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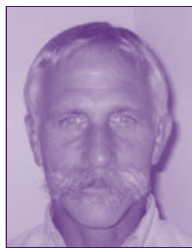
President's Column

Making a Place for Everyone at the Table



Wes Sowers, MD

I recently attended a discussion group which was considering the meaning of recovery for persons who have experienced a severe mental illness and whether treatment approaches incorporating recovery enhancing principles and practices are realistic for persons who are severely disabled. One participant described a client who was being served by an ACT team who consistently chose not to take medication, despite consistently experiencing relapses when he discontinued them. The team, while wanting to respect the choices of the clients they worked with, felt stuck, and reluctantly began employing some coercive measures. "What else could they do?" she asked.

Several weeks later I was asked to speak at a meeting of a local NAMI affiliated support group for family members of persons who have severe mental illnesses. I was asked to describe our county's efforts to establish recovery focused care in our service system. Several members of the group described their experiences with loved ones and their frustration with the choices that they made and the systems that served them. They were concerned with the downsizing and possible closing of the region's main State Hospital and their inability to get the service system to respond to their concerns and judgments regarding their family member's need for hospitalization. Shouldn't family members have some say in treatment decisions? Some pointed to the tragedy at Virginia Tech and the system's failure to mandate treatment for and protection from someone who was disturbed and who had come to its attention. Many members questioned how recovery oriented services, which sound good on paper, would help them? How would they protect and insure care for people with severe disabilities who have been a significant burden to their families and who have no intention of changing behaviors that are problematic and often dangerous?

Discussion of autonomy and choice in the contexts described above can be contentious as there are strong feelings related to the consideration of who has power and who has responsibility in the relationships between systems of care, recipients of care and family members. We can scarcely turn around these days without running into terms like "recovery" or "transformation". It seems that every conference planner feels compelled to include at least one of these terms in the title of their program and that anyone speaking about treatment or other services attempts to recast their language in a way that appears to be politically correct. Despite this environment, there are still many of us who have doubts that this is a bandwagon that ought to be jumped upon, particularly when considering the needs of persons with severe psychiatric disabilities. Those of us who have invested in the recovery perspective may find themselves hard pressed to defend the principles called into question by the scenarios described above.

Wherever one falls in this continuum, the cultural shift that is being promoted has caused us to examine our own practices in an effort to assure ourselves that we are

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(President's Column Continued)

doing the "right" thing for our clients. Commonly, it has created a certain degree of defensiveness as the practices that have seemed to serve everyone well in the past are now being questioned. We are put off by the self-righteousness of those zealots who point fingers and tell us we must change. Although these reactions are understandable, they may prevent us from recognizing the value of this self-examination, and the fact that our engagement in this dialectic provides an impetus to re-evaluate our methods for achieving the outcomes we endorse.

Ultimately, the answers are not a matter of science, and they are not about whether "evidence" supports our practices, but rather, they are about our values and ethical perspective. How can we affirm the value of each individual and show respect for the legitimacy of their perspectives? How do we achieve positive outcomes for individuals and society? How can we promote autonomy and community integration while protecting everyone's safety and well-being? How can we help people invest in a plan that will make their lives more meaningful and satisfying? These are questions that most of us would agree upon for evaluating the principles underlying our practices, but the answers we decide upon may not be so straightforward, and they will likely not be the same for every set of circumstances.

If we embrace recovery enhancing practices, a basic principle we must incorporate is that every individual is different, and their specific needs are most relevant to the approach we take. From this starting point it seems clear that one approach -even if it predominates our thinking- may not be right for everyone. In developing recovery focused practices, choice, autonomy and collaboration are usually priorities, but we need to be able to make adjustments according to circumstances. Mental illness often affects one's capacity to make good choices, so when deficits occur, our priority ought to be to put people in a position to recover that capacity as quickly as possible. Whether or not the state we practice in mandates advance directives, they have great value in guiding our decisions in these situations. When we do override a person's immediate wishes, we would like to be clear that we are acting on behalf of what they value- not those things that we value. This issue lies at the heart of concerns about coercive care.

Guiding a person back to full capacity should be what determines our decisions, much as a good parent strives to bring their children to their full potential and to autonomy. Building the capacity for self-management requires the progressive transfer of responsibility back to the affected individual, with the recognition that mistakes may be made, and the hope that they can become a nidus for growth. This is in contrast to the over-protection, insulation, enabling and co-dependence that are often associated with paternalistic approaches.

In developing plans to address mental disabilities, we must recognize that our approach to the process has significant implications for the degree of investment someone has in it. In the past we have often talked about treatment "compliance" and this has recently given way to "adherence". Whatever words we use, the real issue is who owns the plan. We know from personal experience that we are much more likely to be committed to the care of a home we own than one we are renting. The idea of investment is a critical one when we consider how we can help people commit to a plan of action. When it belongs to them, they are much more likely to follow it. While we may be concerned that taking an advisory, rather than a directive role may result in harm, we must also consider the less obvious harm that may result from being overly controlling. If we "protect" people consistently from bad choices, they may never develop their capacity for taking responsibility for their own welfare and change.

