
Today, more than half of the world’s population lives in urban areas. That figure is projected to grow to more than 60 percent by 2050. Although cities embody conditions that promote good mental health, they also possess conditions, such as poverty, conflict and social isolation that can harm mental health and well-being.

This September, leading global experts on the social determinants of mental health join the Adler School’s Institute on Social Exclusion (ISE) to discuss the many ways in which city living can affect the well-being of urban residents, particularly the most vulnerable. The ISE is hosting “The Social Determinants of Urban Mental Health: Paving the Way Forward” on Sept. 19-20 in Chicago, co-sponsored with the University of Illinois at Chicago (UIC) College of Medicine and the UIC Jane Addams College of Social Work.

The conference will highlight the application of the Social Determinants of Mental Health (SDOMH) framework to funding priorities, government decision-making and legal public policy, and emphasize that geography matters to the overall mental health and well-being of residents in urban areas.

The learning objectives of this conference are:
1. To identify and describe gaps in health care by applying a social determinants framework to address health disparities.
2. To identify and assess provider/patient/system-based factors and social macro-structures in ways that yield informed priorities that could contribute to reducing health care disparities.
3. To encourage health care practitioners to differentiate between health and health care by applying important themes from social epidemiological evidence to enhance culturally competent management of vulnerable populations.
4. To determine how health professionals may become advocates for social change at the local, state, and national levels by developing insights and strategies that enhance provider/patient communication and support population health.

The ISE is honored to have highly accomplished speakers for this conference, who include keynote speaker Professor Sir Michael Marmot, M.B.B.S., M.P.H, Ph.D. He is currently the Director of the International Institute for Society and Health and Medical Research Council [MRC] Research Professor in Epidemiology in the Department of Epidemiology and Public Health in the Division of Population Health at University College London.

For more than 30 years, Professor Marmot’s work has focused on illuminating the relationships between social inequality and health inequalities, establishing the chain of disease causation from the social environment, through psychosocial influences, biological pathways, to risk of cardiovascular and other diseases.
The first plenary session will feature Kwame McKenzie, M.D., a Senior Scientist in the Social Equity and Health Research section of the Centre for Addiction and Mental Health in Toronto, Canada. He is the Deputy Director of Continuing and Community Care in the Schizophrenia Program, a Professor in the Department of Psychiatry at the University of Toronto, and a Professor at the Institute of Philosophy Diversity and Mental Health at the University of Lancaster. Dr. McKenzie’s work focuses on social determinants of health, society and mental health, social capital and mental health, redesigning mental health services for visible minority groups, community engagement, and racism.

The second plenary, Professor Sarah Curtis, B.A. (Hons), D.Phil., is an internationally recognized specialist in the geography of health. She focuses her work on the geographical dimensions of inequalities of health and health care. Dr. Curtis is the Professor of Health and Risk at the University of Durham. Based in the Department of Geography, she works closely with colleagues in other disciplines through the Institute of Hazard, Risk and Resilience and the Wolfson Institute. She is author of Space, Place and Mental Health [2010].

At the conference, Lynn Todman, Ph.D., ISE Executive Director and Adler School Vice President for Leadership in Social Justice, will facilitate Adler School faculty, students, and staff in presenting a workshop session based on the results of the ISE’s groundbreaking 18-month Mental Health Impact Assessment (MHIA), which was conducted in partnership with residents and community-based organizations in Chicago’s Englewood community.

Completed this summer, the MHIA is the first such assessment of its kind in the United States and focused on proposed changes to the U.S. Equal Opportunity Commission’s Policy Guidance and Consideration of Arrest Records in Employment Decisions. The MHIA examined the impact on community mental health and well-being when employers use arrest records in making employment decisions.

The following panelists will be involved in discussions at the conference:

- Jennifer Ahern, Ph.D., M.P.H.
  Assistant Professor of Epidemiology, School of Public Health University of California-Berkeley
  Dr. Jennifer Ahern is a social epidemiologist who has published extensively on neighborhood level determinants of health and health behaviors. She has also conducted research on the health effects of traumatic events. Dr. Ahern’s work is methodologically focused, including the application of causal inference methods to the study of social factors.

