

Social determinants of mental health

VIVIAN B. PENDER MD  
DLFAPA  
PRESIDENT, APA

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•NOTHING TO DISCLOSE



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# OVERVIEW

- I IMPACT OF SDOMH ON POPULATIONS
- II IMPACT OF SDOMH ON INDIVIDUAL
- II APA TASK FORCE ON SDOMH

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SOCIAL DETERMINANTS OF HEALTH (WHO & CDC)



- Early childhood development
- Education, job opportunities, and income
- Social inclusion and freedom from racial & other forms of discrimination
- Safe housing, transportation, neighborhoods
- Access to clean air and water
- Access to nutritious foods & physical activity opportunities
- Access to decent-quality affordable health services

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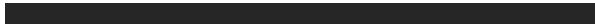
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SOCIAL DETERMINANTS OF MENTAL HEALTH (SDOMH)



- Exposure to the Impacts of Global Climate Change
- Exposure to Conflict, Violence, Shootings, War, Migration, etc.
- Interaction and Involvement with the Criminal Justice System
- Adverse Features of the Built Environment

Compton and Shim, 2020



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POVERTY



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The effects of poverty are pervasive

Poverty may be the most significant social determinant of mental health, because it intersects with education, local community conditions, immigration status, health and access to health care, and neighborhoods (homes, buildings, streets, parks infrastructure)

Amartya Sen (1983), Nobel economist, emphasized that poverty is not just relative, but also absolute. He defined poverty as a failure to achieve certain minimum capabilities and, according to him, the lack of capabilities is absolute

Psychiatrists are hesitant to screen for poverty because they may not have ready access to interventions or a referral and they think it is beyond the health sector. However, assistance can be provided at the individual level, the local community level, and the policy/population level



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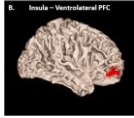
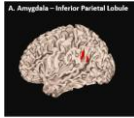
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# Neurobiology of stress and trauma

- Effect of poor neighborhoods on neural circuits
- Exposure to crime and violence
- Increased biological aging due to shorter telomeres
- Altered immune system activation
- Reduced size and atypical functioning
- Impaired affective processing, experiencing and regulation emotion

ScienceDirect 2021




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## ADVERSE CHILDHOOD EXPERIENCES INCLUDE:



## ADVERSE CHILDHOOD EXPERIENCES HAVE BEEN LINKED TO:



There is a very close relationship between Adverse Childhood

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## DISCRIMINATION FOCUSES ON DIFFERENCE




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## DISCRIMINATION, SOCIAL EXCLUSION, RACISM AND STIGMA

- Discrimination and stigma can be based on race, ethnicity, gender, age, disability
- Discrimination and racism are traumatic
- Extreme racism can be understood as a delusional symptom
- Stigmatized because of their illness, more than half of individuals with mental illness don't receive treatment (U.S.)

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Most mental illness begins early in life

Fifty per cent of mental illness begins by age 14

Seventy five per cent begins by age 24

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## Criminal justice system

It is estimated that 15-20% of all prisoners in the United States have a diagnosable mental illness.. That amounts to more than 350,000 cases in CJS

Although more white people have been killed by police, Black and Hispanic people are disproportionately impacted.

While white people make up a little over 60% of the population, they make up about 41% of fatal police shootings.

Black people make up 13.4% of the population but make up 22% of fatal police shootings. (NAACP)

Diversion programs (#988) and mental health courts, esp. for SUD

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## INDIVIDUAL EXAMPLE

- POVERTY
- VIOLENCE
- RACISM

LINKED TO MULTIPLE DIAGNOSES:  
 BORDERLINE PERSONALITY DISORDER, SOCIOPATHIC PERSONALITY DISORDER, ADD, PTSD,  
 ADDICTION, DEPRESSION WITH SUICIDAL IDEATION, GENERALIZED ANXIETY DISORDER,  
 PSYCHOSIS, PANIC DISORDER

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## Case history

**30 years old woman with a h/o multiple diagnoses: ADD, depression with suicide attempts, anxiety disorder, borderline personality disorder, psychosis, antisocial personality disorder, SUD, PTSD**

Parents were poor unskilled Hispanic migrants

Father had SUD - alcohol - belligerent

Maternal uncle sexually abused her from age 5-12

She began running away from home at age 13

First arrested for prostitution at age 16

She became addicted to heroin

She had 3 children in foster care by age 20

Social services provided her with treatment for complex trauma, ADD and substance use

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## PREVENTION OF SDMI

- If she hadn't been neglected and sexually abused in childhood,
- If her parent's substance use had been treated, and hadn't led to poverty,
- If she hadn't been arrested for prostitution,
- If her community offered more resources to her family and her school.

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### CONNECTIONS?

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Did her childhood sexual abuse lead to being diagnosed with borderline personality disorder?

Did her family h/o SUD and poverty lead to violence and PTSD?

Did system failures lead to loss of opportunity and her depression?

Did her family's job and food insecurity lead to her anxiety disorder?

Did her exposure to the criminal justice system lead to diagnoses of psychosis and sociopathic personality disorder?

