The Adler School of Professional Psychology’s Institute on Social Exclusion (ISE) hosted a global conference in September 2012 on “The Social Determinants of Urban Mental Health: Paving the Way Forward,” to increase public awareness on how social conditions affect the mental health and well-being of urban residents. Around 200 health professionals and community stakeholders joined in conversations about ways to encourage action to address the social determinants of mental health.

Conference presenters, including globally recognized epidemiologist Sir Michael G. Marmot, Ph.D., Director of the University College London Institute of Health Equity (Marmot Institute), and Kwame McKenzie, M.D., Medical Director of the Centre for Addiction and Mental Health in Toronto, conveyed powerful ideas about how to build advocacy, spread knowledge and share insights in an effort to work toward the common goal of health equity.

Sir Marmot highlighted several points in his presentation that examined the conditions in which people live, work, and age that are linked with particular social and economic features of society. He reported that combined negative conditions such as lack of access to medical care, unfair employment opportunities, lack of education, and other factors may enable struggles with emotional maturity, physical health and well-being, social competence, and life expectancy.

ISE Executive Director Lynn Todman, Ph.D., and the ISE team also integrated a workshop within the conference regarding their Mental Health Impact Assessment (MHIA). The MHIA is an 18-month assessment tool designed to evaluate the impact of public decisions on population mental health. The ISE conducted an MHIA with Chicago’s Englewood residents due to changes in federal guidance about employer
use of arrest records. Englewood is a low-income, predominantly African American community on Chicago’s southwest side. The community suffers from many issues such as poverty, crime, violence, poor housing, lack of employment opportunities, and public services.

Results of the MHIA will be used to evaluate revisions to policy guidance on the U.S. Equal Opportunity Commission (EEOC) to prevent employers from utilizing an applicant’s arrest records to make employment decisions. This piece of legislation has important implications for communities similar to Englewood, and will be reported to various stakeholders including Englewood residents, public officials, legislators, and advocates for improving community mental health.

Bechara Choucair, M.D., Commissioner of the Chicago Department of Public Health, spoke at the conference in support of health equity, and he recognized explicit social and environmental influences on population health.

In her presentation, Marice Ashe, J.D., M.P.H., Founder and CEO of ChangeLab Solutions in Oakland California, revealed that within under-resourced communities in California, a range of individual factors might contribute to the manifestation of a behavioral health concern—a mental health or substance use disorder—in a particular individual. In her discussion, Ms. Ashe focused on how laws and policies create social structures in which health behavior occurs. She noted that laws that affect the social determinants of health directly affect the mental health of such neighborhoods. For example, many underserved communities are high in convenience stores limited to fast food or snacks, lack zoning policies to support walking and bicycling, and have loose standards for foods provided in such communities. By improving health requirements for communities who lack these opportunities, those residents may achieve access to more resources.

To prevent such disparities, solutions included long-term protection, ongoing care, and population-wide interventions, such as:

- Continuing partnership development;
- Increasing public action vis-à-vis government policies;
- Advocating for public health improvements, such as cleaner water, safer roads and immunizations;
- Exploring physical risk factors, such as smoking, obesity, alcoholism to promote comprehensive preventative services; and
- Improving basic societal foundations through poverty reduction, economic opportunities, healthcare, justice, transportation and education.

Countless communities locally and globally are affected by limited access to services; high rates of poverty and joblessness; or by discrimination, violence and marginalization. The psychological outcomes perpetuated by social problems warrant exploration; the object of which is teasing out the risk and protective factors of mental health inequity. These findings could then be used to work toward fundamental changes in the ways that communities are planned, and to pay closer attention to monitoring and adjustment of the environmental factors that affect the behavioral and physical health of all who live in society.

For more information about the conference or the MHIA, please visit adler.edu/ISE.

“Socioeconomic factors must be a core focus... guiding principles involve looking at multiple complex interrelated factors that contribute to social inequity and engage diverse populations... to alleviate health disparities,” said Dr. Choucair.

Common threads throughout presentations addressed similar key tools for change, including preventative measures and pro-active frameworks to improve mental health and well-being. Many strategies reflected on methods to advocate for social change, such as pursuing policy development, continuing research in the interest of systems management, and increasing individual efforts to promote awareness around environmental conditions.

