



The Social Determinants of Mental Health

A White Paper Detailing Promising
Practices and Opportunities at the
New York State Office of Mental Health

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Office of
Mental Health

Preface:

SDMH at NYS OMH in the COVID-19 Era and Beyond Potential Opportunities Become Urgent Needs

The relevance and impact of the social determinants of health and mental health have been tragically demonstrated yet again by the disparate impacts of the COVID-19 pandemic. Individuals experiencing the same physical health and behavioral health inequities associated with the social determinants have also had a disproportionate burden of COVID-19-related morbidity and mortality. The population served by the NYS OMH represents an intersection of several subpopulations at significantly greater risk for COVID-19 exposure and complications, including people experiencing discrimination, poverty, medical comorbidities, insufficient access to health care, and living in congregate settings, such as residences, hospitals, homeless shelters, and jails or prisons, or without consistent safe housing. The mental health effects of the pandemic will also be disproportionately suffered by this population—both the immediate effects of the illness itself on the individual and/or the individual’s family with associated anxieties and losses, and the longer-term effects associated with even more economic disruption for an already economically stressed group.

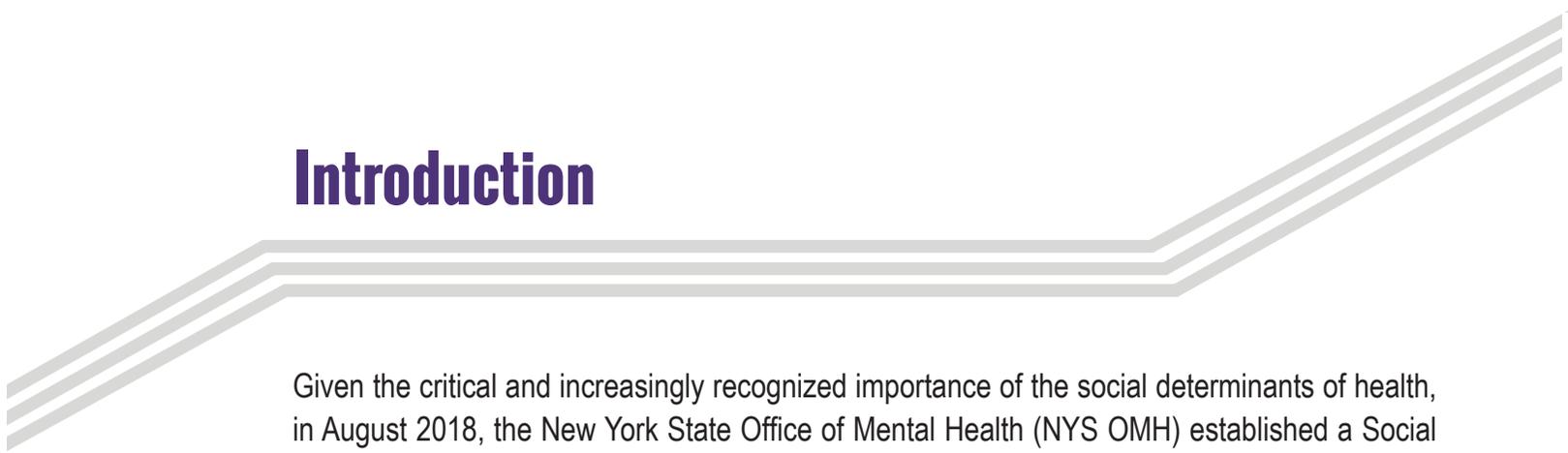
Each of the social determinants of health and mental health will both contribute to the disparate prevalence of COVID-19 in traditionally marginalized and/or disenfranchised populations and in turn the disparate prevalence of COVID-19 will contribute to the worsening of those very social determinants. For example, housing instability made sheltering-in-place more challenging and therefore increased the risk of contracting COVID-19; in turn, exposure to COVID-19 increases housing instability when at-risk clients are excluded from housing, need to be isolated, and/or cannot pay rent due to COVID-19-related unemployment. (For additional examples, see the Appendix.)

The challenges associated with serious mental illnesses, including psychiatric symptoms, cognitive dysfunction, difficulty with adherence to treatment and protective hygiene practices (especially during periods of acute illness), as well as chronically higher rates of tobacco use, unemployment, and living in congregate settings, make COVID-19-related morbidity and mortality more likely and more severe.¹

As with the general SDMH focus outlined in this paper, NYS OMH can contribute to the amelioration of the mental health burden and the disproportionate COVID-19 morbidity and mortality experienced by both the population directly served by the agency, as well as the population at large, through its influence on policy and practice state-wide.

1. Shinn AK, Viron M. Perspectives on the COVID-19 pandemic and individuals with serious mental illness. *J Clin Psychiatry*. 2020;81(3):20com13412

Introduction



Given the critical and increasingly recognized importance of the social determinants of health, in August 2018, the New York State Office of Mental Health (NYS OMH) established a Social Determinants of Mental Health (SDMH) Workgroup to help define a social determinants agenda and coordinate with other agencies. Specific bureaus and related initiatives have been instituted at the New York State Department of Health (DOH) [1] and the New York City Department of Health and Mental Hygiene (DOHMH) [2]. The New York State Office of Mental Health (OMH) has been contributing to these efforts in several ways, as exemplified by participation in the development of the current cycle (2019–2024) of the New York State Prevention Agenda [3], which is infused with themes pertaining to the social determinants.

In this White Paper, we provide a brief overview of the social determinants of mental health (SDMH), and then we outline our agency's spheres of influence as a means of framing our thinking in this area. Finally, we describe current SDMH-related activities, new initiatives and potential opportunities for each of those spheres, as the NYS OMH continues to ratchet up its contribution to this critical approach to clinical care and health justice.

The Social Determinants of Mental Health: Definitions and Overview

Although long within the interest of public health and some medical professions including psychiatry, now, governmental agencies, health care providers and health systems, health insurance payers, and communities at large are increasingly focused on the social determinants of health. This attention is driven by fiscal, clinical, and public health priorities, as well as considerations of health equity and social justice. The World Health Organization defines the social determinants of health as: “the conditions in which people are born, grow, live, work and age that affect health and the rates of illnesses within populations...these circumstances are shaped by the distribution of money, power and resources at global, national and local levels” [4]. The social determinants of health are societal problems affecting communities, families, and individuals that interfere with achieving optimal health and increase risk for illnesses, including noncommunicable chronic diseases (e.g., cardiovascular disease, diabetes), infectious diseases, and behavioral disorders (i.e., psychiatric disorders and substance use disorders).

