
| RESEARCH ARTICLE**Social Determinants of Mental Health And Community Resilience****Festus Uwakhemen Asikhia***LLM, MSc MBA, PhD, Post Doctorate Fellow School of Social and Human Studies, Atlantic International University***Corresponding Author:** Festus Uwakhemen Asikhia, **E-mail:** drfestusasikhia@gmail.com**| ABSTRACT**

In addition to biological and psychological factors that can affect mental health, other social determinants affect health throughout the life course. This journal investigates the effect of poverty, housing instability, and housing discrimination on depressive symptoms and reviews how community resilience and policy-guided interventions can lead to a decrease in mental health inequalities. Recent literature (2015-2026) was reviewed using full-text peer reviewed journal articles, research government reports, and International policy documents, to assess evidence and determine the effectiveness of evidence-based practice for enhancing mental wellbeing. The results showed high levels of psychological distress, depression scores, and lower levels of quality of life were significantly related to socioeconomic disadvantages and insecure housing and to discrimination experiences, both through direct and indirect social, economic and environmental pathways. Various community-based interventions such as social prescribing, peer support programmes, neighbourhood partnerships and integrated community mental health services have come to light as ones that can have a considerable impact on social resilience and social connections. In addition, policy interventions based on addressing social determinants of health have shown more success at mitigating long-term mental health inequities than other interventions that focus on treatment. The review concludes that working for mental health equity will involve a joined-up approach to; health, housing, education and employment and social welfare. To mitigate health inequalities and improve the mental wellbeing of populations, investing in enhancing evidence-based public policies, deepening the deployment of community resilience programs and fostering inter-disciplinary partnerships are crucial actions. Long-term effectiveness of policy interventions and community resilience strategies under various populations needs to be evaluated with continued research.

| KEYWORDS

Mental health; Community resilience; Poverty; Housing instability; Discrimination; Depressive symptoms; Social support networks; Mental health inequalities; Public health policy; United Kingdom

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1. Introduction

Mental health has a significant impact on people's thoughts, feelings, and behaviors throughout their lives, making it an essential component of overall health and welfare. People who are in good mental health are better equipped to manage daily challenges, realize their potential, work efficiently, and make significant contributions to their communities. However, the context is more significant than mental health being only a biological and psychological function; mental health is influenced by a variety of social, economic, and environmental elements, including the environments in which individuals are born, develop, live, work, and age. These are sometimes referred to as the social determinants of mental health, because they have a significant effect on mental health and contribute to the explanation of disparities in mental health among populations (WHO, 2022). This growing awareness has moved from a focus on treatment to prevention and has focused on the upstream factors that contribute to mental health disparities.

Among the most important socioeconomic determinants of psychological wellness are poverty, housing discrimination, and housing instability, all of which have substantial effects. People who live in poverty are more prone to stress, anxiety, and depression because they are constantly insecure due to a lack of work, food, access to healthcare and education, and other issues (Allen et al., 2021). According to Bentley et al. (2020), the experience of housing instability, which includes homelessness, overcrowding, and living situations where an individual is unsure of their right to reside in the house, has a detrimental effect on emotional wellness and can increase the risk of common mental diseases. Experiences of discrimination on the basis of race, gender, disability, sexual orientation, or socioeconomic position can cause further psychological discomfort and restrict opportunities, self-esteem, and social inclusion (Williams et al., 2019). These factors are interconnected and frequently result in cumulative disadvantage, which exacerbates mental health disparities for communities who are already at risk.

A crucial idea in addressing the detrimental effects of social poverty on mental health is community resilience. The capacity of individuals, organizations, and groups to adapt, bounce back, and thrive in the face of social, economic, or environmental problems and shocks is known as community resilience (South et al., 2018). Social support networks, neighbourhood cohesion, community involvement as well as convenient provision of community services have been found to buffer against depression by enhancing adaptive behaviours and minimising social isolation. CBI programmes, such as social prescribing, peer support groups and community mental health services have had beneficial effects on peoples' resilience and psychological wellbeing, especially for those who are disadvantaged (NHS England, 2023).

