

# SOCIAL (IN)JUSTICE & MENTAL HEALTH

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Acknowledgment of Ruth S. Shim, MD, MPH

# WHAT'S AHEAD

**1 INTRODUCTION**

**2 MENTAL HEALTHCARE**

**3 CHILD TRAUMA**

**4 CARCERAL SYSTEM**

**5 SUBSTANCE USE DISORDERS**

**6 ADVOCACY**

**7 A CALL TO ACTION**


**8 DISCUSSION**





**HOW DO YOU DEFINE MENTAL HEALTH?**





**“A STATE OF WELL-BEING IN WHICH EVERY INDIVIDUAL REALIZES HIS OR HER OWN POTENTIAL, CAN COPE WITH THE NORMAL STRESSES OF LIFE, CAN WORK PRODUCTIVELY AND FRUITFULLY, AND IS ABLE TO MAKE A CONTRIBUTION TO HER OR HIS COMMUNITY”**

**- W.H.O.**



THE  
AMERICAN  
DREAM







OPINION | COMMENTARY

# Take Two Aspirin and Call Me by My Pronouns

At 'woke' medical schools, curricula are increasingly focused on social justice rather than treating illness.

By Stanley Goldfarb  
Sept. 12, 2019 5:54 pm ET

The American College of Physicians says its mission is to promote the “quality and effectiveness of health care,” but it’s stepped out of its lane recently with sweeping statements on gun control. And that isn’t the only recent foray into politics by medical professionals. During my term as associate dean of curriculum at the University of Pennsylvania’s medical school, I was chastised by a faculty member for not including a program on climate change in the course of study. As the *Journal* [reported](#) last month, such programs are spreading across medical schools nationwide.

## RECOMMENDED VIDEO

1. Saudi Arabia Suspends About 10% of Its Oil Output After Drone Attacks
2. Why Making Appointments at the Doctor’s Office Is So Hard
3. What the U.K.’s Political Drama Means for Brexit

**“CURRICULA WILL INCREASINGLY FOCUS ON CLIMATE CHANGE, SOCIAL INEQUITIES, GUN VIOLENCE, BIAS, AND OTHER PROGRESSIVE CAUSES ONLY TANGENTIALLY RELATED TO TREATING ILLNESS. AND SO WILL MANY OF YOUR DOCTORS IN COMING YEARS.”**



**“WHY HAVE MEDICAL SCHOOLS BECOME A TARGET FOR INCULCATING SOCIAL POLICY WHEN THE STATED PURPOSE OF MEDICAL EDUCATION SINCE HIPPOCRATES HAS BEEN TO DEVELOP INDIVIDUALS WHO KNOW HOW TO CURE PATIENTS?”**

**“SOCIAL AND HEALTH POLICIES HAVE ALWAYS DETERMINED WHO GETS SICK AND WHO GETS CARE, AND WHERE, AND HOW. UNDERSTANDING THE SOCIAL DRIVERS OF HEALTH AND ILLNESS IS NOT PERIPHERAL OR TANGENTIAL TO HEALTH. IT IS THE KEY TO DIAGNOSING AND MEETING A PATIENT’S FUNDAMENTAL NEEDS.”**

# DEFINING SOCIAL JUSTICE

**“ASSURING THE PROTECTION OF EQUAL  
ACCESS TO LIBERTIES, RIGHTS, AND  
OPPORTUNITIES, AS WELL AS TAKING  
CARE OF THE LEAST ADVANTAGED  
MEMBERS OF SOCIETY.”**

**-JOHN RAWLS-**

# PRINCIPLES OF SOCIAL INJUSTICE



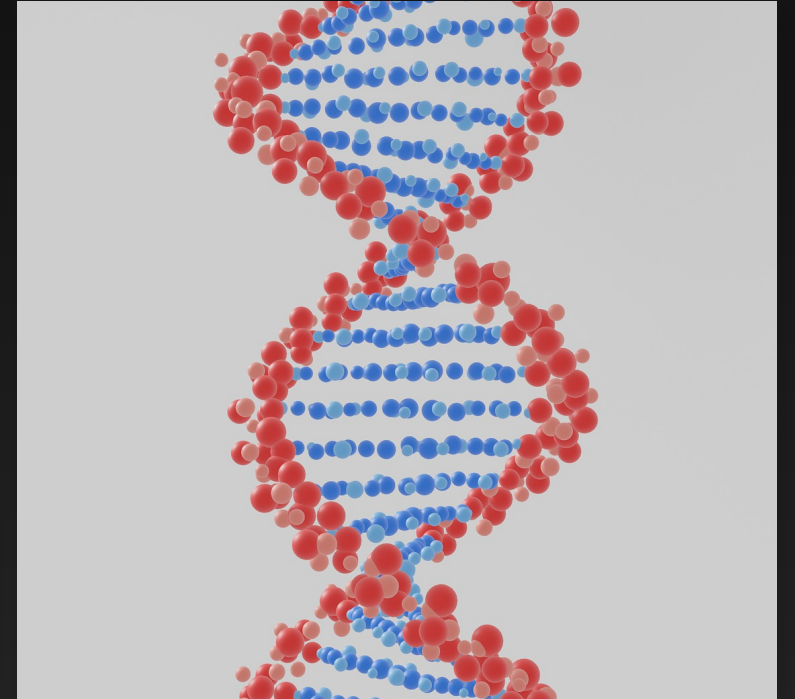
## ESSENTIALISM

The belief that there are distinct, unchanging, and natural characteristics that define social groups and facilitate their categorization



## ERASURE OF CONTEXT

Failure to consider sociohistorical context when seeking to understand the etiology of inequities



## BIOLOGICAL DETERMINISM

The false belief that racial groups are biologically and genetically different

# TYPES OF OPPRESSION

## **EXPLOITATION**

The unequal exchange of one group's labor and energies for another group's advantage and advancement

## **CULTURAL IMPERIALISM**

Establishing the ruling class culture as the norm; othering of groups that are not part of the dominant culture