Given that the social determinants of health have an equal, if not greater, impact on behavioral disorders, when considered in this context, they can also be referred to as the social determinants of mental health (SDMH) [5]. In fact, the social determinants likely have a more potent effect on behavioral disorders than physical illnesses. One reason for this particularly potent effect is the fact that social determinants (e.g., discrimination, unemployment, housing instability, food insecurity, poor access to health care) are both risk factors for and consequences of behavioral disorders, like serious mental illnesses and substance use disorders. These social outcomes, then, negatively impact course and outcomes of an individual’s behavioral disorder and comorbid physical illnesses.

In addition to helping frame and prioritize a focus on the social needs of existing clients, the social determinants framework also provides a guide for efforts to prevent mental illnesses and substance use disorders in the community at large, and to address health disparities and health inequities, which is, perhaps, the most important moral underpinning of the field of public health.

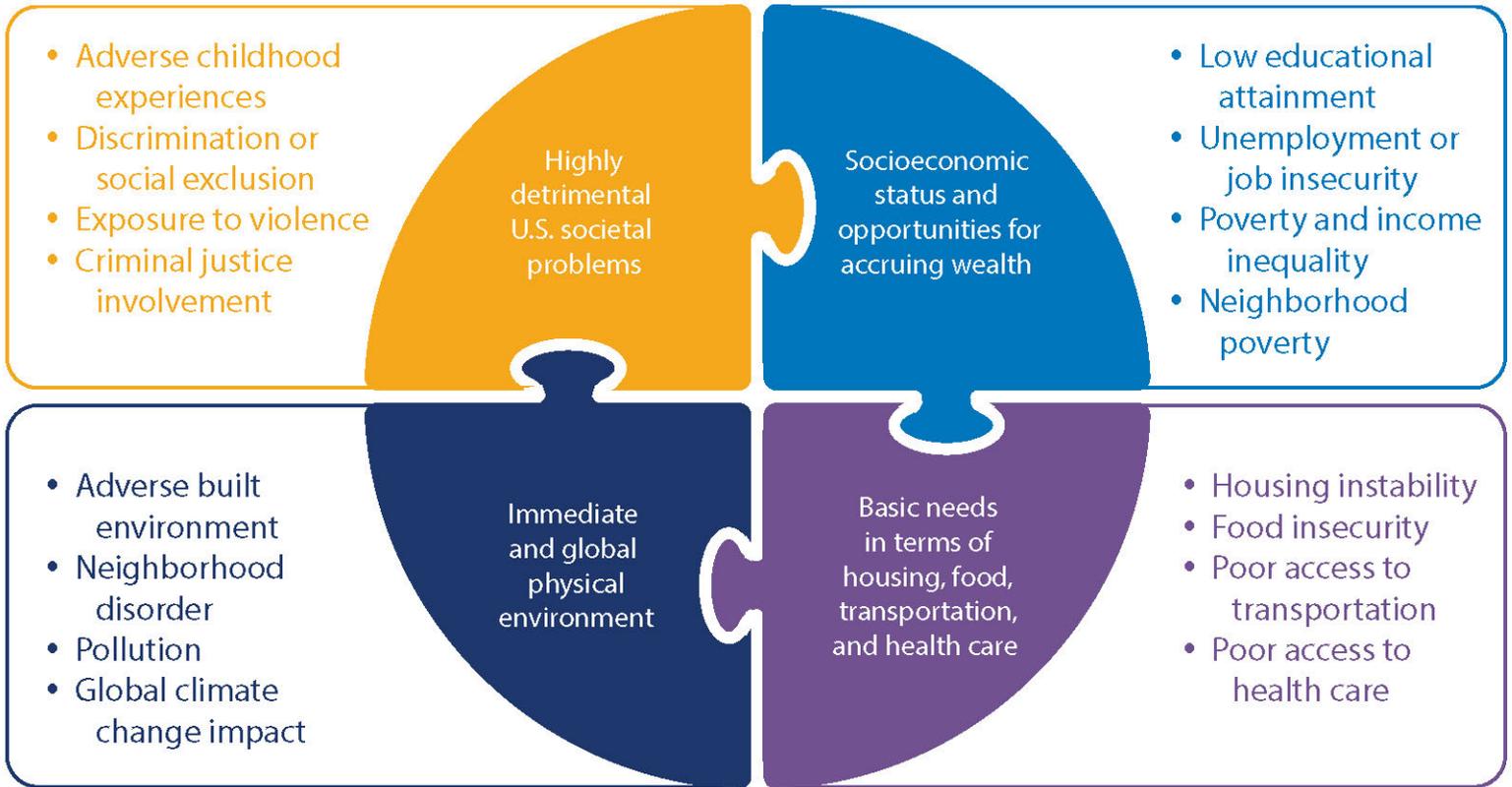


Figure 1: Sixteen Categories of Social Determinants of Mental Health, in Four Broad Buckets.

The Office of Mental Health: Spheres of Influence, Current Activities, New Initiatives and Potential Opportunities

Being perhaps the most robust and complex state mental health system in the United States, the New York State Office of Mental Health functions within a number of domains, and thus has a number of spheres of influence. The SDMH workgroup, comprised of NYS OMH staff from divisions representing the various spheres of influence, began by identifying activities currently being undertaken, or that are ongoing (many of which address SDMH, without, however, having been framed specifically around the social determinants). The workgroup then identified potential opportunities for expansions in this area.

