



Diversity & Health Equity at APA

Spring 2023 Update

#AchieveMentalHealthEquity





Spring Update

On behalf of the American Psychiatric Association, we wish you a great start to 2023. In our first quarterly newsletter of the year, we highlight the important work of our members, including early career fellows and long-standing advocates for mental health equity. We also share new in-person and virtual educational offerings on various topics including climate-change, maternal mental health, as well as the premier of our podcast series *"Looking Beyond: Unplugged"* (psychiatry.org/lookingbeyondpodcast). In the inaugural episode, I quote Mr. Nelson Mandela: "What counts in life is not the mere fact that we have lived. It is what difference we have made to the lives of others." We hope this update serves to inform you, our members, of APA's collective work to **#AchieveMentalHealthEquity**.

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Mental Health Equity Champion Spotlight: Dr. Bernardo Ng

By Madonna Delfish, M.P.H.

Each quarter we highlight an individual in the field of psychiatry who is a champion for mental health equity—whether through their work in direct care, research, advocacy, or in the community. Our champions are nominated by their APA-member peers to share the tangible ways they incorporate a health equity strategy in their practice and support increasing access to quality of care for diverse populations.

Our Mental Health Equity Champion this quarter is Dr. Bernardo Ng!

Dr. Bernardo Ng was born in Mexicali, Mexico. He is a medical graduate from the University of Nuevo Leon in Mexico and completed residency at both Texas Tech University and University of California, San Diego. Ng manages his own private practice and directs both the Sun Valley Behavioral and Research Centers in Imperial, California and the Centro Geriátrico Nuevo Atardecer in Mexicali, Mexico. He also works as a preceptor at the University of California system within the Psychiatric Nurse Practitioners program.

Ng is immediate past President of the Asociación Psiquiátrica Mexicana, past President of the American Society of Hispanic Psychiatry, and current APA representative for Zone 2 of the World Psychiatric Association (WPA). He has

previously served board-appointed terms on the APA Council on Psychiatric Services and the APA Council of International Psychiatry, where he also served as Council Chair.

He is a Distinguished Life Fellow of the APA and is an active member of APA's Rural Psychiatry Caucus, Hispanic Caucus, and International Medical Graduate (IMG) Caucus. He is also an active member of both the Mexican Psychiatric Association and the Latin American Psychiatric Association.

He has 126 publications, including 60 original articles, 40 abstracts, 14 book chapters, four book prologues, four handbooks, and four books.

Mental Health Equity Champion Spotlight: **Dr. Bernardo Ng**

Q: Can you share more about the community you work with and the patient population you serve?

I am located in Imperial County, which is the furthest south and east county of the state of California.

It's a rural, desertsic area, highly populated by Latinx or Latinos of Mexican descent, representing about 80% of the population. Half of them are monolingual Spanish speaking. The majority of the other 20% of the population is white; there is also a very small percentage of African Americans, Asian Americans, and Native Americans.

The U.S. Census defines urban versus rural based on how many people live per square mile; almost 85 to 87% of the nation can be defined as rural.

With that said, rural psychiatry is as varied as you want it—from the Appalachian communities in the Midwest, to the highly populated and rural African American communities in the South, to the Mexican border in the West, which Latinx people of mostly Mexican descent highly populate.

Q: What does promoting mental health equity mean to you? And how have you worked to promote mental health equity as a psychiatrist?

The reason I relocated from San Diego County to Imperial County back in the mid-nineties was that I saw there was a gap. For decades, the only existing mental health service in Imperial County was sponsored by the state through what used to be called "County Mental Health." It is now called Imperial County Behavioral Health Services, but they are focused, by definition, on treating the severely chronically ill.

I noticed that working class, blue-collar employees, agricultural employees, and retail employees, many of whom are of Mexican descent—did not have anywhere to go. The more affluent would drive to San Diego or north to Palm Springs, where they

could afford to pay for private care. Unfortunately, these services were not available to the working class in the county. My first motivation was to address that gap.

Q: What types of projects have you worked on or initiated to promote mental health equity on the community level?

One of the things that became very close to my heart was what is now called long-term psychiatric care, which is in nursing skill facilities. One of the first things I did outside of my outpatient services, with the help of a partner, was opening a daycare facility for adults in a city called Calexico.

It was licensed to receive 40 people a day, and now it can care for 100 people a day; this service aims to prevent deterioration, so the clients don't end up in a nursing skill facility. That's been one of my greatest satisfactions.

