

**UT** THE UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER

Psychiatry in the 21st Century:  
Challenges and Opportunities

MPS Spring Scientific Program &  
2018 Recognition Dinner



Altha J. Stewart, M.D.  
April 28, 2018

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- Dr. Stewart is President-Elect of the American Psychiatric Association Board of Trustees but *the opinions expressed in her presentation today are her own and do not reflect the views or policies of the APA.*
- She has no financial disclosures or conflicts of interest to report regarding the content in this presentation.

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be the  
**CHANGE** you want to see in  
**THE WORLD**




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## APA Strategic Plan (2015)

1. Advancing the integration of psychiatry in the evolving health care delivery system by...
2. Supporting research to advance treatment and the best possible clinical care, as well as to inform credible quality standards; advocating for increased research funding. APA will enhance clinical care and reduce the burden of mental illness for our patients and society by...
3. Educating patients, families, the public, and other practitioners about mental disorders and evidence-based treatment options.
4. Supporting and increasing diversity within APA; serving the needs of evolving, diverse, underrepresented, and underserved patient populations; and working to end disparities in mental health care.

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## Challenges

1. **Quality of Life Issues (esp. for RFMs/ECPs)**
  - a. *Work settings – including system factors (lack of full parity, inadequate reimbursement, cumbersome policies/practices, etc.)*
  - b. *Stress and burn out - work life balance (trainees -student debt load; ECP – early career issues, work/life balance)*
  - c. *Health Equity/Social Justice Concerns – including Social Determinants of Mental Health - (role of psychiatry in addressing persistent health inequities)*
2. **Beyond Diversity And Inclusion (treatment services and workforce development)**
3. **Global Perspective on Cultural Psychiatry**

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## Work Settings

Today's psychiatrists often work in organized health systems, corrections, VA, community mental health clinics, substance abuse treatment facilities, FQHCs, etc.

- Salaried employee in health systems vs self employed
- Disappearance of solo practitioner
- *Alphabet soup* of large insurers each with their own oversight policies, rules, and regulations
- Whether private practitioner or salaried employee most now live with EHRs, HIPAA, MACRA, MIPS, etc.
- Conditions for licensure and credentialing

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## Stress and Burnout

### 1. Work-Life Balance

### 2. Debt load:

High debt has been “correlated with callousness, stress, suicidal thoughts, failing medical licensing exams, and leaving or being dismissed from medical school.”

J. Phillips, The Impact of Debt on Young Family Physicians: Unanswered Questions with Critical Implications. *Journal of the American Board of Family Medicine* - 2016

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## Health Equity/Social Justice Concerns

### ***Social Determinants of Health/Mental Health***

- a. *There is strong evidence indicating that factors outside the health care system significantly affect health.*
- b. *SDoH drive 85% of patients’ well-being (housing, finances, healthcare access and violence)*

**What is the role of psychiatry in addressing persistent health inequities?**

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## APA’s Efforts

### **Broad System Factors Influence Physician Wellness, Patient Care**

(David Pollack, MD – PsychNews, March 7, 2018)

### **TOOLKIT FOR WELL-BEING AMBASSADORS: A MANUAL**

A guide for psychiatrists to improve physician well-being and reduce physician burnout at their institutions.

- Visit [www.psych.org/burnout](http://www.psych.org/burnout)

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A Widening Circle of Factors Influence Physician Well-Being  
Four broad systemic factors (in yellow) interact with individual physician factors (in light blue) to influence clinician well-being and, in turn, patient care.



Source: National Academy of Medicine/Action Collaborative on Physician Well-Being

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## BEYOND DIVERSITY AND INCLUSION

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## Beyond Diversity and Inclusion

From APA strategic plan

**#4. Supporting and increasing diversity within APA; serving the needs of evolving, diverse, underrepresented, and underserved patient populations; and working to end disparities in mental health care (no by...)**

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## Cultural Competency to Diversity

- Cultural competency – curricula available at [www.psychiatry.org](http://www.psychiatry.org)
- Diversity – best practices for assessment and treatment and use of DSM 5 Handbook of the Cultural Formulation Interview

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## AADPRT and Diversity

**President's Column**  
Spring 2018

Donna Sudak, MD

### Diversity, Health Inequity, Health Care Disparities and Psychiatric Training

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## Purpose statement

*"Future psychiatrists will be best prepared to practice if they are trained in an environment embracing diversity. This committee will provide AADPRT with a venue for ongoing education regarding diversity, a clearinghouse for educational materials about diversity, and representation within the leadership of the organization to advocate for issues about diversity and health disparities. The committee may partner with similar committees already in existence in a number of our allied organizations, including the American Psychiatric Association. The committee may also work in concert with other AADPRT Committees (i.e., recruitment, curriculum) in order to accomplish its mission."*