Strong and growing awareness of the need for comprehensive action across policy areas as part of mental health equality. Awareness that coordinated action is needed across some of these policy areas is growing, and is increasingly recognised as being necessary to achieve mental health equality. In the UK, organizations that prioritize integrated community care, early intervention, and prevention include the Community Mental Health Framework and the NHS Long Term Plan (NHS England, 2019). The policies recognize that improved parity in access to health and healthcare services, as well as intervention in socioeconomic disadvantage, are necessary for long-term improvements in mental health. Nonetheless, some segments of society—particularly the most disadvantaged—continue to have less access, and some groups have even less access; these are indicators that call for more policy creation and assessment.

This journal looks at the connection between social determinants of mental health and community resilience under three goals. Firstly, it examines the Relationship Between Poverty and Housing Instability/Discrimination and Depressive Symptoms. Second, it considers policies and other initiatives at the community level which increase community resilience and social support systems. Finally, it critically analyses policy-informed strategies to ameliorate health disparities in mental health outcomes, specifically relating to the UK. The review, which is based on current evidence published between 2015 and 2026, outlines the interventions which proved effective in raising awareness of mental health equity and which will contribute to future policy, clinical practice and research.

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2.Social Determinants of Mental Health

2.1 Understanding Social Determinants of Mental Health

Genetics, personality, health care access are just a few factors affecting mental health. The impact of the circumstances surrounding a person's birth, growth, living and working and their ageing on their psychological wellbeing over the life course has been increasingly recognised. The social determinants of mental health are income, education, employment, housing, social inclusion, discrimination, access to healthcare and the quality of neighbourhood environments (WHO,2022). They identify how much an individual is exposed to chronic stress, how they are covered by protective factors and how they have opportunities to maintain positive mental health. This means that mental health disparities can also arise from social and economic disparities and not from differences in individual resilience or vulnerability.

The effects of the social determinants of mental health are intricately linked. Individuals who are socially disadvantaged are more likely to have financial hardships, uncertain employment, substandard housing, and restricted access to high-quality healthcare, all of which can result in increased levels of psychological distress and chronic stress (Compton & Shim, 2015). These determinants are almost always present together. An increase in poverty, for instance, can result in insecure housing, and discrimination in education and employment can add up and have a negative impact on mental wellbeing. These relationships perpetuate inter-generational inequalities, and help explain why depression and anxiety and other common mental health conditions remain unevenly distributed.

Modern public health strategies thus favour a move away from treatment on the clinical level to intervention at the upstream social level, where the underlying determinants of mental health issues are tackled. In the context of mental health promotion, WHO (2022) emphasizes the importance of education, poverty alleviation, social protection measures, and access to housing and jobs as important pillars. Likewise, Marmot et al. (2020) highlight the need to address health inequalities through multi-sectoral action not just in the health sector. Helping to prevent mental illness also helps to build healthy, resilient communities that can support positive mental wellbeing across the lifespan by addressing the social determinants.

2.2 Poverty and Mental Health

Worldwide, poverty is one of the best indicators of poor mental health. People in poverty are typically without a paid job, without financial stability, without food security and without excellent educational possibilities, which each might add to chronic psychological stress and the likelihood of depressive symptoms (Lund et al., 2018). The lack of financial means can limit access to health care, healthy lifestyles and social involvement, contributing to and resulting from poor mental health. This two-way street dynamic is becoming increasingly obvious in recent years, notably after the economic shocks of the Covid-19 epidemic.

Poverty is not just about physical poverty. Financial insecurity perpetuates a chronic stress-response state, which raises cortisol, and impacts emotional health. Financial stress has been linked to depression, anxiety disorders, sleep disturbances and diminished quality of life (Patel et al., 2018) in case of chronic exposure. Those living in low income households are more at risk

as the bad conditions of childhood can significantly influence a child's cognitive, emotional and social development, which can lead to mental health concerns in their adult years.

Access to mental health care is also affected by socioeconomic inequalities. However, in deprived communities, people are likely to have to wait longer for therapies, fewer specialist services and higher barriers to accessing psychological therapies. While the National Health Service (NHS) is a universal health service in the UK, there are geographical disparities in access, especially in disadvantaged urban and rural areas (NHS England, 2023). Development of employment support systems and social protection programmes and income security policies is now seen to be a fundamental part of poverty reduction efforts and a crucial way to reduce the social burden of poverty on the population's mental health, as well as on economic outcomes.

