

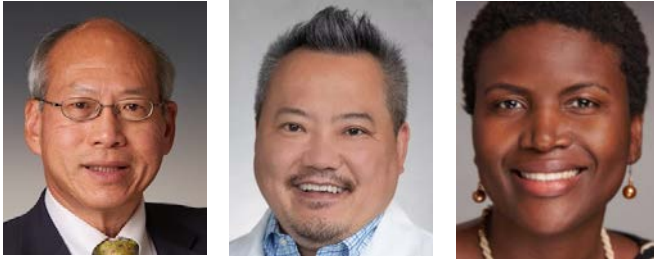


APA PRESIDENTIAL TASK FORCE ON SOCIAL DETERMINANTS OF MENTAL HEALTH

Clinical Workgroup

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CLINICAL WORKGROUP



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“The American Psychiatric Association:

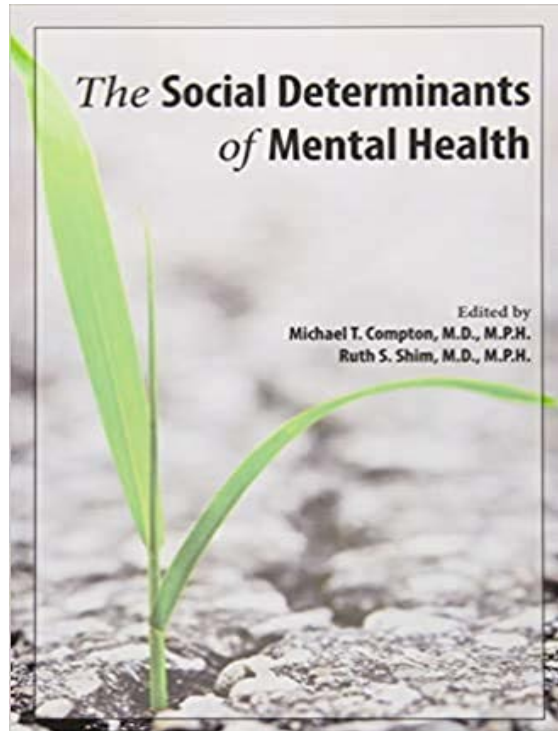
- Supports legislation and policies that promote mental health equity and improve the social and structural determinants of mental health, and formally objects to legislation and policies that perpetuate structural inequities.
- **Advocates for the dissemination of evidence-based interventions that improve both the social and mental health needs of patients and their families.**
- Urges healthcare systems to assess and improve their capabilities to screen, understand, and address the structural and social determinants of mental health...

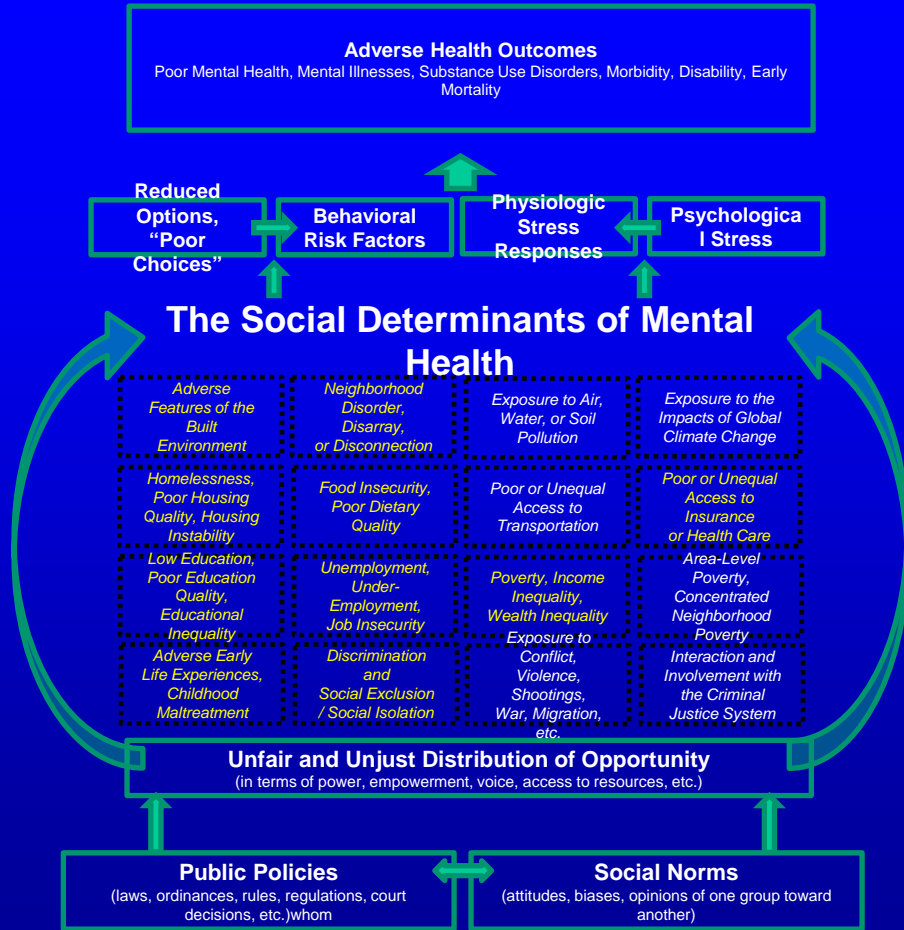
“The American Psychiatric Association:

