James H. Carter, MD Memorial Lecture

Addressing Health Inequities Using an Academic-Community Partnership to Improve Service Systems, Policy and Practices in Community Mental Health Settings

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Altha J. Stewart, M.D.
Associate Professor and
Chief, Social and Community Psychiatry
Director, Center for Health in Justice Involved Youth
President-Elect, American Psychiatric Association
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She is President-Elect of the APA 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.
Learning Objectives

1. Recognize 2 ways that addressing health inequity issues can improve emotional and psychological health and well-being

2. Summarize the importance of understanding the role of health inequities in creating mental health disparities in community settings

3. State at least three mechanisms for establishing needed collaborative relationships between communities and providers to achieve optimal outcomes in a community’s mental health and well-being
The UT College of Medicine - Mission

Four Areas of Impact:

1. Clinical Care
2. Research
3. Education
4. Community Outreach
The UT College of Medicine - Goals

1. To address important medical needs in our community

2. To care for the vulnerable

3. To eliminate disparities in care in our community
“Mental health is fundamental to overall health and productivity. It is the basis for successful contributions to family, community, and society. Throughout the life span, mental health is the wellspring of thinking and communication skills, learning, resilience and self-esteem.”

Mental Health: Culture, Race, and Ethnicity (2001). US DHHS
We need to understand.....

1. Social Determinants of Health/Mental Health
   (“where we live work play and pray”)

2. Health disparity

3. Health inequity
Social Determinants of Health

- Health services
- Personal health practices
- Social support networks
- Gender, Culture, race, and ethnicity
- Income and social status
- Education
- Employment/working conditions
- Social/Physical environments
Social Determinants of Mental Health

• Compton and Shim - “The Social Determinants of Mental Health” (2015) “... any discussion of social determinants of mental health begins with a look at the gaps that exist in our understanding of those factors that stem from where we live, work, and play (and pray) and that impact our overall mental health and well-being”.

• They recommend a public health, population based approach to identifying factors that contribute to the ‘un-wellness’ of many in the population, as well as those factors that need not be predictive of negative health or mental health outcomes for that population.
Health Disparity

Differences in health outcomes and their causes among groups of people
Key Findings: Unequal Treatment

- Racial/ethnic minorities receive lower quality of care than non-minorities

- Disparities occur in the context of broad historic and contemporary social/economic inequality, including racial discrimination

- A comprehensive, multi-level strategy is needed to eliminate these disparities
Health Inequity

When everyone has the opportunity to be as healthy as possible
Eliminating health disparities and achieving health equity is the goal!
The Economic Case

Moving from the perspective of incidence and prevalence of disease as a function of solely biological processes and medical care to pursuit of answers to poor health and mental health outcomes that include SDoH means that for every $1 the US invests in treatment for depression and anxiety there is a $4 return on the investment in better health and productivity.

Dr. Margaret Chan, Director-General of WHO, “it’s good for health and well-being and the pocketbook too”. WHO study, Lancet Psychiatry, April, 2016
Case Study:

Changing the Mental Health and Trauma-Informed Service Delivery System in Memphis/Shelby County for Youth in or at-risk of Entering the Juvenile Justice System
Report of the
Surgeon General’s Conference on
Children’s Mental Health:

A National Action Agenda
Report of the Attorney General's National Task Force on
Children Exposed to Violence
It is easier to build strong children than to repair broken men.

- Frederick Douglass
Developing a Strategy

• Identify an issue that stakeholder community will get behind (this includes families, community, elected officials, governmental entities, and providers)

• Begin with a planning process that includes all stakeholders (no matter how messy it may be or get)

• Understand that CRAPP* happens and love the naysayers – it’s part of the change process! (*Communities Recognizing and Acknowledging Potential Potholes)

• Identify or cultivate leadership in each stakeholder group and support them in their respective areas

• Communicate, communicate, communicate!!
UTHSC CENTER FOR HEALTH IN JUSTICE INVOLVED YOUTH

