



# SOCIAL DETERMINANTS OF MENTAL HEALTH: STRATEGIES FOR STATE GOVERNMENT

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# Abstract

## Issue

Social determinants of health are non-medical factors that influence health outcomes. They encompass the conditions under which people are born and live and societal forces that shape lives. While the underlying social determinants of mental health may be similar to determinants of physical health, policy solutions designed to address mental health may require a slightly different lens.

## Goal

Provide multi-level state policy options for addressing the social determinants of mental health.

## Methods

Review existing challenges, statutes, policies, programs, interventions, potential avenues for action, and international solutions.

## Key Findings

Policy challenges include adequate measurement of social determinants, resource limitations, and problem scope. Legislative policy solutions address medically underserved areas, cultural competency, data collection, and health disparities. Other large-scale initiatives can address unstable housing, adverse childhood experiences, the mental health of school-age children, and healthy community design. Future policy avenues can focus on health care payment policy, shared assets, participation in public programs, integration of social services and mental health care, and urban planning. International perspectives highlight health in various contexts and the consequent diversity of policies and multi-sector collaborative approaches.

## Conclusion

Keys to addressing social determinants at the state level include:

- Facilitating collaboration
- Strengthening data collection and analysis
- Sustaining resources
- Providing access to care
- Addressing complicated economic challenges
- Eliminating health disparities
- Shaping healthier communities

# Defining Determinants

## Health Disparities

Differences in health status among distinct segments of the population including differences that occur by gender, race, ethnicity, education, income, disability, or living in various geographic localities.

## Social Determinants of Health

Those inter-related social and economic factors that influence health.

## Health Inequities

Disparities in health (or health care) that result from systemic, avoidable, and unjust social and economic policies and practices that create barriers to opportunity.

## Social Determinants of Mental Health

Researchers identify nine core determinants relevant to mental health: racial discrimination and social exclusion; adverse early life experiences; poor education; unemployment, underemployment, and job insecurity; poverty, income inequality, and neighborhood deprivation; limited access to sufficient healthy food; poor housing quality and housing instability; adverse features of the built environment; and limited access to health care. Researchers also suggest other determinants could be articulated that have mental health impacts, including inadequate or unequal access to transportation; exposure to violence, conflict, and war in childhood or adulthood; mass incarceration and poor relations between law enforcement and communities; environmental air, water, or land pollution; climate change; sexism and other forms of non-race-based discrimination; and adverse or unsupportive features of the workplace.

### Sources:

*Presentation by Dr. Ruth Shim, University of California Davis, June 25, 2021*

*Virginia Department of Health, "[Health Equity: Definitions](#)"*

*Michael T. Compton, M.D., M.P.H., and Ruth S. Shim, M.D., M.P.H., "[The Social Determinants of Mental Health](#)," *Focus* 2015; 13:419–425*

## Background and Introduction

Social determinants have a significant influence on health inequities and include the societal conditions and community systems within which people live. Social determinants include income, education, and insecurities surrounding work, food, and housing.<sup>1</sup> There also are interpersonal (familial and peer support, marital stability, drug/alcohol/tobacco use, social discrimination), intergenerational/historical (parental income/poverty, pregnancy/parenting, historic discrimination), and geographic/neighborhood-related (population density, neighborhood effects, urban/rural differences) determinants.

Social determinants of mental health are not necessarily different from the social determinants of physical health because they are fundamentally linked. For example, income inequality can lead to poorer mental health, increasing risk for and incidence of mental illness and substance use disorders. There also is significant research confirming income inequality's association with poor physical health outcomes.<sup>2</sup>

However, it may be important to differentiate the solutions to address social determinants of mental health. Mental health experts point to a need for a population-based, public health approach in identifying and treating mental disorders and promoting mental wellness. While clinical interventions are important, it is at the policy level where it is possible to have the most impact by enacting initiatives that facilitate a healthier society.<sup>3</sup>



## Key Findings

Legislative activities have focused on issues like the need for culturally competent health professionals, data collection, and initiatives to address health disparities. Large-scale policies and initiatives seek to address unstable housing, the impact of adverse childhood experiences, the mental health of school age children, and healthy community design. Future avenues for policy can:

