



Diversity & Health Equity at APA

Fall/Winter 2022 Update

#AchieveMentalHealthEquity





On behalf of the American Psychiatric Association's Division of Diversity and Health Equity (DDHE), we are excited to engage with you, our members! In our quarterly update, we will seek to highlight your expertise and professional accomplishments and welcome you to our activities and learning opportunities. We hope to strengthen communication and enhance your work in serving the needs of evolving, diverse and underserved patient populations. We look forward to continuing to develop avenues to think creatively and critically to **#AchieveMentalHealthEquity**.

Welcome!

Regina James, M.D.
Chief, Division of Diversity & Health Equity
Deputy Medical Director
American Psychiatric Association

APA unveiled its **Diversity, Equity and Inclusion Strategic Plan** which outlines five priority areas reflecting our commitment to build upon past successes while advancing new and innovative efforts to achieve diversity and mental health equity. Given the broad range of APA's diversity & health equity mission, this strategic plan is a dynamic document, with the aim of adjusting priorities to accommodate new and emerging needs of both APA and the diverse patient populations served by the organization's psychiatrists.

"This is a plan that will strategically advance APA's work in ending disparities in mental health care. Dr. James and her division have my support and that of APA's membership in this work, as it is critical not just to the future of APA but also that of our country."

- Saul Levin, M.D., M.P.A., FRCP-E,
FRCPsych, CEO and Chief Medical Officer

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Mental Health Equity Ambassadors

We are thankful for and appreciate our 2022 APA Mental Health Equity Ambassador. Ambassadors volunteer their time to advocate for APA diversity and mental health equity programs, initiatives, and policies. They help APA increase visibility for these topics both internally and externally and provide input and feedback for the planning of new activities, initiatives and programs that address mental health inequities.



- Anita Abure
- Samoon Ahmad
- Arafat Aldujaili
- Travis Amengual
- Michael Arambula
- Dia Arpon
- Jedd Audry
- Anil Bachu
- Debra Barnett
- Tiffani Bell Washington
- Richa Bhatia
- H. K. Blaisdell-Brennan
- Jenny Boyer
- Brennin Brown
- Vivian Campbell
- Ruby Castilla
- Hector Colon-Rivera
- Aniruddha Deka
- Allen Dsouza
- Kenneth Po-Lun Fung
- Ijeoma Ijeaku
- Danielle Jackson
- Vu Le
- Nubia Lluberes
- Francis Lu
- Yolanda Malone-Gilbert
- Akeem Marsh
- Raman Marwaha
- Brandon Newsome
- Kristine Norris
- Priyanka Patel
- Omar Farook Pinjari
- Kamalika Roy
- Eduardo Rueda Vasquez
- Geetanjali Sahu
- Donald Simpson
- Junji Takeshita
- Anthony W. Termine
- Michael Tom
- Rodgers Wilson
- Rochelle Woods
- Yee Xiong



Mental Health Equity Champion: **Dr. Michele Reid**

Certified Community Behavioral Mental Health Clinics help promote mental health equity

*By: Veronica Handunge, Sr. Manager,
Division of Diversity and Health Equity*

Each quarter we highlight an individual in the field of psychiatry who is a champion for mental health equity – whether through their work in direct care, research, advocacy, or in the community. Our champions will share tangible ways to incorporate a health equity strategy into your practice and take action to increase access to quality of care.

Our #AchieveMentalHealthEquity Champion this quarter is Dr. Michele Reid!

Dr. Michele Reid is the Chief Medical Officer for CNS Healthcare, an outpatient mental health provider and Certified Community Behavioral Mental Health Clinic (CCBHC), serving over 7,500 children, adolescents, adults and senior citizens with mental disorders including substance use disorders within the tri-county metropolitan Detroit area.

In addition to being the Chief Medical Office for CNS Healthcare, a Certified Community Behavioral Health Center, Dr. Michele Reid is a Clinical Assistant

Professor in the Wayne State University Department of Psychiatry and Behavioral Neurosciences, the Chairperson of the American College of Psychiatrists, Dean Award Committee and the Area IV Representative to the American Psychiatric Association Assembly for the Michigan Psychiatric Association. Previously, Dr. Reid has served as the Chair of the Committee of Black Psychiatrists, a member of the Council on Minority Mental Health and Health Disparities, and as a representative of the American Psychiatric Association Board of Trustees.

