### Promoting Mental Health Among African-American Youth During the Pandemic: Addressing Depression, Anxiety, and Other Common Mental Health Disorders

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- No financial disclosures to report

# DISCLOSURE



- Discuss common mental health conditions among youth during the COVID-19 pandemic.
- Review how pandemic-related stressors lead to depression and anxiety in African American youth.
- Discuss two examples of neurodevelopmental disorders that have affected students online learning during the pandemic.
- Describe strategies used by schools, healthcare providers and families to reduce stigma and increase mental health awareness among African American youth during the COVID-19 pandemic.

# OBJECTIVES

We are ten community-oriented African American Psychiatrists who came together to address mental health needs of Black communities

- Speakers
- Authors
- Corporate Training Consultants

# Founding Members









- during the COVID-19 Pandemic
- Topic B: Other Mental Health Conditions to Consider Among African-American Youth during the COVID-19 Pandemic
- **African-American Youth**

### Topic A: <u>Depression and Anxiety among African-American Youth</u>

Topic C: <u>Screening and Treatment of Mental Health Disorders Among</u>



# IMPACT OF COVID-19 ON YOUTH

- Children are highly susceptible to the psychological effects of disasters, including pandemics (Abramson et al 2010, Juth et al 2015, Sprang and Silman 2013 from Bhogal et al)
- fear (Tottenham 2017 from Bhogal et al)
- ~50% of all mental disorders can be traced back to childhood or adolescence (Kessler et al 2005 from Bhogal et al)

The developing brain of childhood is susceptible to excessive worry and

## **COVID-19 IMPACT ON BLACK COMMUNITIES**

- N. Carolina in 2020 AA's = 30-34% Covid cases and deaths, 21% of population, in 2021 AA's = 20-25% cases and deaths. (The Covid Tracking Project 2020 and 2021)
- Social and economic determinants of health drive these disparities making AA more vulnerable to illness and death due to Covid.
- The impact of Covid on physical health is often discussed however effects on mental health must also be considered.

# **COVID-19 IMPACT ON BLACK COMMUNITY**

- Fear of COVID-19 Infection
- Fear of Racial Bias in testing and treatment
- Grief and Loss
- Re-traumatization (Sneed et al 2020 from Bhogal)

 Negative Impact of COVID-19 amplified among historically disadvantaged. groups eg, Lower SES and African-Americans (Perry et al 2021 from Bhogal)

# **COVID-19 IMPACT ON AA ADOLESCENTS**

- needs
- In the setting of Covid-19 AA adolescents are more vulnerable

### Adolescents: Socioeconomic control use of MH services MH

Situation exacerbated among AA adolescents, poverty is a contributor

# **ANXIETY AND DEPRESSION IN YOUTH DURING COVID-19**

- 13.4% across all disorders (Polanczyk et al 2015 from Racine)
- 22.6% of students reported depressive symptoms (Xie et al 2020 from Racine 2020)
- 18.9% of students reported anxiety symptoms (Xie et al 2020 from Racine 2020)
- both (31.3%) during COVID-19 outbreak (Zhou et al 2020 from Racine 2020)

### Pre-Covid International prevalence of child and adolescent mental illness,

• Prevalence of depressive symptoms (43.7%), anxiety symptoms (37.4%),

# ANXIETY AND DEPRESSION IN YOUTH DURING COVID-19

• Children and adolescents are uniquely vulnerable to the impact of sustained stressors during developmentally sensitive periods (Romeo 2017 and Fox et al 2010 from Courtney et al 2020)

 Depression and anxiety are among the most common mental health disorders in children and youth, associated with 
 function and
 <u>risk of</u> suicide (Merikangas et al 2010 Gore et al 2011Renaud et al 2008 from Courtney et al 2020)

Sudden loss of structure and meaning:

- Routine
- School
- Extracurricular activities
- Social interaction (with peers A reports of maltreatment)
- Physical activity

### Social interaction (with peers AND protective adults 1 trauma 1

### Over time symptoms worsen to include:

- Social withdrawal
- Anhedonia
- Hopelessness
- Concerns about food, shelter, physical safety

The child and the family are stressed:

- Parents as educators (few or no supports)
- Prolonged lockdowns
- Parental losses (e.g., job, death/illness of loved ones, mental health, substance use, IPV)
- trauma = poor prognosis for anxiety and depression

What can be done?

