

MEASURING WHAT MATTERS:

SOCIAL DETERMINANTS OF HEALTH FOR YOUTH

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"Symptoms and CPT codes cannot tell the whole story. The more we measure what matters, the more everyone wins."

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She is also your girl for all things related to meaningful integration of measurement in behavioral health on behalf of the mental health of youth everywhere. Dr. Childs is the co-founder of the Yale Measurement-Based Care Collaborative, was an appointed member of the American Psychological Association's Measurement Based Care Advisory Board for four years, and has trained, educated, and published extensively in the peer-reviewed literature on evidence-based measurement practices.

You can see her contributions in the media NYT, WaPo, CNBC, Psychology Today, Chicago SunTimes, HuffPo, and more) and in peer-reviewed literature where she has over 50 peer-reviewed manuscripts and presentations.

Dr. Childs is also the founder/CEO of The Dr. Amber Childs Advisory, through which she has advises nonprofit, academic, and public-sector organizations on youth mental health outcomes, an Associate Professor of Psychiatry at Yale School of Medicine, and an Ambassador for the AAP Center of Excellence for Social Media.

LET'S GET STARTED

Any youth-focused mental health solution worth its salt is no stranger to social determinants of health (SDoH).[1] Why? Because SDoH are one of the leading contributors to mental health and health care inequities.[1,2] Period.

If you've been in the game for a minute, you know that social and environmental factors have such a strong bearing on a young person's wellbeing that they can even beat out the impact of their genetics. This partly explains why SDoH factors like stigma, lack of reimbursement parity, social isolation and loneliness, digital and social media, and identity-based discrimination are headlining calls to action for equity in youth mental health and wellbeing.[3,4]



Helpful Definitions

Social Determinants of Health (SDoH): The social, and largely non-genetic factors or conditions in which people are born, grow, work, live, and age, and the wider forces (i.e., social norms, political systems, economic policies, etc.) that shape the conditions of daily life.

Social Determinants of Mental Health (SDMH): An expansion of the construct of SDoH to include mental health (e.g., mental health stigma; lack of reimbursement parity for mental health; exposure to violence, conflict and war, etc.) and a corresponding analysis of both risk and protective factors.

Health Care Inequities: Disparities in health care outcomes that are the result of systemic policies and practices that create barriers to opportunity such as unequal distribution of and access to resources

Paradoxically, you've probably also clocked that mental health measurement, and by extension, the impact convo, has backed itself into a bit of a symptom-focused and/or health care utilization corner. And while not unimportant, symptoms and CPT codes do not and cannot tell the whole story about the full scope of impact of a youth mental health solution.

These points are even argued in the biopsychosocial model of mental illness. It's right there in the name: biological, psychological, and social factors complexly come together to shape a person's mental health!

The reality is that social factors just don't get as much consideration as they should when it comes to showing measurable impact. Partly because social factors have a reputation for being messier (and more time-consuming) to measure because of how interconnected factors are to one another. It can be hard to know what aspects of a solution are responsible for which effects. And partly because amping up benefits in one area may shine a light (or unintentionally create) challenges in another (CC: virtual care models, the digital divide). And that's just the tip of the iceberg.

Note: All policy-related examples in this brief are presented for educational and informational purposes, to support research, learning, and nonpartisan analysis of social determinants of mental health

Why would we focus on a topic that you're probably familiar with in your day-to-day work? The familiarity is the point! First, the more we measure what matters, the more everyone wins. Your solution improves, and the impact follows.

Second, you may be glossing over the impact that you're having in this area, leaving real opportunities to showcase measurable impact on the table. Even tiny tweaks to your current SDoH measurement practices can help you sharpen up the ways that you show how your work is moving the needle.

And lastly, at BHT Impact, we're not about the symptom-and-utilization-only life.

Enter our first topic brief!

This topic brief is designed to help you think strategically about how your work is impacting SDoH, and includes guidance on how to measure and communicate SDoH impact as well as strategies for how to build up measurement and intervention practices where it makes sense for your solution. Some sections in this brief may be more or less relevant to you depending on your work and goals.

WHAT TO EXPECT

Overview:
We provide a high level primer on SDoH for youth, followed by a review of the upstream/downstream metaphor. If you're new to youth-solution building, consider this an organizing eye-opener. If you're true to this, consider this section a brush-up.

