



Diversity & Health Equity at APA

Summer 2023 Update

#AchieveMentalHealthEquity





Summer Update

Innovate. Collaborate. Motivate: Charting the future of mental health was our theme for the 2023 APA Annual Meeting. It also serves as the perfect template to share highlights in our newsletter this quarter.

Innovate. Let's start with the Annual Meeting: there were several innovative DDHE-hosted sessions that focused on topics like LGBTQ+ gender-affirming care, social and political determinants of mental health, rural residence and mental health inequities, and many more. I hope you enjoy the recaps.

Collaborate. July is Bebe Moore Campbell National Minority Mental Health Awareness Month, and APA is collaborating with community organizations to bring more awareness to mental health inequities facing our young people of color. In addition to the 5K event and community mental health fair, we will host our first mental health youth summit in partnership with Washington, D.C.'s Marion Barry Youth Leadership Institute and the Arthur Ashe Institute for Urban Health.

Motivate. I'm sure you will be motivated by the inspiring words shared by our mental health equity champion, Dr. Dionne Hart. She shares inspiring personal stories about how and why she became involved in organized medicine.

Charting the Future of Mental Health. And how can we talk about the future of mental health without highlighting our psychiatry fellows? We will share with you the fascinating capstone projects presented by our SAMHSA fellows during the Annual Meeting.

We hope this update serves to inform you, our members, of APA's collective work to **#AchieveMentalHealthEquity**.

"My humanity is bound up in yours, for we can only be human together" - Desmond Tutu

Regina James, M.D.

Chief, Division of Diversity & Health Equity
Deputy Medical Director
American Psychiatric Association

Content

1

Mental Health Equity Champion Spotlight:
Dionne Hart, M.D.

Page 3

Upcoming Events and Activities :
MOORE Equity in Mental Health 5K: Run, Walk or Roll

Page 7

2

3

Diversity and Health Equity at the
2023 APA Annual Meeting

Page 10

APA SAMHSA Minority Fellowship Program
Highlight: Dr. Atasha Jordan

Page 10

4

5

Standardizing Outcomes with
APA's PsychPro Data Registry

Page 18

Culture Corner: The Impact of Film and Poetry on
Mental Health with Fiona Fonseca, M.D., M.S.

Page 19

6



Mental Health Equity Champion Spotlight: Dionne Hart, M.D.

By Garsy Presumey-Leblanc, M.S.

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 are nominated by their APA-member peers to share the tangible ways they incorporate a health equity strategy in their practice and support increasing access to quality of care for diverse populations. To nominate a Mental Health Equity Champion for consideration please reach out to Fatima Reynolds, Sr. Manager, DDHE freynolds@psych.org

Our Mental Health Equity Champion this quarter is Dr. Dionne Hart!

Dr. Hart is board certified in psychiatry and addiction medicine and licensed in both Illinois and Minnesota. She is also an adjunct assistant professor of psychiatry at Mayo Clinic and medical director of Care from the Heart. In 2014, Dr. Hart was named Minnesota Psychiatrist of the Year. In 2017, Dr. Hart received the National Alliance on Mental Illness Exemplary Psychiatrist Award. She holds local, state and national leadership positions and is a chairperson of the National Medical Association and President of the Minnesota Association of African American Physicians. Dr. Hart was the inaugural chair of the American Medical Association (AMA) Minority Affairs section. She currently serves as an APA delegate to the AMA House of Delegates and the AMA liaison to the National Commission on Correctional Health Care Board of Representatives. In 2020, Minnesota Physician journal named her one of the 100 most influential health care leaders in Minnesota.

Q: You have had an incredible journey into psychiatry and medicine. How did being a social worker impact your decision to go into psychiatry?

I always wanted to be a physician, but I got married, had kids early, and then divorced. I was just really afraid to apply for medical school. I didn't have the confidence. I was worried about the financial issues. So, I went into social work thinking, "I want to serve people. I want to work with people who are disenfranchised and people who have mental health disorders." I worked in a community mental health center on the west side of Chicago. That work was really my effort to remain involved in mental health treatment—just to be a part of the team. It was also how I realized being a social worker was rewarding. My daughter's a social worker, so it must be in the genes. But it just wasn't my calling. I think it helped me to stay engaged with the people that I would serve throughout my professional life. It also solidified for me what my true calling was.

Mental Health Equity Champion Spotlight: **Dionne Hart, M.D.**

Q: You mentioned the community mental health center in Chicago. Can you tell me a little bit more about what exactly that is?

I believe it is still in existence. There was the Bobby Wright Community Mental Health Center, and it was one of the community centers that started in the '50s/'60s, when there was a push for more treatment in the community. There were a lot of patients who had severe mental illness as well as substance use disorders. There was a methadone clinic not too far away, so some of the patients went to that clinic. It was people who were coping with a lot of social determinants of health, learning how to navigate the social service system to take care of themselves and their families, and addressing their mental health issues.

