Social Determinants of Health, Structural Racism, and the Impact on Child and Adolescent Mental Health

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In recent years, there has been a greater emphasis on examining the factors, particularly the social factors, that affect health outcomes and contribute to population health inequities. The social determinants of health, as defined by the World Health Organization (WHO), are "the conditions in which people are born, grow, work, live, and develop, and the wider set of forces, including economic policies, social norms, and political systems, that shape the conditions of daily life and impact health outcomes."[1] These social determinants are influenced by the current political and economic environment in which an individual lives, as well as the long-standing sociocultural norms that have been sewn into the fabric of society. Structural racism is an underlying force that influences all social determinants of mental health in the United States. This article will examine the social determinants of health in youth through the lens of structural racism.

WHO lists 5 major categories of social determinants of health: economic instability, education, social and community context, health and healthcare, and neighborhood and built environment.[1] The social determinants of mental health are not inherently different, but they often receive less focus and study, particularly in children where they may hold even greater significance. Most psychiatric disorders begin in childhood, and the physical, cognitive, emotional, and social development that occurs during this critical time lays the foundation for mental health and well-being in adulthood. Table 1 lists several examples of social determinants of mental health for children and adolescents.[2]

Racism, defined as "a system of structuring opportunity and assigning value based on the social interpretation of how one looks,"[3] can be explicit or implicit, and it can occur at the individual, interpersonal, and/or structural level. Structural racism refers specifically to "the public policies, laws, institutional practices, cultural representations, and other norms that work in various, often reinforcing ways to systematically disenfranchise people based on race, including denial of access to services and opportunities in society."[4] Structural racism is covert, pervasive, and extremely difficult to eliminate,

Table 1. Social Determinants of Mental Health for Children and Adolescents

Economic instability
Food insecurity
Housing insecurity
Parental unemployment
Household income
Education
Educational inequality
Language and literacy
Parental education
Social and community context
Discrimination
Immigration status
Social isolation
Health and health care
Access to healthcare
Quality of healthcare
Health literacy: parental and youth
Neighborhood and environment
Condition of housing
Community violence
Residential segregation
Lack of child care
Access to transportation
Access to emerging technologies ie, Wi-Fi, cell phone
Parental psychosocial factors and adverse childhood experiences
Witnessing interpersonal violence
Child abuse
Parental substance use disorder
Parental depression

Note: Adapted from the US Department of Health and Human Services, Office of Disease Prevention and Health Promotion: **https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health**.[2]

and, as a form of social injustice, it is the driving force behind many of the social determinants of health. While individual and interpersonal racism have direct and clear impacts on the physical and mental health of youth and adults,[5] structural racism impacts the health of both individuals and whole populations. For example and as described below, the structurally racist policies of redlining (and the resulting residential segregation) have led to profound and detrimental health effects on Black (individuals of African descent), Brown (Latinx), and Indigenous families.

Redlining and Residential Segregation and the Social Determinants of Mental Health

In the 20th century, specific policies were enacted to create financial incentives for White people to move to the suburbs of many major US cities, leaving marginalized people, particularly Black people, in cities. Restrictive covenants, present throughout the US from the 1920s until they were ruled unenforceable in 1948, prohibited selling or renting property to people of color and people of Jewish descent. Redlining, a term derived from the legal practice initiated by the Homeowner's Loan Corporation (HOLC) in 1933 that involved denying mortgages, insurance, and loans in and near Black neighborhoods, effectively restricted favorable lending to White neighborhoods. The federal government and lenders literally drew red lines on maps around neighborhoods in which they would not invest. Although the practice of redlining was made illegal in 1968, its effects, and those of policies that followed, including urban renewal and modern zoning laws, are still seen today in the social geography of cities.[6] The denial of home loans to Black and Brown families meant that, unlike their White counterparts, they were unable to accumulate wealth through homeownership and potentially pass such wealth through generations.