Predicted impacts on the mental health of the residents of Chicago’s Englewood community, due to changes in federal policy guidance on the use of arrest records in employment decisions

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]. Below are portions of the Executive Summary from the MHIA final report.

MHIA Executive Summary

In 1990, the United States Equal Employment Opportunity Commission (EEOC) enacted federal Policy Guidance on the Consideration of Arrest and Conviction Records in Employment Decisions Under Title VII of the Civil Rights Act of 1964 (referred to as Policy Guidance) to help employers, employees, and job applicants understand and comply with legislation that was intended to eliminate unlawful discrimination in employment (EEOC, 2012a). Over time, many people, including members of the EEOC, recognized a need to amend the Guidance, particularly as it related to issues such as the use of arrest records in employment decisions.
The disproportionality of arrest rates in the United States underscores the importance of clarifying the Policy Guidance. Arrest rates for African Americans and Latinos are staggeringly high, at two to three times their proportions of the national population. For instance, in 2010, African Americans, who accounted for approximately 14 percent of the general U.S. population, accounted for 28 percent of all arrests (EEOC, 2012a). In 2008, Latinos were arrested for federal drug charges at a rate of approximately three times their proportion of the general population (EEOC, 2012a). The use of arrest records as a basis of employment decisions exacerbates the already disproportionally high unemployment rates experienced by these two populations (Bureau of Labor Statistics, 2012).

Employment discrimination has been linked to adverse mental health effects, including anxiety, depression and stress (Hammond, Gillen, & Yen, 2010). Consequently, changes in U.S. EEOC Policy Guidance that help to mitigate employment discrimination based on arrest records could have important implications for the mental health and well-being of protected populations, such as African Americans and Latinos. Yet, prior to the MHIA, mental health was not part of the EEOC’s deliberations on its revision. Relative to their percentage of the national population, African Americans and Latinos are arrested at high rates. Research undertaken as part of this project suggests that many African Americans and Latinos likely have no subsequent charges or convictions. Consequently, changes to the U.S. EEOC Policy Guidance on the use of arrest records in employment decisions may have significant effects on the mental health and well-being of those protected populations by impacting critical social determinants of mental health, such as employment and income.

Use of MHIA

This summary report describes, in brief, the process and results of a Mental Health Impact Assessment, which is a Health Impact Assessment (HIA) that focuses explicitly on the mental health implications of public decisions. Like HIA, the fundamental goal of an MHIA is to ensure that health and health inequities are considered in public decision making by using a systematic process that engages populations most likely to be impacted by those decisions. Through a systematic six-step process, HIA and MHIA assess the potential impacts of public proposals (e.g., laws, policies, programs, or projects) on the social determinants of health and mental health, that is, where people are “born, grow, live, work, and age [Commission on the Social Determinants of Health, 2008].”

MHIA’s involve six specific steps: (1) Screening determines whether a proposal is likely to have health effects and whether the HIA will provide information useful to the stakeholders and decision-makers; (2) Scoping establishes the scope of health effects that will be included in the HIA, the populations affected, the HIA team, sources of data, methods to be used, and alternatives to be considered; (3) Assessment involves a two-step process that first describes the baseline health status of the affected population and then assesses potential impacts; (4) Recommendations suggest design alternatives that could be implemented to improve health or actions that could be taken to manage the health effects, if any, that are identified; (5) Reporting documents and presents the findings and recommendations to stakeholders and decision-makers; and (6) Monitoring and Evaluation are variably grouped and described. Monitoring can include monitoring of the adoption and implementation of HIA recommendations or monitoring of changes in health or health determinants. Evaluation can address the process, impact, or outcomes of an HIA.