- Dr. Alex Richardson
  Senior Research Fellow-Dept of Social Policy and Intervention, University of Oxford
  Founder Director of the UK charity Food and Behaviour Research
  Dr. Alex Richardson is best known for her research into how nutrition [and particularly fatty acids] can affect behaviour, learning, and mood. Dr. Richardson’s research has always been aimed at developing new methods of identification and management that will have real practical benefit. She is also the author of They Are What You Feed Them, a widely-acclaimed book written for parents and professionals that explains how and why children’s diets can affect their behaviour, learning, and mood.

- Maurice Ashe, J.D., M.P.H.
  Founder and CEO ChangeLab Solutions
  As founder and executive director of Public Health Law & Policy (PHLP), Maurice Ashe has launched and directed multiple pioneering efforts to improve public health outcomes through the use of law and policy. She is a frequent speaker at public health conferences throughout the nation, and she consults with federal and state agencies on how best to incorporate legal and policy tools into groundbreaking public health strategies.

- Bechara Choucair, M.D.
  Commissioner of the Chicago Department of Public Health
  City of Chicago
  Appointed by Mayor Richard M. Daley in November 2009, Dr. Bechara Choucair is the Commissioner of the Chicago Department of Public Health. He is re-shaping the department to meet the public health challenges of the 21st century. He is leading the efforts to address tobacco, obesity, HIV/AIDS prevention, teen and unintended pregnancy prevention, and racial disparities in breast cancer mortality. Dr. Choucair is also an advocate for better utilization of health information technology as a public health tool.

- Mark L. Hatzenbuehler, Ph.D.
  Assistant Professor of Sociomedical Sciences, Mailman School of Public Health Columbia University
  Dr. Hatzenbuehler’s research examines how structural forms of stigma increase risk for adverse mental health outcomes among members of socially disadvantaged populations, with a particular focus on lesbian, gay, and bisexual individuals. The goal of his research is to develop evidence-based policies and structural interventions that improve the health and wellbeing of members of socially disadvantaged groups. He completed his doctoral degree in clinical psychology at Yale University.
• Camara Jones, M.D., M.P.H., Ph.D.  
Physician and Epidemiologist  
Division of Epidemiologic and Analytic Methods for Population Health  
Dr. Camara Phyllis Jones conducts research on Social Determinants of Health and Equity in the Epidemiology and Analysis Program Office at the Centers for Disease Control and Prevention. Dr. Jones is a family physician and epidemiologist whose work focuses on the impacts of racism on the health and well-being of the nation. She seeks to broaden the national health debate to include not only universal access to high quality health care, but also attention to the social determinants of health and social determinants of equity.

• Margaret M. Round  
Environmental Analyst  
Massachusetts Department of Public Health  
Margaret Round is Chief of Air Toxics program in the Massachusetts Department of Public Health/Bureau of Environmental Health's [MDPH/BEH] Environmental Toxicology Program [ETP]. Ms. Round has extensive experience working on potential public health impacts and regulatory issues associated with ambient air quality and air toxics. Since 2004, Ms. Round has been the project manager of a large-scale MDPH health study of Logan Airport in Boston.

• Jane Isaacs Lowe, Ph.D.  
Senior Program Officer and Team Director-Vulnerable Populations Portfolio  
Robert Wood Johnson Foundation  
Jane Isaacs Lowe is a senior program officer at the Robert Wood Johnson Foundation and team director for the Vulnerable Populations Portfolio, which creates new opportunities for better health for society's most vulnerable members by investing in health where it starts—where we live, learn, work, and play. In this role, Lowe directs the portfolio’s strategy and investments in social innovations that promote lasting change and demonstrate the potential for widespread replication and national impact.

• Rachel Wick, M.P.H.  
Director of Policy, Planning and Special Projects  
Consumer Health Foundation  
Rachel Wick is the Director of Policy, Planning and Special Projects at the Consumer Health Foundation, a private nonprofit grant making organization whose mission is to achieve health justice in the Washington, DC region through activities that advance the health and well being of historically underserved communities. She oversees the foundation’s health policy work and the implementation and evaluation of its strategic plan.

