

Social Perspective: The Missing Element in Mental Health Practice

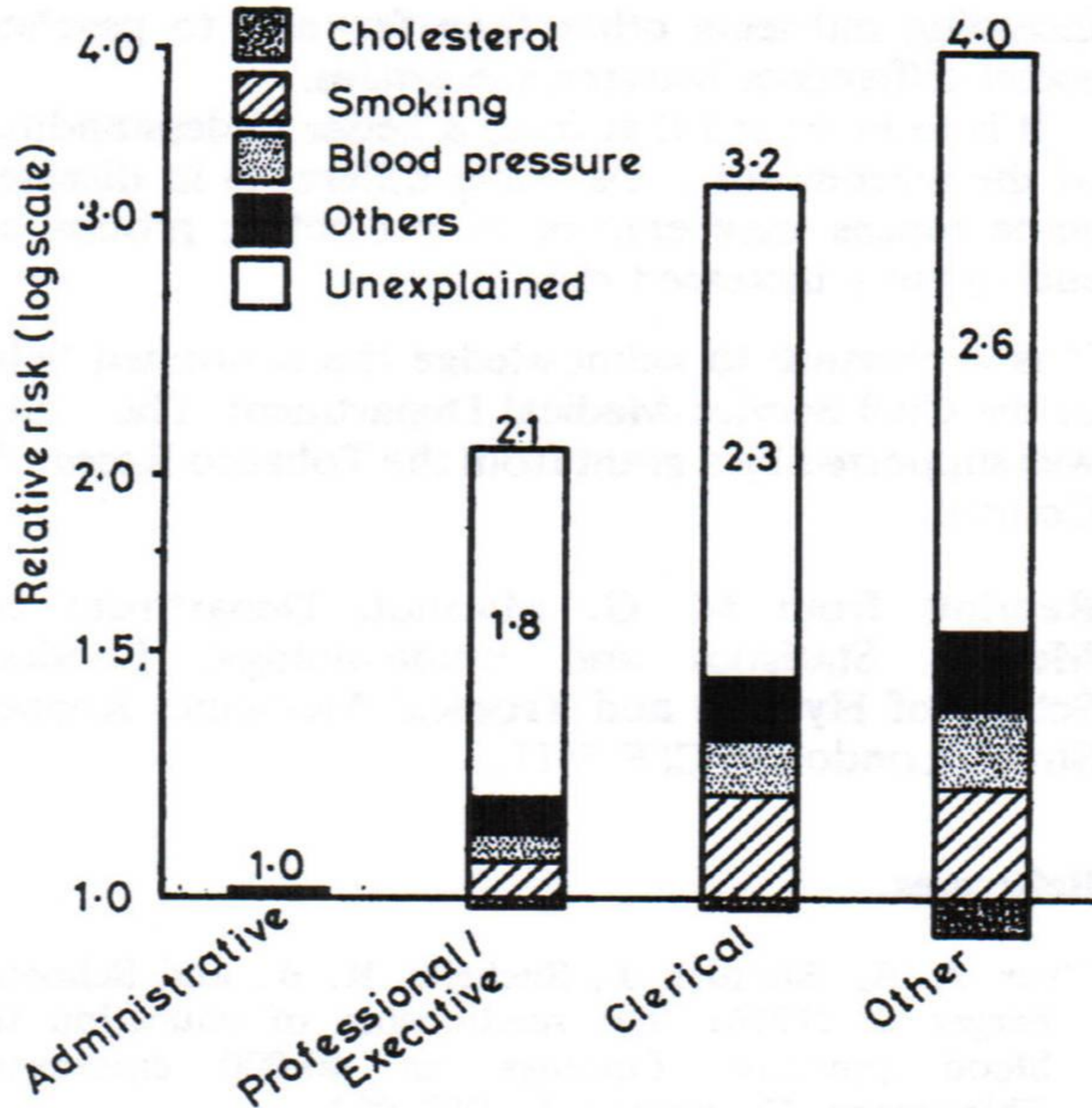
Richard U'Ren

SOCIAL PERSPECTIVE

The Missing Element
in Mental Health Practice

RICHARD U'REN

Relative Risk of CHD in different occupational grades

