Community Engagement in Addressing Economic and Social Determinants of Health: Access & Treatment in Behavioral Health

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Overview

- > Economic Inequality and its Effects on Mental Health
- > Integrative Care and Behavioral Health
- > Addressing Mental Health in School and Community Settings



Economic Inequality & its Effects on Mental Health

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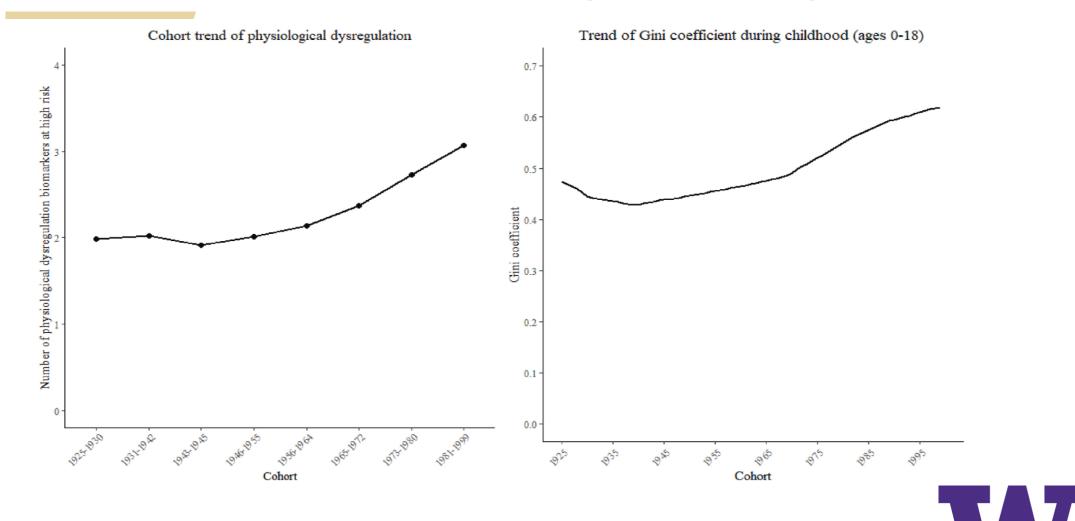


How is Economic Inequality in Healthcare Measured?

- > Gini Coefficient
- > Excess medical care costs
- > Lost labor market productivity
- > Premature deaths



Gini Coefficient and Physiological Dysregulation



Economic Burden by Racial and Ethnic Minority Groups

Burden by Racial & Ethnic Minority Groups

Black/African American O	\$310B	69 %
Hispanic/Latino 🗆	\$94B	21 %
American Indian/ Alaska Native 発	\$26B	6 %
Native Hawaiian/ Pacific Islander \diamond	\$12B	3%
Asian △	\$8B	2 %

Burden by **Economic Components** and Racial & Ethnic Minority Groups

Excess Premature Deaths \$293B





Economic Burden by Educational Levels

Burden by Economic Components Burden by **Educational Levels** and Educational Levels Excess Premature Deaths \$649B \odot Less than High School ⊙ **26**[%] \$256B Lost Labor Market Productivity \$174B 18% 0 \otimes 61% High School/GED \$593B Excess Medical Care Costs \$155B Some College ♦ 13% \$128B **16**% ⊙ ■ ♦



66%

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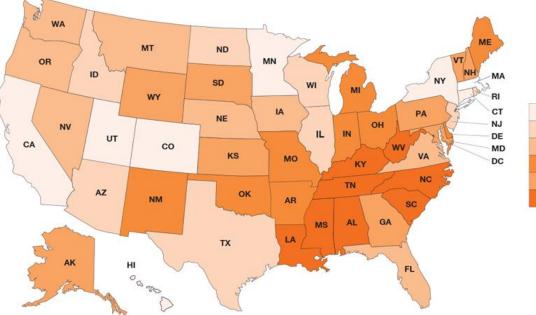
Economic Burden by Racial and Ethnic Minority Groups

WA MT ND OR MN VT ID SD WI WY СТ IA PA NE NJ NV OF DE UT CA co MD KS VA MO DC KY NC TN AZ ок NM AR SC GA MS тх HI • AK

Up to \$800	CO, CT, IA, MA, ME, MT, NH, NE, OR, VT, WA, WI, WV, WY
\$801-\$1,000	CA, ID, KS, KY, MO, MN, NY, UT
\$1,001-\$1,500	AZ, DE, IN, ND, NJ, OH, PA, TX, VA
\$1,501-\$2,000	AR, FL, MI, NC, OK, SD, TN
\$2,001-\$3,000	AL, DC, GA, IL, MD, NM, NV, SC, RI
\$3,001-\$5,000	AK, HI, LA, MS