We often feel compelled to take coercive action based on the needs of the community or family members. While our primary responsibility is to the person who comes to us for assistance, we cannot ignore these other interests. There will be some situations when coercive measures need to be taken, but in the

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Editor's Brief

Warachal Faison, MD

Warachal Faison, MD

The Soapbox Continues: When it comes to political action, do you talk the talk or walk the walk?

In the Winter 2007 issue of our newsletter, I charged all of us to be politically active, with an emphasis on active. I hope you know that I would never ask you to do anything that I am not prepared to do. Please, allow me to share a recent interaction as an illustration.

On August 15, 2007, I received an email from a South Carolina Psychiatric Association (SCPA) representative stating the following: " I am writing to request your help in convincing our U.S. Senator, Sen. Jim DeMint, to release his hold on the U.S. Senate's motion to vote on the Mental Health Parity Act of 2007. He is preventing this important legislation from coming to a vote on the Senate floor." The email requested that I call the Capital Hill Operator and ask for Senator DeMint. Additionally, the email outlined a suggested message for Senator DeMint.

Poised for action, I called Capital Hill and followed SCPA's directions. Furthermore, I forwarded SCPA's email to our staff and recommended that they read the email and respond as they saw fit. These two acts only took about 2 minutes out of my life—that's it.

Talk the talk or walk the walk—you choose. Are you ready for an opportunity? The National Alliance on Mental Illlness (NAMI) has given us an opportunity to be politically active as well. NAMI has developed questions for our Presidential candidates that you may find useful during your interactions with them. According to the website, "NAMI's presidential primary materials can be used to inform presidential and congressional campaigns, to partner with other organizations who share similar goals and interests, and to familiarize the public and media with key mental health issues." The materials are quite user friendly and have a multitude of uses. NAMI has made it easy for us by targeting key areas. Please see the NAMI website for other useful information related on public policy (**http://www.nami.org/Hometemplate.cfm**)

Candidate Questions

Mental illness affects one in four Americans. It is common and highly treatable, yet millions struggle because they cannot get treatment. ***What steps will you take to ensure that all Americans have the coverage for mental health care that they need to take care of themselves and their family?***

- Public awareness of mental illness and its impact on health is growing, but research budgets for the National Institute of Mental Health are not. ***What will you do to accelerate investment in mental health research?***
- A key challenge for our future is building a healthcare system that addresses the needs of underserved populations, such as racial and ethnic communities, older Americans, and rural areas. ***What will you do to eliminate disparities in mental health care?***
- Research shows that treating mental illness early reduces long-term disability. ***What will you do to make sure that healthcare for***

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CALENDAR

October 18-21, 2007
American Academy of Psychiatry and the Law Annual Meeting
Loews Miami Beach Hotel, Miami Beach, FL
For more information, please visit
https://www.aapl.org/

October 23-28, 2007
54th Annual Meeting of the American Academy of Child and Adolescent Psychiatry, Sheraton Boston Hotel, Boston, MA
For more information, please visit the website at
http://www.aacap.org/page.ww?section=54th+Annual+Meeting&name=54th+Annual+Meeting

November 8 - 12, 2007
27th Annual Transcultural Psychiatry Conference
Punta Cana, Dominican Republic
For more information, please visit
http://newton-thoth.com/index.html

November 28-December 2, 2007
WPA International Congress 2007
The Melbourne Exhibition and Convention Centre, Melbourne, Australia
For more information, please visit
http://www.wpa2007melbourne.com/index.php

March 14-27, 2008
American Association for Geriatric Psychiatry
Renaissance Orlando Resort, Orlando, FL
For more information, please visit
http://www.aagpmeeting.org/

March 26-30, 2008
American Society for Adolescent Psychiatry Meeting
Boston, MA
For more information, please visit
http://www.adolpsych.org/

October 28-November 2, 2008
American Academy of Child & Adolescent Psychiatry,
Sheraton Chicago Hotel & Towers Cityfront Center, Chicago, IL
For more information, please visit
http://www.aacap.org/

Future APA Meetings

APA Annual Meetings
May 3-8, 2008 Washington, DC
May 16-21, 2009 San Francisco, CA

IPS Meeting
October 2-5, 2008 Chicago, IL
October 8-11, 2009 New York, NY

Fourth Annual Interdisciplinary Women's Health Research Symposium *(Free)*

November 15, 2007

Masur Auditorium • National Institutes of Health • Bethesda, MD

Date: Thursday, November 15, 2007
Time: 8 a.m. to 4:15 p.m. (tentative)
Location: Masur Auditorium (Building 10), NIH Campus

The symposium will feature scientific advances from two ORWH-sponsored initiatives:

- Building Interdisciplinary Research Careers in Women's Health (BIRCWH); and
- Specialized Centers of Research (SCOR) on Sex and Gender Factors Affecting Women's Health.