My job mainly was working with families that were really struggling in regard to safety, abuse or neglect issues. So, I was just trying to help families reconcile and get the skills they needed to reunite or to find alternatives for the families in a wave of support. It was a very interesting center, and it was the first time I had worked full-time with so many Black professionals in a disenfranchised community. I learned a lot and certainly think that the time I spent there was very valuable.

Q: Does that impact how you go about advocating, promoting and working for mental health equity?

I've always been a patient advocate. I just didn't have the language, didn't have the resources, and didn't know how to ask. I think the heart of it all was there. I was very privileged to be able to train at Mayo Clinic, where bedside advocacy was taught as an essential part of patient care. So, when I had an opportunity to learn how to be more of a public advocate, I felt like I already had a foundation. It's much more of a natural skill to advocate for others

versus myself. That to me was very empowering, and there was no other feeling like it. For example, when you saw something, you submitted an idea of how to change that, how to fill a gap, and then you saw your peers accept it, and then it be implemented into action. Once you have that feeling and you're around people who are also advocates, I don't think I'll ever be able to give that up.

Q: You said the Mayo Clinic was a part of your training for bedside advocacy as part of patient care. How do you feel that mental health equity could be better pursued if medical training and education residencies changed to include something like bedside advocacy as essential patient care?

I was thinking about this when I was preparing for one of my sessions at the recent APA Annual Meeting. I remember as a pre-medical student, as a medical student, and then as a resident, we learned these facts about mental health patients in a very normalized way. For example, correctional facilities are the largest mental health provider in the U.S.; black people are over-diagnosed with thought disorders and underdiagnosed with mood disorders; globally, we miss a lot of patients who are experiencing trauma; very few people who are African American or identify as Black get substance use treatment. We talk about these things, and we have accepted them as fact and as normal when there's nothing normal about that. I think that when residents and medical students are learning about psychiatry, they should learn how to change that.

We've accepted it as something that we must live with. There should be strong efforts to make sure that patients are at the right facility and have access to the right treatment with the right diagnosis. We should be making sure that all those things line up.

Mental Health Equity Champion Spotlight: **Dionne Hart, M.D.**

But we should also be making an effort to increase the number of people who are working at the bedside of patients, who are involved with the justice system—whether that’s corrections or law enforcement—to provide some services for people who are in crisis. We should really be a lot more involved in the conversations to change these problems that we have accepted as facts. And I think that if we start to expose people to the idea that they can make those changes and that it will help their patients, then 20 years from now, people aren’t learning the same concept and thinking that’s just the way it’s always been and always going to be.

Q: Knowing how many leadership positions you hold, how did you become so involved in organized medicine?

I became initially involved in organized medicine because I had applied to be a chief resident and wasn’t accepted. And part of the reason was because I can be outspoken about some of these issues. I knew my selected colleague was just as outspoken, but it was okay for them because they were educating people. Whereas I was like a soapbox, or it was a sermon. There was negative connotation because as a Black woman, I was speaking out. I wrestled with that and said, “Okay, I want to do this, but this is not where I’m going to develop these leadership skills. What am I going to do?” A friend told me about opportunities at the Minnesota Medical Association and Minnesota Psychiatric Society. I started to get involved.

And then, of course, once you started to get involved, people mentioned other things. Then that’s when getting involved in what was then the Minority Affairs Consortium at the AMA came up.

In the past, the AMA didn’t really accept Black physicians. That’s the old AMA. I did have a negative experience with one person, who when



Dr. Dionne Hart speaking at the APA Annual Meeting 2023

I walked into the room to meet the Minnesota delegates told me I was in the wrong room. Just looked at me and said you’re in the wrong place. But then, somebody literally extended their hand and said, come in. And I was like, okay, well, I am welcome. And I’ve found so many people who share similar beliefs, systems and personality traits.

I became very involved and was very instrumental. I was in the right place, at the right time, where I was the first person of what became the newly formed minority affairs section, which is doing amazing things now. And it’s part of the reason why there’s an AMA Center for Health Equity. But I felt like I had to be equally passionate, equally involved in the NMA because the NMA was formed because the AMA was not a safe place for them and not an open place for them.

That’s how I became more involved in the NMA. To me, it was intentional. I think that it’s so important for minority physicians to be involved in organized medicine. It gives people the opportunity to hear our voice, to understand what our issues are, to be seen and to be heard in a genuine way.

Mental Health Equity Champion Spotlight: **Dionne Hart, M.D.**

Q: We know that representation matters to people's treatment. There are studies that show patients have better outcomes when their providers look like them or have similar backgrounds and experiences. How would you go about increasing mental health equity through representation, through having providers that look like the communities they serve?

Right now, only 2% of psychiatrists practicing in the U.S., identify as black. When we put all the minority physicians together, we only represent 9% of total physicians. (For comparison, 13.6% of the U.S. population is Black.) There's no way for us to treat all the minority patients, even though there are a lot of studies that say when there's concordance, especially as related to mental health, there's a better outcome. That is related to trust, but we can't do it all. What we need is to really work with other colleagues to make sure that they understand... cultural competence. Micro- and macro-aggressions are often not intentional, people just don't know, they're not exposed.