- Establishing new routines
- Social gatherings using technology
- Address parental losses in therapy
- Technology-based mental health treatment
- Shifting focus to "What we can do? vs What we have lost"

# Black Athletes and Mental Health





# **Black Student Athletes and Mental Health**

- Stigma, handle this in the home or at church
- Not a priority due to athletic, academic and social obligations
- Among black males discussing emotions seen as weakness "Power through!...Suck it Up!...Walk it off!"
- Maladaptive coping in context e.g., aggression, substances "What purpose does the behavior serve?"
- Overdiagnosis of externalizing disorders like ADHD and underdiagnosis of internalizing disorders like depression and anxiety

## **Barriers to MH services for AA Adolescents**

- Distrust (in the system) among youth and caretakers
- Lack of perceived need for treatment
- J Belief in efficacy of treatment
- Desire for privacy
- Distance from neighborhood
- Transportation
- Childcare O
- Stigma
- Fear of Covid-19 exposure

 use of Mental Health Services by AA youth linked to legacy of discrimination and social determinants of health.
 Covid-19 likely exacerbates these inequalities.



- the COVID-19 Pandemic
- **American Youth during the COVID-19 Pandemic**
- **African-American Youth**

### • Topic A: Depression and Anxiety among African-American Youth during

# Topic B: Other Mental Health Conditions to Consider Among African-

Topic C: <u>Screening and Treatment of Mental Health Disorders Among</u>



## ACEs (Adverse Childhood Experiences) (Bryant et al 2020)

- Different forms of abuse, neglect and household dysfunction occurring before age 18 e.g., maltreatment (abuse and neglect), poverty
- Major public health problem, likely to worsen during Covid-19 pandemic
- 1 in low-income communities and communities of color
- 61% Black children and 51% Hispanic children experience at least one ACE, vs 40% White children
- ACEs during Covid-19: IPV, Parental Substance Use and Mental Health Disorders

### **ACEs (Adverse Childhood Experiences)** (Underwood 2020 from Bryant et al 2020)

- Pediatric screening for ACEs
- high ACEs scores
- Effective treatments are available for children with PTSD e.g., EMDR, trauma-focused CBT
- Mitigate health impact of ACEs with basic services (food and shelter) caregiver(s)

Early detection and early intervention improves outcomes for children with

counseling, instruction in mindfulness meditation, and stable supportive

## Violence and COVID-19 (Kravitz-Wirtz et al 2021)

- Violence is a significant public health problem in the setting of the Covid-19 Pandemic
- BIPOC are disproportionately burdened with firearm-related violence
- Social isolation, hopelessness, economic loss, high stress and availability of firearms 1 risk for violence in these communities
- Pandemic worsened disparities related to systemic racism e.g., poverty, unemployment, financial insecurity, and lack of resources 1 risk of violence in these communities



# **GRIEF AND LOSSES**

Grief is a person's emotional, behavioral, and physiological response to loss

During the COVID-19 pandemic, hospitalized patients and their families may grieve a relative's death or other losses in their life.

Children and adolescents are experiencing profound grief and loss in multiple areas of their lives.