A native Detroiter, Dr. Reid attended Detroit Public Schools (DPS) and received her BA from Fisk University and MD from Meharry Medical College, both Historically Black Colleges and Universities (HBCUs) in Nashville, Tennessee. She completed her internship and psychiatric residency at Wayne State University, Department of Psychiatry and Behavioral Neurosciences at the Detroit Psychiatric Institute and the Detroit Medical Center. She is Board certified in psychiatry and neurology by the American Board of Psychiatry and Neurology.

Q: Thank you for joining us Dr. Reid! For individuals who may be unfamiliar, what is the public mental health system and what are Certified Community Behavioral Health Clinics? Why are they important for mental health equity?

A: Thank you so much for having me here. The public mental health system is designed to work especially in the Medicaid population and individuals who are uninsured or underinsured. We provide a whole host of recovery based and evidence-based practice services, and we're more involved in team-based care and group-based care.

Community Mental Health Centers have been around since the 1960s. Fast forward into 2016, the federal government decided that there were gaps in the public mental health system, so they created the Certified Community Behavioral Health Clinics (CCBHCs). It began with a demonstration grant in 8 states and now there are over 400 CCBHCs across the United States.

CCBHCs, like CNS Healthcare, provide traditional community mental health services. However, they have additional standards and are being held to higher quality standards of care. We must offer suicide services, crisis services, and evidence-based practices.

Prior to becoming a CCBHC, at CNS healthcare, we primarily were a provider of adult mental health services. Becoming a CCBHC allowed us to hire a child and adolescent psychiatrist on staff and we began robustly providing children's services as well as Medication Assisted Treatment (MAT) for alcohol tobacco and opioid use disorder. So this takes the CCBHC and turns it almost into a Federally Qualified Health Center (FQHC) where we get additional payments for the delivery of a certain set of services. We treat children, adolescents, adults, and older adults with mental

health disorders including substance use disorder, and intellectual and developmental disabilities.

Federal law recently changed which will allow a massive expansion of the CCBHC demonstration nationwide. So we are really excited about this! I'm very proud for our clinic to be a member of the National Council of Mental Wellbeing and I'm proud to be a member of the American Psychiatric Association where we have vigorously advocated for the expansion of CCBHCs.

Q: When you joined us for the looking beyond series you discussed some of the barriers that may exist for clinicians who may be interested in working in this field. What would you tell medical students, residents, and early careers psychiatrists who have yet to consider this path?

A: One of the greatest benefits to this work for me is giving back to the community and for me, I feel like community mental health is in my blood. Both of my parents were on boards of community mental health centers, so I heard about community mental health from a very young age.

The two biggest things that impacted me and got me interested when I was a resident were:

1) I had an opportunity to be an American Psychiatric Association (APA) NIMH fellow so come to board meetings and get mentored with the APA. Right now, the Foundation has many pipelines and other programs that reach down to medical students and others.

2) When I was a psychiatric resident, I was on the board of trustees of a community mental health center. We have students now that rotate with us. Getting to do your psychiatric rotation at a CCBHC

allows you to see the delivery of services, and I cannot tell you how many people came to our clinic with the intent of being a surgeon or an internist and after rotating in a CCBHC and seeing the team-based care, changed their area of specialty.

So it's mostly just getting that exposure, so whether it's volunteering on a board of directors or working with the APA and participating in their medical student summer education programs, or those who are residents to apply for a number of available fellowships.

There are opportunities now that just weren't there when I came along to get involved with the APA earlier. There's so many resources out there now on our website, and also the APAF. There's so many resources out there now on our website, and also the APAF, for potential medical students, for the general public, for schools, and faith-based organizations for potential medical students for the general public, for schools, and faith-based organizations.

Q: We know you have a lot of experience working with community organizations educating on mental health and reducing stigma. Are there ways for psychiatrists to more broadly to get involved in the community?

A: I think that is a wonderful thing. Being a CCBHC forced us at CNS Healthcare to stretch ourselves in that area because we have to work with law enforcement, faith-based organizations and we have to do community outreach. Yesterday, I was out in the community and I actually got 16,000 steps. We were doing our first annual vac bash where we were offering all sorts of vaccines, and a great time was had by all. During the pandemic, as a CCBHC, we made contacts with many community-based organizations.

