Class 3: Social Epidemiology

Sociology of Mental Illness

Did you remember to print out the lecture sheet for class?

Extra Credit

Anyone bring any?

From the syllabus:

"You can earn up to five points in extra credit for the final course grade if you bring in examples from the news, television entertainment, or movies that relate to the main themes in the class or specific readings or lectures we have discussed (one point per submission). To do this, bring in a copy (or some documentation of your example - like a TV schedule guide) and be prepared to share with the class what you heard, read, or saw and how it relates to something we've read or discussed in class. We will take time at the beginning of class and right after the mid-class break for you to share."

MAKE SURE TO PUT YOUR NAME ON YOUR ITEM.

Knowing Someone with Mental Illness

Table 2. Nature of Respondents' Contact with Persons with Mental Health Problems

Nature of Contact	% Yes	(N)
Knows Someone who was in a Hospital because of a Mental Illness	50.2	(729)
Who was it?		(364)
Respondent	2.5	
Immediate Family	25.3	
Other Relative	27.2	
Close Friend	26.9	
Acquaintances	24.2	
Other	7.1	
Knows Other Seeing a Psychologist, Mental Health Professional Social Worker, or Counselor	57.9	(670)

From: AMERICANS' VIEWS OF MENTAL HEALTH AND ILLNESS AT CENTURY'S END:CONTINUITY AND CHANGE

How do we know how many people have a mental illness?

What do we measure?
How do we measure it?
Who tells us what is what?
When do we look at it?
How do we compare it?

Social Epidemiology

The branch of epidemiology that studies the social distribution and social determinants of health

"Social epidemiology is the systematic and comprehensive study of health, well-being, social conditions or problems, and diseases and their determinants, using epidemiology and social science methods to develop interventions, programs, policies, and institutions that may reduce the extent, adverse impact, or incidence of a health or social problem and promote health."

From: Social Epidemiology: Strategies for Public Health Activism
Julie Cwikel

Incidence and Prevalence

- **Incidence**
- The *rate at which new cases occur in a population during a specified period*. When the population at risk is roughly constant, incidence is measured as:
- ***Number of new cases divided by Population at risk x time during which cases were ascertained***
- **Prevalence (POINT)**
  The *proportion of a population that are cases at a point in time*
  - Easier and more helpful to consider not just at a specific point in time, but over a period, so:
  - **Period prevalence**
    - *the proportion of a population that are cases at any time within a stated period*

A brief history

- First generation
  - 1850-1950
  - Key Informant, Agency Records, Direct Interviews
  - Often done by clinicians
  - Focused on specific disorders
  - Limitations of Reliability and Validity
- Second Generation
  - 1950-1980
  - Direct Interview
  - Clinician or Lay Interviewer
  - Focused on Impairmen
  - Problems with Validity

A brief history, continued

- Third generation
  - 1980-Present
  - Direct Interview, self-report surveys, computer assisted
  - Done by clinician and/or lay interviewers
  - Focused on diagnosis or impairments
  - Still concerns about validity, gotten quite good at reliability

Big examples:
The Epidemiological Catchment Area (ECA) study

National Co-morbidity Study (1990-92) and National Co-Morbidity Study-Replication (2001-03)

Big Findings: NCS-R

- About half of Americans will meet the criteria for a DSM-IV disorder sometime in their life, with first onset usually in childhood or adolescence.
- The percentage of people who met criteria for a disorder reporting getting treatment in the early 90s (20%) increased (33%) in the early 2000s.

Examples

Composite International Diagnostic Interview Depression Scale.

http://www.hcp.med.harvard.edu/ncs/ftpdir/replication/US%20Depression.pdf

(look also on page 89-90 in your reader)

Center for Epidemiological Studies - Depression Scale

http://www.chcr.brown.edu/pcoc/cesd**scale**.

Criticisms of this kind of work: NCS

(see: Horwitz and Wakefield)

1. Numbers are inflated because they count symptoms without context - thus normal reactions to stressful circumstances are counted as disorder
2. People who end up getting help have applied contextual information about their suffering to deciding to get help.
3. Clinicians also apply these judgements.
4. This has real implications towards the increasing medicalization (trivialization?) of mental health problems.

Why does the US have such high rates?

Explanations offered:

- Over-medicalization of social problems
- Increased stress from a social and economic system (societal burden)
- Lack of access to health care in comparison to other countries
- Cultural differences
- Category fallacy
- Measurement error
- Dysfunctional social relation patterns

Video this evening

If you missed it, you might want to watch for next week's class:

Hoarders - Episode 16, Tra and Jill

(just the Tra portion)

Available on iTunes for $1.99

Sun	Mon	Tues	Wed	Thur	Fri	Sat
June 20	1: Intro		2: Perspectives			
June 27	3: Social Epidemiology Paper assignments out		4: Medicalization Review for first exam			
July 4	CANCELED - IUB holiday		**ONLINE EXAM 1**			
July 11	5: Stigma		6: Social Roles			
July 18	7: Stress		8: Social Problems			
July 25	9: Treatment		10: Consumers/Users/ Survivors			
August 1	**11: PAPER DUE** OPEN TOPIC LECTURE		12: Family			
August 8	13: Recovery		**IN CLASS FINAL EXAM**			

For Wednesday

Medicalization & Controlling Definitions.

Before this class:

- **DSM IV-TR Criteria for Depression, ADHD, PMDD (LINKED ON ONCOURSE)**
- **The Discovery of Hyperkinesis, Conrad, pg 37**
- **The Three Faces of PMS: The Professional, Gendered, and Scientific Structuring of a Psychiatric Disorder, Figert, pg 47**