- Integrate determinants into payment policy
- Develop shared assets
- Maximize participation in public programs
- Integrate social services and mental health care
- Assess the effectiveness of programs to address multiple determinants
- Address social determinants through Medicaid and the Children's Health Insurance Program (CHIP)
- Incent the economic integration of neighborhoods
- Shift urban planning toward nature, exercise, and social interaction
- Promote neighborhood cohesiveness and healthy food options

# Significant Policy Changes



## Defining, Tracking, and Measuring Social Determinants

There is a need to standardize the collection and sharing of social determinants data, integrate the data in information systems, and improve data processing. Standardization will lead to better research, allow for the development of new reimbursement payment models, increase the coordination of care, optimize the design of population health management programs, and ultimately lead to greater integration and consideration of determinants as part of policy endeavors.<sup>4</sup> In 2019, a U.S. Department of Health and Human Services report found that disparate methods of gathering information can hinder initiatives centered around non-clinical factors impacting health. Moreover, a diverse array of definitions and terms for categories and metrics has developed in areas like housing data, where different providers and communities use different metadata and measures for the same things.<sup>5</sup> There are issues with the collection of information reflective of the specific needs of minority and underserved populations. Also, providers do not always recognize the impact of social determinants on health, which hampers data collection. Additionally, many say that even when they do see the impact, they lack the time to discuss the issue with their patients and the resources to do anything about social risk factors.<sup>6</sup>



## Resource Limitations

Nationwide, 121 million Americans live in areas with shortages of mental health professionals. More than 6,400 practitioners are needed to meet current demand.<sup>7</sup> In rural areas, the ratio of physicians to patients can be 1–2,500. Rural health departments rely more heavily on clinical revenues and federal resources and programs struggle to obtain philanthropic funding. Rural programs focused specifically on social determinants that try to connect residents to mental health services may face additional challenges because of the stigma around mental health challenges.<sup>8</sup>



## Scope of Problem and Solutions

While there is the potential to have the most impact in addressing social determinants, one of the challenges is the need to change societal norms: those unwritten rules for how members of society interact. Changes in social norms often drive policy change but it can be a long, slow process.<sup>9</sup> Another problem is that many core social determinants of health, such as poverty and food insecurity, do not have traditional health care-based solutions.<sup>10</sup> They require multi-jurisdictional, multi-sector, holistic approaches from state policymakers and the health care community in close cooperation with a diverse group of other stakeholders.

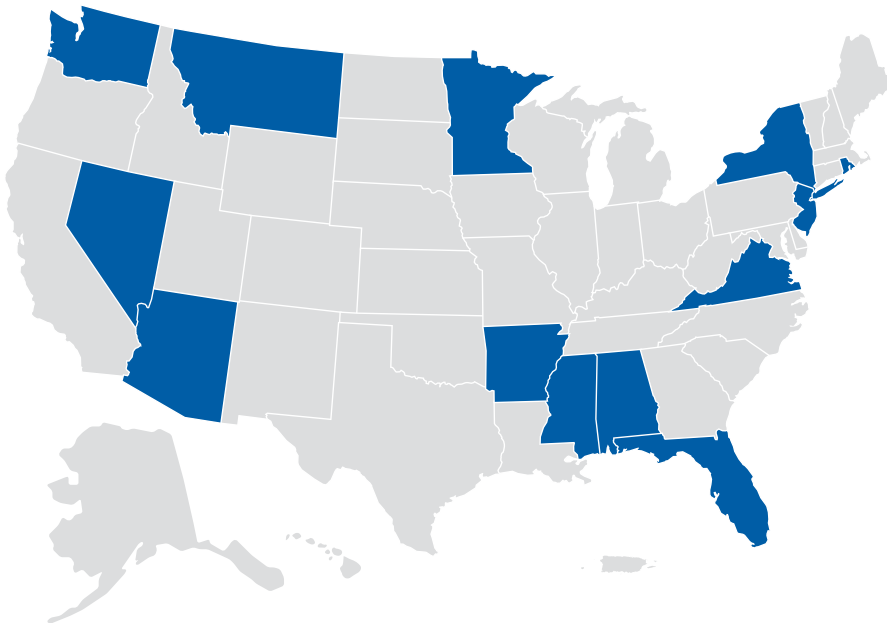
# Existing State Legislation and Trends

State legislative solutions include creating or expanding medical student loan programs, addressing health disparities, and instituting cultural competency standards. In addition, states such as California, Connecticut, Illinois, Kentucky, Louisiana, Maryland, and Texas have moved to

