



COMMUNITY PSYCHIATRIST

PUBLICATION OF THE AMERICAN ASSOCIATION OF COMMUNITY PSYCHIATRISTS

VOLUME 20, Number 3

www.communitypsychiatry.org

Winter, 2007

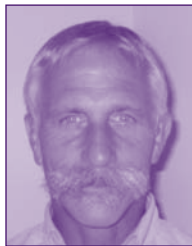
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President's Column

Ethics, Empathy, and Leadership



Wes Sowers, MD

I was recently meeting with some fourth year residents as part of their course on Community Psychiatry. Since this was an introductory session, we were focusing on the role of the community psychiatrist. We thought about this both within the constraints that many psychiatrists practicing in the community find themselves, and the ideal characteristics and defining features of community psychiatry. Even as trainees, these folks could see how the scope of what they were being asked to do was shaped by financial imperatives and was often limited to biologic perspectives on illness management. They clearly felt discouraged by the limitations on their abilities to practice and learn the more dynamic and humanistic aspects of psychiatry and wondered whether there was any way around this. Their perceptions and experiences were closely aligned with the discussions generated at our Winter Meeting in March. (*The draft report from that meeting can be viewed on our website <http://www.comm.psych.pitt.edu/> or specifically, <http://www.comm.psych.pitt.edu/Current/transformation.htm>*) and it was not surprising to discover that their exposure to the transformation initiatives that are currently underway and recovery focused practice were quite limited, even as they prepared for life after residency. This made for an interesting discussion in any case, that was rather thought provoking. How does one try to convey the essence of community psychiatry in thirty or forty minutes, all that remained of the session after the preliminary part of our discussion?

In response to one of the resident's questions, I began to think about what makes community psychiatry, community psychiatry. He talked about his clinical rotation in which he saw public sector clients in a community mental health center. He was scheduled to see patients every 15 – 20 minutes (as a resident!) and focused on their medications. He wondered whether this was community psychiatry. I told him that to me this sounded like a cheap imitation. We talked about the fact that it was not just the population, the location, or the duration of contact that defined community psychiatry. "So what is it then?" he asked.

After looking vacant and scratching my head a while, three words lingered. The first and perhaps most compelling was **ethics**. Community Psychiatry embodies a particular ethos regarding the community and the people that we are involved with. Although there may be a great deal of variability within our ranks with regard to strategies we endorse for achieving our goals, I think what draws all of us to this work is a belief in social justice; that by improving the lives of those less fortunate

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in our society, we will improve the social environment for everyone. So it is not so much an altruistic or paternalistic impulse that attracts us to the populations we serve, but rather a sense that we can build a better community by becoming part of it. It is difficult to think of a single aspect of our work that is not informed by this ethical perspective or of a single value defining community psychiatry that is not shaped by it. It gives us a distinct vision.

When we engage in our clinical work, we see something other than an individual with an illness, we see someone who functions within a social context, and we understand that our obligation is to assist that person in his or her quest to be effective in it. Those who have been true community psychiatrists don't need to transform their practice, because they already practice in a manner that promotes recovery. Respect for the beliefs and aspirations of others, tolerance for and appreciation of differences, promotion of autonomy and affiliation, these all flow from ethical underpinnings establishing the value of individuals and their social environments. That everyone in society deserves quality care is not something that requires debate.

The second word that stayed in my mind was **empathy**. What sets community psychiatry apart is a different vision of the culture of the therapeutic interaction. So much of what we are exposed to in training and in thinking of the "Doctor-Patient" relationship are those things that separates us. We are lead to believe that *they* are sick and we are well, *they* share their lives with us, and we are aloof, *they* are passive, we are directive, etc. In reality, this we/they dichotomy is artificial and we have much more in common than we have separating us. We all struggle with our fears, the uncertainty of what lies ahead and our ability to meet the challenges that will confront us, although the magnitude of the challenges we face may be distinct. Understanding our similarity and shared experience is the basis for respect and empathy and enables us to join with our clients as partners in a common struggle. Coming to this realization may be a long and difficult process, but arriving there is what makes the "relationship" a healing tool more powerful than most of the medications that we prescribe.

The third word is **leadership**. Armed with ethics and empathy, it is nearly impossible to avoid leadership roles; it is an obligation. The kind of leadership that I am thinking about here is obviously much broader than traditional concepts of leadership in hierarchical organizations. It is not necessarily a leadership that carries any authority or that exerts any control, and in most cases it is most effective when it does neither. It is a leadership that is compelling, because it is driven by vision and principle. It may be exerted on a number of levels and in a variety of contexts. We can provide leadership in our relationship with individuals who engage our services by helping them to construct a vision for themselves, with our fellow clinicians through the examples we set, in administering our systems of care through a commitment to quality and an understanding of their dynamics, and for our profession by incorporating the ideals and values of community psychiatry into our practices.