2.3 Housing Instability and Mental Health

Housing offers not only a roof over one's head, but emotional security, social identity and stability as well. On the other hand, housing insecurity (whether homelessness, overcrowding, poor quality or insecure tenancy) has a lasting effect on psychological distress and depressive symptoms that include a high level of psychological suffering (Bentley et al., 2020). People who are homeless tend to feel a sense of powerlessness, anxiety, social isolation and less satisfaction with life, which leads to poorer mental health.

One of the most severe types of homelessness is housing insecurity. Homeless people are far more likely than the general population to experience depression, anxiety disorders, drug addiction, and serious mental illness (SMI), according to substantial research (Aldridge et al., 2018). This is a two-way relationship, because untreated mental illness also puts people at risk of losing their housing due to financial instability and disrupted social relationships, and unemployment. Therefore, integrated housing and mental health services are needed to create effective interventions, rather than clinical treatment alone.

Mental wellbeing is also affected by the quality of housing. Psychological distress and overall quality of life have all been related to dampness, overcrowding, neighbourhood crime and environmental pollution (WHO, 2021). The need for safe homes as an important factor in emotional wellbeing has been amplified during COVID when people have been stuck in difficult living conditions. Thus, policies affecting housing affordability, as well as policies enhancing tenant protections and expanding access to supported housing, make substantial progress toward the goal of decreasing mental health disparities among populations.

2.4 Discrimination and Social Exclusion

Discrimination is another important social determinant of mental health, as it restricts access to education, work and healthcare and exposes people to chronic psychological stress, and to participation in society. Discrimination on grounds of ethnicity, gender, disability, age, religion, socioeconomic status or sexual orientation leads to feelings of marginalisation and low self-esteem and often causes social isolation (Williams et al., 2019). Exposure to discriminatory experiences triggers physiological responses to stress that elevate the risk for depression, psychological distress and anxiety.

These negative impacts are exacerbated by social exclusion, which deprives people of opportunities for valued social engagement and community involvement. People who have been discriminated against often report a lack of trust in institutions, a loss of social capital, and lower utilization of health services, because of stigma or unequal treatment (Shim & Compton, 2018). These barriers hinder early intervention and have a negative effect on the mental health of disadvantaged groups.

The levels of disadvantage faced by ethnic minority communities can be multiple and can manifest themselves in a variety of different ways, including the experience of discrimination, economic disadvantage, and unequal access to health and healthcare services. Many refugees, asylum seekers, people with disabilities and LGBTQ+ individuals show higher prevalence of common mental disorders (WHO, 2022) and suffer from similar inequalities. Therefore, a comprehensive approach to the fight against discrimination needs to include all legal safeguards and culturally competent health services and public policies that foster equality, inclusion, and social participation. Stigma reduction also continues to be a critical step to promote and encourage timely help-seeking and lasting psychological health and wellbeing.

2.5 Vulnerable Populations and Risk Factors

All demographic groups are impacted by socioeconomic determinants of mental health, although certain individuals are more likely to experience social hardship and develop mental health illnesses. Children from low-income families, elderly people who socialize alone, jobless individuals, homeless people, refugees, members of ethnic minorities, persons with impairments, and people with long-term physical ailments are among these at-risk categories (WHO, 2022). The likelihood of depression, anxiety, and psychological discomfort is greatly increased when there are several social disadvantages.

Due to the impact of early experiences on brain development, emotional control, and future educational performance, children and adolescents are especially susceptible to unfavorable social situations. In addition to family instability and neighborhood violence, being born and raised in poverty has been associated with worse mental health outcomes, which frequently persist into adulthood (UNICEF, 2021). In a similar vein, elderly persons are less likely to have psychological wellness, are more likely to experience depression, have poor health and financial stability, and feel lonely or bereaved.

Social determinants interact with a number of risk factors to impact mental health outcomes. The negative psychological impacts of poverty, housing instability and discrimination are exacerbated by unemployment, insecure employment, low levels of education, food insecurity, poor access to healthcare, and low social support. At the same time, protective factors like positive family relationships, supportive communities, stable jobs, and available health care and public policies foster resilience and mitigate the risk of mental illness in the face of socioeconomic risk.