## **POWERLESSNESS**

Oppressed groups lack power and are blocked from routes to gaining power

## **MARGINALIZATION**

Expelling specific groups from meaningful participation in society

## **VIOLENCE**

Threats and experiences of physical and structural violence

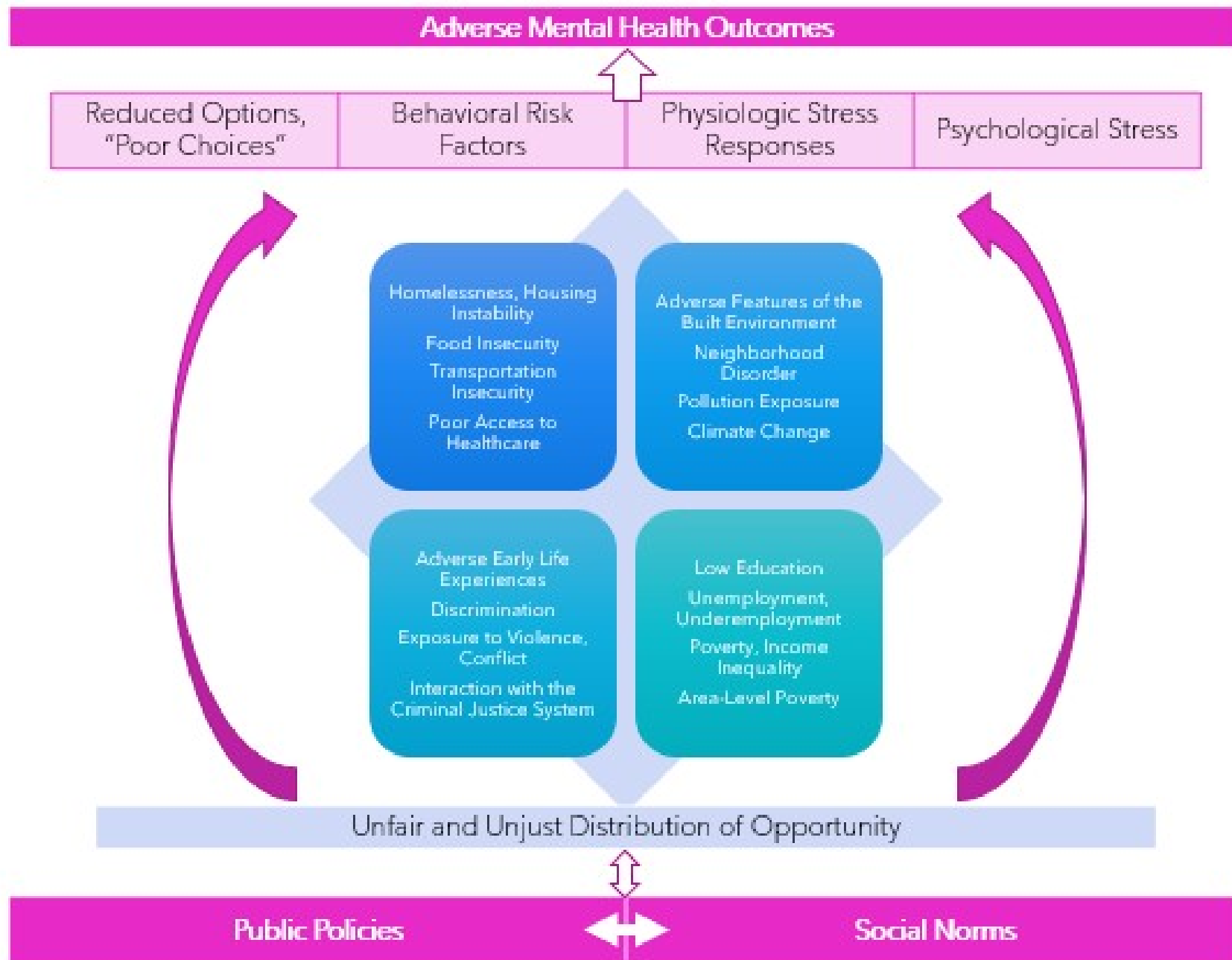


## ***HEALTH DISPARITIES:***

**DIFFERENCES IN HEALTH STATUS AMONG  
DISTINCT SEGMENTS OF THE POPULATION  
INCLUDING DIFFERENCES THAT OCCUR BY  
GENDER, RACE OR ETHNICITY, EDUCATION  
OR INCOME, DISABILITY, OR LIVING IN  
VARIOUS GEOGRAPHIC LOCALITIES**

## ***HEALTH INEQUITIES:***

**DISPARITIES IN HEALTH THAT ARE A  
RESULT OF SYSTEMIC, AVOIDABLE,  
AND UNJUST SOCIAL AND ECONOMIC  
POLICIES AND PRACTICES THAT  
CREATE BARRIERS TO OPPORTUNITY**



**MENTAL HEALTH-CARE?**

**A MISNOMER?**

# **THE HEALTHCARE SYSTEM**



**NAME IMPLIES  
PROVISION OF HEALTH,  
BUT PROVIDERS AND  
POLICIES FOCUS ON  
THE PROVISION OF  
CLINICAL SERVICES**

**A MISNOMER?**

# **THE HEALTHCARE SYSTEM**

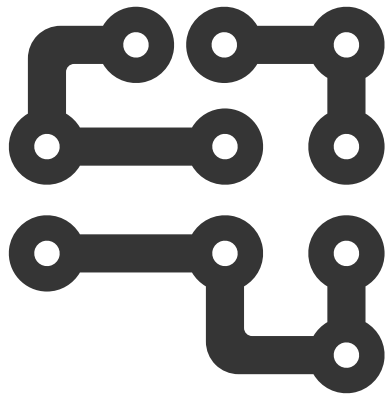


**CARE SUGGESTS  
SERVICES INVOLVE  
MEETING THE NEEDS OF  
PATIENTS, BUT SERVICES  
ARE MORE CENTERED  
ON THE NEEDS OF  
PROVIDERS AND  
BOTTOM LINES OF  
PAYORS/SHAREHOLDERS**



**A MISNOMER?**

# **THE HEALTHCARE SYSTEM**



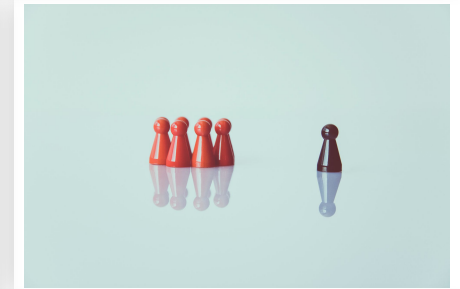
**SYSTEM IMPLIES AN  
ORGANIZED, COHESIVE,  
CONNECTED  
STRUCTURE, RATHER  
THAN THE  
PUBLIC-PRIVATE  
PATCHWORK OF  
HOSPITALS, CLINICS,  
PRIVATE OFFICES, &  
HEALTH SYSTEM  
CONGLOMERATES THAT  
MAKE UP HEALTHCARE**