To Register for the Event, go the following link:
http://eventspro.esi-dc.com/ei/getdemo.ei?id=86&s=_3BS0VDOUP
For additional information, please contact:
Conference Services
240.744.7047
240.744.7005 (fax)
orwhmeetings@esi-dc.com

Office of Research on Women's Health

Fourth Interdisciplinary Women's Health Research Symposium

DRAFT AGENDA

Thursday, November 15, 2007

Masur Auditorium, National Institutes of Health, Bethesda, MD

7:30-8:30 am **Registration**

8:30-8:45 am **Welcome and Opening Remarks**
Vivian W. Pinn, M.D., Associate Director for Research on Women's Health and Director, Office of Research on Women's Health (ORWH), National Institutes of Health (NIH)

8:45-9:45 am **Keynote Address**
Introduction of the Keynote Speaker
Vivian W. Pinn, M.D., Director, ORWH, NIH
Women and Substance Abuse: What Do We Know?
Nora D. Volkow, M.D., Director, National Institute on Drug Abuse (NIDA), NIH

9:45-10:00 am **BREAK**

SESSION I: Studies Addressing Sex Differences

Moderator: *Cora Lee Wetherington, Ph.D., NIDA, NIH*

10:00-10:15 am *Kathleen T. Brady, M.D., Ph.D.*, SCOR Investigator, Medical University of South Carolina. Gender differences in response to HPA axis response in drug-dependent individuals: Implications for psychiatric comorbidity.

10:15-10:30 am *Marc N. Potenza, M.D., Ph.D.*, SCOR Investigator, Yale University. Sex differences in the neural correlates of stress and craving in cocaine dependence.

10:30-10:45 am *Traci Hong, Ph.D.*, BIRCWH Scholar, Tulane University. The effect of social norms and attitudes on smoking prevalence among a panel of adolescent girls.

10:45-11:00 am *Yoshimi Fukuoka, Ph.D.*, BIRCWH Scholar, University of California, San Francisco. Prehospital delay and ambulance use in employed women vs. men with acute coronary syndrome.

11:00-11:15 am **BREAK**

SESSION II: Studies Examining Female Specific Factors

Moderator: *Estella C. Parrott, M.D., M.P.H.*, National Institute of Child Health and Human Development (NICHD), NIH

11:15-11:30 am *James A. Ashton-Miller, Ph.D.*, SCOR Investigator, University of Michigan. Pelvic floor muscle stretch during the second stage of vaginal birth.

11:30-11:45 am *Lisa A Kilpatrick, Ph.D.*, SCOR Investigator, University of California, Los Angeles. Sex-related differences in irritable bowel syndrome (IBS) prepulse startle modification.

11:45-12:00 noon *Scott J Hultgren, Ph.D.*, SCOR Investigator, Washington University. Conservation of the uropathogenic escherichia coli intracellular bacterial community pathway during urinary tract infection in mice and humans.

12:00-1:15 pm **LUNCH**

1:15-1:30 pm **Welcome from Co-Sponsoring Agencies**
Introduction of Representatives
Vivian W. Pinn, M.D., Associate Director for Research on Women's Health and Director, ORWH, NIH
Kathleen Uhl, M.D., Director of the Office of Women's Health and Assistant Commissioner for Women's Health, Food and Drug Administration.
Shakeh (Jackie) Kaftarian, Ph.D., Senior Advisor, Women's Health and Gender Research, Agency for Healthcare Research and Quality
(Tentative)

SESSION III: Studies Using Diverse Populations

Moderator: *Charisee Lamar, Ph.D., M.P.H., RRT, NICHD, NIH*

1:30-1:45 pm *Allison W Kurian, M.D.,* BIRCWH Scholar, Stanford University. Asian-Caucasian differences in BRCA1/2 mutation epidemiology.

1:45-2:00 pm *Ivonne Berges, M.D.*, BIRCWH Scholar, University of Texas Medical Branch, Galveston. Ethnic differences in the influence of pain on functional status post-stroke

2:00-2:15 pm *Rebecca B. Perkins, M.D.*, BIRCWH Scholar, Boston University Medical Center. Visual inspection with acetic acid is more cost-effective than pap smears for cervical cancer screening in Honduras.

2:15-2:30 pm *Asha R. Kallianpur, M.D., M.P.H.*, BIRCWH Scholar, Vanderbilt University Medical Center. Dietary iron intake and endometrial cancer risk in the Shanghai Women's Health Study.

2:30-2:45 pm BREAK

SESSION IV: Studies Investigating Sex Factors

Moderator: *Madeline Turkeltaub, R.N., Ph.D., CRNP, FAAN*, National Institute of Arthritis and Musculoskeletal and Skin Diseases, NIH

2:45-3:00 pm *Tom F. Lue, M.D.*, SCOR Investigator, University of California, San Francisco. Biology of adipose derived stem cells.

3:00—3:15 p.m. *Caterina M. Gallippi, Ph.D.*, BIRCWH Scholar, University of North Carolina, Chapel Hill. ARFI ultrasound for enhanced delineation of atherosclerosis in women.

3:15—3:30 p.m. *Andrea D. Coviello, M.D.*, BIRCWH Scholar, Boston University Medical Center. Free testosterone is positively associated with diabetes, metabolic syndrome, and dyslipidemia in women: The Framingham Offspring Study.