Measurement Strategy:
We zero in on SDoH segments and discuss a measurement strategy and corresponding interventions. We provide a few recommendations for reporting out about how your solution is showing up to make an impact along relevant social factors.

Real Talk:
Alas, if only our collective commitment were enough to win the day. Throughout the document (and the collection for that matter), we try to flag where there are challenges and other considerations, including the long-term advocacy that is needed to really move the needle on SDoH for youth mental health.

RAPID SDOH PRIMER

GETTING CURIOUS: SDOH 101

There is nothing worse than jumping into a juicy problem-solving or solution session only to realize you're not on the same page about the topic. We're not going to do that to ourselves! Let's take a quick scientific detour to anchor ourselves in SDoH, provide context, and draw some meaningful distinctions.

Why is Emma not going to school?

Because she has symptoms of post-traumatic stress disorder and depression.

But why does she have these symptoms?

Because she saw a kid in her neighborhood violently injured on their way to school.

But why did she see a kid in her neighborhood get violently injured?

Because she lives in an area of town that has a lot of violence, and there are usually no adults around to intervene.

But why does she live in an area of town with a lot of violence?

Because her parents are unable to afford a different neighborhood.

But why can't her parents afford a different neighborhood?

Because they did not have many years of formal education and are unable to find high-paying work.



But why....[5]

Emma's story asks us to get curious about how social and environmental factors are showing up to impact her mental health and wellbeing. Hint: these are the kinds of questions to ask yourself as you're considering who your solution works for, who it will not work for, and why.

As defined by the World Health Organization,[1] the SDoH are "...the conditions in which people are born, grow, work, live and age, and the wider forces that shape the conditions of daily life."

In case you're less familiar, the social determinants of mental health (SDMH) is a framework that expands the construct of social determinants beyond considerations for physical health to include mental health and includes an analysis of both risk and protective factors.[6.] We're mostly going to say SDoH in this brief, but now you're up on it.

In Emma's case, the mental health distress that she is experiencing arose from a pretty complicated set of circumstances, and makes the (seemingly) obvious point that each determinant (where she goes to school, her neighborhood, her family's access to resources like education, and subsequently employment) has a cascading impact. The influence of one factor on a young person's wellbeing stacks to the next, and the next, and so on. And, this cumulative effect contributes to worsened health outcomes, especially for youth from marginalized communities, including youth belonging to racial, ethnic, sexual, and gender minority groups, lower socioeconomic status, youth with disabilities, or even youth in rural areas.

FEATURES OF THE EXPANDED SDMH MODEL FOR YOUTH

1. Societal stigma surrounding mental health
2. Lack of reimbursement parity for mental health
3. Social isolation and loneliness
4. Adverse experiences with digital and social media
5. Exposure to violence, conflict, and war
6. Various forms of identity-based discrimination

There is no immunity to SDoH

But, don't get it twisted. We're all firmly embedded within a social and environmental context, and our health is wrapped up in its influence. A couple of examples:

- **Social isolation and loneliness.** Remember that time we had a global pandemic, and it highlighted just how vital social connectedness was for mental health and well-being? Science already knew, but the links to increased depression, anxiety, and even physical health became apparent in our living rooms overnight.

- **Lack of reimbursement parity for mental health.** Ever heard of the dwindling number of therapists who accept insurance and the outrageous waitlists for those who do? I remember quoting 6 to 12 weeks as standard for getting kids seen for a psychological assessment! Even a well-insured youth on a waitlist can have symptoms that worsen, increasing risk of developing other psychosocial problems and even needing more acute services (e.g., intensive services, emergency department, inpatient, etc.).

- **Mental Health Stigma.** Remember when Simone Biles helped the world breathe a collective sigh of understanding during the Tokyo Olympics when she shared about her anxiety and prioritized her mental well-being? Okay, look, we had to end with one example of positive impact and how Simone's brave storytelling opened the doors for millions to talk about just how intensely stigma about mental health shows up for them and impacts their day-to-day lives.

How do SDoH help us?

An analysis of SDoH helps us understand (and hopefully eliminate!) differences in mental health and wellbeing between groups of people, including the systems, policies and practices that create barriers to opportunity. Which is why SDoH are always in the chat when it comes to any meaningful conversation about health equity for youth.

SDoH also provide key insights about how youth and families interact and engage with different systems and services, what their pain points are and how we can design solutions to address those issues. For example, SDoH can help us understand which kinds of solutions work and which don't (and why), who shows up and who is getting missed and more. When we can take what we know about a young person's (or group of young people's) most important social factors, we can create better solutions and ultimately better outcomes.