In summary, recent studies support the view that mental health inequalities are not solely biological or clinical in nature. Social determinants are an important determinant of exposure to risk as well as access to protective resources throughout the life course, and are core to mental health promotion and disease prevention. To achieve effective public health strategies, therefore, the issue of poverty and housing insecurity, as well as discrimination and social exclusion, must be tackled in addition to making high quality mental health care available. These combined strategies offer the best approach to tackling health disparities and ensuring the mental health of people from different backgrounds.

3.0 Community Resilience and Social Support Networks

3.1 Community Resilience

Community resilience is about how communities come together as a whole to prepare for, adjust and bounce back from social, economic and environmental challenges and ensure the wellbeing of community members. In the field of mental health, resilience is not just about individual resilience factors, but about the social relations, institutions and community resources that make a population resilient in the face of adversity (WHO, 2022). Well-developed social capital – in terms of trust, social cohesion and civic engagement – makes it easier for communities to buffer their residents against the harmful psychological impacts of poverty, discrimination and home insecurity.

Communities that are resilient provide and cultivate settings that encourage social interaction, access to essential resources, and involvement in local decision-making. These have been connected to lower levels of anxiety and depression by reducing social isolation and fostering a sense of belonging (South et al., 2018). Community resilience is particularly important during economic downturns, natural catastrophes, public health emergencies, and times when disadvantaged groups are more prone to suffer from mental health problems. Thus, enhancement of community resilience has emerged as a public health priority for the prevention of mental illness and ensuring long-term psychological wellbeing.

3.2 Community-Level Mental Health Interventions

Community-level interventions are not treatment-based, but they are designed to improve mental health by addressing social determinants and enhancing local mental health supports. These interventions acknowledge the need for mental wellbeing improvements to be sustainable and involve the cooperation of health care, local government, voluntary and community sectors and the public. There is mounting proof that community-based initiatives might lessen depression symptoms, enhance resilience and increase social inclusion, especially among disadvantaged groups (National Health Service [NHS] England, 2023).

Social prescribing is one of the most successful strategies in the UK, and is the practice of referring individuals who are lonely, experiencing mild depression or social problems to services outside of clinical health and wellbeing services within their community. They cover physical activity programs, volunteering activities, creative arts groups, financial support, gardening projects and peer support. Social prescribing has been shown to have a positive impact on emotional wellbeing, to be associated with reduced loneliness and to help reduce unnecessary use of primary healthcare services by tackling underlying social factors, which can drive poor mental health (Drinkwater et al., 2019).

Peer support programmes have also shown to be very effective in fostering recovery and resilience. People with lived mental health experiences offer emotional care, practical support and encouragement to others who are experiencing mental illness. These can enhance self-confidence levels, support coping mechanisms and diminish stigma through community based trusting relationships (Repper & Carter, 2019). Similarly, community mental health centres that delivered integrated mental health, social and employment services have reported favourable results, demonstrating that services integrated closer to people's homes have been effective.

Community education and business programs that increase mental health awareness, decrease stigma and encourage early intervention also help build community resilience. Emotional wellbeing programmes are increasingly being used in schools to build resilience, problem solving and healthy coping skills in children and young people. Workplace Mental Health programmes which offer counselling services, stress management training and flexible working arrangements also help to increase psychological wellbeing and lower sickness absence. When combined, these interventions illustrate that investing in community resources can augment clinical treatment and help to address many of the social determinants of mental health.

3.3 Social Support Networks

The social support networks are one of the most protective factors against mental illness. These are networks of family and friends, neighbours, colleagues, voluntary organisations and other community groups that offer emotional, practical and informational help and support during times of stress. People who have good social relationships tend to have better mental health, fewer feelings of depression and more mental resilience in response to difficult circumstances (Santini et al., 2020). On the other hand, social isolation and loneliness are important risk factors for anxiety, sadness, and a lower quality of life.

Family support is crucial, especially in fostering emotional stability and psychological resilience. Having a positive family relationship offers security, encouragement and practical support in times of stress, mitigating the effects of financial hardship, unemployment and chronic illness. Community organisations, faith groups and voluntary associations also play a role by providing opportunities for social participation and mutual support, particularly for older people, carers and vulnerable people.