# PRIVATE HEALTH INSURANCE COVERAGE

Mediator of access concentrated among middle class workers with skilled labor and white collar occupations

Structural Processes such as underinvestment in K-12 education, job-location mismatch, and hiring discrimination produce inequities in overall employment and types by gender, race, ethnicity, immigration status and disability

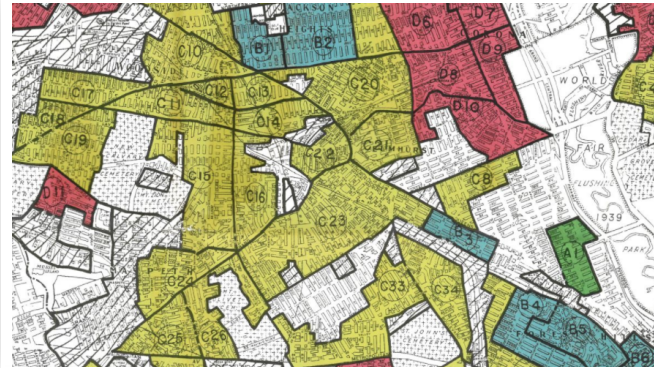
Black and Latinx people are disproportionately represented in uninsured and those with public insurance





# HOSPITALS

Inequities arise from the confluence of residential segregation, hospital imperatives to generate revenue, and state policy making.



**THE FUTURE IS HERE**

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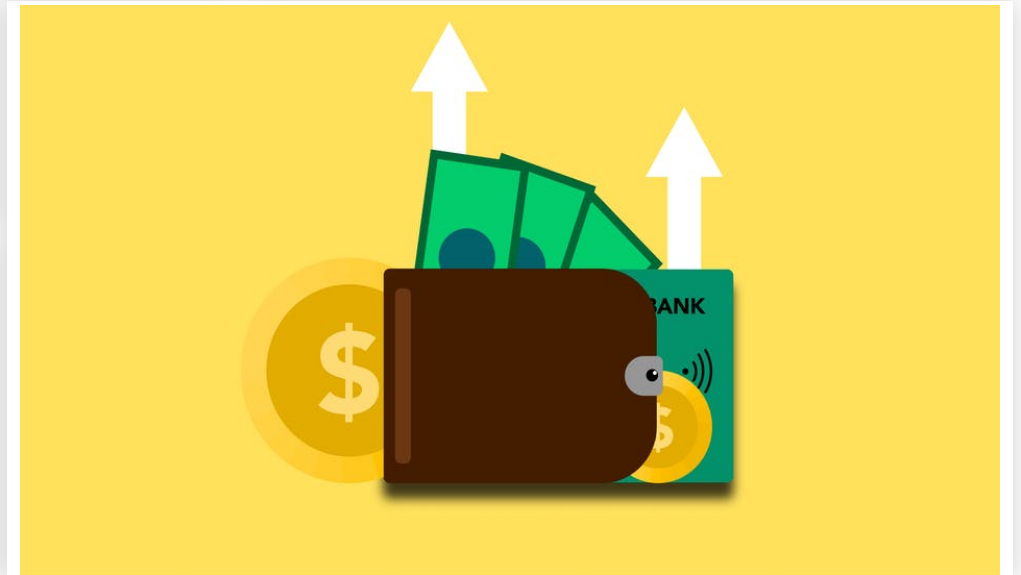
# PHYSICIANS

Mismatch of providers vs. the population, with the medical profession reflecting the consequences of economic and social inequality of the U.S. Society at large.

In 2019, only 5% of medical students reported parental incomes in the bottom quintile of U.S. household, versus 51% in the top.

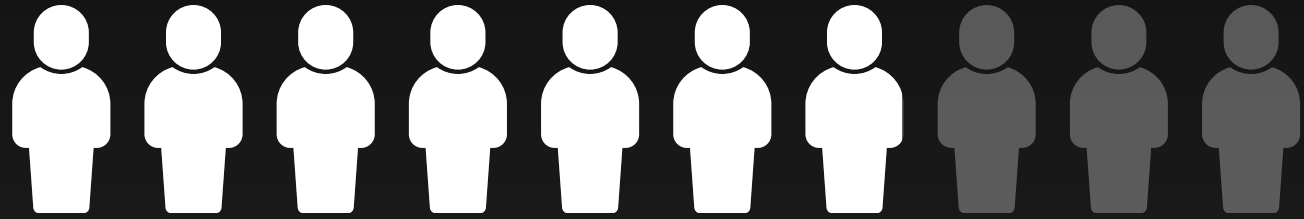
From 2010 - 2016, mean debt rose, but the % zero debt also rose , from 16% to 27%

**Most consistent predictor of practice in communities with chronic under-investment?**



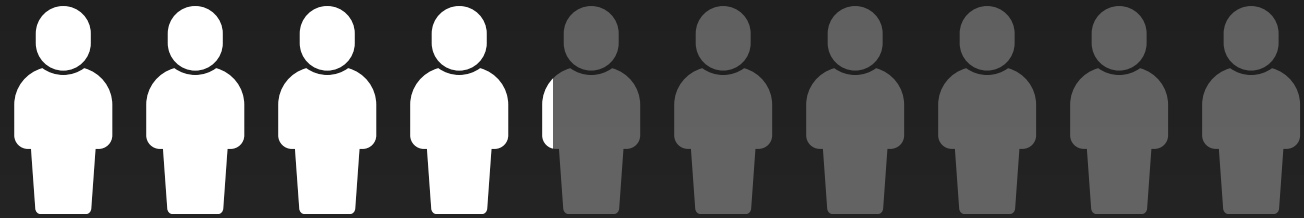
IN 2018,

69%



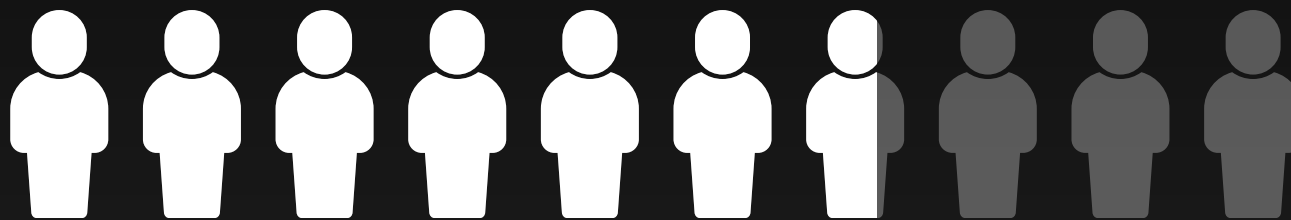
of Black adults with any mental illness received no treatment

