



# Diversity & Health Equity at APA

Fall 2023 Update

#AchieveMentalHealthEquity





## Chief Corner

In this quarterly issue of our Diversity and Health Equity Newsletter, we bring you exciting updates, and engaging story pieces about you, our members. In our Mental Health Equity Champion spotlight Dr. Junji Takeshita, Clinical Professor of Psychiatry at the John A. Burns School of Medicine in Hawaii, shares many personal insights, from how he had the opportunity to start a geriatric psychiatry fellowship, to his thoughts on intergenerational approaches that can be used to improve the mental health and well-being of both older adults and their families.

We are also introducing a new section to the newsletter: Advocacy in Action, and we'll provide a recap of APA's activities honoring Bebe Moore Campbell's legacy during the month of July, including roundtable discussions, one of which featured the California Surgeon General, Dr. Diana Ramos.

In addition, earlier this year we launched our four-part webinar series on maternal mental health. This fall we are aligned our Looking Beyond Webinar Series with APA's President, Dr. Petrous Levounis platform, "Voices for Change," which will focus on substance use and addictions in minoritized and marginalized communities.

This issue also highlights APA's new Director of Social Determinants of Mental Health, the Mental Health Services Conference, the SAMHSA fellowship program and celebrated Hispanic Heritage Month with Dr. Ruby Castilla-Puente's insight into music and culture.

In closing, I'd like to share a quote from Dolores Clara Fernandez Huerta that simply states: *We must use our lives to make the world a better place to live, not just to acquire things. That is what we are put on the earth for.*

**Regina James, M.D.**

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

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# Mental Health Equity Champion Spotlight: Junji Takeshita, M.D.

By Fátima Reynolds, MPH.

*Dr. Junji Takeshita is a Clinical Professor of Psychiatry at the John A. Burns School of Medicine, University of Hawaii. He is the Director of Medical Education and Patient Care Services for Consultation/Liaison Psychiatry. Dr. Takeshita graduated from Temple University School of Medicine, completed his residency in psychiatry at Yale and is board certified in General and Geriatric Psychiatry. He is the President of the American Association for Emergency Psychiatry. He is a member of the Asian-American Caucus of the American Psychiatric Association and has presented nationally regarding cultural issues in psychiatry.*

## **Can you share a bit about your trajectory as a psychiatrist and about the role of geriatric and emergency psychiatry in your work?**

I became interested in the medical aspects of psychiatry through a consultation/liaison (CL) elective as a medical student. Both CL and geriatrics deal with a medically ill population, and I got grandfathered in without needing to do a fellowship. It was serendipity. During the first several years as an attending, I had the opportunity to start a geriatric psychiatry fellowship along with Dr. Iqbal Ahmed. Later, I ran the psychiatric emergency room and became involved with the American Association for Emergency Psychiatry where I am the current president.

## **How has your Asian-American heritage influenced your approach to patient care?**

I think being Asian-American and growing up on the East Coast in an area with little diversity has resulted in greater awareness of race,

culture and ethnicity affecting the presentation of mental illness. I joined the APA's Asian American Caucus, which has been a wonderful experience. It is a group of people interested in cultural issues, with many that have similar experiences to mine in terms of witnessing a demographic shift towards diversity.

APA members and psychiatrists in general are much more aware and attuned to these cultural and diversity issues already. The hard part is to treat the patient as an individual and not stereotype. I think it is important to acknowledge personal limitations about culture, remain humble, curious and ask for help. In some instances, cultural assumptions may be quite wrong and attribute pathological symptoms to culture rather than psychiatric illness. During my residency, I treated a Haitian woman who hallucinated and had delusions about voodoo which were due to schizophrenia rather than what other clinicians thought was rooted in her cultural background.

**Cultural competence is crucial in providing effective mental health care. What strategies do you employ to train your staff and students in their interactions with patients from different ethnic backgrounds?**

Awareness of cultural issues and implementation of evidence-based medicine are complementary and just a part of good patient care. A competent practitioner knows that culture is one of many variables that affect the presentation of illness. Our medical school and residency focused on culture, with an emphasis on Asian Pacific Islanders. Our department was involved in a book entitled People and Cultures of Hawaii which looked at the various groups in Hawaii. I was a co-author on the chapter involving Japanese in Hawaii. Currently our department faculty and staff are going to Maui to assist in mental health care. Local knowledge of cultural and generational issues has been helpful in working with disaster agencies.

**How do you perceive the unique challenges and opportunities in geriatric psychiatry compared to other fields of psychiatry?**

The patients are older and have medical issues, so you must be aware of comorbidities. It happens that patients receive inappropriate medications that cause psychiatric problems. There is an overlap of the medical presentations of disorders like delirium, dementia, and depression in older populations. Treatment can be based on what information you receive from the patient, which could lead to incorrect treatment plans. Culture and diversity issues factor in as English proficiency may be limited. This could lead to inaccurate medical histories. We often ask families for medical histories, as they can provide a rich background of information, in the presence of a language or cognitive barrier.

The biggest challenge in geriatric psychiatry, however, has been recruitment. As an example, although we have had a fellowship program for over twenty-five years, since 2015 we have not had a trainee. We are not alone with this problem and nationally, many positions in geriatric psychiatry remain unfilled. The opportunity is that the population of elderly has increased significantly while the number of psychiatrists with added qualifications in geriatric psychiatry has decreased. While there is significant demand for geriatric mental health care, Medicare limits reimbursement. Graduates of psychiatry programs are facing high medical student debt – choosing a geriatric psychiatry fellowship over working as a general psychiatrist may be a difficult option.