- Supports medical and public education on the structural and social determinants of mental health, mental health equity, and related evidence-based interventions.
- Advocates for increased funding for research to better understand the mechanisms by which structural and social determinants affect mental illness and recovery and to develop new evidence-based interventions to promote mental health equity.”

TARGET AUDIENCE FOR THE CLINICAL WORKGROUP

1. Psychiatrists and trainees who work with
 - a) patients and families
 - b) other disciplines including social workers, case managers, legal service providers, counselors, care coordinators, and others as part of a team or organization.
2. Clinicians from other mental health disciplines who work with patients and families.





- SDoMH are conceptualized in dynamic confluence with biomedical determinants and psychological determinants of mental health. All clinicians, no matter their particular orientation of work, should see the relevance of SDOMH as situated in an enhanced biopsychosocial model.
- We will focus not only on the 16 SDOMH, but also the underlying structures that encompass institutions, public policies, and social norms including structural racism. Hence, it will employ structural competency to address SDOMH (Hansen, Metzl, 2019)

- Stigmas against the mentally ill, aged, immigrants and other marginalized persons
- Social connectedness by number and quality
- Disruptive use of social media to society and individuals
- Positive psychosocial protective factors: Community-level Wisdom, Compassion, Resilience
 - Carl Bell: “Risk factors are not predictive factors due to protective factors.”

- Clinical evaluation via the DSM-5 Outline for Cultural Formulation (Section C) and the Cultural Formulation Interview (Questions 6 and 7) to record SDoMH as V Codes in the diagnosis so they can be bookmarked for the comprehensive treatment plan.
 - Include a focus on patients across the lifespan (CAP, adult, and geriatric) and patients seen by other psychiatry subspecialists.
- Evidence-based, reliable, and valid screening tools for identifying and quantitating SDoMH
- Documenting SDOMH in the electronic health records (V and Z codes)
- Treatment Planning
- Coding and Billing

The DSM-5 Outline for Cultural Formulation

- A. Cultural identity of the individual
- B. Cultural conceptualizations of distress
- C. Psychosocial stressors and cultural features of vulnerability and resilience
- D. Cultural features of the relationship between the individual and the clinician
- E. Overall cultural assessment

OCF Part C: Psychosocial stressors and cultural features of vulnerability and resilience

- “Identify key **stressors and supports** in the individual’s **social environment** (which may include both **local and distant events**) and the role of **religion, family, and other social networks** (e.g., friends, neighbors, coworkers) in providing emotional, instrumental, and informational support.”

OCF Part C: Psychosocial stressors and cultural features of vulnerability and resilience

- “Social stressors and social supports vary with cultural interpretation of events, family structure, developmental tasks, and social context. **Levels of functioning, disability, and resilience** should be assessed in light of the individual’s cultural reference groups.”
- CFI Questions #6 to #7

CULTURAL PERCEPTIONS OF CAUSE, CONTEXT, AND SUPPORT

Stressors and Supports

6. Are there any kinds of **support** that make your [PROBLEM] better, such as support from family, friends, or others?

7. Are there any kinds of **stresses** that make your [PROBLEM] worse, such as difficulties with money, or family problems?

Potential psychosocial stressors/supports

- Interpersonal relationships
 - Religion, spirituality, moral traditions
 - Family
 - Social network
- Social determinants of mental health
 - Local by geography or time
 - Distant by geography or time

Other Conditions That May Be a Focus of Clinical Attention (V codes)

- “This discussion covers other conditions and problems that may be a focus of clinical attention or that may otherwise affect the diagnosis, course, prognosis, or treatment of a patient’s mental disorder... A condition or problem in this chapter may be coded if it is a reason for the current visit or helps to explain the need for a test, procedure, or treatment. “

Other Conditions That May Be a Focus of Clinical Attention (V codes)

- “The conditions and problems listed in this chapter are not mental disorders. Their inclusion in DSM-5 is meant to draw attention to the scope of additional issues that may be encountered in routine clinical practice and to provide a systematic listing that may be useful to clinicians in documenting these issues.”