Also, I've been in community mental health for many years and there was no such thing as Facebook, Twitter, Instagram or TikTok when I started in the field. Now through these various federal grants and CCBHC, we are able to leverage all of these mediums to get in touch with a public that we never ever previously reached.

Finally, there are always opportunities around the country, whether you're someone interested in psychiatry or a medical student, there are NAMI chapters everywhere. Getting involved with your local NAMI chapter is an excellent way to learn more about mental health. There are also a number



Medical students from Howard University College of Medicine, connecting with their community at the APA Moore Community Mental Health Fair

country, whether you're someone interested in psychiatry or a medical student, there are NAMI chapters everywhere. Getting involved with your local NAMI chapter is an excellent way to learn more about mental health. There are also a number of free trainings out there in particular working a lot with mental health first aid has been an easy way to get into mental health and to understand better about how to get care for services for people.

Q: What I love that we've been learning so far is that at your CCBHC you're not just having the community come to you, you are really going out into the community and building these relationships and partnerships. Now thinking more broadly on the advocacy and policy level, knowing you are also active in this space, for members who are newer to this space, what can they do on that front to promote mental health equity?

A: The best thing to do is to affiliate with your local district branch of the American Psychiatric Association. The local district branches are working on numerous issues of great importance in the local community and are always looking for volunteers to get active. One of our major accomplishments was making a change in the MI mental health code that required every community mental health clinic to have a medical director.

Our biggest ongoing issue that we continue to work with, is the work that the American Psychiatric Association did to pass the federal parity bill that says that insurances are not able to treat your heart attack any different than we treat your major depressive disorder. There's still much

work to do in the various states to make sure that parity is fully implemented. There'd been a number of studies from the Kaiser foundation and others that have really shown that the federal parity law has not been fully implemented in many states.

Another thing I've been very excited about is the 9-8-8 suicide and crisis line so that's an exciting thing. That system gets trained mental health professionals out there via one nationwide number to call when you need help.

"Like 9-1-1, we have if you have a physical health emergency, we now have the 9-8-8."

So we are very excited about the APA's advocacy for that, and the increased funding that's coming for that to fund more crisis centers and services, and CCBHCs. This is an example of something that was legislative that any psychiatrist can get behind both on their local state level and national level.

In MI, at any given time, we are proudly following 20 different bills in the legislature that impact the provision of psychiatric services. Most recently, people were testifying about telehealth. We're very concerned both at the APA and locally that some of the rules would be rolled back that would not allow us to have expanded access to telehealth services, including telephone services for individuals who may not have access to a smartphone. Those are examples of local things that have national implications that the average resident, medical, student, or psychiatric fellow or psychiatrist could be involved in at the local level.

APA District Branches usually have legislative committees - we are always looking for volunteers for committees. That's a good place to plug in and get active legislatively and be educated about what's going on with the Medicaid budget, the public health budget and other things that impact the practice of medicine.

Q: We want to thank you so much for being here, for speaking to us about your work and how more psychiatrists can get involved to promote mental health equity. Is there anything else you want to share?

A: What gives me the most hope during this pandemic are the various community organizations that came to our aid. From our funding sources who were able to give us extra funding for recruitment and retention of staff, to Ford Motor Company manufactured face shields for our nurses and doctors to use in the clinic and local organizations. Alpha Kappa Alpha sorority gave us money to buy

cellphones for the people served, because they didn't have a phone that would allow them to do telehealth. Also the United Way of Oakland county stepped up and bridged the gap, and gave us money where we were able to buy almost 2000 phones, tablets, laptops, and also even data minute plans so we could constantly keep in touch with individuals. That's worked especially well with people who are homeless.

"The community has really supported us during the pandemic and that was the brightest spot for me during the past couple of years."

The way we've been accepted in the community and organizations far and wide have come to our aid and assisted us in working with the people we serve here in southeast Michigan.

Redefining Mentorship

By Fátima Reynolds, Sr. Manager,
Division of Diversity and Health Equity

Advocacy as the catalyst for mentorship, through the APA LEAD (Leadership, Equity, and Diversity) Institute.

The APA LEAD Institute provides resources and educational programs for psychiatry trainees and fellows to enhance their leadership and DEI skills. This pilot program was launched in November of 2021 with 30 APA-SAMHSA Minority Fellowship participants.