3:30 pm **Closing Remarks and Adjournment**

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long run everyone's interests will be best served by keeping these interventions to an absolute minimum and to ensure that no one is unjustly deprived of their rights. Our society has suffered from the delusion that sequestration of unwanted behaviors prevents them from impacting our communities, when in fact this approach is more likely to aggravate feelings of alienation and limit autonomy and responsibility. The failure to help people affected by severe mental illnesses reintegrate into the community and to live meaningful and productive lives is costly and threatens the well being of everyone. We cannot prevent every tragedy, but we can help people feel safe and cared for, and if we make a place for everyone at our table, we will all find it easier to enjoy our meal.

Wesley Sowers, MD
President, AACP

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families includes early identification and treatment of mental illness?

- Lack of appropriate and affordable housing is one of the most significant barriers to living in the community for people with serious mental illness. ***What will you do to ensure adequate housing and supports for people with mental illness?***
- Only one in three adults with serious mental illness is employed, even though seven out of ten want to work and contribute to their independence. ***What will you do to help people with mental illness return to work?***
- Over five times as many people with mental illness are in jails and prisons than in hospitals. ***What will you do to prevent people with mental illness from ending up in our criminal justice system?***

Let's continue evoking change,
Warachal

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Email: **frdal@airmail.net**

LET'S TALK ABOUT SEX: Study Sheds New Light on Intimate Lives of Older Americans

Older Adults Are Active Despite Increased Sexual Problems with Age

A majority of older Americans are sexually active and view intimacy as an important part of life, despite a high rate of "bothersome" sexual problems, according to a new report in the Aug. 23, 2007, issue of The New England Journal of Medicine. The findings come from the National Social Life, Health and Aging Project, research supported by the National Institutes of Health (NIH). The findings shed new light on the intimate social relationships and health of people ages 57 to 85, informing health care providers and patients about sexual norms in the older U.S. population.

The project is the first comprehensive, nationally representative survey to assess the prevalence of sexual activity, behaviors and problems in relation to health status among people in their late 50s and beyond. The study provides information about a number of important aspects of health and sexuality with age, including sexual problems in relation to specific chronic health conditions such as arthritis, diabetes and hypertension; relationships between physical health problems or limitations generally and sexual activity; and physician communication about sexuality at older ages. Physical health, the researchers found, was more strongly associated with many sexual problems than age alone.

The study has implications for health education efforts to prevent sexually transmitted disease in older people. Although data from the Centers for Disease Control and Prevention suggests stability in HIV diagnoses among Americans aged 50 and older, the number of older people diagnosed with AIDS and living with HIV is increasing, as individuals who were infected with HIV at younger ages are living longer before progressing to AIDS. However, sexual activity among older adults poses risks for new cases of HIV, as approximately 15 percent of newly diagnosed HIV infections are among Americans over age 50.

Led by Stacy Tessler Lindau, M.D., who conducted the study with Linda Waite, Ph.D., and others at the University of Chicago, the research was funded primarily by the National Institute on Aging (NIA), a component of NIH. Additional funding came from NIH's Office of Research on Women's Health, Office of AIDS Research and Office of Behavioral and Social Sciences Research and from private-sector sources. Data collection was supported by the National Opinion Research Center at the University of Chicago. Georgeanne E. Patmios of NIA's Behavioral and Social Research Program is program officer for the project.

"Despite the aging of the population, little had been known about the intimate lives of older adults," said NIA Director Richard J. Hodes, M.D. "This study expands our knowledge by reporting, on a national scale, data about sexual functioning and health among older adults."

Dr. Lindau expects the study to help open a dialogue between older patients and their doctors as older Americans were very receptive to the survey and its questions. This openness suggests that, when asked, many older people want to talk about this part of their lives. "We found, despite the high prevalence of problems, that most older adults have never discussed sex with a physician. From a medical and a public health perspective, we have an opportunity and an obligation to do better patient education and counseling about health-related and potentially preventable and treatable sexual problems," Dr. Lindau said.

The researchers gathered information from a nationally representative sample of 3,005 men and women ages 57 to 85 years, asking about each person's marital or other relationship status, frequency and types of sexual activity during the past 12 months, physical health, and communication with a physician about sex. They also queried sexually active respondents about the presence of sexual problems.

"This study breaks new ground in social and behavioral research," said Richard Suzman, Ph.D., director of NIA's Behavioral and Social Research Program. "Its portrait of this aspect of older Americans' lives suggests a previously uncharacterized vitality and interest in sexuality that carries well into advanced age, which perhaps has not been appreciated as an important part of late life."

The study found that many older adults are sexually active, but about half of the men and women surveyed reported at least one sexual problem and about a third report at least two problems. Specifically:

- *In general, older adults are sexually active.* A large portion of respondents said they were sexually active in the preceding 12 months, but the percentage declined with age — from 73 percent of those age 57 to 64, to 53 percent of those age 65 to 74, to 26 percent of those age 75 to 85. Older women, however, were significantly less likely to report sexual activity than older men and less likely to be in intimate relationships, due in part to women's status as widows and the earlier mortality, on average, of men.
- *Healthier people are more likely to report being sexually active.* Eighty-one percent of men and 51 percent of women reporting excellent or very good health said they had been sexually active in the past 12 months. Of those in fair or poor health, a considerably lower percentage (47 percent of men and 26 percent of women) reported activity in the previous year. Diabetes and hypertension were strongly associated with some sexual concerns.
- *About half of sexually active older adults report at least one "bothersome" sexual problem.* Thirty-seven percent of s exually active men said they had erectile difficulties. Women most often reported low desire (43 percent), difficulty with vaginal lubrication (39 percent), and inability to climax (34 percent).
- *Most older adults have not discussed sex with their*

doctors. Despite the high prevalence of sexual problems, only 38 percent of men and 22 percent of women said they had discussed sex with a physician since age 50.