Moving from Science to Policy and Practice in Memphis and Shelby County
65-70% have at least one diagnosable mental health disorder

70% have experienced a traumatic event

48% function below their academic grade level

30% have a diagnosed learning disability

VULNERABILITY OF INCARCERATED YOUTH

have a history of frequent or injurious physical or sexual abuse prior to incarceration
Key Community stakeholders and collaborative partners

- Shelby County Government
- Memphis/Shelby County Juvenile Court
- Shelby County Schools
- U of M Law School and School of Social Work
- Tennessee Department of Mental Health and Substance Abuse Services
- Tennessee Department of Children’s Services
- Shelby County Mental Health Providers
Memphis as a case study

• Target population: youth with mental disorders and/or trauma exposure in or at risk of entering the juvenile justice or child welfare systems for out of home/community placement

• DOJ and juvenile court related community forums, SIM, Shelby County Trauma Collaborative, Trauma Through the Lens of Culture Symposium, JJ System Realignment Task Force, Statewide JJ Blue Ribbon Taskforce, Juvenile Justice Reform Symposium

• JAC workgroup (plus Mayor’s subgroup)

• Multiple media events (print and TV)
An Academic-Community Partnership

CHILDHOOD TRAUMA AND OTHER ADVERSE CHILDHOOD EXPERIENCES (ACEs)
Childhood Trauma and other Adverse Childhood Experiences (ACEs)

INTERVENTION: trauma informed care by appropriately trained providers

- Range of trauma informed treatments made available (TFCBT, CPP, PCIT,)
- Incorporation of ACE interviews into parent and/or adolescent outreach and education activities

POLICY: policy development and education about critical health issues

- Universal trauma screening for all youth
- Identification of risk factors and creation of policy initiatives to address them
  - Legislative change for disposition of youth in custody of law enforcement
  - Increased access to health care, safe housing and adequate nutrition, safe spaces for children to thrive by changes in local program development and funding – local elected official ‘buy-in’
- Parent and community education re: impact of ACEs and childhood trauma – community education via community engagement, education and empowerment activities
- Awareness campaigns/media blitz and creation of lay health educators (including CFSSs)

PRACTICE: universal screening

- Court referred youth (internal), disruptive behavioral in classrooms, and chronically truant youth in public school system
- Trauma screening training for staff in both systems

COLLEGE of MEDICINE
Adverse Childhood Experiences Study

- Death
- Whole Life Perspective
- Conception

Scientific Gaps

- Early Death
- Disease, Disability, and Social Problems
- Adoption of Health-risk Behaviors
- Social, Emotional, & Cognitive Impairment
- Adverse Childhood Experiences
To Help Youth with Trauma Brain, Treat Entire Family
By Dr. Cathy Anthofer-Fialon | February 18, 2016

Screening and Assessment in Juvenile Justice Systems: Identifying Mental Health Needs and Risk of Reoffending
Gina M. Vincent, Ph.D. Associate Professor
Co-Director, National Youth Screening & Assessment Project
Center for Mental Health Services Research
Department of Psychiatry
University of Massachusetts Medical School
January 2012

Trauma Among Youth in the Juvenile Justice System: Critical Issues and New Directions
Julian D. Ford, John F. Chapman, Josephine Hawke, and David Albert

Juvenile Jails Adopting ACE- and Trauma-Informed Practices
By Ed Finkel | May 27, 2015
Balance Youth Development, Personal Accountability and Public Safety

• Coordinate the work of all involved child serving agencies (‘wraparound’ approach has been proven effective)

• Target health and behavioral health interventions to the individual needs and strengths of the child and family (small, local, evidence based interventions)

• Balanced and restorative justice (mediation, restitution, community based treatment and mentoring services, programs to improve skills and social competencies for youth and families)
Risk factors are not predictive factors due to protective factors.
The Science of ACES and Resilience goes ‘Hollywood’
Altha J. Stewart, M.D.
901-448-3028 – o
901-428-8790 - c
astewa59@uthsc.edu