REPORT OF THE APA PRESIDENTIAL TASK FORCE ON SOCIAL DETERMINANTS OF MENTAL HEALTH

March 2022

The APA Presidential Task Force on Social Determinants on Mental Health, established by the APA Board of Trustees in May 2021, has met regularly. The four Task Force work groups (Clinical, Education and Research, Public Psychiatry, and Policy) have worked separately and in collaboration. The final report will be completed before the May meeting of the Board of Trustees and the APA Annual Meeting to be posted on the Task Force webpage of the APA website. The Task Force sent a report and proposal to the December 2021 APA Finance and Budget Committee for action, but the action was not recommended, and the Board of Trustees concurred.

In addition to the extensive research done by each work group, the Task Force requested and received environmental scans on both APA component activities, compiled by Ricardo Juarez, MS, Director, District Branch and International Relations, regarding SDoMH and from APA Administration, compiled by Regina James, MD, Deputy Medical Director and Chief, Division of Diversity and Health Equity, regarding overall APA activities on SDoMH. While the Task Force learned of an extensive array of activities, these are occurring in the absence of a robust, comprehensive, and organized APA initiative. Compared to other national and international professional and governmental institutions, it is our opinion that the APA is not on the cutting edge of organizational initiatives. This interim report represents our work to date in achieving the goal of helping the APA move ahead most productively.

I. Introduction

The establishment of the Presidential Task Force on Social Determinants of Mental Health is a timely and necessary effort to re-engage the APA and American psychiatry in newly energized efforts to improve the mental health of the nation by tackling societal concerns. The close linkage of this effort to the pursuits of social justice and health equity is an essential feature of this effort, which calls for American psychiatry and psychiatrists to expand the vision of our role and our work.

The Task Force was convened in this extraordinary time of the COVID pandemic and concomitant epidemic of "deaths of despair", a period of economic instability, racial violence, political polarization, climate crisis and insurrection, and charged to recommend implementation steps regarding the 2018 *APA Position Statement on Mental Health Equity and the Social and Structural Determinants of Mental Health* and to consider its relation to the APA Presidential Task Force to Address Structural Racism Throughout Psychiatry which we wholeheartedly endorse.

This is the December 2018 APA Board of Trustees approved *Position Statement on Mental Health Equity and the Social and Structural Determinants of Mental Health* following approval by the Assembly in November 2018:

"The American Psychiatric Association:

- Supports legislation and policies that promote mental health equity and improve the social and structural determinants of mental health, and formally objects to legislation and policies that perpetuate structural inequities.

- Advocates for the dissemination of evidence-based interventions that improve both the social and mental health needs of patients and their families.

- Urges healthcare systems to assess and improve their capabilities to screen, understand, and address the structural and social determinants of mental health.

- Supports medical and public education on the structural and social determinants of mental health, mental health equity, and related evidence-based interventions.

  - Urges medical school and graduate medical education accrediting and professional bodies to emphasize educational competencies in structural and social determinants of mental health and mental health equity.

  - Urges psychiatry residency training directors and other psychiatric educators to use systematic approaches to teaching about structural and social determinants of mental health.

  - Supports the training of psychiatrists, in graduate and continuing medical education, in best practices to address the structural and social determinants of mental health and promote health equity.

- Advocates for increased funding for research to better understand the mechanisms by which structural and social determinants affect mental illness and recovery and to develop new evidence-based interventions to promote mental health equity."

Our conviction that this is a time of national mental health emergency brings an extraordinary intensity and urgency to the work of the Task Force and the implementation of the 2018 policy statement. Please read this report with the gravity of these times in mind. Intense engagement with the social determinants of mental health is needed and the members of the Task Force agree that this work must project far beyond the life and means of the Task Force. We are left with this understanding: No time is ordinary. But some are exceptional. This is our time. What will we do?

II. Background

Why and How to Address the Social Determinants of Mental Health

Social factors drive the opportunities for mental health and well-being, as well as the risks and severity of mental illness. Neglecting this reality has wide social consequences. In recent decades, the science has made clear that social factors make the dominant contribution to mental morbidity and illness and drive the enormous inequities in health and mental health. Until recently American psychiatry has largely distanced itself from understanding and addressing the SDoMH.