MHIA Focus

Between January 2011 and June 2012, the MHIA Team, which comprised faculty of the Institute on Social Exclusion (ISE) and the Institute on Public Safety and Social Justice (IPSSJ) at the Adler School, worked with the Englewood community in Chicago to implement an MHIA on the U.S. EEOC Policy Guidance. The intention was to help ensure that community voices were integrated into the deliberation process and to ensure that the final decision promoted mental health and narrowed mental health inequities. Typically, proposed changes to legislative language are available in advance of the decision to conduct an HIA. That was not the case with the MHIA because of the nature of the EEOC decision making process: proposed revisions to policy guidance are not made available to the public prior to the actual change. Though the MHIA Team did not have specific language to assess, it had a good understanding of the spirit and intention of the EEOC proposed revisions which were based on years of publicly documented legal critiques of the original 1990 legislation. This understanding was used to guide the work of the MHIA. The question, then, that guided the MHIA process was the following: 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?
This MHIA was specifically focused on the impact of arrest records only (i.e., not convictions). This places a “mental health lens” on areas of law that have here before only been informed by civil rights, human rights, or economic analyses. Thus, the MHIA provides new information and a new frame (i.e., mental health impacts) by which to determine whether or not a proposed policy, program, or project should be implemented.

As can occur with HIA projects that focus on legislative or policy decisions, the decision to amend the U.S. EEOC Policy Guidance followed a different timeline than that of the MHIA process. The EEOC publicly released its revised Policy Guidance on April 25, 2012, approximately two months prior to the completion of the MHIA. However, the release did not precede the completion of the research that informed the assessment of the revisions’ likely impact on mental health outcomes. Therefore, the MHIA Team was able to use the preliminary findings to offer public comment to the EEOC prior to the April ruling.

In predicting the impact of the EEOC revisions on mental health, the MHIA Team collaborated with residents of Englewood, a low-income African American community located on Chicago’s south side. The Englewood community, which is characterized by many social determinants that negatively impact mental health including poverty, crime, violence, poor quality housing, lack of educational and employment opportunities, and public services, was defined as the project area for the MHIA.

Assessment: Social Determinants of Interest

Through a highly iterative process involving literature reviews and informal dialogue with Englewood residents, the MHIA Team assessed four social determinants most likely to be impacted by the EEOC revision: social exclusion (i.e., the systematic marginalization of groups of people within a society), employment, income, and neighborhood conditions. EEOC-driven changes affecting these social determinants were hypothesized to have important impacts on both individual- and community-level mental health.

Recommendations

The proposed recommendations reflect both the MHIA findings as well as suggestions made by Englewood residents during a Town Hall meeting on April 13, 2012, where the findings were reported out to community residents. Testimony based on the findings was submitted to the EEOC during a public comment period in 2011.

Recommendations to the U.S. Equal Employment Opportunity Commission

The MHIA Team proposed that by September 2013, the EEOC make the following additions to the Policy Guidance on the Consideration of Arrest and Conviction Records in Employment Decisions Under Title VII of the Civil Rights Act of 1964:

- Recognizing that Americans are generally “presumed innocent until proven guilty,” we propose that the U.S. EEOC Policy Guidance be updated to state: when employers make employment decisions, they may not lawfully rely upon records of arrests that did not culminate in convictions (Callanan, 2012).

- Acknowledging that criminal records should be kept up-to-date, we propose that the U.S. EEOC Policy Guidance be updated to state: only those criminal background checks that come from government-sanctioned sources (e.g., police or FBI) or from third-party sources, required by law to keep criminal records current, should be deemed legally “relevant” during employment processes (Callanan, 2012).

- Given that best practices for employers have been included in Section VIII of the Policy Guidance, we recommend that an equivalent component for the education of the general public (e.g., job applicants) also be included.

Recommendations to State and Local Jurisdictions

- To provide equitable employment opportunities and mental health benefits, we also recommend that state and local jurisdictions implement policies based on the EEOC Policy Guidance, inclusive of the amendments we offer in this report.

Additional Recommendations

In addition to the specific recommendations listed, because of the significant decrease in social exclusion that could result from implementation of the Policy Guidance, a series of additional recommendations should be considered by decision makers:

- Prioritize expanded funding for implementation and enforcement of the Policy Guidance to support those whose employment rights have been violated.

- Engage community partners in advocating for updates to the current Policy Guidance and adoption of model policy on a state and local level that will increase education and awareness of employment rights.

- Monitor outcomes for changes in each social determinant as a result of the revisions to the Policy Guidance.

