
The National Qualified Representative Program and the Social Determinants of Health

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National Qualified Representative Program

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Introductions

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Roadmap

1. What are the social determinants of health (SDOH)?
2. Why are they important to NQRP?
3. Background information about mental illness
4. Examples of the social determinants of health and the roles they play
5. Q & A

How many of you have heard...

- Your client's mental health condition is his fault, especially because he won't admit he has a mental illness (or, your client is a liar).
- Your client is dangerous because of his mental health condition.
- Your client won't cooperate with community-based treatment because he's never done in the past and he won't now if I release him.
- Your client is not "compliant" with his medication.
- Your client has been fine here with the right medication, so he'll be fine there (in the country of removal) with the same right medication.

Goal

Provide QRs with knowledge based on scientific evidence so that they can respond as follows:

"The SDOH that were negatively affecting my client's mental health are not present anymore."

"We have an evidence-based treatment plan in which the SDOH will positively impact my client's mental illness such that it is highly likely that my client will be compliant with their treatment plan and they will participate in court proceedings."

"That myth about mental illness is refuted by evidence on the SDOH."

What are the social determinants of health?

...intangible factors such as **political, socioeconomic, and cultural constructs**, as well as **place-based conditions including accessible healthcare and education systems, safe environmental conditions, well-designed neighborhoods, and availability of healthful food**. NEJM 2017

... the **unequal distribution of power, income, goods, and services**, globally and nationally, the consequent **unfairness in the immediate, visible circumstances of peoples' lives**. WHO 2008

This unequal distribution of health-damaging experiences is **not in any sense a 'natural' phenomenon** but is the result of a **toxic combination of poor social policies and programmes, unfair economic arrangements, and bad politics**. WHO 2008

Many social determinants affect health

Education

Income

Employment

Occupation and workplace safety

Wealth

Housing insecurity

Food insecurity

Transportation

Safe drinking water, clean air, and toxin-free environments

Neighborhood conditions and physical environment

Racial segregation

Racial discrimination

Gender discrimination

Trauma and toxic stress

Adverse childhood experiences

Social support

Social capital

Exposure to crime and violence

Recreational and leisure opportunities

Incarceration

Access to quality healthcare

Approaches to mental illness

- Moral failing
- Medicalization
- Criminalization
- Social determinants

Why are the SDOH important to NQRP?

- Mental illness is not a moral failing.
- Mental illness is strongly impacted by the SDOH -- structural factors outside individual control.
- The SDOH are actionable; inaction on the SDOH is unfair and avoidable.
- Inequalities in the SDOH lead to the intergenerational transmission of vulnerability and poor health.

How can QRs use the SDOH?

- Treatment plans
- Mitigation of criminal convictions
- Discretionary decisions, e.g. grant asylum
- Communication with clients
- Work with experts
- Country conditions reports
- Awareness and knowledge of behaviors that are symptomatic of mental illness
- Dispel myths of violence, dangerousness, and malingering
- Present the client in a sympathetic light

Background

1. Prevalence of mental illness among detained populations
2. Culture and cultural differences

Fig. 1 Prevalence of Mental Illness among the US Adult Population

nimh.nih.gov/health/statistics

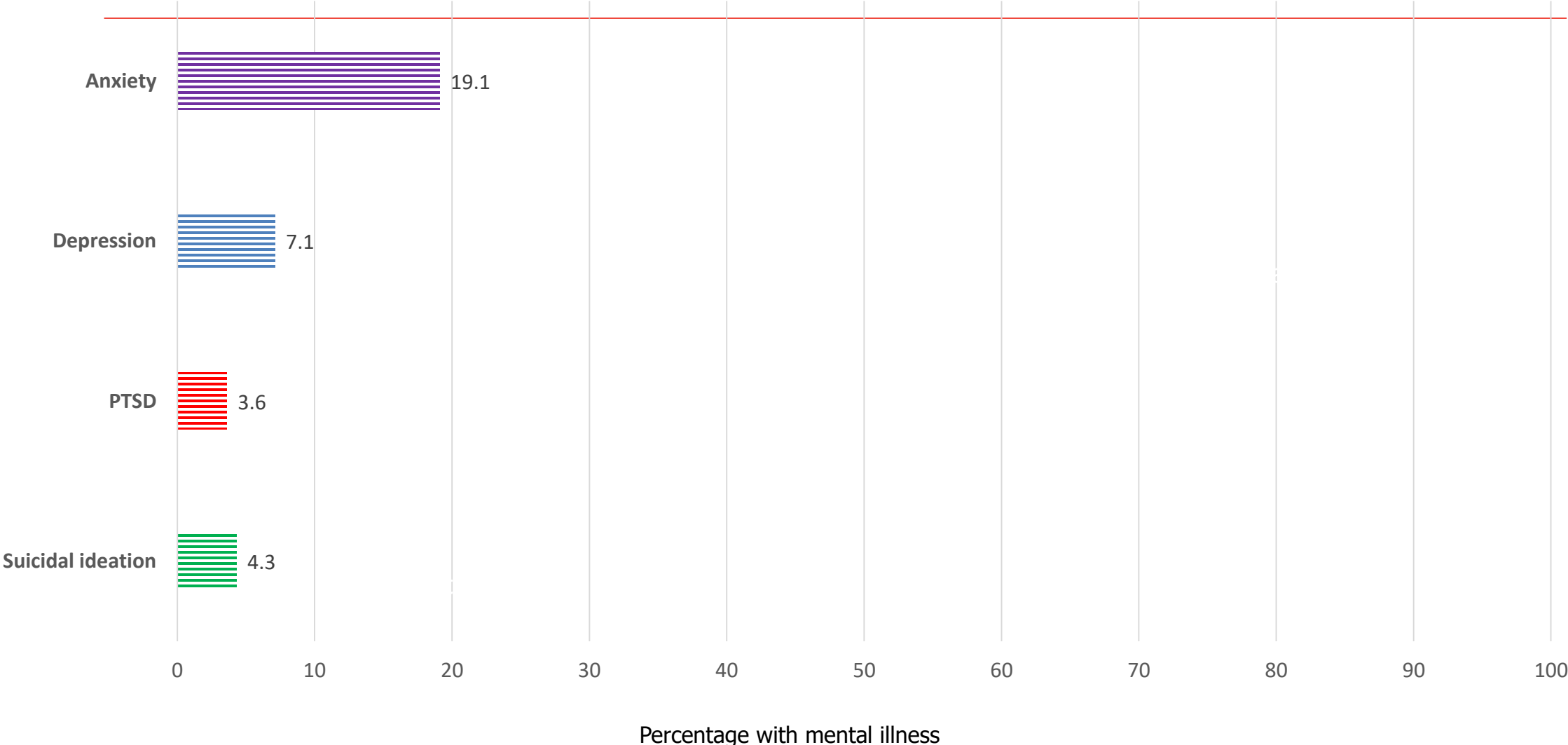


Fig. 2 Prevalence of Mental Illness among Detained Asylum Seekers in the US, compared to the US Adult Population

