

# **TRAINEE AND FACULTY PERSPECTIVES ON CULTURAL PSYCHIATRY, GLOBAL MENTAL HEALTH, AND SOCIAL DETERMINANTS OF HEALTH IN PSYCHIATRY RESIDENCY: A PILOT STUDY**

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**Background:** Despite growing gaps between mental health needs and accessible treatment for diverse populations, residency training focused on cultural psychiatry, global mental health (GMH), and social determinants of health (SDoH) is limited. The perspective of residents and faculty on barriers to education on these topics, particularly from diverse backgrounds, warrants further exploration.

**Objectives:** The purpose of this mixed methods pilot study was to examine the scope of training regarding cultural psychiatry, global mental health (GMH), social determinants of health (SDoH), and related topics in psychiatry residency programs in the US and Canada.

**Methods:** Surveys were administered to psychiatry residents (n = 91) regarding interest, availability, and satisfaction with training in cultural psychiatry, GMH, SDoH, and related topics. Qualitative data were collected via a focus group with 17 participants (psychiatry residents and faculty from 13 institutions).

**Results:** Residents expressed strong interest in cultural psychiatry, GMH, SDoH, and related topics. Fewer than 50% received training within their residency programs (SDoH = 46.2%; cultural formulation = 46.2%; mental health in low-resource settings = 45.1%; immigrant mental health = 41.8%; stigma = 39.6%; health equity = 37.4%). Survey results identified gaps between interest, availability of training, and satisfaction related to cultural psychiatry, GMH, and SDoH in psychiatry residency programs. Focus group participants noted limited structural investment in these topics, and lack of dedicated space, time, and integration into residency curriculum. Burden of championship, dissatisfaction amongst trainees and faculty, and limited sustainability were also highlighted.

**Discussion:** Trainee interests in cultural psychiatry, GMH, and SDoH exceeded offered curricula in their training programs. Further research with diverse and representative stakeholders is needed to systematically identify and address modifiable barriers to training. As the marginalization of cultural psychiatry, GMH, and SDOH shape the training environment, neglecting these topics may exacerbate existing health inequities in mental health.

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## Learning Objectives

At the conclusion of this presentation, participants will be able to:

1. Recognize barriers to training focused on cultural psychiatry, global mental health, and social determinants of health in psychiatry residency programs.
2. Identify opportunities to integrate cultural psychiatry, global mental health, and social determinants of health into didactic training and supervision for psychiatry residents.