

Community-based Social Determinants, Resilience, and Recovery



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Background/Disclosures

- **Present Life**
 - Family member
 - Professor Emerita at UAB
 - NAMI- National Associate Medical Director, NAMI State Board
 - APA Scientific Program Committee
 - Consultant, federal court monitor for AL Department of Corrections
 - American Association for Community Psychiatry (AACP)
- **Past Life/Affiliations**
 - Family member
 - Consultant, federal court monitor for AL Department of Corrections
 - DOJ Consultant to investigate of state hospitals in Georgia
 - Ran mental health center and psychiatric hospital at UAB
 - Research on genetic liability for schizophrenia, ACT, Dual Diagnosis, and Criminal Justice and Mental Health
 - (AACP)

NO FINANCIAL DISCLOSURES

Objectives

- Expand your treatment perspectives to incorporate a public health approach to patient care
- Understand how social determinants impact resilience and recovery in vulnerable populations.
- Define resilience and recovery from a patient-centered point of view.
- Design and plan your action plan to mitigate social determinants, and enhance resilience and recovery in your community

Story of Ms. Williams

- Presents late to intake appointment in middle of hot Alabama summer, loud, disheveled, malodorous, threatening, demanding food and cigarettes. Denies AVH (though is paranoid), SI or HI.
- Referred by police (in jail for disorderly conduct)
- We have records from multiple ER visits and psych hospitalization

Story of Ms. Williams

- 37 yo F lives under bridge, d/o schizophrenia and cocaine substance use disorder since age 20, placed as youth in foster care after witnessing shooting death of mother (in foster care sustained abuse and sexual trauma), no job, no disability, no transportation, 8th grade education, 6 yrs in jail and prison for drug charges, h/o no marriage but 3 children, all in custody of DHR, has diabetes and diabetic neuropathy. At present on no meds for anything. H/O FTS for appointments and "failing" to take medications.

Story of Ms. Williams

- Diagnosed with schizophrenia, cocaine use disorder
- Individualized treatment plan offered: welcomed to clinic, offered food and drink, affiliation with ACT team that can offer housing, food assistance, LAI, connection to primary care, substance rehab, smoking cessation, vocational rehabilitation, and help navigating path to getting on Medicaid and applying for disability.
- She eats the sandwich, drinks the sweetened tea (which pushes her BG over 400), leaves to smoke a cigarette and never returns.

Story of Ms. Williams

- We would call her non-adherent
- Unable to pursue a healthy lifestyle modification
- Willfully making poor choices
- Would see her again but feel hopeless about her prognosis

Story of Ms. Williams

- Or...stop and consider how “structurally vulnerable” she is, and identify the structural influences that are impacting her physical and mental health, and her capacity to work in a partnership to benefit her health.
- Empathy and engagement and shared decision making (and honoring her resilience at still being alive) might begin her individual path to recovery

Broadening One's Perspective

- Understanding of mental illness is often at **individual** considerations of genetic determinants, gene by environment and epigenetics, and the impact of social and environmental risk factors leading to a clinical presentation (Compton & Shim, 2015)
- Many in audience provide 1:1 clinical care like to Ms. Williams, assisting patients (and their families) who present with particular behaviors; we evaluate, we diagnose, we treat.
- Social determinants, resilience and recovery can be addressed at this individual level, but we might consider broadening this perspective.

Broadening One's Perspective

- To maximize the impact (on engagement, resilience and recovery) for the largest number of individuals and maximize therapeutic functioning of multiple systems of care, include consideration of social determinants of mental health on a societal level
- “Treatment” occurs not only at the individual level, but must include attention to population-based care

Public Health Practice

- “Public health practice is the acknowledgement that health is greater than the biologic determinants of individual health; Public health practice also embraces a host of behavioral, social, economic and environmental factors that affect the health of a community.”

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Social Determinants of Mental Health (SDOMH)

- “Conditions into which people are born, live, and age that are shaped by policy decisions and distribution of opportunity within society.”
- These determinants are “social problems that disrupt optimal mental health, increase risk for and prevalence of mental illness, and worsen outcomes among individuals with mental illness.” (Shim & Compton, 2019)

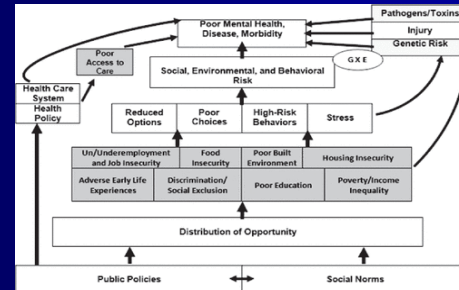
Social Determinants of Mental Health

- Discrimination (racism, sexism, stigma) and social exclusion
- Adverse early life experiences
- Low education attainment, poor education quality, and educational inequality
- Poverty, income inequality, and neighborhood deprivation
- Food insecurity
- Unemployment, underemployment, job insecurity
- Insurance benefits disparities ("codified lack of parity for mental illness")
- Poor housing quality and housing instability
- Climate change
- Poor access to health care
- Lack of access to transportation
- Exposure to conflict, violence, war, forced immigration
- Interactions with unjust, biased criminal justice system

(Compton & Shim, 2015)

Consequences of SDOMH

(Compton, Shim, 2015)



SDOMH →

- Changed behavior
- High risk behavior
- "Poor choices"
- Increased risk
- Increased morbidity/mortality
- (NOT resilience, not recovery)

Resilience

- NIH: that which allows one to thrive in the face of adversity, that helps offset factors that would increase mental health problems"
- APA: that which supports, equips, and empowers one to "bounce back from and thrive from major challenges"
- Mayo Clinic: being able to adapt to life's misfortunes and setbacks, difficult situations

Without resilience...