**How can technology and telemedicine be effectively integrated into geriatric mental health care without compromising the quality of care for older adults?**

Telemedicine is here to stay, and many studies have shown comparable care with all populations including the elderly. Families are often needed to assist although many elderly people are quite facile with technology. I provided telemedicine during the COVID pandemic for nursing homes. Despite the data, some administrators remain skeptical and believe that traditional face-to-face care is the only way to see patients.

**Are there any intergenerational approaches you find promising for improving the mental health and well-being of both older adults and their families?**

Family meetings are crucial to bridge the gap of expectations particularly in terms of caregiving for dementia. Historically, the elderly did not have a long ageing period and had large extended families

living nearby to assist with care. This is no longer the case with families now scattered across the country.

**Could you share some of the most rewarding experiences you've had while working in geriatric psychiatry?**

The ethnic elderly have had varied life experiences and can provide a personal view of major world events such as WWII. I have had patients who experienced near death wartime experiences and others from Micronesia who spoke fluent Japanese due to the Japanese occupation of their home country.

**What advice would you give to young psychiatrists aspiring to specialize in geriatric psychiatry, with an emphasis on cultural competence and equity?**

I hope that there will be more of you in the future since there are so few geriatric psychiatrists, let alone individuals with interest and expertise in cultural issues. The need is tremendous, we can't fill programs locally or nationally, a lot of it has to do with finances and stigma. It goes back to finance, if you are a lower income individual, who is an ethnic minority, you will have even larger loans, and will be less likely to spend an additional year in specialized training. I wrote a paper exploring the reasons trainees pursued geriatric specialties and found that family, culture and the values of the training program played a role. ([A Survey of Geriatric Psychiatry Fellows and Program Directors: Specialty Choice, Program Choice, and Program Quality - PubMed \(nih.gov\)](#))

**The CDC released a report this year on emergency department visits related to mental health disorders, finding that mental health related emergency department visits comprised 12.3% of all ED visits. It also found that Black adults had the highest rates of mental health-related emergency department (ED) visits and the longest wait times and were less likely to be admitted or transferred to another hospital than Hispanic or White adults. Can you please share your thoughts on this, and its implications for psychiatry?**

Cultural and racial inequities in the emergency setting unfortunately have not changed. I suspect much of the problem lies with implicit bias. It is important for practitioners to be aware of their own bias and to take the implicit bias test. The psychiatric emergency setting is particularly prone to implicit bias given the fast pace and need to make quick decisions. It is also difficult to determine how much of the problem is influenced by other psychosocial issues such as homelessness, poverty and social support.

The emergency room is a unique setting in medicine with involvement of law enforcement in bringing in patients. There has been considerable data showing African Americans receiving more first-generation antipsychotics, less clozapine, and less electroconvulsive treatment. African Americans are more likely to be brought in by law enforcement. Dementia is underdiagnosed among African Americans in contrast to schizophrenia which is over diagnosed. It remains unclear how much of these differences reflect racism and bias, differences in help seeking behavior versus other factors such as poverty and generational trauma. But unfortunately, there has been little change in racial disparities through the past several decades.

**What are you passionate about at the moment?**

There is a major trend in emergency psychiatry: the living room model. Historically patients received care in standard-looking emergency rooms. These rooms were not very friendly, with the living room model, the setting is more humane. There are chairs and seats much like a living room. Patients receive care and medications, and those that are intoxicated, and psychotic can be discharged quickly using this model. The architecture really comes to bear on the quality of emergency psychiatric care.

**What are you most proud of in your career?**

I am most proud of the fact that I have been involved in medical student and resident training, we are the only resident program here in Hawaii and I have been involved in training the majority of psychiatrists in the state.





# Elevating Bebe Moore Campbell's Legacy in 2023

By Veronica Handunge, M.P.H.

In July, APA embarked on its annual effort to honor the late renowned author and mental health advocate, Bebe Moore Campbell. Established by Congress in 2008, Bebe Moore Campbell National Minority Mental Health Awareness Month is a call to action and reminder of the mental health inequities affecting communities, and in particular, young people of color.

This year's APA MOORE Equity in Mental Health Initiative included an inaugural Youth Mental Health Summit, second Annual Community Mental Health Fair, 3rd Annual 5K Run, Walk, and Roll Fundraiser to support non-profits focused on enhancing mental health for youth of color, and two mental health roundtable conversations. This initiative led by APA's Division of Diversity and Health Equity, came to fruition via key partnerships, including this year's Grand Marshal, Jay Barnett - a former professional football player turned marriage & family therapist and author, who specializes in connecting with Black communities to normalize conversations around mental health.



*Jay Barnett, 2023 MEMHI Grand Marshal*

## Kick Off with A Roundtable Conversation on Maternal Mental Health



Featuring Diana Ramos, M.D., California's surgeon general, and Dionne Hart, M.D., APA member psychiatrist, APA kicked off the MEMHI with a session focused on the impact of severe maternal morbidity and mortality on families of color. In California, Dr. Ramos has made mental health



and health disparities a top priority. During the roundtable discussion, she called for tailored solutions and community-driven interventions to bridge these glaring gaps. “It is critically important to listen to community voices... you cannot have a one-size-fits-all solution,” said Dr. Ramos.

[Learn more about the Roundtable.](#)

## Partnering with Maryland’s Largest HBCU for APA’s MOORE Equity in Mental Health Community Fair



On July 8, APA held its second annual MOORE Equity in Mental Health Community Fair. This year was in partnership with Morgan State University (MSU)’s Center for Urban Health Equity in the School of Community Health. The fair provided community residents with mental health information and resources and connected them to mental health services and organizations.



