

## Correspondence

Edited by Kiriakos Xenitidis and  
Colin Campbell

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## Income inequality and mental health problems

Pickett & Wilkinson's paper is the latest in a series of persuasive publications on income inequality and health stretching back to the 1990s.<sup>1</sup> However, in relation to what they variously call 'mental illness', 'mental health problems' and 'distress', I wonder whether they are taking at face value the highly inflated prevalence findings they cite. They write that 'one million British children – one in ten between the ages of 5 and 16 – are mentally ill' and that 'one in four adults have been mentally ill in the past year' in both the USA and the UK. These mostly represent the so-called common mental disorders. These figures are preposterous – as much to the citizen as to the psychiatrist in me – and make an urgent case for the profession to go back to the drawing board to revisit the core question: just what exactly do we mean by a 'mental disorder'? Quantitative surveys tend to recast the epiphenomenal features of situational distress as free-standing disorder, so cannot but recruit false positives on a systematic scale.<sup>2</sup>

The authors have plotted 12 countries onto a graph of 'Percentage with any mental illness' v. 'Income inequality', and it seems noteworthy that the strongest correlations are, successively, USA, UK, Australia, New Zealand and Canada. Below is France and, much lower down, The Netherlands, Belgium, Spain, Germany, Japan and Italy. I wonder why there is this apparent split between English-speaking countries and the rest, and whether this reflects particularities in the Anglo-American world, both in psychiatric culture and in trends towards the psychiatrisation of everyday life, which may be less advanced elsewhere. Taking account of possible skews of this kind would be likely to make the graph line rather less steep. Could the authors comment?

The authors acknowledge that a possible confounder in comparing rates of mental illness between one society and another lies in differing recognition and interpretation of survey questions, but go on to make the point that 'at least the same diagnostic interviews are used in each country'. I am afraid this is to restate the problem, which is one of validity, rather than to resolve it. Valid research methods must reflect the 'nature of reality' for participants and a standard questionnaire used across heterogeneous societies cannot do this.

Pickett & Wilkinson conclude that if the UK is to reverse the massive rise in inequality experienced during the 1980s, 'we need to encourage all mechanisms that help to reduce income differences'. But are we not all stuck with an intractable feature of late capitalism, its structural tendency to stratify incomes rather than to level them out?

- 1 Pickett KE, Wilkinson RG. Inequality: an underacknowledged source of mental illness and distress. *Br J Psychiatry* 2010; **197**: 426–8.
- 2 Summerfield D. Cross-cultural perspectives on the medicalization of human suffering. In *Posttraumatic Stress Disorder: Issues and Controversies* (ed G Rosen). John Wiley, 2004.

**Derek A. Summerfield**, Consultant Psychiatrist and Honorary Senior Lecturer, Maudsley Hospital and Institute of Psychiatry, King's College London, UK, email: derek.summerfield@slam.nhs.uk

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**Authors' reply:** Summerfield suggests that the World Health Organization<sup>1</sup> and other survey data that we use seem 'preposterous' to him as a doctor and a citizen. His quarrel, then, is not with us but with the psychometric testing of the diagnostic interviews used by the WHO and other epidemiological surveys of mental illness. But even in terms of our own personal experience, we are not at all surprised at the 23% annual period prevalence of any mental illness in the UK. Many of us have felt incapacitated by depression or anxiety, and among our acquaintances we can count episodes of self-harm, eating disorders, addictions, behaviour problems and autism-spectrum disorders. As we mentioned in our paper, episodes of severe mental illness are also strongly correlated with income inequality.<sup>2</sup> Both sets of data suggest that inequality is related to mental health, however we choose to label the symptoms.

It is wrong to suggest that the correlations reflect only the high measured prevalence of mental illness in the English-speaking countries. Although these countries do indeed have higher prevalence of mental illness, and higher levels of income inequality, they are not outliers and do not appear to represent a distinct group: they are simply the countries at one end of the distribution. Indeed, if we look only at the subsample of the English-speaking countries, income inequality remains significantly correlated, and is an important explanatory factor for mental illness just among them ( $r=0.95$ ,  $P=0.01$ ).

It would be odd if the relationships we showed with mental illness existed in a vacuum but of course they do not. Our research focuses on problems with social gradients, and we find that more unequal societies also have lower levels of trust and social capital, poorer physical health, higher rates of obesity and teenage pregnancies and births, low child well-being, educational achievement and social mobility, and higher levels of violence and imprisonment.<sup>3</sup> Against that background it would be surprising if mental health were not also affected by wider income differences.

Until the rise of neoliberal economic policy in the 1980s, the UK was a much more equal society and it could be so again. We are optimistic that societies can change. There are numerous mechanisms through which governments and institutions can promote greater equality, and a wider recognition of the harm caused by inequality is an essential prerequisite.

The reality is that inequality causes real suffering – regardless of labels. Those of us concerned with the mental health of the public need to address its structural, as well as its individual, context.

- 1 Demyttenaere K, Bruffaerts R, Posada-Villa J, Gasquet I, Kovess V, Lepine JP, et al. Prevalence, severity, and unmet need for treatment of mental disorders in the World Health Organization World Mental Health Surveys. *JAMA* 2004; **291**: 2581–90.
- 2 Pickett KE, Wilkinson RG. Inequality: an underacknowledged source of mental illness and distress. *Br J Psychiatry* 2010; **197**: 426–8.
- 3 Wilkinson R, Pickett K. *The Spirit Level: Why More Equal Societies Almost Always Do Better*. Penguin, 2009.

**Kate E. Pickett**, Professor of Epidemiology, Department of Health Sciences, University of York, UK, email: kate.pickett@york.ac.uk; **Richard G. Wilkinson**, Professor Emeritus of Social Epidemiology, Division of Epidemiology and Public Health, University of Nottingham, UK

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## Omission of evidence about 5-year outcomes

Bird *et al*'s review of early psychosis intervention provides a useful meta-analysis of methodologically sound studies.<sup>1</sup> However, there are major problems with it. The authors have stated that their