- Decreased capacity to deal with stress with daily living
- Lack of control (consequence can be "unhealthy coping")
- Decreased productivity
- Vulnerability to trauma
- Dwell on problems, feel victimized

What Enhances Resilience?

(SAMHSA, 2020)

- Consistent support (being given autonomy, rewarded good work)
- Available, accessible health resources
- Trust, Accountability
- Learning how to manage emotions
- Guarding against burnout
- Intact sleep, adequate nutrition, good physical health,
- Feeling safe and protected; avoiding trauma
- Self-care, being able to speak for oneself, and be heard
- Skills to deal with difficult people
- Increased communication skills
- Learning from experiences
- Reaching out, feeling connected
- Feeling hopeful

With Resilience....Recovery

- Fisher (1994): "Empowerment, hope, personhood, achievement of self-defined goals, choices, an end to discrimination, self control of symptoms, well-being, worth, freedom, healing from within."
- Imagine minimizing social determinants and maximizing resilience.....

Adding Recovery to the Equation

- DHHS (2019): "the process of change through which an individual improves health and wellness, lives a self-directed life and strives to achieve their full potential."

Recovery

- Person-centered Recovery goals:
 - Know what's needed to prevent symptoms from occurring
 - Know how to keep symptoms from disturbing the overall sense of well-being
 - Ability to get on with one's life
 - Recognizing warning signs, exacerbation signs, crisis signs, and knowing what to do about each
 - Having the confidence and responsibility to make the necessary decisions and take action

Mark Ragins

Recovery in Evolution

Symptom remission/reduction	Skills expansion
Deficit focus isolation Out of control Non-compliant	Strength-based Social skills Episodic Non-adherent
Hopeless	Hopeful
MD control	Consumer empowered
Professional support	Natural supports
Manage symptoms	Managing life
Paternalistic	Consumer centered

Recovery does not equal Remission

- Remission: "a state in which patients have experienced improvements in core signs and symptoms to the extent that any remaining symptoms are of such low intensity that they no longer interfere significantly with behavior and are below the threshold typically utilized in justifying an initial diagnosis of schizophrenia."

Andreasen et al. (2005)

Evolving Concepts of Recovery

- 2 year period with functioning in domains of reduced (not necessarily absent) symptomatology, participating in school or work, living independently and maintaining social relationships. (Shanks & Williams, 2013)
- Includes "hope, optimism, de-stigmatization, empowerment, self-acceptance, insight, awareness, collaboration with professionals, connection, sense of autonomy and self-control" (Shanks & Williams, 2013)
- Successfully cope with life's challenges, and build resilience (NIH, 2021)

Evolving Concepts of Recovery

- Opportunity for a fulfilling life that includes a job, a home, and meaningful relationships with family and friends (SAMHSA)
- Choice: shared decision making (Torrey,)
- "Recovery means regaining a purpose in life in order to return and resume control over one's lives" (Deegan, 1988)
- Able to maintain wellness and responsibility for self-care (NIMH)

What's "Broken"?

- It isn't just neurotransmitters
- The concept of self and the concept of the disease process
- Survival skills
- Social skills (ADLS, engagement)
- Cognitive crispness (illness, substances)
- Vocational skills
- Our philosophy and our systems of care and policies that create social determinants

What Complicates Recovery?

- Related to the illness:
 - Limited acceptance of illness/insight
 - Co-occurring illness (substance use)
 - Overwhelming side effects
 - Health professionals who don't embrace recovery
- Social determinants (set by public policies and social norms)
 - Stigma
 - Delayed access to adequate care
 - Uncaring/ignorant bureaucracies which put in place barriers to care
 - Insufficient social supports
 - Systems of care that sabotage resilience

We (Psychiatrists) Complicate Resilience AND Recovery

- Perpetrate social determinants
- Limited outpatient care (brief med checks) focused on symptom reduction with medication
- Response with non-adherence, co-morbidities, relapses, re-hospitalization focusing on patient-hood instead of person-hood
- Provide few linkages to other resources
- Constraints of stigma
- By these behavior we communicate our lack of hope for resilience and recovery

What Enhances Recovery?

- Continuity of care
- Enhanced, welcoming access that meets patients where they are
- Enhanced treatment: Includes multi-disciplinary team, patient-centered, strengths-based recovery-oriented service
 - Psychotherapy
 - Illness/wellness management; Coping skills
 - Low-dose medication
 - Family education
 - Supported employment and education
 - Case management
 - Assistance with social determinants (housing, employment, primary care access, education)

Solutions: Transforming Ourselves and Our Systems of Care

- Believe in your patient's potential for recovery; transmit hope, and approach care from a person-centered, strengths-based, shared-decision making orientation
- Support resilience and recovery by offering welcoming services that respond more fully to both clinical and social determinants needs
- Adopt public health considerations; advocate for changing social norms (racism), resource and opportunity distribution, and public policies that impact on social determinants

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