create committees and advisory groups and address research and data collection needs. While not all-inclusive, these are examples of how states are working to eliminate the negative impact of social determinants on mental health.

## Medical Student Loan Programs/Medically Underserved Areas

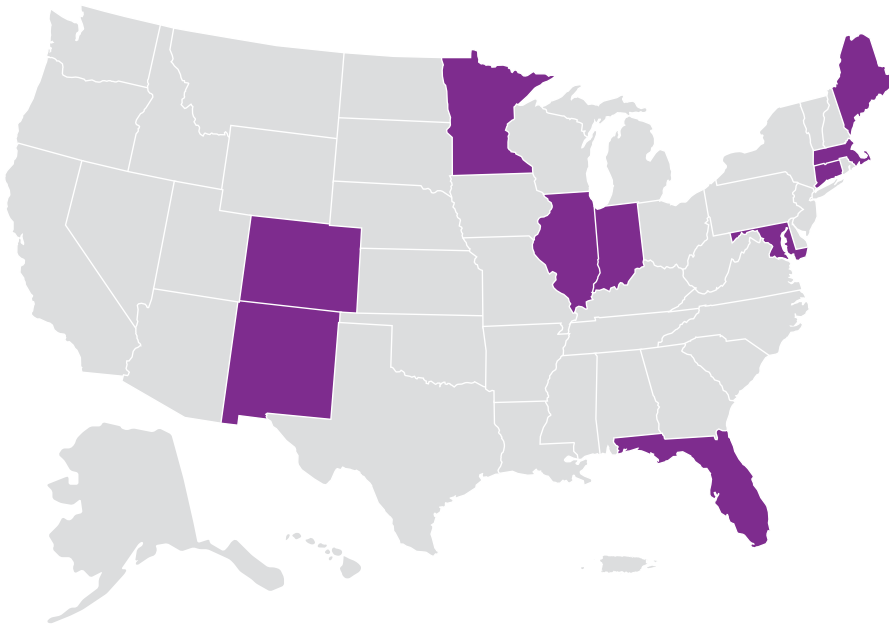
Thirteen states have passed laws to address loan forgiveness for medical professionals pursuing careers in underserved rural and urban areas.



Alabama Code § 16-47-124 (2006)<sup>11</sup> ; § 16-47-126 (2006)<sup>12</sup>  
 Arizona Rev. Stat. § 36-2172 (2013)<sup>13</sup>  
 Arkansas Code § 6-60-212 (2018)<sup>14</sup>  
 Florida Stat. § 1009.68 (2012)<sup>15</sup>  
 Minnesota Stat. § 144.1501 (2020)<sup>16</sup>  
 Mississippi Code Ann. § 37-144-1 et. seq. (2018)<sup>17</sup>  
 Montana Code Ann. § 20-26-1501 et. seq. (2019)<sup>18</sup>  
 Nevada Rev. Stat. § 396.907 (2019)<sup>19</sup>  
 New Jersey Rev. Stat. § 18A: 71C-32 et. seq. (2013)<sup>20</sup>  
 New York Public Health Law § 900 et. seq. (2013)<sup>21</sup>  
 Rhode Island Gen. Laws § 23-14.1-1 et. seq. (2017)<sup>22</sup>  
 Virginia Code § 32.1-122.6:1 (2014)<sup>23</sup>  
 Washington Rev. Code § 28B.115.010 et. seq. (2005)<sup>24</sup>

