**HUMAN AI: SOCIAL DETERMINANTS OF MENTAL HEALTH**

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***Section 1: Introduction to social determinants of mental health.***

**ABSTRACT**

“The World Health Organization (WHO) defines the mental state as a condition of wellbeing in which an individual acknowledges their own strengths, can successfully handle everyday challenges, work productively, and contribute positively to their community”. *Mental health* is a social construct that differs between countries, cultures, organizations, and professions. Each group has its strategy for comprehending the origins as well as causes of disorders of mental health, defining mental wellness and sickness, and establishing appropriate treatments. Despite the rising incidence of mental health problems, mental health remains one of the world's most neglected public health sectors. As a result, this article intends to investigate the areas of public health that demand more focuses on treating mental health difficulties.

***Key Words:***Cognitive Networking, Mental Health, wellbeing, psychosocial care

**SOCIAL MENTAL HEALTH CARE**

**1. Social factors that affect mental health:**

Psychotherapy, medication, social skills instruction, case management, and peer support are just a few interventions used in social and mental health care. These interventions are typically provided in community-based settings, such as community mental health centres, residential care facilities, and outpatient clinics (Alegría et al., 2018). Mental health care focuses on supporting and guiding individuals with Psychological issues in a social context. The holistic approach recognizes the social determinants of psychology and the importance of societal relationships and social support. (Donald, 1981).

Psychosocial mental health factors include the social and environmental elements affecting people's lives, work, and age (Compton & Shim, 2015). Social policies, societal values, and cultural norms often shape these determinants (Compton & Shim, 2015).

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**1.1 Socioeconomic Status:**Low income, poverty, and unemployment may harm mental health. Individuals living in poverty or experiencing financial stress may experience greater stress and adversity, contributing to poor mental health outcomes. (Williams, 1999). Social status, which includes factors such as income, education, occupation, and social standing, which have a substantial consequence on the results of mental wellbeing (Williams, 1993). Recent studies have developed the idea of ethnic indicators, which act as identifiers for mental health conditions in a social group of people from the same country or location (Muntaner et al., 2004). (Baum et al., n.d.; Myers, 2009; Turner & Avison, 2003) stated that individuals with lower social status may experience more stress and adversity, which can increase the risk of mental illness, which includes exposure to violence, discrimination, and chronic stress related to poverty and social inequality.

**1.2 Education:** Individuals' results regarding one’s mental wellbeing are more relevant to be improved by higher levels of education, which is a significant predictor of mental health outcomes. Evidence supports this association between education levels and improved mental health (Kondirolli & Sunder, 2022). Education can provide individuals with knowledge and skills that can help them better manage stress, cope with adversity, and maintain positive mental health (Araya et al., 2003). Exposure to regular schooling and education promotes greater understanding and acceptance of mental illness, which can help reduce the stigma among mental health challenges (Turner & Avison, 2003). Policies and programs that promote access to education and reduce barriers to educational opportunities can help promote mental health and reduce mental health disparities. It could be argued that higher levels of education can also lead to improved job prospects and career opportunities, which can provide a sense of purpose and meaning and promote positive mental health outcomes (Kondirolli & Sunder, 2022b).

**1.3 Social support:** Family and community ties and other vital social support networks can help to improve mental health and wellbeing (Montes-Berges, 2007). On the other hand, loneliness and social isolation might raise your chance of developing a mental disorder. *Social assistance* is a crucial aspect that can affect psychological outcomes by assisting people in stress management and reducing the detrimental effects of stress. Knowing that there are people who can offer support and aid can help people manage stress and preserve good mental health (Harandi et al., 2017). (Hefner & Eisenberg, 2009) contrasts that social support can also include practical assistance, such as help with childcare, transportation, or financial support. This can further help reduce stress and free up time and energy for individuals to focus on their mental health. Social support can also help promote positive self-esteem and self-worth, which is essential for maintaining positive mental health outcomes. When individuals feel accepted and valued by others, they are more prone to view themselves positively and have higher self-esteem levels. Adding evidence to this (Goodwin et al., 2004), When individuals receive positive feedback and encouragement from others, it can help reinforce their self-worth and promote positive self-esteem. Social support can also help individuals cope with adversity and overcome challenges. Social support during difficult times can help individuals feel more capable and confident, promoting positive self-esteem (Montes-Berges, 2007).