nimh.nih.gov/health/statistics; Keller et al. 2003

N=70

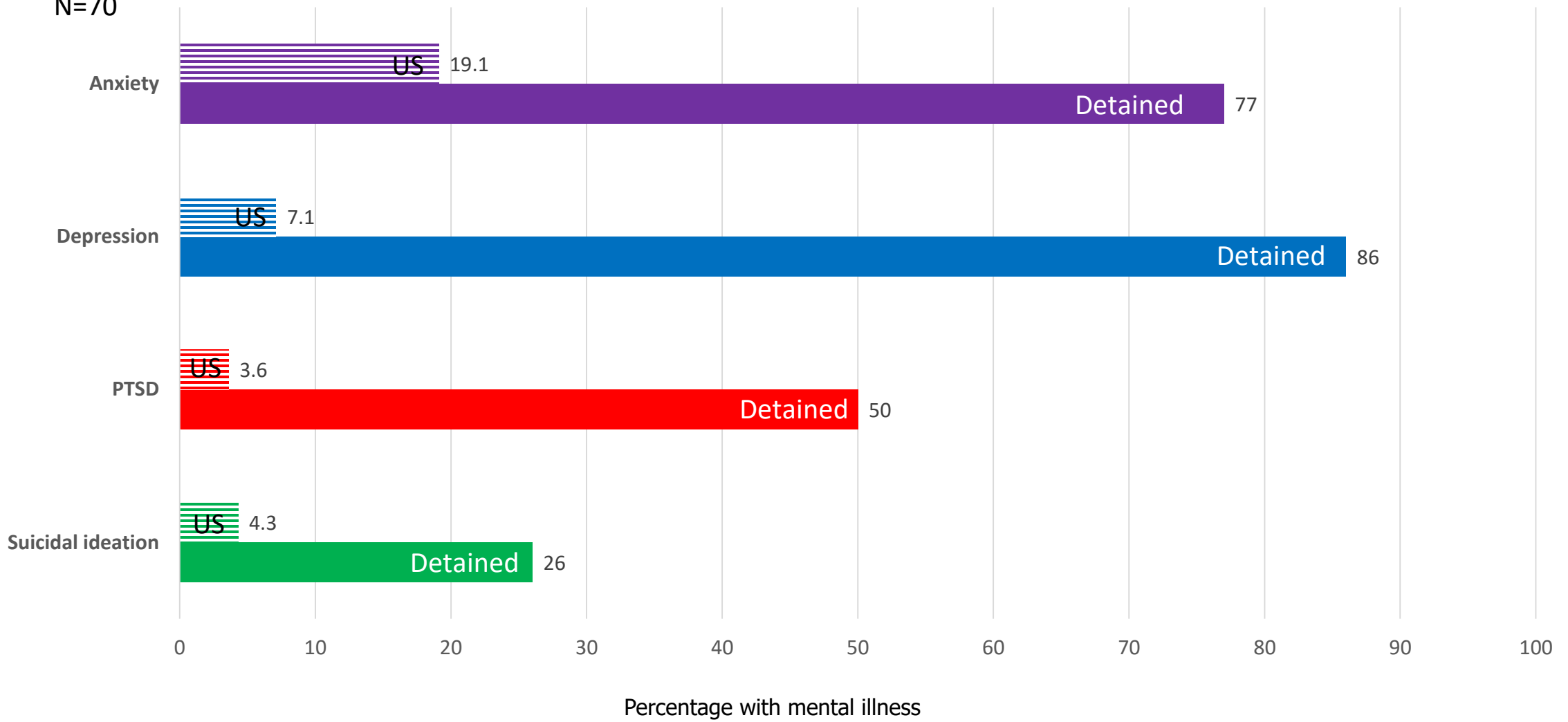
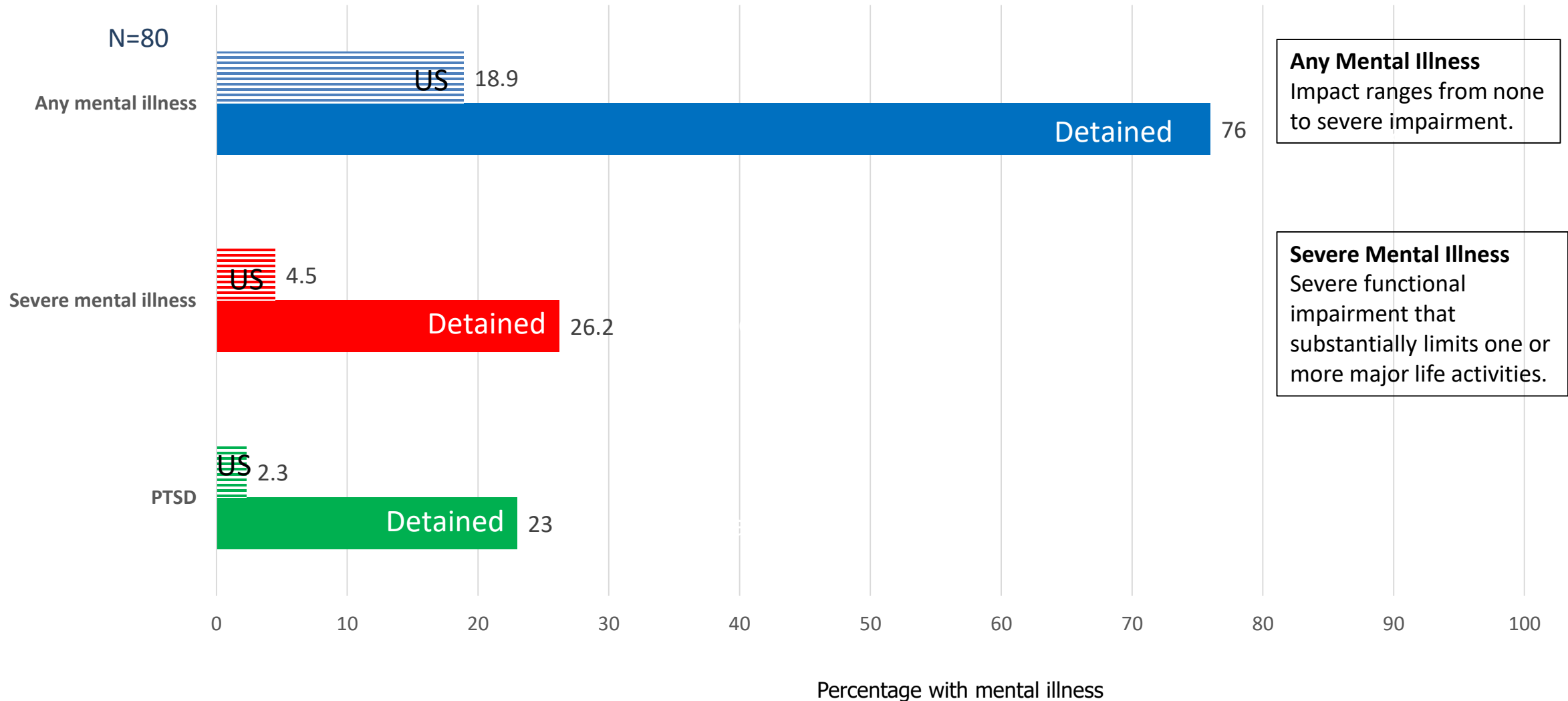


