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Spirituality and Social Determinants for Psychiatric Rehabilitation

The World Health Organization and the American Psychiatric Association (APA) have embraced the concept of Social Determinants of Mental Health (SDOMH), which “are conceptualized in dynamic confluence with biomedical determinants and psychological determinants of mental health. All clinicians, no matter their particular orientation of work, should see the relevance of SDOMH as situated in an enhanced biopsychosocial model.” The 16 SDOMH, according to the APA, are in four categories: **Reduced Options/Poor choices:** a) adverse features of the built environment, homelessness, poor quality of housing, instability, low education, poor education quality, education inequality; adverse early life experiences, childhood maltreatment; **Behavioral Risk Factors:** neighborhood disorder, disarray or disconnection; food insecurity, poor dietary quality; unemployment, underemployment, job insecurity; discrimination, and social exclusion/social isolation; **Physiologic Stress Responses:** exposure to air, water, or soil pollution; poor or unequal access to transportation; poverty, income inequality, wealth inequality; exposure to conflict: war, shooting, violence, migration, etc.; **Psychological Responses:** exposure to the impact of global climate change; poor or unequal access to health insurance or health care; area-level poverty, concentrated neighborhood poverty; interaction and involvement with the criminal justice system.” The APA proposes to focus “also the underlying structures that encompass institutions, public policies, and social norms including structural racism.”

Social psychiatry research shows more dynamic factors, including spiritual beliefs which will be offered as supplements for rehabilitation programs