Other Conditions That May be a Focus of Clinical Attention (V codes) sections

- Relational Problems
- Abuse and Neglect
- Educational and Occupational Problems
- Housing and Economic Problems
- Problems Related to the Social Environment

Other Conditions That May be a Focus of Clinical Attention (V codes) sections

- Other Problems Related to the Social Environment
 - Social Exclusion or Rejection
 - Target of (Perceived) Adverse Discrimination or Persecution
- Problems Related to Crime or Interaction with the Legal System
- Problems Related to Other Psychosocial, Personal, and Environmental Circumstances
 - Other Problem Related to Psychosocial Circumstances

V62.4 (Z60.4) Social Exclusion or Rejection

- “This category should be used when there is an imbalance of social power such that there is recurrent social exclusion or rejection by others. Examples of social rejection include bullying, teasing, and intimidation by others; being targeted by others for verbal abuse and humiliation; and being purposefully excluded from the activities of peers, workmates, or others in one’s social environment.” (p. 724)

V62.4 (Z60.5) Target of (Perceived) Adverse Discrimination or Persecution

- “This category should be used when there is perceived or experienced discrimination against or persecution of the individual based on his or her membership (or perceived membership) in a specific category. Typically, such categories include gender or gender identity, race, ethnicity, religion, sexual orientation, country of origin, political beliefs, disability status, caste, social status, weight, and physical appearance.” (p. 724-725)

V62.89 (Z 65.8) Other Problem Related to Psychosocial Circumstances (p. 725)

- No definition or description.
- **Climate change** can be included here.

Treatment planning

- Process
 - Negotiate and manage a treatment plan to maximize adherence/compliance
- Content
 - Biological
 - Psychological
 - Sociocultural

Treatment planning

- Sociocultural Approaches
 - Utilize cultural strengths/address cultural stressors:
 - Family
 - Spiritual/religious beliefs/practices
 - Social network
 - Address social determinants of mental health through structural competency. (Hansen and Metzl, 2019)

Structure

- Community organizations
- Health-relevant sectors (schools, housing, law enforcement/corrections, urban planning)
- Public policy
- Social norms

Competencies

- Recognizing the structures that contribute to the social determinants of mental health.
- Observing and practicing structural interventions.
 - At the individual patient and family level
 - At the social action level with organizations and institutions

- **V Codes** (in the DSM-5 and ICD-9) and **Z Codes** (in the ICD-10), also known as **Other Conditions That May Be a Focus of Clinical Attention**
- Compared to DSM-5 V Codes, ICD-10 Z Codes are much more comprehensive and cover a wider variety of psychosocial problems.

- Hospitals should educate key stakeholders, including physicians, non-physician health care providers, and coding professionals of the important need to screen, document and code data on patients' social needs. Utilizing Z codes will allow hospitals and health systems to better track patient needs and identify solutions to improve the health of their communities.
- As coding professionals review a patient's medical record to identify the appropriate ICD-10-CM codes to include, they should be aware of and begin utilizing the ICD-10-CM codes included in categories Z55-Z65, listed in Table 1.

Table 1
ICD-10-CM Code Categories

ICD-10-CM Code Category	Problems/Risk Factors Included in Category
Z55 – Problems related to education and literacy	Illiteracy, schooling unavailable, underachievement in a school, educational maladjustment and discord with teachers and classmates.
Z56 – Problems related to employment and unemployment	Unemployment, change of job, threat of job loss, stressful work schedule, discord with boss and workmates, uncongenial work environment, sexual harassment on the job, and military deployment status.
Z57 – Occupational exposure to risk factors	Occupational exposure to noise, radiation, dust, environmental tobacco smoke, toxic agents in agriculture, toxic agents in other industries, extreme temperature, and vibration.
Z59 – Problems related to housing and economic circumstances	Homelessness, inadequate housing, discord with neighbors, lodgers and landlord, problems related to living in residential institutions, lack of adequate food and safe drinking water, extreme poverty, low income, insufficient social insurance and welfare support.
Z60 – Problems related to social environment	Adjustment to life-cycle transitions, living alone, acculturation difficulty, social exclusion and rejection, target of adverse discrimination and persecution.
Z62 – Problems related to upbringing	Inadequate parental supervision and control, parental overprotection, upbringing away from parents, child in welfare custody, institutional upbringing, hostility towards and scapegoating of child, inappropriate excessive parental pressure, personal history of abuse in childhood, personal history of neglect in childhood, Z62.819 Personal history of unspecified abuse in childhood, Parent-child conflict, and sibling rivalry.
Z63 – Other problems related to primary support group, including family circumstances	Absence of family member, disappearance and death of family member, disruption of family by separation and divorce, dependent relative needing care at home, stressful life events affecting family and household, stress on family due to return of family member from military deployment, alcoholism and drug addiction in family.
Z64 – Problems related to certain psychosocial circumstances	Unwanted pregnancy, multiparity, and discord with counselors.
Z65 – Problems related to other psychosocial circumstances	Conviction in civil and criminal proceedings without imprisonment, imprisonment and other incarceration, release from prison, other legal circumstances, victim of crime and terrorism, and exposure to disaster, war and other hostilities.