Approximately 40 mental health and social services organizations attended. The event began with opening remarks from APA Deputy

Medical Director and Chief of Diversity and Health Equity, Regina James, M.D., Baltimore City District 46 Delegate Robbyn T. Lewis, and MEMHI Grand Marshal, Jay Barnett who emphasized the importance of community mental health work and ensuring mental health parity because “mental health is life in motion.”

[Read more about the community fair.](#)

## Collaborating with DC’s Youth Leadership Institute for Inaugural Youth Mental Health Summit



In response to the U.S. Surgeon General’s advisory on the youth mental health crisis in the U.S., APA held the inaugural APA Moore Equity in Mental Health Youth Summit on July 12. Through this one-day summit, APA collaborated with the Marion Barry Youth Leadership Institute to design a youth-centered mental health event focused on cultivating mental wellness among 150 young people of color in Washington, D.C.

Students heard from Jay Barnett, Grand Marshall for the initiative, who described his own experiences struggling with mental health as a Black man and former athlete. They also participated in a peer-led workshop presented by the Arthur Ashe Institute for Urban Health on mental health and psychosocial support. In the final session of the day, attendees had the opportunity to learn more about creative mental health coping skills from three youth authors of the collaborative novel,

“What It Cost Us: Stories of Pandemic & Protest in D.C.,” who used creative writing to process the challenging and life-changing events of 2020.

Future leaders from the SAMHSA Minority Fellowship Program also participated on a panel led by Dr. Vishal Madaan, M.D., APA Chief, Division of Education and Deputy Medical Director, sharing their insight about the importance of maintaining mental wellness and to seek help if they are struggling with their mental health.



APA. SAMHSA Fellows Panel speaking to youth leaders

[Read more about the Youth Summit.](#)

## Shining a Light on Teen Suicide and Mental Wellness: A Roundtable Discussion

This critical conversation featured MEMHI Grand Marshal Jay Barnett and APA Deputy Medical Director, Chief of Diversity & Health Equity, Regina James, M.D. It was moderated by Candice Adkins Wilson, news producer at Howard University Radio Network. The session aimed to illuminate strategies and resources for supporting young individuals of color in their mental health journeys. Barnett highlighted these important discussions around mental wellness can be started through simple conversations about how a youth’s day went. It only takes a small comment to spark a much-needed dialogue.



*(From left to right: Jay Barnett, MEMHI Grand Marshal, Candice Adkins-Wilson, News Producer WHUR 96.3 FM HD1 Howard University Radio, Regina James, M.D., Chief Diversity & Health Equity and Deputy Medical Director, APA)*

[Watch the recording of this roundtable.](#)

## Wrapping Up with the 3rd Annual APA MOORE Equity in Mental Health 5K Run, Walk and Roll

More than 100 people gathered at Wheaton Regional Park in Maryland and almost 500 joined across the nation and globe to participate in the 3rd Annual APA MOORE Equity in Mental Health 5K Run, Walk, and Roll. The 5K event marked a fitting finale to the MEMHI, raising awareness and over \$81,000 in funds from 670 donors for the APA Foundation MOORE Equity in Mental Health Community Grants Program.

All seven of APA’s Minority and Underrepresented Caucuses and multiple District Branches had 5K teams, and overall, a total of 44 teams from 31 states and 6 countries participated. Proceeds from the annual 5K go to non-profits, each receiving up to \$10,000 over two years to support efforts focused on improving the mental health of youth of color.

[Click here to learn more. and see additional photos from the event here.](#)

For more information on the APA MOORE Equity in Mental Health Initiative

Read [Part 1](#) and [Part 2](#) of our full blog post.



# Summer Premiere of the APA Looking Beyond Maternal Mental Health Series

By Madonna Delfish, M.P.H.

According to recently released data from the Centers for Disease Control and Prevention, perinatal psychiatric disorders are the leading cause of pregnancy deaths in the United States. In a statement, the CDC urged policymakers and health providers to prioritize perinatal mental health.

**Birthing people of color persistently experience higher rates of perinatal mood disorders and encounter more systemic and social barriers to accessing maternal mental health services compared to White birthing people.**

However, despite the higher burden of mental health symptoms among this population, birthing people of color are more likely to be underdiagnosed and are less likely to have access to equitable and culturally congruent mental healthcare.

To help address this issue, APA's Division of Diversity and Health Equity designed and piloted

a summer webinar series as part of APA's Mental Health Equity Looking Beyond Webinar Series. This mini-series focused on maternal mental health and provided a unique learning opportunity for psychiatrists, frontline maternal health providers, and maternal mental health clinicians to help address some of the gaps in information and training. The mini-series focused the information and training through a mental health equity lens that works in tandem with the ongoing efforts to address the overall maternal health crisis in the United States.

This short series received overwhelmingly positive feedback from attendees, with many noting the timeliness and importance of the topics covered across the series.

**"This was one of the best Looking Beyond Seminars... love the focus on bringing the partners and family into planning during the pregnancy."**

View on-demand recordings and learn more at [psychiatry.org/lookingbeyond](https://psychiatry.org/lookingbeyond).

## This four-part webinar series included the following topics:

### *"A Conversation on the Current Maternal Mental Health Screening Tools: Are They Culturally Appropriate?"*

In this webinar, the panelists discussed how culture impacts patients' perceptions of maternal mental health, help-seeking behaviors, and retention of care. They further explored the cultural applicability of the available validated instruments for screening for perinatal mood and anxiety disorders (PMADs).