In 2010, we had a big earthquake—it was 7.8 magnitude. This little, kind of forgotten town had a couple of buildings that were turned into residential facilities for the elderly who don't have families; they became condemned after the earthquake.

So, suddenly the residents didn't have anywhere to go. There was one very tiny, modern hotel that [took everyone in]. At our day program, clients were taking showers, we were washing their clothes, and we were making sure that the pharmacies brought the medicines to the facilities. The regular day program was supposed only to be four hours, but they would stay there and get lunch, breakfast, and dinner. It was amazing. It was a few weeks of very intense work but very rewarding.

Mental Health Equity Champion

Spotlight: **Dr. Bernardo Ng**

Q: What have been some of your most rewarding parts of mentorship?

As far as mentorship, I'm an international medical graduate, so I have had [both U.S. and Mexico medical students] visit our facility and work with us who have yet to have the experience of seeing how psychiatry is done in the United States.

One rewarding experience was earlier this year, a student from Arizona whose professor knew me said to her, "If you need to make up your mind on what you want to do, go visit this guy." She's an undergraduate student studying psychology.

As we were talking throughout the day, and she was seeing patients with me, she said, "I didn't want to share this with you at the beginning because I was shy about it, but I am taking credits to qualify for pre-med, and now that I see the difference, I want to be a psychiatrist."

This has been the youngest person that has come to visit us and has gotten inspired by the work that we're doing.

Q: Dr. Ng, you've mentioned some amazing work that you have spearheaded. Is it possible for you to choose one that you're most proud of so far that works to promote health equity?

Finishing high school from an educational point-of-view is the most common goal [in the community I practice in]. People graduate and go to work because that's what they see their parents do.

When I first began setting up my practice, finding someone with experience in billing, administration, or as a medical assistant for psychiatric patients was tough. There wasn't a career track or certification here for that.

I have an administrator with whom I've been working for 25 years; she is a high school graduate and has learned through the years, working in my practice,

about human resources, payroll, and how to motivate her team.

Our medical assistant team has four women; the Lead is a high school graduate. Now she has a direct report with a bachelor's degree in psychology for the first time.

My biller worked in the fields until her twenties, but now she has set up her own company billing for other businesses.

Working with my team has been the most rewarding. I'm very proud of my team. They all see themselves differently and are now promoting mental health just by talking about what they do.

Q: What are current priorities for your scientific research and are there any emerging topics, challenges or innovations you wish to share?

At UCSD, I wrote two papers about pain and ethnicity. There is something called patient control and analgesia; after surgery, [a doctor programs narcotic doses and] gives you a button that you push to medicate yourself; this method was proven to decrease the amount of narcotics you need for your pain.

In reviewing hundreds of records, I was able to prove...the anesthesiologist would put less pain medication in for African American and Hispanics than they would for white patients. So, the main thing is ethnic disparities.

Most of my published research has been, in one way or another, around the Hispanic and Latino populations—either inequities, disparities, or access to care. But I think that what ties it all up is the research on the Hispanic population.

Mental Health Equity Champion Spotlight: **Dr. Bernardo Ng**

Q: You have been an advocate for increasing the diversity of research participants, especially those from historically excluded groups such as Hispanic and Latinx populations. What role does enhancing diversity and research play in the development of treatments and ultimately access to mental health care for these groups?

I began in 2008 with two partners. At our clinical trial sites, one of the first studies [we conducted] was on dementia. As we dove into this, we realized that in almost all central nervous system clinical trials, but especially in dementia, less than 1% of the participants are of Latino descent. This was similar for other ethnicities--African American, Asian American, Native American, etc.

So, here we are testing new treatment options based on trials where most participants are white. So, we took on the challenge of promoting research participation in the county.

In the beginning, there was a lot of mistrust and criticism. "Oh, no. I don't want to be a guinea pig," and historically minorities were used [as test subjects] in experiments. So, the fact that they would not have to pay for anything, that they would be given some compensation, that they would be given transportation, that they only have to stay a couple of hours, and that we're going to provide a meal--none of that mattered because of the perception of research.

We haven't finished the job, but we've been able to comply with the contracts we get into; we are now recognized as a site that can recruit Latinos not only in dementia but also in depression, bipolar disorder, and ADHD research.

Q: What motivates you to be such an active APA member?