Keeping it real, no one strategy or solution will be able to fully address just how complicated SDoH are and how they show up for youth. The good news here is that many solutions for youth can be operating in different ways to help shape better outcomes. Now that we've got the primer in the bag, let's shift gears into how we can measure SDoH and what we can do to address or apply that measurement to our work.



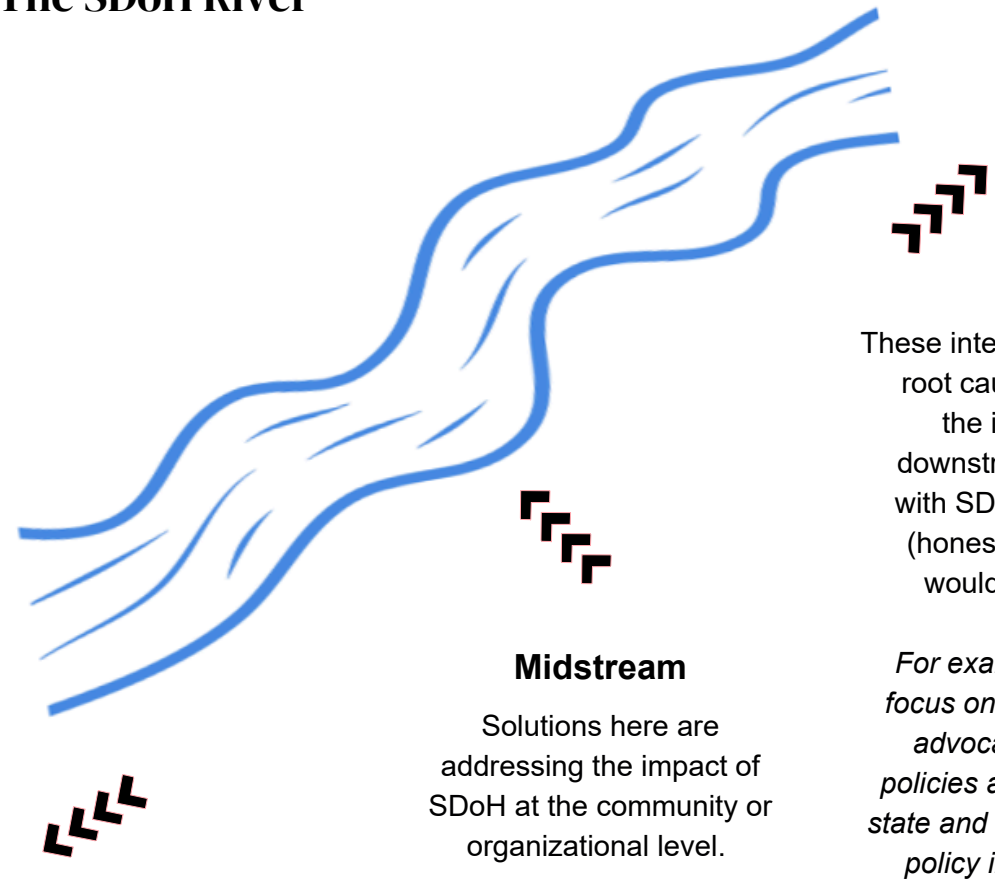
GETTING ORIENTED THE SDOH RIVER

Now that you're fired up about SDoH, let's re-center with a quick nature metaphor. Not only are stream sounds calming, but the stream can help orient you to where your solution might be making an impact with SDoH. The upstream/downstream metaphor illustrates a conceptual framework for how to understand the cascade of structural factors that are at play for how SDoH affect a person's physical health and mental wellbeing, what can be done about it, and who needs to be involved.

Considering where your solution is operating along the stream can help you better understand how to measure SDoH, apply that information via an intervention or design, and then report out about that work. We can't cover them all in depth in this one brief (but would you want us to? Let us know!), but we'll lightly break each one down in turn.

If as you review the framework below you're thinking that we need action along all three parts of the stream, you're right. You may even notice that your solution is doing work in more than one area or part of the stream. The goal moving forward is to help you measure what you're already doing to address these factors, and/or make strategic adjustments to do so without adding significant burden.

The SDoH River



Upstream

These interventions get to the root causes of why we see the individual level (i.e., downstream) effects we do with SDoH in the first place (honestly, a tree metaphor would work better here).