This retreat from **"**the social" has had real implications on the healing of people, but also on society. The Special Task Force on the SDoMH brings a renewed focus on the critical social issues facing America and by necessity, American psychiatry. This opportunity must be seized fully. Failure to do so will be widely noticed and have negative consequences for the organization and our profession. Moreover, failure of American psychiatry to act demeans the scale and seriousness of what is at stake for people. The lives of millions of Americans are in the balance as to whether we can expand what psychiatry is and does to embrace a SDoMH framing. Not as a niche area, but as an anchor.

It is an historic moment, bringing immense challenges. Structural issues in society have been illuminated, including wealth inequality, economic instability, rampant racism, sexism, and classism.

Our social safety net, into which much of American psychiatry is interwoven, is frayed. Many Americans lack the nutritional, health care, housing, educational and occupational opportunities they need to be secure and thrive, with significant impact on their overall health and mortality, as well as their mental health. Disrupting these chains of social damage is a long game. The APA needs new permanent capacity, commitment, and expertise to take this on; to join and help lead the allies, advocates, institutions, policymakers, and other professions required to comprehensively address the SDoMH.

Psychiatry, American psychiatrists, and the APA have an obligation to address the challenges on the one hand, but also to enact new foundations for emotional thriving to shrink these problems. Based on our knowledge and our commitment to serve, we have sway on whether these cycles of suffering continue, what works, and the new roles and skills for psychiatrists that can advance them. This requires more than another manual, or review articles. It means organizational and professional commitment to that long-game. The prevailing narrow biological focus in psychiatry did not emerge overnight. It has deep roots in our institutions, knowledge base, tools, career paths, business models, and political and other alliances and networks. A long-term commitment is needed to grow similar, deep, roots for a social determinants-based paradigm for psychiatry. Let us put the SOCIAL back into biosocial models.

A Privileged Profession: It is clear that, as a profession, some of our privileged status is because we attend to the casualties that society produces. We have expertise to bring to bear on our nation's challenges, not to solve these complex "wicked" problems on our own, but to join with entities seeking to address the massive environmental and socioeconomic pressures we face at this historic time. Psychiatry has untapped capacity to contribute to that effort, and to grow and flourish as a profession as a result. Re-engaging with "the social" opens new paths: expanded areas of research, broadened clinical focus, increased "task-sharing," with non-professionals, developing a public health perspective for psychiatry and participating in formulating new social and economic policies that can be routes to primary prevention.

We have high ambitions for the impact of this Task Force: Our effort is not to put another "white paper" on a shelf. It is not about more reports. It is a call to action on the SDOMH. It is a call for APA to increase the resources and activity to take on this mission credibly and seriously. We need to animate, help, equip, and engage the APA members, and other needed partners, to shoulder this effort.

Our urgency is clear: The moment is now. We must act decisively. To do less is to deny our knowledge and our commitment to serve, undermining the pillars of our profession and our personal integrity, leaving us to the unkind judgment of history. This scope of purpose and change is not hyperbole. It is necessary. Let's act like it. The future starts now.

World Health Organization (WHO) and Centers for Disease Control (CDC) Initiatives

Beginning in the early years of the 21st century, the WHO and the CDC increased their focus on social determinants of health (SDoH). This has been a welcome development for improving the health of populations and the healthcare of patients across the board. The WHO gave several examples of the SDoH that profoundly shape inequities can influence health status equity: 1) Income and social protection, 2) Education, 3) Unemployment and job insecurity, 4) Working life conditions, 5) Food insecurity, 6) Housing, basic amenities, and environment, 7) Early childhood development, 8) Social inclusion and non-discrimination, 9) Structural conflict, and 10) Access to decent-quality affordable health services. The CDC listed following examples of SDoH that have a major impact on people's

health, well-being, and quality of life: 1) Safe housing, transportation, and neighborhoods, 2) Racism, discrimination, and violence, 3) Education, job opportunities, and income, 4) Access to nutritious foods and physical activity opportunities, 5) Polluted air and water, and 6) Language and literacy skills.

Limitations of the Current Conceptualization of Social Determinants of Health

All the Social Determinants of Health listed by the WHO and CDC are clearly also important determinants of mental health, based on national and international research. This work shows that achieving equity in health, well-being and mental health depends on large scale macro initiatives to address structural deficits in society. American psychiatry must develop the capacities needed to operate at the supra-clinical levels of communities, regions, states, and nations.