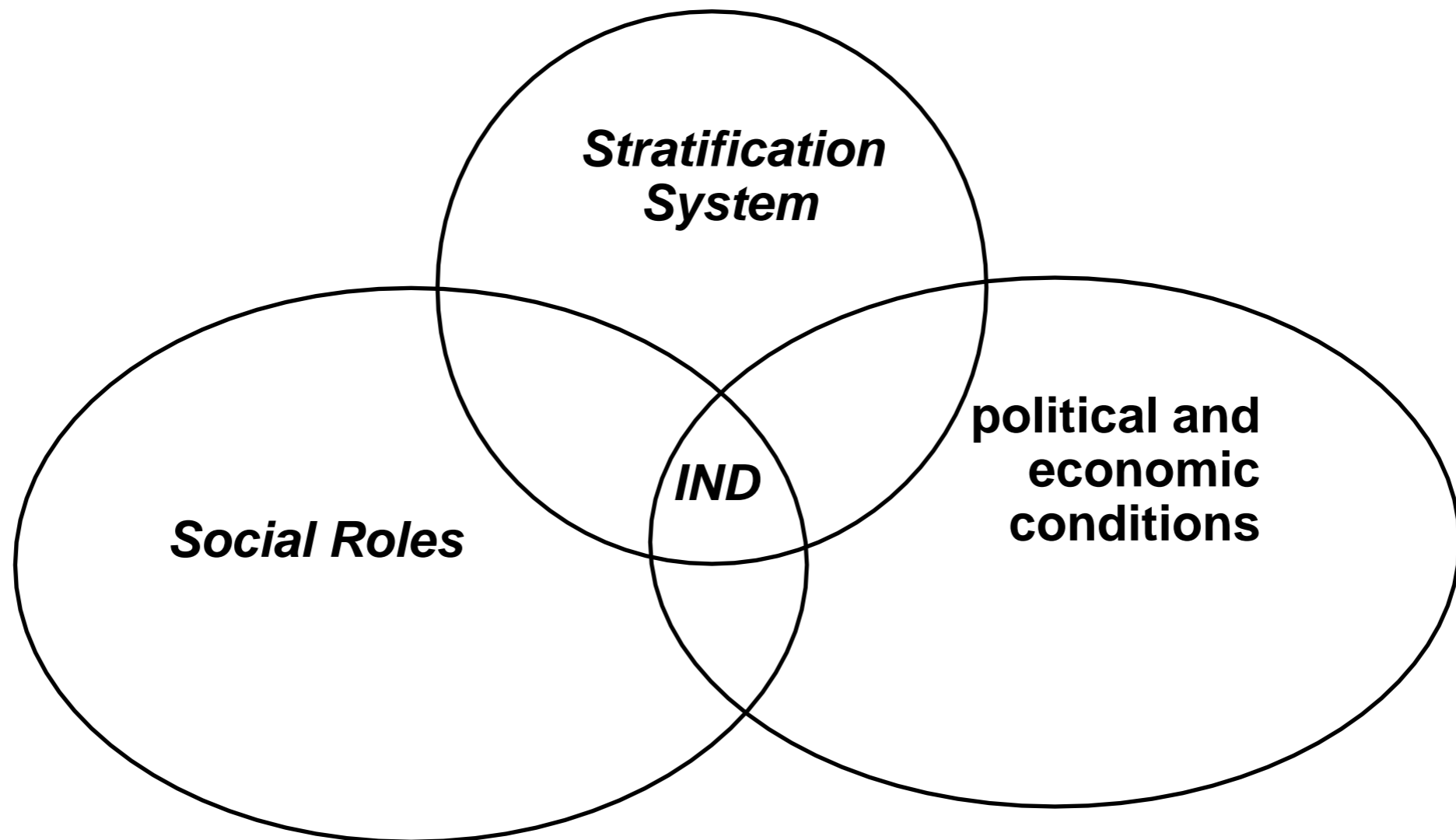


SOCIAL PERSPECTIVE

An understanding of how our roles, our positions in the stratification system*, and political-economic conditions come together to affect health and well-being.