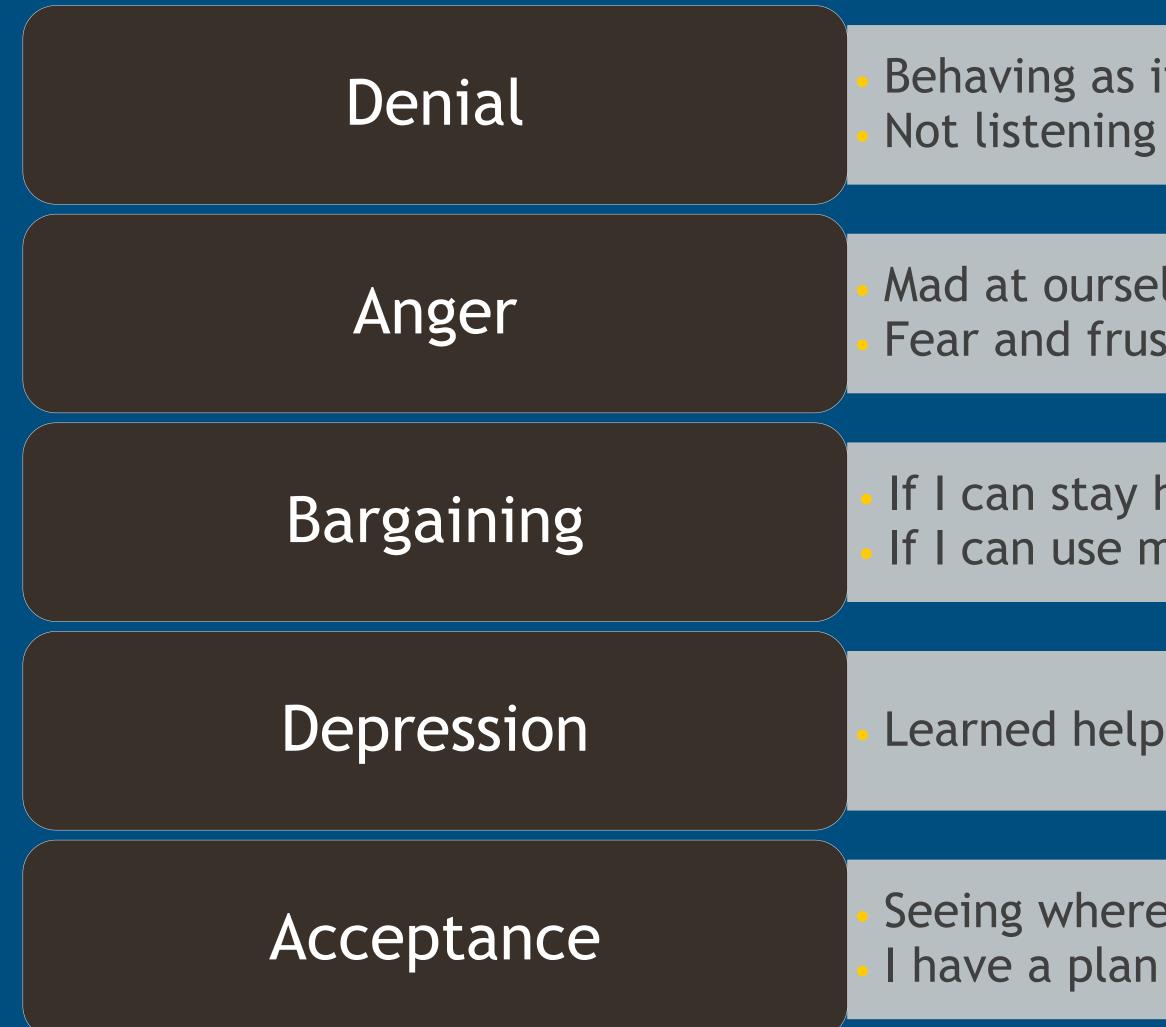




# **Stages of Grief** (Kubler-Ross)

- Denial
- Anger
- Bargaining
- Depression
- Acceptance

### Stages of Grief and Loss by Kubler-Ross



Behaving as if there isn't a problem Not listening and not taking precautions

Mad at ourselves and/or others Fear and frustration

If I can stay home for virtual learning... If I can use my phone...

Learned helplessness

Seeing where I am and doing all I can





Behaving as if there isn't a problem Not listening and not taking precautions

Mad at ourselves and/or others

If I can stay home for virtual learning...

Seeing where I am and doing all I can



### COVID-19 Hospitalization and Death by Race/Ethnicity

Updated Aug. 18, 2020

Print

Race and ethnicity are risk markers for other underlying conditions that impact health — including socioeconomic status, access to health care, and increased exposure to the virus due to occupation (e.g., frontline, essential, and critical infrastructure workers).

Rate ratios compared to	American Indian or	Asian, Non-	Black or African	Hispanic or
White, Non-Hispanic	Alaska Native, Non-	Hispanic	American, Non-	Latino
Persons	Hispanic persons	persons	Hispanic persons	persons
Cases <sup>1</sup>	2.8x	1.1x	2.6x	2.8x
	higher	higher	higher	higher
Hospitalization <sup>2</sup>	5.3x	1.3x	4.7x	4.6x
	higher	higher	higher	higher
Death <sup>3</sup>	1.4x	No	2.1x	1.1x
	higher	Increase	higher	higher