For example, solutions that focus on understanding and advocating for changes in policies and structures (e.g., state and federal funding and policy initiatives for mental health care), or work that seeks to influence societal attitudes (e.g., story telling or education initiatives to reduce stigma about serious mental illness).

Midstream

Solutions here are addressing the impact of SDoH at the community or organizational level.

These include strategies such as after school programs, arts or therapeutic recreation programs, or even integrated health care services within community settings (e.g., schools, etc.).

Downstream

These interventions zoom in on the individual youth and are typically interventions that happen "at the point of care."

Here, solutions may focus on providing youth and families with education, or services (e.g., mental health therapy; primary care).

Now that you've examined where your solution is operating, let's discuss high level guidance for how to focus your measurement and intervention efforts effectively.[7,8]

MEASUREMENT & INTERVENTION

Having laid the foundation, we're finally ready to dive into an organizing strategy for measuring SDoH and how to put those data to work within your solution.

Enter the Assess, Address and Communicate framework. For each stop along the SDoH river, we'll describe the kinds of assessments that can be used to identify youth needs, unpack strategies for how to address the factors that are showing up, and finally, methods to report out about the impact of your work.



ASSESS: DOWNSTREAM

If you're kicking it downstream, you want to focus your efforts directly on the individual youth and family. Your goals here are to quickly identify any needs that will impact the youth's access to and engagement with your solution, and how (if at all) those needs can be addressed. This information will also come in handy for solutions that are in development, as an understanding of these factors can improve the design of your solution and how you carry out your work. Part of the idea here is to figure out who your solution is working well for, but importantly who may not be able to benefit from the solution as you may intended and why?

- **Basic Needs:** The screening should cover immediate, basic needs that affect well-being and health engagement, such as food insecurity, housing instability, lack of reliable transportation, language barriers, neighborhood safety, exposure to violence etc.

- **Protective Factors:** As much as we want to understand the risks, we should also get clear about any buffers or protective factors that shield against adverse impact. In this case, consider measuring factors like coping skills, resilience, social connection and family support.

- **Knowledge and Engagement:** Another assessment strategy is to check in about the youth and family's understanding of any mental health needs, available treatment and resource options and how to navigate the healthcare system. You can track attendance, engagement, follow-through on referrals, how many connections are made to resources to understand barriers to engagement or further needs.



Feeling overwhelmed by all the options?

- *Assess what is relevant to your population*
- *Assess the factors you can address with your solution*
- *Accept that you do not need to solve the entire problem*

Don't sleep on standardized assessments

Use brief, validated tools as part of the initial engagement.

ASSESS: MIDSTREAM

In the not–so-forgotten middle, you can zoom out your assessment efforts beyond the individual and think about how to evaluate the broader population that you're serving.

- **Zoomed Out Data**: Use community surveys and/or existing organizational data to understand common SDoH challenges at the group level. This will help you develop a bigger picture on resource gaps, common referral patterns and areas of high need within and across the community your solution services.
    - For example, a non-profit dedicated to strengthening behavioral health services for youth and families across the state might deploy quantitative surveys to leadership and clinicians of Medicaid youth-serving outpatient programs to evaluate youth and family language needs, access needs (e.g., transportation, factors that may disrupt ability to attend services) and then use those data to craft recommendations about resource development.
    - Consider using a combination of individual qualitative interviews and/or focus groups with youth and families engaged in the solution (or the target population for the solution) to understand and evaluate needs.

- **Connect the Dots:** These data can help you understand how different factors like lack of safe after school activities, limited access to community health services, are connected, and how your solution is working to impact those factors. As you connect the dots, look for patterns of "missingness" in the data. Are there groups, resource needs or other factors that are not represented within your data or in the individuals that your solution is intended to serve?

ASSESS: UPSTREAM

The larger questions about societal change and social justice that must be addressed in upstream interventions are extensive. Honestly, upstream measurement and interventions need their own collection (put a pin in that!), because they're truly where the rubber meets the road from a public health standpoint and are essential elements of a comprehensive approach to address SDoH.[5] Assessment efforts here are taking the widest lens to evaluating youth mental health.

- **Large-scale Data Sets:** The good news here is that there are many pre-existing sources of population-level data for use (e.g., national health surveys, census data, state-level statistics) on broad topics related to the expanded social determinants of mental health (e.g., healthcare coverage, stigma, lack of reimbursement parity, social isolation and loneliness, digital and social media use, and identity-based discrimination).