***includes class, race/ethnicity, gender**

WAYS AN INDIVIDUAL IS EMBEDDED IN SOCIETY



MAJOR SOURCES OF ROLE STRAIN (1)

- 1. Role Overload:** Too much work, at home, at work, or both.
- 2. Conflicts Within Complementary Roles:** Friction between husband and wife, child and parent, employer and employee.
- 3. Competing Demands Between Different Roles:** Conflict within one individual about the time to devote to spouse, parental, or work roles.
- 4. Role Captivity:** Inability to leave a relationship or role because of financial or moral considerations.

MAJOR SOURCES OF ROLE STRAIN (2)

- 5. Restructured Role: Adult child who assumes parental role with impaired parent.**
- 6. Role Incompatibility: Discrepancy between achievement in one role and not another, e.g., high educational level and low-status job.**
- 7. Loss of a Major Role: As parent, spouse, employee.**

Economic and Political Factors/Conditions that Affect Health & Well-Being

I.The Economy

A.Type: Capitalism

B. Current State: expanding/contracting; types of jobs generated; productivity; distribution of productivity gains

II.Political considerations

A.Type: Democratic

B. Specific policies: equality of opportunity; education; taxes; minimum wage; unions; occupational safety; health; environment

THE STRATIFICATION SYSTEM

Stratification is the process of dividing people into different categories on the basis of ascribed or acquired traits. The process involves value judgments about the categories.

It results in the unequal distribution of valuable resources by the process of exclusion (opportunity hoarding).

The most widely used stratification categories are class, race, and gender. Age and marital status are sometimes included.

The medical/psychiatric use of stratification: “The patient is a 37 year old [age] Afro-American [race] married [marital status] male [gender] with two children who works as an accountant [class] in downtown Portland.”

CLASS

A class is a collection of people (individuals or families) who have similar levels of four different forms of generative capital.

GENERATIVE RESOURCES

Consumption Capital: Income

Investment Capital: Wealth

Skill Capital: Education & Training

Social Capital: Connections, networks

Resources are associated with:

Healthier in-utero environments

Safe non-toxic communities

Adequate parenting

Healthier lifestyles

Health insurance

Good jobs

Social support

Control

Leisure time, recreation

Status, respect, prestige, power

CONSTRAINTS

Poor or difficult material circumstances

Unequal information

Poor or no social connections that boost career paths

labor markets that limit good jobs

Inability to relocate because of job loss or other reasons

Lack of health insurance/care

No or limited access to credit

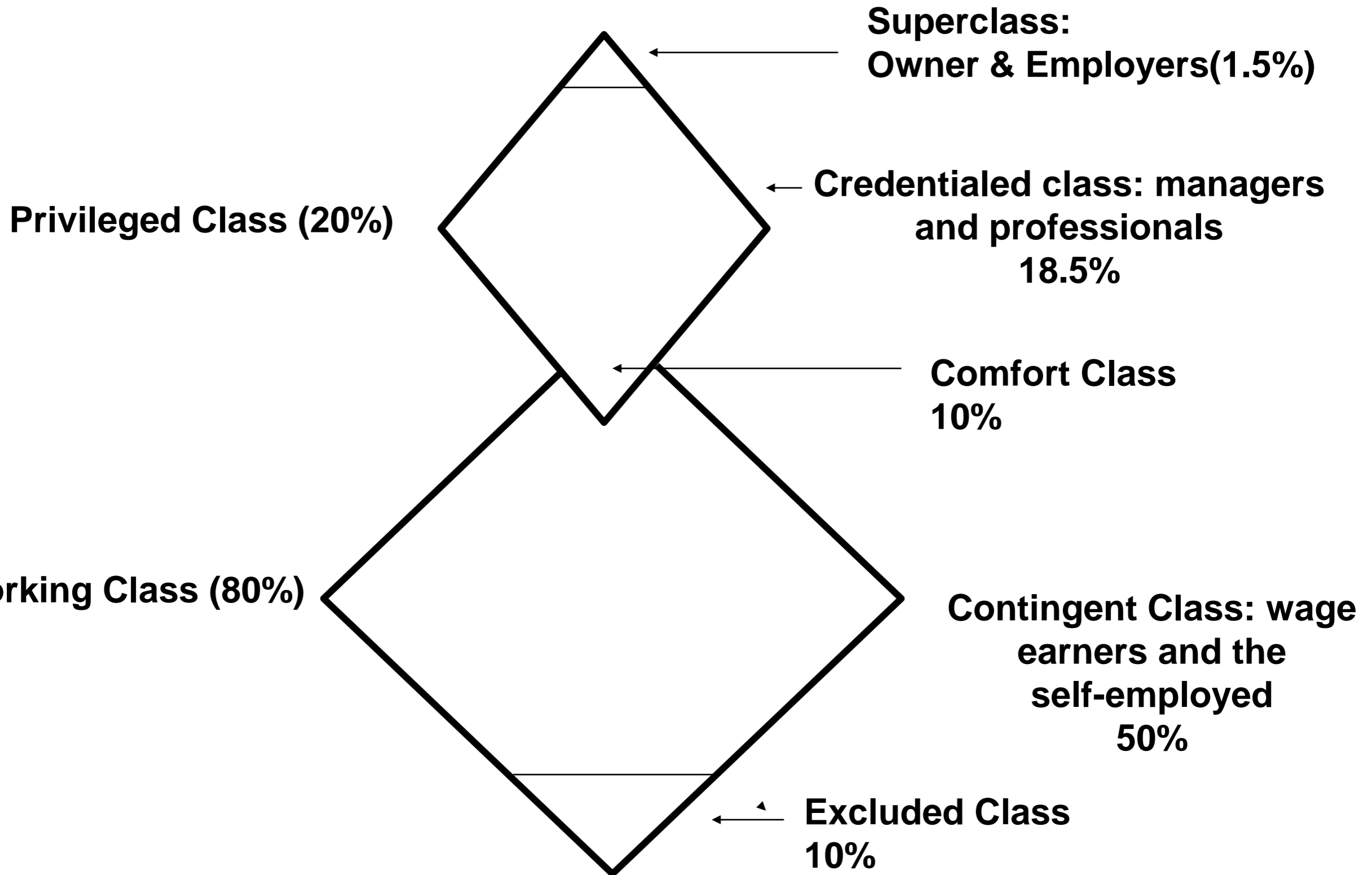
TYPES OF STRESS

Positive: Stress that motivates: to study for an exam, to prepare for a talk or a performance. Any demand facilitated by expectation of success and social support.

Tolerable: adverse experiences that are intense but short-lived: failing an exam, not being promoted, temporary disagreements with friends, family co-workers, of the boss.

Toxic: Frequent or sustained adverse experiences such as poverty; ongoing abuse; long-term role strain in one or more areas: occupational, marital, parental.

Class Structure in the U.S.