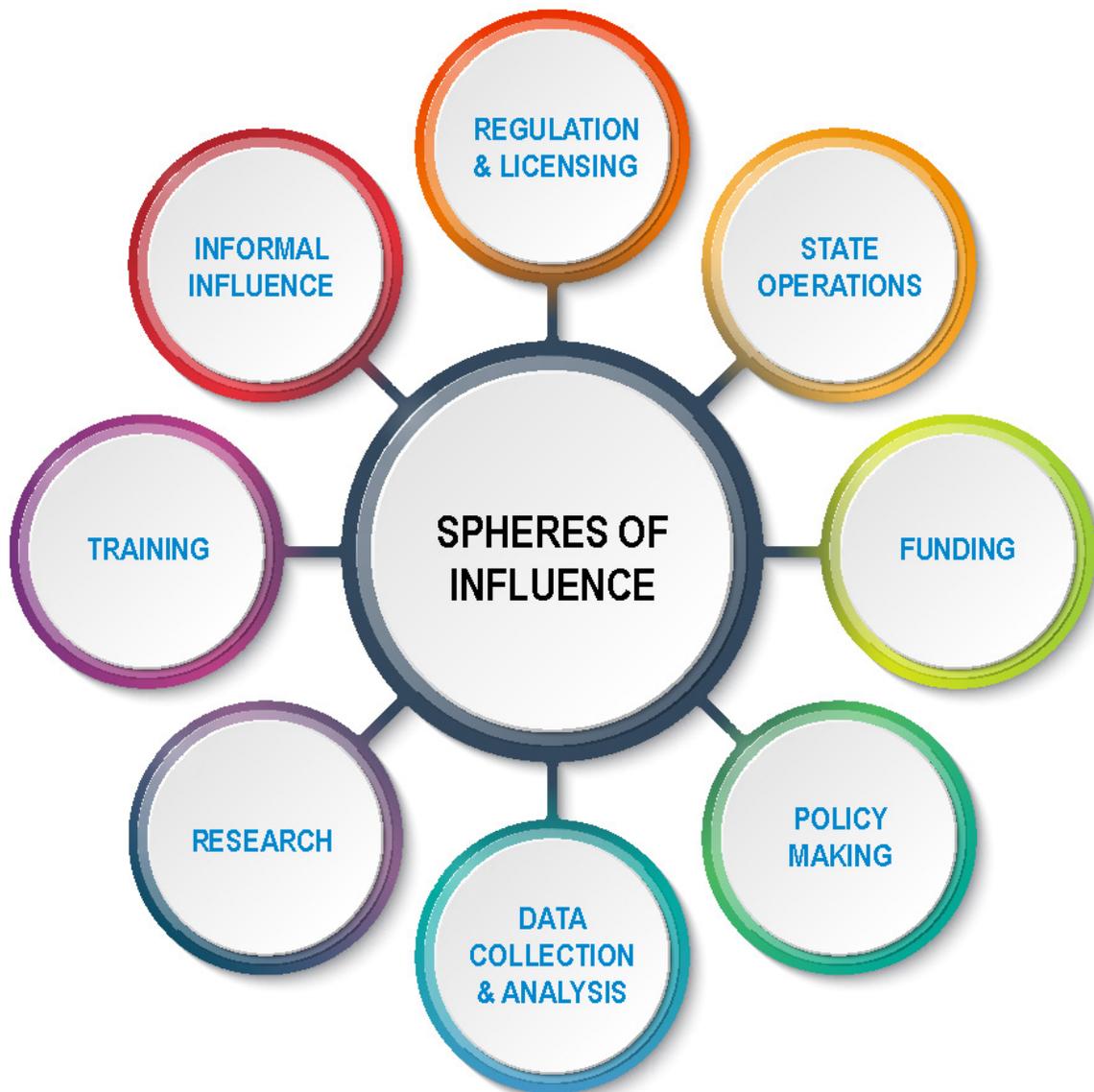


Figure 2: The Office of Mental Health Spheres of Influence.

Click the circles to learn more about each sphere of influence and related OMH activities and plans.

Summary

Government, health care providers, health insurance payers, and communities are paying greater attention to the social determinants of health. This attention is driven by fiscal, clinical, and public health priorities, as well as considerations of health equity and social justice. Specific bureaus and related initiatives have been instituted at the NYS DOH [1] and NYC DOHMH [2]. As noted above, NYS OMH is already contributing to the conversation and activities in several areas. Many, if not most, of these have come about “organically” as part of the agency’s routine activities and areas of commitment. For example, state-operated facilities attend to a number of social needs, but this came about due to the extent of social disadvantage among clients served, rather than from a distinct initiative founded upon addressing social determinants and eliminating inequities. Given both the critical importance of social determinants for behavioral health outcomes and the power the NYS OMH has to influence policy and program at the state-wide and local level, NYS OMH is proud to be taking a more coordinated and intentional approach to addressing social determinants for both individual clients and the community-at-large.

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Resources

1. https://www.health.ny.gov/health_care/medicaid/redesign/sdh/docs/sdh_bureauslides.pdf
2. <https://www1.nyc.gov/site/doh/health/neighborhood-health/center-for-health-equity.page>
3. https://www.health.ny.gov/prevention/prevention_agenda/2019-2024/
4. World Health Organization: https://www.who.int/social_determinants/en/ Accessed November 6, 2019.
5. Compton MT, Shim RS, Editors (2015) *The Social Determinants of Mental Health*. Washington, DC: American Psychiatric Publishing, 270 pages, ISBN-13: 978-1-58562-477-5.

Funding

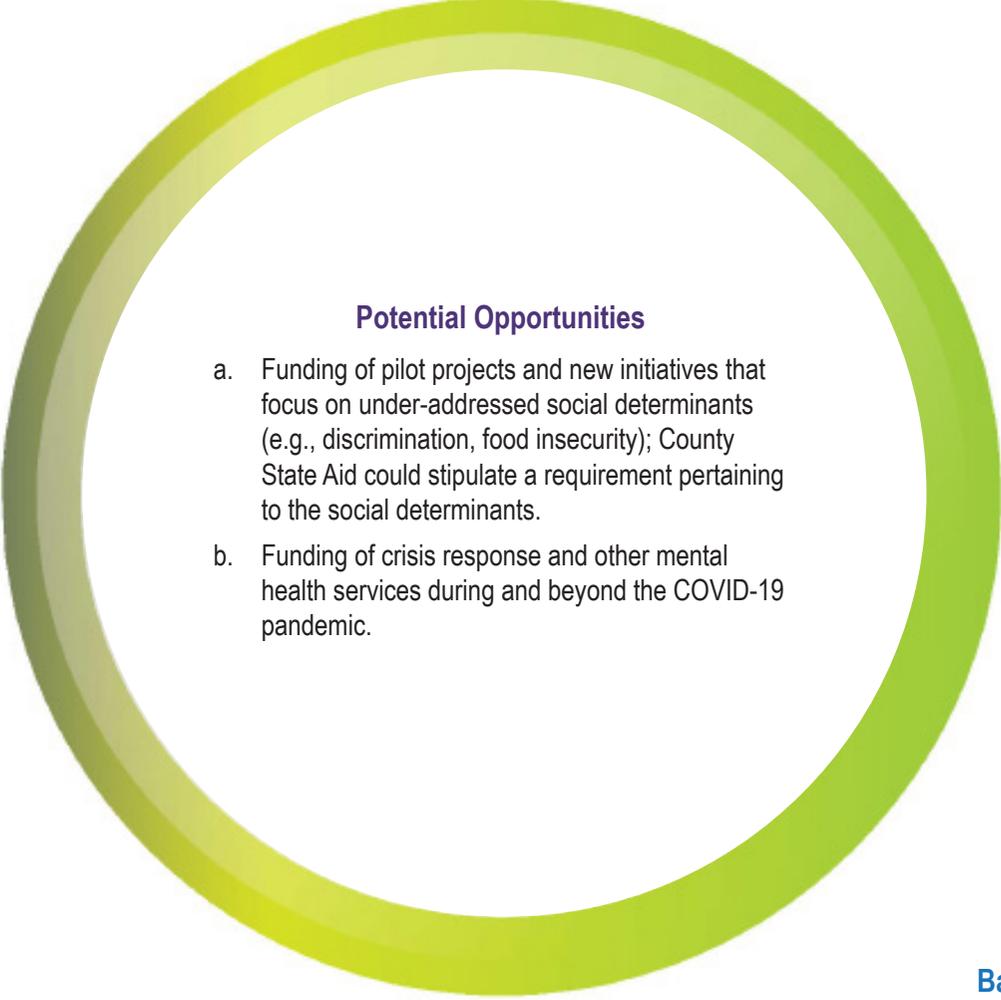
Providing initial or sustaining funding for specific initiatives of great value to the agency and providing State Aid funding to counties.

