AMERICAN PSYCHIATRIC ASSOCIATION

Medical leadership for mind, brain and body.

APA PRESIDENTIAL TASK FORCE ON SOCIAL DETERMINANTS OF MENTAL HEALTH

Research and Education Workgroup

Author: Dolores Malaspina, M.D. | November 3, 2021

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EDUCATION AND TRAINING COMMITTEE

EDUCATION AND RESEARCH TASK FORCE WORKGROUP



Dolores Malaspina, MD, MS, MSPH
Elie Aoun, MD,
Kimberly Gordon-Achebe, MD

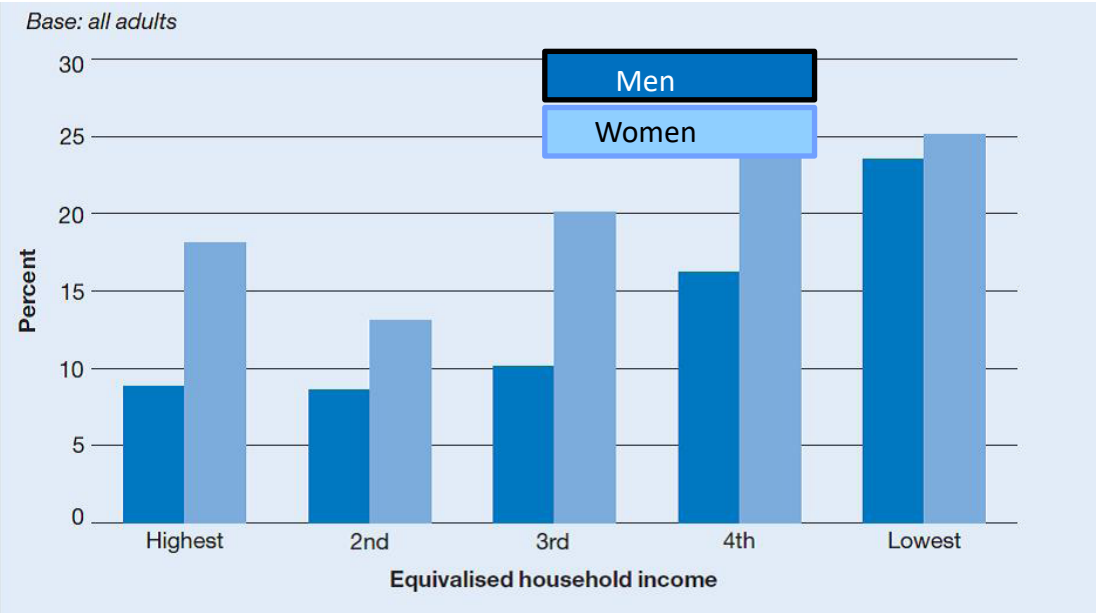
INTRODUCING THE EDUCATION AND RESEARCH TASK MEMBERS

Kimberly Gordon-Achebe, MD, is a child and adolescent psychiatrists in Baltimore, MD who is the program director of University of Maryland Child and Adolescent Psychiatry Fellowship. She is the Chair of the APA Membership Committee, immediate past president of the Caucus of Black Psychiatrists and past vice chair of the APA Council on Children, Adolescents and Their Families. Kimberly is also on the governing body of AACAP and AACP (CALOCUS/CASII: Child and Adolescent Service Intensity Instrument (CASII) and the Child and Adolescent Level of Care Utilization System (CALOCUS)..

Elie G. Aoun, M.D., is a psychiatrist in general, addiction and forensic practice in New York and on the faculty at Columbia University and at Central New York Psychiatric Center as a Sex Offender Management liaison psychiatrist. He is the Early Career Psychiatrist Trustee-At-Large at the APA Board of Trustees and immediate past vice chair of the APA Council on Addiction Psychiatry. Elie was a workgroup member of the ACGME's Psychiatry Milestone 2.0 workgroup.