I think some of it is setting ourselves up to have open dialogue and ask questions, so people don't feel like they're going to be labeled a certain way or "canceled" because you asked the question. I think there's curiosity, right? And I think we really need to embrace that curiosity and teach each other about our cultures, so that people feel more comfortable treating patients from all different backgrounds. We need to make an effort to have conversations to address why things are where they are and to actively work with each other to make changes.

Q: What work are you most proud of that you feel has really contributed to moving mental health equity forward in this country?

I hope one of the things I'll be remembered for is the school-to-prison pipeline and juvenile justice reform policy at the AMA, that to this day people are still building upon. Then being at the APA now and being involved in so many advocacy efforts related to improving the quality and access to community psychiatry. Almost 10 years ago, I was Minnesota Psychiatrist of the Year, and last month, at the APA Annual Meeting, I received the Assembly Profile of Courage Award. I'm sure those are the things that when my professional career's over, I will remember.

Q: Is there anything else that you want to share that you feel like I haven't asked or that is missing?

Well, I think I would just really emphasize the need for psychiatrists to really start talking to and educating our peers about what we do. I think that part of the problem with the scope of practice issues is people don't know what we do. They don't know the complexity of brain science and how we apply that.

Everybody needs to have the best mental health possible and to have access to treatment when there are struggles. Suicide is preventable. Substance use and mental health disorders, anxiety disorders, you name it, there's treatment out there. And I just hope that we do a better job of making people understand the essential part of healthcare.

Upcoming Events and Activities

MOORE Equity in Mental Health 5K: Run, Walk or Roll

Saturday, **July 29**

Wheaton, MD. or in your home communities. Free registration and more information at psychiatry.org/5K

Run, walk, and roll with us in person or virtually at the 3rd Annual APA Moore Equity in Mental Health 5K and help us reach our fundraising goal of \$100,000.

All proceeds benefit the APA Foundation MOORE Equity in Mental Health Community Grants Program, which supports community organizations promoting mental health for young people of color. Learn more at apafdn.org/mooregrant.



Join an APA Fundraising Team

Each of the seven APA Minority and Underrepresented (M/UR) Caucuses has created a fundraising team and we encourage you to join the Caucuses (psychiatry.org/MUR) and their efforts or create a team for your own District Branch.

For help getting started, email moore@psych.org, or join your team and captain with the following QR Code or team inks:



Runners at the APA MOORE Equity 5k in 2022

AMERICAN PSYCHIATRIC ASSOCIATION

MOORE EQUITY IN Mental Health
— 5K —

MOORE EQUITY IN MENTAL HEALTH INITIATIVE

Join your M/UR Caucus 5K team!

Free to Register.
Participate virtually/in your community or in-person in Maryland on July 29th.

Raise awareness and promote mental health for youth of color.

Questions?
Email: moore@psych.org

Raise \$100 by June 18 and get your medal and 5K t-shirt by race day!

Asian Caucus

runsignup.com/apaasian

AI/AN/NH Caucus

[aiannhpsychiatrists](https://runsignup.com/aiannhpsychiatrists)

Black Caucus

[apablackcaucus](https://runsignup.com/apablackcaucus)

Hispanic Caucus

[apahispanic](https://runsignup.com/apahispanic)

IMG Caucus

[apaimg](https://runsignup.com/apaimg)

LGBTQ Caucus

[apalgbtq](https://runsignup.com/apalgbtq)

Women's Caucus

[apawomen](https://runsignup.com/apawomen)

The M/UR Caucus with the highest funds raised will receive a team trophy.

M/UR Caucus Team	Team Captain
APA Caucus of AI/AN/NH Psychiatrists	Dr. Adriana de Julio
APA Caucus of Asian American Psychiatrists	Dr. Amy Alexander
APA Caucus of Black Psychiatrists	Dr. C. Freeman
APA Hispanic Caucus / La Salud Mental	Dr. Amalia Londoño Tobón & Dr. Hector Colon-Rivera
APA Caucus of IMG Psychiatrists	Dr. Raman Marwaha
APA Caucus of LGBTQ Psychiatrists	Dr. Andy Tompkins
APA Caucus of Women Psychiatrists	Dr. Rikera Curry

Meet the 2023 MOORE Equity in Mental Health Grand Marshal: Jay Barnett



Jay Barnett is a former pro football player turned **Mental Health Therapist** (kjbcoaching.com) renowned for his expertise in personal development, holistic well-being, finding your voice, and healing. With a unique perspective shaped by his athletic background, Jay empowers individuals and organizations to overcome obstacles, heal from past traumas, and achieve optimal mental health. We're looking forward to his energy and expertise in-person on race day, and at our other MOORE Equity in Mental Health Initiative events throughout July!

Learn more at psychiatry.org/MooreEquity.