Reporting

The MHIA Team developed and implemented a communication strategy to increase awareness and knowledge among decision makers and the general public of the mental health implications of the proposed revision to the U.S. EEOC Policy Guidance. The Reporting plan consists of three categories of communication vehicles: professional presentations, interviews and op-ed pieces to the news media, and presentations to the Englewood community.
Monitoring

The focus of the Monitoring step is to track the impacts of the MHIA, the implementation of the policy decision, and behavioral changes that arise as a result of that implementation. Incorporation of mental health into policy discussions will also be tracked. An overriding goal of this work will be to equip the Englewood community with the knowledge, skills, and tools required to promote the health and well-being of children and families. The MHIA Team will work with community partners to monitor amendments to and implementation of the U.S. EEOC Policy Guidance, as well as changes to determinants of mental health over a 2-year period.

Evaluation

One of the goals of this MHIA was to advance the practice of Health Impact Assessment by conducting an external evaluation of the process, impact, and outcomes. This was conducted by a team of evaluators from the School of Public Health and the School of City and Regional Planning at the University of California at Berkeley.

The specific aims of the evaluation were to:

• Provide ongoing feedback for participants involved in the implementation of the MHIA;

• Generate evaluation methods in partnership with the MHIA Team to build ongoing self-reflection and learning so that the evaluation process itself can strengthen the capacity of all participants and their respective organizations;

• Provide specific feedback for the MHIA Team about the barriers and opportunities being faced during implementation; and

• Provide general evaluation criteria that can support the measurement of place-based health equity initiatives in Chicago and other locations.

In addition to the independent external evaluation, the MHIA Team conducted three debriefing meetings to evaluate lessons learned during the process of conducting the MHIA. The meetings followed the completion of: Screening and Scoping (September, 2011), Assessment (March, 2012), and Reporting (May, 2012). Salient themes identified during these meetings included the following:

• Integrating public health and mental health frameworks;

• Ensuring authentic community engagement throughout the MHIA process;

• Honoring and accurately reflecting the voices of Englewood residents and key stakeholders; and

• Understanding and following the legislative decision making process.

Conclusion

A consistent predicted impact of the revision to the U.S. EEOC Policy Guidance is improved individual and community mental health through increased employability. Revisions to Policy Guidance are predicted to impact mental health through the social determinants of social exclusion, income, and employment. In addition, revisions to Policy Guidance are predicted to impact mental health most strongly through social exclusion. Based on these predictions, the MHIA Team supports the changes already made by the EEOC, and recommends educating community residents and increasing funding for enforcement.

Public policy decisions have important mental health implications that must be integrated into the legislative deliberative process to avoid creating and/or exacerbating mental health inequities and disparities. Too often, these implications are not apparent to legislative and policy decision makers unless they are exposed to and understand the perspectives and experiences of the populations likely to be impacted by their decisions. This is the value of Mental Health Impact Assessment.

The full MHIA report will be prepared for release. For more information, please visit adler.edu/mhia.
Institute on Public Safety and Social Justice: News and Updates

The Institute on Public Safety and Social Justice (IPSSJ) promotes social justice and public safety by increasing civic engagement and community control of safety issues. All of the IPSSJ’s current projects challenge the idea that public safety requires social repression. Our projects promote socially just responses to social ills that enhance public safety.

Adverse Childhood Experiences Study Working Group

The Adler School has several faculty members that look at different aspects of trauma: its treatment, its effects on brain and human development, and its impact across the life span. At the Institute on Public Safety and Social Justice, our primary focus is to explore trauma through the lens of Adverse Childhood Experiences (ACEs). In October 2011, one of the primary investigators of ACEs, Robert Anda, M.D., presented his research findings at the Adler School. This longitudinal study, part of a collaboration between the Kaiser Permanente Health Care System and the Center for Disease Control and Prevention, revealed that children who experience traumatic abuse and life circumstances have a substantially decreased life expectancy. These traumatic experiences include death of a family member, divorce, deportation, imprisonment, abandonment, domestic violence, sexual abuse, physical or emotional abuse or neglect, mental illness, and/or substance abuse. Results from the ACEs study are extremely compelling. Adults who reported experiencing at least six of the 10 listed traumas die on average 20 years sooner than individuals who did not report experiencing any of the traumatic experiences. Two-thirds of all adults reported experiencing at least one Adverse Childhood Experience. Women are 50% more likely than men to report having more than five ACEs.

