Intervening social determinants of mental health in Latin America

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• Social Determinants of Health (SDoH) and Mental Health
  – Rationale
  – Conceptual frameworks

• Addressing SDoH among people with MH conditions
  – Evidence-based models
    • Housing First (HF)
      – Brazil and Chile
    • Individual Placement and Support (IPS)
      – Mexico

• Challenges and future steps
• Why to address social determinants of mental health?
  
  o social determinants account for a large proportion of inequities in health and mental health outcomes.
  o treatments for some mental conditions remain very limited, with moderate effects on outcomes at best.
  o several social factors are amenable to public health and policy interventions.
• Why to address social determinants of mental health?
  
  o there are **substantial benefits** in establishing an evidence base for social interventions (e.g., supported employment)
  
  o people with lived experience **advocate more focus on goals related to social determinants** (e.g., reducing stigma and social exclusion, and promoting good relationships and support within communities)
Conceptual frameworks

Adverse Health Outcomes
- Poor Mental Health
- Mental Illnesses
- Substance Use Disorders
- Morbidity
- Disability
- Early Mortality

Reduced Options, "Poor Choices"

Behavioral Risk Factors
- Neighborhood Disorder, Disarray, or Disconnection
- Low Education, Poor Education Quality, Educational Inequality
- Adverse Early Life Experiences, Childhood Maltreatment

Physiologic Stress Responses
- Exposure to Air, Water, or Soil Pollution
- Food Insecurity, Poor Dietary Quality
- Unemployment, Under-Employment, Job Insecurity

Psychological Stress
- Exposure to the Impacts of Global Climate Change
- Poor or Unequal Access to Transportation
- Poverty, Income Inequality, Wealth Inequality

The Social Determinants of Mental Health

Unfair and Unjust Distribution of Opportunity
(in terms of power, empowerment, voice, access to resources, etc.)

Public Policies
(laws, ordinances, rules, regulations, court decisions, etc.)

Social Norms
(attitudes, biases, opinions of one group toward another)

Source: https://doi.org/10.1177/0890117119896122c

(1 of 2)
Conceptual frameworks

Source: [https://doi.org/10.1002/wps.21160](https://doi.org/10.1002/wps.21160)
Traditional Housing Readiness system

- Homeless
- Shelter placement
- Transitional housing
- Permanent housing

Level of independence

Treatment compliance + psychiatric stability + abstinence
1. Consumer choice of services
2. Separation of Housing and Services (conceptually and physically separate)
3. Service Philosophy: recovery oriented
4. Service array: services and support match consumer needs (include a wide array of services)
5. Program structure: housing and services
• Brazilian federal government announced plans to **implement HF programs nationally**.

• 2023 International Housing First Seminar: the event marked a vital convergence of thought leaders and policy implementors dedicated to the betterment of society through the lens of **mental health, human rights, and social justice**.

• **Ten pilot projects** in 2024-2025 (30-50 units per project).
Programa Vivienda Primero
para personas en situación de calle

Gestión Vivienda
Integración Sociocomunitaria
SS Especializados
Apoyo Domiciliario

“Las personas que se encuentran en situación de calle deben disponer de un contexto propicio para superar la situación de calle: una vivienda, una comunidad y servicios conectados”
### IPS: Principles

<table>
<thead>
<tr>
<th>Principle</th>
<th>Description</th>
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<tbody>
<tr>
<td>Open to anyone who wants to work</td>
<td>Focus on competitive employment</td>
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<tr>
<td>Client preferences guide decisions</td>
<td>Individualized long-term supports</td>
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<tr>
<td>Focus on competitive employment</td>
<td>Integrated with treatment</td>
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<tr>
<td>Rapid job search</td>
<td>Targeted job development</td>
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<td>Benefits counseling included</td>
<td></td>
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IPS: Evidence

North America (14 RCTs)
- IPS: 61%
- Control: 28%

Europe (7 RCTs)
- IPS: 43%
- Control: 19%

Asia (4 RCTs)
- IPS: 54%
- Control: 20%

Australia (3 RCTs)
- IPS: 59%
- Control: 27%

https://doi.org/10.1002/pcn5.122
• Pilot study: individuals with psychosis receiving IPS versus usual care

• Close collaboration with CAISAME and Servicio Nacional de Empleo

• Potential adaptations

https://classic.clinicaltrials.gov/ct2/show/NCT06019247
Challenges and next steps

• **Adaptations vs local models?** Decolonial practices and implications.

• These interventions are often *quite distal* to the mental health outcomes they hope to influence.

• The range of potential targets for social interventions is dauntingly wide and *extends far beyond mental health services*, encompassing individual, family, community and societal levels.

• Some social interventions often require *major social, economic and sometimes political changes* which are very difficult to implement without substantial political will and resources.

• The *mechanisms* by which such interventions yield improvements in the mental health outcomes of populations are currently poorly understood.

• The design and evaluation of these interventions requires *interdisciplinary approaches* and a high level of collaboration between research, policy and implementing partners.