Fig. 3 Prevalence of Mental Illness among Detained Adults in Switzerland, Compared to the US Adult Population

Graf et al. 2013; <https://www.nimh.nih.gov/health/statistics/mental-illness.shtml>



Other useful concepts

Impairment

Mental disorders can substantially impair people's ability to function at work or school, and to cope with daily life.

Comorbidity

The presence of more than 1 disorder at the same time in the same person.
More difficult and costly to treat.

Course

Symptoms and impairment are not static. They can be long-lasting or recurrent.

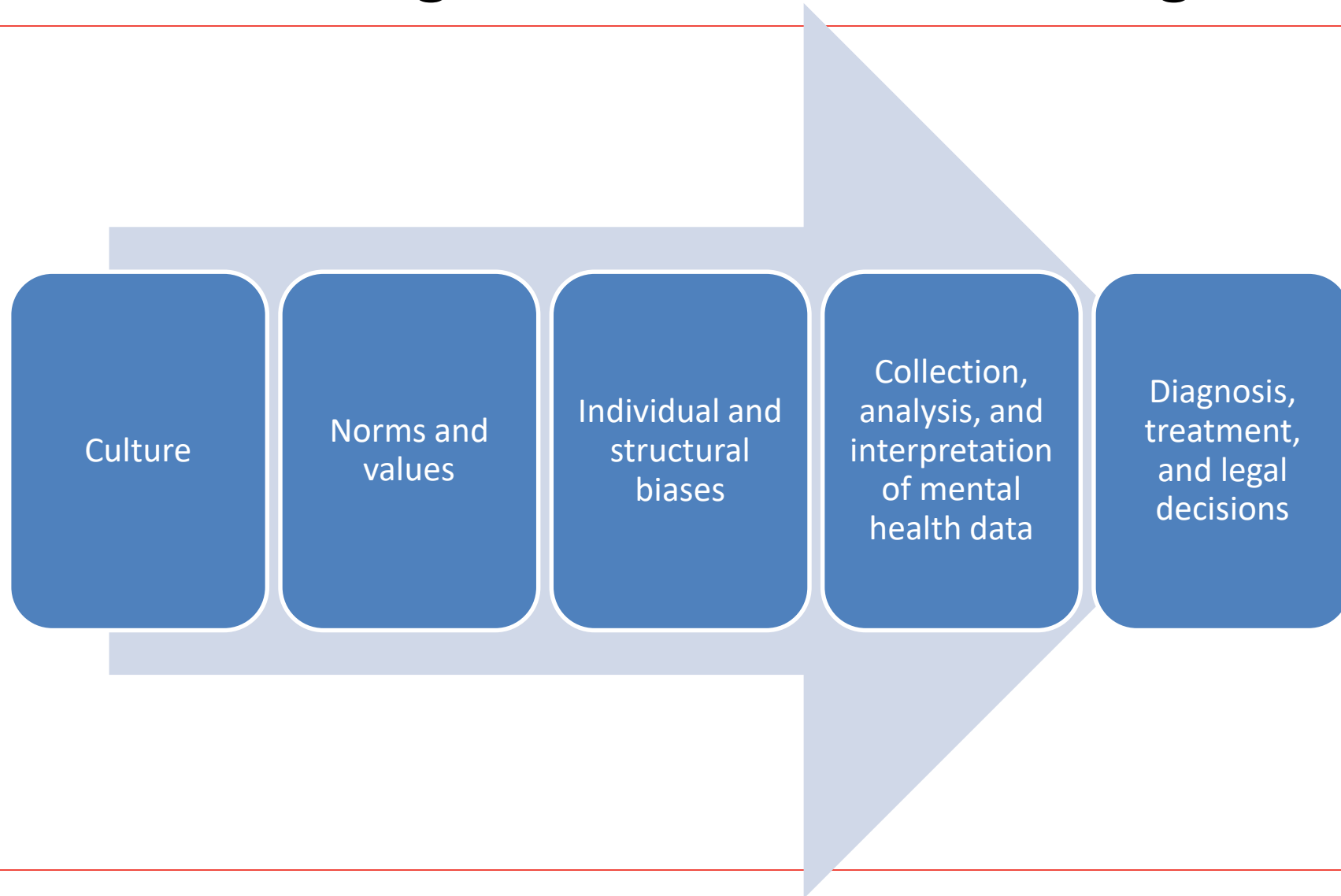
Culture

Why are cultural differences important?

