



# APPROACHES TO DATA COLLECTION AND ANALYSIS: SOCIAL DETERMINANTS OF MENTAL HEALTH

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Social determinants of health include a wide range of non-medical factors that influence health outcomes, including things like income, education, family environment, and geographic location. These variables and more can lead to worse health outcomes for some people relative to others. The COVID-19 pandemic made these differences more obvious, with some groups of Americans being affected more significantly than others. To implement effective policies and interventions that address the social determinants of mental health, state leaders may consider these best practices for policies and programs to ensure effective analytical tools and metrics are in place to gauge their success.

**State leaders could consider funding research on effective interventions to better understand and mitigate disparities in mental health due to social determinants.**

Policymakers could focus efforts on programs about which there is solid pre-existing evidence and that will strengthen scientific understanding of social determinants of mental health, using methodical, standardized research designs. In particular, consideration may be given to the theoretical framework a program is using (i.e. why this intervention?); the

choice of measurements (what kind of data will the program collect and why?); the constituency of the program (who will benefit and why?); how scalable a program is (how many people could eventually be served and how much would that cost?); and ways to encourage data sharing.

Further, greater efforts could be made to understand and address the following issues related to social determinants of mental health:

- Create or expand population-based, public health approaches to address social determinants of mental health, treat mental disorders, and promote mental wellbeing.
- Define, measure, and systematically track social determinants.
- Use that data to regularly assess the success and return on investment for programs to address social determinants.
- Address inequities through Medicaid and the Children's Health Insurance Program (CHIP).
- Adopt a holistic, community-based approach to city planning centering on neighborhood cohesiveness, healthy food options, exercise, outdoor activity, and social interaction.

## State leaders could consider funding research on effective interventions to better understand and mitigate disparities in mental health due to social determinants.

Examples of programs and legislation that address social determinants of mental health with evidence of positive impact include:

- ✦ Risk Reduction through Family Therapy (RRFT) – This program provides an integrated approach to addressing post-traumatic stress disorder (PTSD) and other mental health problems, substance use problems, and other risk behaviors in trauma-exposed adolescents. Care is individualized to the needs, strengths, and cultural background of each adolescent and family. The program lasts from 18 to 24 weeks, with 60- to 90-minute sessions each week and periodic check-ins between appointments. At the six-month follow up, participants reported fewer PTSD and depression symptoms and modest improvements in family cohesion.
- ✦ Kognito At Risk in Primary Care – This program focuses on primary health care providers to improve their knowledge for addressing mental health in their patients. The course improves skills at screening patients for substance use, depression, PTSD, and suicidal thoughts. It also teaches primary care providers how to use motivational interviewing to build trust and to refer patients to treatment and follow up on referrals. Trials found a statistically significant improvement in participants' knowledge about how to screen and address mental health issues among patients, compared with a control group.

  - Also note a similar program for high school educators.
- ✦ Child-Parent Psychotherapy (CPP) – This program is a treatment for trauma-exposed children ages 0 to 5, typically with their primary caregiver. Sessions focus on trauma and the caregivers' history, and how those things affect the child's developmental trajectory. The central goal is to support and strengthen the caregiver-child relationship to restore and protect the child's mental health. Participant child-caregiver pairs had higher scores in empathic responsiveness and goal-corrected partnership and lower scores on angry behavior by the child than anxious control pairs.
- ✦ Teaching Family Model (TFM) – A comprehensive mental health treatment model that targets children and youths (ages 6 to 17). The program is conducted in family-style group care settings. TFM is designed to reduce problem behaviors and increase prosocial behaviors among youths. After the program participants had a lower likelihood of committing criminal offenses and higher GPA than those in a control group.



## State leaders could consider using the first run of a new program to implement an experimental research design, such as a randomized controlled trial (RCT).

An experimental design allows for the strongest possible impact assessment and determination of the causes of the outcomes of interest. Programs can benefit from observational studies and case studies, especially in the early stages of implementation. Programs also should include regular reevaluations and sunset conditions for discontinuing any programs.

When designing new programs and policies, consideration also should be given to the full system of social support, rather than just the specific audience of the program. For example, if a state's existing programs already target a specific social determinant (e.g. arriving refugees), which groups are left out? What gaps exist in systems of support and how can they be filled?

[Health care systems may partner with social service systems](#), especially those serving vulnerable communities, for team-based care, secondary services (such as housing and transportation), and tailored community solutions. To the greatest extent possible, these systems could share information and standardize data collection efforts for the greatest impact.

## State leaders could integrate data collection from the outset of a program and data should be used throughout implementation to monitor and evaluate the intervention.

Program monitoring and evaluation should use standard and well-supported metrics to track social determinants of mental health and measure the impact of interventions. This allows for better impact evaluation and using standard approaches to measurement across multiple programs allows comparisons among programs. For example, one option might be to use the Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences ([PRAPARE](#)) questionnaire to track social determinants data for program participants. This questionnaire helps standardize data collection by tracking characteristics like:

- Race/Ethnicity
- Income
- Education Level
- Material Security
- Transportation
- Employment
- Domestic Violence
- Refugee Status
- Incarceration History

Read the PRAPARE FAQ [here](#). For a discussion of some additional questions to consider, see the "Methods" section of [this research](#).

## State leaders may consider issues of data availability and coordination in the overall response to social determinants of health.

Policymakers could set aside resources to fund state-level data collection efforts on social determinants, giving a clearer picture of the problem, and even collaborate across state lines. There are no comprehensive national standards for tracking social determinants of mental health, though the Veteran's Health Administration does [collect information on veterans](#). Researchers are developing tools to [extract social determinants data from existing electronic health records](#) via natural language processing and machine learning methods. States can also pursue broader use of surveys and more systematic efforts to collect, standardize, and integrate social determinants of mental health and reduce barriers to access.

Policymakers may also be wary of [potential negative consequences of such work](#). For example, knowledge about social determinants could lead providers and insurers to assume less responsibility for patient outcomes, stigmatize or disempower certain patients, or use such information against patients. Policy should ensure patients are supported, not harmed, by data collection and increased awareness of social determinants.

State leaders could consider creating a dedicated state agency or other permanent structure to coordinate the state's efforts at addressing social determinants of mental health; centralize evidence; standardize data collection and information sharing, resources, and training; conduct evaluations; and recommend best practices in order to improve on previous efforts.

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