Diversity and Health Equity at the 2023 APA Annual Meeting

SAMHSA Fellows at the 2023 Annual Meeting

By Razan Jaber, M.P.H., and Jordan Brown



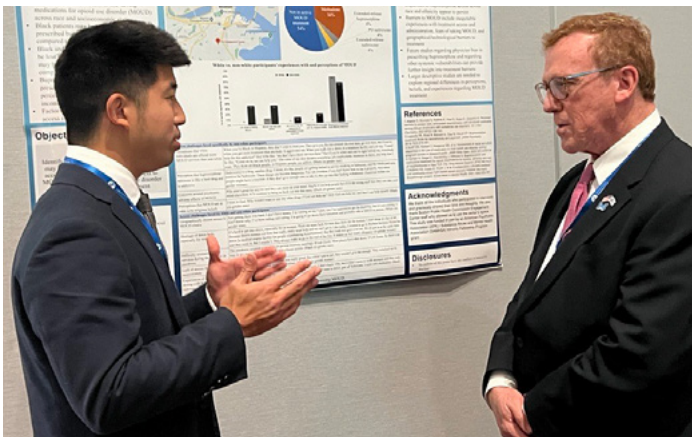
Dr. Saul Levin with Dr. Atasha Jordan, SAMHSA fellow

During APA's Annual Meeting in San Francisco, APA/APAF's SAMHSA Minority Fellowship Program (MFP) fellows had an opportunity to present their work during the 2nd Annual SAMHSA MFP Poster Session. This session spotlighted the work of the top two submissions this year from Dr. Atasha Jordan and Dr. Michael Hsu. Each fellow provided a 15-minute oral presentation of their work, followed by a Q&A session next to their posters.

These promising future leaders in psychiatry showcased their innovative projects, each uniquely addressing different aspects of mental health issues faced by minoritized populations. Dr. Hsu's work examined racial and ethnic disparities in substance use treatment access among people experiencing homelessness. Dr. Jordan focused her capstone project on a mental health first aid pilot in Philadelphia Black churches. Both fellows detailed their research findings, initiatives and data-driven insights to their audience.

Diversity and Health Equity at the 2023 APA Annual Meeting

Dr. Saul Levin, CEO and Medical Director of APA, was a guest at the event. His presence underscored the occasion's significance and highlighted the support that fellows receive from the highest levels of APA. In his address, Dr. Levin emphasized the fundamental role of the MFP in shaping the future of mental health services in the U.S., underlining the program's commitment to enriching the mental health workforce with culturally competent professionals.



Dr. Levin with Dr. Michael Hsu, SAMHSA fellow

The APA/APAF SAMHSA MFP is more than just a fellowship program; it's a change-making platform that equips psychiatrists to address inequities in mental health services. The projects presented during this session are a testament to this fact, revealing the tangible impact these fellows are making in their communities.

The fellows' projects aren't just academic exercises; they represent real-world solutions that enhance the quality of mental health services. They exemplify the potential of what culturally competent, empathetic and informed care can accomplish.

Translating Between the Social and Political Determinants of Health

By Veronica Handunge, M.P.H.

In their 2023 APA Annual Meeting session, "Translating Between the Social and Political Determinants of Health," Eric Rafla-Yuan, M.D., Mandar Jadhav, M.D., and Devika Bhushan, M.D., shared their policy and advocacy expertise with an audience of psychiatrists and other clinicians eager to understand how to make an upstream impact to address inequities in health outcomes.

While social determinants of health are the conditions under which people are born, live, work, and age, structural determinants including political determinants, are social and economic policies and governing processes that strongly influence social determinants. The session provided a historic lens on health-related legislation and real-life examples of how the speakers have used their voices and expertise to impact policy.

As Dr. Rafla-Yuan pointed out, "Health has always been political." He shared that in 1946, the National Mental Health Act established the National Institutes of Mental Health (NIMH) to research causes, prevention, and treatment of mental health disorders. This was the first federal investment in mental health in the United States. It was, in part, a response to the U.S. military identifying the issue that too many people were unable to enlist due to mental health issues, creating a potential security threat. He went on to remind the audience that health disparities are often the outcomes of policy decisions—e.g., criminalization of mental illness, slavery, redlining, outlawing gender-affirming care, etc.

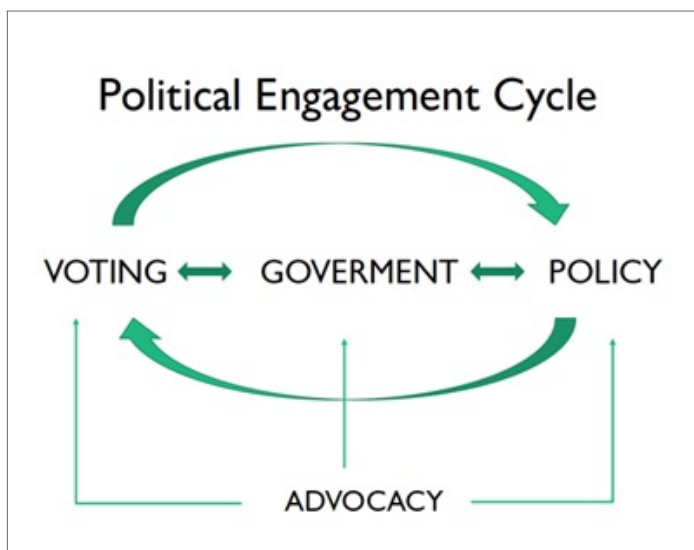
The session emphasized that politics and policy affect how clinicians practice and conveyed how physicians can adopt a social determinants-

Diversity and Health Equity at the 2023 APA Annual Meeting

informed approach to practice and be agents of change in the political engagement cycle.