According to the study, high ACE scores are associated with significantly increased risks of several major health conditions including heart disease, substance abuse, HIV, mental illness, diabetes, and cancer. They also correlate with experiencing difficult life circumstances such as becoming abusive towards family members, being sexually victimized as an adult, or marrying a substance abuser.

The IPSSJ has been working steadily over the last year to establish an ACEs study group along with several community partners. These partners include The Wisdom Exchange, Health & Medicine Policy Research Group, the City of Chicago, University of Illinois at Chicago (UIC) School of Public Health, United Way, Illinois Childhood Trauma Coalition, and Project Launch. Collectively, this group was successful in persuading the Illinois Department of Public Health to add the ACE study questionnaire to the Behavioral Risk Factor Surveillance System, an annual statewide survey conducted in collaboration with the Centers for Disease Control and Prevention. This survey will help the state better understand geographic distribution of childhood trauma, which, in turn will facilitate more complete and informed interventions and responses in areas with the greatest need.

The IPSSJ has also formed a close working partnership with the YMCA of Metropolitan Chicago to understand the ways in which ACEs information can shape and better their training and service provision. The IPSSJ is currently designing a manual to train all YMCA personnel in a basic understanding of universal good practices in working with individuals who may have been traumatized.

Elena Quintana, Ph.D., Executive Director of the IPSSJ, has been working with the state of Minnesota to join its ACEs group. Dr. Quintana traveled to Minnesota in November to learn about its trauma-informed training efforts. As a result of participating, Dr. Quintana will be part of the first group of individuals that Dr. Robert Anda, and Laura Porter of Washington State, will train as “Master ACEs Trainers.” This cross-state collaboration has been extremely fruitful in accelerating IPSSJ’s knowledge on this important topic. Please look out for more information soon about IPSSJ’s innovative leadership in ACEs education.
Future Directions in Juvenile Justice

Contributed by Amber Riley, Adler School Student in the M.A. in Counseling Psychology Program

In November, several community leaders of juvenile justice participated in a discussion with the IPSSJ, to share knowledge and personal experiences in building relationships and creating an emotionally safe and encouraging community for Chicago youth. With a focus on restorative justice, the discussion highlighted the importance of breaking down barriers, building trust, and establishing connections with and amongst youth in the realms of the court system, education, and community collaboration. Forming our very own peace circle of open communication and honesty, Adler School faculty and students intently listened to inspiring words of justice, hope, and change.

Kathy Bankhead, who has spent the last 22 years of her life working as a juvenile court prosecutor at the Cook County State’s Attorney’s Office, spoke of how her prior skepticism of restorative justice, in time, transitioned to a great appreciation for its capabilities. In her own words, Kathy described how the first half of her career as a prosecutor resided in law enforcement. The moment she learned the transformative power of restorative justice, her entire concept shifted into the orientation of public safety. “Restorative Justice is about positive relationships,” Kathy stated. With her understanding of restorative justice, Kathy can no longer look at the youth in her court as merely criminals or victims, but has been driven to reevaluate her approach.

As an advocate in the movement towards restorative justice in the Chicago Public School system, and as the Culture and Climate Specialist at Chicago’s Fenger High School (infamous for its history of youth violence), Robert Spicer passionately shared his belief in and success with the use of the peace circle. Ruling out the further-damaging effects of suspension as an option and allowing students to sit down and talk to one another in the face of conflicts enables them to slow down, breathe, and understand the interconnectivity of their lives. Amidst his words of wisdom and compelling stories, Robert admitted peace circles are not always easy, and momentous change is not likely to be visible yet, but, “in future generations, everyone will be affected by what we do now.”

The Executive Director of Austin Coming Together (ACT), Amara Enyia, came to help us understand the value and importance of organizations working together to build a collaborative system of mental health initiatives to engage community members. “A community is an orchestra and every instrument has a specific sound,” Amara described. The objective of ACT is to improve the quality of life as a community by advocating a structural shift from community organizations competing with one another for limited resources to standing together to overcome community concerns and struggles.