# Risk for COVID-19 Infection, Hospitalization, and Death By Race/Ethnicity

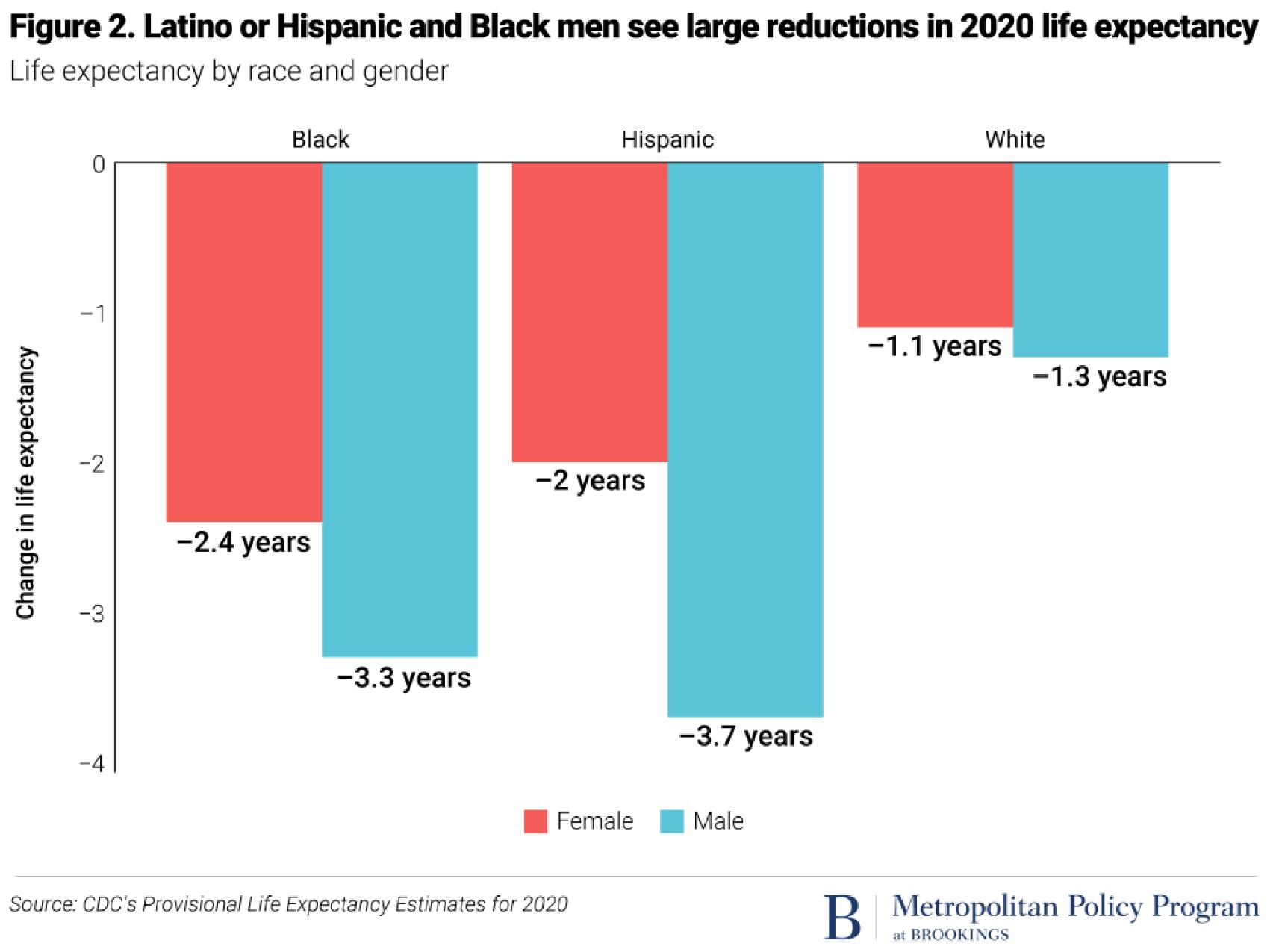
Updated Sept. 9, 2021

Print

Rate ratios compared to White, Non- Hispanic persons	American Indian or Alaska Native, Non- Hispanic persons	Asian, Non- Hispanic persons	Black or African American, Non- Hispanic persons	Hispanic or Latino persons
Cases <sup>1</sup>	1.7x	0.7x	1.1x	1.9x
Hospitalization <sup>2</sup>	3.5x	1.0x	2.8x	2.8x
Death <sup>3</sup>	2.4x	1.0x	2.0x	2.3x

Race and ethnicity are risk markers for other underlying conditions that affect health, including socioeconomic status, access to health care, and exposure to the virus related to occupation, e.g., frontline, essential, and critical infrastructure workers.