Well, I'm going to start with Rural Psychiatry because--and this is a message to my colleagues, Hispanic or not, who may be working in any of the rural areas of this beautiful and large nation-- Rural Psychiatry is very challenging and can also be very lonely.

When I first got here, I was the only full-time psychiatrist in private practice. So, I was the only one here, and it was very hard; it got very lonely. APA gave me the opportunity to be part of the Rural Psychiatry Caucus, and that changed things for me. I quickly became very active [and connected to the APA].

Q: What advice would you give to students, residents and early career psychiatrists who want to be more involved in the efforts to promote mental health equity? What's one thing they can do?

Well, I think this will sound like a commercial, but--especially if you're a minority student or resident of any kind--APA has a place where you can meet more people with the same interests. If you are Latino or Hispanic, get involved with the Hispanic Caucus.

During the APA Annual Meeting in the spring, the American Society of Hispanic Psychiatry (ASHP) always meets at the same place. The collaboration between ASHP and APA has become bigger through the years; it's another place to get involved if you are Hispanic or interested in Hispanic psychiatry.

I'm very proud that I was president of that society from 2018 to 2020. During my presidency, we created the Don Quixote Award for early researchers, young psychiatrists, residents, medical students, non-medical students, mental health therapists, and psychologists.

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There are societies for other ethnic groups, as well, for example, Indo-American Psychiatric Association.

Those interested in being more involved in mental health equity work should knock on the doors, look for the right websites, and go with it. There is someone already doing whatever you think you want to do. Just find that person.

Q: Are there any resources relating to promoting mental health equity that you can recommend to other psychiatrists and mental health professionals?

APA's LaSaludMental.org—I am very pleased and thankful that they've done this mental health website in Spanish. I'm very honored that I've been invited to be part of it. I want to recognize APA President Dr. Rebecca Brendel and APA CEO and Medical Director Dr. Saul Levin for recognizing the growing presence of the Latino/Latinx population and the need for mental health resources for those who speak Spanish.

Q: Dr. Ng, before we conclude, is there anything you would like to share that I didn't ask you or anything you would like your colleagues and members to know?

Yes, there's one thing I haven't said, and that's more on the individual level. We have long been fighting for our place professionally in a white, Anglo-dominated field. Sometimes, as we move up in our careers and accumulate this experience, we isolate ourselves from our colleagues.

To help our patients better—our Hispanic patients—we should educate our non-Hispanic counterparts to be more sensitive. So, we need to open ourselves rather than isolate ourselves.

Instead of saying, "In my clinic, I only want people who speak Spanish or are Hispanic," I'd urge you to bring in non-Hispanic team members, have them learn Spanish, tell them about our culture, and tell them about the unique patient needs. That way, you can serve more people in our minority or ethnic group. That's my message.

Learn more about
ASHP's Don Quixote Award

americansocietyhispanicpsychiatry.com/don-quixote-award

Join APA's Rural Psychiatry Caucus

Are you an APA member working in a rural setting? Join the Rural Psychiatry Caucus to build connections with other APA members practicing in rural settings and share best practices.

psychiatry.org/caucus



Mental Health Equity on a Global Scale: An Interview with Dr. Pamela Collins

By Fátima Reynolds, M.P.H.

There are more universals in the global fight to achieve mental health equity than there are differences, according to Dr. Pamela Collins, the Director of the Consortium for Global Mental Health at the University of Washington in Seattle.

In this role, she is focused on designing and testing culturally appropriate interventions in communities around the world. The Consortium works to integrate mental health services across various domains including schools, faith-based settings, maternal and child health care, primary care, and HIV treatment. In her transnational work, Dr. Collins observes that despite the country-to-country variances in cultural, historical, economic, governance, and other factors, there are commonalities in efforts to achieve equity.

“There are similarities around the world with respect to who gets access to mental health services. Of course, people who are more highly resourced get access to higher quality services,” said Collins.

According to Collins, it is also common across different contexts for people to be reluctant to seek care even when exposed to similar discriminatory and racist harms in institutional settings—including healthcare settings.

Collins stresses the importance of “...understanding the social history that people bring to the care setting, structuring care to be sensitive, trying to reduce enacted discrimination or stigma, and creating systems that are more welcoming, anti-racist and inclusive.”