Current Activities

- a. Early identification in children and adolescents that integrates social determinant screening and assessment.
 - i. Healthy Steps - integrates family and child development professionals into pediatric and family medicine practices.
 - ii. Project TEACH - provides rapid consultation, education and training, and referral/linkage services to pediatric primary care providers.
- b. Medicaid-reimbursable Home and Community Based Services (HCBS) that include such SDMH targets as education and vocation.
- c. OMH funds a large array of adult housing resources, including congregate treatment, licensed apartments, single room residences, and single and scattered-site supportive permanent housing.

New Activities

NYS OMH's Outpatient Clinic Support Initiative - screening for SDMH is being incorporated as both an engagement and clinical strategy.



Potential Opportunities

- a. Funding of pilot projects and new initiatives that focus on under-addressed social determinants (e.g., discrimination, food insecurity); County State Aid could stipulate a requirement pertaining to the social determinants.
- b. Funding of crisis response and other mental health services during and beyond the COVID-19 pandemic.

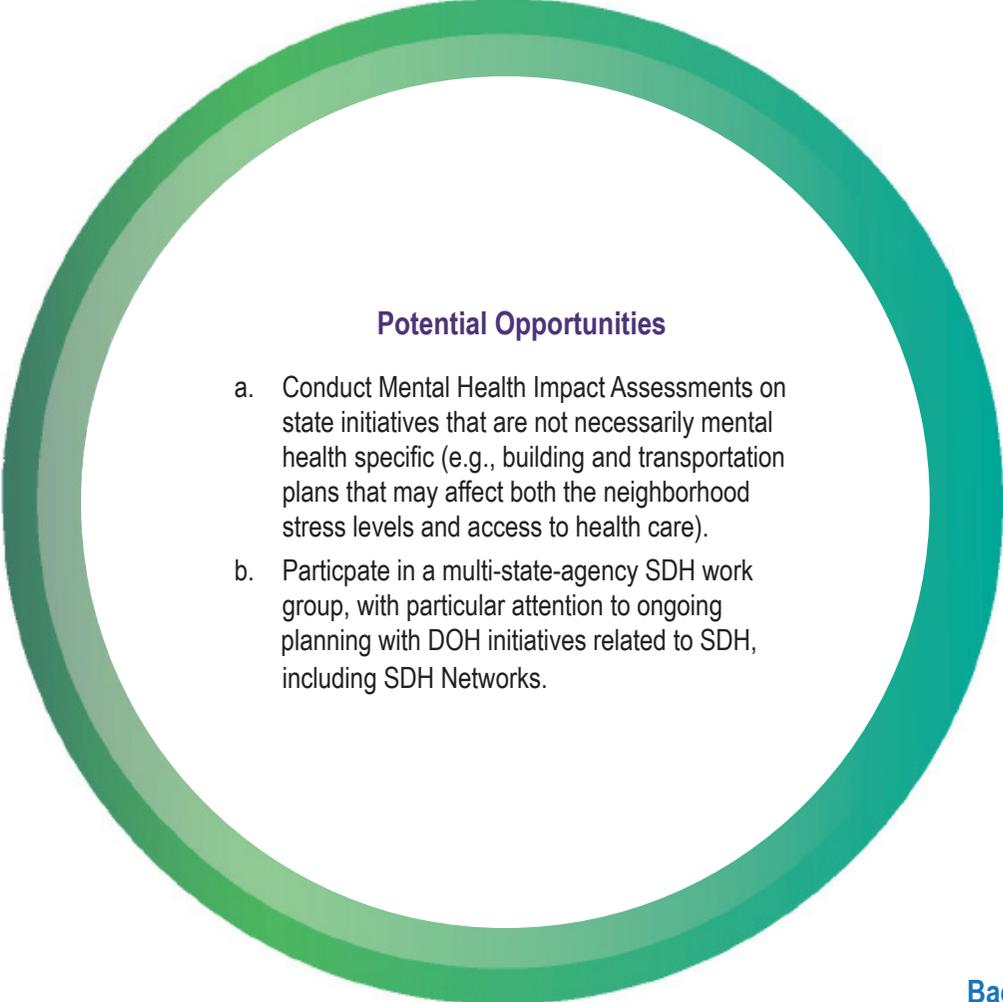
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Polycymaking

Setting policy both within the agency and in conjunction with other state agencies and the state legislature.

Current Activities

- a. OMH representation in cross-agency collaborations
 - i. NYS Prevention Agenda – a statewide initiative which aims to improve health outcomes, enable well-being, and reduce health disparities.
 - ii. Health Across All Policies (HAAP) –state agencies must incorporate health considerations into all policies, procedures, and procurement.
 - iii. Cross-agency planning on food security and community wealth building by participating in the: NYS Council on Hunger and Food Policy and Association of State and Territorial Health Officials (ASTHO) grant.
- b. Medicaid Reimbursement Policies
 - i. Collaborate with DOH in setting reimbursement policy for Medicaid Managed Care Organizations.
 - Incorporating requirement for addressing SDMH in Value-Based Payment standards.
 - ii. Adult Rehabilitation Services under Health and Recovery Plans (HARPS) include reimbursement for SDMH, e.g. education, vocation and Peer Support services.



Potential Opportunities

- a. Conduct Mental Health Impact Assessments on state initiatives that are not necessarily mental health specific (e.g., building and transportation plans that may affect both the neighborhood stress levels and access to health care).
- b. Participate in a multi-state-agency SDH work group, with particular attention to ongoing planning with DOH initiatives related to SDH, including SDH Networks.