42%



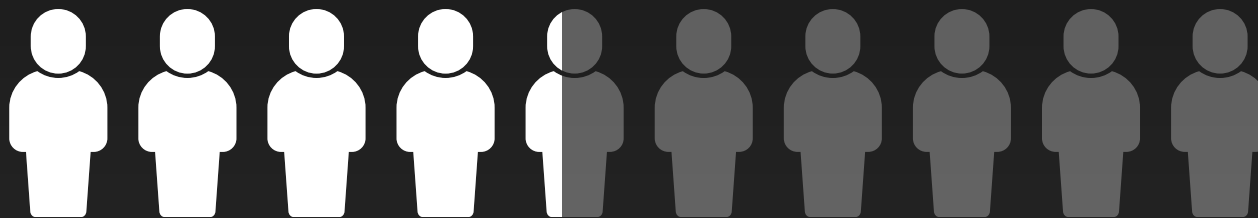
of Black adults with serious mental illness received no treatment

67%



of Latinx adults with any mental illness received no treatment

44%



of Latinx adults with serious mental illness received no treatment

# MENTAL HEALTH SERVICES AND INSURANCE

- **CAPS ON COVERAGE**

- Limits on number of visits/days
- Cost sharing
- Benefit limits
- Lower reimbursement rates
- No coverage in some instances

- **OPTING OUT**

- Increasing numbers of psychiatrists opt out of private insurance networks
- Operating cash-only practices
- The proportion of mental health services received out of network is 3.6-5.8 times higher than other medical specialties





**WHEN BLACKS  
WERE *ASKED*  
WHY THEY DO  
NOT GET  
MENTAL HEALTH  
SERVICES...**

***COST IS THE MOST  
COMMONLY CITED REASON  
FOR NOT SEEKING CARE***

**TWICE AS OFTEN AS  
MINIMIZATION OF SYMPTOMS  
AND NEARLY FIVE TIMES AS  
OFTEN AS STIGMA**

# **SUBSTANCE USE DISORDERS**

# MORAL PANIC AND SUBSTANCE USE DISORDERS

- 1 SOMEONE/SOMETHING IS PERCEIVED AND DEFINED AS A THREAT TO SOCIAL NORMS
- 2 NEWS MEDIA AND COMMUNITIES DEPICT THE THREAT IN SYMBOLIC WAYS
- 3 WIDESPREAD PUBLIC CONCERN IS AROUSED BY THESE PORTRAYALS
- 4 AUTHORITIES AND POLICYMAKERS RESPOND TO THE THREAT WITH NEW LAWS OR POLICIES
- 5 THESE ACTIONS LEAD TO SOCIAL CHANGE IN THE COMMUNITY





**"THE FUNDAMENTAL  
CLINICAL ACCOUNTABILITY  
OF DRUG TREATMENT  
PROFESSIONALS  
TO INDIVIDUAL  
PATIENTS HAS BEEN  
SUBORDINATED TO THE  
GOALS OF THE CRIMINAL  
JUSTICE SYSTEM."**

**ERNEST DRUCKER, A  
PLAGUE OF PRISONS**



The Washington Post

# Crack Babies: The Worst Threat Is Mom Herself

By Douglas J. Besharov

**L**AST WEEK in this city, Greater Southeast Community Hospital released a 7-week-old baby to her homeless, drug-addicted mother even though the child was at severe risk of pulmonary arrest. The hospital's explanation: "Because [the mother] demanded that the baby be released."

The hospital provided the mother with an apnea monitor to warn her if the baby stopped breathing while asleep, and trained her in CPR. But on the very first night, the mother went out drinking and left the child at a friend's house—without the monitor. Within seven hours, the baby was dead. Like Dooney Waters, the 6-year-old living in his mother's drug den, whose shocking story was reported in The Washington Post last week, this child was all but abandoned by the authorities.

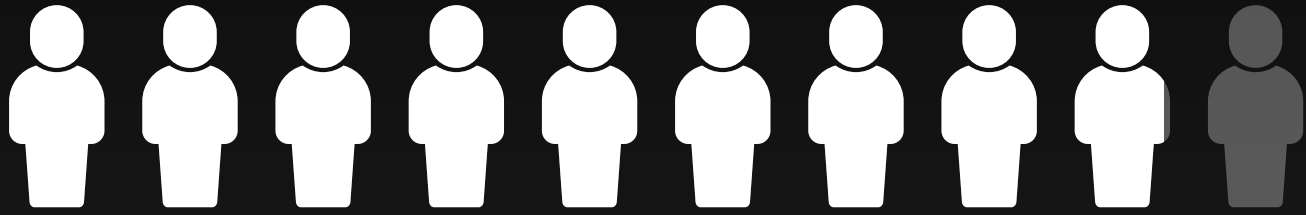
## Children of the Opioid Epidemic

In the midst of a national opioid crisis, mothers addicted to drugs struggle to get off them — for their babies' sake, and their own.

By JENNIFER EGAN MAY 9, 2018

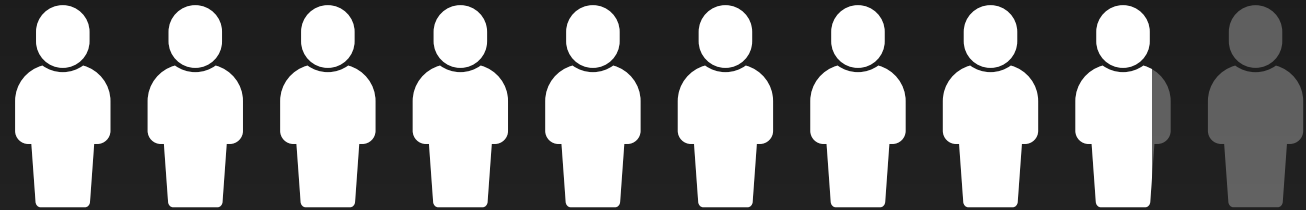


# 89%



of Latinx adults with substance use disorders reported receiving no treatment

# 88%



of Black adults with substance use disorders reported receiving no treatment

# CHILD TRAUMA



“The developing child's positive sense of self depends on the caregiver's benign use of power.”\*