HIV and Mental Health Care

According to Collins, healthcare professionals in HIV and mental health services around the world often mistreat and pose a challenge to those seeking care. Most HIV infections globally occur in key populations: men who have sex with men, female

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sex workers, transgender, and incarcerated people. Collins also includes those with serious mental health disorders with these groups.

“These groups at the greatest risk are often the most marginalized in their communities. These are folks in danger of discriminatory legislation or in the workplace, because of their identities...those are shared characteristics in many places.”

said Collins. She added that HIV remains a stigmatized condition and providers should take these social aspects into consideration.

Collins works with the International Training Center for Health (ITECH) to implement PEPFAR, a health-system strengthening intervention to deliver HIV prevention and treatment services. Through this work, ITECH has begun integrating mental health services into HIV programming and building capacity around mental health care among HIV care providers.

“In Ukraine, for example, we’re helping providers understand trauma they see in people coming in for care in a country that is at war. How to recognize those symptoms and experiences, and when to refer for more intensive services,” said Collins.

In her work as associate director of the Behavioral Research Center for HIV (BIRCH), Collins bridges efforts between the Consortium, ITECH and scientific research—chiefly, how to develop research on the integration of mental health with HIV interventions, incorporating the perspective of practitioners and those living with HIV.

Technology and Mental Health

Technology and telemedicine are promising for retaining people in HIV care and for treatment adherence, particularly distance therapy or cellphones, said Collins.

One example of is using structured two-way texting between people receiving care and nurses in a clinic to reduce the number of in-person visits.

Collins works with the World Health Organization and UNICEF through their Ensuring Quality in Psychological Support (EQUIP) program. EQUIP’s program in Kenya is proof of this emergent flexibility and innovation in mental health services.

EQUIP had planned to train community health volunteers to deliver culturally congruent, trauma-focused cognitive behavioral therapy (CBT) to youth.

However, due to the COVID-19 pandemic, these training visits were no longer possible. The team found a way to train by leveraging low-bandwidth technology, the WhatsApp chat application, and telephone calls. Not only did the participants find the virtual training more convenient than the originally planned in-person training, but their patients’ health status continued to improve.

Barriers to Care

According to Collins, there have been worldwide increases in incidence and prevalence of substance use disorders (SUD) and overdose deaths in the last decade, with over half occurring in North America. Persistent inequities between countries also exist.

According to Collins, only 10% of people recognized as having an SUD will receive minimally adequate care in high-income countries. In low- to middle-income countries, that number is closer to 1%.

Collins also says the data for people recognized as having depression is similar. Only 22% will receive minimally adequate care in high-income countries, and only 3-4% in low- to-middle- income countries.

“Within each country, the work is to determine where are the barriers to access,” said Collins, “Are they systems-level or [are they] barriers in terms of how different groups of people think about mental health?”

One barrier could be attribution, a belief that a doctor or health facility is the appropriate avenue for treatment versus clergy or healers. “When we talk about equity among different cultural groups, we must meet people where they are with their conceptualizations. That is true everywhere,” said Collins.

Workforce Shortages

Commonalities around barriers to care, however, remain complex. For example, the systemic issue of health worker shortages is uniquely impacted by the high-/low-income country divide.

“Highly qualified health care providers in countries with fewer resources are often recruited to high income countries that need health workers. Especially now since post COVID,” said Collins.

There is ultimately a cost to those low-income countries who are experiencing this “brain drain,” as Collins described it. However, she is hopeful that the pandemic has provided opportunities.

“What has occurred with COVID is we have seen a much more robust conversation around global health, as well as innovations,” she said.



Chief Chats: A Conversation with Dr. Vishal Madaan

By Madonna Delfish, M.P.H.

Dr. Vishal Madaan is the Chief of Education & Deputy Medical Director at the American Psychiatric Association (APA). In this role, Dr. Madaan leads content development and innovation for APA educational programs, including those offered through its Annual Meeting, online APA Learning Center, educational grants, and accreditation efforts. Dr. Madaan works closely with the Council on Medical Education and Lifelong Learning to provide high-quality and innovative medical education for psychiatrists and other mental health clinicians to advance patient care.

Prior to this role, Dr. Madaan served as a tenured Associate Professor in Psychiatry and Neurobehavioral Sciences at the University of Virginia's (UVA) Health System in Charlottesville, Virginia. In addition, he served there as Training Director at the UVA Child Psychiatry Fellowship Program and founding Director of the Center for Psychopharmacology Research in Youth. Dr. Madaan is a Distinguished Fellow of the American Psychiatric Association, Distinguished Fellow of the American Academy of Child and Adolescent Psychiatry, and is the recipient of many national honors and awards.