## Addressing Health Disparities

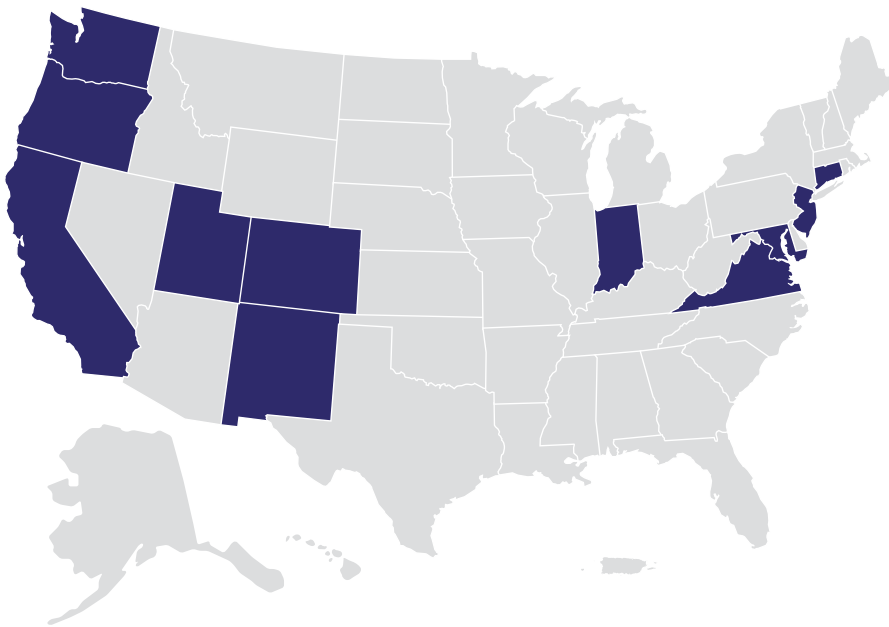
Ten states have passed laws to address health disparities by focusing on data, establishing centers and programs to address disparities, and providing more universal care.



Colorado Rev. Stat. § 25-4-2203 (2017)<sup>25</sup>  
 Connecticut Gen. Stat. § 38a-1051 (2012)<sup>26</sup>  
 Florida Stat. § 381.7351 et. seq. (2015)<sup>27</sup>  
 Illinois Rev. Stat. Ch. 20 § 2310-215 (2012)<sup>28</sup>  
 Indiana Code § 16-46-11-1 et. seq. (2017)<sup>29</sup>  
 Maine Rev. Stat. Ann. 22 § 413 (2011)<sup>30</sup>  
 Maryland Gen. Code Ann. § 19-134 (2019)<sup>31</sup>  
 Massachusetts Gen. Laws Ann. Ch. 6A § 16O (2021)<sup>32</sup>  
 Minnesota Stat. § 145.928 (2001)<sup>33</sup>  
 New Mexico Stat. Ann. § 9-7-4.1 (2011)<sup>34</sup>

## Cultural Competency Standards/Office of Health Equity

Eleven states have passed laws to improve cultural competency requirements and increase diverse representation in medical boards, medical settings, and among providers.



California Business and Professional Code § 2190.1 (2019)<sup>35</sup>  
 Colorado Rev. Stat. § 25-4-2204 et. seq. (2018)<sup>36</sup>  
 Connecticut Gen. Stat. § 10a-109b (2015)<sup>37</sup>  
 Indiana Code § 12-15-44.2-14 (2015)<sup>38</sup>  
 Maryland Gen. Code Ann. § 1-216 (2013); § 20-901 et. seq. (2013); § 20-1301 et. seq. (2013)<sup>39</sup>  
 New Jersey Rev. Stat. § 45:9-7.2 et. seq. (2013)<sup>40</sup>  
 New Mexico Stat. Ann. § 11-18-1 et. seq. (2011)<sup>41</sup>  
 Oregon Rev. Stat. § 676.400 (2019)<sup>42</sup>  
 Utah Code Ann. § 26-7-2 (2011)<sup>43</sup>  
 Virginia Code § 32.1-122.7 (2010)<sup>44</sup>  
 Washington Rev. Code § 43.70.615 (2006)<sup>45</sup>