**1.4 Discrimination and Stigma:**Discrimination, stigma, and social exclusion can negatively impact mental health outcomes (Mejia-Lancheros et al., 2020). Stigma and discrimination towards mental illness (Thornicroft, 2008) can lead to a lack of social support, reduced access to services, and lower self-esteem, all of which can contribute to poor mental health outcomes. Individuals who experience discrimination or stigma may feel disconnected (Gary, 2005)from others and may be less likely to seek social support. Stigma can lead to internalized shame and self-blame, which can negatively impact self-esteem and contribute to one’s mental health challenges like depression, anxiety and stress; stigma and discrimination affect the availability of resources, including healthcare, employment, and education, all of which are crucial for sustaining good mental health outcomes (Thornicroft et al., 2016).

**1.5 Physical environment:** The surroundings in which people reside might affect their mental health. Poor mental health outcomes may be influenced by overcrowding, noise pollution, and environmental chemicals exposure (Wright & Kloos, 2007). It has been demonstrated that having access to green places like parks and woods is beneficial for mental health. Exposure to nature has been linked to lowered stress, anxiety, and depressive symptoms (Guite et al., 2006). High densities and densities can also be detrimental to mental health (Evans, 2003). Living in a congested or dense area might cause higher tension and anxiety. Policies and initiatives with the higher potential to increase access to green areas, lessen noise pollution, enhance indoor air quality, and foster emotions of safety and security can aid in promoting favourable mental health outcomes (Northridge et al., 2003).

It makes sense to address socioeconomic determinants of mental wellbeing to enhance mental health and wellbeing and eliminate mental health inequities. Some goals include eradicating poverty and inequality, fostering social cohesion and education, reducing stigma and discrimination, and improving the physical environment in which people live. Assisting those struggling with mental health concerns to develop coping skills, manage their symptoms, and participate in essential activities, social. Mental health care aims to enhance their quality of life. It also attempts to increase social interaction and eradicate the stigma connected with mental illness. Social services connected to mental health must be offered as part of the system for mental health challenges.

**2. Social and mental health care in India**

Social Mental health care is a complex issue, and many factors(Gautham et al., 2020) contribute to the dimension of mental health care services in the country. Here are some statistics related to social and mental health care in India:

* One hundred fifty million individuals in India, or around 15% of the population, require active intervention for mental health concerns, as per the National Mental Health Survey 2015–16 (Gautham et al., 2020).
* India has only one mental health professional for every 100,000 people (Suryavanshi et al., 2020), which is well below the global average of nine mental health professionals for 100,000 people.
* Compared to the global average of 2-3%, India invests just 0.06% of its health expenditure on mental wellbeing (Gautham et al., 2020).
* Up to 80% of those needing mental health therapy are not getting it in India, where there is a severe treatment gap.
* A significant obstacle to seeking and obtaining treatment in India is the stigma related to psychological problems (Lancheros et al., 2020). Several individuals with mental health disorders undergo stigmatization and discrimination from their families and communities.
* Suicide rates are high in India, with an estimated 200,000 (Gautham et al., 2020) people dying by suicide each year.
* Mental health issues are often linked to poverty and social disadvantage, widespread in India.

Generally, there are several obstacles to social and mental wellbeing remedies in India, such as a scarcity of funds, restricted access to care, and pervasive stigma. The National Mental Health Project (Gupta & Sagar, 2018), which seeks to offer mental health services to everyone by 2025, is one of the initiatives being made to enhance mental health care in the nation. Depression, anxiety, and drug use disorders are India's three most prevalent conditions. Women, those living in cities, and people with less education tend to experience mental health concerns more frequently. Significant obstacles to accessing treatment include stigma and ignorance about mental health disorders. To guarantee that everyone in India gets access to the mental health treatment they require; however, much more work must be done.

**2.1 The 2017 Mental Healthcare Act**

India's latest law is the Mental Health Bill of 2017. It was authorized by the Indian Parliament in April 2017 and became effective on May 29, 2018. (2018) Mishra and Galhotra. The Act aims to safeguard the rights of people with mental illnesses and offer them mental health services and treatment. India needs mental health legislation to safeguard the rights of those afflicted by the condition, increase access to care, and lessen the stigma and discrimination attached to it. Mental illness is costly to sufferers, their families, and society. A mental health law can be beneficial by promoting early intervention and prevention, providing funding for assistance and care, and promoting research into efficient cures and treatments.

**2.2 Criticism of the Mental Healthcare Act**

While the Mental Healthcare Act, 2017- Criticism is an essential step towards improving mental health care in India, it has also faced criticism on certain fronts. The Mental Healthcare Act of 2017 places significant responsibilities on mental health authorities, healthcare providers, and caregivers (Namboodiri et al., 2019). However, there are concerns that the limited resources available for mental health care in India will make it difficult to fully implement the provisions of the Act (Duffy & Kelly, 2017). The Act is still relatively new, and there needs to be more clarity on how it will be implemented in practice.