## Speakers



**Leena P. Mittal**  
M.D., FACLP



**Jabina Coleman**  
L.S.W., M.S.W., IBCLC



**Sara Kornfield**  
Ph.D.

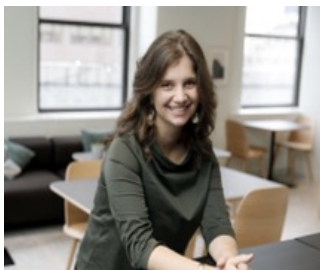


**Alexis Wesley**  
M.D.

### *"Birthing People of Color Who May Be Reluctant to Start Psycho-pharmacological Treatment: How to Navigate This Challenge."*

In this session, the presenters reviewed some of the common mental health challenges in the perinatal period. They discussed the creative ways providers can discuss the risks associated with pharmacological treatment interventions with their diverse patient populations and explored culturally appropriate strategies to help providers educate patients on available treatment options.

## Speakers



**Dr. Lucy Hutner M.D**



**Linda Ojo M.D., M.P.H**



**Polina Teslyar, M.D.**

### ***Addressing Gaps in Comprehensive Treatment for Birthing People of Color with Comorbid SUD: Implementing a Targeted Approach***

In the third webinar of the series, our esteemed panelists addressed disparities in mental health and substance use treatment utilization among pregnant Hispanic and African American birthing individuals. They also highlighted the systematic barriers to accessing treatment among this population. Attendees received information on targeted approaches to provide culturally appropriate screening and treatment to reduce the care disparity and access to treatment among minoritized pregnant individuals with co-occurring substance use disorders. Panelists also reviewed evidence-based harm reduction strategies and best practices for treating pregnant and nursing parents.

#### **Speakers**



**Caridad Ponce-Martinez,  
M.D.**



**Dennis G. Antoine II, M.D.**



**Layne Gritti, D.O.**

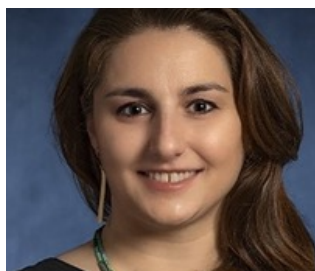
### ***Postpartum Psychosis: Are Birthing People of Color Falling Through the Treatment Gap?***

In the final installment of this series, our panelists included a postpartum psychosis survivor who bravely relayed her experience and journey to recovery and two reproductive psychiatrists who highlighted the early signs and symptoms of postpartum psychosis. They discussed the factors that place birthing people of color at risk for delayed diagnosis and treatment of postpartum psychosis. They also explored culturally congruent strategies providers can employ to support minoritized birthing persons who have experienced postpartum psychosis.

#### **Speakers**



**Jennifer Okwerekwu, M.D.,  
M.S.**



**Lindsay R. Standeven, M.D.**



**Ayana Lage**



## VOICES FOR CHANGE SERIES

### Substance Use and Addiction in Minoritized/ Marginalized Communities

By Fátima Reynolds, M.P.H. &  
Garsy Presumey-Leblanc, M.S.

Petros Levounis, M.D., M.A., the newly elected President of the American Psychiatric Association has prioritized substance use disorders and addictive behaviors. His goal is to bring together diverse constituencies to offer education, treatment, and support to patients, families, and practitioners. As well as to extend the APA's reach to teachers, faith leaders and politicians.

Emphasizing the importance of addiction psychiatry, Dr. Levounis said to APA, "For too long, we have tended to separate addiction and mental illness – as if they were not related."

To align with Dr. Levounis' presidential addiction initiatives, DDHE is proud to announce the APA Looking Beyond Webinar Series – *Voices for Change: Substance Use and Addiction in Minoritized/Marginalized Communities*. An educational tool for psychiatrists, mental health practitioners and social service providers alike, this comprehensive series aims to shed light on the unique challenges faced by key populations bearing the burden of substance use disorders and mental illnesses.

APA Looking Beyond will be held virtually in September, December, February, and April. This series features distinguished multidisciplinary experts and thought leaders at the forefront of research and practice in the fields of addiction and clinical practices. Join us to ask questions,

exchange ideas, and foster a collaborative environment to catalyze change.

“Recognizing that individuals from diverse backgrounds have compounded vulnerabilities and encounter barriers in accessing care and achieving positive mental health outcomes, this series represents a crucial step towards empowering psychiatrists with the knowledge and skills needed to provide equitable care for all individuals,” said Dr. Regina S. James, Chief of the Division of Diversity and Health Equity and Deputy Medical Director at APA.

The topics covered in the series are listed below and will each offer 1 CME credit for participation. Each topic will produce an accompanying podcast under the title - APA Looking Beyond Unplugged, which expands on each webinar topic with more in-depth and candid discussions.

Register at [psychiatry.org/lookingbeyond](https://psychiatry.org/lookingbeyond)

- » The Intersection of Race, Ethnicity and Sexual Orientation Status on the Prevalence of Vaping Among Minoritized Youth
- » The Unequal Impact of the Opioid Epidemic in the African American Community: Insights for Psychiatrists
- » Addressing Substance Use Disorder in the Hispanic Community Unpacking Sociocultural Risk and Resilience
- » Navigating the Virtual Crisis: Enhancing Awareness of Technology Addiction and its Impact on Suicidality in youth of Color

As mentioned above, DDHE is seeking to align with Dr. Levounis’ presidential addiction initiatives. To begin this alignment, DDHE staff drafted a lengthy literature review focusing on each of Dr.