Mathilda De Dios, a Youth Development Specialist, told stories of how practicing restorative justice in the Lakota style tradition has influenced her involvement in juvenile political activism. As an instructor of frequently taught “Know Your Rights” courses and previously having extensive involvement in a coalition to stop the expansion of a juvenile jail in New York, Matilda expressed the importance of possessing commitment to our youth. These individuals carry the hope for our future and we must stand with them in solidarity.

So what can we do? Ultimately, the first step is to understand and recognize the problem. We need to be conscious of and acknowledge the issue not as a parental issue, but as a community issue; not as youth violence, but as community violence, and youth are the victims. We need to challenge ourselves, as well as others, to be committed to supporting our youth and conceptualizing correction on a relational basis. According to Kathy Bankhead, “Restorative Justice is about positive relationships.” As the meeting came to a close, participants left with a sense of hope and a vibrant, new understanding of the concept of restorative justice and how it pertains to our youth.
Racine Collaboration to Reduce Recidivism

IPSSJ has been consulting with the City of Racine, Wisconsin, for the past year to assist in creating a strategic plan for reducing adult recidivism. Recently, the United States Department of Justice awarded the City of Racine with a Second Chance Act Adult Implementation grant for the 2013 fiscal year. IPSSJ is providing ongoing program evaluation to help Racine develop its model into a replicable best practice. Racine faces a constant struggle against what IPSSJ calls concentrated incarceration. In 2010, 554 inmates were released into Racine County, accounting for 6.4% of the state’s total releases (WIDOC, 2010). This percentage is disproportionate to Racine’s share of Wisconsin’s total population. Those being released largely return to a small number of census tracts with the greatest levels of disadvantage and economic challenge. The poverty rate in this area is approximately 25% for whites and 38% for African Americans, compared to approximately 18% for the City of Racine as a whole (Census, 2010).

Over the past year, the Racine Mayor’s Office and Racine Vocational Ministry gathered residents, agencies, and stakeholders to aid in developing strategies for effectively supporting those returning from prison. The IPSSJ provided support throughout the process by helping the group understand its strengths, needs, and best practices in re-entry programming. The end result of the effort is a strategic plan to be published in early 2013 that will drive the City’s collaborative approach to reducing the recidivism rate by 50% over the next five years. As the City implements its evidence-based strategies, IPSSJ will collect data to evaluate the success of the effort. Aside from monitoring individuals served by job training, education, mental health, and other community-based programs, IPSSJ will also evaluate the degree to which organizations and stakeholders are collaborating successfully to increase their collective impact. Results from the first year of program implementation are expected in early 2014.

For more information on the IPSSJ, please contact IPSSJ@adler.edu or visit adler.edu/IPSSJ.

Grant Announcements

The Institute on Social Exclusion (ISE) and the Institute on Public Safety and Social Justice (IPSSJ) recently were named recipients of several grants.

The ISE has received an additional $150,000 from the W.K. Kellogg Foundation to continue its work on the Mental Health Impact Assessment (MHIA) in the Englewood community. The new funding will allow the ISE to monitor the impact of the Equal Employment Opportunity Commission’s recent revision to federal Policy Guidance on the use of arrest records in employment decisions. This grant represents the second from the Foundation and is a notable investment in ISE’s leadership within the national network of Health Impact Assessment practitioners.

The ISE has also received $10,000 from the New York-based Langeloth Foundation for hosting a symposium to assist the Foundation in the development of a new national funding program to address community violence. This is the first award from Langeloth Foundation and opens the door for future funding.

ISE will also receive $4,000 from the National Network of Public Health Institutes. Working with the Illinois Public Health Institute, ISE will co-convene, with the Federal Reserve Bank of Chicago, a regional Healthy Communities Summit focused on fostering the connections between community development and public health. The grant allows post-summit community engagement to further develop regional solutions.

The IPSSJ has been awarded a $15,000 grant from the Field Foundation for the Youth Violence Prevention program. This marks the fourth year of funding for the program; this grant supports young men in the Englewood community through art, education, and advocacy in collaboration with the Art Therapy Department.

