Structural Competency as a Core Competency for Psychiatrists: Weaving the assessment and management of social determinants of health into everyday practice

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Outline

● Introduction
● Case
● Structural Competency Theory and Practice
  ○ Definitions
    ■ Social Structure
    ■ Social Determinants of Health
    ■ Structural Violence
  ○ What is Structural Competency?
  ○ How can we be structurally competent psychiatrists?
● Residency Didactics
● Next Steps
Learning Objectives

1. Understand the concepts key to the structural competency approach, including social determinants of health, societal structures, structural violence.

2. Apply a structurally competent approach to a relevant case example.

3. Explore the importance of structural competency as a core skill in psychiatric practice.
Introduction

- Ahmaud Arbery, Breonna Taylor, George Floyd, Tony McDade and Structural Racism

- Structural competency is a core competency of psychiatry

- Ignoring structural competency reinforces violent structures in our society
The Case of John

John is a 38 year old man with reported past history of schizophrenia versus schizoaffective disorder, PTSD and unspecified anxiety who presented to the MGH ED in police custody from Nashua street jail, 1 day post arraignment for assault and battery charges. He presented from Nashua St. due to “bizarre behavior” and command auditory hallucinations to harm himself.

He is a Black man from Dorchester who is unemployed and lives with his parents. He is also a refugee who immigrated to the United States at 10 years old after witnessing the death of multiple family members in his home country. He is the father to four children who are in the custody of their mother and with whom he has frequent contact.

John reports the A&B charges were a misunderstanding from a dispute he had with people in his parking garage, where he felt they were following him, so he yelled back at them. Those individuals called the police and John was then charged with A&B and brought to Nashua St Jail where he was not given the option to post bail while awaiting arraignment.
Reflection

What do you do, or what can you do, in your work in psychiatry to fight systemic racism?
The Theory and Practice of Structural Competency

- A framework for understanding and addressing the social determinants of health

- A response to cultural competency
Definitions

Social structure:

● The way a society is organized in hierarchies through:
  ○ institutions,
  ○ policies,
  ○ economic systems,
  ○ and cultural or normative belief systems
    ■ race
    ■ socioeconomic status
    ■ gender
    ■ sexuality

● A society’s social structure generates its specific patterns of “social determinants of health.”
Definitions

Social determinants of health:

● The social structural forces that affect health outcomes
  ○ Individual- and national-level factors
    ■ socioeconomic status
    ■ income inequality
    ■ racialized hierarchies
    ■ institutional policies (public versus private health care, incarceration rates, etc.)
  ○ Global political and economic factors
    ■ per capita gross national product
    ■ international trade relations
    ■ military disruptions
    ■ political embargoes
Definitions

Structural violence:

- How social arrangements put individuals and populations in harm’s way
What is Structural Competency?

The ability for health professionals to recognize and respond to structural forces through the following fundamental skills:

1. Recognizing the structures that shape clinical interactions
2. Rearticulating “cultural” formulations in structural terms
3. Observing and enacting structural interventions
4. Developing structural humility
How can we be structurally competent psychiatrists?

- Structurally competent history
  - Structural Vulnerability Assessment Tool

<table>
<thead>
<tr>
<th>Domain</th>
<th>Screening questions and assessment probes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial security</td>
<td>Do you have enough money to live comfortably—pay rent, get food, pay utilities/telephone?</td>
</tr>
<tr>
<td>Residence</td>
<td>Do you have a safe, stable place to sleep and store your possessions?</td>
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<tr>
<td>Risk environments</td>
<td>Do the places where you spend your time each day feel safe and healthy?</td>
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<tr>
<td>Food access</td>
<td>Do you have adequate nutrition and access to healthy food?</td>
</tr>
<tr>
<td>Social network</td>
<td>Do you have friends, family, or other people who help you when you need it?</td>
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</table>
How can we be structurally competent psychiatrists?