The NIA leads the federal effort supporting and conducting research on aging and the medical, social and behavioral issues of older people. For information on research and aging, go to **www.nia.nih.gov**. Publications on research and on a variety of topics of interest on health and aging can be viewed and ordered by visiting the NIA website or can be ordered by calling toll-free 1-800-222-2225. NIA's Age Page on sexuality in later life is available at **http://www.niapublications.org/agepages/sexuality.asp.**

ORWH, OAR and OBSSR are components of the NIH Office of the Director, the central office responsible for setting policy for NIH. This involves planning, managing and coordinating the programs and activities of all NIH components. These program offices also are responsible for stimulating specific areas of research throughout NIH. Additional information is available at **www.nih.gov/icd/od**.

The National Institutes of Health (NIH) — *The Nation's Medical Research Agency* — includes 27 Institutes and Centers and is a component of the U.S. Department of Health and Human Services. It is the primary federal agency for conducting and supporting basic, clinical and translational medical research, and it investigates the causes, treatments, and cures for both common and rare diseases. For more information about NIH and its programs, visit **www.nih.gov.**

Reference: Lindau, S.T., et al. A national study of sexuality and health among older adults in the U.S. New England Journal of Medicine (2007), 357(8):762-774.

To reach Dr. Stacy Lindau, University of Chicago Pritzker School of Medicine, contact John Easton at 773-702-6241 or **john.easton@uchospitals.edu**.

Free New Middle School Curriculum Supplement from NIH: The Science of Healthy Behaviors

The National Institutes of Health (NIH), part of the Department of Health and Human Services, is releasing The Science of Healthy Behaviors, the newest in a popular series of curriculum supplements available for free to teachers (grades K-12) who request them. The Science of Healthy Behaviors, for use by middle school teachers, introduces students to the scientific study of behavior and helps them explore how behavioral and social factors influence health.

The supplement is a self-contained teacher-ready guide to eight days of guided-inquiry science lessons that explore how behavioral and social factors influence health. This teacher-ready tool includes background information, lesson plans, take-home materials, and a Web-based component. Students build their scientific reasoning and critical thinking skills while investigating how research results help us understand disease.

The Science of Healthy Behaviors is:

- A comprehensive, interactive, and easily incorporated resource.
- Consistent with the National Science Education Standards released by the National Academy of Sciences in 1996.
- Aligned to state standards for science, math, English language arts, and health.
- Developed by leading scientists and educators.

The NIH produced The Science of Healthy Behaviors in partnership with curriculum developers from Biological Sciences Curriculum Study (BSCS) of Colorado Springs, CO. Within the NIH, the development of the supplement was supported by the Office of Science Education, the Office of Behavioral and Social Sciences Research, and the National Institute of Nursing Research. The supplement was field-tested by teachers and students across the country.

To request The Science of Healthy Behaviors or learn about other free supplements in the series, visit the NIH Office of Science Education Website at http://science.education.nih.gov/supplements.

The Office of the Director, the central office at NIH, is responsible for setting policy for NIH, which includes 27 Institutes and Centers. This involves planning, managing, and coordinating the programs and activities of all NIH components. The Office of the Director also includes program offices which are responsible for stimulating specific areas of research throughout NIH. Additional information is available at http://www.nih.gov/icd/od/.

The National Institutes of Health (NIH) — The Nation's Medical Research Agency — is comprised of 27 Institutes and Centers and is a component of the U. S. Department of Health and Human Services. It is the primary Federal agency for conducting and supporting basic, clinical, and translational medical research, and investigates the causes, treatments, and cures for both common and rare diseases. For more information about NIH and its programs, visit www.nih.gov.

APA Fellows to Explore Issues in Public Psychiatry

Nancy Delanoche
Education Associate Director
American Psychiatric Association

At each APA Institute on Psychiatric Services (IPS), the workshops led by APA/Bristol-Myers Squibb Public Psychiatry Fellows are highly anticipated. And this year is no different as the fellows will present one symposium and two workshops on the topics of their choice. Fellows are selected based on their leadership potential in public systems of care, as well as their interest in psychiatric services for the seriously ill and underserved populations.

These are the 2006-2008 fellows: Ryan Bell, M.D., J.D., University of Washington; Elissa Blankstein Miller, M.D., M.P.H., St. Luke's-Roosevelt; Anthony Carino, M.D., Albert Einstein/Montefiore Medical Center; Trina Chang, M.D., MPH, MGH/McLean; Marcy Forgey, M.D., M.P.H., Semel Institute of Neuroscience, UCLA; Sarah Guzofski, M.D., University of Massachusetts; Allison Nitsche, M.D., Emory University; Ilana Nossel, M.D., Columbia University; Patrick Runnels, M.D., Columbia University; and Sonali Sharma, M.D., Cornell University/New York Presbyterian Hospital.