It features a certification track with courses on cultural competence and structural and institutional racism and the Advocate/Protégé Program which focuses on mentorship and networking. The Advocates are leaders chosen from the APA that are active on councils, caucuses, committees, or assemblies or are members of the board of trustees or board of directors. They are matched with one fellow and agree to communicate with them at least once a month for the duration of the program. For protégé Dr. Ulziibat Shirendeb Person, a graduate of the psychiatry residency program at Nassau University Medical Center (NUMC), New York, the APA-SAMHSA Minority Fellowship provided her the opportunity to expand her work into new environments. Thanks to the networking and career advice she received from her mentor, Dr. Rebecca Brendel, she will relocate to Hilo, Hawaii to advocate for underserved patients. She said her mentor also helped her develop leadership skills



Dr. Shirendeb Person with her advocate Dr. Rebecca Brendel

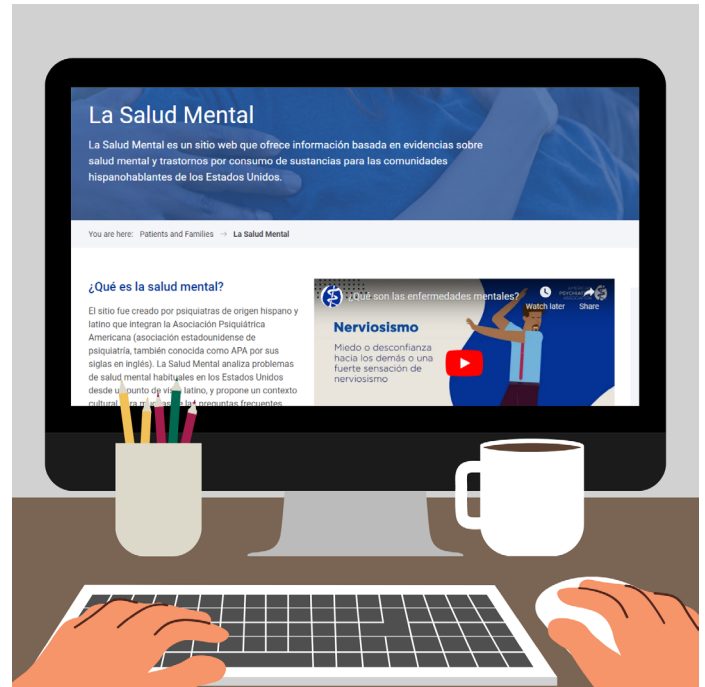
and hone how she works collaboratively in teams. “People are learning from you, so being a good example is important. Along with setting boundaries and strategically communicating them,” said Dr. Shirendeb Person. She is originally from Mongolia and completed her PhD in Japan. Her research centered around neuroscience and substance use disorders. Her forthcoming work explored the impact of COVID-19 on substance use. Dr. Shirendeb Person remembers her engagement with the Advocate/Protégé program fondly. She said she had a lot in common with her mentor including a love for learning and seeking new ways of expanding their skillset and knowledge base. She advises future cohorts of the Advocate/Protégé program to set clear and honest goals and expectations when starting the mentoring relationship. “Establish measurements and deadlines for tracking progress and analyze what tools you need to accomplish your objectives,” she said.

Events and Activities

Launching LaSaludMental.org

Hispanic and Latino APA member psychiatrists worked closely with the APA to launch LaSaludMental.org, a bilingual website dedicated to hosting culturally-competent and evidence-based information and resources on mental health and substance use targeting the Hispanic/Latino community. The new site features resources on five of the most searched conditions related to mental health for Hispanics/Latinos: depression, domestic violence, stigma, substance use disorders and suicide. The content, which features quizzes, expert Q&A, animated videos, and printable handouts, was guided by the expertise of the working group formed by the APA members, the APA Division of Communications, the APA Division of Diversity and Health Equity and community-based service providers like community health workers, crisis counselors and Mexican consulate personnel to ensure its cultural and linguistic accessibility.

The new site features resources on five of the most searched conditions related to mental health for Hispanics/Latinos: depression, domestic violence, stigma, substance use disorders and suicide.



psychiatry.org/patients-families/la-salud-mental

“The impetus behind this effort was to address the overwhelming need for reliable, evidence-based information on mental health and substance use disorders available in Spanish,” said APA President Rebecca Brendel, M.D., J.D. “Our goal was not to simply translate information we already had in English into Spanish, but rather to collaborate with our member psychiatrists who are part of the Spanish-speaking community in the United States to develop information and resources that are culturally competent, relevant, and easily understood by a broad section of the Hispanic and Latino community.”