Chief Chats: A Conversation with Dr. Vishal Madaan

Q: As the newly appointed Chief of Education and Deputy Medical Director, you bring a wealth of experience, specifically as a leader in academia. What is your vision for the Division of Education?

One of the critical missions of APA is to promote psychiatric education that would further enhance the impact of improved care and well-being for our patients and families. That's the ultimate goal.

The broader vision is to make relevant, accurate, timely, inclusive, innovative, and evidence-based education resources available. But it's also to make available resources that represent the full spectrum of APA membership and the wide variety of diagnoses and social determinants of mental health that our psychiatry colleagues work with when helping their patients and their families.

The idea is to make APA the premiere resource for psychiatric education and to meet the educational needs of our members, using a variety of responsive learning opportunities, learning models, and learning avenues.

Q: What role can APA play in contributing to the lifelong learning of psychiatrists at different stages in their careers?

I would like the APA to become the one-stop shop for psychiatrists.

Our two big meetings, APA's Annual Meeting in May in San Francisco (psychiatry.org/annualmeeting) and the Mental Health Services Conference in October in Washington, D.C., both continue to be our biggest resources, whether you're looking for residency-related resources, career development, networking, CME credits or just meeting with your colleagues from across the nation, and internationally.

At the upcoming Mental Health Services Conference (psychiatry.org/mhsc) in October, we will continue to provide interprofessional team-based learning modules.

This year, we will be adding a leadership track and micro-learning sessions for our RFM and ECP members on topics such as navigating the intern year, cultural competencies, surviving residency, career development, and others. In addition, we would like to work on creating a resource for advocacy tools that residency programs can use at different levels.

SMI Adviser continues to be an important asset in improving evidence-based care delivery for serious mental illness. When you visit smiadviser.org, you will find 270+ CME credit courses and a portal to enter consultation questions which are answered within twenty-four hours. We have had over 4,300 individual consultations so far. There's a wide variety of opportunities at different stages.

Q: What are some priority areas the division will focus on for 2023?

The division is focusing on ensuring that the educational content at our meetings provides the membership with the most cutting-edge, interactive scientific material by creating relevant resources that meet the needs of our members at every stage of their careers.

We're bringing together online resources, such as the Emerging Topics Webinar Series and micro-learning resources for ECPs, ensuring the inclusion of faculty with diverse backgrounds and viewpoints and continuing to create content related to the DEIB issues and social determinants of mental health.

We are also upgrading the learning management system used for the APA Learning Center to provide the learners with a more streamlined experience.

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And we are working with leaders and allied organizations to create meaningful resources for our audience and exploring the role of Artificial Intelligence (AI) and machine learning in psychiatric education.

Q: What challenges do you anticipate this year as the Division of Education works towards achieving the set goals for 2023?

The biggest challenge, which I take as an opportunity, is ensuring that we have diverse voices and inclusive viewpoints in our discourse. We have been working hard towards it, but there is room to grow and work on designing learning resources that include lived experiences and scientific data. Having this combination is critical to mimic what real-world experience teaches us.

Another one of our current challenges is meeting clinicians where they are. Clinicians are busy, and we hope to eventually provide them with quick access to evidence-based resources, such as clinical guidelines, at their point of care.

Q: Dr. Madaan, as an IMG and prior leader of APA's IMG Caucus, what do you see as unique challenges faced by physicians who graduated from a medical institution outside of the U.S., who then trained and practice in the U.S.?

This is something that is close to my heart; the challenges related to IMGs are multifold and occur at multiple levels. However, over the past four or five years, the biggest challenge that has emerged is related to entry into a psychiatry residency program.

There are a growing number of U.S. M.D. and D.O. medical students with an increased interest in psychiatry. Because of this, the IMG applicants are currently being squeezed out; the number of interviews they receive has decreased significantly.

This will have considerable downstream effects on sub-specialty fellowships because many of those were traditionally taken on by IMGs.

In addition, IMGs take on several public psychiatry positions, which will likely suffer over time if entry resources into U.S. residency programs for IMGs are not improved. Opportunities to gain U.S. clinical experience, a requirement for most programs, have declined substantially, especially during the pandemic. Visa challenges, specifically the J-1 Visa waiver, create several limitations for IMGs, the positions that offer such opportunities are very limited in number, and the chances of being exploited by a potential employer remain high.