Working with the City of Racine and Racine Vocational Ministries, IPSSJ has also been awarded $25,000 through a Department of Justice (DOJ) grant to serve as the external evaluator for a project monitoring outcomes and assessing barriers to successful reentry for ex-offenders in the City of Racine. This marks the second grant from the DOJ for work with ex-offenders in Racine.

Each of these grants represents the growing body of grant support for the Institutes and the Adler School as a whole. As programming becomes more robust, we look forward to enhancing relationships with our funders and expanding our network of supporters.

By Aaron Ceresnie, Adler School doctoral student and ISE team member

In her 2006 book, *They Are What You Feed Them*, Oxford scholar Dr. Alex Richardson consolidates research investigating links between nutrition, learning, and behavior. Behavioral and developmental disorders such as ADHD, autistic spectrum disorders, dyslexia, and motor coordination disorders have drastically increased in prevalence over the past few decades. While these diagnostic labels provide a common language to mental health practitioners, physicians, parents, and teachers, they do little to explain the underlying causes. Research has done much to reveal the impacts of early childhood environments, parenting styles, and epigenetic risk factors. The impact of basic nutrition and diet, however—the sustenance that literally gives us life and health—has been strikingly underemphasized.

The major shift in food consumption within the developed world to processed foods since the mid-20th century has been a major culprit, Richardson suggests. Fast food, soft drinks, and most grains, meats, and packaged foods are fundamentally different than ever before in the history of humankind. Processed foods contain what Richardson calls “anti-nutrients,” or preservatives and artificial flavor enhancers like monosodium glutamate (MSG), aspartame, and petroleum-based food colorings. Processed foods also lack essential vitamins and minerals found in natural foods that help the body absorb nutrients into the bloodstream.

Many of these anti-nutrients have empirical links to digestive, mood, and behavioral symptoms (in addition to serious physiological disorders) that present as central to many disorders including concentration and attention difficulties, mental dulling, lethargy, and severe mood swings. Poor digestion results in poor absorption of vital nutrients, which leads to difficulty supporting a strong immune system and healthy brain. Over time, a diet of processed food destroys essential gut bacteria that help break down food. Moreover, eating too quickly, not chewing food properly, heightened stress levels, and overuse of antibiotics can also contribute to poor digestive health.

The question naturally arises, “What can I do about all of this?” Richardson suggests that because food regulatory agencies do little to restrict processed foods or conduct large-scale research necessary to weigh all the evidence, parents must take charge of their children’s nutritional intake. As most people in the developed world eat processed foods, it is a long-term process of change and awakening. Habitually checking food labels to avoid anti-nutrients and regularly eating a wide variety of whole foods like fruits, vegetables, whole grains, and fish or other source of essential fatty acids are good starting points. Richardson’s book serves not only as a guide to what is currently known about the links between mood, behavior, learning, and food, but also as a nutritional reference (not to be replaced by a nutritionist, of course). This exciting line of research suggests that children with behavioral, learning, and mood disorders may experience significant gains from changes in nutritional and dietary intake. *They Are What You Feed Them* deserves more than a passing glance. To assert that what we put into our bodies impacts the way we function is common sense; why not stack the odds in our favor?
Jane Isaac Lowe, Team Director for the Vulnerable Populations Portfolio at the Robert Wood Johnson Foundation (RWJF), was among the speakers at the ISE’s Social Determinants of Urban Mental Health conference in September (see page 1). In a blog entry on the RWJF’s website, she provided her perspective on the critical impact of public policies on the mental health of urban populations:

“Recently I attended and spoke at the Social Determinants of Urban Mental Health conference hosted by the Adler School of Professional Psychology. Lynn Todman, Ph.D., Executive Director of Adler School’s Institute on Social Exclusion and the conference’s organizer, has been doing groundbreaking work on the link between public policies and the mental health of urban communities, including the Institute’s Mental Health Impact Assessment, which was developed in part through support from the Robert Wood Johnson Foundation.

It’s been exciting to see the field of health impact assessments grow so rapidly. But, of course, physical health is not the only outcome that matters; equally important is our mental health and its integral connection to physical health, especially for the most vulnerable among us.