Building off the scholarship of Daniel E. Dawes, the session discussed the political engagement cycle which includes voting, government and policy. Advocacy—which impacts all parts of the political engagement cycle—is essential for achieving health equity. Even without direct government or policy roles, physicians can impact all parts of this cycle through advocacy to promote health equity.

The presenters then asked the audience: “Which part of the political cycle of health have you been involved in?”



Session presenters shared their own experiences, setting high standards for mental health clinicians hoping to impact the social determinants of health through political engagement:

- Rafla-Yuan discussed how he supported implementation of the 988 Suicide and Crisis Lifeline across the nation, as well as recent efforts in the state of California.
- Jadhav shared his success in using a combination of personal story and professional expertise to impact gun control policy and mental health funding at a federal level.
- Bhushan shared her role in addressing Adverse Childhood Experiences (ACEs) through statewide policy during her tenure as Acting Surgeon General of California

Unsurprisingly, one member of the audience reflected, “I’m struck by how involved you have been in policy changes so early in your careers...” and asked for insight into how the speakers became so politically active.

Diversity and Health Equity at the 2023 APA Annual Meeting

In turn, they responded:

“I started residency at the same time as the 2016 presidential election. In residency, I saw the systemic issues that patients encounter – for instance, issues with homelessness and lack of resources, or at the southern border and how federal government was responding...and I started looking upstream... one of the most accessible ways to be involved as a trainee is through your local APA District Branch...I became a legislative director for a District Branch, then was on the board of our state psychiatric society, and it only grew from there...”

– Eric Rafla-Yuan, M.D.,

Chair of the APA Caucus on the Social Determinants of Mental Health and Former Jeanne Spurlock Congressional Fellow

“As a medical student, I was dissatisfied with the medical model...I spent a lot of time in settings with physicians doing public health and policy work... For instance I spent time at the Baltimore City Health Department. I also worked on legislative advocacy while training as a postdoc at Stanford looking at gender equity and health. That’s where I met the California Surgeon General...A part of it is the right place at the right time with the right interest...and having the right mentors”

– Devika Bhushan, M.D.,

Senior Advisor, California ACEs Aware Initiative, formerly California’s Acting Surgeon General

“Sometimes it’s sheer dumb luck, sometimes it’s your passion, your interest to consume information and be active with that information. The system of opportunities is growing and makes these things possible”

– Mandar Jadhav, M.D.

Health Policy Advisor at the U.S. Senate and Former Jeanne Spurlock Congressional Fellow

Want to be more involved in APA’s work addressing social determinants of health? Join the APA Caucus on Social Determinants of Mental Health and become an agent for change in your own practice and community. Learn more at psychiatry.org/caucus



Creating Spanish/English Networks to Support Mental Health of Hispanic/Latinx Communities

By Jordan Brown



Next generation psychiatrists attending the session.

“You are an agent of change,” emphasized Tatiana Falcone, M.D., a panelist on the 2023 APA Annual Meeting session “Creating Spanish/English Networks to Support Mental Health of Hispanic/Latinx Communities.”

The session featured Ruby Castilla-Puentes, M.D., Tatiana Falcone, M.D., and Fernando Espi, M.D., as presenters and Esperanza Diaz, M.D., as the discussant. These psychiatrists have led the charge in their own unique way to impact and develop deeper connections within the Hispanic/Latinx communities, both locally and nationally.

Dr. Castilla-Puentes is a leader of WARM International, a mental health community and collaborative network of mental health professionals working to improve mental health for women in Quechua-Aymara. With more than 682 members in 21 countries, they aim to improve communication between individuals working in women’s health in Latin America, serve as a point of contact for topics related to women’s mental health, and serve as a liaison to public and private agencies on

research issues relevant to their target demographic. Their current and future projects include initiatives to address mental health among Indigenous populations, gender-focused psychotherapy, violence against women, and psychopharmacology with a focus on gender differences.

Dr. Falcone presented on her clinical work at the Cleveland Clinic which focuses on improving mental health care for Hispanic patients. Her highlighted study, StandUp Bullying Prevention, focuses on adolescent bullying. The pilot included 122 youth from a suburban high school: five with physical disabilities, 16 with psychiatric diagnoses, and 18 with learning disabilities. The study had an even gender split, with participants ranging from 14-19 years old. These included 52 white-identifying youths, 63 minority youths, and six LGBTQ-identifying youths. Her work taught participants healthy coping mechanisms against bullying, skills for relating to others in healthy ways, and confidence in using healthy skills in difficult situations. She highlighted how, even after identifying the need for services, stigma persists against mental health care in the Hispanic/Latinx community. This stigma results in a lack of availability of care in available hours and locations, and a lack of follow through in patients for medication treatment.