During the conference, you can follow the Twitter hashtag #ISE2012 for live tweets from the proceedings.

For more information, please visit www.adler.edu/conference.

IN THE NEWS

Salon.com: Modern Life is Killing Us

In his recent piece, Will Doig, urban columnist at Salon.com, speaks with Lynn Todman, Ph.D., Executive Director of the Adler School’s Institute on Social Exclusion (ISE), about the toll that our physical environment takes on our psychological well-being. “We’re at the point where we’re just getting people to think about the mental health implications of the urban environment,” Dr. Todman says. In addition, she adds: “You can get people services, but if you send them back into a toxic urban environment they’re going to get sick again.”

Doig’s column describes the Mental Health Impact Assessment approach that Dr. Todman and her ISE team will unveil at “The Social Determinants of Urban Mental Health: Paving the way Forward,” the ISE conference that will take place September 19-20 in Chicago.

To read these and other news stories highlighting the Adler School’s ISE and IPSSJ’s work, visit www.adler.edu/news.
Examining the Impacts of New EEOC Policy Guidance on Arrests

As readers of this newsletter know, in January 2011, the Institute on Social Exclusion (ISE) began work on a Mental Health Impact Assessment (MHIA) dealing with a proposal of the U.S. Equal Opportunity Commission (EEOC) to amend its Policy Guidance on the Consideration of Arrest Records in Employment Decisions [No. 915.061, dated 9/7/1990].

In the MHIA, the ISE asked: What is the impact upon the mental health of a community when employers use arrest records in making employment decisions about members of that community? During the eighteen (18) month MHIA process, the ISE conducted extensive screening, scoping, and assessment phases that we have previously described in this newsletter; the ISE also filed written Public Comment with the EEOC (8/4/2011) and joined other concerned groups as a signatory to a letter sent to the EEOC by The Leadership Conference on Civil and Human Rights (4/24/2012).

On April 25, 2012, the EEOC issued its new Enforcement Guidance [No. 915.002, dated 4/25/2012]. On the subject of the ISE’s MHIA – i.e., the use of arrest records during hiring decision-making – the EEOC stated:

“The fact of an arrest does not establish that criminal conduct has occurred. Arrests are not proof of criminal conduct. Many arrests do not result in criminal charges, or the charges are dismissed... An arrest, however, may in some circumstances trigger an inquiry into whether the conduct underlying the arrest justifies employment action. Title VII calls for a fact-based analysis to determine if an exclusionary policy or practice is job related and consistent with business necessity. Therefore, an exclusion based on an arrest, in itself, is not job related and consistent with business necessity. Another reason for employers not to rely on arrest records is that they may not report the final disposition of the arrest [e.g., not prosecuted, convicted, or acquitted]...Arrest records also may include inaccuracies or may continue to be reported even if expunged or sealed...Although an arrest record standing alone may not be used to deny an employment opportunity, an employer may make an employment decision based on the conduct underlying the arrest if the conduct makes the individual unfit for the position in question. The conduct, not the arrest, is relevant for employment purposes.” [Footnotes omitted]

Thus, under the EEOC's new Enforcement Guidance, an arrest that is not followed by a conviction is usually not an acceptable reason for denying employment to a job-seeker. In the future, the ISE predicts that this guidance will probably have numerous direct and indirect impacts upon the mental health and well-being of individuals and population expected to benefit from this guidance.

In this article, we describe some of those potential impacts.

Impacts Directly Related to the New EEOC Enforcement Guidance

1. Employability of persons with arrest records will probably increase.

As described by Peck and Theodore (2008), “statistical discrimination against African-American workers, and employers’ redlining of certain zip codes, is now sufficiently rife as to entrench its own reality, as institutionalized patterns of labor market exclusion facilitate more and more transitions into the parallel cash-and-crime economies of the ghetto” (p. 277). Designed to address unemployability and its ramifications, the new Enforcement Guidance will probably promote healthier labor environments among its beneficiaries.

2. Persons with arrest records will probably experience less “blocked opportunity” within the job market and will likely enjoy associated improvements in health.