Minimum household income required to qualify for each quintile: 2000 and 2010 (2011 dollars)

<u>Year</u>	<u>Lowest</u>	<u>Second</u>	<u>Middle</u>	<u>Fourth</u>	<u>Top</u>	<u>Top 5%</u>
1979	0	20,211	37, 534	57,748	83,731	135,297
2000	0	23,405	43,100	68,142	106,791	189,666
2010	0	20,631	39,243	63,683	103,222	186,515

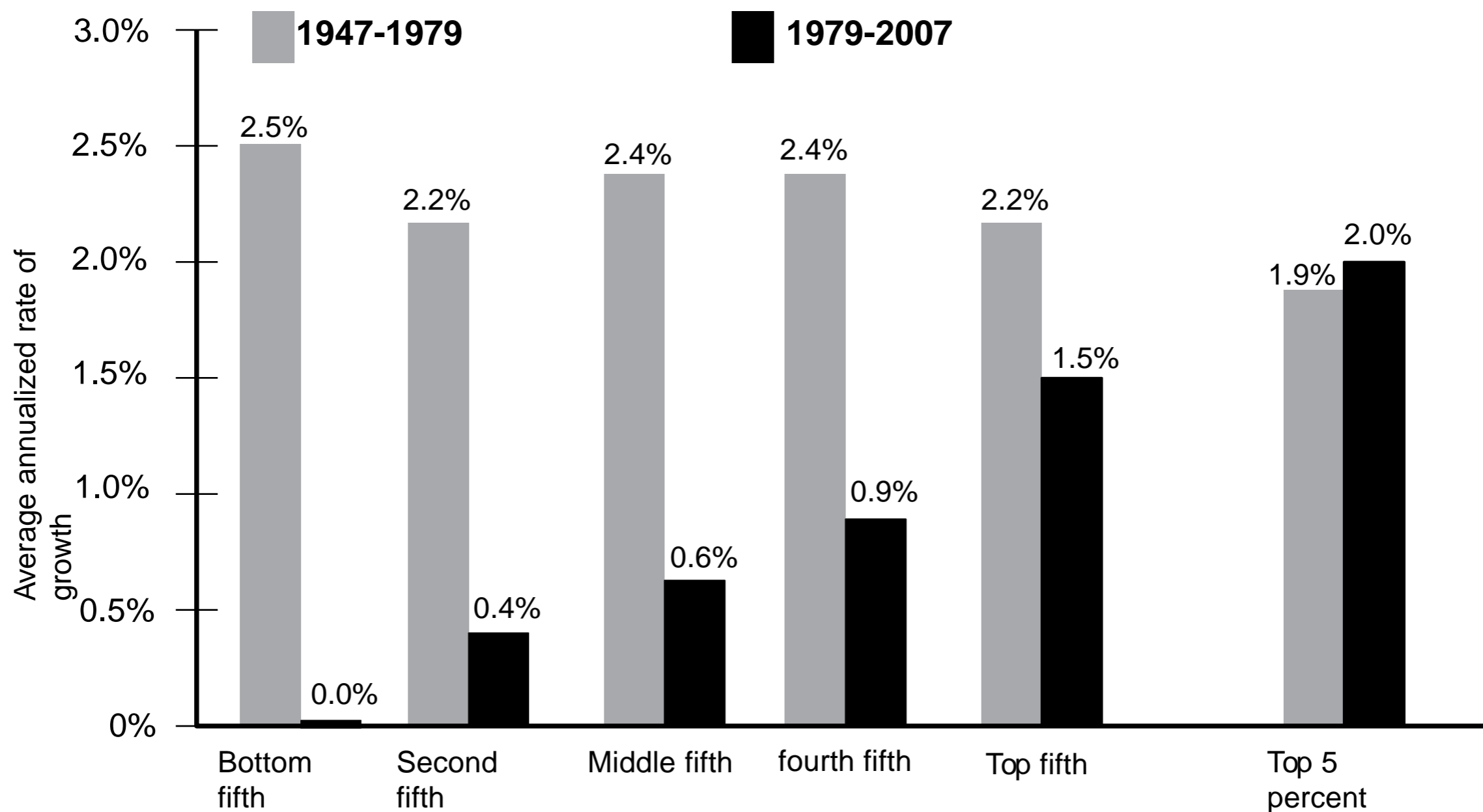
Currently: Top 1%: \$370,000;

Top 0.1: 1.7M; Top 0.01:9M

Some facts about income and wealth in U.S.