## Existing Policies, Programs, and Interventions

Expansive policies and programs that address different social determinants of health (e.g. adverse childhood experiences, housing and food insecurity, and healthy communities) include:

Program Name	Area Addressed	Program Description/Goals	Location
<a href="#">Building Strong Brains Initiative (Tennessee)</a>	Countering Impact of Adverse Childhood Experiences (ACE)	Goals include increasing the likelihood that every child has the opportunity to lead a healthy, productive life; increasing public knowledge of ACE; and supporting policies and interventions to prevent ACE and their impact on children. <sup>81</sup>	Tennessee
<a href="#">Hawaii Legislation (2021) HCR 112-2021 and HR 90-2021</a>	Addressing Health Disparities/Racism as a Public Health Crisis	Hawaii declared racism a public health crisis. <sup>82</sup>	Hawaii
<a href="#">Eat Smart, Move More (North Carolina)</a>	Healthy Community Design	A statewide initiative to promote opportunities for healthy eating and physical activity to reverse the rising tide of obesity and chronic disease among North Carolinians. <sup>83</sup>	North Carolina
<a href="#">Kognito At-Risk Primary Care</a>	Drug/Alcohol/Tobacco Use	An online professional development simulation for primary health care professionals intended to improve skills, knowledge, and attitudes in addressing behavioral and mental health with their patients. <sup>84</sup>	Online/Nationwide



Program Name	Area Addressed	Program Description/Goals	Location
<a href="#">Low Income Home Energy Assistance Program (LIHEAP)</a>	Unstable Housing	LIHEAP provides “federally funded assistance in managing costs associated with home energy bills, energy crises, and weatherization and energy-related minor home repairs.” <sup>85</sup>	Federal assistance program
<a href="#">Nutrition, Physical Activity and Obesity Program (NPAO)</a>	Food Insecurity/Diet	A cooperative agreement between the Centers for Disease Control and Prevention’s Division of Nutrition, Physical Activity, and Obesity (DNPAO) and 25 state health departments. Goal is to prevent and control obesity and other chronic diseases through healthy eating and physical activity. <sup>86</sup>	Implemented in 25 states
<a href="#">Promoting Safe &amp; Stable Families</a>	Pregnancy/Parenting	Provides states with federal funding, training, and technical assistance to meet the needs of families in crisis and at risk of child welfare interventions. <sup>87</sup>	Federally funded state program
<a href="#">Wisconsin School Mental Health Framework</a>	Addressing Mental Health of School-Age Children	Provides guidance to build and strengthen a comprehensive school mental health system. <sup>88</sup>	Wisconsin

# Future of Policy on Social Determinants of Mental Health

Evidence linking social determinants and mental health outcomes indicate a need for more multi-level interventions to eliminate systemic social inequities. While many interventions have focused on one domain — for example, employment or housing — policymakers also should consider programs addressing multiple determinants.

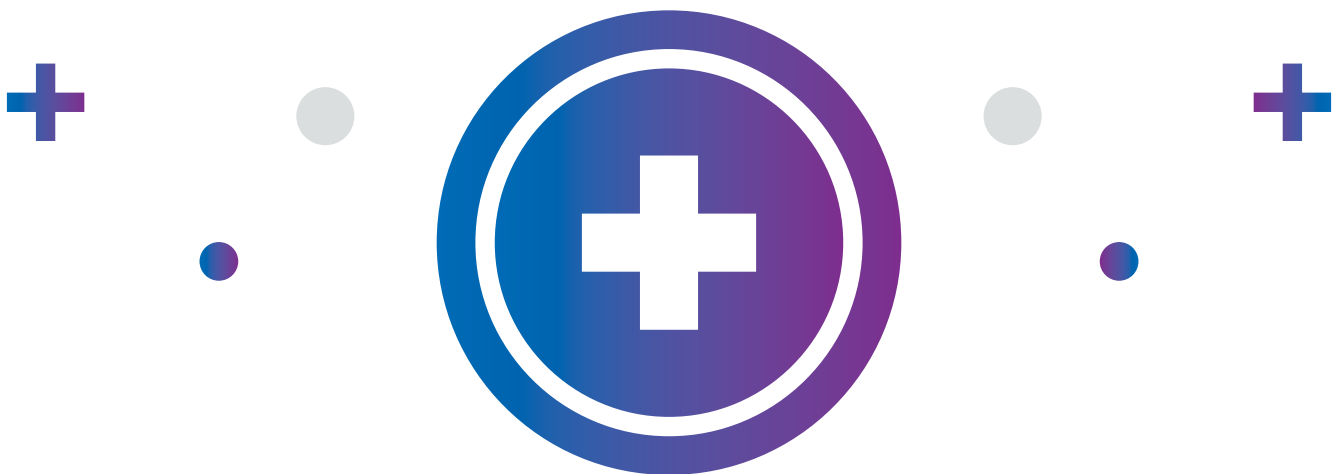
Community-based interventions such as those that seek to build neighborhood trust and safety and mitigate violence and crime have been shown to reduce mental health inequities.