At the same time, it is equally clear that micro and macro-level research and innovative practice development is essential at the clinical and organizational levels. Clinicians and local policy makers can improve the well-being of individual communities through place-based initiatives and clinical care innovations. As with macro level initiatives, there are some laudable attempts at micro-level research, policy implementation initiatives and innovative practice in local communities. Unfortunately, neither macro nor micro level work has received much attention.

More importantly, the SDOMH and its relationship to ensuing mental illnesses have not received the requisite focus they deserve. As psychiatrists and APA members we need to rethink the SDoMH as they apply to the people of our nation. We are in the midst of a national mental health crisis. Our current model of clinical care is inadequate to the challenges faces by the people of our nation. We need to develop the capacity to reduce the incidence, prevalence, and burden of mental illness. We need to be able to promote mental health, well-being, and resilience in the general population and especially those at greatest risk...who are or will become our patients. After all, there are more people with mental illnesses and substance use disorders in prisons and jails than in hospitals, reflecting the stigma against these conditions. We need to ensure that our patients (people with psychiatric disorders) receive the needed treatments and the resources for a good quality of life, also providing intervention to prevent premature morbidity and mortality. We must broaden the definition of SDoMH to include exposures that impact the health and healthcare of persons at risk for psychiatric disorders and for those who are already afflicted.

APA's Previous Activities Relevant to Social Determinants of Mental Health

1) There was an APA Council on Social Issues from 2003 until 2008, then the Council was retired.

2) The DSM-IV had Axis 4 for social aspects, but it was eliminated in the DSM-5**.**

3) In 2018, however, the APA released a Position Statement on Mental Health Equity and Social and Structural Determinants of Mental Health (Authors: Enrico G. Castillo, M.D., Helena Hansen, M.D., Evita Rocha, M.D.). This document's content is included below in the *Conclusions and Recommendations Section*.

The main issue identified therein was unequal access to social resources, which perpetuates mental health inequities, particularly for patients and their families from marginalized or under-resourced groups. It listed, as social determinants of mental health (SDoMH), social supports, employment, civic engagement, socioeconomic and educational status, discrimination, and mental health stigma. Structural determinants of mental health included actions and norms of systems and policies such as the economic, legal, political, and healthcare systems. The road to the goal of health equity is to

promote equitable access to health-related resources and opportunities when needs are equal, provide enhanced opportunities when needs are greater, while vigorously and addressing systemic issues that perpetuate inequalities. Psychiatrists have a key role in promoting mental health equity in clinical care, research, education, administration, public health and placed-based initiatives and public policy advocacy. Psychiatry as a profession has an extraordinary opportunity and professional obligation to participate in, and at times lead, in the pursuit of health equity.

The statement supported legislation and policies that promote mental health equity and improve the social and structural DoMH, advocated for the dissemination of evidence-based interventions that improve social and mental health of patients and their families, supported medical, psychiatric, and general public education on the structural and social DoMH and mental health equity, and advocated for increased funding to better understand the mechanisms by which structural and social DoMH affect mental illness and recovery and to develop new evidence-based interventions to promote mental health equity.

III. Transforming Psychiatric Care, Research, and Training through SDoMH

This Task Force has functioned to serve as a think tank for recommending innovative strategies to potentially help reshape the future of psychiatric healthcare through a SDoMH-focused lens, impacting clinical care, research, and training, public health practice, place-based initiatives, and advocacy on public policy. This will require moving from the generalities succinctly presented in the 2018 Position Statement, to characterizing concrete steps needed to transform mental healthcare and psychiatric practice. The first step in that process is broadening the list of evidence based SDoMH.

Broadening the Social Determinants of Mental Health

Below we list the most important data driven SDoMH not included in the WHO and CDC lists. We must address the major social determinants of health as they correlate with directly with those driving mental health inequities, but there are additional ones that require attention:

1) **Stigma against Persons with mental illness, and their treatments:** The pervasive global stigma against mental illness and substance use disorders and persons suffering with them with mental illnesses and substance use disorders has major health impacts:

   a) It reduces psychiatric patients 'opportunities for education, employment, getting or even renting a residence, getting loans, etc. All these factors impact their health.

   b) Stigma against treatments like ECT makes it much harder to receive ECT in many parts of the country, possibly increasing the risk of suicides and other adverse events.

   c) Not only do people with serious mental illnesses (SMI) have a 15-year shorter lifespan than the general population, but this gap in longevity has increased in recent decades, due in part to psychiatric patients benefitting less from modern advances in medicine

   d) There are more people with mental illnesses and substance use disorders in prisons and jails than in hospitals. Such a tragic situation does not apply to people with any physical illnesses.

   e) Stigma prevents people from learning about the nature of mental illness, it causes them to discount its importance or its effects. All told it promotes societal ignorance of the entire subject of mental health and illness.