- From 1950 to 1970 top 0.01% earned \$162 for every dollar the bottom 90% earned. From 1990 to 2002 they earned \$18,000 for every dollar the bottom 90% earned.
- Between 1979 and 2007 after-tax income of the bottom 1/5 increased 18%; middle 1/5: 39%; top 19%: 65%; top 1%: 240%; top 0.1%, 400%
- The average middle-class family earned 7% less in 2010 than 2000. (Median household income: \$50,000/year)
- Percentage of people living in middle-class neighborhoods decreased from 65% to 44% between 1970 and 2005
- The cumulative chance of spending at least one year in poverty by the age of 75 in the U.S. is 58%. For Afro-Americans, the figure is 91%; half of jobs in U.S. pay less than 34T/year.

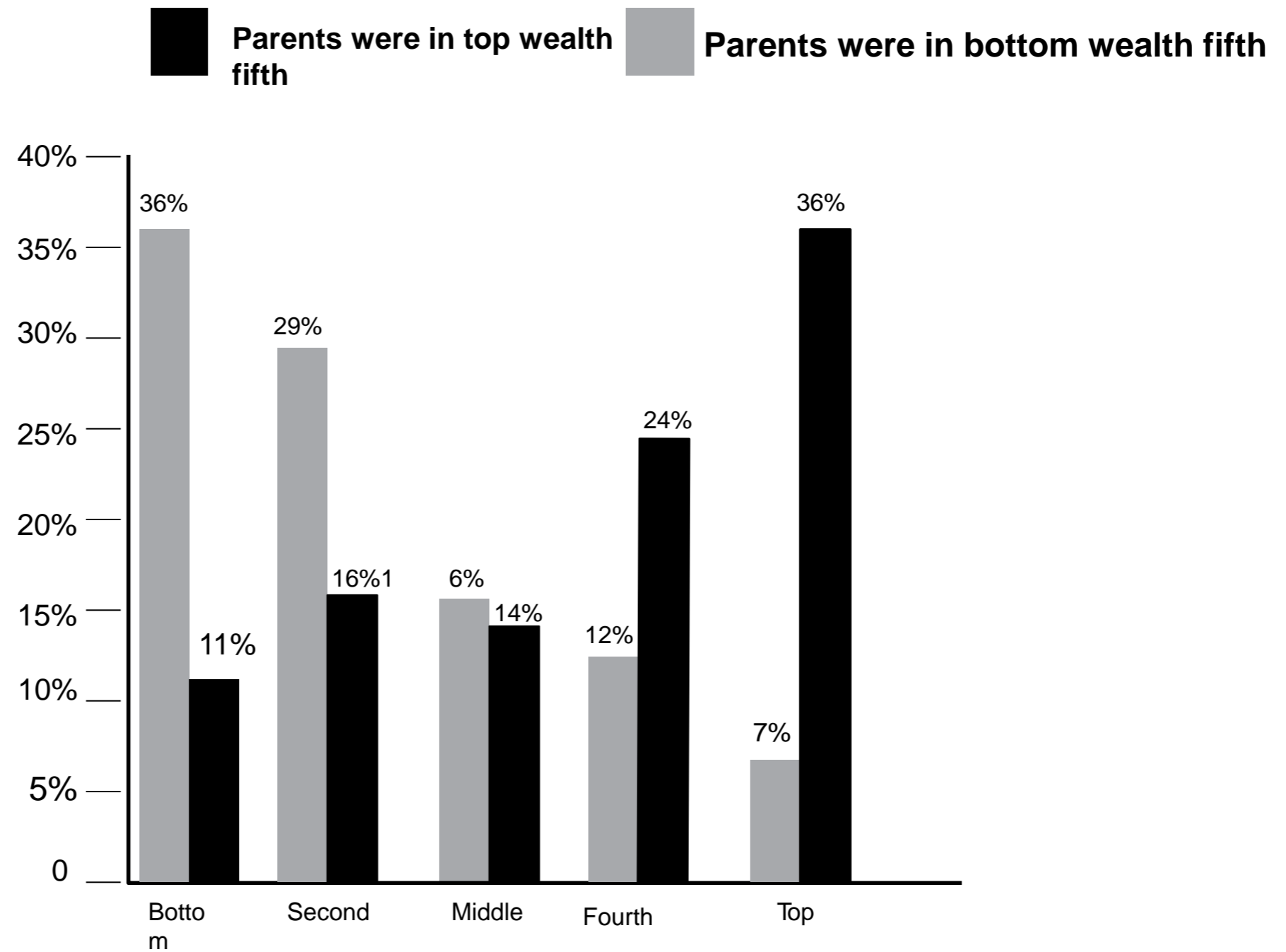
Average Family Income Growth, By Income Group 1947 - 2007