Policymakers can invest in the integration of social services and mental health care and encourage the use of community health workers in patient outreach and care management roles.<sup>89</sup>

State policymakers also can:

- Integrate determinants into payment policy for providers and payors
- Incorporate social factors into risk adjustment models to more accurately predict cost and utilization, enable better care, and establish more precise cost benchmarks (Massachusetts' Medicaid model, for example, incorporates transportation, employment status, and housing instability)
- Develop shared resources to enable interventions addressing drivers of health across payors and providers (for example, networks of community-based organizations such as New Jersey's Regional Health Hubs and Washington State's Accountable Communities of Health)
- Maximize participation in supports such as Supplemental Nutrition Assistance Program, Women, Infants and Children, and Low-Income Home Energy Assistance Program that address drivers of health<sup>90</sup>

Efforts to address social determinants also can focus on Medicaid and the Children's Health Insurance Program (CHIP). The Centers for Medicare and Medicaid Services has issued federal guidance which encourages the development of flexible services including housing-related support, non-medical transportation, home-delivered meals, educational services, case management, and employment support.<sup>91</sup>



The U.S. Department of Health and Human Services' Healthy People 2030 initiative identifies seven policy objectives:

- 1 REDUCING THE PROPORTION OF PEOPLE LIVING IN POVERTY
- 2 INCREASING EMPLOYMENT AMONG WORKING-AGE PEOPLE
- 3 INCREASING THE PROPORTION OF CHILDREN LIVING WITH AT LEAST ONE PARENT WHO WORKS FULL-TIME
- 4 REDUCING THE PROPORTION OF FAMILIES THAT SPEND MORE THAN 30% OF INCOME ON HOUSING
- 5 REDUCING THE PROPORTION OF CHILDREN WITH A PARENT OR GUARDIAN WHO HAS SERVED TIME IN JAIL
- 6 INCREASING THE PROPORTION OF HIGH SCHOOL GRADUATES IN COLLEGE THE OCTOBER AFTER GRADUATING
- 7 INCREASING THE PROPORTION OF FEDERAL DATA SOURCES THAT INCLUDE COUNTRY OF BIRTH<sup>92</sup>

Mental health advocates point to a variety of strategies. Economic integration of neighborhoods and increased access to affordable housing can help address poverty and its consequent multi-generational mental health impact. Encouraging urban planning that dedicates spaces for nature, exercise, and social interaction can positively

shape social determinants of health. Community centers and gardens can promote neighborhood cohesiveness that can contribute to good mental health. Bringing healthy food options into underserved communities can help address unhealthy eating patterns linked to increased risk of depression and anxiety.<sup>93</sup>

## Instructive International Solutions

The World Health Organization (WHO) has endorsed a Health in All Policies strategy focused on key social determinants of health and the goal of health equity through an integrated policy response.