In the symposium "International Mental Health and Conflict" on Friday, October 12, at 8 a.m., Forgey, Chang, Nossel, and Sharma will describe the mental health outcomes of and needs resulting from conflicts in the 20th and 21st centuries. They will also define the issues in developing interventions and evaluate the application of these interventions in the conflict areas. An example is the case of Darfur and how mental health professionals may serve as advocates to end the conflict. They will also list strategies for community reconciliation and health and identify means by which mental health professionals may operate in a postwar context.

Are psychiatric services for homeless persons really recovery oriented? Are recovery-oriented services indicated for this population? These are some of the questions that will be addressed in the workshop "Resilience and the Streets: Recovery-Oriented Services for Homeless Persons With Mental Illness." At this workshop, which will be held on Friday, October 12 at 1:30 p.m., Carino, Guzofski, Bell, and Nitsche will discuss the

recovery movement and different treatment services and look at ways the movement is influencing treatments for those with homelessness and mental illness to answer these questions. The Housing First model will be presented in particular and policy implications discussed.

The third presentation is the workshop "The Public Perception of Psychiatry: Why It Matters, What's Being Done, and Future Implications for Our Practice," to be held Friday, October 12, at 3 p.m. Runnels and Miller will review data about the public perception of mental illness, highlight several initiatives (both local and national) aimed at addressing and reducing stigma, and explore the effectiveness of such campaigns. The discussion will cover the impact of positive and negative media portrayals of psychiatry, as well as a working knowledge of current APA media initiatives and data supporting these campaigns.

Increasingly, the public is bombarded by an almost constant barrage of negative images and stereotypes about mental illness in major media-from Dr. Hannibal Lecter in "The Silence of the Lambs" to Matt Lauer's infamous interview with Tom Cruise on the "Today" show in 2005. Recent studies demonstrate that this attention has indeed had a negative impact. In response, multiple organizations, including APA, have initiated campaigns targeting stigma.

Informal Get-Together for APA Public Psychiatry Fellows and Mentors

If you are interested in mentoring APA Public Psychiatry Fellows, please contact Patrick Runnels, MD at **pr2267@columbia.edu**. The mentoring "happy hour" is Wednesday, October 10, 2007 at 5PM-6:30. Please contact Dr. Runnels so that you will be appropriately matched with an APA Public Psychiatry Fellow and he will provide meeting location information.

2006-2008 APA/BMS Fellows

Front row: Ilana Nossel, Elisa Miller, Trina Chang, Marcy Forgey and Allison Nitsche
Back row: Anthony Carino, Sonali Sharma, Sarah Guzofski, Ryan Bell and Patrick Runnels

New Orleans is Ready for the IPS and You October 11-14, 2007

NEW ORLEANS IS READY AND EAGER TO HOST THE IPS AND INVITES YOU TO SAVOR ITS TRADITIONAL FOOD IN HISTORICAL RESTAURANTS AND TO ENJOY THE SIGHTS AND SOUNDS OF THE VIEUX CARRÉ (FRENCH QUARTER).

October in Louisiana is usually warm, with luxurious evenings for strolling down Chartres Street for colonial history, Royal Street for art and antiques, Bourbon Street for entertainment, and on to world class restaurants on almost any street in the French Quarter -- all within easy walking distance from the Marriott on Canal Street-- the IPS Conference Hotel. Many New Orleans restaurants continue their tradition of offering fine food in unique elegant environments, including Antoine's, Galatoire's, Arnaud's, the Rib Room and the Brennan family's restaurants: Palace Café, Bacco, Dickie Brennan's Steak House, and Mr. B's. Bistro. Within the Vieux Carré are many of my favorite nouveau cuisine establishments, such as Peristyle, Carmelo's, Irene's Cuisine, the Red Fish Grill, Broussard's, Café Amelie, Stella's, Bayona (Susan Spicer), Court of the Two Sisters, Dominiques, K-Pauls, GW Fins, Muriel's, Pelican Club, Remoulade, and, just across Poydras Street, Harrah's new Café Adelaide. For snacks/dining/dancing featuring local musicians there is Mélange and the Lobby and French Quarter Bars all within the Ritz-Carlton Hotel on Canal Street.

The French Quarter is not just a wonderful place to stroll, eat, drink, hear music, and be entertained, it is also a community of friends -- in an old-fashioned Mr. Rogers way: "Welcome to my Neighborhood." I live there, as do a number of my psychiatrist colleagues, other physicians and professionals, academics, business people from a wide variety of backgrounds, as well as musicians, chefs, waiters, artists, clergy and tradesmen -- from all walks of life. Community activism and activities are perennial. Over the IPS weekend, local events will include the 18th Annual N.O. Film Festival (**www.neworleansfilmfestival.com**); the Saturday evening Art Walk on Royal Street (**www.royalstreetartsdistrict.com**); and a community festival for our French Quarter N.O. Police Department.

