Abstracts

greater role in policymaking across a range of sectors. We have seen the positive results of applying this scientific knowledge in diverse areas of public policy such as taxation, energy, and education, among others. The insights used to design these interventions were evidence-based cognitive and psychosocial discoveries such as the existence of cognitive biases and the importance of social norms in human behavior.

Behavioral units needed to show significant results for a minimum or zero cost in order to prove their worth and thus, cement the incorporation of behavioral sciences into the public sphere. It is time to move on to a renewed level of complexity by designing more comprehensive interventions with deeper implications and long-term results.

The role of neurosciences has been much less explored but shows a promising potential to improve public policy, especially social policy. For instance, the design of anti-poverty programs based on scientific evidence about brain health would be extremely useful to improve the mental capital of persons living in poverty. Findings in neurosciences along the life cycle can be incorporated into the public policy sphere. Understanding the neuroscientific evidence on how to stimulate cognitive and socio-emotional skills among different types of populations is crucial to improve the design of policies and has relevant implications for the mental capital of nations.

Neurosciences can also facilitate the comprehension of those cognitive skills needed for the jobs of the future such as creativity, emotional intelligence, empathy, resilience, cognitive flexibility, and executive functions, among others. Public policy interventions can focus on promoting these skills, which are not fixed and which can be improved and enhanced. Other areas in which evidence from neurosciences can be utilized are: infant development, the adolescent brain, addictions (i.e., opioid epidemic, science and policy of marijuana), neuroeducation or the neuroscientific basis in teaching and learning (i.e., dyslexia), neurolaw (i.e. criminal responsibility, deception, juvenile justice, judges’ decision making, witness testimony), prejudice and empathy, violence and aggression, loneliness, normal aging, the future of mind-tech cyborgs, and the burden of brain disorders.

Behavioral insights are gaining popularity in developed countries. However, is this enough to create positive structural changes in the economy and in social welfare? While it is fair to say that nudges successfully allowed behavioral science to enter the world of policy we still have much work to do to reach social and health long-term improvements. In this regard, advances in neurosciences over the last years could help reshape the way we think about important policies and could be useful in helping individuals develop their maximum potential.

CULTURE ETHNIC MINORITIES AND HEALTH

CBE Dinesh Bhugra, Emeritus Professor of Mental Health and Cultural Diversity at the Institute of Psychiatry, Psychology and Neuroscience at King’s College London

Professor Dinesh Bhugra was President of the World Psychiatric Association from 2014–2017 and in 2018 became President of the British Medical Association. Dinesh Bhugra’s research interests are in cultural psychiatry, sexual dysfunction and service development. He is the recipient of over 10 honorary degrees. He has authored/co-authored over 400 scientific papers and 30 books, and is the Editor of three journals (International Journal of Social Psychiatry, International Review of Psychiatry and International Journal of Culture and Mental Health). Previously he was the Dean (2003–2008) and then President (2008–2011) of the Royal College of Psychiatrists in the UK, where he led on major policy initiatives on psychiatry’s contract with society and the role of the psychiatrist.

Culture forms us and we form culture. Culture influences the way we think and the way we see the world. Furthermore, recognition and presentation of distress as well as patterns of help seeking are very strongly influenced by cultures and our world views. The accessibility and availability of healthcare system also influences when and where we seek help from. Cultures include religion, spirituality, language, diet, dress etc. In many cultures there are no words to express many psychiatric and neurological disorders even though symptoms of distress are easily recognised. In addition, depending upon the explanatory models of distress patients and their families may seek help from non-professional sources. Studies from the USA have suggested that a vast majority of people seek help from personal, folk or social sectors and only a minority reach the professional health sector. This may reflect the American healthcare system. Gender and other factors such as education, social class, housing, employment and economic factors contribute to help-seeking. Cultural identity and embedded within are micro-identities which help formulate an unique cultural framework which differentiates one group from another and can work at both individual and group levels. Using various models this lecture will explore varying presentations and using examples from around the world will illustrate cultural impact on various neurological and psychiatric disorders. Community support in various forms can enable quick recovery and help support vulnerable groups.

POVERTY AND BRAIN DEVELOPMENT: FROM SCIENCE TO POLICY

Martha J Farah, Walter H Annenberg. 1Director, Center for Neuroscience and Society, 2Professor in the Natural Sciences, University of Pennsylvania

Martha Farah was born in New York City and educated at MIT and Harvard. She has taught at Carnegie-Mellon University and the University of Pennsylvania, where she is currently the Walter H. Annenberg Professor of Natural Sciences. In 1999 she founded Penn’s Center for Cognitive Neuroscience and ten years later she founded the Center for Neuroscience and Society, which she still directs. Martha’s work on the ethical, legal and social impact of neuroscience (aka neurometrics) has focused on cognitive enhancement by normal individuals, including the question of whether drugs and devices believed to enhance normal cognition actually do so, and on nonclinical uses of brain imaging. Her other main interest is in the effects of early socioeconomic deprivation on brain development. She studies the latter using behavioral, neuroendocrine and neuroimaging methods. Martha is a Fellow of the American Academy of Arts and Sciences, a former Guggenheim Fellow and recipient of honors including the National Academy of Science’s Troland Research Award and the Association for Psychological Science’s lifetime achievement award.
Childhood socioeconomic status (SES) predicts many important life outcomes, from physical and mental health to academic achievement and cognitive ability. Why is SES so influential? Part of the answer lies in the relationship between SES and the brain. I will present research from my lab and others aimed at characterizing SES differences in brain structure and function. I will then discuss the causes of these associations – by what mechanisms are they linked? – and their consequences – what roles do they play in the health and achievement disparities mentioned earlier? Finally, I will consider whether and how the neuroscience of SES can help shape policies concerning children of low SES.

Referenced by:

REFERENCES