Social determinants research has been a focus in Canada. Brazil undertook a national commission on

social determinants in 2006, while Argentina and Chile created new policies and governance structures. China, with its Healthy China 2030 policy, has put health at the center of its policymaking as part of a multi-sector collaborative approach to achieve health equity by the end of the decade.<sup>94</sup>

## Paying for State Policies to Address Social Determinants of Health

Though recently emergent, state strategies to address the social determinants of health and their impact on health outcomes are likely to become a policy area of focus in the years ahead, with an emphasis on better understanding of the linkages. A 2021 report by the multinational accounting firm KPMG points to a series of priority options for state and local governments to consider, including:

- Supporting the build out of statewide or regional health and social data exchanges and uniform data collection structures
- Promoting the collection of standardized information on social determinants of health through sources such as insurance claims data, electronic health records, census-tract level information, screening tools, and patient self-reporting
- Promoting the use of new tools and analytics including machine-learning techniques to model, predict, and utilize social risk scores
- Requiring the inclusion of community-based organizations in risk-based contracts under managed care, new funding opportunities, and grant programs
- Being selective in promoting regional pilot programs that focus on specific populations, consider the capacity of community-based organizations, demonstrate the ability to measure and track patient progress beyond the walls of health care facilities, and emphasize evidence-based mechanisms for measuring success

The KPMG report also notes a number of funding mechanisms states can turn to in their efforts to improve the integration of health and support services in order to address social determinants, including:

- Home and Community-Based Services [or 1915(c)] Waivers under Medicaid, which can help states provide medical and non-medical services including those in home and community care settings
- 1115 Waivers under Medicaid, which allow states to fund initiatives and services that extend beyond otherwise allowable Medicaid benefits
- State Plan Amendments under Medicaid and the Children's Health Insurance Program (CHIP), which states use to make changes to their program policies or operational approaches
- Social impact funding constructs, which apply the principles of private sector-style payment-for-success, results, and performance-based financing
- Managed care contracting in which states can specify how services are delivered under state plans and/or waivers, including by requiring community-based networks be part of contracted health care provider networks

**Source:** *"Addressing social determinants of health through healthcare and how to pay for it: A guide for state and local governments," KPMG, 2021.*

# Conclusions

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State policymakers can have the biggest impact on the social determinants of mental health by focusing on holistic approaches, collaborating with diverse stakeholders, improving access, and collecting data

consistently; and addressing the most complicated challenges, including economic inequality and the health of communities.

## How This Study Was Conducted

The Council of State Governments (CSG) convened an advisory group of 19 members, including state legislators from eight states, state executive branch health officials from six other states, and five subject matter experts. The Social Determinants of Mental Health were discussed at two virtual meetings—an introductory session March 26, 2021, and a deeper dive June 25, 2021.

Prior to the second meeting, the advisory group was presented with a summary compiled by CSG researchers on academic research on the social determinants of mental health, along with scans of state policies and programs.

The authors drew upon the research summary, input from meeting participants, and additional research.