\*Dr. Judith Herman, Trauma and Recovery





**“I WAS PROUD  
TO MAKE IT TO  
21, EVEN  
THOUGH I WAS  
IN PRISON.”**

*- Adult Defendant in Capital  
Murder Case*

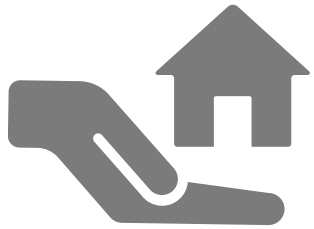
**“SCHOOL WAS  
ALL I EVER  
REALLY HAD TO  
WORRY ABOUT.”**

*- Software Programmer in  
Private Practice Appointment*

**“THEY SAY I'M  
SUPPOSED TO  
CARE ABOUT  
PEOPLE WHEN  
AIN'T NOBODY  
CARED FOR ME.”**

*- Teenager in Regional Youth  
Detention Center*

# A SOLID FOUNDATION



## A TRUE HOME

Housing Stability  
Food Security  
Basic Needs Met



## A RELIABLE CAREGIVER

Consistent, Available  
Instills Sense of Worth  
Advocates



## EDUCATIONAL OPPORTUNITY

Safe Schools  
Prep. for Career or College  
Special Ed. Resources



## HEALTHCARE

Medical Care  
Mental Health  
Adequacy and Access



# CHILD POVERTY

- **12 MILLION (1/6) U.S. CHILDREN LIVE IN POVERTY**  
<\$26,500 for family of 4
- **73% ARE CHILDREN OF COLOR**
- **CHILD POVERTY RATE IS NEARLY ONE AND A HALF TIMES HIGHER THAN THAT FOR ADULTS AGES 18-64**





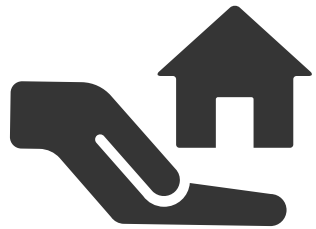
# CHILD POVERTY

- **IN A COUNTRY THAT SPENDS OVER \$700 BILLION DOLLARS ON DEFENSE**

More than the next ten countries combined

- **WHERE A MAJORITY OF U.S. LAWMAKERS ARE MILLIONAIRES.**

# A POOR FOUNDATION - POVERTY



## **NO TRUE HOME**

Housing Instability  
Food Insecurity  
Heavily Policed Neighborhoods



## **STRAINED CAREGIVERS**

Poorly-supported  
Lack of Living Wage  
Unavailability - M.I.,  
Incarceration, Work



## **UNMET EDUCATIONAL NEEDS**

Under-Resourced Schools  
Replication of Extant Social  
Hierarchies



## **LIMITED ACCESS**

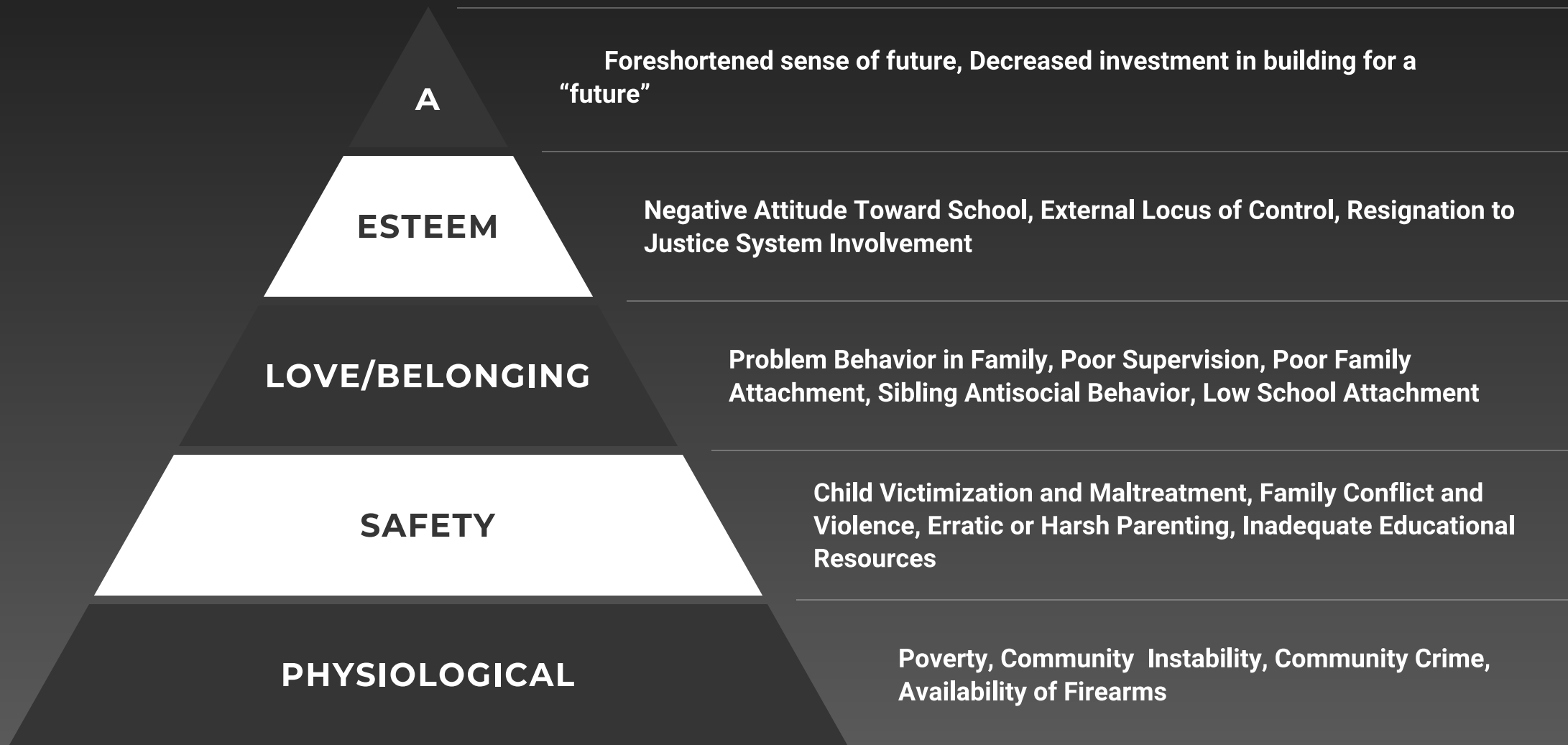
Gaps in Coverage and Capacity  
Untreated Illness Impacting  
Attendance and Behavior