Ironically, New Orleans oldest, most historical institutions and sites including the French Quarter, weathered Hurricane Katrina well intact, as they have during the previous storms of the past several centuries. The French Quarter and the adjacent downtown convention area are as intriguing as ever. However, for those who might wish to witness neighborhoods more affected by Katrina, there will be sections of the city that might still be un-restored and could be visited at the time of the IPS.

For those who bring family and children and/or have time before or after the IPS, there are attractions galore outside of the French Quarter. A walk to the Aquarium on the nearby Moonwalk, followed by a trip upriver to the Zoo on the John James Audubon riverboat, is a must for children and parents as well. You can also explore the most remote regions of the nearby Barataria swamp by "Airboat Adventures" high speed airboats (yes, you will probably see alligators). On the Moonwalk, you can board the Creole Queen paddle-wheeler and the Cajun Queen riverboat which offer morning and afternoon departures, as does the steamboat Natchez, which also features a dinner and jazz cuisine on the Mississippi River.

In close proximity to the IPS meetings at the Marriott are the restaurants and entertainment venues of the rapidly gentrifying Warehouse District, including nationally acclaimed Emeril's - Louisiana, Herbsaint, La Cote Brasserie, Restaurant August, 7 on Fulton and in the Hilton Hotel, Dragos, a branch of the traditional Metairie restaurant.

For those family members who are free on Saturday from 8 am to noon, take a walk up nearby Magazine Street into the Warehouse District to Julia Street, where you'll find the "Green Market," an open-air venue featuring locally-produced vegetables, flowers, spices, exotic orchids, and cooking lessons or music is recommended. This is a must for "locals" and visitors alike.

My wife, Janice, and I hope that you-all enjoy the "Quarter" and surroundings as much as we do every day. We are grateful to the APA and each of you for coming to our city. Your visit here aids New Orleans in recovering its vitality and promotes the economy.

THANK YOU FOR COMING AND WELCOME TO OUR BELOVED CITY.

Ed Foulks, M.D., Ph.D
Local Arrangements Consultant
IPS Scientific Program Committee

YOU DON'T WANT TO MISS THIS AACP Winter Meeting

February 7-9, 2008 • Brooklyn, New York

AACP Members' Action Needed

Action A

Informal Get-Together for APA Public Psychiatry Fellows and Mentors

If you are interested in mentoring APA Public Psychiatry Fellows, please contact Patrick Runnels, MD at pr2267@columbia.edu. The mentoring "happy hour" is Wednesday, October 10, 2007 at 5PM-6:30 during the Institute on Psychiatric Services (IPS) Meeting in New Orleans. Please contact Dr. Runnels so that you will be appropriately matched with an APA Public Psychiatry Fellow and he will provide meeting location information.

Action B

If you are attending the IPS meeting in New Orleans, please consider joining AACP at the following events at the New Orleans Marriott:

Wednesday, October 10

Board Meeting
1 p.m. - 8 p.m.
La Galerie 6, Second Floor

Thursday, October 11

Board Meeting
8 a.m. - 12 noon
La Galerie 6, Second Floor

Friday, October 12

Membership Forum
6 - 7:30 p.m.
Salons A-C, Third Floor

Membership Reception

7:30 p.m. - 10:00 p.m.
Riverview, 42st Floor

Board Member News

AACP thanks Drs. Cruz and Altman for their service to the AACP Board.

Mario Cruz, MD has been a Representative at Large since 1998. His contributions have been highly valued over this period. He has served as Chairperson of the Training Committee and LOCUS/CALOCUS Committee.

Sarah Altman, MD, MPH served on the AACP Board in her capacity as one of the APA Public Psychiatry Fellows. Extremely active in her board activities, Dr. Altman graduated as Chief Resident from Cambridge Health Alliance/Harvard Medical School residency in June. She is currently working at the University of California at San Francisco Department of Psychiatry as Clinical Instructor and Team Leader Attending Psychiatrist on the HIV/AIDS/ Lesbian/Gay/Bisexual/ Transgender Inpatient Focus Unit.

We welcome the following new members to the AACP Board:

1) Charlotte Hutton, MD; 2) Brinda Krishnan, MD; 3) Alan Radke, MD, MPH; and 4) Jules Ranz, MD.

Charlotte Hutton, MD

Brinda Krishnan, MD

Alan Radke, MD, MPH

Jules Ranz, MD

When is the last time you have roamed the AACP website?

You may just find something interesting including the following:

1) Minutes from our last AACP Board meeting at the APA meeting (May, 2007)
2) AACP Response to APA draft on Psychiatric Ethics (Added 7/26/07)
3) AACP Positions on Access to Psychiatric and Psychopharmacology Services in Underserved Areas (Added 5/17/07)

http://www.comm.psych.pitt.edu/

Founding President's Column

A Tribute to Donald Hammersley, MD

Having recently been jolted by discovering, while reading the latest issue of "Psychiatric News", that Don Hammersley had died, I thought I would take this opportunity to recognize him and others who have contributed to the success of the American Association of Community Psychiatrists (AACP).