Levounis’ addiction priorities and their impact on mental health. The data discovered was incredibly rich and enlightening and demonstrated that further research and action is needed.

This review found that Latinx and American Indian/Alaska Native (AIAN) populations experience alcohol use disorder (AUD) at the second and third highest rates behind white males and females. In fact, the AIAN population has the greatest heavy drinking rate at 12.1% with whites following second at 8.3% (Caron Staff 2023).

**“Recognizing that individuals from diverse backgrounds have compounded vulnerabilities and encounter barriers in accessing care and achieving positive mental health outcomes, this series represents a crucial step towards empowering psychiatrists with the knowledge and skills needed to provide equitable care for all individuals,”**

Black and Latinx Americans accounted for about 17% and 12% of opioid use disorder (OUD) cases and they are not the only vulnerable population. OUD disproportionately affects U.S. military veterans, many of whom suffer from chronic pain as a result of their service. Veterans are two times as likely as the general population to die from an opioid overdose, according to a study commissioned by the National Institute of Health (NIH) (Klobucista & Martinez 2023).

While non-Hispanic whites were more likely to report frequent use of both general and

flavored e-cigarettes, youth (middle and high school) are being disproportionately affected as a demographic (Truth Initiative 2021).

It would also seem that youth are adversely affected by the various technological addictions. 61% of internet users are addicted and addiction is common among all age groups with the highest prevalence of 73% being among those aged 13 to 17 (Baruffati 2023).

APA hosts multiple resources on addiction, from YouTube videos to articles and position statements, dating as far back as 2009 with their Position Statement on Tobacco Dependence, but more work is needed.

The four addiction priorities may contribute to numerous mental illnesses, such as major depressive disorder, post-traumatic stress disorder, generalized anxiety, schizophrenia, suicidal ideation, etc. What is more evident is that further research and investigation needs to be done on the ways in which marginalized populations are adversely impacted and how to care for them.

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## Advocacy in Action

By Fátima Reynolds, M.P.H.

For this quarter we start with a Q&A with APA's Chief of the Division of Governance Relations (DGR), Craig Obey, and we applaud all the hard work DGR does in partnership with our members.



*Craig Obey, Chief of Government Relations, APA*

We are pleased to introduce a new section of the newsletter titled “Advocacy in Action” in support of the APA Board-Approved Recommendations on Strategic Planning that included “working to end disparities in mental health care” and “advocating for health equity and policies for undoing racism and discrimination within local, state, and federal government, and health professional organizations.”

According to Professor Daniel Dawes, author of *The Political Determinants of Health*, “for every single social determinant of health in this country whether it is health care, transportation, education, housing, and people’s ability to access these opportunities there was a preceding legislative, legal, regulatory, or ordinance at the local level or other policy that basically resulted in these

structural conditions that we find ourselves in.” Through this new section our goal is to bring to the forefront mental health equity legislation that you, our members, tirelessly advocate for, to end disparities and attain mental health equity for all.

### **Advocacy in Action will highlight mental health equity legislation that our APA members should champion. Why is it important to focus on equity within mental health?**

Promoting equity within mental health is a core component of APA’s mission and values and central to our advocacy efforts at both the state and federal level. Minority and underrepresented populations often suffer from poor mental health outcomes due to multiple factors, including limited access to high-quality mental health care services, cultural stigma surrounding mental health care, discrimination, and overall lack of awareness about mental health.

While legislation alone will not be sufficient to mitigate the root causes of health inequity, including systemic racism, better policies can undoubtedly help. Promoting fair pay, quality education, transportation, nutrition, affordable housing, along with access to affordable, quality care, will ultimately lead to better health outcomes. Every day, our DGR team is working with our members to promote and advance policy aimed at those ends and to help ensure the profession is diverse and inclusive of a wide range of voices and viewpoints.

### **What opportunities and challenges do you foresee for mental health equity in the next Congressional session?**

The approaching presidential election year and polarized political environment will certainly impact the prospects for many legislative initiatives, including those focused on mental health equity. We are fighting potential cuts to important

programs for underserved communities that we are working with congressional champions to reauthorize through the Pursuing Equity in Mental Health. We seeing some success with legislation focused on maternal mortality. In fact, APA recently led a briefing on Capitol Hill with Representatives Lauren Underwood and Robin Kelly entitled Maternal Mortality and the Mental Health Crisis. It focused on several legislative initiatives to confront the crisis. One of those bills, the bipartisan Preventing Maternal Deaths Reauthorization Act, has now passed committee to reauthorize Federal support for states to implement best practices in preventing maternal mortality and addressing health disparities.

**You have served over five years as Chief of Government Relations. If you had to only highlight one of your team’s accomplishments toward advancing the profession of psychiatry and promoting the highest quality of care for patients and their families, what would you highlight and why?**

That’s a tough question, but probably enactment of the Mental Health Parity Compliance Act, which APA drafted with our champions in Congress. That bipartisan federal legislation was the first major amendment to the Mental Health Parity and Addiction Equity Act of 2008 and was based on state-level legislation we also drafted and have now enacted in many states. It jump started a more aggressive effort nationwide to ramp up enforcement to hold insurance plans accountable to the law and stop insurance discrimination against those with mental health and substance use disorders. And it was really the model for much of what we have done since—other APA initiatives like enacting legislation to fund grants to states for parity enforcement and for implementation of the Collaborative Care Model.

To learn more about how you can help visit [psychiatry.org/advocacy](https://psychiatry.org/advocacy) and consider signing up today for APA’s Political Action Committee, Congressional Advocacy Network, and APA Advocacy Alerts. Advocacy can only work if APA members such as yourselves are involved.