Klonoff and others (1999) have reported on numerous studies revealing that African Americans have been discriminated against in myriad ways – including in employment – and that racial discrimination plays a significant role in psychological distress among African-Americans.

This is important. Although Kramer (2007) observed that there is a dearth of professional literature on the psychological effects of employment discrimination, it is clear that using arrest records to the detriment of applicants during hiring decisions precipitates “blocked opportunity.” According to Forman (2003), that, in turn, may lead to psychological conditions like emotional distress, sadness, and feelings of worthlessness, helplessness, and powerlessness, among African-Americans. [Additionally, Harrell et al. (2000) reported that racial discrimination can also induce psychophysiological conditions, e.g., high blood pressure.]
Sternlight (2004) reached similar conclusions about the health impacts of employment discrimination. After noting that: “Jobs in modern societies are closely tied to our sense of self and self-esteem,” this researcher commented that: “[s]tudies have shown that perceptions of discrimination cause victims to suffer a number of psychological effects. Feelings of anger, betrayal, abandonment, and depression are common” (p.1474-1475). Sternlight then went further by stating: “[b]eyond these direct psychological impacts, victims of discrimination often face serious economic problems that may enhance the psychological problems. Having lost or been denied a source of income, many victims find themselves afloat in bills, debt, and recrimination from loved ones” (p. 1475).

For these reasons, to the extent that the new Enforcement Guidance results in increased employment, we may reasonably expect concomitant improvements in mental health outcomes.

3. Since some employers may remain reluctant to hire individuals who have records of arrest, multiple diverse strategies will likely be required to produce compliance with the new Enforcement Guidance.

As Leipold (2000) maintained, “[e]mployers’ aversion to those with an arrest record, even if no conviction followed, is well known. Courts and agencies recognize it, social science research suggests it, and those looking for a job have certainly experienced it” (p. 1309-1310). Multifaceted enforcement techniques, therefore, will probably be needed for successful implementation of this new public policy.

4. Participation in the “informal economy” will likely decline – especially among African-Americans.

As noted above in Item 1, Peck and Theodore (2008) found, with respect to the “informal economy,” that “statistical discrimination against African-American workers, and employers’ redlining of certain zip codes, is now sufficiently rife as to entrench its own reality, as institutionalized patterns of labor market exclusion facilitate more and more transitions into the parallel cash-and-crime economies of the ghetto” (p. 277). If the new EEOC Enforcement Guidance has its desired effect upon labor supply and demand, then working within fringe economies in the future will probably be deemed a less attractive employment option than it is today.

Impacts Indirectly Related to the New EEOC Enforcement Guidance

1. The Mental Health Impact Assessment conducted upon the new Enforcement Guidance may encourage other public policy changes that are unrelated to employment.

Health impact assessment (HIA) activities, like some other motivators of public policy, may serve as proxies for change in disadvantaged neighborhoods. For example, in a non-HIA but related setting, in Baltimore—where only about one-third of 100,000 arrests made in 2007 led to the actual filing of criminal charges—citizen outcry led to the establishment of problem-solving courts based upon principles of restorative justice (Blom et al. 2010).

2. The new EEOC Enforcement Guidance will probably enhance public understanding of federal legal processes.

Apprehending that the new EEOC Enforcement Guidance seeks to reduce the impact of arrest records in the labor market, African Americans, Hispanics, and other marginalized populations may come to enjoy an increased favorable psychological perceptions of federal authority, which can accompany improvements in procedural justice, as Hollander-Blumoff (2011) generally suggested.

3. Encouraging stakeholder participation the Mental Health Impact Assessment of the new EEOC Enforcement Guidance will probably have long-term affects upon the Englewood Neighborhood.

We included stakeholders from the Englewood Neighborhood at all critical points in the MHIA process. Those stakeholders acknowledged appreciation for having that opportunity and recognized that their involvement likely would yield numerous benefits for their community.

Their insights underscore the findings of Tamburrini et al. (2011), who observed: “[s]takeholder engagement is a good tool for making positive impacts a reality in all types of impact assessment, benefiting not only populations but also project proponents” (p.203).