IMGs have what I call double minority status. The second minority status comes from these visa-related challenges. The pandemic has significantly impacted IMGs, including difficulties with travel to visit families, loss of employment, and the possibility of being deported. As IMG's careers progress, they often hit a ceiling regarding academic promotions or leadership opportunities.

That being said, IMGs bring in a unique skill set, especially their resilience, industriousness, and willingness to work through some of these issues. Remember, they've navigated all these bureaucratic hassles coming over to the U.S., so we hope they will continue using these strengths to navigate these challenges successfully. Nevertheless, the journey right now is a bit more stressful than it used to be.

Q: During your tenure as a member and leader of the IMG Caucus, can you share some of the successes that the Caucus has experienced?

There are three things I can think of right away.

One would be organizing multiple educational opportunities for IMGs who were trying to

Chief Chats: A Conversation with Dr. Vishal Madaan

enter residency and fellowship programs; the Caucus was able to put together around seven opportunities in a short period.

The second was advocating for IMGs during the pandemic, working through some of the administrative challenges related to Visa issuances, stoppage of Visas to specific countries, etc. We worked with ADDPRT and APA leadership to develop some advocacy resources to help.

Last was setting up the IMG Workforce Group with APA, commissioned by the Joint Resource Committee, which I initially co-chaired. One of the workgroup's goals was to create a resource guide for our IMGs and to find other areas where IMGs can receive more return on their investment as APA members.

Q: What is your take on the role of mentorship for early career psychiatrists? And can you share your personal experience in providing or receiving mentorship or guidance here at APA?

It's absolutely critical. In fact, many psychiatric educators believe that the most profound learning happens in the first year of independent practice after residency training.

I encourage all ECPs to be open and to reach out to their mentors, former supervisors, and former training directors when needed. Whether it's a tricky clinical situation or a career challenge, you must trust the process, and the outcome will take care of itself.

Focusing on this is really critical for the IMGs. It's helpful to have one mentor who is a non-IMG and one mentor who is an IMG. I can think of several personal and professional mentors who have been helpful in my journey by listening to my ideas, providing constructive criticism, and shaping some of my thoughts. This is really vital for ECPs.



APA SAMHSA Minority Fellowship Program: Dr. Atasha Jordan

By Alexis Victor, M.S.

“When I’m not in my office or in the hospital, you can find me collaborating with churches around Philadelphia. As an American Psychiatric Association (APA) Substance Abuse and Mental Health Services Administration (SAMHSA) Fellow, my community engagement and research both focus on increasing mental health literacy among Black church leaders and Black congregations as a whole. This community work and research project was underway for the academic year 2021-2022.”

Meet Dr. Atasha Jordan, an APA SAMHSA Minority Fellow. The SAMHSA Minority Fellowship Program (MFP) aims to reduce health disparities and improve behavioral health care outcomes for racial and ethnic populations. These future psychiatry leaders have an opportunity to participate in APA councils and committees, attend monthly educational webinars, and develop a project around mental health inequities and workforce diversity.

Dr. Jordan will be presenting a talk during APA’s 2023 Annual Meeting, “Christian Mental Health Initiative: Mental Health First Aid Pilot with Black Churches in Philadelphia.” Studies suggest that most Black Christians seek help from church leaders in times of psychological distress, rather than from mental health

clinicians. However, church leaders’ training focuses on spiritual health, not mental health. There is a need to increase mental health literacy within Black Christian communities to increase access to mental health services and reduce mental health disparities.

In addition to Dr. Jordan’s presentation, additional fellows of APA SAMHSA MFP will be presenting sessions on other topics including: “Patterns and Predictors of the Use of Chemical Sedation and Physical Restraints in Agitation Management” presented by Dr. Stephanie Eng, and “A Closer Look at Racial/Ethnic Disparities in Opioid Use Disorder Treatment Access Among Individuals Experiencing Homelessness” presented by Dr. Michael Hsu. Participants in these sessions will have the opportunity to engage with meeting attendees and panelists in individualized talks focusing on how early-career professionals can continue to advance psychiatry through the implementation of diversity, equity, and inclusion initiatives.