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Data Collection and Analysis

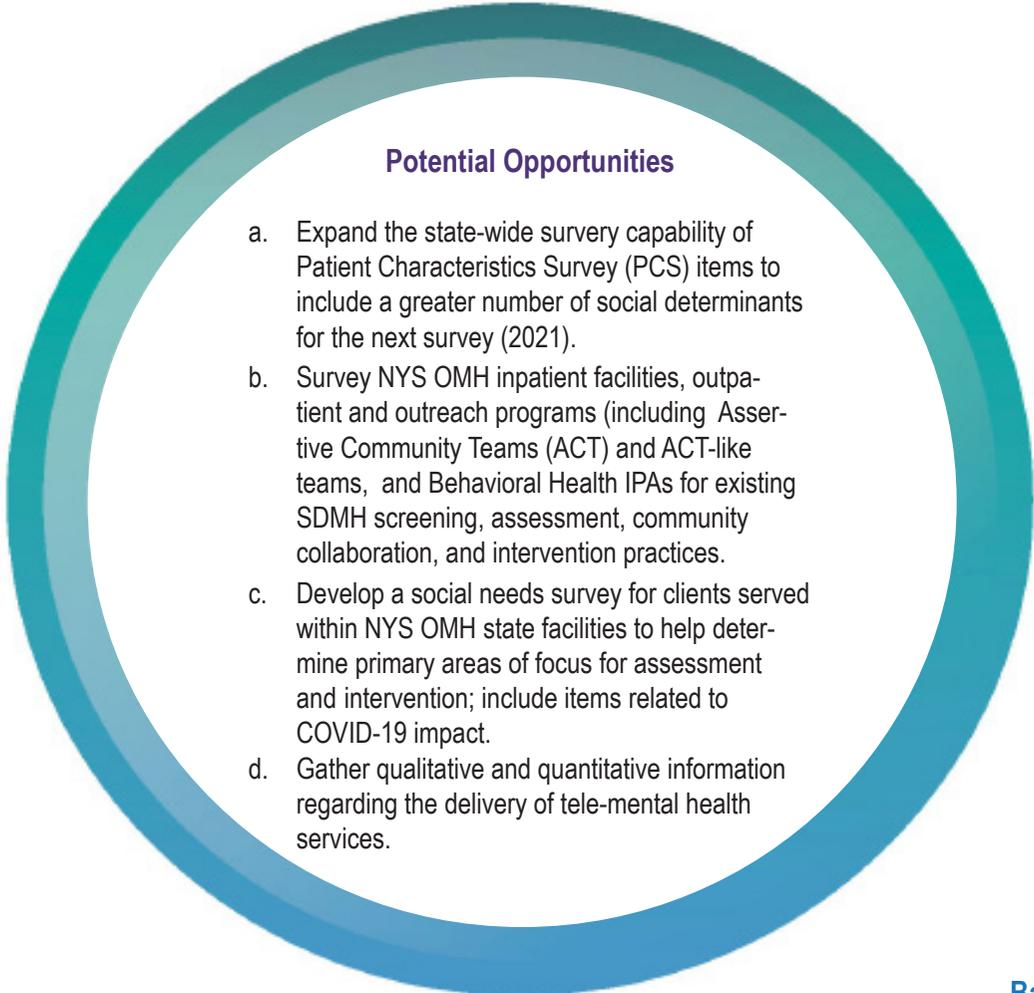
Collecting data from a variety of reporting sources, with dedicated staff to provide sophisticated analysis and visualization of results.

Current Activities

Patient Characteristics Survey (PCS) - a survey conducted every two years, which collects demographic, clinical, and service-related information for each person who receives a public mental health service during a specified one-week period; the survey currently includes specific items pertinent to the social determinants (housing, education, employment and criminal justice involvement).

New Activities

NYS OMH's Outpatient Clinic Support Initiative - a survey was sent to all outpatient clinics to determine existing practices in SDMH screening and intervention.



Potential Opportunities

- a. Expand the state-wide survey capability of Patient Characteristics Survey (PCS) items to include a greater number of social determinants for the next survey (2021).
- b. Survey NYS OMH inpatient facilities, outpatient and outreach programs (including Assertive Community Teams (ACT) and ACT-like teams, and Behavioral Health IPAs for existing SDMH screening, assessment, community collaboration, and intervention practices.
- c. Develop a social needs survey for clients served within NYS OMH state facilities to help determine primary areas of focus for assessment and intervention; include items related to COVID-19 impact.
- d. Gather qualitative and quantitative information regarding the delivery of tele-mental health services.

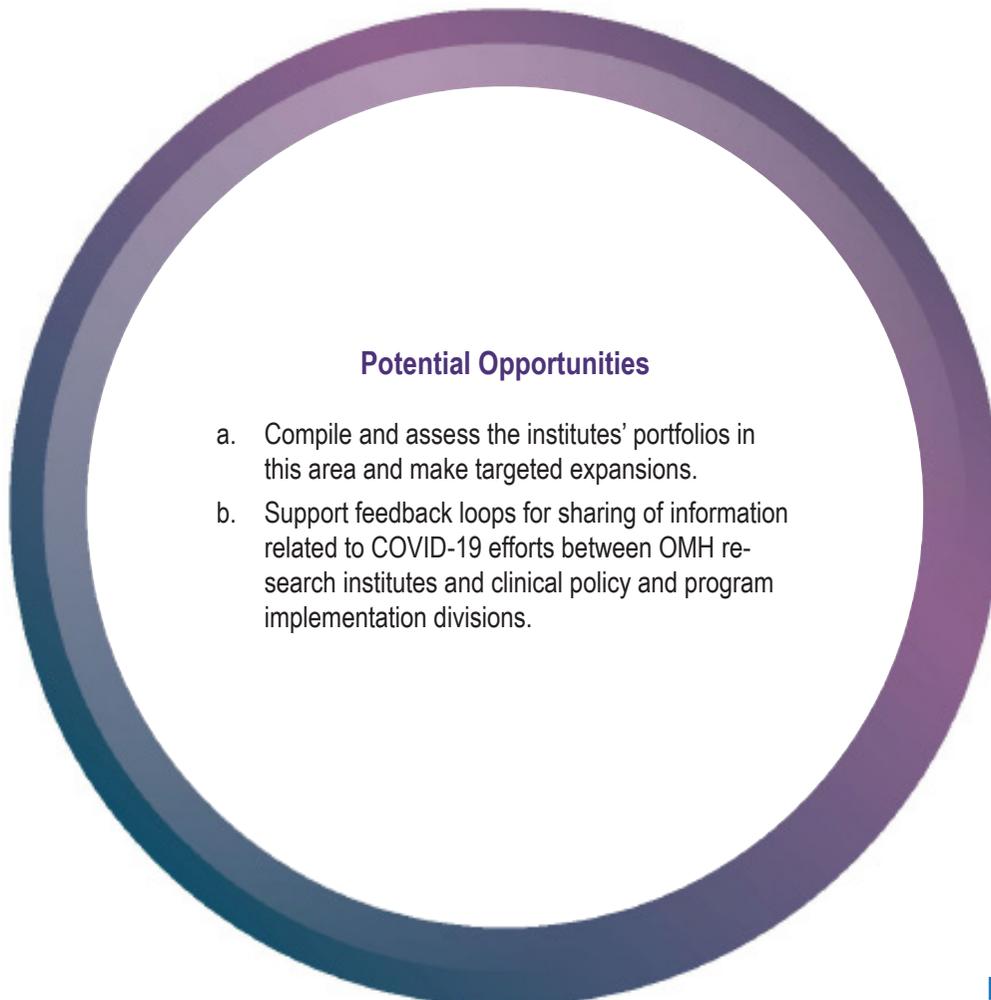
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Research