# MIGUEL'S RECORD

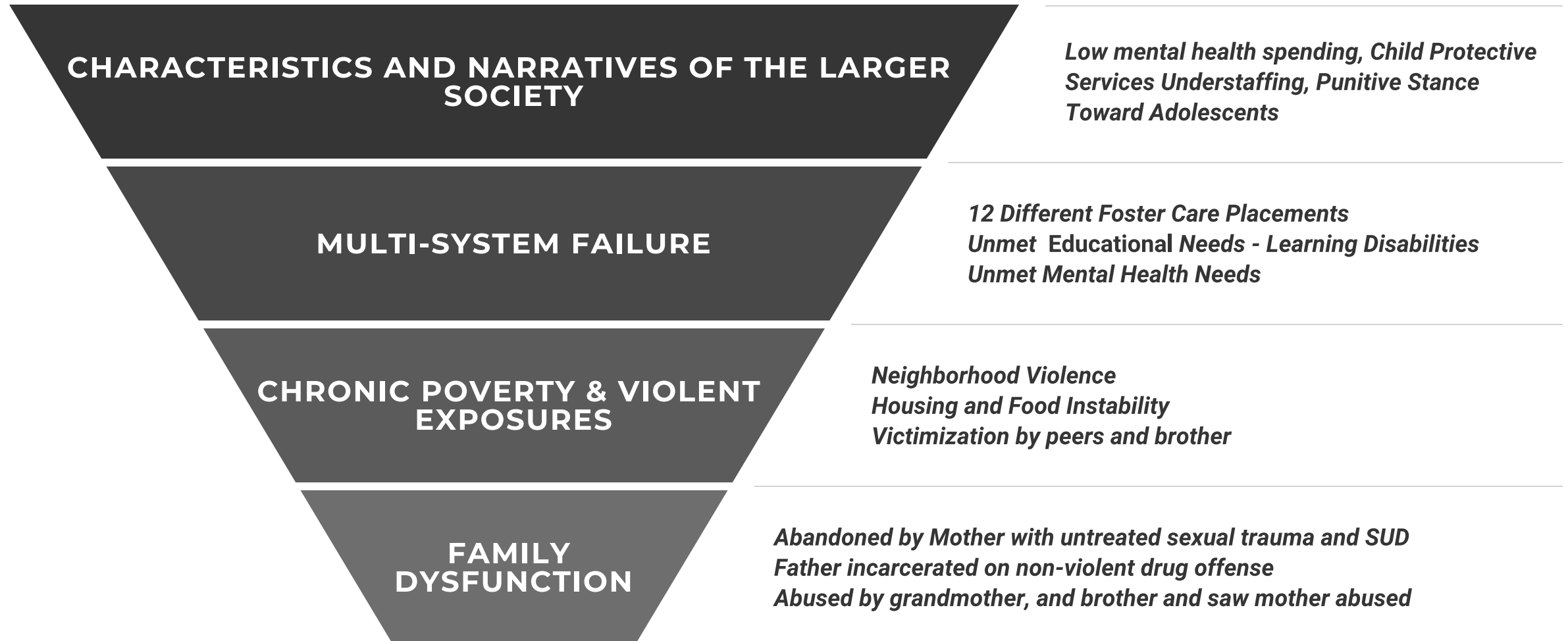
**“I WAS PROUD TO MAKE IT TO 21,  
EVEN THOUGH I WAS IN PRISON.”**

- *Incarcerated from the age of 17-21*
- *Violation of plan after being found in possession of small amount of marijuana*
- *Original charge non-violent*



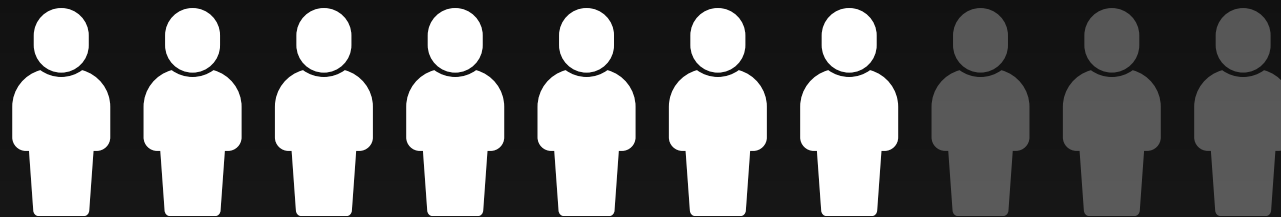
**UNMET NEEDS = DJJ RISK FACTORS**

# MIGUEL'S ENVIRONMENT



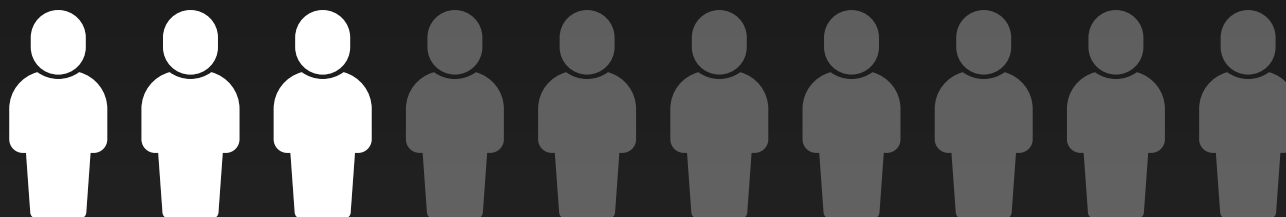


# 70%



Mental Illness

# 30%



“Serious” Mental Illness

**AND SET THE STAGE FOR OVER-REPRESENTATION FOR  
YOUTH WITH MENTAL ILLNESS IN THE JUSTICE SYSTEM**

**WHOSE TRAUMA COUNTS?**

IN OUR DIAGNOSTIC CRITERIA?

IN OUR WIDELY USED INSTRUMENTS?

**WHEN WE ARE THE  
BYSTANDERS...**

**...AND  
PERPETRATORS**



**THE “CRIMINAL  
JUSTICE”  
SYSTEM**







# RELIABLY UNJUST OUTCOMES



- MOST JUDGES ACKNOWLEDGE THE SYSTEM IS RACIST
- 80% OF STATE JUDGES ARE WHITE
- SENTENCING OUTCOMES DIFFER NOT ONLY BY RACE BUT ALSO BY SHADE



**ADVOCACY**

# Inequality

Unequal access to opportunities



Source: @hunchbreath in the 2019 Design in Tech Report

# Equality?

Evenly distributed tools and assistance



Source: @hunchbreath in the 2019 Design in Tech Report

# Equity

Custom tools that identify and address inequality



Source: @hunchbreath in the 2019 Design in Tech Report

# Justice

Fixing the system to offer equal access to both tools and opportunities



Source: @hunchbreath in the 2019 Design in Tech Report

**“IGNORANCE,  
ALLIED WITH  
POWER, IS THE  
MOST FEROCIOUS  
ENEMY JUSTICE  
CAN HAVE.”**





# ALL HANDS ON DECK



**RAYMOND  
SANTANA**

**14 7 12**



Cousin Greg

THE ROLE WHERE HE WASN'T CAST

ROMAN



THE ROLE HE PLAYS BEAUTIFULLY



What do you feel deeply inspired by?