Announcements and Events

DDHE Sessions at APA's 2023 Annual Meeting

Join APA in San Francisco or virtually for the 2023 Annual Meeting, May 20-24. This year's scientific program will feature a **Diversity and Health Equity session track** that focuses on diversity, equity, inclusion and belonging (DEIB)-related topics and presents the question: *how can we use innovation and collaboration to create a future with mental health equity in mind?*

These sessions will provide practical examples and opportunities for discussion with peers on how to embed equity in your practice.

To view the full list of sessions in the Diversity and Health Equity track at this year's annual meeting, visit the Session Search at psychiatry.org/AMlearning, and use the "Search/Category" feature to filter by track or topic: "Diversity and Health Equity."



APA's Division of Diversity and Health Equity will host five of these sessions that will highlight contemporary issues in mental health, and approaches addressing inequities through various levels of the social-ecological framework, including:

- Translating Between the Social and Political Determinants of Health
- Creating Spanish/English Networks to Support Mental Health of Hispanic/Latinx Communities
- The Intersection of Mental Health, Policing and Race in a Crisis Response
- The Cumulative Effect of Rural Residence, Mental Health Care Disparities and Communities of Color
- The Role of Gender Affirming Care in Mitigating Mental Health Disparities in Transgender Youth

View more details on these following DDHE sessions at psychiatry.org/AM23DDHEsessions

For more information and to register for the 2023 Annual Meeting visit psychiatry.org/annualmeeting.

Save the Dates for the 2023 Bebe Moore Campbell National Minority Mental Health Month

Every summer, we invite you to join APA in the work of promoting mental health equity and become part of the change! July marks APA's annual celebration of minority mental health advocate Bebe Moore Campbell.

Visit psychiatry.org/mooreequity to learn more.

Events and Activities

2023 MOORE Equity in Mental Health Initiative Activities

5K: Run, Walk, and Roll



Run, walk, and roll individually or with your community across the states and globally to raise awareness and combat mental health inequities facing young people of color. Funds raised benefit the APA Foundation (APAF) MOORE Equity in Mental Health Community Grants Program. Visit psychiatry.org/5K for more information on registering and to view photos and videos.

Community Mental Health Fair

July 8, 2023

An event to provide community members with mental health information and resources, connect individuals to mental health services and organizations, and foster a day of family fun with games, music, prizes and more! To get involved, contact moore@psych.org.

Youth Summit

July 12, 2023

A day of programming to empower youth and center the voices of high school students of color, featuring speakers, workshops and resources from adolescent-psychiatry experts.

The event will consist of speakers, workshops, and mental health resources. Through this summit, students will increase their knowledge about mental health, develop skills and confidence to become mental health advocates in their communities, and have fun through activities that promote mental health and well-being.

For more information contact moore@psych.org.

Sneaker Soirée

July 21, 2023

An evening dedicated to promoting awareness around mental health inequities and opportunities for promoting mental health and well-being for youth of color. Wear on your best cocktail attire along with your favorite pair of comfortable sneakers, and enjoy an evening of music, heavy hors d'oeuvres, and special guests. All funds raised will support our youth programming, including our annual Youth Summit. Stay tuned for information on how to get your ticket.

For more information contact moore@psych.org.

Community Grants Program

Made possible by the proceeds from the 5K: Run, Walk and Roll, this program supports community organizations that have undertaken innovative awareness programs and/or are providing services to improve the mental health of young people of color.

Learn more at apafdn.org/mooregrant

#MooreEquityInMentalHealth

#AchieveMentalHealthEquity

Events and Activities

Collaborative Care Model Training for Future Psychiatrists

April 23-25, 2023 in Washington D.C.

The Collaborative Care Model (CoCM) has been systematically evaluated and shown to be more effective than usual care for improving mental health treatment outcomes, quality of care, and even initiation of treatment. It stands to play an important role in ameliorating inequalities among vulnerable groups.

APA is looking to train future psychiatrists and primary care physicians in this model and will be hosting a conference in Washington, D.C., April 24-25, 2023. The conference is for psychiatry and primary care residency programs and will teach how to incorporate the Collaborative Care Model in your training programs.

APA will cover the travel, housing, and per diem expenses for one training director/faculty and one resident from each program and will also provide quarterly conference calls hours to provide support and follow-up.

Applications from teams that include both a psychiatry residency program and a primary care residency program will receive priority.

Get the link to the application form at psychiatry.org/CoCM2023Training.

For any questions, please contact Agathe Farrage at afarrage@psych.org.