Cultural factors shape behavior and what society perceives as normal and abnormal behavior.

- Race
- Ethnicity
- Gender identity
- Sexual identity
- Language
- Religious affiliation

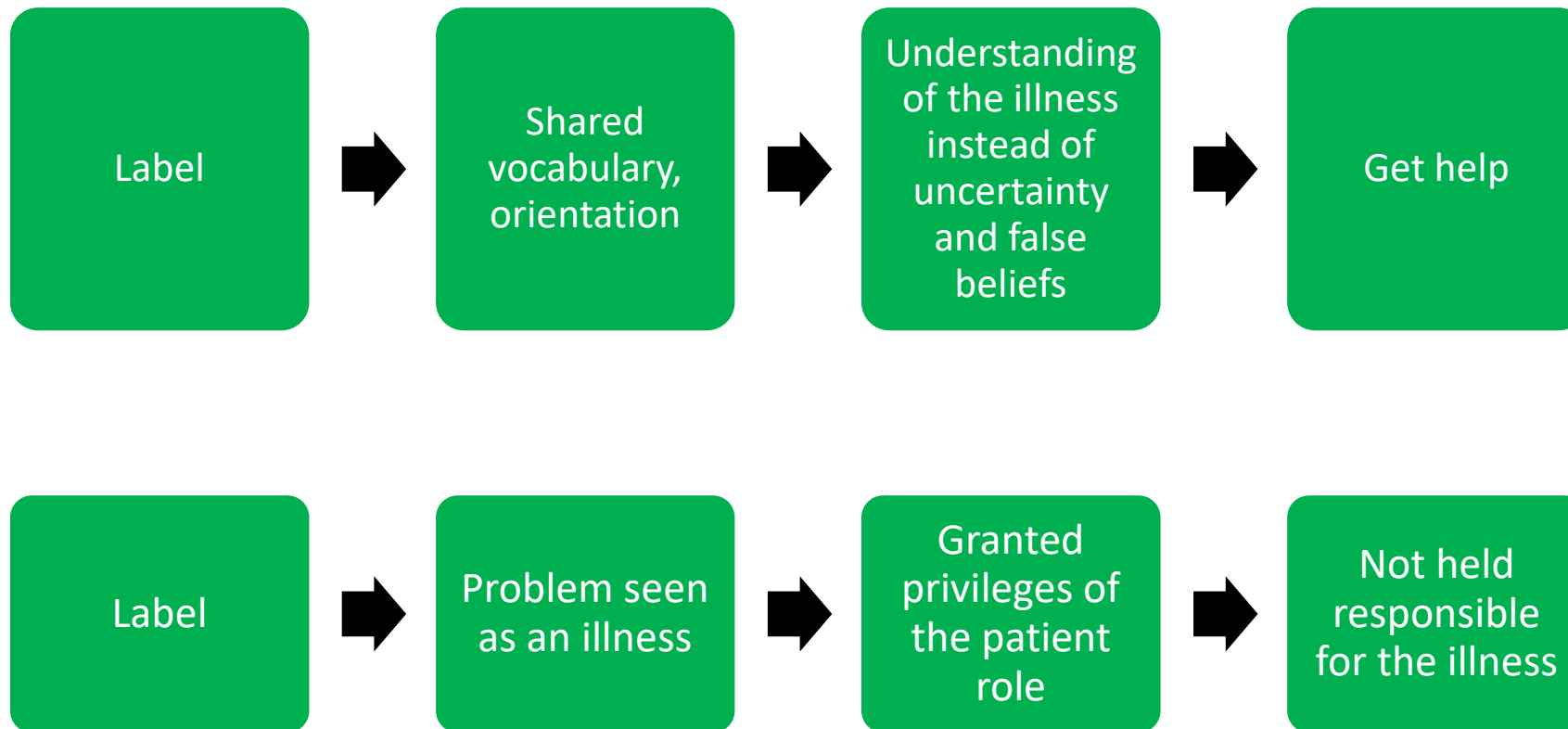
Culture influences diagnosis, treatment and legal decisions



Labelling and stigma: opposing viewpoints

Labelling can result in more accepting attitudes towards people with mental illness

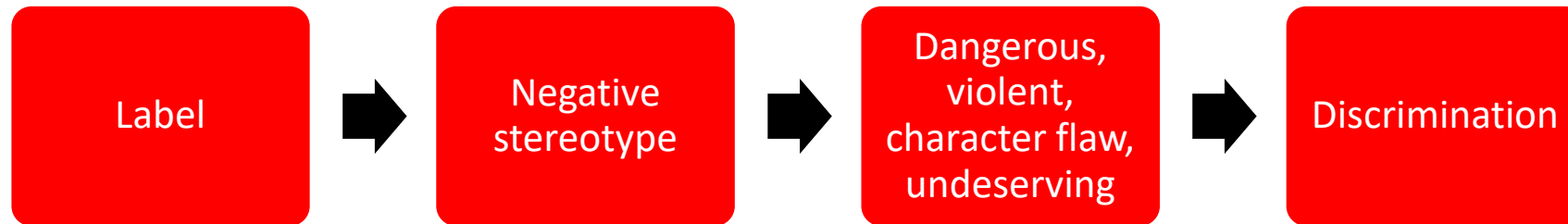
Angermeyer and Matschinger 2003; Link et al. 1987



Labelling and stigma: opposing viewpoints

Labelling can result in less accepting attitudes towards people with mental illness

Angermeyer and Matschinger 2003; Link et al. 1987



SDOH approach can support QRs and their clients

“Are you saying your client doesn’t know the difference between right and wrong?”

“Why should she get a pass just because she has a mental illness?”

“Plenty of people with depression function just fine in the world!”

“A judge questioned whether the prior *Matter of M-A-M* finding was correct because client had been found competent to stand trial.”

“Why wasn’t a client with major depressive disorder with psychotic features able to file a motion vacating his order of removal? Impaired daily functioning is not a sufficient reason.”

“What symptoms should raise a flag for the IJ that the client has serious mental illness.”