As Brinkerhoff (2007) stated: “[r]esearch shows that victims of discrimination not only care about whether the law will give them the results they seek, but also whether the legal procedures in place feel just and fair” (p. 496).

An MHIA that, in whole or in part, supplies policy makers with direct stakeholder input—through focus groups, surveys, and other tools—may have significant impact upon residents of neighborhood experiencing concentrated disadvantage. Within similar legal environments, some researchers (Zimmerman & Tyler, 2009) have discovered “that people value direct interaction with the decision-maker for two reasons: first, because it allows them to tell their story and present their own evidence; second, because the attention of authorities provides direct evidence that the decision-maker is listening to and considering their arguments. This is reassuring. It reinforces the belief that authorities are benevolent and, further, are concerned about the problems of ordinary citizens” (p. 504-505).

Believing that public officials are acting for the best interests of individuals and communities instills confidence in people that is necessary to support the proper role of government in the
affairs of daily life. That sort of confidence may have profound impacts on mental well-being. As Bruckner (1988) has noted some branches of government (i.e., courts) have shown insensitivity to the psychological effects of employment discrimination.

Conclusion
Over the course of the coming months, there will be probably be many direct and indirect impacts associated with the new EEOC Enforcement Guidance. The Institute on Social Exclusion plans to monitor those closely and to report on them fully in future editions of this newsletter.

References


Institute on Public Safety and Social Justice Program News

Englewood Boys Violence Prevention Program
The Institute on Public Safety and Social Justice (IPSSJ), in collaboration with Teamwork Englewood and the Art Therapy Department at the Adler School, ran a 12-session summer program for youth boys in the Englewood community. The Englewood Boys Violence Prevention Program allowed participants to engage in art projects, attend field trips, and listen to notable speakers. These activities focused on civic engagement and community improvement.

One noteworthy activity that the participants engaged in this summer involved photographing the largely vacant 63rd Street Corridor, a once-thriving commercial district. Using the photographs, the youth created artistic storyboards to express their vision for a revitalized district. They presented their vision storyboards to urban planners at the Chicago Metropolitan
Open Houses: Informing the Public on Their Rights After Arrest

The Adler School’s Institute on Social Exclusion (ISE) along with Teamwork Englewood, Resident Association of Greater Englewood (RAGE), and the Safer Foundation hosted two open houses at Chicago’s Kennedy King College in June to spread the word about the new U.S. Equal Employment Opportunity Commission (EEOC) policy guidance. The EEOC has changed its enforcement guidance on employers’ use of arrest records in making hiring decisions.

The open houses hosted many speakers, including Asiaha Butler from RAGE, Juandalyn Holland from Teamwork Englewood, Todd Belcore from Shriver Poverty Law Center, and Anthony Lowery from Safer Foundation. The presenters spoke about the rights of people who have been previously arrested or incarcerated, and how they can work to advocate for themselves. Asiaha Butler offered the attendees an opportunity to join RAGE in order to access a larger networking group and engage in volunteering opportunities as a means to aid in future employment possibilities.

The idea for the open houses emerged through the ISE’s work on the Mental Health Impact Assessment (MHIA) project. Individuals with arrest records residing in the Englewood community expressed that they knew little about how to obtain employment after being arrested or following release from incarceration.

As part of the MHIA, the individuals who attended will be monitored over the next year in order to see what steps they may take or what successes they may have with achievement of employment goals after attending the open houses.
In *The Status Syndrome*, Michael Marmot, Research Professor of Epidemiology and Public Health at University College London, explores the social gradient in health across different societies. He posits that where individuals stand in the social hierarchy determines their probability of getting ill, and ultimately, their length of life. This finding is supported by thirty years of research, known as the Whitehall I and Whitehall II studies in the United Kingdom, which identified myriad inequities in health. However, the presence of the status syndrome should not discourage a positive outlook on one’s conditions. Marmot believes that if certain actions are taken, change can happen and everyone’s health can improve.