2) **Lack of Mental Health Parity:** Despite the legislation passed two decades ago and renewed 15 years ago, there is still a massive gap in reimbursement for psychiatric care compared to general healthcare.

3) **Social Connections:** Social connection is crucial to human development, health, and survival. Meta-analyses have shown that there are perhaps no other factors that can have as large an impact on both length and quality of life, from the cradle to the grave. Yet, social connection is largely ignored as a health determinant because public and private stakeholders are not entirely sure how to act.

4) **Loneliness:** Considerable research has shown that loneliness and social isolation are as dangerous to health as smoking and obesity, and are an important risk factor for Alzheimer's disease, major depression, and generalized anxiety disorders, as well as cardiovascular and metabolic diseases. According to the US government statistics, more Americans die from loneliness-related conditions than from stroke or lung cancer. The prevalence of loneliness has doubled in recent decades. Loneliness is much more common in people with SMI than in the general population.

5) **Social Media:** Hurtful communication via social media has added considerable stress to the lives of people with mental illnesses and their families, and has contributed to a number of suicides, especially among adolescents and young adults.

6) **Immigration:** Stresses and traumas associated with immigration have become globally prominent during recent years. Multiple issues related to stigma, fear, financial burden, social rejection, cultural dissonance, language barriers, family separation, and loss of social connections have led to mental and physical health crises, exacerbated by a lack of access to even moderate-quality healthcare.

7) **Social despair and hopelessness:** Across the country, people in parts of the country are being left behind by economic and social developments. The "deaths of despair"-suicide, overdose, and alcohol related illnesses-have led to a decrease in life expectancy, particularly in people with high school educations or less.

8) **Positive Psychosocial Determinants:** It is necessary to stress that not all SDoMH have negative impact. Psychosocial factors like resilience, empathy, solidarity, emotional literacy, compassion, social engagement, and social support have been shown to predict better mental and physical health, even in people with SMI. Yet, these factors are rarely assessed, let alone targeted in medical or psychiatric interventions, or in routine clinical practice. While Positive Psychology has become widely popular, Positive Psychiatry remains well outside recommended practice guidelines. At the same time, there is growing interest in segments of the populace in meditation, mindfulness, compassion training and even movements like Compassionate Communities, that can impact mental health positively.

IV. Specific Recommendations from each Work Group

The Task Force consists of four work groups: A.) Clinical; B.) Research and Education, C.) Public Health, and D.) Policy. Their Composition, Focus, Target Audience, Areas of Focus, and Recommendations for APA actions are described below. **Optimal implementation of the specific Work group recommendations is best initiated by Board approval of the 8 overarching recommendations in the final section of this report.** During the coming months, we will expand and

specify each aspect of these work group recommendations, including citations to indicate the data-based evidence from which our statements are derived. In addition, we are aware Drs. Pender and Jeste have submitted a separate action item regarding the establishment of a Caucus on SDoMH. Thus, we will not discuss that proposal here.

A. Clinical Workgroup

Composition: Francis Lu, MD, Chair; Tresha Gibbs, MD; and Steve Koh, MD

Focus: This Workgroup focuses on what clinicians should do to assess and treat SDoMH in their everyday practice as current practice largely ignores SDOMH. This section will impact future APA Practice Guidelines in various areas.

Target Audience:

1) Psychiatrists and trainees who work with (a) patients and families, and (b) other disciplines including social workers, case managers, legal service providers, counselors, care coordinators, and others as part of a team or organization.

2) Clinicians from other mental health disciplines who work with patients and families.

Areas of Focus:

1) Evidence-based, reliable, and valid screening tools for identifying and quantitating SDoMH - review what other organizations have already done.

2) Clinical evaluation via the DSM-5 Outline for Cultural Formulation (Section C) and the Cultural Formulation Interview (Questions 6 and 7) to record SDoMH as V Codes in the diagnosis so they can be bookmarked for the comprehensive treatment plan.