What are you particularly talented at?

What addresses injustice in world?

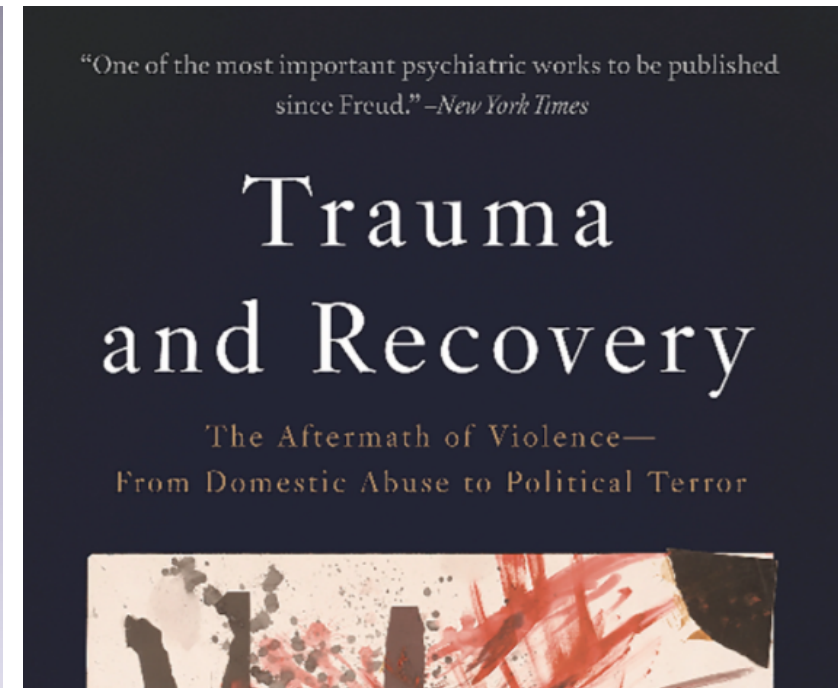
# 4 STEPS TO ADVOCACY



- 1 **DEVELOP A KNOWLEDGE BASE**
- 2 **RECOGNIZE INJUSTICE AND YOUR ROLE IN ADDRESSING IT**
- 3 **RESPOND TO INJUSTICE**
- 4 **ITERATE AND SUSTAIN**



# YOUR ADVOCACY AIN'T LIKE MINE





## CONCEPTUALIZE & RESPOND

# CRITICAL HOPE



**BORROWED FROM SERVICE  
LEARNING LIT.**

“Educational approach where a student learns theories in the classroom and at the same time volunteers with an agency (usually a non-profit or social service group) and engages in reflection activities to deepen their understanding of what is being taught.

# CONCEPTUALIZE & RESPOND

## CRITICAL HOPE



### PAIRS WITH...

“The embrace of emotional elements including tension, ambiguity, and discomfort.”



# CONCEPTUALIZE & RESPOND

## CRITICAL HOPE

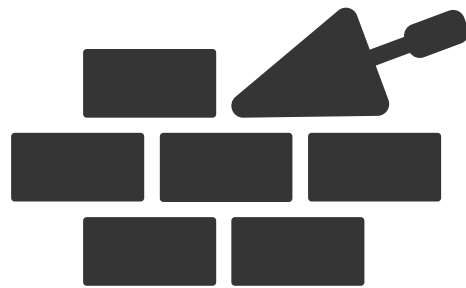


### *IS NOT*

Naive hope or blind faith  
Hokey hope based on the  
“bootstraps” narrative  
Mythical hope based on the  
false narrative of equal  
opportunity, emptied of its  
historical and political  
contingencies  
Hope deferred or critique  
without engagement

# CONCEPTUALIZE & RESPOND

## CRITICAL HOPE



**... MEANS THAT THE PERSON IS INVOLVED IN A CRITICAL ANALYSIS OF POWER RELATIONS AND HOW THEY CONSTITUTE ONE'S EMOTIONAL WAYS OF BEING IN THE WORLD, WHILE ATTEMPTING TO CONSTRUCT, IMAGINATIVELY AND MATERIALLY, A DIFFERENT LIFEWORLD**