Pursuing a diverse array of types of research and disseminating results from two world-class psychiatric research centers, staffed by a highly skilled research workforce, and supported by excellent facilities.

Current Activities

The Nathan Kline Institute's Center for Research on Cultural and Structural Equity in Behavioral Health includes SDMH research and training. Anticipated deliverables include community-relevant research, as well as programmatic support and training.



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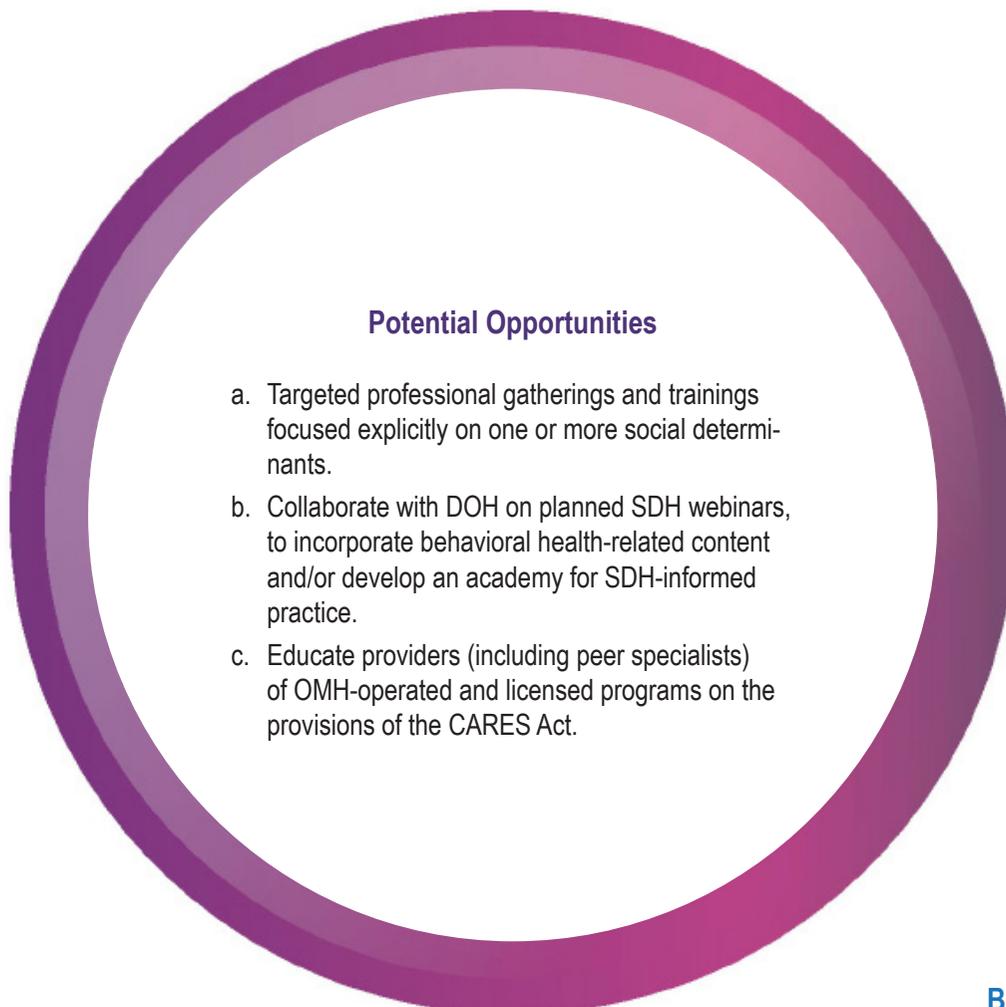
Training

Educating the state workforce through variety of venues and platforms, including professional conferences, on-line state-wide grand rounds, the OMH-supported Center for Practice Innovations, trainings developed in collaboration with community based agencies, and the mandated modules on the State's learning management system.

Current Activities

Examples of the agency's statewide training and policy promotion opportunities;

- i. The 2019 Health Equity Conference organized by the NYS OMH Bureau of Cultural Competence.
- ii. State-wide Grand Rounds on Structural Competence, and its potential for implementation in clinical settings, March 2020.
- iii. Academy for Justice-informed practice - a workforce training initiative for professionals working with individuals with behavioral health needs and criminal justice involvement.