3) Treatment plans that incorporate SDoMH: *Weiss MG, Aggarwal NK, Gómez-Carrillo A, Kohrt B, Kirmayer LJ, Bhui KS, Like R, Kopelowicz A, Lu F, Farías PJ, Becker AE, Hinton L, Lewis-Fernández R. Culture and Social Structure in Comprehensive Case Formulation. J Nerv Ment Dis. 2021 Jul 1;209(7):465-466. PMID: 34170856. see JNMD Commentary June 2021 by the GAP Cultural Psychiatry Committee entitled "Culture and Social Structure in Comprehensive Case Formulation".*

4) Develop a mini library of key articles, books, and resource guides on SDoMH

   a) Resources have been added to the Task Force webpage.

   b) A course on SDoMH by Drs. Lu, Malaspina, and Trestman has been developed for both the LEAD Program and the APA Learning Center.

   c) The Council on Children, Adolescents, and Their Families has a work group led by Drs. Gibbs and Fortuna working on a Resource Document on SDoMH in Child and Adolescent Psychiatry for May 2022 completion.

   d) Drs. Jeste, Koh, and Pender have an accepted publication for the American Journal of Geriatric Psychiatry entitled "Perspective: Social Determinants of Mental Health for the New Decade of Healthy Aging."

e) An article on the SDoMH in clinical practice is in development for the Psychiatric Services column on SDoMH; the Work Group is awaiting publication of the DSM-5 Text Revision so the latest information can be incorporated.

Recommendations:

1) Increase SDoMH competency at clinical level: Specify the micro-social skills and practices psychiatrists should be able to deliver, support, and/or advocate for prevention and promotion, especially in disparately affected communities.

2) Increase SDoMH competency at the social action level: Provide an orientation to public health issues and public policy that involves advocacy with other disciplines, organizations, and institutions to effect social changes. Describe and justify delivery models such as the science of "task-sharing" that enable and co-create care, prevention, and promotion skills and methods to be adopted by lay people and extenders in community (non-clinical) settings.

3) Enhance use of the DSM-5: Clarify APA's stance about the V codes to link SDoMH to diagnostic codes. d) Encourage consideration of SDoMH by Committee on Practice Guidelines and the various Councils.

4) Interface with the September Components meeting.

5) For DSM-6, form a Workgroup on SDoMH to infuse them into the diagnostic process.

B. Research and Education Workgroup

Composition: Dolores Malaspina, MD, Chair; Elie Aoun, MD; Kimberly Gordon-Achebe, MD

Focus: This Workgroup focuses on bringing excellent grounded education to medical students, residents, and fellows on the SDOMH, aiming to partner with all entities setting the educational competencies and goals. More thorough standard assessments of SDOMH are essential for clinical research studies to define mechanisms and interventions when large enough samples have been ascertained across studies

Target Audience:

1) All psychiatrists and other mental health practitioners and trainees with the goal that the impact of SDoMH and the necessary clinical and other interventions to prevent and treat these persons becomes become core knowledge in psychiatric practice.

2) Scientists: To stimulate more research on the biological mechanisms that transduce adversity into mental and physical disease for specific interventions and treatments.

3) Funding agencies: Education on the value of collecting standard validated information on SDoMH to be considered in all clinical psychiatric research, as it is presently not well collected in neuroimaging, genetics, and biological or treatment outcome studies.

4) The public and journalists: They are also currently more tuned into biological factors like genetics.

Areas of Focus:

1) The depth and breadth of the exposures resulting from social structures

2) Social Injustice: criminal justice system impacts on individuals, families, and costs to children

3) Adverse childhood exposures

4) Neighborhoods- food deserts; lack of outdoor space and green environment; climate change impacts, toxic exposures (pollution, lead, emissions from motor vehicles)

5) Impoverished family wealth and resources to meet short term needs without cascading disadvantage.

6) Examine the medical comorbidity in persons having psychiatric disorders strongly linked to the SDOMH compared to ones with more established genetic causation. Psychiatric conditions may be sentinel conditions for systemic disease. Consider that the earliest manifestations of a systemic physiological insult arising from SDOMH may be a pro-inflammatory milieu which may have its earliest visible impact on behavior and mental health. The mental health professional needs to be trained to recognize risk factors for cardiometabolic disorders. Therefore, mental health professionals need to be trained to have expertise in recognizing and addressing these structural issues at the patient and community levels.