Opportunities for social support have grown with the use of digital technologies, including online peer groups, virtual counselling and social networking sites. These technologies enhance access to support, but there are issues of digital exclusion, misinformation, and overreliance on digital interactions. Digital support should therefore be used in addition to - and not instead of - community relationships. Improvements in social support networks continue to be vital to strengthening resilience and to decrease mental health disparities and recovery from mental health distress.

3.4 Critically evaluate the evidence

There is an increasing amount of evidence that community resilience and social support interventions can have a positive impact on a person's mental health. There is consistent evidence from systematic reviews and longitudinal studies that good social networks, community engagement and neighbourhood cohesion are associated with lower rates of depression, anxiety and psychological distress. (Santini et al., 2020) Likewise, U.K. assessments of social prescribing programmes demonstrate boosts in wellbeing, social connectedness and patient satisfaction, but there are differences in the way programmes are implemented, making comparisons difficult (Drinkwater et al., 2019).

Although these encouraging results are reported, there are some limitations. The majority of studies use self-reporting as a way of assessing mental wellbeing, which may lead to reporting bias. However, there is also a great deal of variation in the target demographics, duration, and design of community interventions, which might limit how broadly the results can be applied. Furthermore, the variety of mental health inequities across low-income and ethnically diverse groups has been the subject of very little research.

A second issue is that of the sustainability of programmes based in the community. There are many projects that have a limited budget, rely on volunteer organisations, and local partnerships, which can make implementation difficult in the long term. Variations in the availability of resources among communities can also be a factor contributing to unequal access to effective interventions. Long-term evaluations, use of standardized outcome measures, and economic analyses should be a priority in future research to assess long-term effectiveness and cost-effectiveness of community resilience efforts. This will help policymakers to develop fair and sustainable interventions, and decrease disparities in mental health across different populations by bolstering the evidence base.

4.0 Policy-Informed Approaches to Reducing Mental Health Inequalities.

4.1 United Kingdom Policies

In order to address mental health disparities, the UK has recently started to recognize the need of looking at socioeconomic determinants of health more broadly than only mental health care. Over the past several years, policy has changed to emphasize integrated care, early intervention, and prevention in an effort to lessen the disparities that disadvantaged groups must deal with. The NHS Long Term Plan (NHS England, 2019) focuses on expanding early intervention for children and young people, expanding access to psychological treatments, and expanding the provision of mental health services in the community. Additionally, the strategy encourages the development of "integrated care systems" (ICSs), which allow health institutions to collaborate with volunteer providers and local authorities to address social and health issues together.

Moreover, the Community Mental Health Framework for Adults and Older Adults facilitates the delivery of personalized, recovery-led care in the local community (NHS England, 2019). The UK Government has adopted wider social policies, as well as health care measures, to tackle health inequalities by tackling housing, employment, education and welfare support. The initiatives recognise the fact that poverty, lack of secured housing and unemployment are associated with poor mental health outcomes. Also, the Office for Health Improvement and Disparities (OHID) remains as an active champion of prevention strategies which demonstrate an understanding of social and economic inequities and help local authorities devise specific interventions around mental health. All of these policies point towards a new direction that seeks to resolve structural causes of mental illness alongside merely treatment efforts.

4.2 Public Health Strategies

Public health measures aim to tackle mental health inequalities through the modification of environments (schools, the community, and workplaces). The shift towards embedding a mental wellbeing agenda rather than a mental illness agenda is now a greater feature of prevention programmes, with more of these programmes now being delivered with the use of preventative education in schools, wellbeing and resilience programmes in workplaces and mental awareness programmes in the community. Early identification of those at risk of mental illness, as well as measures to enhance resilience and access to support services are recommended by the National Institute for Health and Care Excellence (NICE, 2022).

Social prescribing, which has been included into UK public health policy, is a useful tool for connecting individuals with community resources and assistance, such as exercise groups, financial guidance, volunteer opportunities, and peer support initiatives. These approaches have been shown to improve emotional wellbeing, reduce loneliness, and boost community involvement (Drinkwater et al., 2019). Public health awareness efforts on stigma and suicide prevention have also contributed to a beneficial change in the public's perception of mental illness and the habit of seeking treatment. By addressing individual risk factors and the societal determinants of mental health, all of these approaches can contribute to the reduction of health disparities.