USING Z

CODES: The Social Determinants of Health (SDOH) Data Journey to Better Outcomes

What are
Z
codes

SDOH-related Z codes ranging from Z55-Z65 are the ICD-10-CM encounter reason codes used to document SDOH data (e.g., housing, food insecurity, transportation, etc.).

SDOH are the conditions in the environments where people are born, live, learn, work, play, and age.



Step 1 Collect SDOH Data

Any member of a person's care team can collect SDOH data during any encounter.

- Includes providers, social workers, community health workers, case managers, patient navigators, and nurses.
- Can be collected at intake through health risk assessments, screening tools, person-provider interaction, and individual self-reporting.

Step 2 Document SDOH Data

Data are recorded in a person's paper or electronic health record (EHR).

- SDOH data may be documented in the problem or diagnosis list, patient or client history, or provider notes.
- Care teams may collect more detailed SDOH data than current Z codes allow. These data should be recorded.
- Efforts are ongoing to close Z code gaps and standardize SDOH data.

Step 3 Map SDOH Data to Z Codes

Assistance is available from the ICD-10-CM Official Guidelines for Coding and Reporting.¹

- Coding, billing, and EHR systems help codes assigned and standardized.
- Coders can assign SDOH Z codes based on self-reported data and/or information documented in an individual's health care record by any member of the care team.²

Step 4 Use SDOH Z Code Data

Data analysis can help improve quality, care coordination, and experience of care for individuals with social risk factors and unmet needs.

- Inform health care and services, follow-up, and discharge planning.
- Trigger referrals to social services that meet individuals' needs.
- Track referrals between providers and social service organizations.

Step 5 Report SDOH Z Code Data Findings

SDOH data can be added to key reports for executive leadership and boards of directors.

- Findings can be shared with social service organizations, providers, health plans, and consumer/patient advisory boards to identify unmet needs.
- A [Disparities Impact Statement](#) be used to identify opportunities for advancing health equity.



USING SDOH Z CODES

Can Enhance Your Quality Improvement Initiatives



Health Care Administrators

Understand how SDOH data can be gathered and tracked using Z codes.

- Select an SDOH screening tool.
- Identify workflows that minimize staff burden.
- Provide training to support data collection.
- Invest in EHRs that facilitate data collection and coding.
- Decide what Z code data to use and monitor.

Develop a plan to use SDOH Z code data to:

- Enhance patient care.
- Improve care coordination and referrals.
- Support quality measurement.
- Identify community/population needs.
- Support planning and implementation of social needs interventions.
- Monitor SDOH intervention effectiveness.



Health Care Team

Use a SDOH screening tool.

- Follow best practices for collecting SDOH data in a sensitive and HIPAA-compliant manner.
- Consistently document standardized SDOH data in the EHR.
- Refer individuals to social service organizations and appropriate support services through local, state, and national resources.



Coding Professionals

Follow the ICD-10-CM coding guidelines.³

- Use the CDC National Center for Health Statistics [ICD-10-CM Browser](#) tool to search for ICD-10-CM codes and information on code usage.⁴
- Coding team managers should review codes for residential and quality improvement initiatives.

Z code Categories

- Z55** – Problems related to education and literacy
- Z56** – Problems related to employment and unemployment
- Z57** – Occupational exposure to risk factors
- Z59** – Problems related to housing and economic circumstances
- Z60** – Problems related to social environment

- Z62** – Problems related to upbringing
- Z63** – Other problems related to primary support group, including family circumstances
- Z64** – Problems related to certain psychosocial circumstances
- Z65** – Problems related to other psychosocial circumstances

This list is subject to revisions and additions to improve alignment with SDOH data elements.

- To what extent do you use V or Z codes to assess for SDoMH in your clinical work?
 - Not at all
 - Occasionally
 - Often
 - Always
- To what extent do you document V or Z codes in the electronic health record in your clinical work?
 - Not at all
 - Occasionally
 - Often
 - Always

- To what extent do you address V or Z codes in treatment planning in your clinical work?
 - Not at all
 - Occasionally
 - Often
 - Always

- To what extent do you bill for/receive reimbursement for treatment addressing V or Z codes in your clinical work?
 - Not at all
 - Occasionally
 - Often
 - Always