I don't know whether our discussion of these characteristics of community psychiatry won any converts that day, but it sure made me wish that I could be a community psychiatrist when I grow up.

Wesley Sowers, MD
President, AACP



When it comes to political action, do you talk the talk or walk the walk?

With the recent Democratic shift in the House and Senate, various new committee assignments have been made for key committees that will impact behavioral healthcare decision-making in Congress. Some key committees include the following:



Warachal Faison, MD

- Senate Appropriations Committee
 - o Labor Health and Human Services, Education Subcommittee
- Senate Finance Committee
- Senate Health, Education, Labor and Pensions Committee
- Senate Special Aging Committee
- House Appropriations Committee
 - o Labor, Health and Human Services, Education Subcommittee
- House Energy and Commerce Committee
 - o Health Subcommittee
- House Ways and Means Committee
 - o Health Subcommittee.

Have you looked to see whether or not your state's Representative or Senator is on a key committee? Are you ready to contact him/her to explain what the "real deal" is in the mental health trenches? As health professionals, we have the opportunity to offer a unique perspective. Yes, voting is one thing. . . . but, to take the next step to educate our folks on the Hill is a very different ball game. I encourage all of us to be proactive and politically active. Let's talk the talk AND walk the walk.

A couple of quick things to do:

- 1) Go the National Council for Community Behavioral Healthcare website: <http://www.nccbh.org/> Look under the "Public Policy" link at the top for the "Public Policy Update". There is a list of key Congress assignments in the December 21, 2006 edition. Make it a priority to reach out to at least one of the officials on that list.
- 2) Find your Representative by visiting this website <http://www.house.gov/> The website contains the pertinent contact information.
- 3) Find your Senator by visiting <http://www.senate.gov/> This website contains the pertinent contact information.
- 4) Also, you may call the U.S. Capitol Switchboard at (202) 224-3121 if you do not enjoy perusing the above websites.

Cheers,

Warachal Faison

Calendar

February 22-23, 2007

American Association for Community Psychiatry Winter Meeting

Pinehurst, North Carolina

To register, visit the website <https://www.southernregionalaheec.org/registration/clinicalupdate.asp>

<https://www.southernregionalaheec.org/registration/clinicalupdate.asp>

March 1-4, 2007

American Association for Geriatric Psychiatry 2007 Annual Meeting

New Orleans, Louisiana

Sheraton New Orleans Hotel

For more information, visit the website <http://www.aagpmeeting.org/index.html>

<http://www.aagpmeeting.org/index.html>

May 11-12, 2007

Pharmacology and Late-Life Mental Illness, Sponsored by the American Association for Geriatric Psychiatry

Marriott Hilton Head Beach and Golf Resort

Hilton Head, South Carolina

For more information, visit website http://www.aagponline.org/programs/mc_conference.asp

http://www.aagponline.org/programs/mc_conference.asp

June 7-9, 2007

7th International Conference on Bipolar Disorder

David Lawrence Convention Center, Pittsburgh, PA

For more information visit the website at <http://www.wpic.pitt.edu/stanley/7thbipconf/>

<http://www.wpic.pitt.edu/stanley/7thbipconf/>

June 25-29, 2007

American Orthopsychiatric Association Annual Symposium at the Cape Cod Institute

Trauma and Violence: Prevention, Intervention and Treatment

For more information, visit <http://www.cape.org/>

October 23-28, 2007

American Academy of Child & Adolescent Psychiatry Annual Meeting

Sheraton Boston Hotel, Boston MA

For more information, visit <http://www.aacap.org/>

Future APA Meetings

APA Annual Meeting

May 19-24, 2007

San Diego, CA

Institute on Psychiatric Services

October 11-14, 2007

New Orleans, LA

APA Annual Meeting

May 3-8, 2008

Washington, DC

Institute on Psychiatric Services

October 2-5, 2008

Chicago, IL



AACP Winter Meeting

The AACP Winter Meeting will be held February 22 and February 23, 2007 in Pinehurst, North Carolina. In addition to the phenomenal learning experience at the meeting, please take a few extra days to absorb some North Carolina history. Pinehurst, Southern Pines and the Sandhills of North Carolina ... perhaps the best-kept vacation and retirement secret in the United States.



Amidst the sandy soil, rolling hills and Longleaf pines are some of the finest resorts and residential golf communities in the world, where you can relax and enjoy life to its fullest. Speakers and topics will include the following:

Thursday, February 22, 2007

Presidential New Freedom Commission: What's Happening with Implementation?