Recommendation:

1) For research, have the Council on Healthcare Systems and Financing establish a standing Work Group within the Council to create a strategic plan to implement this item of the Position Statement in coordination with other components, SAMHSA, among other organizations

2) For Education, have the Council on Medical Education and Lifelong Learning establish a standing Work Group within the Council to create a strategic plan to implement this item of the Position Statement in coordination with AADPRT, ADMSEP, the Psychiatry RRC, and ABPN among other organizations?

3) For Education, have APA-appointed representatives to the Psychiatry RRC and ABPN show robust commitment to advocate for inclusion of SDoMH in the ACGME general psychiatry residency and fellowship competencies, ACGME Milestones, and the ABPN examinations to better address the need to incorporate attitude, knowledge and skills related to SDoMH.

4) Refocus the knowledge- and research-base to include SDoMH, including structural racism, as central upstream mechanisms generating mental illnesses that can be targets for prevention and early treatment. Consider the impact of life-course exposures and intergenerational trauma to mental health outcomes.

C. **Public Health Workgroup**

Composition: Ken Thompson, MD, Chair; Sanya Virani, MD; Michael Compton, MD

Focus: This Workgroup focuses on the public health significance of SDoMH and why this Task Force is necessary and timely.

Target Audience: The profession itself, academia, foundations, and the world of public health, civic organizations, and government.

Areas of Focus: Psychiatry needs to develop primary prevention approaches to mental illnesses and well-being that integrate public health and psychiatry. Laying the groundwork for the creation, organization, and support of a cadre of public health psychiatrists needs to happen. This will build on the organization of the conceptual basis for a public health psychiatry. Their approach, identifying the public health issues to be addressed, delineating the work to be undertaken, and outlining the training and support they will need to be effective.

Recommendations:

1) Ensure that all psychiatrists have some basic understanding of the SDoMH and the work this section of public health psychiatry will develop and grow. The time to move forward is now. The promotion of Positive mental health, well-being, resilience, and prevention of illnesses are critical elements of public health. Public Health Practice by psychiatrists should include specifying a human ecological and population approach to health and well-being, advancing "nurturant and healthy "groups, institutions, and communities built on place-based initiatives, promoting mental health literacy and resilience, and elaborating on physical and mental health in a "health in all policies" approach to as a process for sustainable and inclusive societal development.

2) More public health psychiatrists are needed. It is necessary to specify how a public health-, macro-social mental health-, and SDoMH-lens elevates public health aims and priorities within the profession and delineates the role and function of public health psychiatrists and their training and development. The APA should develop a catalog of programs members have helped develop locally and statewide as a resource to understand successes and failures of approach or implementation, which are likely unknown outside the locality because there has been no publication or publicity about it.

3) The development of specific residency training programs and fellowships that enable psychiatrists to develop public health capabilities must be explored. At least two or three such programs should be created in the United States.

4) The community psychiatry Gold Awards program in the APA could be re-engineered to include a focus on programs or initiatives that are targeted to reducing adverse effects of SDoMH.

5) A consultation with international leaders in the field of public health psychiatry is currently underway. A monograph collecting the comments will be developed as a roadmap for elaborating a future of a public health approach to psychiatry.

6) In addition, the Task Force is collaborating with the Royal College of Psychiatrists Public Mental Health Initiative Centre to learn how the RCP is engaging in a public health approach and addressing the social determinants of health. https://www.rcpsych.ac.uk/improving-care/public-mental-health-implementation-centre. Interested Board members are invited to attend the collaborative meetings.

D. **Policy Workgroup**

Composition: Allan Tasman, MD, Chair; Gary Belkin, MD; Lisa Fortuna, MD

Target Audience: Initially the APA Board of Trustees, followed by components and staff of the APA

Areas of Focus: An extensive array of policy implementation both within the APA and throughout psychiatry, as well as pertinent governmental, education, research, and healthcare institutions and organizations

Recommendations: In recognition of the breadth of task to sustain a SDoMH agenda, APA should establish credible capacity to lead on such an agenda. Designated individuals or subunits of APA Governance should maintain an ongoing APA SDoMH Workplan and Policy Agenda (Workplan) to build out an expansive SDoMH approach for psychiatry. This Workplan should be informed by and based on the policy recommendations in the section below on Conclusions and Recommendations. We recommend a time frame of six months for initial Workplan completion after APA Board approval of the general recommendations at the end of this document and which includes the following items:

1) Seek input from an invited network of social policy organizations, foundations, think tanks etc., across the areas that impact SDoMH (e.g., housing, poverty, health, equity, child and family support, community development, etc.) and a plan to formalize and continue such a network of allies, including consumer organizations that also capture this breadth of SDoMH. This should include coalitions focused on resilience and healthy child attachment especially for adversity facing families, and efforts to build on the science of nurturant communities and measurable population wellbeing.