**Regional differences:** In India, there are geographical differences in diagnosing and managing mental illness (Cronin et al., 2017). India's southern and northeastern areas have a greater incidence of mental disease than other parts of the country, and access to mental health care varies significantly between states.

**2.3** **Mental Health Act for Social Change:**

The Mental Health Bill of 2017 can significantly impact society in India by reducing the discrimination and shame associated with mental health conditions. Global and local policies frequently interact formally through national health policy. Even though there has been a decline in globalization and fragmentation from localization, states remain responsible for the health of the people (Jamison et al., n.d.). The following are some examples of how this legislation can contribute to societal change:

**Recognition of mental illness as a health issue:**The Mental Health Bill of 2017 recognizes mental illness as a health issue rather than a personal or moral failing, which can help minimize the stigma surrounding mental illness and promote understanding of mental health issues in Indian society (Cronin et al., 2017).

**Protection of rights:** The Act also grants people with mental illnesses various rights, including confidentiality, provision of mental health care, and the freedom to choose their treatment, which could increase societal acceptance of mental illness rights.

**Decriminalization of attempted suicide:**  Additionally, the Act decriminalizes attempted suicide, legalizes it, and provides support and rehabilitation to people who attempt suicide, reducing stigma and discrimination related to suicide and increasing empathy for those with suicidal thoughts.

**Community-based mental health care:** The Act emphasizes community-based mental health care services and primary and mental health care integration, which may increase social inclusion for individuals with mental illness and improve access to affordable mental health care (Thornicroft, 2003).

**Promotion of awareness and education:**Furthermore, the Act mandates that mental health concerns in India be more widely known and educated about, promoting greater awareness and acceptance of mental health issues in society, thereby reducing stigma and prejudice (Riffel & Chen, 2020).

Overall, the Mental Healthcare Act of 2017 has the potential to significantly change Indian society by fostering greater understanding and extending support for mental health survivors. However, addressing mental health care issues in India requires coordinated efforts by mental health practitioners, lawmakers, and society (Thara et al., 2008)

**2.4 Mental Health & Society:**

Individuals, communities, and civilizations are shaped by mental health, a key component of health.

**Impact of Social Determinants on Mental Health/Health:** Social determinants such as poverty, discrimination and social exclusion can significantly impact mental health (Northridge et al., 2003). Living in poverty, experiencing discrimination and exclusion, and being excluded from social media can all lead to decline in mental health.

**Discrimination and Stigma:** Mental illness is often stigmatized and misunderstood, leading to discrimination and exclusion of individuals with mental illness(Goodwin et al., 2004). This can significantly affect mental health, social injustice, and exclusion.

**Social Support and Community Resilience:** Social support and community resilience are essential in promoting mental health and wellbeing. Strong social networks, community involvement, and access to social support services contribute to improved mental health and increased community resilience (Thornicroft, 2008).

**Mental Health and Productivity:** Mental health issues can significantly impact productivity, both on an individual and societal level(Thornicroft et al., 2016). Poor mental health might lead to lost productivity, absenteeism, and increased healthcare costs, harming the economy and society.

**The Role of Society in Promoting Mental Health:** Society is essential in promoting mental health and well-being. This entails raising awareness (Fasihi Harandi et al., 2017)of and fostering understanding of mental health problems, minimizing stigma and prejudice, and guaranteeing access to high-quality mental health treatments.

As mental health and society are interconnected, it takes a team effort from individuals, communities, and politicians to address the issues that affect mental health. We may strive towards a society that supports all its members' mental health and well-being by fostering better knowledge and understanding of mental health concerns, minimizing stigma and prejudice, and guaranteeing rights to good-quality mental health care and support. (Thara et al., 2008).

Overall, understanding the social aspects of mental health is essential for elevating mental health and well-being and seeking the challenges facing mental health care and support(Compton & Shim, 2015). By promoting social support, addressing social determinants of mental wellbeing, and reducing discrimination and stigma, we can work towards a society that promotes all its members' mental health and well-being.