SOCIAL & ENVIRONMENTAL ADVERSITY AND POOR MENTAL HEALTH

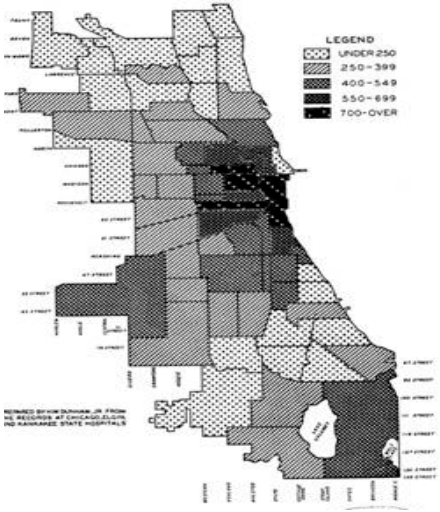
PREVALENCE OF COMMON MENTAL DISORDERS BY HOUSEHOLD INCOME IN ENGLAND



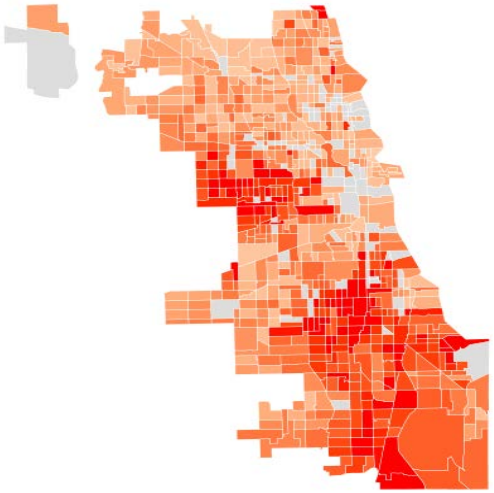
Recognize the incontrovertible and overwhelming contribution of social status (adverse social and environmental exposures) to poor mental health.

MCNAMUS S ET AL, 2007
ADULT PSYCHIATRIC MORBIDITY IN ENGLAND, 2007. LEEDS: THE NHS INFORMATION CENTRE FOR HEALTH AND SOCIAL CARE, 2007.

PSYCHIATRIC PERSPECTIVES DISCOVERED AND THEN MINIMIZED THE SOCIAL DETERMINANTS OF MENTAL HEALTH



SZ vs Bipolar in Chicago 1922-1931. /100,000 (Faris & Dunn 1939)



Lifespan and Zip code Time Magazine: 2018 (NYU data)

Hollingshead & Redlich Social Class & Mental Illness (1958)

MENTAL ILNESS HAS HETEROGENEOUS UNDERPINNINGS
GENETIC POLYMORPHISMS CAN NOT EXPLAIN THE POPULATION BURDEN

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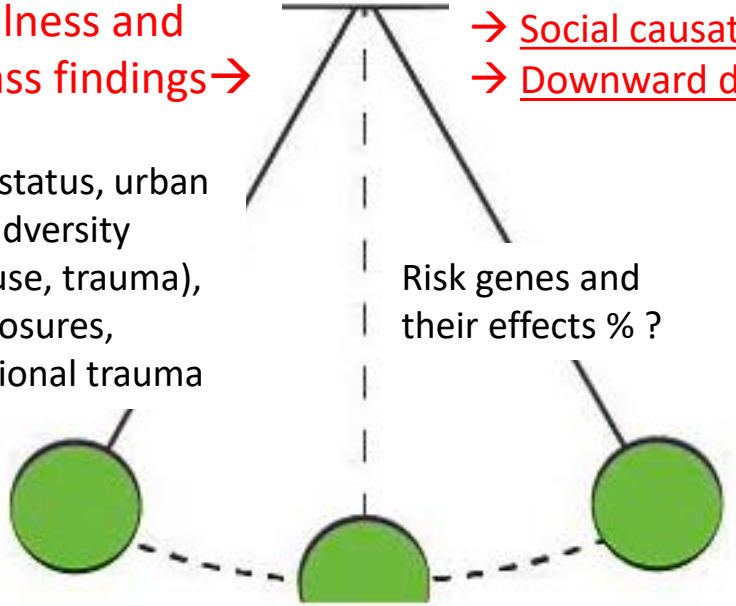
Mental illness and social class findings→

→ Social causation: social determinants of mental health?
→ Downward drift: over generations from risk genes ? Biological

lower social status, urban birth, early adversity (neglect, abuse, trauma), prenatal exposures, Intergenerational trauma

Risk genes and their effects % ?

Weathering?



Converge on Immune activation inflammation

Psychiatric and medical comorbidity

Psychiatry moved ***away*** from knowledge that social processes could cause mental illness.