APA Annual Meeting Medical Student Luncheon: Summer Medical Student Program 2023 Cohort

## Supporting the Future of Psychiatry: SAMHSA Future Leaders in Psychiatry Program and Summer Medical Student Program Spotlight

By Jordan Brown

How does APA support U.S. undergraduate student interest in psychiatry? The Future Leaders in Psychiatry Program (FLIPP) is a SAMHSA-funded initiative led by APA's Diversity and Health Equity Department.

FLIPP aims to increase the number of underrepresented minority (URM) medical school applicants interested in psychiatry, create a more equitable psychiatric workforce, and prepare future leaders to successfully enter the field of psychiatry. The 2022-2023 program cohort included 13 participants who were awarded:

- A 12-month Kaplan MCAT preparatory course, an Association of Medical Colleges Medical School Admissions Requirement subscription to research medical schools.

- A medical student mentor and a practicing physician mentor from one of APA's seven Minority and Underrepresented (M/UR) Caucuses.
- Six live, monthly career development sessions with professionals like Dr. Lee Jones, Dean of Georgetown University's School of Medicine, or Dr. Amy Braun, an experiential learning specialist from Johns Hopkins University.
- Travel and lodging expenses to attend APA's Annual Meeting.

## Continuous Improvement

Our FLIPP team is constantly looking to decrease barriers to access to our program and increase the quality of participant's program experience. Looking ahead to the 2023 - 2024 cohort year, we are preparing several program improvements. Our most notable improvements for the upcoming year include increasing the program from 13 participants to 30 and increasing the monthly career development sessions from six to 12. The content of these monthly sessions will also be expanded beyond career development topics by including

introductory sessions on various psychiatry subspecialties. The program team is also looking to improve participant communication methods and provide options for later session times to ensure we are meeting program participant needs.

## Summer Medical Student Program

APA's Summer Medical Student Program (SMSP) provides U.S. medical students who are interested in serving underserved communities the experiential learning, training, and professional development they need to be leaders in the field of psychiatry. Each January, we award 50 program participants from a variety of medical schools. This year, our participants came from 22 U.S. states or territories and 44 medical school programs. Program participants are awarded:

- Travel and lodging expenses to attend APA's Annual Meeting.
- A \$500 textbook certificate to APA Publishing.
- Eight program sessions with accomplished psychiatrists on different psychiatry subspecialties during the summer.
- Access to the online APA Learning Center, featuring learning modules focused on increasing cultural competency.

For more information on either program or to become a mentor for the FLIPP program, please reach out the Project Coordinator, Jordan Brown, at [Jbrown@psych.org](mailto:Jbrown@psych.org).



## 2023 Mental Health Services Conference: Diversity & Health Equity Focused Sessions

By Veronica Handunge, M.P.H..

Kara Dixon, APA's new Director of the Office of Scientific Programs, gave us an exclusive look at the 2023 Mental Health Services Conference, hosted October 12-14 in Washington, D.C.

### **For members who've never attended - what is the Mental Health Services Conference?**

The Mental Health Services Conference is a multidisciplinary event bringing together a wide audience of mental health service providers to the nation's capital, from all over the country. Presenters include psychiatrists, psychologists, social workers, nurses, judges and law enforcement, and patients themselves, all in one dynamic setting.

### **What is the significance of this conference?**

I think it's important to bring together a diverse array of mental health professionals and those engaged in this field more broadly to collaborate on practical advice and influence systems-level change for their patients. I don't want people to view it as a "mini Annual Meeting." It's more community-based; it reaches more topics in the community-based psychiatry field which is integral to health equity. It also provides a unique networking opportunity, a chance to build genuine connections, highlight

collaborative efforts, and highlight tangible change in the mental health landscape.

### **What did this year's conference offer related to Diversity & Health Equity?**

For attendees with a keen interest in diversity and health equity, the conference will tackle pressing issues such as the Black youth mental health crisis and the impact of psychiatry in segregated institutions on today's practice. Other topics included informed consent models in gender affirming care and strategies for partnering with faith-based leaders to increase access to mental healthcare.

### **Anything else members should know?**

The 2023 Mental Health Services Conference had some new features. This year, there were several poster sessions. There was also a new session type called the Ignite Sessions, designed for maximum impact in 60-minutes to drive practice change. On Thursday, there was a poster competition for medical students. And on the final day, attendees had the opportunity to attend the leadership track