**3.0 Overcoming the social determinants through intervention plans.**

In furtherance to enhance mental health outcomes, social determinants of health interventions concentrate on addressing these underlying causes (Thornicroft et al., 2016). Here are some possible strategies which can be utilized to address the social determinants of mental health:

**3.1 Welfare Payments:** According to research(Das et al., 2007; Travasso et al., 2014), pressures in daily life linked to poverty raise the likelihood of mental health disorders. For instance, being poor makes a person more susceptible to stressful life events like being exposed to violence and having unhealthy body, both of which are known risk factors for mental health issues (Lin et al., 2011). Giving people and families who are struggling financially the economic help they need can ease their financial burdens and increase their access to necessities like food, shelter, and healthcare. Welfare, unemployment insurance, and child tax credits are just a few of the programmes that can aid people who are struggling financially and lower their possibility of developing mental health issues (Travasso et al., 2014).

**3.2 Education:** Education has a significant impact on health outcomes by expanding people's capacity to process information and, as a result, their level of health literacy (allocative efficiency) or by increasing the effectiveness of medical interventions (Chevalier & Feinstein, 2006; Chien et al., n.d.). For instance, those with higher education are more rapid to seek diagnosis and more cautious about adhering to treatment (Atkins et al., 2010). Education can give people the abilities and information necessary to obtain healthcare, find work, and better their financial situation (Ross & Wu, 1995). Access to adult education programmes, job training, and financial literacy classes are some examples of educational initiatives which can be initiated into future mental health policies.

**3.3 Community Initiatives and Programs:** Community initiatives and programmes can serve to foster social ties, lessen social isolation, and enhance mental health outcomes(Wells et al., 2004). A social environmental approach that combines media, policy, and community with intense local intervention can help with the public health mission of reaching at-risk persons and preventing others from joining the pool of at-risk individuals to increase reach and effectiveness(Steven S., n.d.). Organizations like social clubs, peer support groups, and community centres can aid in fostering a feeling of community and fostering the development of social networks (Armstrong et al., 2011).

**3.4 Policy against discrimination:** Discrimination can result in stress, social marginalization, and other adverse effects that can affect mental health (Thompson et al., 2004). For marginalized communities, the outcomes of mental health care can be improved by policies that seek to lessen discrimination and advance equity(Mckenzie, 2006). The policy should consider stablishing explicit policies and processes for handling instances of prejudice, as well as offering assistance and support to those who have been the victim of discrimination. For everyone to have access to excellent mental health services that are considerate of their specific needs and experiences, there must be an anti-discriminatory policy for mental health (Sayce, 2003). Through this policy people can get the care they require to improve their mental health and well-being through supporting equity and minimizing prejudice in mental health services.

**Conclusion:**

In conclusion, a variety of social determinants and correlates have a significant effect on an individual's mental health and can have a positive or negative effect. These elements include influences from the biological, psychological, social, and environmental realms as well as accessibility to housing, employment, education, and healthcare.

Poverty, prejudice, social isolation, a lack of social support, and exposure to violence or trauma are some of the major socioeconomic factors that affect mental health. These elements can make a person more susceptible to mental health illnesses and make it harder for them to get the resources and assistance they need.

In order to encourage resilience, well-being, and prevention of mental disease, efforts to promote mental health and prevent mental illness should concentrate on addressing these social factors. This necessitates a multi-sectoral strategy that entails cooperation amongst several industries, such as policy-making, social services, healthcare, and education. The basic notion underlying the socioeconomic factors of the mental health concept is to expand the idea of psychological health beyond individual-level issues and put it on the agenda for public health as a whole. In general, we can support the promotion of mental health and lessen the impact of mental illness on people, families, and society at large by addressing the socioeconomic determinants of mental health. To enhance the state of mental health in the area, countries must teach primary health professionals to recognize prevalent mental health disorders, particularly during initial encounters at primary health or pharmacies. To accomplish this, researchers, healthcare professionals, policymakers, and other stakeholders must put in place an integrated approach that considers the life course perspective, emphasizes early intervention, prioritizes children's overall wellbeing, ensures psychological health equity in all policies, and takes action to address socioeconomic factors at the local and national levels.

**Reference:**

Armstrong, G., Kermode, M., Raja, S., Suja, S., Chandra, P., & Jorm, A. F. (2011). A mental health training program for community health workers in India: Impact on knowledge and attitudes. *International Journal of Mental Health Systems*, *5*. https://doi.org/10.1186/1752-4458-5-17

Atkins, M. S., Hoagwood, K. E., Kutash, K., & Seidman, E. (2010). Toward the integration of education and mental health in schools. *Administration and Policy in Mental Health and Mental Health Services Research*, *37*(1–2), 40–47. https://doi.org/10.1007/s10488-010-0299-7

Chevalier, A., & Feinstein, L. (2006). *Sheepskin or Prozac: The Causal Effect of Education on Mental Health*. http://www.iza.org/publications/dps/

Chien, W.-T., Rnt, M. R., & Kam, C.-W. (n.d.). *ISSUES AND INNOVATIONS IN NURSING PRACTICE An assessment of the patients’ needs in Mental Health Education*.

