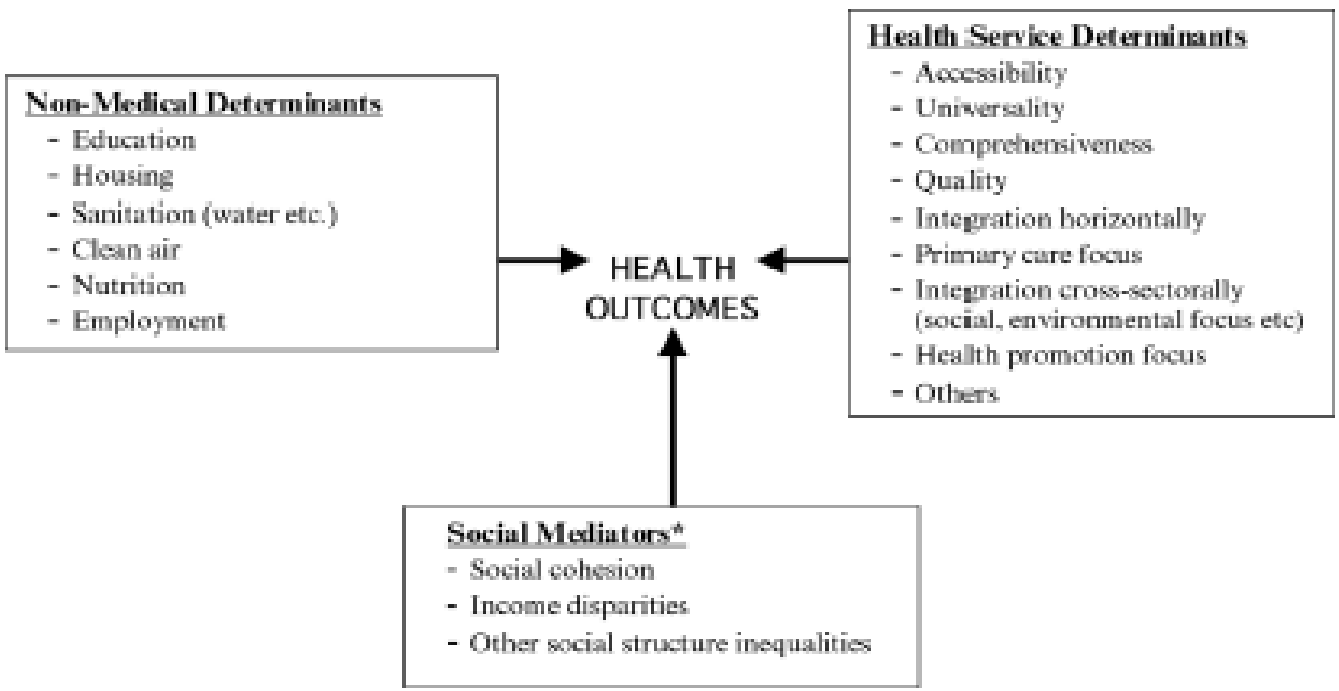
or

- Why is this healthy country so POOR?

Influences on Health

FIGURE 3

Conceptual Model of the Influences on Health in Cuba



Cuba and Canada in the context of globalization as an illustrative case example

CUBA	CANADA
• very *low degree* of integration with globalization	•*very **high degree*** of integration with globalization
• **low-income** country	•**high-income** country
• **communist** ideology	•**capitalist** ideology
• socialist health care system (universal and free for all)	•publically funded (universal and free for all)

CUBA

- relatively small gap between rich and poor
- different social determinants of health
- ***collectivist approach*** to mental health (families, neighbors, community, political organizations, ministry of education, ministry of culture and others).

CANADA

- present and increasing gap between rich and poor
- social determinants of health are a prominent public health concern
- ***individualistic approach*** to mental health

CUBA

- approach to mental health includes **action on social determinants of health**

- great **emphasis on health promotion, disease prevention and early detection a**nd treatment of mental illnesses

CANADA

- universality of psychiatric diagnosis **based on DSM V** system

- **universality of psychiatric treatments** especially medications and new technologies.

- psychiatric treatments are **based on biomedical model**

conclusions

- Clearly clinicians and all stakeholders need to identify and take action on SDH of the different populations at risk and in different countries.
- For example with racialized populations, immigrants and indigenous people in Canada.
- Taking action can happen at different levels, from identifying the SDH and barriers to health care at our clinics, when developing new models of care that are culturally adapted to the policy making levels in the different levels of government.