the next page for Diversity & Health Equity focused sessions and posters

## Diversity & Health Equity Focused Sessions

Session Title	Description
<b><i>Applying Informed Consent Models to Gender Affirming Care</i></b>	Presenters provided an overview of the informed consent model and its application when working with trans and gender diverse people.
<b><i>It's a Matter of Faith: How to Build Bridges to Care Between Faith Communities and Mental Health Providers</i></b>	This session outlined the need to form partnerships between faith leaders and mental health providers, and how by working together, we can build better bridges to care for both congregations and faith leaders.
<b><i>The Crisis within the Black Youth Mental Health Crisis: A Multi-faceted Problem Requiring a Multi-Pronged Solution</i></b>	This interactive presentation provided an overview of research reflecting existing mental health inequities impacting Black youth, explored the mental health implications of marginalization and discussed effective advocacy strategies for engaging with entities outside of traditional medical practice to meet the growing and unmet needs of youth.
<b><i>The Asylum in the Archive: An Interactive Exploration of Race and Psychiatry in the Turn of the Century South</i></b>	This session examined the clinical records created between 1856 and 1923 by social workers, psychiatrists, and asylum superintendents at two segregated institutions in connect the formation of psychiatry in the nineteenth and early twentieth centuries with the work of clinicians today.
<b><i>Broaching Racial, Ethnic, and Cultural Differences in Supportive Psychotherapy</i></b>	This workshop focused on the importance of broaching skills in psychotherapy, providing training on how to broach issues of race, gender identity, and culture in the context of supportive psychotherapy.
<b><i>Frequent ED Utilization: A Whole City Approach to Addressing Social Vulnerability in the 911 System</i></b>	City Attorneys from the City of San Diego presented alongside the San Diego Fire-Rescue Department Behavioral Health Officer to describe their collaboration with Fire, EMS, and Law Enforcement to ensure better outcomes and accountability for vulnerable people.
<b><i>Equitable and Inclusive Early Psychosis Services: Considering Ethnoracial Marginalized Identities and Culture</i></b>	The goal of this session was to provide insights from panelists' experiences as clinicians and researchers to inform how EPS can be accessible, useful, attractive, and meaningful for marginalized groups.

## Diversity & Health Equity Focused Posters

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**Session Titles:**

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***Its a Start: An Online, on-Demand LGBTQ+ Mental Health Training Is a Beneficial Primer for Providers Nationwide***

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***Suicide Risk in the Assigned Female at Birth Transgender Men Population: A Retrospective Analysis of Patients in an LGBTQ+ Mental Health Clinic***

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***Disparities in Mental Health Service Utilization Among Filipinx Americans in Inland Southern California and Recommended Interventions***

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***Suicidality and Trends in Native American/Alaskan Native and Multiple Race Youths and Comparison With Non-Hispanic White***

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***Racial/Ethnic Differences in Physical Restraint and Parenteral Medication Use Among Patients Presenting to the Emergency Department for Psychosis***

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***Addressing Racial Disparities in Recruitment and Retention of Black Psychiatric Residents: Insights From a Roundtable Discussion and Action Plan***

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***Designing a Culturally Sensitive Trauma Informed Care Certification for South Texas From a Community Model Approach***

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## Advancing Social Determinants of Mental Health



*Jordan White, Dr.PH., M.S., Director, Social Determinants of Mental Health at the American Psychiatric Association.*

As the inaugural Director of Social Determinants of Mental Health (SDoMH), I am looking forward to working with APA members to advance these efforts. There is an urgent need to address the complex mental health and behavioral health challenges facing the U.S. and other nations. This is demonstrated by the myriad of increasing rates of negative mental health outcomes across populations globally. APA has a strong commitment to supporting legislation, policies and educational initiatives that promote mental health equity. Social determinants of health approaches require health equity in all policies and must be adapted to specific national or local contexts to achieve significant impact. The evidence base on social determinants suggests that policy makers from multiple sectors, cross-disciplinary research

teams and longitudinal studies (e.g., registry-linked, large cohort or panel) are imperative for expanding our knowledge of mental health inequalities and mental health inequities.

Strategies for action on SDoMH must acknowledge the role of life course perspectives and the need for multisector engagement to promote mental health equity. There are numerous determinants that are risks to mental health across settings. Ultimately, social determinants approaches seek to promote and create the conditions for people to have control over their lives. Advancing SDoMH provides an opportunity to reimagine mental health promotion, prevention, treatment and maintenance. Through this work future generations may live healthier lives.





## Culture Corner:

# Hispanic Heritage Month, Music and Music Therapy

By Ruby C. Castilla-Puentes, M.D.

During Hispanic Heritage Month (September 15 - October 15), we celebrate the histories, cultures and contributions of American citizens whose ancestors came from the Caribbean, Spain, Mexico, and Central and South America. Music is central to culture and community and has well-documented therapeutic potential. I am not an expert in music therapy, so my perspective is quite narrow. However, I will be sharing background, my own experience, and resources to hopefully spark some ideas for you to incorporate music from this rich and diverse cultural collective.

Music therapy has been used to support the treatment of a variety of illnesses and conditions such as trauma, addiction, Alzheimer's, brain injuries, physical rehabilitation, emotional support, and chronic pain (AMTA 2016). One example of music therapy can be seen in Batt-Rawden and DeNora's (2005) Music and Health Promotion Project, which explored the links between musicking, well-being, and health.

In my experience working with psychiatric patients in acute units, we investigated the effects of group music therapy on the adherence to psychotropic regimens in patients with Schizophrenia, Psychosis NOS, Bipolar and Schizoaffective Disorder. Data from 85 adults confirmed the benefits of 8 sessions of group music therapy in those patients. The full report was published in the Acta Psiquiátrica y Psicológica de América Latina. mar2019, Vol. 65 Issue 1, p54-64. 11p.

The following are songs we incorporated into our sessions:

**NOTE:** A characteristic of Spanish music is that a lot of young people still listen to the classics, connecting generations or ages.



**Egoismo** (Julio Miranda)

**La Gota Fria** (Emiliano Zuleta)

**Ay si, si** (Alfredo Rolando Ortiz)

**Pueblito Viejo** (Jose A Morales)

**El breve espacio en que no estás** (Pablo Milanés)

**Alfonsina y el mar** (Mercedes Sosa)

**Cancion Para Un Amigo** | Palito Ortega)

**Un Millon de Amigos** (Roberto Carlos)

**Zamba de mi Esperanza** (Luis Profili)

**Mama Vieja** (los Visconti)

**El Camino de la Vida** (Héctor Ochoa)

**Eres tu, El vendedor** (Mocedades).

**Chiquitita** (Abba)

**Try Everything** (Shakira)!

**Let's Get Loud** ( Jennifer Lopez:)

**Cup of Life** (Ricky Martin)

## Latin American Music Categories

Latin American music is often a great mix of cultures but if needed to be narrowed down, most popular music in Latin America is heavily influenced from our Spanish, African and Indigenous origins. The following are popular or significant genres of music.