Anita Everett, MD, Senior Medical Consultant, SAMSHA, Rockville, MD

NC's Road to Transformation

Mike Moseley, NC Division of MH/DD/SAS

A Grassroots Initiative for Recovery Oriented Services - Methods to Facilitate Transformation Efforts

Wesley Sowers, MD, Director for the Office of Behavioral Health in the Department of Human Services of Allegheny County, PA

Windows to The Brain: Psychiatric Aspects of Mild Traumatic Brain Injury

Robin A. Hurley, MD, FANPA Acting Chief of Staff, Salisbury VAMC VISN 6 MIRECC
Co-Director, Education, Associate Professor, Depts of Psychiatry and Radiology, WFUSM, BCM

Anxiety Aspects of Asperger's Syndrome

Pat Gammon, MD, Duke University Medical Center

ADHD Throughout the Life Span

Steven Jewell, MD, Medical Director of Child Guidance and Family Solutions, Akron, OH

Diverse Populations, Diverse Workforce

Annelle Primm, MD, Director of Minority and National Affairs for the American Psychiatric Association, Arlington, VA

A Model for Disseminating Evidence Based Trauma Treatment for Sexually Abused Children

Bob Murphy, Ph.D., Duke University Medical Center

Applying Motivational Interviewing with Adolescents: Lessons Learned

Paul Nagy, MS, LPC, LCAS, CCS, Duke University Medical Center, Durham, NC

Psychiatric Advance Directives

Marvin Swartz, MD, Duke University Medical Center, Durham, NC

Employing Consumers in Mental Health Provider Agencies

Reta Floyd, MD, SouthCentral H&R Programs, Lynwood, CA

Case Management of Developmental Disabilities

Lisa Poteat, The Arc of North Carolina, Wilmington, NC

Assertive Community Treatment

Walter Rush, MD, South Metro Human Services, St. Paul, MN

Eating Disorders and Current Treatments

TJ Raney, Ph.D., University of North Carolina, Chapel Hill, NC

Friday, February 23, 2007

Homelessness and Housing: How's the Fit?

Hunter McQuiston, MD, Chief Medical Officer for Mental Hygiene Services in the New York City Department of Health and Mental Hygiene, New York, NY

Stephanie LeMelle, MD, Clinical Director of New York State Psychiatric Institute and an Associate Clinical Professor of Psychiatry at Columbia University, New York, NY

State Hospitals: To Keep or to Close

Ken Thompson, MD, Director, Institute for Public Health and Psychiatry, Pittsburgh, PA

David Cutler MD, National Consultant in Community Psychiatry, Portland OR

Fetal Alcohol Syndrome

Charles Huffine, MD, Assistant Medical Director for Child and Adolescent Programs at the King County Mental Health, Chemical Abuse and Dependency Services Division, Seattle, WA

Recognizing and Confronting the Stigma of Mental Illness

Sarah Altman, MD, Resident at Harvard University, Cambridge, MA

Mental Health and Primary Care Integration

David Pollack, MD, Associate Director, Public Psychiatry Training Program, and Associate Professor of Psychiatry, Oregon Health Sciences University, Portland, OR

Richard Christensen, MD, Associate Professor and Director of the Community Psychiatry Program at the University of Florida College of Medicine, Jacksonville, FL

Person Centered Planning and Medical Necessity

Neal Adams, MD, Director of Special Projects for the California Institute of Mental Health, Soquel, CA

HIV and Severe Persistent Mental Illness

Michelle Clark, MD, Program Psychiatrist at the Barbour Floyd Medical Associates, Los Angeles, CA

Findings and Implications of the NIMH CATIE Schizophrenia Trial

Scott Stroup, MD, University of North Carolina, Chapel Hill, NC

The State Mental Health Plan of NC: Comparison to Other States

Suzanne Vogel-Scibilia, MD, President of NAMI, Beaver, PA
Mike Lancaster, MD, NC Division of MH/DD/SAS

Evidence Based Practices for Children

Barbara Burns, MD, Duke University Medical Center

Medicare D Update

Jackie Feldman, MD, Director, Division of Public Psychiatry, University of Alabama-Birmingham, Birmingham, AL

Disaster Services

Cheryl Bower-Stevens, MD, Assistant Secretary Office of Mental Health, LA Dept of Health and Hospitals, Baton Rouge, LA

The Aging America: Are We Ready?

Warachal Faison, MD, Clinical Director, Alzheimer's Research & Clinical Programs, Medical University of South Carolina, North Charleston, SC

Managing Bipolar Disorder in the Community

John Haggerty, MD, University of North Carolina, Chapel Hill, NC

Responding to the Needs of Justice-Involved Persons with Mental Illnesses

Fred Osher, MD, Director, Center for Behavioral Health, Justice and Public Policy, Baltimore, MD

Integrated Dual Disorder Treatment

Ken Minkoff, MD, Medical Director of Choate Integrated Behavioral Care in Woburn, MA; Assistant Clinical Professor of Psychiatry at Harvard University, Cambridge, MA

Christie Cline, MD, Zialogic, Albuquerque, NM

Consumer and Family Perspectives on Mental Health Transformation

Suzanne Vogel-Scibilia, MD, President of NAMI, Beaver, PA

COMMUNITY PSYCHIATRIST is a publication of the American Association of Community Psychiatrists. The views of the editor(s) and staff are expressed only in editorials in this publication. Opinions expressed in articles, columns, and letters are those of the writer and do not necessarily represent the opinions of the AACP. Letters-to-the-Editor or other contributions should be typewritten and double-spaced if possible. Contributions by email are preferable when possible. If sending email attachments, please send them in Microsoft Word. Articles should be 1,000 words or less, and letters should be less than 350 words. We reserve the right to edit contributions to conform to space and stylistic constraints.