“The IJ denied my client bond basing her finding in part on examples of allegedly mentally ill individuals committing mass shootings. There was absolutely no indication in his history that he had ever threatened or planned a mass shooting, or any other type of violent act. ”

“An IJ found my client to be a danger in a bond hearing due to his criminal history. He had only nonviolent convictions that were mostly related to drug possession. Our psychological evaluator concluded that the client was self-medicating with meth for his psychotic disorder.”

“IJ could not reconcile that my client could have BOTH a really strong political asylum claim based on his student organizing, for which he was tortured, AND now be suffering from schizophrenia that impacts his competency or could put him at risk if he were deported.”

Education as a SDOH

“potentially avoidable factors associated with **lower educational status** account for almost **half of all deaths** among working-age adults in the U.S.”

Jemal et al. 2001

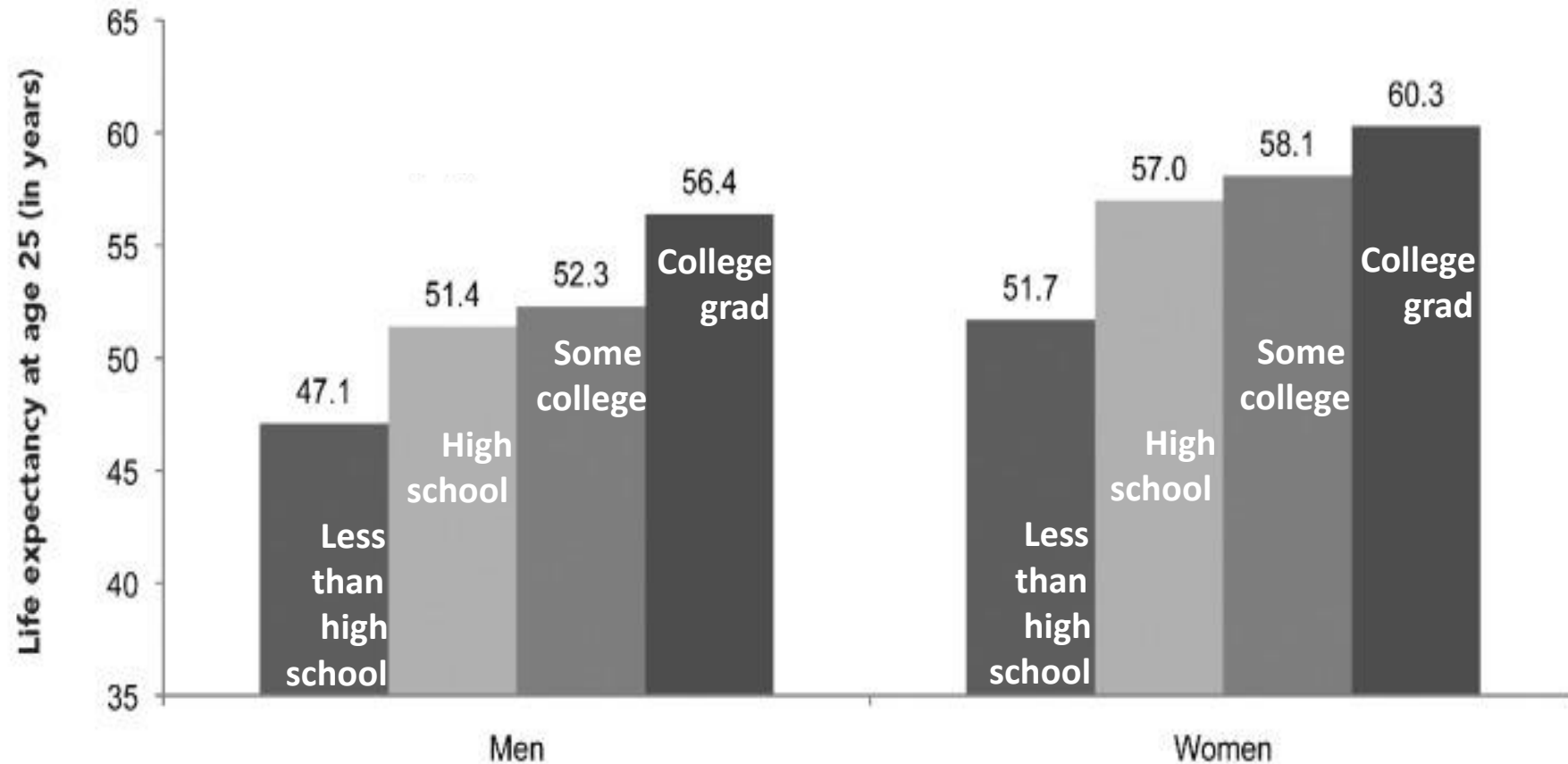
“the number of U.S. **deaths** in 2000 attributable to **low education...** was comparable with the number of deaths attributable to **myocardial infarction.**”

