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Letter to the Editor

A Call to Action: A New Era Calls for Incorporating Social Justice Into Consultation- Liaison Psychiatry



TO THE EDITOR: Psychiatrists increasingly recognize how structural disparities in our policies, communities, institutions, and even health care negatively impact individuals' psychiatric outcomes.^{1,2} Accordingly, recent efforts have been made to incorporate social justice principles into medical school and residency education.^{1,3,4} The recent murder of George Floyd and Breonna Taylor and the shooting of Jacob Blake, as well as the impact of the coronavirus pandemic on people of color, have led to a national outcry and a renewed urgency to causes of social justice. Through these conversations, we have come to realize that it is not just law enforcement and the criminal justice system that were built on a framework of systemic racism but that racial bias exists in health care, education, and their intersections, leading to innumerable health care disparities.⁵ However, social justice has not, as of yet, been highlighted in consultation-liaison (C-L) psychiatry. We, a group of early career C-L psychiatrists, are committed to alleviating health disparities in marginalized populations through clinical care, academic and community projects, and advocacy work. We believe that C-L psychiatry is the setting best suited to apply social

justice principles in the clinical setting, given its embedded role within the larger medical system, the potential entry point for vulnerable patients into mental health treatment, and opportunities for advocacy and education of physician peers and health care staff. Although *Psychosomatics* is a leading journal of C-L psychiatry and its mission is “to be the leading psychiatry journal focused on the care of patients with comorbid medical and psychiatric illnesses,” since its first publication in 1960 to date, it has not featured any articles on topics including social justice, racism, antiracism, structural racism, structural vulnerability, or social determinants of health. There was a recent *Psychosomatics* article that explored the impact of collaborative care on racial/ethnic minorities, but it was not conceptualized in terms of social justice.² In comparison, these topics have been represented in other leading medical and psychiatric journals since at least 2015.^{1,3,4}

We call on and challenge C-L psychiatry and those working on C-L services, outpatient-integrated medical clinics, and collaborative care settings to reframe C-L psychiatry from a social justice perspective. As physicians, our obligation is to address systemic racism and structural vulnerabilities. These health disparities not only affect the health of populations that we serve but also infringe on the dignities of those who live and work in our health care systems. While identifying an opportunity for growth is an important first step, we must strive to do better and take the necessary steps to move toward a culture of equity and

equality. We must continue to build on the steps that the Academic of Consultation-Liaison Psychiatry has already taken, such as assembling a task force to address diversity, equity, and inclusion. We applaud the establishment of this task force, but there is more to be performed. To nurture a culture of inclusion and antiracism, we propose concrete and attainable next steps including the following:

1. Dedicating an issue of *Psychosomatics* to social justice and structural racism topics,
2. Starting an Academic of Consultation-Liaison Psychiatry special interest group on diversity/social justice,
3. Increasing content at the Academic of Consultation-Liaison Psychiatry annual meeting by encouraging submissions on social justice and diversity topics,
4. Encouraging and publishing more content in *Psychosomatics* on intersectionality of C-L with racial disparities,
5. Increasing outreach to medical students and residents by Academic of Consultation-Liaison Psychiatry keeping registration affordable and allocating more poster slots for trainees in the poster session, and
6. Increasing diversity within C-L faculty and fellowship training.

We believe that the implementation of these items will begin to provide for inclusivity, help to improve treatment and experiences of underrepresented populations, and consequently work to better the treatment of all patients. Thus,

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we call on our colleagues to improve and restore equity for patients at the intersection of psychiatry and general medicine through advancing social justice in the C-L setting.

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