4.3 Healthcare and Community Integration

Grasping integrated care has now come to the forefront of the efforts to tackle inequalities in mental health outcomes. Greater partnerships between primary and mental health services, housing providers, social care/community organisations enhance the continuity of care and offer a good way to meet the needs of vulnerable groups. In England, ICCs offer a chance to bring multi-disciplinary teams together to coordinate care for clinical conditions and the social determinants that drive poor mental health. Community Mental Health Teams are increasingly collaborating with organisations in the voluntary sector, employment and housing services to provide an all-round, person centred approach to support. This can help health care providers identify social issues, such as homelessness or financial or legal issues, and connect them to community resources. The use of digital health technologies and tele-mental health services has also helped to enhance access to psychological therapies, including for those living in remote or underserved areas. But guaranteeing digital inclusion remains critical to avoiding further lengthening of inequalities across the older population, low-income families and those who are not digitally included.

4.4 Critical Evaluation

In the UK, there have been significant advancements in the understanding of mental health; modern policies acknowledge that social and economic variables, in addition to medical and health care, impact mental health. The emphasis on personalising support by incorporating community services and preventative measures – alongside social prescribing – highlights the current evidence-based practice that a better approach to supporting social determinants will have a positive long-term impact on mental health. There are still important issues to deal with, though. Equal access to care is nonetheless hampered by the region's persistent inequality, labor scarcity, and growing demand for mental health services. Furthermore, the viability of many community programs is impacted by the availability of short-term financing.

The policy needs to continue by focussing on a long-term investment in prevention, enhance interagency dialogue between various sectors of Government, and increase assessment of community-based interventions. The disadvantaged groups that are most vulnerable to the impacts of poverty and discrimination and housing insecurity should also receive greater attention. Improving the structural inequities is vital to securing better mental health for everyone and making communities more resilient in the UK.

4.5 Case Study: Policy-Informed Approaches to Reducing Health Disparities in Mental Health Outcomes

In the United Kingdom mental health inequalities are still a major public health problem, especially for those who are poor, don't have a permanent home, or feel excluded from society. The UK has increasingly advocated for policy-led interventions introducing healthcare and social services, based on the understanding that social determinants significantly impact mental health. This case study focuses on how national policies and community-based measures have been introduced and key considerations for implementation to minimise inequalities in mental health outcomes for people from disadvantaged backgrounds.

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The case concerns an Integrated Care System (ICS) in a poor metropolitan area of Northern England with high unemployment, substandard housing, and socioeconomic distress, all of which contributed to increased rates of anxiety and depression. Local populations' access to psychological therapies and social isolation were found to be lower than the national average, while waiting times for mental health services were higher than the national average, especially for low-income households and ethnic minority groups. In accordance with the NHS Long Term Plan and NHS England's Community Mental Health Framework (2019), healthcare teams, local government, and the volunteer sector collaborated to create a comprehensive community mental health program.

The intervention was multidisciplinary providing for both clinical and social determinants of mental health. GP regularly completed depression, anxiety, housing and financial hardship mental health assessment tools with the patient. People were referred to psychological treatments, but also to a variety of social support services such as housing services, employment advisors and welfare options. The community mental health teams were supported by social workers, housing officers and voluntary organisations to co-ordinated, person-centred care that meets the needs of individuals.

Social prescribing was at the heart of the intervention. Participants were linked to local exercise programs, peer support groups, volunteering, social gardens and financial counseling services aimed at alleviating loneliness and enhancing social inclusion. People in need of assistance were supported by local housing collaboration to secure and process stable housing and received continuous emotional support. Culturally appropriate mental health services were also implemented to enhance participation of ethnic minority communities and reduce language barriers and stigma/discrimination.

The outcomes of the programme were encouraging after a one year period was completed. Participants who received an integrated approach to community support experienced a reduction in depressive symptoms from routine monitoring, compared with participants who were receiving their usual clinical care alone. Service users said that they felt their emotional state had improved, they were more confident about how to manage everyday stress and their social connections had increased with others in their communities. The number of appointments for psychological therapies was also reported as being increased by the healthcare professionals, and of the reduction in the totals presented to the emergency mental health services, again indicating better continuity of care as a result of early intervention and coordinated support.