- Structurally competent history
  - Structural Vulnerability Assessment Tool

<table>
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<tr>
<th>Domain</th>
<th>Screening questions and assessment probes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Status</td>
<td>Do you have any legal problems?</td>
</tr>
<tr>
<td>Education</td>
<td>Can you read?</td>
</tr>
<tr>
<td>Discrimination</td>
<td>[Ask the patient] Have you experienced discrimination?</td>
</tr>
<tr>
<td></td>
<td>[Ask yourself silently] May some service providers (including me) find it difficult to work with this patient?</td>
</tr>
</tbody>
</table>
How can we be structurally competent psychiatrists?

● Structural formulation
  ○ Reflection on social structures impacting the patient
    ■ How do we as psychiatrists both participate in and resist these social structures?
  ○ Identify the structural forces at play
    ■ Namely the forces leading to the social determinants of health

● Structural intervention (multiple levels)
  ■ Individual
  ■ Interpersonal
  ■ Clinic/institutional
  ■ Community
  ■ Policy
  ■ Research
The Case of John

1. Recognize the structures that shape clinical interactions
   - Race
   - Immigration
   - Legal/criminal system
   - Socioeconomic status
   - Psychiatry

2. Rearticulate “cultural” formulations in structural terms
   - Race in America
   - Country of origin
   - Immigrant parents
## The Case of John

### 3. Observe and enact structural interventions

| Individual | - What are our personal biases against John?  
|            | - How can we become aware of and actively resist these? |
| Interpersonal | - Addressing our biases |
| Clinic/Institutional | - Who are his treaters? Increase staff diversity, structurally competent staff  
|                     | - Targeted work to address the history of racism in academic medical centers  
|                     | - Establish intervention where people in custody automatically meet with social work to address their rights in the legal/criminal system |
## The Case of John

### 3. Observing and enacting structural interventions

| Community                        | - Community-wide antiracism education  
|                                 | - Mental health diversion program       |
| Policy                           | - Transforming the criminal system       |
| Research                         | - MGH Psychiatry race-equity research projects |
The Case of John

4. Developing structural humility

● Collaborate across disciplines and with community members
● Recognize that this work requires consistent, long term, investment
Reflection

How can the framework of structural competency help you to fight systemic racism through your work in psychiatry?
Residency Didactics

- **PGY1**: 4 seminar sessions per year (each resident attends 2)
  - Key definitions
  - Theory and practice
  - Case vignettes

- **PGY2**: 1:1 - 2:2 small group teaching sessions
  - Case based discussion of clients at the Lindemann Mental Health
  - How to write a structural formulation
Residency Didactics

- **PGY3:** 2 seminar sessions per year (all PGY3 residents)
  - Group structural formulation of real case from outpatient and/or consult service work

- **PGY4:** Cross Talk Panel Series
  - Case conference series for PGY4 residents to present difficult cases and hear perspectives from multiple experts
  - Structural competency expert added during 2019 - 2020 year
Next Steps at MGH/McLean

- Continuing to grow and develop didactics
- Survey and evaluation
- Interdisciplinary engagement
  - McLean Structural Competency Taskforce
- Structurally competent clinic and hospital based interventions
- Residency Advocacy Committee
  - Annual Legislative Advocacy Day
- Ongoing research on bias and discrimination in clinical settings
Acknowledgements

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Classes of 2020 - 2023
References


Resources

- **Courses**
  - Rachel Cargle - The Great Unlearn (critical discourse and unlearning course and resources)

- **Books**
  - *Me and White Supremacy* by Layla F. Saad - personal reflective journaling course
  - *White Fragility: Why It's So Hard for White People to Talk About Racism* by Robin DiAngelo, PhD
  - *The New Jim Crow: Mass Incarceration in the Age of Colorblindness* by Michelle Alexander
  - *How To Be An Antiracist* by Dr. Ibram X. Kendi
  - *So You Want to Talk About Race* by Ijeoma Oluo

- **Podcasts**
  - 1619 by The New York Times
  - Justice in America

- **Additional resources**
  - Forthcoming residency advocacy antiracism resource and action document