Galea et al. 2011

Education as a SDOH

Life expectancy in the U.S. at age 25, by education and gender, 2006

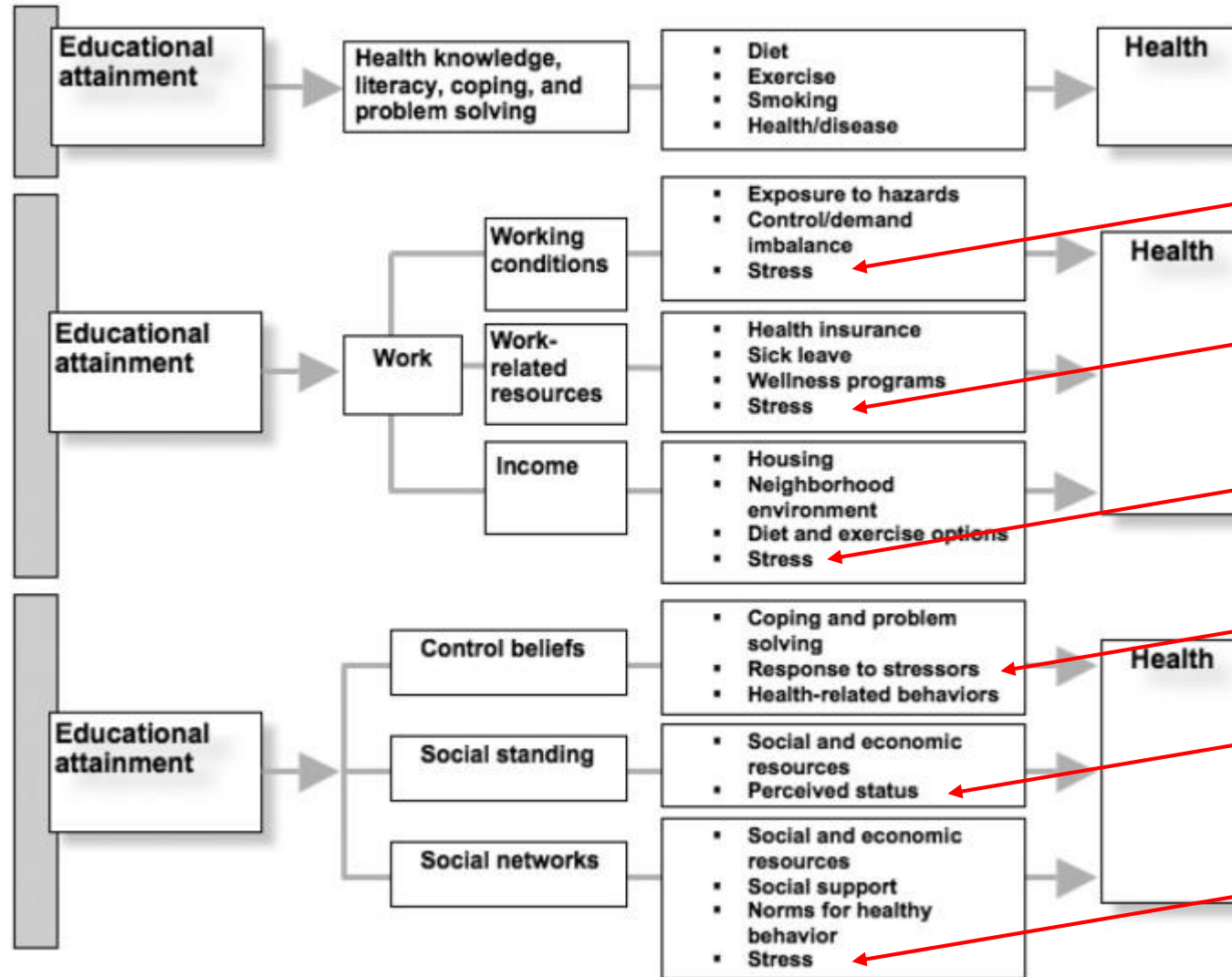
Department of Health and Human Services 2011



Education as a SDOH

Egerter et al. 2011

How could education affect health?



Pathways from socioeconomic factors to health

- Duration of childhood poverty → stress → adult cognitive function Evans and Schamberg. 2009
- Under-resourced neighborhoods → emotional and psychological stress Cutler et al. 2011
- Social and environmental stress → allostatic load (biological wear-and-tear) → immune/inflammatory systems Cohen et al. 1999; Broyles et al. 2012
- Social status → regulation of genes → immune functioning Tung et al. 2012

Racial discrimination

"Racism is a system of structuring opportunity and assigning value based on the social interpretation of how one looks (which is what we call "race"), that unfairly disadvantages some individuals and communities, unfairly advantages other individuals and communities, and saps the strength of the whole society through the waste of human resources."

American Public Health Association

Racial discrimination

Living in a society with a strong legacy of racial discrimination could damage health, even without overtly discriminatory incidents.

Braveman and Gottlieb. 2014

Stigmatized behaviors associated with mental illness

Judges' Criminal Justice Mental Health Leadership Initiative 2012

- Wears inappropriate attire
- Unable to sit or stand still
- Gaps in memory of events
- Answers questions inappropriately
- Stays distant from attorney or bench
- Belligerent or disrespectful
- Inattentive to court proceedings
- Does not make eye contact
- Appears sad/depressed or too high-spirited
- Switches emotions abruptly
- Seems indifferent to severity of proceedings
- Speaks too quickly or too slowly
- Expresses racing thoughts
- Expresses bizarre or unusual ideas
- Seems to respond to voices/visions

Stigmatizing attitudes towards mental illness

Torrey et al. 2008; Harvard Mental Health Letter 2011

Violence

- Risk of violence attributed to people with mental disorders vastly exceeds the actual risk presented.
- For people who do not have problems with alcohol and drugs, there is no reason to anticipate they present greater risk of violence than their neighbors.
- Violence among people with mental disorders only rarely results in serious injury or death, and generally does not involve the use of weapons.
- People with mental disorders are less likely than people without such disorders to assault strangers.
- Like violence in the general population, aggression by people with mental illness often stems from multiple factors related to the SDOH (poverty, homelessness, divorce, substance use).

QRs can highlight the presence of protective factors related to the social determinants of mental health.

Adverse childhood experiences (ACEs) as a SDOH

Merrick et al. 2019

Produces toxic stress, which influences opportunities and outcomes throughout life:

- mental health
- well-being
- obesity/stunting
- heart disease
- literacy and numeracy
- criminality
- economic participation