2) Specific priority policy advocacy objectives based on that network input and evidence of mental health benefits from social policies. Those objectives should include but not be limited to ways to end child poverty, universalize access to health care, childcare, pre-K, and secondary education, and establish a guaranteed income and living wage, and join other countries adopting wellbeing budget tools.

3) A path for APA to pursue with others the delivery system conditions, funding, and reimbursement codes and other policies that will enable providers to coach and join "task-sharing" partnerships with CBOs. Task-sharing describes is a proven model and evidence base where clinicians coach and support skill adoption by community members to do frontline mental health care, promotion, and prevention) and community partnerships, that support them. This approach extends the reach of care overall and more connected to SDoMH, but also similarly spreads and integrates the work of mental health prevention and promotion.

4) Input from relevant Councils will advise as to Workplan priorities for APA activities and responsibilities regarding professional development, training and curricula, clinical practice, research development, and other aspects of APA roles and program, to advance an SDoMH approach, including consideration of a specialty in Public Health Psychiatry.

5) Short- and medium-term objectives for these efforts, and description of partnerships, grants, and funding opportunities and needs to grow the staff, scope, resources, and capabilities of the Center/designee(s) to do this work

6) A process for an iterative, ongoing, updated, SDoMH Workplan and Policy Agenda moving forward beyond this initial 6-month report, at no less than annually, and reported to the APA Board of Trustees

7) In addition to pursuit of detailing the policy areas above, the Policy Work Group also recommends this work include APA advocacy to:

a) Establish a CDC Deputy Director for Community Mental Health and Emotional Wellbeing

b) Peg NIMH funding to the relative contribution of social factors to mental health and bring parity to social factor-based and prevention/promotion focused research

c) Make permanent the Child Tax Credit (now expired) and establish a US-wide guaranteed income and raised minimum wage

d) In doing this work, the Committee also recommends pursuing opportunities to advance a SDoMH agenda as described here through efforts at the state and local levels since they offer the potential as laboratories for new approaches which could then be adopted nationwide.

Notes on the Deliberations of the Task Force

The challenges of sorting out how the APA might address the Social Determinants of Mental Health, given its history, was bound to be a fraught process, even without the current mental health crisis. The stakes are high and the prize for fully engaging the field and the profession is great. Nonetheless, the barriers to change are significant. This request that the board vote on action items and report is the result of efforts to thread through these challenges to launch a process whose momentum cannot be halted.

V. Conclusions and Recommendations

The challenges of sorting out how the APA might address the Social Determinants of Mental Health, given its history, was bound to be a fraught process, even without the current mental health crisis. The stakes are high and the prize from fully engaging the field and the profession is great. Nonetheless, the barriers to change are significant. This request that the board vote on action items and report is the result of efforts to thread through these challenges to launch a process whose momentum cannot be halted. Most Task Force members feel that the next few steps are not adequate for the challenges we face. They would be especially correct - to our shame - if these small actions were the only steps taken. But efforts to do more at this moment were unsuccessful. More will need to be done, much more and soon. The members of this Task Force cannot understate this. This is a moment for our field and our profession to stand up. Will we?

Recommended Actions for the Board of Trustees during the March 2022 Meeting
The APA needs both a short-term and a long-term commitment and capacity to anchor iterating and comprehensive strategies to build knowledge for an SDoMH-based paradigm. The Task Force requests the Board of Trustees approve the below action items to begin implementing the *APA Position Statement on Mental Health Equity and the Social and Structural Determinants of Mental Health* which was approved by the APA Assembly in November 2018 and the APA Board of Trustees in December 2018. None of these recommendations require either a change in the component's membership or an increase in the short-term cadre of APA staff**. The first two action items will implement several of the five sections of the 2018 Position Statement and the following six action items will address specific sections of the text of the Position Statement from which it was derived.**

ACTION 1: Will the Board of Trustees vote to recommend the Assembly Executive Committee establish a standing Work Group on SDoMH within the Assembly to create a strategic plan to implement the *APA Position Statement on Mental Health Equity and the Social and Structural Determinants of Mental Health* **in coordination with the District Branches?**

The strategic plan should be developed in coordination with the Council on Advocacy and Government Relations and other components to ensure monitoring of and advocacy for District Branch- and state-level issues concerning SDoMH.