Compton, M. T., & Shim, R. S. (2015). The Social Determinants of Mental Health. *FOCUS*, *13*(4), 419–425. https://doi.org/10.1176/appi.focus.20150017

Das, J., Do, Q. T., Friedman, J., McKenzie, D., & Scott, K. (2007). Mental health and poverty in developing countries: Revisiting the relationship. *Social Science and Medicine*, *65*(3), 467–480. https://doi.org/10.1016/j.socscimed.2007.02.037

Fasihi Harandi, T., Mohammad Taghinasab, M., & Dehghan Nayeri, T. (2017). The correlation of social support with mental health: A meta-analysis. *Electronic Physician*, *9*(9), 5212–5222. https://doi.org/10.19082/5212

Goodwin, R., Costa, P., & Adonu, J. (2004). Social support and its consequences: “Positive” and “deficiency” values and their implications for support and self-esteem. *British Journal of Social Psychology*, *43*(3), 465–474. https://doi.org/10.1348/0144666042038006

Jamison, D. T., Frenk, J., & Knaul, F. (n.d.). *International collective action in health: objectives, functions, and rationale International organisations and nation states*.

Lin, D., Li, X., Wang, B., Hong, Y., Fang, X., Qin, X., & Stanton, B. (2011). Discrimination, perceived social inequity, and mental health among rural-to-urban migrants in china. *Community Mental Health Journal*, *47*(2), 171–180. https://doi.org/10.1007/s10597-009-9278-4

Mckenzie, K. (2006). *Racial discrimination and mental health*.

Northridge, M. E., Sclar, E. D., & Biswas, P. (2003). Sorting Out the Connections Between the Built Environment and Health: A Conceptual Framework for Navigating Pathways and Planning Healthy Cities. In *Journal of Urban Health: Bulletin of the New York Academy of Medicine* (Vol. 80, Issue 4).

Riffel, T., & Chen, S. P. (2020). Exploring the knowledge, attitudes, and behavioural responses of healthcare students towards mental illnesses—A qualitative study. *International Journal of Environmental Research and Public Health*, *17*(1). https://doi.org/10.3390/ijerph17010025

Ross, C. E., & Wu, C.-L. (1995). The Links Between Education. In *Source: American Sociological Review* (Vol. 60, Issue 5).

Sayce, L. (2003). Beyond Good Intentions. Making Anti-discrimination Strategies Work. In *Disability and Society* (Vol. 18, Issue 5, pp. 625–642). https://doi.org/10.1080/0968759032000097852

Thara, R., Padmavati, R., Aynkran, J. R., & John, S. (2008). Community mental health in India: A rethink. *International Journal of Mental Health Systems*, *2*. https://doi.org/10.1186/1752-4458-2-11

Thompson, V. L. S., Noel, J. G., & Campbell, J. (2004). *Stigmatization, Discrimination, and Mental Health: The Impact of Multiple Identity Status*. *74*(4), 529–544. https://doi.org/10.1037/wO2-9432.74

Thornicroft, G. (2008). Stigma and discrimination limit access to mental health care. In *Epidemiologia e Psichiatria Sociale* (Vol. 17, Issue 1, pp. 14–19). Il Pensiero Scientifico Editore s.r.l. https://doi.org/10.1017/S1121189X00002621

Thornicroft, G., Mehta, N., Clement, S., Evans-Lacko, S., Doherty, M., Rose, D., Koschorke, M., Shidhaye, R., O’Reilly, C., & Henderson, C. (2016). Evidence for effective interventions to reduce mental-health-related stigma and discrimination. In *The Lancet* (Vol. 387, Issue 10023, pp. 1123–1132). Lancet Publishing Group. https://doi.org/10.1016/S0140-6736(15)00298-6

Travasso, S. M., Rajaraman, D., & Heymann, S. J. (2014). A qualitative study of factors affecting mental health amongst low-income working mothers in Bangalore, India. *BMC Women’s Health*, *14*(1). https://doi.org/10.1186/1472-6874-14-22

Wells, K., Miranda, M. P. H. J., Martha, L., Bruce, M. P. H. M., Alegria, N., & Wallerstein, P. H. (2004). Bridging Community Intervention and Mental Health Services Research. In *Am J Psychiatry* (Vol. 161, Issue 6). http://ajp.psychiatryonline.org

*What are the arguments for community-based mental health care?* (2003).