Moore Equity in Mental Health Initiative

July featured a flurry of activity in celebration of the work of Bebe Moore Campbell, author and advocate for the mental health needs of under-served populations. The second annual APA Moore Equity in Mental Health 5K raised awareness of mental health inequities facing youth of color, raising \$100,000 to disperse to five APAF Moore Equity in Mental Health Community Grant recipients.

“Race, redemption, and healing, that’s my thing.”

-Bebe Moore Campbell

Last year’s grant awardees shared their experiences during the roundtable discussions hosted throughout the month, shedding light on mental health issues and community-based interventions to address them. Olympic gymnast Dominique Dawes joined for the first roundtable, sharing her mental health challenges as a high-profile athlete. The month also featured a community health fair in partnership with Howard University Hospital. Community partners were on site at the hospital lawn to provide mental health information and resources for the 200 attendees.

U.S.-based non-profits with programs that strive to address mental health disparities among youth of color are welcome to apply at apafdn.org/mooregrants.

SAVE THE DATE:

for the 3rd Annual

**MOORE
EQUITY IN
Mental Health**

— 5K —

July 29, 2023



Mental Health Service Providers giving information to a community member at the APA Moore Community Mental Health Fair in partnership with Howard University Hospital

On December 13th we kick off the latest season of the Looking Beyond lecture series. Host Dr. Regina James will explore emerging issues in mental health equity, examining strategies and opportunities to improve the mental health of historically marginalized communities with dynamic subject matter experts.

Register at psychiatry.org/firesidechats

1. Climate Change-Driven Mental Health Inequities
2. The Collaborative Care Model to Optimize Patient Outcomes in Mental Health Care
3. Clinician Bias and Disparities in the Mental Health Treatment Continuum
4. LGBTQ+ Mental Health: Challenges, Advocacy, and Clinical Considerations for Transgender and Gender Non-Conforming Persons

Looking Back to Looking Beyond

In anticipation of our upcoming Looking Beyond Webinars, we recommend looking back to some of our previous topics.

Find more at psychiatry.org/lookingbeyond.

10/19
Looking Beyond Webinar series returns for fall with new topics in mental health equity and an accompanying podcast.

Learn more at
psychiatry.org/lookingbeyond

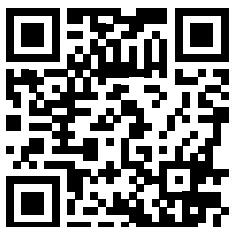
APA Mental Health Equity Fireside Chat: The Impact of the COVID-19 Pandemic on the Mental Health of Latinas/os with speakers:

- Ruby Castilla-Puentes, M.D., Director, Clinical Development, Janssen Pharmaceutical Companies of Johnson & Johnson
- Margarita Alegria, M.D., Chief, Disparities Research Unit, Mass General Research Institute
- Omar Contreras-Escontrias, Senior Director of Policy Research, American Dental Education Association

Striving for Excellence

APA has partnered with Morehouse School of Medicine African American Behavioral Health - Center of Excellence to develop the Striving for Excellence educational series. Each learning activity will focus on a different subject that will bring awareness to disparities in African American/Black mental health care. The information provided in the series will help to increase behavioral health systems' capacity to provide outreach, engage, retain and effectively care for African American/Black care seekers. Each webinar is free and credit is available for physicians.

Find the sessions at
psychiatry.org/strivingforexcellence.



Increasing the pipeline of Latinos and Latinas in the healthcare system is important...only 5.8% of active physicians identify as Latino/Latina/Hispanic. Of those, only 4% specialize in psychiatry.