Burden Per Person By State

Economic Burden by Educational Levels

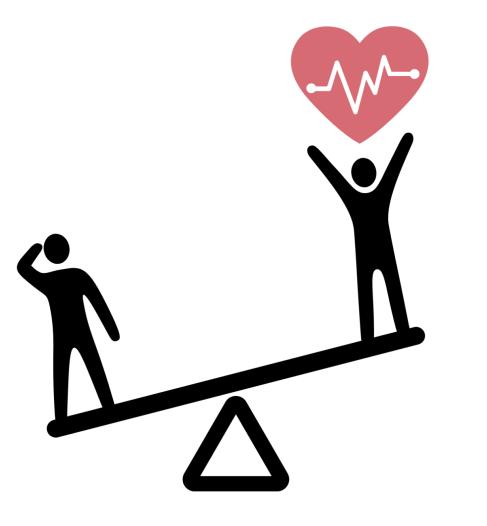


Burden Per Person By State

Up to \$2,100	CA, CO, CT, HI, NY, MA, MN, UT
\$2,101-\$2,500	AZ, ID, IL, ND, NJ, RI, TX, WI
\$2,501-\$2,800	FL, IA, MT, NE, NV, OR, WA, VA
\$2,801-\$3,400	AR, IN, ME, MI, MO, NM, OH, OK
\$3,401-\$4,400	AK, DC,GA, KS, MD, NH, PA, SD, WY, VT
\$4,401-\$8,500	AL, DE, KY, LA, MS, NC, SC, TN, WV



The Effects of Inequality on Mental Health





How Economic Inequality Affects Health

> Individual Level

- Effects on health primarily mediated through psychological stress

> <u>Community Level</u>

- Social comparison = anxiety
- Feelings of withdrawal
- Erosion of social trust = lack of engagement
- > <u>Childhood Inequality Linked with Poorer Health in Adulthood</u>





Integrative Care & Behavioral Health



Community Engagement and Partnership

- > <u>Association between social relationship and positive health</u>
- > <u>Social capital</u>
- > Associations between sense of community and MH symptoms
- > Behavioral Health = mental health & substance abuse
- > Integrate BH services into community promote accessibility & positive health outcomes



Integrated Behavioral Healthcare

- > One-stop healthcare: care in one setting
 - "behavioral health integration," "integrated care," or "collaborative care" in primary care
- > Coordination, communication, and collaboration



Mental Health Disparities

Social Determinants of Health



Implicit Bias



Disparities in Mental Health



Lack of awareness in 988 MH hotline





Addressing Mental Health in School & Community Settings



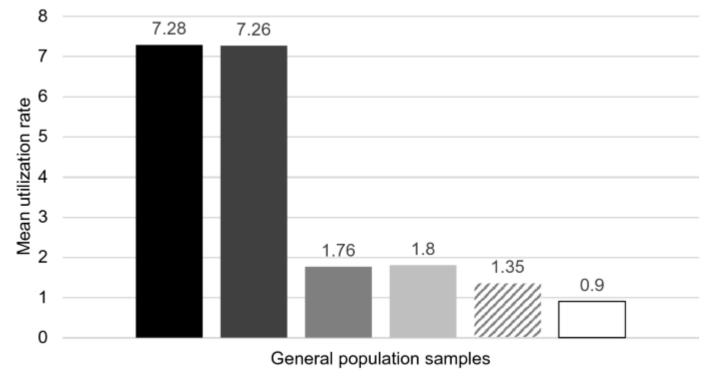
Surge in Mental Health Needs in K-12 Settings Post Covid

- > In 2022, 69% of schools reported an increase in the number of mental health concerns of their students.
- > Ethnic-racial minority youths experienced <u>disproportionate Covid-</u> related health <u>disparities</u> and declines in mental health





Students Most Likely to Receive MH Services at School



■ School ■ Outpatient ■ Primary Care ■ Inpatient </br>



<u>Characteristics of Students Receiving Diagnostic</u> <u>Mental Health Services in Schools</u>



- > Most are in secondary schools in urban environments
- > More than half are students of color
- > More than half are eligible for free and reduced price lunch

<u>Characteristics of Students Receiving Treatment for</u> <u>Mental Health Services in Schools</u>

- > Treatment slightly higher in middle schools (45%) than in high schools (41%)
- > Majority of treatment services are offered in urban areas (schools with populations > 1000 students)
- > The percentage of schools providing treatment services did not vary measurably by percentage of students of color enrolled.
- > The percentage of public schools providing treatment services were both higher for schools where 76 percent of students were eligible for free and reduced price lunch.



School Nurses and School-Based Health Centers

School Nurses	SBHCs
Access to entire student population	Access to students enrolled (requires parental consent)
Medication management and administration for all students with health care plans	Medication management and administration for clients
Health screenings as required by state law	No state-mandated screenings
Staff training as required by state law	No mandated staff training
Health assessments for students referred for special education	Health assessments and primary care services for enrolled students; some SBHCs provide dental care
Classroom health education	
Case coordination - school; parent/guardian; /student; other medical-MH providers; community agencies	
Serve on school-based student intervention teams	
Contribute to and often lead on overall school building environmental health and safety	
Open door to all students and clinical care for daily management of health conditions, acute illnesses and injuries, health emergencies, and during disasters	By appointment - provide more robust mental health services
Creation of health care plans for students with potentially life-threatening health conditions	
Responsible for vaccine compliance	Some SBHCs provide vaccines



Ways to improve mental health services in schools

- > Increase school nurse presence in schools
- > Increase MH professionals in SBHCs
- > Cultures of caring and connectedness in schools
- > Building capacity in systems that impact children (schools, community centers, housing, food security, environmental safety): Coordination, communication, and collaboration
- > School partnerships with local mental health providers
- > Telehealth services
- > Increase BH workforce diversity
- > Civic engagement



Thank you! Questions?



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