- **Qualitative Data:** Interviews and/or focus groups with youth and families, community members, policymakers, legislative representatives, public health officials and more to understand the policy environment and any challenges. Where stigma is concerned, this qualitative data might also include monitoring media/social media discourse around youth mental health topics and tracking how these conversations are aligned with any policy action or advocacy efforts.

- **Policy Analysis and Tracking:** Systematically tracking proposed and enacted laws, policy changes, and/or broader advocacy initiatives at the federal, state and local levels related to healthcare reform, service development and more (e.g., parental leave policies, equitable housing reform, childhood poverty initiatives, etc.).

ADDRESS

First you measure, then you do. No data should ever go to waste! At a minimum, addressing or intervening at the downstream level (or any level for that matter) should include using any data regarding a relevant SDoH to inform the design and/or delivery of your solution and work to youth and families.

Imagine designing a digital mental health app for teens in rural and low resource communities where reliable internet and device access is an issue. Because you understand that reliable connectivity or access to newer devices might be limited for the group you're trying to engage (you've got your SDoH hat rockin!), you design an app with features that can be used with no internet connection, like preloaded coping exercises or saving resources and materials locally and you skip heavy graphics or animations. Strategies to address SDoH from an intervention standpoint could include:

Downstream

- Providing education on mental health, care options (therapy, community programs)
- Providing education on pertinent benefits (i.e., Medicaid) and social services or legal protections (e.g., IDEA)
- Connecting youth and families to resources (e.g., language assistance, transportation, broadband access, etc.)
- Referrals to care or treatment (i.e., case management)

Midstream

- Care coordination and care navigation
- Integrated care initiatives (e.g., primary care in schools; mobile clinics in neighborhoods with resources to apply for social services connections)

Upstream

- Advocacy for initiatives to enhance systems of care for youth and families
  - Legislative changes to address healthcare reform, such as healthcare coverage and access and reimbursement parity for mental health
  - Funding for innovative service models such as collaborative care
  - Federal and/or state support for parental leave policies, equitable access to housing
  - Federal and/or state support for policies requiring technology companies to enhance safety and protections for youth
- Advocacy to increase awareness of mental health and reduce stigma

COMMUNICATE

The final port on the river is to ensure that you're communicating or reporting out about your efforts. Sharing about these kinds of data are not about bragging rights or a marketing play. But it doesn't make sense not to show your work, because these data are a key piece of how we think holistically about impact. And if we're going to flip the symptom-utilization script, we need everyone pitching in to do these kinds of strategic communications. This table describes examples of how solutions might address SDoH at various levels and sample strategies to report out corresponding impact.

Doing Good and Showing your Data: Report Out Recommendations	
Sample Intervention	**Sample Reporting Metrics**
Peer-to-Peer Navigation Train older, trusted youth or young adults with lived experience to act as "peer navigators" for youth and families. Guide youth through the process of accessing services, making a first appointment, accompanying the youth and/or family to initial meetings, etc.	• % placement with peer navigators • Satisfaction ratings for youth with navigators • Connection rates to recommended services • Retention rates
Warm Handoff Protocols Establish agreements and simple, step-wise protocols between non-clinical community organizations and vetted local mental health providers to avoid the referral cliff.	• # of protocols created and coverage rates for target geographic area and/or need category (e.g., mental health services, primary care, educational assistance, etc.) • % of eligible youth identified and referred to partner orgs • % of youth successfully connected to first appointment

COMMUNICATE

Sample Intervention	Sample Reporting Metrics
Resource Mapping or Hub Create and maintain an easily accessible, localized database or directory that maps out available mental health providers, support groups, social services (like food banks or housing assistance). Directory can be online or physical.	• # of visitors/users of the resource/directory • # of verified providers, support groups, and social services listed • Access rates for specific resources and/or categories (and then how data is used to inform future initiatives) • Change in youth/family knowledge about available resources
Mental Health Literacy Workshops Psychoeducation about psychological presentation of mental illness in youth; psychoeducation about digital media use plans and digital citizenship; psychoeducation about various mental health care options (e.g., therapy, medication management, recreation therapy, etc.) Offer virtually or embedded within community settings (e.g., schools, libraries, places of worship, etc.)	• # of workshops organized • Participation (attendance, completion etc.) rates for target population • Change in youth/family and/or community (at midstream) knowledge about mental illness or care options • Change in reported attitudes and behavior for topic
Org wide policies for culturally informed care Develop materials for culturally responsive care and interventions. Set aside time for staff to be involved in culturally responsive training (i.e., care/service delivery, documentation practices, how to adjust programming, etc.). Distribute materials to youth and families regarding culturally informed care, what they can expect and the availability of corresponding interventions.	• % of staff trained in culturally informed practices • Pre/post changes in staff knowledge of culturally informed practice • Change in youth/family survey ratings • Changes in staff/organizational processes (e.g., referral practices; programming adjustments, etc.) • % of staff using culturally responsive documentation practices (e.g., note audit) • # of culturally specific materials created and distributed to youth and families