- Omar Contreras MPH, DrPH



APA Member Serves as Inaugural Director of MGH Psychiatry Center for Racial Equity and Justice

APA Division of Diversity & Health Equity sat down with Dr. Okereke to learn more about the MGH Psychiatry Center for Racial Equity and Justice

Olivia I. Okereke, MD, MS is Director of Geriatric Psychiatry and Director of the MGH Psychiatry Center for Racial Equity and Justice in the Department of Psychiatry at Massachusetts General Hospital (MGH), Associate Professor of Psychiatry at Harvard Medical School, and Associate Professor in Epidemiology at the Harvard T. H. Chan School of Public Health. Dr. Okereke is committed to research in late-life mental health and well-being. Her programmatic research goals are: (1) to employ epidemiologic research methods to identify modifiable risk factors (e.g., diet, lifestyle), as well as related biomarkers, involved in healthy mental aging and (2) to translate and apply knowledge gained into novel, effective strategies for prevention of major adverse mental aging outcomes, such as anxiety, depression and cognitive decline, and racial and ethnic disparities therein. Her program has been funded by numerous awards from the National Institutes of Health (NIH), Harvard Medical School and research foundations. Dr. Okereke has been a member of the American Psychiatric Association (APA) for over two decades. She is a distinguished fellow of the APA and she was a member of the APA Council on Geriatric Psychiatry between 2013 and 2019.

Priorities for the MGH Psychiatry Center for Racial Equity and Justice include:

1. Increasing academic knowledge within psychiatry about racism and its mental health impacts
2. Promoting racial equity, diversity, and inclusion in research for psychiatry
3. Collaborating with anti-racism and DEI efforts across Mass General Hospital

Dr. Okereke, can you share the origins of the MGH Psychiatry Center for Racial Equity and Justice?

This initiative developed in our department over the course of the last couple of years, as there was a heightened awareness around the country about the impacts of racism. This was highlighted by serious incidents of violence targeting Black individuals, as well as the really striking disproportionate impact that we saw the COVID 19 pandemic had on Black, Latino, and other people of color. There was a growing awareness that there's such a pervasive and destructive impact of racism.

As health care providers and individuals who are involved in health care, we're going to need to attend to - what are the health consequences of this? In our Department of Psychiatry, people looked to their role and thought, well, what is the way that we can address some of this? Maurizio Fava, Chief of the Department of Psychiatry at Mass General helped launch a task force in 2020 on issues to address anti-racism, culture, diversity, equity, and inclusion. The task force had several recommendations and one of them involved creating a structure for carrying anti-racism work forward in a sustainable manner. So, the MGH Psychiatry Center for Racial Equity and Justice grew out of the work of the task force.

How do you see this center being helpful to APA members and clinicians more broadly?

Our community within the American Psychiatric Association is broad. It includes clinicians, researchers, educators - people who run fellowship and residency programs, and of course, people who teach our next generation of providers. What we'll do with the MGH Psychiatry Center for Racial

Equity and Justice will indeed be applicable in some ways outside of our department.

The ability to increase basic academic knowledge about racism within psychiatry, about the mental health impact of racism - that's of utility beyond just any given department. Knowledge and resources - whether in the form of articles or other products that we can put out there - these are things that will be of value to APA members.

Another issue important to me as a researcher is racial equity, diversity, and inclusion within psychiatry research. We well know that this is something on people's minds. There are low levels of inclusion of Black, Latino and Indigenous people and people of color more broadly within research both among the researchers and among research participants. It's an issue relevant to psychiatry that we want to give more attention to and highlight.

What can we expect to see from the center in the near future?

We are pulling together a curated group of resources. We want to understand the knowledge base within psychiatry and racism. What do psychiatrists know about racism? What do they know about the impact of racism on mental health? How do we make sure that we bring ourselves up to speed with that? Our center is not going to duplicate work that's being done well elsewhere so we really have to focus on those things that aren't being covered.

We all need a path for self-education. It's so important that we recognize that work around racial equity and justice is everyone's work. It's the responsibility of everyone. It's not just the responsibility of people who are of color.

Check out these courses the American Psychiatric Association has developed on racism, psychiatry, and mental health:

- Advocacy for Anti-Racist Policies That Expand Equitable Access to Mental Health Care: The Role of the Psychiatrist *(CME: 1.25)*
- Supporting Tribal Youth at Risk for Suicide: Honoring Children, Mending the Circle *(CME: 1.0)*
- Transgender-Affirming Care: What Every Psychiatrist Should Know *(CME: 1.0)*
- Racism and Climate Change: Impacts on Communities of Color *(CME: 1.75)*
- Professional Advocacy Through a Health Equity Lens *(CME: 1.0)*
- Psychological Impact of Racism *(CME: 1.0)*

Learn more about the American Psychiatric Association's Structural Racism Task Force

What resources on anti-racism in psychiatry would you like to highlight for APA members?

Reach out to us at **DDHE@psych.org**