…. ***towards*** genes and biological effects
…… ***towards*** medications
…. ***towards*** early identification of illness risk

Psychiatry now consider both pathways: genetic, epigenetic and gene-environment interactions account for the population risk for mental disorders, more so social factors

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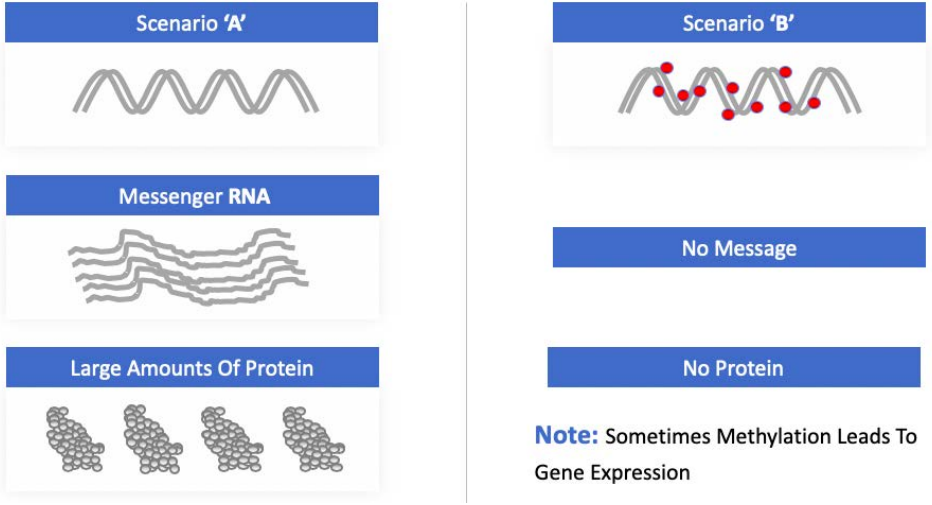
Epigenetic mechanisms control gene expression

Adversity can change gene expression without altering DNA sequences.

Epigenetic mechanisms transmit information that is not in the DNA sequence.

These epigenetic changes influence development and cross the generations.



Like DNA, epigenetic marks are critically important for cell functioning.

Unlike DNA sequence, epigenetic marks can change over development, or the life course, or even at random.

SOCIAL DETERMINANTS OF PHYSICAL AND MENTAL HEALTH

Factors that impact health and well-being: the circumstances into which we are born, grow up, live, work, and age, including the health system.

Racism, shaped by the distribution of money, power, and resources at global, national and local levels, themselves influenced by policy choices.

Mental health risk factors include stigma against the mentally ill, social inequality and social isolation.

Adversity is also linked to mental illness across all social strata

Domestic violence
Emotional neglect
physical neglect
Family substance abuse
mental Illness
Death and separation
Emotional, Physical,
Sexual abuse

War
Civil conflict
Exposure to violence
Natural disaster
Community displacement
Climate Change
Migration

WHO: Closing the Gap in a Generation: Action on the Social Determinants of Health, Commission 2008

CULTURAL COMPETENCY → STRUCTURAL COMPETENCY

Cultural Competency: Contextualize how a persons culture impacts his/her perceptions of health and illness. Encourages stereotypes, generalizations, onus on the patient.

Structural Competency: Knowledge on how social, political and economic forces and societal structures and associated exposures impact mental and physical health

The **structure** of society underlies risks to depression, psychosis, anxiety, substance use, and to obesity, diabetes, hypertension & cardiovascular diseases, across perosns.

Housing, availability/ quality of education and employment, wages, family wealth, fresh food and green space, exposure to toxins and climate change, criminal justice, lack of equitable health care, access to specialists, coverage for prescriptions and services

Other negative factors: stigma, social inequality, social isolation

Positive factors: resilience, community wisdom, compassion, trust, and faith.

Metzl & Hansen, 2013 Petty, Metzl, & Keeys, 2017

STRUCTURAL APPROACHES TO STIGMA & INEQUALITY IN EDUCATION

A shift in education ***towards*** knowledge of the forces influencing mental health above individual interactions, beyond cross-cultural understandings of individual patients.

Core competencies of "structural competency"

1) recognizing the structures that shape clinical interactions
2) developing an extra-clinical language of structure
3) rearticulating "cultural" formulations in structural terms
4) observing and imagining structural interventions
5) developing structural humility.