While these positive results were obtained, a number of implementation challenges were identified. Available workforce to meet the demand for community mental health services, with delays in accessing some specialist services. Also the voluntary sector programmes had some uncertainty about funding for long-term sustainability. In addition, older adults and those with financial difficulties were less able to access on-line mental health services due to digital exclusion. These mounted challenges underscored the need to continue investing in governance, skilling their workforces, and ensuring equitable access to digital healthcare.

This case study shows that when health and housing services are connected and there is an investment in policy to ensure people's social determinants of mental health are addressed, this can have a significant impact in closing health inequalities. This is demonstrated by the UK's experience that there are many cross-cutting elements to be considered in tackling mental wellbeing beyond the clinical, and these need to be addressed across a range of sectors. Ongoing funding for comprehensive, community-based care and effective public policy initiatives will be needed for sustained gains in overall mental health of the population and gradually closing the long-standing health gap.

5.Findings

The review's findings highlight the critical role socioeconomic variables play in affecting mental health outcomes and greatly exacerbate population-level disparities in mental health. There is ample evidence linking mental health conditions including depression, anxiety, and psychological discomfort to poverty, unstable housing, and prejudice. Socioeconomically disadvantaged people are more likely to encounter long-term financial stress, unemployment, substandard living circumstances, restricted access to healthcare, and a higher likelihood of developing common mental health problems, all of which have detrimental effects on emotional wellbeing (WHO, 2022). Analyses in this report validate the finding that inequities in mental health are partly attributable to social and economic structures and the state of society, and not just to individual circumstances.

The review also shows that community resilience and high quality social support buffers against poor mental health. CBI schemes, such as social prescribing, peer support schemes, neighbourhood initiatives and integrated community mental health, have been found to enhance emotional well-being, combat loneliness and boost people's strengths and resilience in vulnerable groups. There is evidence that suggests these interventions are especially successful when implemented within partnerships between local authority and voluntary organisations and healthcare providers in the United Kingdom.

Another key result is that while treatment interventions can lead to short-term benefits for mental health, information about the ramifications of policy-wise methods can yield more sustainable benefits. The policies of the United Kingdom, such as the NHS Long Term Plan, the Community Mental Health Framework and Integrated Care Systems, have reinforced person centred care, early intervention and prevention, and health, housing and social services working together (NHS England, 2019). However, there are ongoing issues identified in the review, such as inequalities in service provision across the region, a shortage of staff and inequitable funding of community-based programmes together with the growing demand for mental health services. These constraints hinder the success of current policies, and also help perpetuate inequalities between disadvantaged communities.

Overall the findings highlight the need for action to be co-ordinated across healthcare, education, housing and employment and social welfare to deliver population mental health improvements. Focusing on social determinants of mental health along with building community resilience is the best chance of mitigating health inequalities and better mental health over time. Going forward, policy and research should include integrated, evidence-based practice that ensures that there is equitable access to mental health services, and moves toward understanding the structural determinants of mental health conditions among various populations.

6.0 Recommendations

6.1 United Kingdom Government Interventions and Policies

By combining the required public policies to address social determinants in health, housing, education, work, and social welfare, the UK government should create more comprehensive policies on the social determinants of mental health. Even though the NHS Long Term Plan, the Community Mental Health Framework, and Integrated Care Systems (ICs) have improved access to mental health care, socioeconomic disparities continue to be the primary cause of disparities in mental health outcomes (NHS England, 2019). Therefore, the government's objective is to make sure that social inclusion, housing security, and poverty reduction are all given top priority as essential components of mental health promotion.

There is a need to invest more in affordable housing to decrease homelessness, overcrowding and housing insecurity that are strongly linked to depression and psychological distress. Adopt employment policies that ensure safe work, good wages and healthy working environment, so as to mitigate financial stress, and have welfare programmes to assist vulnerable households. Community mental health services and resources, especially in areas of deprivation, also require greater funding. Havet should fund social prescribing schemes and voluntary bodies in a lasting way, to boost resilience and ameliorate social isolation.