# Endnotes

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- <sup>1</sup> [“Social determinants of health,”](#) World Health Organization.
- <sup>2</sup> Michael T. Compton, M.D., M.P.H., and Ruth S. Shim, M.D., M.P.H., [“The Social Determinants of Mental Health.”](#) *Focus* 2015: 13:419–425.
- <sup>3</sup> [“Social Determinants of Mental Health: An Overview and Call to Action,”](#) Mental Health America of Eastern Missouri.
- <sup>4</sup> Ian E. Hoffberg and Madelynn Valu. [“Overcoming Obstacles to Social Determinants of Health,”](#) Health Information and Management Systems Society, September 24, 2019.
- <sup>5</sup> Center for Open Data Enterprise. [“Leveraging Data on the Social Determinants of Health,”](#) December 2019.
- <sup>6</sup> Jessica Kent. [“Top 3 Data Challenges to Addressing the Social Determinants of Health.”](#) Health IT Analytics, February 17, 2020.
- <sup>7</sup> [“Shortage Areas.”](#) Health Resources and Services Administration. Accessed July 12, 2021.
- <sup>8</sup> [“Challenges and Barriers to Addressing Social Determinants of Health in Rural Areas,”](#) Rural Health Information Hub. March 6, 2020.
- <sup>9</sup> Ruth S. Shim, M.D., M.P.H., and Michael T. Compton, M.D., M.P.H., [“Addressing the Social Determinants of Mental Health: If Not Now, When? If Not Us, Who?”](#) *Psychiatric Services*, June 1, 2018.
- <sup>10</sup> Ian E. Hoffberg and Madelynn Valu. [“Overcoming Obstacles to Social Determinants of Health.”](#)
- <sup>11</sup> [Alabama Code. Section 16-47-124, 2006.](#)
- <sup>12</sup> [Alabama Code. Section 16-47-126. 2006.](#)
- <sup>13</sup> [Arizona Rev. Stat. 36-2172. 2013.](#)
- <sup>14</sup> [Arkansas Code. Section 6-60-212. 2018.](#)
- <sup>15</sup> Florida Senate. Stat. § 1009.68. 2012.
- <sup>16</sup> Minnesota House of Representatives. Stat. 144.1501. 2020.
- <sup>17</sup> [Mississippi Code. Section 37-144-1. 2018.](#)
- <sup>18</sup> [Montana Code. Section 20-26-1501. 2019.](#)
- <sup>19</sup> [Nevada Revised Statutes. Section 396.907. 2019.](#)
- <sup>20</sup> [New Jersey Revised Statutes. Section 18A:71C-32. 2013.](#)
- <sup>21</sup> [New York Public Health Law. Section 900 et. seq. 2013.](#)
- <sup>22</sup> [Rhode Island General Laws. Section 23-14.1. 2017.](#)
- <sup>23</sup> Virginia Code. Section 32.1-122.6. 2014.
- <sup>24</sup> [Washington State Legislature. Section 28B.115.010. 2005.](#)
- <sup>25</sup> [Colorado Revised Statutes. Section 25-4-2203. 2017.](#)
- <sup>26</sup> [Connecticut General Statutes. Section 38a-1051. 2012.](#)
- <sup>27</sup> [Florida Statutes. Section 381.7351-7356. 2015.](#)
- <sup>28</sup> [Illinois General Assembly. 20 ILCS 2310-215. 2012.](#)
- <sup>29</sup> [Indiana General Assembly. IC 16-46-11-1. 2017.](#)
- <sup>30</sup> [Maine Legislature. Statute 22.2 152 § 413. 2011.](#)
- <sup>31</sup> [Maryland General Code. Section 19-134. 2019.](#)
- <sup>32</sup> [Massachusetts General Laws. Section 16O. 2021.](#)
- <sup>33</sup> [Minnesota Statutes. Section 145-928. 2001.](#)
- <sup>34</sup> [New Mexico Statutes. Section 9-7-4.1. 2011.](#)
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- <sup>38</sup> [Indiana Code. Section 12-15-44.2-14. 2015.](#)
- <sup>39</sup> [Maryland Health Code. Sections 1-216, 20-901, 20-1301. 2013.](#)
- <sup>40</sup> [New Jersey Revised Statutes. Section 45:9-7.2. 2013.](#)
- <sup>41</sup> [New Mexico Statutes. Section 11-18-1. 2011.](#)
- <sup>42</sup> [Oregon Revised Statutes. Section 676.400. 2019.](#)
- <sup>43</sup> [Utah State Legislature. Section 26-7-2. 2011.](#)
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- <sup>87</sup> ["Promoting Safe and Stable Families,"](#) Benefits.gov, accessed July 7, 2021.
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- <sup>90</sup> Melinda Dutton, Kyla Ellis, et al. ["Investing in Health: Seven Strategies for States Looking to Buy Health, Not Just Health Care."](#) Manatt Health, The Health Initiative, Blue Cross of California Foundation, The Commonwealth Fund, February 2021.
- <sup>91</sup> U.S. Department of Health & Human Services Centers for Medicare & Medicaid Services. ["Social Determinants of Health State Health Official Letter"](#) (Federal Policy Guidance), January 7, 2021.
- <sup>92</sup> Healthy People 2030. ["Social Determinants of Health Workgroup."](#)
- <sup>93</sup> Katherine Ponte, BA, JD, MBA, CPRP, ["Ways We Can Address the Social Determinants of Mental Health."](#) National Alliance on Mental Illness blog. August 6, 2020.
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