Dr. Espi, a psychiatrist at Massachusetts General Hospital and an assistant professor at Harvard Medical School, shared his journey creating a Spanish-language, psychiatry-focused podcast for the Hispanic/Latinx community on ivoox, the most popular podcast streaming platform in Spain. Dr. Espi shared that there are only about 10 Spanish “psychopodcasts.” He emphasized, “No one is reading academic papers anymore. They are not accessible to the general population, but podcasts are!” His podcast El Ultimo Humanista had over one million downloads at the time of his lecture and is still growing. He addresses a range of psychiatric

Diversity and Health Equity at the 2023 APA Annual Meeting

topics to raise mental health awareness, while also engaging listeners with a more personal outlet.

The three panelists showcased that it is more important to “go for what you love,” as Dr. Castilla-Puentes said, rather than trying to force oneself into a traditional approach. These examples of community organizing, clinical research and podcasting expanded imaginations on how one can impact their community, make a living and love what they do.

The Intersection of Mental Health, Policing and Race in a Crisis Response

By Madonna Delfish, M.P.H.

In their 2023 APA Annual Meeting Session, Drs. Dionne Hart, Mathew Goldman, and Mrs. Taun Hall discussed the impact of law enforcement involvement in mental health crisis response situations.

Dr. Hart opened the session with a short memorial video of Miles Hall, son of Mrs. Taun Hall, a 23-year-old Black man who was shot and killed by police amid a severe mental health emergency. He was just one block away from his Walnut Creek, California home at the time. Dr. Hart contextualized the racist foundation of policing in America—its historical role in upholding the institution of slavery, racial segregation, and suppression of civil rights of Black Americans—and the contemporary over-policing of Black communities and over-involvement of law enforcement in mental health emergencies. Dr. Goldman highlighted issues surrounding mental health equity, barriers people of color face when seeking mental health, and the fact that African Americans are overrepresented recipients of mental health services in the criminal carceral system.

Mrs. Hall said she did all the right things after her son was diagnosed with schizoaffective disorder. “I took a NAMI course for families to learn about dealing with a loved one living with a mental illness,” she said. Hall also noted that she contacted her local police department to alert them of her son’s condition to ensure he would get the compassionate response and care he needed if a mental health emergency arose. However, she said, “It doesn’t matter where you live or your socio-economic background because when you look at race and mental health when police get involved, it has devastating effects, as it did for Miles.”

Mrs. Hall’s powerful retelling of her family’s loss culminated with her tireless effort to seek justice for Miles and advocate for improved mental health crisis responses. Through the Miles Hall Foundation, Mrs. Hall worked with California lawmakers to pass the Miles Hall Lifeline and Suicide Prevention Act, which aims to enhance the capacity of the National Suicide Prevention Hotline (988) and change the way mental health crises are managed. In addition, she is working with lawmakers to design and implement a plan to fund mandatory mental health crisis response units and develop the A3 Miles Hall Crisis Call Center. Dr. Goldman said these efforts are steps in the right direction to help divert those in crisis away from law enforcement interactions that are too often punitive and, unfortunately for many, fatal.

To learn more about the Miles Hall Foundation and the Miles Hall Lifeline and Suicide Prevention Act, visit: themileshallfoundation.org/ab-988

Diversity and Health Equity at the 2023 APA Annual Meeting

The Cumulative Effect of Rural Residence, Mental Health Care Disparities and Communities of Color

By Fátima Reynolds, M.P.H.



Rural Session Speakers. Left to right Drs. Ng, Merkel, Blaisdell, Arpon

“Don’t sleep on a rural setting.” This poignant comment came from an audience member at the 2023 APA Annual Meeting session, “The Cumulative Effect of Rural Residence, Mental Health Care Disparities and Communities of Color.” The audience member was referring to the opportunities that exist for clinicians in American’s rural landscapes. According to Dr. Larry Merkel, the sessions’ chair and the chair of APA’s Rural Psychiatrists Caucus, rural America comprises 97% of U.S. topography, yet only 18% of its population. “Rural areas are incredibly diverse in character, culture, geography, and wealth” he said. He explained they possess a resilience rooted in their cultural norms, like the hosting of pow wows within Indigenous communities, and these strengths exist in parallel to complex vulnerabilities.

Pervasive issues impacting mental health for rural populations include decreased access to and availability of services and infrastructure, including lack of housing, jobs and education. “We are talking about a poor and endangered population,” said Merkel. The town of Pine Ridge, South Dakota embodies this distress. Panelist Dr. Dia Arpon shared that in Pine Ridge: 97% of the population lives below

the poverty line the death rate is 300% higher than the general U.S. population; An average of 17 people live in a single-family home; and 33% of homes do not have electricity or water. She says the problem lies in the allocation of resources. Dr. Arpon provided snapshots of other rural areas around the country including Havre, Montana, Snow Hill, Maryland, and Wausau, Wisconsin. She depicted the diversity of each and underlined the importance of learning from rural areas and our own implicit biases.