**Bachata:** a form of music assigned a specific dance. Originated in the Dominican Republic in the first half of the 20th century.

**Bambuco:** is a traditional music genre from Colombia. Its metric structure is similar to the European waltz or polska. Typically a bambuco piece is accompanied by a stylized group dance in either a or meter.

**Champeta:** also known as terapia, is a musical genre and dance that originated in the Caribbean coast of Colombia in the early 1980s. It developed from an earlier style termed chalusonga, which originated in Palenque de San Basilio in the mid-1970s. Chalusonga was a combination of Colombian chalupa and Afro-Cuban percussive music. When their music reached Cartagena de Indias, it evolved into champeta, which became a movement and identity among Afro-Colombians. It shows influences from African colonial settlements and from contemporary African culture, particularly from the Democratic Republic of the Congo.

**Cumbia:** a type of Latin American dance music of Colombian origin, using guitars, accordions, bass guitar, and percussion. It has elements of three different cultures, American Indigenous, African, and Spanish, being the result of the long and intense meeting of these cultures during the Conquest and the Colony. The Colombian cumbia is the origin of all the other variations (e.g. from Mexico, Argentina, Peru), including the tradition

of dancing it with candles in the dancers' hands.

**Currulao:** Pacific coast Afro-Colombian music and folk dance performed by a marimba/percussion ensemble with heavy use of call-and-response vocals

**Folk:** This is broken up into two parts. Some examples of popular songs will be listed below because these are songs that can easily be found all across Latin America and the Caribbean. However, "folk music" for each country is vast and varies in sound and influence. To be "Latin American" is more of an American identity and one that many Latinos back in their mother countries do not identify with. It is important to know which culture the client identifies with most and learn of the distinctive music that comes from that country (if you find that they listen to it)

**Guabina:** is a rhythm from the Andean mountains in Colombia. The word "Guabina" refers to the musical style, as well as a type of fish or a tool used to control domestic animals. The features of this music are based on dances and lifestyles of the people from the regions. The Guabina rhythm includes dancers, but it may be played without them. There is a version of the Guabina that is played faster and is called Torbellino. Another type of Guabina, known as guabina-torbellino, is a mixture of the instrumental torbellino and the sung guabina, particularly in its a cappella format. Guabina is most popular in rural communities.

**Joropo:** is a musical style resembling the fandango, and an accompanying dance. It originated in Venezuela and is also present in the eastern Colombian plains. It has African, Native South American, and European influences.

**Mapalé:** is an Afro-Colombian and Ecuadorian style of dance that was brought over by the slaves, and representing the fishermen after a long day of work. Its name comes from the

Cathorops mapale when they are out of the water. The dance moves are compared with the agility and strength of those who are performing it.

**Merengue:** is a type of music and dance originating in the Dominican Republic, which has become a very popular genre throughout Latin America, and also in several major cities in the United States with Latino communities.

**Nueva Trova:** is a movement in Cuban music that emerged around 1967/68 after the Cuban Revolution of 1959, and the consequent political and social changes.

**Pasillo:** is a type of music and dance that emerged in Ecuador in the nineteenth century, during the South American independence wars. It is a fusion of elements of indigenous music, such as the yaraví, with a complex variety of musical genres including the waltz, the minuet, and the Spanish bolero.

**Ranchera:** (or canción ranchera) is a genre of traditional music of Mexico. It dates to before the years of the Mexican Revolution. Rancheras today are played in virtually all regional Mexican music styles. The word ranchera was derived from the word rancho because the songs originated on the ranches and in the countryside of rural Mexico.

**Reggetón:** a mix of Jamaican reggae and African American influences originating in the Puerto Rican barrios of New York. This music is one of the most popular forms of music for young people.

Rock en español (Spanish for 'Spanish-language rock') is a term used to refer to any kind of rock music featuring Spanish vocals.

**Salsa:** a form of music assigned to a specific dance. Salsa music is a style of Latin American music, combining elements of Cuban, Puerto Rican, barrios (neighborhoods) of NYC and American influences.

Social Justice/ Conscious Music: Most of Latin America's identity stems from times of colonization and injustices and so I would be remiss if I did not include these names.

Sanjuanero: (translation "St. John's Festivities Song") is a traditional Colombian bambuco song.

**Tango:** is a style of music in or time that originated among European and African immigrant populations of Argentina and Uruguay. The first generation of tango players from Buenos Aires was called "Guardia Vieja" (the Old Guard). The music was played on portable instruments: flute, guitar, and violin trios, with bandoneón arriving at the end of the 19th century.

**Vallenato:** music fuses cultural expressions from northern Colombia, the songs of cow-herders of the Greater Magdalena region and the chants of African slaves with the traditional dance rhythms of the indigenous people of the Sierra Nevada de Santa Marta. These expressions are also blended with Spanish poetry and musical instruments of European derivation. The lyrics of traditional Vallenato music interpret the world through stories that mix realism and fantasy, expressed through songs that are nostalgic, joyful, sarcastic and humorous. Traditional instruments include a small drum played with the hands, a wooden ribbed stick played with a wire comb, and an accordion.

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