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APA PRESIDENTIAL TASK FORCE  
Chair: Dilip Jeste MD  
2021-2022

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CLINICAL  
PUBLIC HEALTH  
RESEARCH & EDUCATION  
POLICY

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SDOMH: TASK FORCE WORKGROUP TARGETS



- **Clinical:** Clinical competency; Practice Guidelines
- **Research and Education:** Bio-psycho-social studies; Mechanisms; Interventions; Set training goals for psychiatric education; Identify the determinants of education, relationships with caregivers and the community for children with adverse exposures, inform the public and clinicians on mechanisms linking social determinants to mental health.
- **Public Health:** Public education; Prevention
- **Policy:** Advocacy, Healthcare access; Healthcare economics

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### Public Health Psychiatry Approach to Mental Illness

- community responsibility (not individual)
- economic support for families
- anti-violence measures
- anti-stigma norms for mental illness
- social connectedness
- family-centered treatment
- mental health literacy
- accessible healthcare

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### Project analysis framework

TF Objective: to establish guidelines for prevention of socially determined mental illness

There are no universally accepted current guidelines geared towards prevention.

Our approach is new because it includes all stakeholders and the government.

If this project is successful, it will reduce the prevalence of mental illness.

The risks are that there will not be enough political will.

The cost is minimal for now.

It will take a year for the first phase.

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Do you regularly assess?

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- Family and social support
- Perceived community support
- Social stressors such as exposure to violence
- Early childhood social and physical environment; childcare
- Social isolation and loneliness
- Safety in home and neighborhood
- Stigma

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Do you regularly assess?

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- Perceived religious, racial or ethnic discrimination
- Access to medical and psychiatric care
- Perceived gender identity discrimination
- Perceived stigma against mental illness
- Freedom to express sexuality
- Environmental trauma

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Do you regularly assess socioeconomic factors?

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- Employment, benefits, job security
- Socioeconomic status/finances
- Education

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## Financial assessment

Physicians should ask questions beyond typical biological screening questions to determine how patients are impacted by social or economic factors. An AMA module includes a PDF of social history tools to help guide physicians on what questions to ask.

For example, a poverty intervention tool starts with a single screening question: "Do you have difficulty making ends meet at the end of the month?" and follows with interventions the practice team may need to consider when managing that patient.

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## Do you assess Housing and Transportation?

Access to functioning utilities - water, gas, electricity, broadband

Access to affordable housing

Access to convenient transportation

Homelessness - present or past

Access to nutritious food

Poverty, Violence, Stigma

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**Task Force on Social Determinants of Mental Health Webpage:** Task Force worked with APA to develop an online clearinghouse of relevant resources at [psychiatry.org/socialdeterminants](http://psychiatry.org/socialdeterminants).

**Course on Social Determinants of Mental Health:** Task Force members worked with APA to develop a course for APA/APAF Fellows which is now available to all members on the *APA Learning Center*.

**Task Force Meetings with APA Components:** Task Force members coordinated with APA to meet with APA Components to identify opportunities for collaboration.

**Request for Information from U.S. Congressional Caucus for Social Determinants of Health:** Task Force worked with APA to provide info to Congressional Caucus on Social Determinants of Health.

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**APA Mental Health Services Conference:** The theme of the 2022 Mental Health Services Conference was "Sociopolitical Determinants of Mental Health: Practice, Policy, and Implementation."

**Task Force Town Hall Series:** Task Force coordinated with APA to host two Town Halls with APA members with recordings available at [psychiatry.org/townhall](http://psychiatry.org/townhall).

**Summary of APA Component Activities on Social Determinants of Mental Health:** APA Administration compiled a summary of relevant APA Component activities for the Task Force.

**Environmental Scan of APA on Social Determinants of Mental Health:** APA Division of Diversity and Health Equity conducted environmental scan of relevant APA Administration activities for the Task Force (see Attachment #3).

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• **Proposal for Establishment of APA Office of Social Determinants of Mental Health:** Task Force members submitted a proposal which was not approved by the APA Finance and Budget Committee and APA Board of Trustees, but is available for future consideration.

• **The Social Determinants of Mental Health Book, Eds, Compton, Shim, 2015:** APA provided the book *The Social Determinants of Mental Health* to the Task Force and Board of Trustees.

• **Caucus on Social Determinants of Mental Health:** Task Force submitted a proposal to the Joint Reference Committee to establish the APA Caucus on Social Determinants of Mental Health.

• **APA Annual Meeting:** The theme of the 2022 APA Annual Meeting is "Social Determinants of Mental Health" and will include sessions by the Task Force work groups and others.

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• **Journal Submissions:** Task Force has submissions accepted for publication in *JAMA Psychiatry*, *AJGP*, and in development for *Psychiatric Services*.

• **Education Module on Social Determinants of Mental Health:** Task Force members are developing an online education module to focus on structural competency, policy, and mental health to be available on website.

• **White Paper on Social Determinants of Mental Health:** Task Force members are developing a white paper which should be finalized by May 2022.

• **Resource Document on Social Determinants of Mental Health in Youth:** Task Force members are working with the APA Council on Children, Adolescents, and Their Families to develop a Resource Document for submission to the June 2022 Joint Reference Committee meeting.



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### Findings, Recommendations, Actions

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1. Need for more APA Resources
  2. Need for centralized information
  3. Need for component coordination
  4. Need for improved advocacy
  5. Raise awareness of SDOMH with APA members, components, administration



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### TF SDOMH Recommendations

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1. Assembly Work Group
  2. DDHE to DDHESD
  3. Representation in ACGME and ABPN
  4. Component Work Groups



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### Vision for Psychiatry

- Transform psychiatry to holistic paradigm.
- Alter preventable mental illness.
- Intervene early in course of mental illness.
- Tertiary care must include SDOMH.

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### In conclusion...

"...as the physicians say it happens..., that in the beginning of the malady it is easy to cure but difficult to detect, but in the course of time, not having been either detected or treated in the beginning, it becomes easy to detect but difficult to cure."

-Niccolò Machiavelli, The Prince, 1532

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