Panelist Dr. Bernardo Ng echoed this sentiment, asserting that meeting the needs of rural populations, especially those with predominant communities of color, requires culturally sensitive providers and clinicians. He said these practitioners need data with diverse participants. According to Dr. Ng, African Americans and Hispanics/Latinos comprise less than 10% of scientific study participants. In the case of Alzheimer’s, Hispanics/Latinos comprise less than 1% of study participants despite being the largest minority in the country. Robust inclusive data and collaborations between public, private and academic institutions are the way forward to address the rural mental health care crisis, said Dr. Ng. While similar risks (poverty, unemployment, lack of services, etc.) are shared among different rural areas, each setting possesses a unique history that comes to bear on the present state of health among its populace, as is the case in Hawaii.

Dr. H.K. Blaisdell-Brennan discussed peril of Native Hawaiians who had their way of life upended after western contact in 1778. Following population decimation from infectious disease, foreign exploitation, and cultural conflict that continues to this day, Native Hawaiians, which once numbered over one million, now number only 40,000 or 20% of Hawaii’s population. Rural areas of Hawaii demonstrate a higher prevalence of mental health and substance use disorders, including higher

Diversity and Health Equity at the 2023 APA Annual Meeting

suicide rates, when compared to state-wide and national averages. Dr. Blaisdell also shared that methamphetamine use had become a severe problem; there are more overdose deaths from methamphetamine than opioids. She said advocacy plays a critical role in improving the quality and capacity of rural health services and called on psychiatrists to reclaim their seat at the table which, in some cases, has been occupied by public health professionals, social workers and others. Above all, she said, it is important for psychiatrists in rural settings to take care of themselves so they can best serve their patients. “Doctor, heal thyself,” she said.

LGBT Primary Care and Gender Affirming Care for Children and Adolescents

By Alexis Victor, M.S.



Dr. Shamiela Dixon speaking at the session during the annual meeting 2023

In her 2023 APA Annual Meeting session “LGBT Primary Care and Gender Affirming Care for Children and Adolescents,” Dr. Shamiela Dixon provided a comprehensive look at gender-affirming care for youths and what that entails not only for young patients, but also for their families and caregivers. Dr. Dixon focused on understanding patient goals and providing realistic expectations on gender-affirming care options available to young patients. A standout

quote from Dr. Dixon’s session that resonated with attendees was: “Follow the lead of your kid,” a note on how parental support leads to better outcomes across the board and mitigates risks significantly.

Dr. Dixon noted that 1.4% of the U.S. adolescent population currently identifies as transgender. She also noted that while new language has been adopted to more inclusively describe gender-nonconforming people and there has been more acceptance of transgender and gender-nonconforming individuals, there is still a lot to learn, especially for families and clinicians providing their care.

There’s recently been a spotlight on transgender health care due to state laws that seek to limit or eliminate gender-affirming care for minors. LGBTQ+ youth are often discriminated against, and the rate of discrimination is even higher for LGBTQ+ youth of color. This stigma of discrimination further impacts health care disparities and inequities.

Effective strategies for psychiatrists to create a safe space for LGBTQ+ youth include LGBTQ+ positive inclusive messages; training staff to be respectful and nonjudgmental; visibly posting a nondiscrimination policy or image (such as a pride flag or pronoun pins for staff); and avoiding assumptions about the patients being treated. Dr. Dixon was asked what the key takeaway was for mental health providers to understand about this population: “We don’t think about our biases, but they do come across in the care we provide,” she said.

Standardizing Outcomes with APA's PsychPro Data Registry

By Fátima Reynolds, M.P.H.

For psychiatrists, quality improvement in a field without objective concrete data can be a challenge. “In cardiology, you can check vital signs or blood pressure. In mental health, we do not have laboratory or easily quantifiable data, so we must standardize outcomes so that everyone speaks the same language and can measure performance using the same gauge,” said Nitin Gogtay, M.D., APA Deputy Medical Director and Chief of the Division of Research.

PsychPRO, APA's national mental health registry was launched seven years ago to bridge the gap between quantifying standardized outcomes and measuring improvement in quality of care. PsychPRO collects patient-level data in a secure and longitudinal manner, which it deidentifies and stores in a common data model. There, it is mapped using common data elements. The data can be used for implementing measurement-based care and tracking and comparing clinician and provider performance to other local and national systems.

More than 1,000 psychiatrists and mental health professionals have joined PsychPRO, working individually, as a group, or in larger systems. As membership grows, the potential increases to measure quality and receive broad input to shape behavioral health care and psychiatry. This “collective wisdom” offers the “value and benefit to keep the profession relevant,” said Debbie Gibson, Managing Director for PsychPRO. “Data is probably the only way to understand how to make significant impacts on improving patient outcomes, both on the individual level and at the population level.”

Participation in the registry also automatically meets Maintenance of Certification Part IV requirements, as well as CMS's Merit-based Incentive Payment System (MIPS). Gogtay projects the future of PsychPRO as a one-stop shop for meeting education and certification needs, while also making data available for research in the mental health field, including in the development of the DSM. They hope to provide educational resources, including tailored courses.