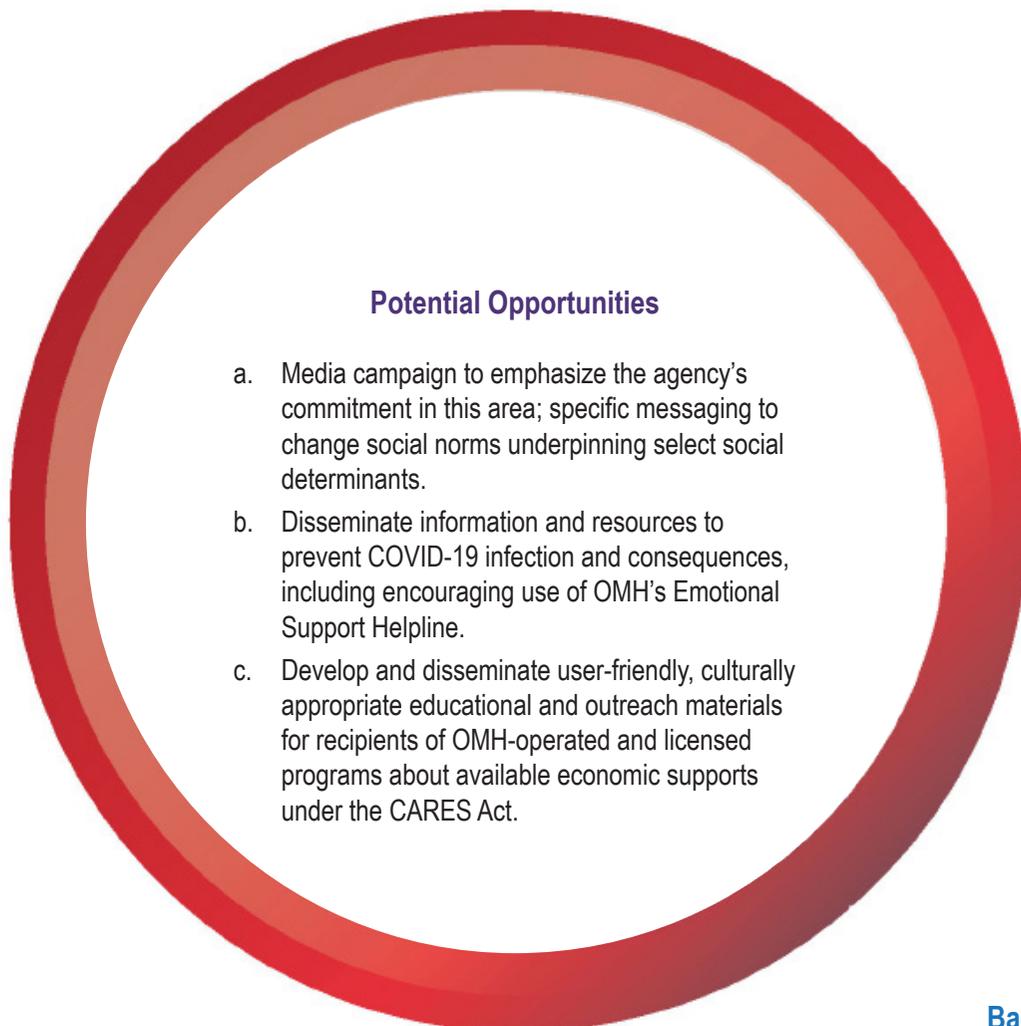
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Informal Influence

Using OMH's "bully pulpit" to endorse, encourage and commend activities that support addressing social determinants at both the societal structural and individual client levels.

Current Activities

Ongoing endorsement of the importance of the social determinants, e.g. Commissioner's February 2019 newsletter about Food Security.



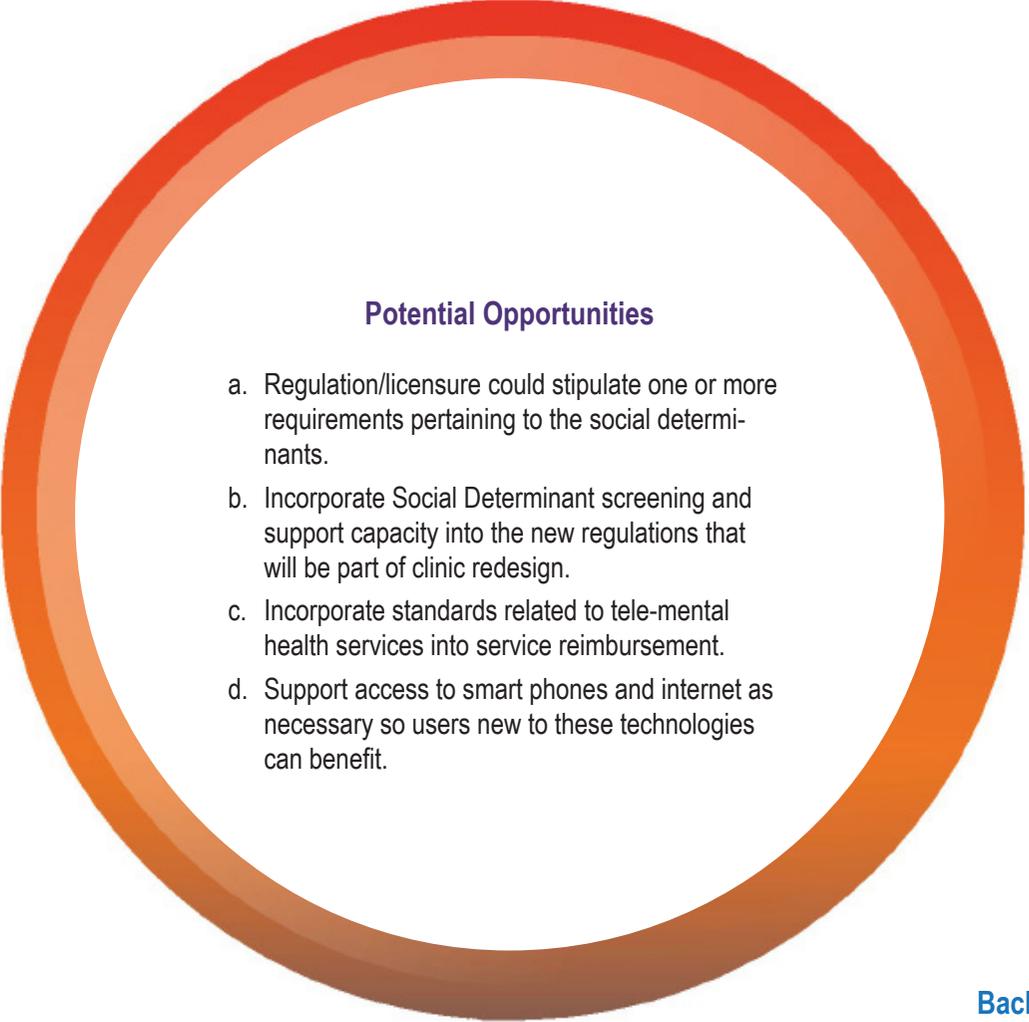
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Regulation and Licensing

Overseeing and surveying of thousands of inpatient, outpatient, and residential programs across the state.

New Activities

NYS OMH's Outpatient Engaging Clinic Support Initiative - data gathered as part of this pilot initiative will in turn inform state-wide clinic redesign generally.