Metzl & Hansen, 2013

CGME Core Competencies:

Patient Care (PC)

Medical Knowledge(MK)

Professionalism(PROF)

Interpersonal and Communication Skills (ICS1)

Practice-based Learning? Improvement (PBLI)

Systems-based Practice (SBP)

OVERARCHING OBJECTIVES IN ONE TRAINING PROGRAM

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Proposal for Social Determinants of Mental Health Curriculum

1. **Teaching** how to practice with **self-reflection**: implicit bias/unconscious bias, culturally responsive, antiracist and trauma-informed care in mental health.
2. **Examining systems-based practice:** mental health service delivery, health care costs and insurance coverage issues of systems of care and levels of treatment.
3. **Promoting** workforce **diversity and inclusion**: centering conversations on provider wellness, leadership, and equity.
4. **Learning** local, state, and federal **mental health policy interventions** that prioritize equity and justice for children and their families.
5. **Focus on** innovative and technological **collaborative care models** for the millennials that promote collective health and well-being of communities that will ultimately lead us on a more sustainable and equitable path.

In Preparation by committee: Kimberly Gordon-Achebe, MD et al

Overarching Curriculum Components

Teach how to practice with self-reflection:

Key focus Areas:

- cultural and structural humility
- cultural and structural competence
- implicit bias, antiracism and trauma informed care

STRUCTURAL COMPETENCY

KNOWLEDGE:

Understanding the:

- meaning of structural and cultural humility
- impact of implicit bias on outcomes and disparities (educational, disciplinary, trauma/mental health)
- barriers to mental health, well-being and engagement (language barriers, adverse childhood experiences)

SKILLS, ATTITUDES, EVALUATION METHOD USING MILESTONES

SKILLS

STRUCTURAL ACTION

- Learning process for doing research into social and structural inequities
- Recognizing the structures that shape clinical interactions
- Developing an extra-clinical language of social determinants and structure.
- Rearticulating “cultural” formulations into social and structural terms.
- Observing and imagining structural interventions
- Developing structural humility

ATTITUDES

SOCIAL RESPONSIBILITY

- ***ACTIONS:***

Research into where the inequities in health care come from- how does this relate to what is happening in your state, district, hospital system, personal practice

- ***ACTIONS:***

Gather information or reflect on how inequities show up in special education, clinical settings such as school mental health, inpatient services, juvenile justice, foster care, residential and group homes.

SKILLS, ATTITUDES: EVALUATION METHOD USING MILESTONES

Practice Based Learning (BLI1)
Development and execution of lifelong learning through constant self-evaluation, Including critical evaluation of research and clinical evidence.
Practice Based Learning (BLI2)
Reflective practice and commitment to personal growth.
Professionalism (PROF1)
Compassion, integrity, respect for others sensitivity to diverse patient populations, adherence to ethical principles.
Interpersonal and Communication Skills (ICS1)
Relationship development and conflict management with patients and families, colleagues, members of the health care team and other systems.

WORKGROUP PROJECTS FOR JANUARY WITH VOLUNTEERS

A) Review current criteria for training in the social determinants of mental health across educational levels and make recommendations for future change

1. Assemble and evaluate current criteria for training in the social determinants of mental health at the level of medical school, residency and all psychiatry specialty fellowships. Consider select international programs.
2. Make recommendations, advising programs in psychiatric education and training as to the results of our committee to consider wit other recommendations they receive.
3. Prepare a manuscript on these deliberations and results.

To join this workgroup contact: Kimberly Gordon-Achebe, MD, DFAPA
kagordon@som.umaryland.edu

WORKGROUP PROJECTS FOR JANUARY WITH VOLUNTEERS

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B) research recommendations for the social determinants of mental health

- This work group could develop a list of research priorities to improve knowledge on the mechanisms whereby SD of MH impact behavior and comorbidities and inform clinical care to optimize outcomes of persons whose mental illness entails significant social and environmental underpinnings.

- Explore both positive and negative social determinants of mental health outcomes for those with early adversity considering education, relationships with caregivers and community engagement.

To join this workgroup contact: Dolores Malaspina, M.D.
Dolores.Malaspina@gmail.com

C) Outreach group

Outreach to the public, news media and other constituents is needed to bring this work to the forefront of public opinion.

To join this workgroup contact: Elie Aoun, M.D., M.R.O. at aoun.elie.g@gmail.com

CONCLUSION

Bio-psychosocial models can be re-invigorated by knowledge that the social determinants of mental illness operate through biological pathways, affecting the mind and body.

Beyond changes in training and practice psychiatry must be committed to prevention, addressing racism and structural determinants of mental health.

Research is essential to illuminate the interplay between adversity, minority status, and other structural and dynamic factors and exposures experienced by marginalized groups and impacts on their mental illness, symptoms and course.