MORE IMPACT MORE PROBLEMS

While you're canoeing up and down that river, we're not going to pretend that it's a smooth ride. Tackling SDoH is a significant and long standing issue, and requires that we be willing to strap in for the long haul. Resource limitations are no joke and can stand in the way of feeling that you're able to make a responsible and reliable impact for youth and families with your work. Folks working at the downstream level may feel powerless to shape overall trends for the better when they understand the work that must be done at the upstream level. And vice versa.

Also, a moment for the money. Addressing SDoH dramatically improves mental health care outcomes.

Full stop. But we just can't seem to wrap the funds around these issues in the right way. First, no one is paying for social assessments the way we're paying for symptom-focused assessments (and even those are reimbursed outrageously low and/or not at all), and we're still in the building stages of demonstrating some hard facts on cost-effectiveness in the mental health space despite the clear case to be made.

Next, cue the entry of "the wrong pocket problem" stage right![9] Part of what makes demonstration of cost-effectiveness tricky is that we're not getting credit for the financial impact of addressing a social determinant. How rude! This is honestly so common in youth facing solutions more generally (not just for SDoH). For example, what we do from a prevention standpoint for youth tends to accrue to the adult side of the ledger. No one has figured this out (clearly), but we do know that research demonstrating financial effectiveness (like some of the data that we can report out as per above!!) is going to be critical.

But just because we haven't figured out how to improve investment in addressing SDoH, we can continue to demonstrate the value seen in other places. For example, increasing access to academic achievement and advancement programs can improve future employment opportunities (and all the related benefits!) for youth.

Docking the Boat (For Now)

Friends, we've been on a journey. We've made the case for why measuring, addressing and reporting out on SDoH is part of where real impact lies, and some strategies for how you can sharpen your assessment and intervention game. When we measure what matters, we're moving the needle in the right direction for equity and improved outcomes in youth mental health.

Don't worry. We are absolutely going to discuss other forms of measurement, including good old symptoms and utilization. We're certainly taking a holistic approach and are not throwing out any proverbial babies with any bathwater. For now, What are the other challenges that you face regarding SDoH? How are you measuring, addressing and reporting about the impact that you're having in these areas? We'd like to feature case studies for our learning community, so please serve up some folks putting in work in the comments or reach out!

Extra! Extra! Read All About It!

A couple of additional resources and good reads to continue the learning and application.

Resource: The Blueprint for Adolescent and Young Adult Health Care
- Documented best-practices and practical implementation strategies for delivering high quality health care that addresses SDoH for adolescents and young adults
- Includes operating budgets, intervention modalities and implementation strategies, and a model template
- Developed from the Mount Sinai Adolescent Health Center

Resource: Social Determinants of Mental Health in Children and Youth: American Psychological Association
- An excellent and comprehensive list of screening tools and vignettes for various SDoH
- Sample recommendations at the downstream, midstream and upstream level
- Tap in here if your solution is primarily service-delivery oriented

Article: Innovative Approaches to Address Social Determinants for Adolescents and Young Adults
- A qualitative research review on 10 innovative programs addressing SDoH in youth
- Semi-structured interviews with program representatives spill some serious tea on everything from triumphs to in-the-trenches challenges

Video: "Social Determinants of Mental Health Across the Lifespan"
- Dr. Ruth Shim presents at the NASEM Health and Medicine Division Meeting June 5th 2020.

Book Buddies:
- The Social Determinants of Mental Health by Shim, R. S., & Compton, M. T. (2014 American Psychiatric Publishing).
- Social (In)justice and Mental Health by Shim, R. S., & Compton, M. T. (2020 Oxford University Press).

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