ACTION 2: Will the Board of Trustees vote to approve a name and scope of work change of the "Division of Diversity and Health Equity (DDHE)" to "Division of Diversity, Health Equity, and SDoMH (DDHESD)," since SDoMH is a major driver of health inequities and inextricably linked to health equity?

ACTION 3: Will the Board of Trustees vote to recommend the screening process for future APA-appointed representatives to the Psychiatry RRC and ABPN include assessing all potential nominee's commitment to advocate for inclusion of SDoMH in the ACGME general psychiatry residency and fellowship competencies, ACGME Milestones, and the ABPN examinations to better address the need to incorporate attitude, knowledge and skills related to SDoMH?

> *"Supports medical and public education on the structural and social determinants of mental health, mental health equity, and related evidence-based interventions.*
> o *Urges medical school and graduate medical education accrediting and professional bodies to emphasize educational competencies in social determinants of mental health and mental health equity.*
> o *Urges psychiatry residency training directors and other psychiatric educators to use systematic approaches to teaching about structural and social determinants of mental health.*
> o *Supports the training of psychiatrists, in graduate and continuing medical education, in best practices to address the structural and social determinants of mental health and promote health equity."*

ACTION 4: Will the Board of Trustees vote to require that the Council on Advocacy and Government Relations establish a standing Work Group within the Council to create a strategic plan to implement this excerpt from the *APA Position Statement on Mental Health Equity and the Social and Structural Determinants of Mental Health* **in coordination with the Division on Government Relations among other components and external organizations?**

> *"Supports legislation and policies that promote mental health equity and improve the social and structural determinants of mental health, and formally objects to legislation and policies that perpetuate structural inequities."*

The strategic plan should be developed in coordination with the Assembly and other components to ensure monitoring of and advocacy for District Branch- and state-level issues concerning SDoMH.

ACTION 5: Will the Board of Trustees vote to require that the Council on Quality Care establish a standing Work Group within the Council to create a strategic plan to implement this excerpt of the *APA Position Statement on Mental Health Equity and the Social and Structural Determinants of Mental Health* **in coordination with the Councils on Children, Adolescents, and Their Families; Council**

on Minority Mental Health and Health Disparities; Council on Geriatric Psychiatry; among other Councils and DDHESD?

> *"Advocates for the dissemination of evidence-based interventions that improve both the social and mental health needs of patients and their families."*

ACTION 6: Will the Board of Trustees vote to require that the Council on Healthcare Systems and Financing establish a standing Work Group within the Council to create a strategic plan to implement this excerpt of the *APA Position Statement on Mental Health Equity and the Social and Structural Determinants of Mental Health* in coordination with other components, SAMHSA, among other organizations outside the APA?

> *" Supports legislation and policies that promote mental health equity and improve the social and structural determinants of mental health, and formally objects to legislation and policies that perpetuate structural inequities."*

> *"Advocates for the dissemination of evidence-based interventions that improve both the social and mental health needs of patients and their families."*

ACTION 7: Will the Board of Trustees vote to require that the Council on Medical Education and Lifelong Learning establish a standing Work Group within the Council to create a strategic plan to implement this excerpt of the *APA Position Statement on Mental Health Equity and the Social and Structural Determinants of Mental Health* in coordination with AADPRT, ADMSEP, the Psychiatry RRC, and ABPN among other organizations?

> *"Supports medical and public education on the structural and social determinants of mental health, mental health equity, and related evidence-based interventions.*
> o *Urges medical school and graduate medical education accrediting and professional bodies to emphasize educational competencies in social determinants of mental health and mental health equity.*
> o *Urges psychiatry residency training directors and other psychiatric educators to use systematic approaches to teaching about structural and social determinants of mental health.*
> o *Supports the training of psychiatrists, in graduate and continuing medical education, in best practices to address the structural and social determinants of mental health and promote health equity."*

ACTION 8: Will the Board of Trustees vote to require that the Council on Research establish a standing Work Group within the Council to create a strategic plan to implement this excerpt of the *APA Position Statement on Mental Health Equity and the Social and Structural Determinants of Mental Health* in coordination with NIMH and SAMHSA among other organizations?

> *"Advocates for increased funding for research to better understand the mechanisms by which structural and social determinants affect mental illness and recovery"*