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## Tasks

- To develop trainings for the membership on issues regarding diversity for the annual meeting
- To disseminate best practices regarding diversity in recruitment and retention
- To develop, and/or solicit and evaluate curricular materials for training in cultural psychiatry to disseminate to the membership
- To develop, solicit and evaluate best practices regarding teaching residents how to identify and address health care disparities and educate them about the social determinants of health
- To assess the demographics of psychiatry residents and faculty in training programs vs. the general population
- To advocate for issues regarding diversity on the executive council
- To interface with the recruitment committee and the IMG caucus regarding common issues

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## Before Diversity (BD)

- Pre-civil rights and affirmative action
- Medical profession (including psychiatry) slow to accept minority physicians as members
- Early work (1970s) in exposing institutional racism in psychiatry but little sustained follow-up until OMNA established
- Early focus on 4 federally recognized racial and ethnic minority group populations (patients and professionals); later expanded to gender, sexual orientation and IMG trained psychiatrists -> 7 APA MUR groups

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## Diversity 1.0

*Goal - alleviate discrimination and institutionalized racism in pursuit of fairness, access, and equality primarily along gender, racial, and ethnic lines.*

- Concomitant efforts at the federal level resulted in reforms such as the Civil Rights Act of 1964 and the Elementary and Secondary Education Act of 1965, both of which focused on removing structural barriers to access and equality.
- Health professional schools established offices of minority affairs with 2 goals: nurture and support minority students and ensure institutional compliance with federal laws (civil rights and affirmative action)

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## Diversity 2.0

- 1980s - Medical schools and teaching hospitals offered curricula focused on cultural competence; some institutions also included course work and research opportunities examining public health and health care disparities.
- The closer attention to institutional climate and culture contributed to a sense of inclusiveness on campus and helped build awareness among members of the majority culture.

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## Diversity 3.0

- Identify and leverage the rich diversity of human talents and aptitudes, more clearly connect medical school admissions criteria with future practice, and integrate personal experiences and attributes into the existing metrics used to evaluate medical school applicants
- Integrate a competency-based framework where diversity is seen as more than just solving the problem of inadequate representation and alleviating the barriers facing disadvantaged and marginalized populations

*Together, diversity and inclusion can become a powerful tool for leveraging those differences to build innovative, high performing organizations and better quality care for all.*

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	Online survey	First years	Residents
<b>Percent who believe myths about biological differences</b>			
Blacks' skin is thicker than whites'	58	40	25
Black people's blood coagulates more quickly than whites'	39	29	4
Blacks age more slowly than whites	23	21	14
Blacks' nerve endings are less sensitive than whites'	20	8	4
Blacks have a more sensitive sense of smell than whites	20	10	7
Blacks are better at detecting movement than whites	18	14	11
Black couples are significantly more fertile than white couples	17	10	7
Whites have a more efficient respiratory system than blacks	16	8	4
Blacks have stronger immune systems than whites	14	21	4
Whites have larger brains than blacks	12	2	0
Whites have a better sense of hearing compared with blacks	10	3	0
<b>Percent who believe factual or true biological differences</b>			
Whites are less likely to have a stroke than blacks	29	49	46
Blacks have denser, stronger bones than whites	39	25	29
Whites are less susceptible to heart disease than blacks	43	63	50
Blacks are less likely to contract spinal cord diseases	42	46	57

Source: Proceedings of the National Academy of Sciences The Huffington Post

PNAS April 19, 2016, vol. 113, no. 16, 4296-4301 [www.pnas.org/cgi/doi/10.1073/pnas.1516047113](http://www.pnas.org/cgi/doi/10.1073/pnas.1516047113)

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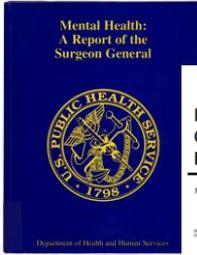
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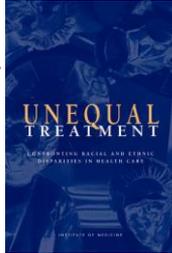
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MENTAL HEALTH:  
CULTURE, RACE, AND  
ETHNICITY

A SUPPLEMENT TO  
MENTAL HEALTH: A REPORT OF THE SURGEON GENERAL

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
10/2003



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### Opportunities

- STEM pipeline improving
- Recruitment, admission and retention strategies improving (medical school, residency and fellowship)
- Need for faculty development strategies being acknowledged (clinical, academic and research settings)
- Lifelong learning (not a 'one and done' issue) incorporating more of this content

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### 2018 IPS: The Mental Health Services Conference

*Reimagining Psychiatry's Impact on Health Equity*

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# The future of psychiatry

	1	2	3	4	5	6	7	8	9	TOTAL
REALISTS	2	0	1	4	2	1	0	6	2	0
IDEALISTS	0	0	0	0	0	0	0	0	0	1

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**IF YOU THINK YOU'RE TOO SMALL TO MAKE A DIFFERENCE, YOU HAVEN'T SPENT A NIGHT WITH A MOSQUITO.**  
- AFRICAN PROVERB

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