Hospitalization Rates and Characteristics of Patients Hospitalized with Laboratory-Confirmed Coronavirus **Disease (March 2020)** 

Racial breakdown of COVID-19 patients: • White - 45.0% of COVID-19 cases; 76.5% of U.S. population Black - 33.1% of COVID-19 cases; 13.4% U.S. population • Hispanic - (8.1% of COVID-19 cases; 18.3% U.S. population) Pre-existing conditions among 89.3% of patients included:

• Hypertension - 49.7%

• Obesity - 48.3%

- Chronic lung disease 34.6%
- Diabetes mellitus 28.3%

• Cardiovascular disease - 27.8%

Garg, et.al., 2020

## **Risk Factors**

### People of color continue to experience greater risk for infection due to

- -higher rates of medical co-morbidities
- -higher rates of living in densely populated lower socioeconomic areas
- -multigenerational living
- -over-representation in jails and prisons
- -lower health care access
- -lower rates of testing
- -less access to paid sick leave
- -lower likelihood of having jobs that allow working from home
- -higher likelihood to be employed in the essential workforce: 25% of African

-residential segregation, farther distance from grocery stores and medical facilities

American/Latinos are employed in service industry jobs (16% of Whites), Hispanics are 53% of the agricultural workforce, African Americans are 30% of vocational nurses



## Grief and Loss in Hospital Settings

Many patients with COVID-19 present with

- anxiety and trauma-related symptoms
- aggression and self-harm, often in the context of SU and/or psychosis
- neuropsychiatric symptoms such as delirium or insomnia

Contributing factors include

- unpredictable nature and gravity of COVID-19 illness
- social isolation
- heavy media coverage
- limited access to care and treatment interruption

Horn, et.al., 2020

# Grief and Loss in Hospitalized Settings

Healthcare workers face

- increased exposure risk
- worries about becoming sick or transmission to family members
- increased workload and subsequent physical and mental fatigue
- changing precaution requirements, re-organization and lack of feeling supported

C/L psychiatrists often provide informal support for many team members

• Many providers are reluctant to use crisis support or phone hotlines

Horn, et.al., 2020

# Facilitating visits by children to an ill or dying parent

Provide supported visits to all chi

Explore and alleviate worries or reluctance about visiting

Prepare children for what they will see:

- Hospital or hospice setting
- Medical equipment
- Physical condition of parent
- Functional status of parent
- Other patients

Bring an extra supportive adult who can leave when the child is ready

Provide structure or activity for younger children

Avoid an agitated or delirious parent

Debrief after the visit

Provide alternatives to an in-person visit

Remember that there are many opportunities to say goodbye

From: Muriel AC, Rauch PK. Talking with families and children about the death of a parent. In: Oxford Textbook of Palliative Medicine, 4th ed, Hanks G, Cherny NI, Christakis NA, et al (Eds), Oxford University Press 2010. Reproduced by permission of Oxford University Press. Copyright © 2010. <u>www.oup.com</u>. loDate

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# Childhood developmental understanding of death

### Infants and toddlers (0 to 2 years)

Developmental context: establishing attachment and trust

- Have no understanding of finality of separation, but feel absence of a familiar caregiver
- May be distressed by disruptions in routines Will be affected by the emotional distress/grief of surviving adult
- caregivers

### Pre-schoolers (3 to 6 years)

logic

- Are not able to understand that death is irreversible and permanent May attribute death or survivors' emotional distress to own actions or
- attributes
- Distress and behavioral changes may be fueled by disruption in routine

### School-age children (7 to 12 years)

relationships

- Understand that death is final and irreversible
- May have difficulty with abstract/spiritual issues
- May ask factual questions that can be painful or offensive to adults May struggle with unfairness of loss

### Adolescents (13 and above)

Developmental context: working on separation-individuation, identity formation

- Understand that death is final, irreversible, and universal
- May struggle with existential issues
- May focus on personal effects of loss

From: Muriel AC, Rauch PK. Talking with families and children about the death of a parent. In: Oxford Textbook of Palliative Medicine, 4th ed, Hanks G, Cherny NI, of Oxford University Press. Copyright © 2010. www.oup.com.

