Diversity, Equity, and Inclusion in Psychiatry



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Introduction

We have no conflicts of interest.

Objectives

- Discuss disparities in mental health
- Discuss why DEI efforts are important in mental health
- Introduce the Cultural Formation Interview
- Discuss other areas where we can consider DEI efforts in psychiatry



Disparities in Mental Health

- Lack of insurance
- Stigma
- Lack of diversity among providers
- Distrust in healthcare system
- Lack of culturally educated providers
- Access to care
- Financial barriers





What is DEI in Psychiatry?

APNA Statement

Commitment to Change

A core purpose of APNA, as outlined in our bylaws, is to "improve mental health care for culturally diverse individuals, families, groups, and communities, and shape health policy for the delivery of mental health services." APNA acknowledges and respects the inherent dignity, worth, and uniqueness of each individual. According to our scope and standards of practice, psychiatric-mental health nurses have a "central role in advocating for environments where the human rights, values, customs, and spiritual beliefs of individuals, families, and communities are respected."

What is DEI in Psychiatry?

- Clinicians must be mindful of the multiple challenges presented by social determinants of mental health and access to care
- The role of culture in wellness protection, mental illness expression, symptom attribution, and help seeking
- The impact of provider factors, such as availability and cultural and linguistic congruence and proficiency
- The interaction of clinician and patient, who are with increasing frequency members of differing identity groups



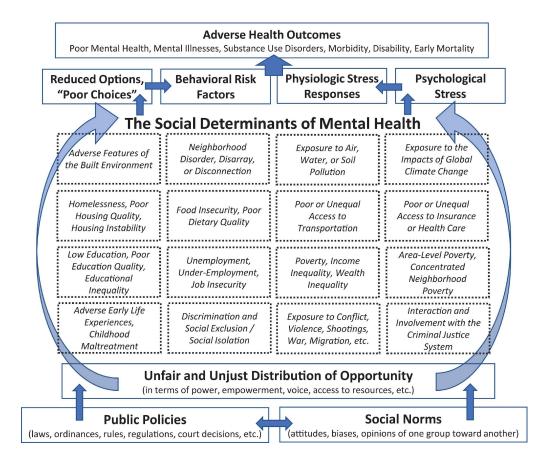


Figure 1.

Sixteen types of social determinants of mental health and their causes (public policies and social norms) and consequences (poor mental health, increased risk for behavioral health disorders, and poorer course/outcomes among those with such disorders).

Cultural Formulation Interview (CFI)

This evidence-based tool is composed of a series of questionnaires that assist clinicians in making person-centered cultural assessments to inform diagnosis and treatment planning.

The CFI has 3 components. The first component is a core interview of 16 open-ended questions, with prompts for clinicians to understand the cultural content behind each question.

It is divided into 4 domains

- Cultural definition of the problem
- Cultural perceptions of cause, context, and support (including cultural identity)
- Cultural factors that affect self-coping and past help seeking
- Cultural factors that affect current help seeking



CFI Domains and Clinical Examples

Domain 1:

Cultural definition of the problem

- This domain seeks to incorporate the patient's own view and language of his illness experience.
- Reasons for the visit, noting that the person's understanding may be different from that of the provider.

Domain 2:

Cultural perceptions of cause, context, and support.

 Clarify what a person and his social network consider to be the origin of "the problem,"



CFI Domains and Clinical Examples

Domain 3:

Cultural factors that affect self-coping and past help seeking.

 Explore what the person has done in the past to cope by himself with the situation and to seek treatment or other forms of help (e.g., advice)

Domain 4:

Cultural factors that affect current help seeking.

 Explores the person's preferences for future care as well as those of his social network; it also addresses any concerns about the clinician-patient relationship



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Opportunities to Meet the Mental Health Needs of Underserved and Disenfranchised Populations in the United States

Opportunities

- Collaborative Care
- Global Mental Health Collaborative Care
- Global Mental Health
- Telepsychiatry/Technology
- Education in Mental Healthcare
- Telepsychiatry/Technology
- Education in Mental Healthcare



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