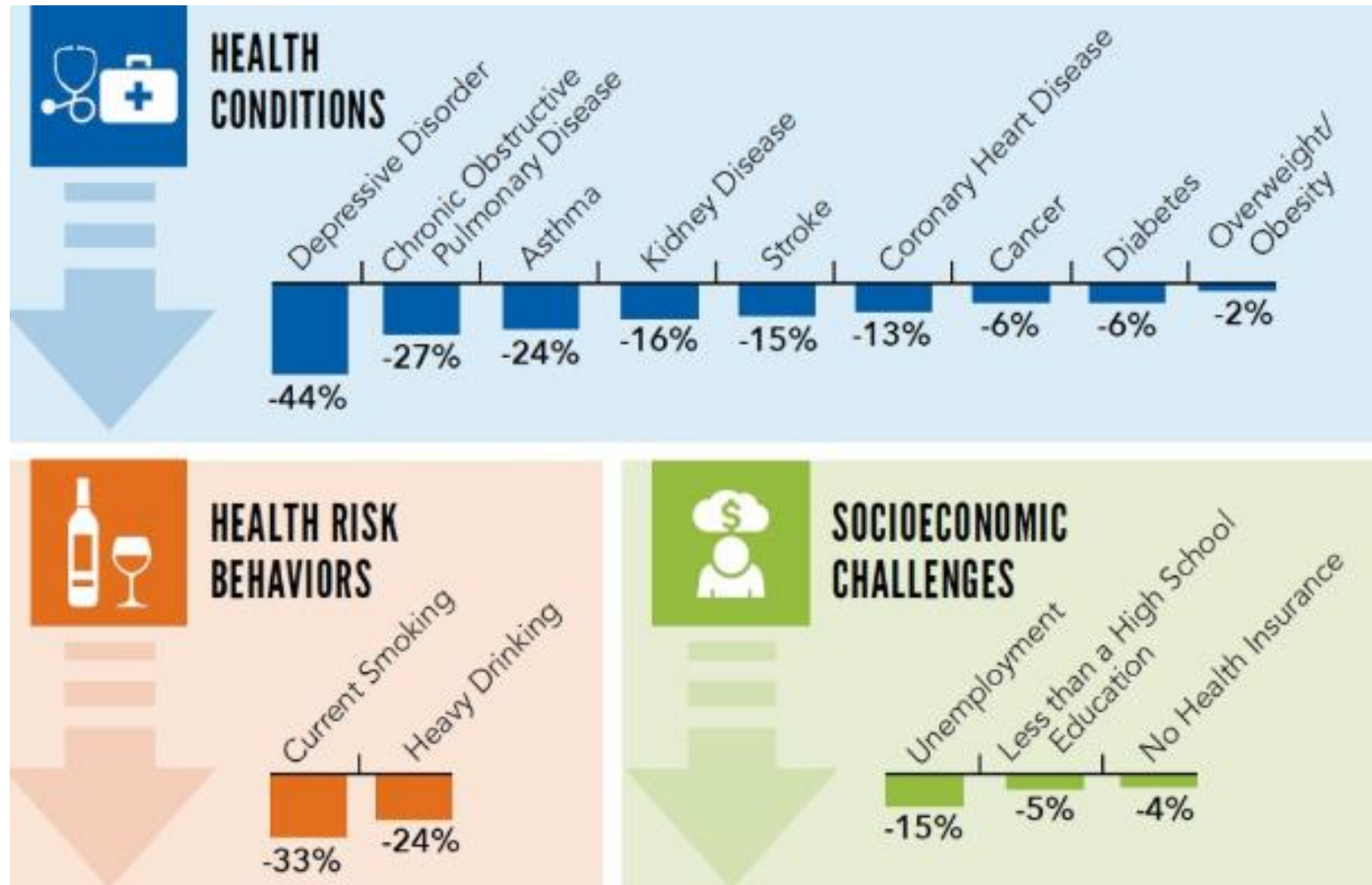
Adverse childhood experiences (ACEs) as a SDOH

Jones et al. 2020; Merrick et al. 2019

- physical or emotional abuse
- chronic neglect
- caregiver substance abuse or mental illness
- exposure to violence
- accumulated burdens of family economic hardship

Preventing ACEs could reduce up to 21 million cases of depression

CDC 2019



Incarceration as a SDOH

Cloud D. 2014

- **Conditions of confinement – solitary confinement, transfers**
- Demographic composition of communities
- Educational opportunities
- Economic mobility
- Income inequality
- Homelessness
- Social benefits
- Political capital

Serious mental illnesses in jails



In state prisons, prevalence of serious mental illness is 2 to 4 times higher than in the community.