Developmental context: driven by egocentrism, magical thinking, associative

Developmental context: mastering skills, fairness, cause and effect logic, peer

- Christakis NA, et al (Eds), Oxford University Press 2010. Reproduced by permission **J**pToDate

# **Characteristics of grief versus depression**

	Grief
Definition	Feelings and behaviors that result from a particular loss
Symptoms and signs	Somatic distress, sleep and appetite disturbance, diminished concentration, social withdrawal, sighing
Other differentiating factors	Patient retains capacity for pleasure
	Comes in waves
	Passive wishes for death
	Able to look forward to the future

Reproduced with permission from: Block SD. Psychological issues in end of life care. J Palliat Med 2006; 9:751. Copyright © 2006 Mary Ann Liebert, Inc. All rights reserved.

#### Depression

	Depressed mood, decreased
	interest and pleasure, appetite and sleep disturbance,
	psychomotor agitation or
	retardation, decreased
	concentration, loss of energy,
	feelings of worthlessness, guilt, hopelessness, helplessness, and
	thoughts of death with
	impairment of functioning lasting
ļ	at least 2 weeks
	Hopelessness, helplessness,
	anhedonia, worthlessness, guilt,
	suicidal ideation most useful
3	diagnostic clues
	Somatic distress, sleep and
	appetite disturbance, diminished concentration, social withdrawal,
	sighing are also common
	Nothing is enjoyable
ľ	Constant
	Intense, persistent suicidal
	thoughts
	No sense of anything to look
	forward to



## How to Tell If Your Child Is Grieving

**Sleeping problems** 

#### **Difficulty concentrating**

#### **Developmental regression**





#### Clinginess, anxiety, or feeling abandoned

Is it because I to Id them to go away once?

**Feelings of guilt** 

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# Work Stress for Parents and Caregivers

- Having to go to work (Essential jobs)
  - Can't afford to stop working
  - CEO vs Worker Bee
  - Service industries
- Having to work from home
  - Not having essentials
  - Kids at home while working
- Out of work
  - Reduced work, temporary work
  - Unemployment



# Home Stress for Parents, Caregivers, Children, and Adolescents

#### Kids at Home

- Having to teach school
- Having what is needed and the skill set

#### Spouse at Home

- Problems in relationship are magnified
- A lot of things not being seen
- Forced to address problems
- Respite at work

Trauma in the Home Intimate Partner Violence **Child Abuse and Neglect** 



# Self and Uncertainty

The world is trying to figure it out...
Loss of Identity
Loss of Social Connection
Lack of Control

The unknown!