What is the status syndrome and whom does it affect? The status syndrome is the notion that “the higher the status in the pecking order, the healthier [individuals] are likely to be” (p. 1). To fully understand the status syndrome, readers must recognize that material conditions, such as clean drinking water and sufficient nutrition, are not used as markers for wealth. As basic needs are met, societies can begin to see the imbalances in health of individuals among different class ranks. As people rise in rank, so too will their likelihood of attaining better health and longer life spans. The status syndrome affects almost all individuals. The questions to consider then become (a) what factors determine or cause the status syndrome, and (b) how can the circumstances under which the status syndrome exists be improved?

Using the Whitehall studies, as well as many other renowned research studies on the gradients in health, Marmot identifies the following as factors that may contribute to the status syndrome: low financial wealth, low education, poor work environment, little control over one’s life situations, and minimal degree of social interaction. In his studies, Marmot observed British civil servants over a twenty-five year period, and determined that men who worked at the bottom-most positions (such as messengers and porters) were four times more likely to die than those with higher positions (such as scientists, statisticians, and economists). Marmot also examined and dismissed the idea that an individual’s ill health causes factors such as lower pay, less education, and ultimately worse health.

Marmot’s work highlights the importance of community involvement and how it can significantly impact individuals’ health profiles. Sagaciously termed, *social capital* refers to the degree of social integration or important social relations among people within their communities. Greater attachment and unity experienced within a community is tied to a higher level of social capital. The negative influence that social capital has on health lies in a low investment in infrastructure. Without proper transportation systems, shops, and other facilities, a neighborhood is not likely to thrive, which will negatively influence social participation.

As a conclusion to his work, Marmot echoes his optimistic message that change can take place. Stating why we should care, Marmot compared the social gradient in health to the Titanic tragedy: “Drowning rates varied with the class of passenger: highest in the third class, lower in the second, lowest in the first” (p. 244). This example reminds us that as much as we would like to travel first class, most individuals are not in the top social group. If we turn our heads to the stratification of health based on class ranks, we are only further perpetuating the problem.

In an effort to obtain information on research pertaining to health inequalities, the British government established a scientific advisory group in which Marmot played a key role with his years of acquired knowledge. The Acheson Group, named after their chair member, Donald Acheson, created a list of thirty-nine recommendations that focused on improvements for children, workplaces, communities, and support for older people.

Michael Marmot explores the concept of the social gradient in health in such a manner that stirs readers to take action. From research on the stratification of social class rankings, Marmot demonstrates that the lower persons are located in the social hierarchy, the higher their mortality rate is compared to others who are above them. Marmot invites readers to reflect on where they stand in the pecking order and challenges individuals to consider the recommendations given as a foundation for change on a macro-level.
Professional Presentation


Our poster presentation was conducted in conjunction with the Institute for Social Exclusion’s Mental Health Impact Assessment under the supervision of postdoctoral research fellow Mark W. Driscoll, Ph.D. For this project, we sought to determine if a basic sense of community would serve as a protective factor against the adverse consequences of race-related stress with respect to an individual’s overall well-being. The study’s sample consisted of 243 African American adults surveyed in the community. The results of the study indicated that while race-related stress significantly impacted the population’s sense of community ($p < .001$) and overall well-being ($p < .05$), sense of community did not serve to mediate the relationship between race-related stress and general well-being.

The potential implication of the study is consistent with prior research that suggests that among low socioeconomic status (SES) African-American communities, elevated amounts of race-related stress lead to a decrease in use of social support networks, most often due to the lack of accessibility (Latkin & Curry, 2003). With these results in mind, we proposed some potential interventions with the hope of inspiring future research and policy design. At a community level, we recommended that policy makers and community stakeholders advocate for community programming that will help increase sense of community, including training and employment opportunities as well as civic involvement opportunities.

At an individual level, we recommended that community members should be provided with information regarding the importance of actively coping with race-related stress, perhaps creating an environment that is conducive to increases in well-being.

The ISE Welcomes New Center Director Christopher Holliday

On September 4, the Institute on Social Exclusion [ISE] welcomed the new Director of its National Center of Excellence on the Social Determinants of Mental Health, Christopher Holliday, Ph.D., M.P.H. Dr. Holliday received his Bachelor of Arts in Psychology from Northwestern University and his Master of Arts and Doctoral Degrees in Psychology from Georgia State University. He went on to complete his Master of Public Health Degree at Emory University’s Rollins School of Public Health.