At the time I was looking to launch the AACP (1984), Don was the APA's Deputy Medical Director. He graciously provided APA resources to conduct a national survey of psychiatrists working in community mental health centers regarding their perceived need for an association separate from the APA. Don's feeling was that we would be better off as an independent entity functioning outside the APA but impacting upon it, rather than trying to function as a component within the APA. He thought that we would more likely be able to achieve our goals as a separate entity than as an APA component, which would necessarily be constrained by the bureaucracy and politics of the parent organization. He was correct, and so was spawned the AACP which has developed much independent of the APA, but which has also collaborated with the APA and other national associations and organizations regarding multiple initiatives. Don was a behind the scenes kind of guy who made sure the interstices were well lubricated.

Gordon Clark, MD

Donald W. Hammersley, MD

I want to take this opportunity both to thank Don for his seminal contribution to the AACP and, briefly, to recognize some others who have also been key to its success. Two APA Presidents, John Talbot and Carol Nadelson, provided supportive advice in the gestational phase of the AACP, and a third APA President, Paul Fink, secured a critical APA Board vote in AACP's infancy which essentially ratified the AACP's "Guidelines" for psychiatric practice in community mental health settings (the central part of these "Guidelines" is a model job description for a CMHC Medical Director that ties medical/legal responsibility to commensurate authority).

While many deserve recognition for their extraordinary contributions to the AACP, I want to make particular mention of the Presidents who have carried the torch since my tenure as Founding President. This organization could not have survived, let alone thrived as it has, without the continued vision and commitment of Cliff Tennison, Mickey Silver, Charlie Huffine, Jackie Feldman, and Wes Sowers. These Presidents epitomize the "flaming idealist" mentality and "mover and shaker" activist approach that are pronounced attributes of so many of the AACP's members. For example, Wes Sowers, the AACP's current President, was the progenitor of the AACP's highly useful and successful "LOCUS" (Level of Care Utilization System) and "CALOCUS" (Child/Adolescent Level of Care Utilization System), and he relentlessly continues to work in various homeless shelters and other underprivileged settings.

While I have not been actively involved with the AACP for a number of years, due to a change in the focus of my psychiatric practice, I remain very proud of what the AACP has contributed and continues to contribute to the field. I am sure that Don Hammersley was also quietly proud of what he helped create.

Gordon Clark, MD, MDiv, DFAPA, CPE, FACPE
Founding President, AACP
Chief Executive and Medical Oficer, Integrated Behavioral Healthcare, Inc.

AACP WELCOMES NEW MEMBERS

Area 1
Rebecca Neal

Area 2
Jaron Asher
Carl Christensen
Heather Morse
Rish Pielnik
James Wallace
Syed Mustafa
Victoria Korth
Judith Friedman

Area 3
Charon Burad-Cohee
Safdar Cihaudhary

Area 4
Sara Gotheridge
Michael Flaum
Audrey Newell
Ali Saharkhiz Langroodi

Area 5
Roy Sanders
Flavio Casoy
Masood Khan
Eric Crowe
Kira Fonbah
Aminul Islam
Theodore Morgan
Alicia Austin
Evan Grant
Rebecca Jones
Emily Lazenby
Jennie Mahaffey
Paul OLeary
Roger Patton
Caroline Patton
Li Li
Sricharan Moturi
Akihito Uezato
Nouzha Tazi
John Gewin
Narmala Jetty
Anika Wilson
Chenyin Yang
Rusheng Zhang
Moham Soori
Paige Hatcher

Area 6
Richard DeLiberty
Emily Clark
Alex Koplowicz

Area 7
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Ranata Yang
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YES! I want to join in AACP's advocacy efforts to improve quality care for patients in community settings.

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Mailing Address: ______________________________

____

Phone: (______) ______ - ________ Fax: (______) ______ - ________

e-mail: ______________________________

years out of residency ______________________________

DUES:
General Member $150
Dual Membership with American Orthopsychiatric Association $204
Liaison Member (non-physician) $100
International Member (outside US, Canada, Mexico) $150
Group Member (5 or more): 1 journal + newsletter $75 (pp)
Member-in-Training (resident) $40
Member-in-Training (without journal) No Dues
Medical Student No Dues
Honorary Member No Dues

Make check payable to AACP
(Dues include subscriptions to the Community Mental Health Journal and to Community Psychiatrist, AACP's quarterly newsletter.)

Clip this coupon and send it with your check to:
AACP, P.O. Box 570218 Dallas, TX 75357-0218

The American Association of Community Psychiatrists (AACP) was formed in October 1984. The impetus came from a group of community psychiatrists who began sharing their interests and concerns at the May 1984 American Psychiatric Association Meeting and at many local psychiatric meetings. We found thatcommunity psychiatrists are a concerned, dedicated, energetic, and an underrepresented group. Our concerns had not been adequately addressed in other professional organizations, which often had other priorities.

The AACP has the following purposes:

- Promote and maintain excellence in the care of patients through the organization of psychiatrists practicing community mental health on state, regional and national levels.
- Help clarify and solve mutual problems commonly encountered by psychiatrists in community settings.
- Inform and educate the public about the role of the community health system in the care of the mentally ill.
- Establish liaisons with related professional organizations to advocate for relevant public policy issues.
- Promote cooperation between psychiatrists and other professional, paraprofessional, and consumer groups involved in mental health care.
- Encourage training and research in psychiatry which will increase the number of committed psychiatrist in community settings.