Ultimately, the more data there is, the stronger the measures will be. “There is strength in numbers,” said Gogtay. As such, the PsychPRO team continues to work to shift mindsets toward the importance of standardized data and information. It doesn't replace their clinical decision-making and expertise, said Gibson, but clinicians can use it to help with their care planning, their decisions, and treating their patients.

Learn more at psychiatry.org/psychpro

PSYCHPRO

MENTAL HEALTH REGISTRY



Culture Corner:

The Impact of Film and Poetry on Mental Health with Fiona Fonseca, M.D., M.S.

By Fátima Reynolds, M.P.H.

Dr. Fiona Fonseca is a consultation-liaison psychiatry fellow at the Mayo Clinic in Rochester, Minn. Their current fellowship focuses on transgender medicine and reproductive psychiatry. They have a special interest in cultural psychiatry, psychotherapy, medical ethics, physician well-being, and advocacy.

Q: You have moderated film discussion sessions for the Association of Gay and Lesbian Psychiatrists (AGLP) and presented at the APA Annual Meeting screening of the documentary Cured. Can you tell us about the importance of film as an advocacy and informational tool for clinicians and whether it can impact and support mental health and well-being.

In short, my answer is a resounding yes. Film can be such a powerful medium through which to share perspectives. Beyond education and advocacy, it is a medium that has vast cultural influence. We know that movies, ranging from *One Flew Over the Cuckoo's Nest* to *Girl, Interrupted* to *Shutter Island* to *Silence of the Lambs* to...you name it, have had significant impacts on how the public views our profession. We also know that film and media can impact mental health and well-being, particularly for more vulnerable and/or impressionable populations, such as children.

Each time we consume a piece of media, we filter it through our own lens, and it in turn leaves a mark on us, however negligible. It is important that we think

critically about how we choose to invest our time and the impact of doing so, and use this medium as a tool through which to connect, rather than disconnect, from ourselves and the world around us.

Q: We came across some of your poetry, what inspires you to write, and how do you think poetry and the arts can help patients and clinicians? Are there any pieces you would like to share for the newsletter?

Let me start by clarifying that I am by no means an expert in this matter—not even close. I am guessing you're talking about the pieces in *Psychiatric Times* (“Shelter in Place,” “Grief,” and “Winter Walking Meditation”). Submitting those was a leap in trust, following in the footsteps of Dr. Frank Clark who is such an inspiration. Poetry for me has always been deeply personal—a way of doing my best to paint a picture of my internal process using words. Other than taking some piano lessons as a child, I have no training in the arts or poetry.

However, the act of putting words to paper is cathartic. It is more about the practice than the outcome. Poetry and the arts in general offer folks a way to create, interpret, and express in ways that can be honest, humbling, and healing. I wrote my first poem in second grade and have been writing since, though I don't usually hold onto what I write. I wrote several poems along with the one in the *Psychiatric Times* about processing grief. Here is one that touches on legacy—both of the grief and of the person who is no more.

What do I do with all this life
 Overflowing paddy, sprawling
 Vast field of dreams, wildflowers,
 Longing... It feels like so long ago.
 And who, how am I, still- holding on
 To your calloused, hardworking hands:
 Source of home-made sweets, discipline
 That once built cities, fortresses, continents,
 Once built whole worlds and universes our own,
 Painted galaxies on your canvas of wrinkled skin

 One-way letters stretched thin
 over years, over drums.

 Foot-tapping out of sync. You are
 not remembered for that.

 But my toes are your toes, pressing deep into waves,

 Running without travelling, breathing in sea smells.

 My palms empty except for a soft, sticky center

 Of store-bought sweets and unruly abandon.

 Inhaling the sky, the water, the palm breeze,

 The evening closes its tired evil eye slowly

 Sensing, scanning, scenting the air with

 Dry chili, night jasmine, turmeric, salt

 Between us quiet, oceanspray tears,

 Breathing out mists of longing for

 Warm embrace, garden plants,

 Bolinhas, tea. Waste nothing.

Q: You've shared that you engage in meditation practice. How did this come about, and how does your meditation practice inform or support your work as a psychiatrist?

My patients are my teachers. I learned about Vipassana meditation in medical school from one of my first patients. Vipassana can be loosely translated as "insight," a way of seeing things as they really are. It is one of India's most ancient techniques of meditation, and is truly more than just a coping skill or a healthy activity. Meditation is a full-being experienced, and the practice of it, much like the practice of psychiatry, is to transmute individual efforts for the benefit of others. Meditation is not a replacement for psychiatric treatment—psychotherapeutic, pharmacotherapeutic, or otherwise—but is certainly a foundation that can support such intervention for both the patient and clinician. Meditation helps me know myself better by burrowing deep into the immediate moment, rather than finding a distraction or escape.

A huge part of our role as psychiatrists is to bear witness to the patient's experience, and that's impossible to do without being able to bear witness to yourself. In short, meditation is freeing. It helps me be a more effective human, and therefore, a better psychiatrist. To be perfectly honest, it has been a while since I maintained a daily meditation practice, and I am currently working to re-establish that routine. However, I am privileged enough to take some time off between fellowship and my new job to attend a 10-day silent meditation retreat.