Potential Opportunities

- a. Regulation/licensure could stipulate one or more requirements pertaining to the social determinants.
- b. Incorporate Social Determinant screening and support capacity into the new regulations that will be part of clinic redesign.
- c. Incorporate standards related to tele-mental health services into service reimbursement.
- d. Support access to smart phones and internet as necessary so users new to these technologies can benefit.

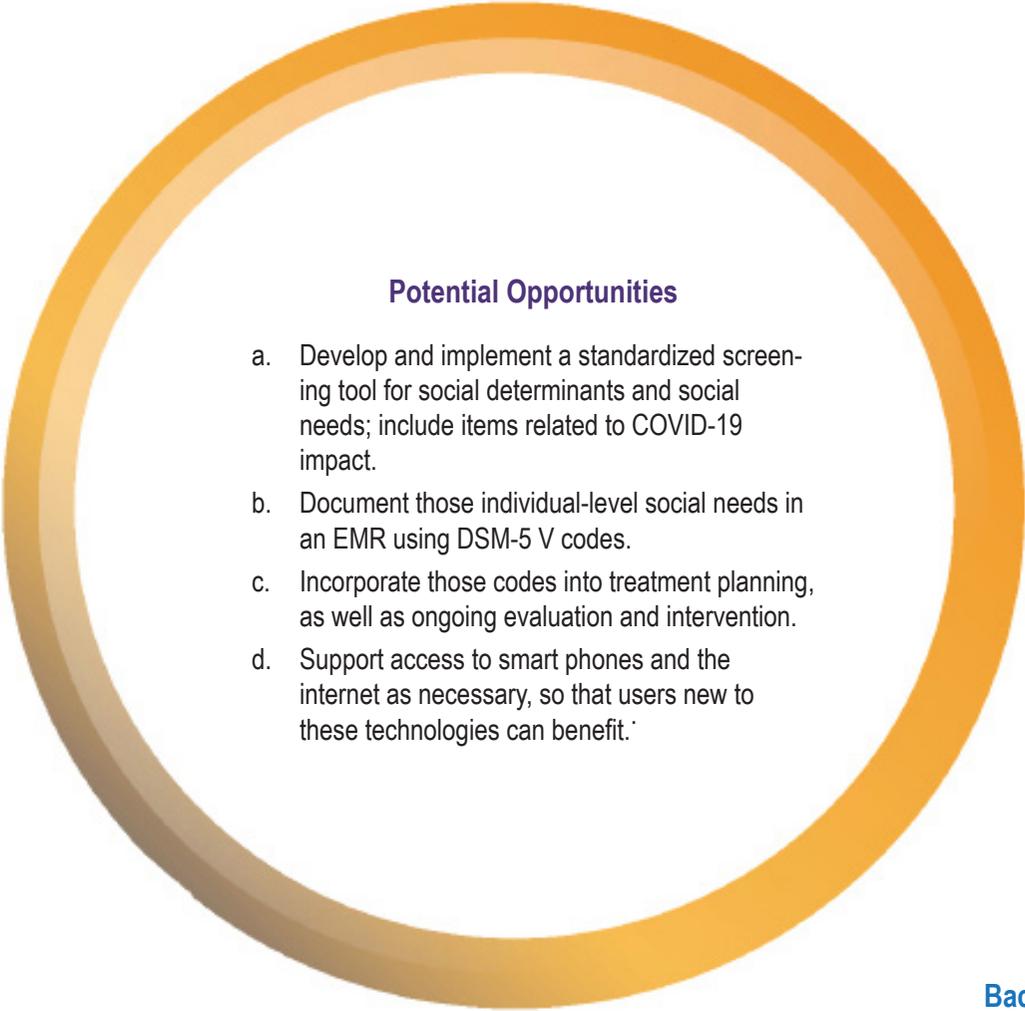
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State Operations

Operating of a vast array of inpatient, outpatient, and residential services.

Current Activities

Many social needs are addressed in clinical settings: diverse social determinants pertaining to education, employment, housing, transportation, and access to health care.



Potential Opportunities

- a. Develop and implement a standardized screening tool for social determinants and social needs; include items related to COVID-19 impact.
- b. Document those individual-level social needs in an EMR using DSM-5 V codes.
- c. Incorporate those codes into treatment planning, as well as ongoing evaluation and intervention.
- d. Support access to smart phones and the internet as necessary, so that users new to these technologies can benefit.

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Appendix

Social Determinants and COVID-19: A Potentially Devastating Feedback Loop

Listed below are some additional examples of how socioeconomic inequities and the social determinants and health contributed to the disparate effects of the pandemic among traditionally marginalized and/or disenfranchised populations —and in turn how these inequities and determinants have themselves been exacerbated by the pandemic.

Adverse Childhood Experiences (ACE)

- Increased risk for ACE items associated with family stress and instability, poverty and violence.

Adult Social Determinants

- Violence exposure
 - Early data suggest increases in domestic violence
- Employment challenges: Exposure while employed, unemployment, underemployment, and job insecurity
 - Minority groups are overrepresented among “essential workers” (including health care providers, as well as the array of often low-wage workers whose services were deemed essential, e.g. transportation, sanitation, delivery, factory, farming, food service), with the associated increased risk of exposure on the job and getting to the job
 - Unemployment resulting from illness or business closures, which in turn exacerbates many social determinants
 - Child care needs (with school and day care closed) that require work to be missed
- Poverty
 - Increased instability with general economic downturn
- Food insecurity
 - Schools closed; loss of meals
 - Food supply chain substantially disrupted
 - Food banks and food pantries stretched very thin
 - Increases risk of health comorbidity, which increases risk of COVID-19
- Housing
 - Increased risk of housing instability (rent; need to be isolated due to infection)
 - Inability to shelter in place, so more difficult to socially distance, wash, etc.
- Transportation
 - Public transportation – need to use crowded public transportation
 - Lack of access to health care

Appendix cont.

- Education challenges
 - School closed
 - Home schooling, requiring access to technology that may not be available
 - Heavily dependent on parental oversight (when most parents are either working from home or working as essential employees)
 - Schools closed – creating need to juggle job and parenting – or choose between them
- Criminal Justice
 - Police and other first responders, incarcerated populations, and corrections staff at significant risk for infection
 - Potential for increase in subsistence crimes (e.g., theft) given economic downturn
 - Decreased availability of community services to support successful reentry

Language/culture/information access

- Communication of pandemic risk, protection, healthcare needs affected by barriers associated with language, culture (e.g., mistrust), and internet or telehealth access.

Medical comorbidities

- The higher rates of medical comorbidities, also resulting from the structural inequities and social determinants of health, partially explains disparate the morbidity and mortality associated with COVID-19.