Incarceration as a SDOH

NIMH 2014

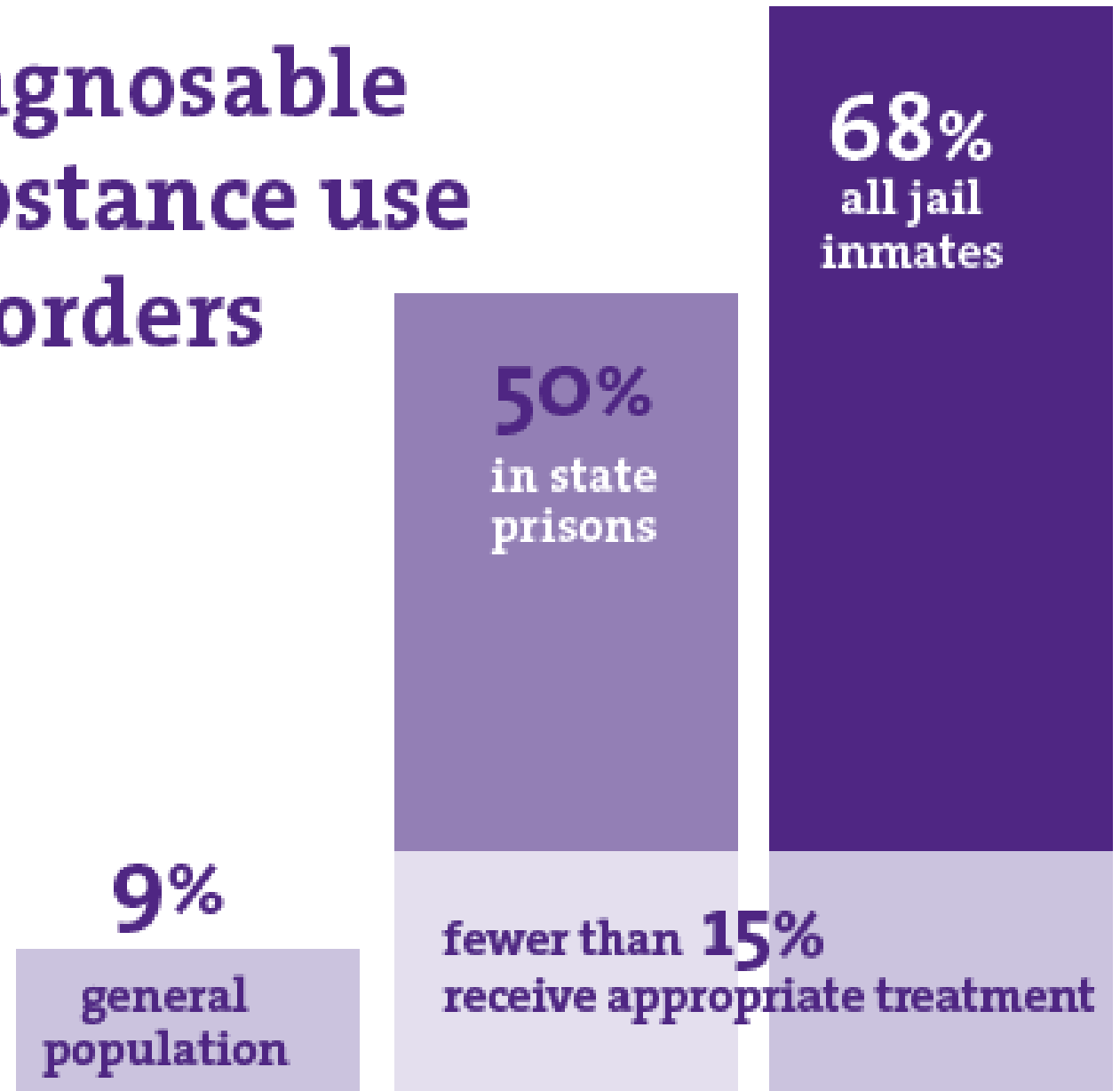
Prins 2014

cited in Cloud D. 2014

Diagnosable substance use disorders

Incarceration as a SDOH

Karberg and James, 2005
Fazel et al., 2006
cited in Cloud D. 2014



Healthcare - a relatively weak health determinant

Braveman P. and Gottlieb L. 2014; McGinnis M et al. 2002; Mackenbach J. 1996

States that allocate more resources to social services than to medical expenditures have substantially improved mental health outcomes over states that do not.

National Center for Biotechnology Information

Social factors as protective

Matthews et al. 2010; Seeman et al. 2010; Braveman P. and Gottlieb L. 2014

- Social support
- Self esteem
- Self-efficacy

QRs can talk about the SDOH

Scenario:

Client with symptoms of mental illness but no criminal history is in immigration detention for 2 years. The IJ finally grants bond and client is arrested shortly thereafter. IJ says he's not inclined to exercise discretion in client's favor due to the arrest.

Response:

There is a robust body of scientific evidence indicating that mental illness and the actions and behaviors that may result from it are determined in large part by the social and economic conditions of people's everyday lives, conditions which are beyond their control. It is not an issue of moral failure.

QRs can talk about the SDOH

Dangerousness and violence

- Public opinion surveys show that many people think mental illness and violence go hand in hand. In fact, research suggests that this perception does not reflect reality.
- Most individuals with psychiatric disorders are not violent.
- Most acts of violence are committed by individuals who are not mentally ill.
- Individuals with serious mental illness are victimized by violent acts more often than they commit violent acts.
- This is no evidence that people with serious mental illness, who are receiving effective treatment, are more dangerous than people in the general population.
- A robust study that compared rates of violence between patients with bipolar disorder or schizophrenia with their unaffected siblings found very narrow differences between the two groups.
- Overall, research paints a more complex picture than the general public is aware of. It suggests that violence by people with mental illness — *just like violence in the general population* — stems from multiple overlapping factors interacting in complex ways. These include family history, personal stressors (such as divorce or bereavement), and socioeconomic factors (such as poverty and homelessness). Substance abuse is often part of this picture.

QRs can talk about the SDOH

Community

There is strong empirical evidence that asylum/release into the community will confer a wide array of mental health and health-related benefits. These benefits can help ensure that clients appear for hearings and participate in proceedings. The potential benefits include

- Increased resilience; social support; self-esteem; and self-efficacy.
- Basic needs are met by the state or families (e.g. food, housing, education, and/or medical care). Access to essential goods and services is available through other routes when income is insufficient.
- Alleviation of insecurity and anxiety about meeting basic needs.
- Pathways to education or work.
- The ability to provide for their families, pay taxes, and contribute to society.

QRs can talk about the SDOH

Treatment plans

- Clients' untreated mental illnesses may play a significant role in their arrests.
- Fortunately, the majority of risk factors facing clients may be addressed by evidence-based plans.
- Evidence-based plans can place clients in supportive communities that offer the resources needed to potentially put them on the road to becoming productive members of society.

QRs can talk about the SDOH

Detention

- On the other hand, research shows that the conditions of confinement are toxic for health, and factors that contribute to health. For example,
 - Solitary confinement is associated with disastrous impacts on mental health. Social isolation, lack of stimulation, lack of physical exercise, and sub optimal mental health treatment are linked to the onset and persistence of mental illness. People in detention are often subjected to solitary confinement for logistical reasons, rather than the intended purposes -- punishment and safety.
 - Frequent transfers are destabilizing. They promote insecurity and confusion, and they take a toll on the body. The wear and tear associated with these transfers is thought to increase allostatic load, for example via the release of hormones that induce inflammation, which in turn exacerbates mental and physical health problems.
 - Although jail or detention may be the first time some individuals receive any medical or mental health care, the setting and services in detention are suboptimal compared to community-based services. For example, one study found that although 68% of people in jails have diagnosable substance use disorders, only 15% receive appropriate treatment while detained.
- The crippling effects of detention on mental health and health-related conditions may have a long arm, potentially impacting not only clients, but also the next generation, and the one after that.

QRs can talk about the SDOH

Detention, continued

Additional risk factors associated with detention include

- Overcrowding
- Exposure to violence
- Sexual victimization

QRs can talk about the SDOH

Detention, continued

Many negative impacts are linked to detention, including

- Fractured family structures that trap young children in poverty
- Diminished educational opportunities for youth
- Stagnated economic mobility
- Widened income inequality
- Exacerbated homelessness
- Restricted access to essential social benefits

QRs can talk about the SDOH

Length of Stay

- Research shows that negative impacts accumulate over time, with the sum becoming greater than any one factor.
- Clients that have been detained over substantial periods of time have likely been exposed to a myriad of related risk factors for bad health.
- The empirical evidence argues that relief is critical and overdue.

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Q & A

Thank you

Please follow up with us if you have questions.

We are happy to provide more information.

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