CAUSES OF INEQUALITY

- **TECHNOLOGY**
- **GLOBALIZATION**
- **DECLINE OF UNIONS**
- **TAX POLICIES FAVORING THE WEALTHY**
- **HEALTH CARE COSTS**
- **STAGNANT MINIMUM WAGE**
- **RISE IN CEO PAY**
- **POLITICAL PARTY IN POWER**

Share of children in the bottom and top wealth fifths ending up in various wealth fifths as adults



Child's wealth fifth as adults

Countries with more or less social mobility than the U.S.

More: Switzerland, France, Spain, Japan, Germany, New Zealand, Sweden, Australia, Canada, Finland, Norway, Denmark

Less: Slovenia, Chile, Italy, United Kingdom

PROBLEMS CAUSED BY WITH INEQUALITY

SKEWS political process so that high earners have disproportionate political influence.

INSULATES the better off from the needs and concerns of the majority.

DIVERTS people into financial services at expense of more useful occupations.

HURTS the economy: decreased demand as working class loses ground.

DAMAGES top 1%: Lessens accountability, increases proneness to corruption; reduces empathy and feedback; increases preoccupation with status.

REDUCES social mobility.

CONTRIBUTES to social ills and poorer health

Some co-occurrences: rise in inequality and health

Life expectancy by SES 1980-2000: 4.4 v. 2.8 years

Death rates by education 1960-1988: In 1988 poor died at higher rates than wealthier compared to 1960.

Index of Social Health declined by 20% 1970-2009.

Report by NAS & IOM 2012: Last in longevity for men, second last for women. In middle in 1955.

2004 WHO report on mental health: 1/14 countries in terms of annual prevalence rate of mental disorders.

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SUMMARY

1. Health disparities reflect social disparities.

2. The clinical professions have often ignored the big picture – the impact of social disparities on health and well-being.

THANK YOU

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TEN TIPS FOR BETTER HEALTH (Gordon, 1999)

- 1) Don't be poor. If you can, stop. If you can't, try not to be poor for long.**
- 2) Don't have poor parents.**
- 3) Own a car.**
- 4) Don't work in a stressful, low-paid manual job.**
- 5) Don't live in damp, low-quality housing.**
- 6) Be able to go on a foreign holiday and sunbathe.**
- 7) Practice not losing your job and don't become unemployed.**
- 8) Take up all the benefits you are entitled to if you are unemployed, retired, sick, or disabled.**
- 9) Don't live next to a busy major road or near a polluting factory.**
- 10) Learn how to fill in the complex housing benefit application forms before you become homeless and destitute.**

Some measures to reduce inequality

More federal aid to education, including preschool programs

Link college loans to educational earnings (Reich)

Encourage unionization; enforce labor laws

Initiate a wealth tax (Buffett)

Increase cap on payroll taxes (currently \$113,700)

Increase the minimum wage

Vote for the party with progressive social policies

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