Dr. Holliday is a senior-level public health professional and community psychologist with 20 years of innovative leadership and executive management experience in population and clinic-based public health, primary healthcare, and nonprofit settings at the local and national level. Dr. Holliday is trained as a community research scientist with nearly a decade of experience in community-based processes, including community mobilization and coalition-building. His primary area of behavioral research includes sustained community engagement in health promotion and the elimination of health disparities, with a focus on empowerment and participatory action research methods.

As a health professional, Dr. Holliday has served metro Atlanta and Georgia communities for more than 20 years as a leader in disease prevention and health promotion. Most recently, he served at the national level as the CEO of Communities Joined in Action (CJA), headquartered at the Andrew Young School of
The Adler School seeks to assist all students in the development of an understanding of the concepts of social justice, social change, and community-based interventions. In the first year, students participate in a non-clinical community service practicum (CSP), which exposes students to a myriad of activities such as research and program development, community organizing, grant writing, and advocacy. This year, the Institute on Social Exclusion’s (ISE) CSP students were invited to collaborate with the ISE as they initiated the Mental Health Impact Assessment. Upon completion of their practicum, both students presented at the CSP Poster Presentation Fair.

Melissa Prusko  
Student, Doctor of Psychology in Clinical Psychology Program, Military Clinical Psychology Track

This poster provides an overview of the Mental Health Impact Assessment (MHIA). The goal of the MHIA project is to understand the mechanisms behind the powerful influences at the macro level, for example policies regarding hiring decisions that are acting on the Englewood community in Chicago. There is a negative effect on the mental health of residents when arrest records are used in hiring decisions. At the community level, recommendations were made to reflect the need for policy changes. At the individual level, proposed changes include re-evaluating job training skills as well as education on legal rights for those in the Englewood community. The purpose of this presentation is to provide awareness in the Englewood community. The ISE’s research allows for clarification of factors that are currently shaping the Englewood community and what is maintaining the community as it is. The MHIA illustrates how destructive systemic influences can be on an already disadvantaged population.

Abby Willey  
Student, Master of Arts in Counseling and Organizational Psychology Program

This poster focuses on the Institute for Social Exclusion’s development of the pathway that reveals the impact on mental health when arrest records are used in employment decisions. Research and surveys indicate that gender and specific marginalized communities are most affected by arrest records. Males are four times more likely than females to be charged with an arrest. In the population that was studied, individuals who were arrested may have their criminal charges dropped. This, however, does not impede an employer from using the arrest record to deny employment opportunities. After examining the statistics, it is important for further research to concentrate on why gender and marginalized communities are affected, and how those factors play a role in mental health.
About the Institute on Social Exclusion

The mission of the Adler School’s Institute on Social Exclusion (ISE) is to advance social justice. We do this by working to integrate the concept of “social exclusion” into U.S. popular and public policy discourse; by helping to contextualize social disadvantage; and by advancing the idea that the point of intervention for addressing social disadvantage is its social, political, and economic context.

The work of the ISE has been made possible through generous support of:
• The American Psychological Association
• The Field Foundation of Illinois
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• The Kresge Foundation
• The Pierce Family Foundation
• The Robert Wood Johnson Foundation
• The Spencer Foundation
• U.S. Department of Health & Human Services, SAMHSA
• U.S. Department of Justice

For more information about the ISE, email us at ISE@adler.edu.

About the Institute on Public Safety and Social Justice

The mission of the Adler Institute on Public Safety and Social Justice (IPSSJ) is to meet public safety challenges with socially just solutions through research, education and community outreach. The vision of the IPSSJ is to create communities where all people can reach their full potential. The IPSSJ aims to build safer, healthier communities by recognizing that safety is a fundamental component of health—both individual health and community health—and striving to assist communities in cultivating resources that alleviate public safety concerns and lead to overall community health.

The work of the IPSSJ has been made possible through generous support of:
• Cook County Sheriff’s Department
• UCAN Chicago
• U.S. Department of Justice
• YMCA

For more information about the IPSSJ, email us at IPSSJ@adler.edu.