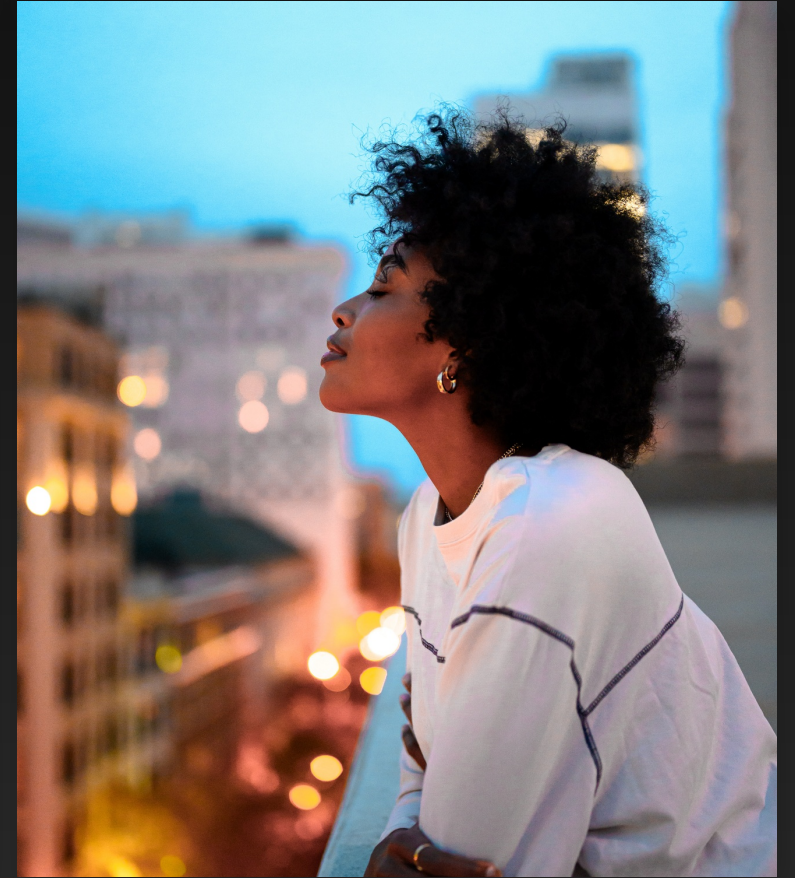
# SCOTUS ACTIONS & M.H. BEDROCKS



**AGENCY - WEAKENING OF  
VOTER PROTECTIONS**



**SAFETY - WEAKENING  
MIRANDA**



**AUTONOMY - REPRODUCTIVE  
JUSTICE**



Progress

The diagram consists of a central rounded rectangle with a purple border. To the left of the rectangle is a purple arrow pointing upwards, labeled 'Progress'. To the right of the rectangle is a purple arrow pointing downwards, labeled 'Retrenchment'. The rectangle is divided into two sections by a vertical line. The left section contains text about progress, and the right section contains text about retrenchment.

Made through changing our models, schemas, and examples in psychiatric training, patient care, research, and administration

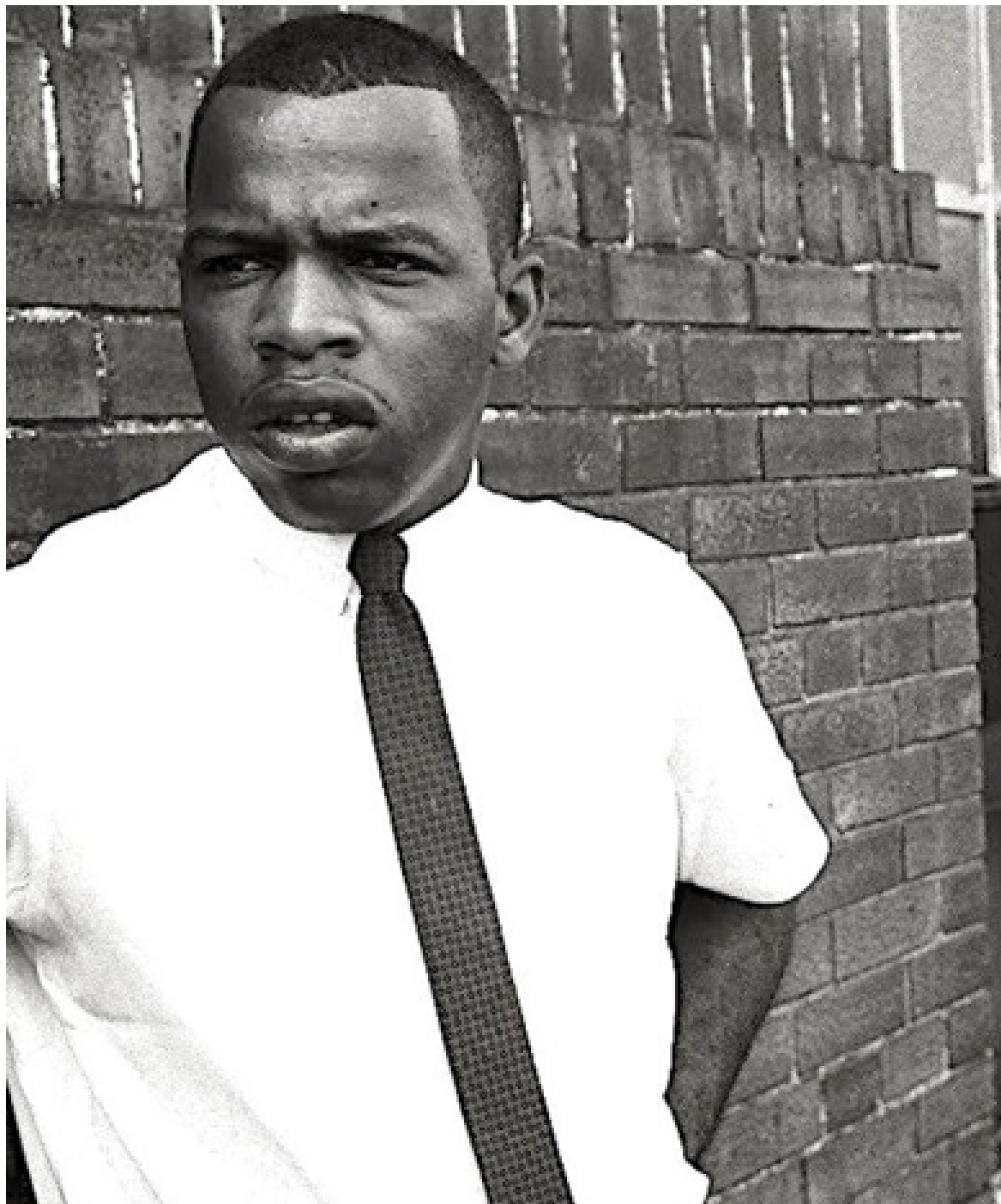
Refers to ways in which this progress (*and those who champion this progress*) is very often challenged, neutralized, or undermined

Retrenchment

**HOW CAN  
EVERY  
INDIVIDUAL  
REALIZE HIS OR  
HER OWN  
POTENTIAL,  
WORK  
PRODUCTIVELY  
AND  
FRUITFULLY,  
AND MAKE A  
CONTRIBUTION  
TO HER OR HIS  
COMMUNITY...**

**NO  
JUSTICE.  
NO PEACE.**

**...IN A SOCIETY  
THAT FAILS TO  
ASSURE EQUAL  
ACCESS TO  
LIBERTIES,  
RIGHTS, AND  
OPPORTUNITIES,  
AND CHOOSES  
NOT TO CARE  
FOR ITS LEAST  
ADVANTAGED  
MEMBERS?**



**"DO NOT GET LOST IN A SEA OF DESPAIR.  
BE HOPEFUL, BE OPTIMISTIC.**

**OUR STRUGGLE IS NOT THE STRUGGLE OF  
A DAY, A WEEK, A MONTH, OR A YEAR,  
IT IS THE STRUGGLE OF A LIFETIME.**

**NEVER, EVER BE AFRAID TO MAKE  
SOME NOISE AND GET IN GOOD  
TROUBLE, NECESSARY TROUBLE."**