Work Stress for primary wage earners

Lack of safety nets











Role as the provider at the peak of the family

Will I recover

Will we recover

First generation stressors

The fall is great

Not being able to protect our families financially and assure their stability

# No one is exempt from stress

# Identify the Stressor











Loss of income

Loss of financial safety

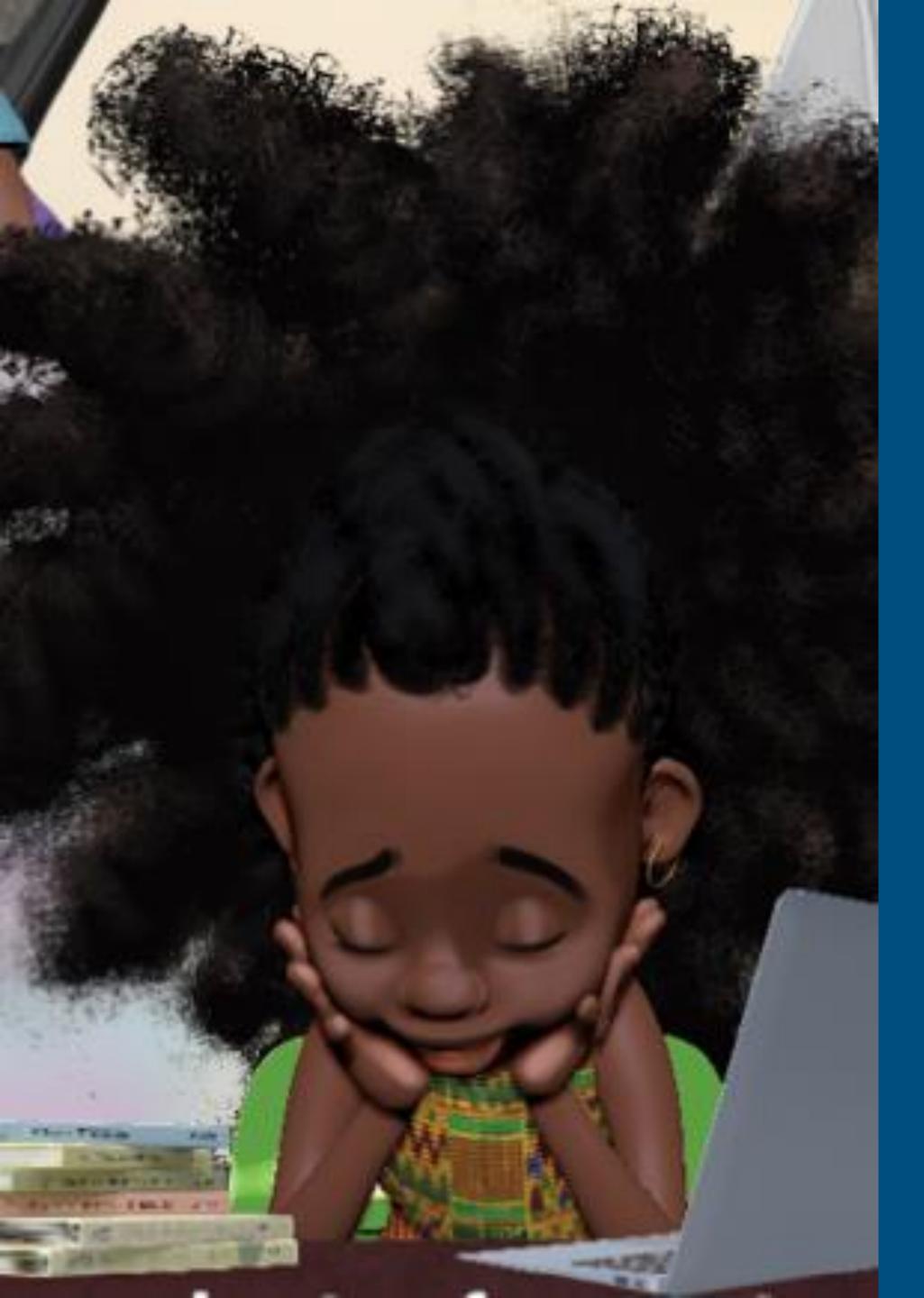
#### Loss of status

# LOSSES

#### YOUTH

- Not playing with friends
- Playmates
- Schools out
- Stuck in the house
   TEENS
- Graduation
- Prom
- Project graduation
- Signing year books
- Hanging out with friends
- Partying





# Stressor of Being Home

Stuck in the house
Learning from home

Distractions
This has gotten long

Sensory deprivation
Loss of Identity

# Unseen Issues at Home

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- Chaotic homes
- Loss of mentors
- Food issues
- Lack of safety & Lack of oversight
- Lack of other professional services
- Kids on the margins and special services

## Lack of Trust & Mis-Information



#### Try not to get sick

Blacks and other ethnically diverse populations have | 1 | rate of illness and death

#### Fighting MYTHS and mis-information

"Black people can't get COVID" • "Covid comes from 5G cell phone towers" • "The vaccine will magnetize you" News and reliable sources?? This is nothing more than the "Flu" The same story was written about the Great Pandemic of 1918 "Masks aren't needed...it's not in the air...young people don't need to worry"

# Gaining Insight









Community stress of what's "normal" vs "abnormal"

Intense look at each individual's grief and loss

Stress and burnout

Safety and working conditions

The need to listen and learn

# Grief Among Adolescents

- Stigmatization of Grief
- Loneliness
- Proliferation of Digital Technologies
- Social Isolation
- strengthen social relationships

Weinstock, et.al., 2021

### Fragmentation of Community Structures and Rise of Individualism

Protective Factors: Hope, strong relationship with supportive adults, increased awareness, increased treatment opportunities, and

# Will things ever be the same?

- The NEW NORM
- Holding on waiting for things to go back to normal •

KNOCKED OFF YOUR AXIS! The need to change and move



- the COVID-19 Pandemic
- Topic B: Other Mental Health Conditions to Consider Among African-American Youth during the COVID-19 Pandemic
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# Youth Mental Health Screening and Covid-19

- Per MHA, 261% increase in the use of the Pediatric Symptom Checklist (PSC-35) to screen youth for mental health problems in 2020 vs 2019
- By December 2020, 80% of youth screened at risk for emotional, attentional and behavioral difficulties, 11% higher than the proportion of youth who screened at risk in 2019