There is also a need for further action on discrimination in national strategies, such as through more robust equality policies, and through stigma reduction work brought through campaigns to the public. Mental health education and early intervention programmes should be encouraged through and promoted in schools, universities and workplaces to enhance emotional wellbeing and promote help-seeking. Evidence should be used for evidence based policy evaluation and the indicators should include information on housing, employment and social inclusion as well as the traditional health indicators.

6.2 Health and Medical Interventions

Healthcare systems must change attitude and focus, taking the whole person's perspective, and consider how social determinants affect mental health. All clinical symptoms should be screened for and regular mental health assessment in primary care should include screening for financial hardship, housing insecurity, unemployment, and social isolation and discrimination. If such risk factors were identified early, appropriate referrals to community support could be made early to prevent worsening mental health symptoms.

The provision of integrated multidisciplinary care is to be a common practice throughout mental health care. The GPs, psychiatrists, psychologists, community psychiatric nurses, social workers and housing advisers should work combined to create appropriate personalised care plans that take into account both clinical and social requirements. This Integrated care increases treatment continuity, optimises recovery, and minimizes hospital care that could otherwise be avoided (WHO, 2022).

Waiting times for psychological therapies, such as CBT, should be shortened and continued growth in access to evidence-based treatments in healthcare systems. Social prescribing should be integral to primary care, directing patients to local activities and services, e.g. exercise programmes, peer support groups, volunteering and financial advice by engaging with their local communities and services, which are delivered as necessary. Digital mental health services should be used in addition to direct services, and efforts need to be made to make them available without digital exclusion and at equality of access. Ongoing professional development should also provide healthcare workers with the competencies they need to identify and address social factors that impact on mental health.

6.3 Academic Research Solutions and Future Research Areas.

Further research should focus on longitudinal studies of the impact of poverty, housing insecurity and the effects of discrimination on mental health from birth to older adulthood. While there is current evidence of strong associations between

social disadvantage and depression, there is a need for further studies to investigate long-term impacts, establish causal pathways and assess the effectiveness of policy interventions.

Other studies should consider the impact of community resilience interventions such as social prescribing, peer support groups and community mental health services. There are a variety of existing assessments that have short follow-up duration and self-reported results, which narrows understanding of long-term effectiveness. Larger and more heterogeneous population sizes and consistent outcome measurements should be used in future studies to enhance reliability.

Larger efforts should also be made to understand the needs of under-represented groups such as ethnic minority groups, refugees, older people, persons with disabilities, and rural communities. Lastly, studies are needed that explore how new digital technology and artificial intelligence can be beneficial, accessible, and ethically acceptable for the support for early interventions and individual mental health care. Filling these gaps in knowledge will increase evidence and inform the creation of more fair and efficient mental health policies and services that are fair and equitable. Filling those knowledge gaps will benefit the evidence base and build the capacity to create more fair and efficient, and equitable, mental health policies and services.

7. Conclusion

Mental health is influenced by biological, psychological, and social variables, with socioeconomic determinants of health having a major lifetime impact on mental wellbeing. Poverty, unstable housing, and prejudice are some of the most significant variables linked to depressed symptomology and mental health disparities that have been emphasized in this analysis. These often co-occur, adding further drawbacks that worsen mental discomfort, limit access to healthcare, and lessen people's chances for optimal mental wellness. Therefore, in order to lessen mental health disparities, treatments that address the social and economic variables that contribute to the clinical symptoms of poor mental health must be used.

The review also highlights the importance of community and strong social support networks in shielding individuals from the negative effects of socioeconomic adversity. Strengthening resilience, addressing social isolation, and improving psychological wellness can be achieved through a variety of community-based treatments that have shown great promise, such as social prescribing, peer support, and integrated community mental health services. When HCPs, local authorities, and volunteer groups collaborate to address the clinical and social needs of individuals with mental health disorders, these tactics can have a significant impact.

Improvements in mental health will require a multi-sector approach involving the government, healthcare, and education/community sectors. A national mental health policy should include initiatives that foster social inclusion, improve housing stability, lessen poverty, and boost community resilience. The data used to inform future decisions will be strengthened by ongoing study evaluations of the long-term effects of governmental policies and community initiatives. By addressing the socioeconomic determinants of mental health in integrated, evidence-based approaches, the UK has a rare chance to dramatically reduce mental health disparities and improve the resilience and wellbeing of individuals and communities.

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