Join APA's New Caucus on the Social Determinants of Mental Health

The Caucus on the SDoMH serves as a forum for APA members to discuss, develop, and promote ideas related to the social and political determinants of health; the environmental conditions where people are born, live, learn, work, play, and worship, and age; and the policies that underlie them. This list of factors this encompasses is expansive and includes housing, climate change, physical and emotional safety, racism and discrimination, nutrition, economic stability, neighborhoods, the built environment, health care access and quality, and many more.

This caucus was formed in 2022 as a final recommendation of the APA Social Determinants of Mental Health Task Force. The caucus meets virtually on a monthly basis and is looking forward to its first in-person gathering at APA's 2023 Annual Meeting in San Francisco, May 20-24. ddhe@psych.org with any questions or comments.

APA members may join this caucus to receive updates and attend future meetings. Please see below for instructions on how to opt-in to APA Caucuses:

1. "Sign In" to your APA profile with the email associated with your membership at my.psychiatry.org
2. Hover your cursor over "Psychiatrists" and select "Awards & Leadership Opportunities" from the dropdown
3. Under the "Leadership Opportunities" header, select "APA Caucuses"
4. Under "Join a Caucus," select "Join Today"
5. Select the boxes next to the caucuses you wish to join and then select "Save"



APA Launches a New Podcast, Looking Beyond: Unplugged

The Looking Beyond: Unplugged podcast series continues the work of the Looking Beyond webinar series, expanding on each webinar topic with subject-matter experts in an informal and in-depth way. For the upcoming season Looking Beyond: Unplugged will explore topics around climate-change, clinician bias, the collaborative care model, and LGBTQ+ mental health.

Find more information at (psychiatry.org/lookingbeyondpodcast) **lookingbeyondpodcast** and subscribe to the channel to get notified of new episodes.

Featured Resource: APA Primer of Online Resources on Structural Racism for Medical Students and Trainees in Psychiatry

This guide for medical students and trainees provides a primer on resources available on the topic of structural racism. The Primer lists toolkits, core concepts and an array of studies around racial and ethnic disparities, and racism as a structural determinant of mental health.

View the Primer at psychiatry.org/File%20Library/Psychiatrists/APA-Primer-Online-Resources-on-Structural-Racism-for-Students-and-Trainees-in-Psychiatry.pdf



Culture Corner:

Book and Film Recommendations from APA Member Francis G. Lu, M.D.

Francis G. Lu, M.D., is the Luke & Grace Kim Endowed Professor in Cultural Psychiatry, Emeritus, in the Department of Psychiatry & Behavioral Sciences at the University of California, Davis.

As an APA Distinguished Life Fellow, Dr. Lu has spent his career advancing cultural psychiatry through his contributions to the interface with religion/spirituality, psychiatric education, diversity/inclusion, mental health equity, psychiatry and film.

He is active in several specialty interest caucuses at APA, including the Asian American and Pacific Islander Caucus and the Caucus on Religion and Spirituality. Here, Dr. Lu provides tailored recommendations that tie into the theme of the social determinants of mental health. These recommendations establish the importance for mental health professionals in understanding, diagnosing and including social determinants of mental health in treatment planning, as well as mobilizing social action to advocate for policy changes.

Film Recommendations

- To Kill A Mockingbird
- The Grapes of Wrath
- King: A Filmed Record...From Montgomery to Memphis

Book Recommendations

- The Social Determinants of Mental Health
- Social (In)justice and Mental Health
- Struggle and Solidarity: Seven Stories of How Americans Fought for Their Mental Health Through Federal Legislation

Learn more and purchase the above APA Publishing books by visiting psychiatry.org/CultureCorner.

“*Struggle and Solidarity* is a ground-breaking and inspirational book that shows readers how others have successfully advocated in the past for seven federal non-health-related laws and public policies—that impacted social determinants of health and mental health for the entire population. With it, APA Publishing now completes a trilogy of essential titles that call for action on social determinants that began with *The Social Determinants of Mental Health* (2015) and *Social (In)justice and Mental Health* (2020). This book, along with the earlier ones, clearly establishes that in addition to biomedical determinants and psychological determinants, every psychiatrist must understand and incorporate the social determinants of mental health both in individual patient care and in advocating for public policies to advance mental health.” - Dr. Francis G. Lu

Find more books on cultural psychiatry from APA Publishing by visiting appi.org/products and checking the category filter next to “Cultural Psychiatry.”