### Children's Mental Health during COVID-19 (Marques de Miranda et al 2020)

- For children with PTSD, their symptoms may worsen during the COVID crisis
- Loss of structure and routine due to the pandemic, could worsen irritability and behavioral dyscontrol in children with ADHD and Autism Spectrum Disorder
- Telepsychiatry could be effective for evaluation and treatment of children with ADHD and ASD





### Social Emotional Learning (SEL) for Online Learning during COVID-19 (Katzman et al 2020)

- Lack of secure broadband internet access is a barrier to online learning
- SEL and cultural education are critical for online learners
- SEL teaches skills to 1 student success in the classroom and beyond
- SEL includes critical thinking, regulating emotions, teamwork, conflict resolution and decision-making
- These are important skills not measured by tests

## ADHD and Early Childhood Development

### **Brain development**

- Nutrition
- Poverty
- Poor mental health education
- Substance abuse

Beauchaine, T.P., Hinshaw, S.P., & Pang, K.L. (2010). Comorbidity of attention-deficit/hyperactivity disorder and early-onset conduct disorder: Biological, environmental, and developmental mechanisms. Clinical Psychology-Science and Practice, 17, 327–336.

## ADHD and Co-Morbid Learning Disabilities: The Differential Diagnosis

- Co-morbid learning disabilities
- Either and/or both?
- Early recognition
- Treatment at the same time
- Special education services

DuPaul, G.J., Volpe, R.J. ADHD and learning disabilities: Research findings and clinical implications. Curr Atten Disord Rep 1, 152 (2009). https://doi.org/10.1007/s12618-009-0021-4

# **ADHD** in the Classroom Setting

- Most often diagnosed at school age
- Special accommodations
- Teachers can help to identify
- Other professionals and school services
- Allocation of resources
- Classroom strategies and school interventions

Bloomquist, M.L., August, G.J. & Ostrander, R. Effects of a school-based cognitive-behavioral intervention for ADHD children. J Abnorm Child Psychol 19, 591–605 (1991). https://doi.org/10.1007/BF00925822

# Myths, Misconceptions, and Juvenile Services: **ADHD** in the African American Community

- "Are these actually illnesses?"
- Fear of mind control
- Fear of labels
- Distrust of the medical community
- Lack of access to quality care
- Disparities in care

Gordon, J.A., Moore, P.M. ADHD among incarcerated youth: An investigation on the congruency with ADHD prevalence and correlates among the general population. Am J Crim Just 30, 87–97 (2005). https://doi.org/10.1007/BF02885883

### Misdiagnoses of Oppositional Defiant Disorder and Conduct Disorder

## Undiagnosed Dyslexia and Other Learning Disorders

- suicidal thoughts or gestures
- Most at risk are those with:
  - Higher than average IQ
  - Comorbid psychiatric diagnosis
  - Psychosocial stressors

Ludi, E., Ballard, E. D., Greenbaum, R., Pao, M., Bridge, J., Reynolds, W., & Horowitz, L. (2012). Suicide risk in youth with intellectual disabilities: the challenges of screening. Journal of developmental and behavioral pediatrics : JDBP, 33(5), 431–440.

42% of children and adolescents with intellectual disabilities will have

# What can schools do?

School connectedness

- The school cares, peers care
- Facilitating a positive community
- Healthy behaviors and seeking help when supported

Teach Social Emotional Learning (SEL) and Mental Health & Wellness in schools

# Bullying

#### Lack of awareness

- Unable to identify and recognize
- Racial Bias
- "Hands tied"
- "Is it a big deal? "
- Interaction between students, teachers and parents is important
- Black children are more likely to be bullied (prevention and detection)

## Many examples in today's discourse and public igures

# **Resiliency and Protective Factors**

- Identifying with your own race Code switching
- Organized religion
- "Risk factors are not Predictive factors due to Protective factors" -Carl Bell, MD

# Special Considerations

- Improve day-to-day life interactions- compassion and empathy
- ♦ Use evidenced-based strategies
- Provide support for family, faith, and cultural institutions
- +Work across sectors to connect services such as grocery delivery/housing, health care providers/medications
- Provide interpretation services to enhance communication
- Help combat myths and misinformation

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### Additional resources by Global Health Psychiatry, LLC

### W AMARI LEARNED LOVE SCHOOL AGAIN A STORY ABOUT ADHD

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