This is reflected in many of the organizations and models in which we’ve invested and which we’re helping to scale for greater impact. You’ll see it, for instance, in a video we just released on Child First, a psychotherapeutic home-visiting program that works with families with very young children who are showing signs of severe developmental, emotional, and behavioral problems. Child First partners with providers all across the community who touch these families’ lives — including doctors, day care providers, teachers, and social workers. If a provider sees a problem, she makes a referral to Child First, which then arranges a comprehensive assessment and home visit with a team of trained specialists, including a masters-level mental health clinician. That team works on the relationship between the child and parent or caregiver and on environmental factors, such as depression, substance use, domestic violence, food insecurity or homelessness that are detrimental to the child and family.

Ultimately, the goal is to foster strong, stable, nurturing relationships between parents and children and also create a safer and healthier overall environment for the child. In so doing, Child First effectively helps to buffer the developing brains of these young children from the damage caused by repeated exposure to toxic stress, and sets the families on a course toward stability and better health.

As Dr. Todman explains it, effective interventions for addressing the social determinants’ impact on mental health exist along a continuum — from trying to “fix” the individual within the clinical setting to structural reforms that create a social environment that will lead to better mental health outcomes. This is demonstrated in the Child First model, which goes beyond the clinical setting to engage individuals and institutions from across the community united by a common goal. The Adler School wants their students to be able to operate along that continuum, and to understand that, to improve outcomes, change will need to happen outside of the clinical setting, in the context of people’s lives and where they live, learn, work and play. This also must include the realm of policy change. Being able to contribute to this goal was well worth my time.”

To read this and other news stories highlighting the Adler School’s ISE and IPSSJ’s work, visit adler.edu/news.
Social Exclusion Simulation Reflection

Throughout the academic year Adler School faculty, staff, students, and community partners are invited to experience the Social Exclusion Simulation, an experiential role-play exercise developed by the ISE. The simulation allows participants to see more clearly the ways in which society’s systemic and structural barriers produce social exclusion for certain groups of people.

Grace Jacobson, an Adler School doctoral student and member of the ISE team, reflects on her experience:

The Social Exclusion Simulation gave me an opportunity to challenge and expand my worldview. I took on the role of a formerly incarcerated, young, white woman who was seeking to regain custody of her children. During the simulation, I was tasked with finding a home, a job, food and clothing. Meanwhile, I also had to avoid breaking parole status. Unlike the other participants, I was in a unique position during the simulation; I had previously participated in the simulation as a transportation officer and as a worker in the employment office. When I was on the social services side of the simulation, I was able to note which offices would ultimately be of no use to the participants, and watched as participants had emotional reactions to their circumstances. Even though the simulation is designed to be frustrating to the participants, I could understand from a social services perspective, where burnout could develop. As the simulation progressed, people became increasingly angry and frustrated, and I could imagine that dealing with such demeanor all day would be exhausting. I also imagine that being unable to help individuals in need would be frustrating to social services workers, whereas during our simulation, purposefully creating unhelpful situations was part of the plan.

Having been on the other side of things, I was also slightly hardened to the experience because I knew that it could be powerful, and I did not want to have a highly emotional response to a “pretend” situation. Regardless of this prior knowledge, however, I still was quite affected by an emotional response to my situation as “Amy Jones.” The continuous hopelessness of the situation – facing impossibly long lines at necessary checkpoints, knowing that filling out time-consuming applications would not get me results, and being sent back and forth between services – made me want to give up and declare the whole thing a waste of time. But the discussion afterward helped me to accept the fact that giving up is not as feasible an option for the women we were simulating. This is a reality for many people and the heaviness we were experiencing that came with anger, frustration, and hopelessness is a weight that many carry daily, in addition to trying their hardest to succeed. Actually experiencing a lack of opportunity, support, and resources was a compelling way to better understand and internalize that message.

For more information about the Social Exclusion Simulation, visit adler.edu/social-exclusion-simulation.
About the Institute on Social Exclusion

The mission of the Adler School 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
- JCCC Foundation
- The W.K. Kellogg Foundation
- The Kresge Foundation
- Langeloth Foundation
- National Network of Public Health Institutes
- 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 School 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.