Residential segregation was the basis for broader social disinvestment including infrastructure such as greenspace, recreation facilities, and roads, and economic drivers such as transportation, education, and employment. Highways were constructed, often demolishing marginalized communities and businesses in the process, to reinforce suburban resources, while Black and Brown communities continued to be depleted of resources and opportunity. Those neighborhoods marked as "hazardous" by redlining in the 1930s are currently inhabited primarily by Black and Brown families; however many of these communities have been gentrified by White people returning to urban areas, further destabilizing marginalized communities.[6]

Consequently, structural racism has a significant impact on many social determinants of health. This is especially true for children who are undergoing rapid developmental changes and are dependent on their family system and environment to provide space for healthy development. Families living in residentially segregated, disinvested areas have less access to transportation, less walkable space (including sidewalks and parks), and less viable access to fresh air and exercise.[6] Grocery stores are scarce or non-existent in these neighborhoods (ie, food deserts) as grocery and restaurant chains flee these areas or refuse to invest there based on prejudicial marketing assessments.[7] Thus, residential segregation leads to another social determinant of mental health, food insecurity, which has been associated with poor cognitive development, symptoms of depression and anxiety in teens, and hyperactivity and impulsivity in youth across the developmental spectrum.[8] Furthermore, there is less investment in housing, leading to poorer living conditions from which children have no power to escape, including structurally unsafe buildings, substandard insulation and air filtration, and barely lit streets and corridors.[6] These conditions increase the risk of community violence, which in turn increases the risk of emotional dysregulation, and symptoms of posttraumatic stress disorder, depression, and suicidality in children.[9] The amalgamation of these experiences stresses the family system and increases the risk for the interpersonal traumas explored in the original Adverse Childhood Experiences (ACE) study.[10] ACEs are linked to depression, anxiety, posttraumatic stress disorder, substance use, and other mental health disorders in children and adults.[11,12] While some of these experiences, like food insecurity, are explored in the original study,[10] it largely neglects traumas that

stem from structural racism that need to be included to fully assess adversity experienced by children and adolescents.[13]

The most striking disadvantage for children and adolescents is in the education system, as quality of education is linked to numerous health outcomes directly by increasing health literacy and healthy behaviors, and indirectly by affecting other social determinants like employment and income.[14] School is seen as a safe space for children to develop and to learn not only academics, but about themselves and the world. However, this is not true for many marginalized children, as funding for many school districts is derived from property taxes, and with lower property values, as a downstream effect of redlining, schools in these neighborhoods receive significantly less funding. Additionally, children in low-income areas have less access to educational resources, experienced teachers, and advanced coursework. While the schooling experience of Black children is impacted by opportunity gaps linked to income and wealth, structural racism plays a role in shaping schooling beyond these factors. This is seen in communities that are well-sourced and more diverse, yet Black and Brown students continue to have less access to advanced coursework, and they are less likely to be identified and evaluated for special education services.[15,16]

The result of structural racism is inequitable health outcomes for Black and Brown people, and children and adolescents are particularly vulnerable. Black and Latinx children are less likely to be diagnosed with attention-deficit/hyperactivity disorder as compared to otherwise-matched White children.[17,18] Black and Brown youth with mental health disorders are more likely to end up in the juvenile justice system rather than with specialty care.[19] When Black and Brown youth are engaged in care, Black children are less likely to receive guideline-driven care, and Latinx children are more frequently undertreated.[20] It is likely that explicit and implicit bias, fueled by structural racism, play a role in these differences.

What Can Child and Adolescent Psychiatrists Do?

This article has examined one example of how structural racism underlies the social determinants of mental health, which research shows are associated with a variety of developmental and mental health outcomes in youth. The underlying structural forces that drive these social determinants must be addressed in order to improve health outcomes. If we address these underlying structural forces in children, we can potentially decrease inequities in mental health disorders across the lifespan. This requires a shift from thinking about the individuals we directly treat to thinking about population health. It also requires that we confront and eradicate structural racism. The first and most important step is to educate ourselves and others, both within our profession and without. Child and adolescent psychiatrists must know what structural racism is and how it impacts the social determinants of health and health outcomes. We must also acknowledge how structural racism impacts the mental health system and children and families of color. On the individual level, this prepares us to have those difficult and crucial conversations with our patients and encourage them to discuss their experiences with racism and discrimination. On a population level, we can use our knowledge to advocate for changes in the policies that sustain and enable structural racism. Housing policies, as illustrated in this article, impact the mental health and wellbeing of children. Therefore, it is essential that child and adolescent psychiatrists advocate for equitable housing policies with the same intensity that they provide therapeutic options for their patients. Empowered by a sober understanding of how our society's long history of structural racism continues to influence social determinants on both individual and population levels, child and adolescent psychiatrists will lead the medical profession, and our communities at large, in improving health outcomes for us all.

Take Home Summary

Structural racism impacts all social determinants of health. In assessing and treating children, child and adolescent psychiatrists should consider the effects of structural racism in their formulation and treatment. To improve the overall mental health of children and families, child and adolescent psychiatrists should serve as advocates for dismantling systemic racism.

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