Please send contributions, letters and notices to:

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AACP Board of Directors' Report

May 2006

Open Forum

There was a brief discussion of the NAMI report card and the states. There will be a program at the 2007 APA Annual Meeting with further discussions of these reports. The Program Committee will report back on this.

One of the follow up reports from the Institute of Medicine (IOM) did look at single payor model and it did not evaluate which was superior but did report that a single payor would work. The AACCP is in a position to take a strong stance on this issue. Doctor Minkoff reported that the AACCP should review their earlier statement and reaffirm the principle. Doctor Everett will inform the APA Assembly that the AACCP is interested in working on this issue.

Doctor Everett reported on her time in Afghanistan. There are 29 million people with two psychiatrists and these two do not work with the mentally ill. There is a huge heroin problem and one psychiatric hospital run by general practitioners. In the last year, they have created a department of mental health with a general practitioner in charge. There are eight medical schools there. They have determined mental health as a priority. 80% of the population is suffering from PTSD. Their life expectancy is 45 years of age. There are no women seen on the street at all.

Doctor Sowers brought up the problem of board attendance at the meetings. There are so many competing activities for time and people are torn in several directions. There is less continuity in the meetings when people are in and out of the meetings. A possibility of having conference calls and cut the face to face meetings was discussed.

Report of the Treasurer:

The revenue and expense report was reviewed to date. A budget will be presented by the Executive Committee. There is a CD to be redeemed and placed in the reserve fund. The Executive Committee has designated \$35,000 to establish a reserve fund. The Executive Committee will determine how to invest the funds.

There is an ongoing discussion of obtaining an audit and how involved Deerfield will be in this process and other business functions.

Announcements:

Doctor McQuiston announced that the homeless book – *Clinical Guide to the Mentally Ill Homeless Person* should be out by September.

Winter Meeting 2007:

The Winter Meeting will be held February 22-23, 2007 in Pinehurst, NC. This meeting is built into the Clinical Update that happens every year in North Carolina. There is a consortium that sponsors this meeting. The idea is to update people in public systems. The decisions that need

to be made are whether the Board can participate both days, how to structure the board meetings, and the topics of discussion.

Winter Meeting 2008:

Doctor Goldfinger will host the 2008 Winter Meeting in Brooklyn, New York.

Report from the National Council:

Doctor Everett reviewed the National Council for Community Behavioral Healthcare (NCCBH) meeting in April. There was a day to work with Medical Directors in NCCBH. Doctor Everett will follow up with NCCBH and their 2500 clinics. It was a very positive meeting and interaction.

Liaison Reports—

National Mental Health Association:

Doctor Ng will become a board member in June. There are many changes in that organization and they are searching for a CEO. This would be a good time to collaborate with AACCP since many things will be changing. Doctor Ng will work with and outline what AACCP can do.

American Orthopsychiatric Association:

Doctor Pumariega has been the liaison. There has been a leadership change within Ortho and there has not been action reported on the joint membership effort.

APA Assembly:

Doctor Everett sent out information about the Assembly actions. The action papers presented to the Assembly at this meeting were reviewed.

National Association of State Mental Health Program Directors (NASMHPD):

Doctor Pollack reported. The Medical Directors Council will be meeting at this meeting. Doctor Ron Diamond is developing a medical director position in Wisconsin, focusing on state hospital crisis and system transformation. There will be a joint meeting this summer with the Medical Directors Commissioners. It continues to be important to have a liaison with NASMHPD. Their technical reports are posted on their web site.

Red Toad Road Proposal:

The company is interested in developing a linkage to our site and AACCP would receive a percentage of the referrals. The modules are around \$500. If we actively promoted it and people signed up, there could be some income. Ortho is the CME accreditor. The risks need to be reviewed. At this point, all we are asked to do is to put the link on our web site. There could be a page of CME offerings on our web site. This might be useful if a CME module was developed internally. Doctor Sowers will follow up on this issue.

American Association of Emergency Physicians:

Their membership has dropped and they are looking forward to the possibility of

collaborating with our organization. They are interested in finding some way to tap into our membership base and find mutually constructive collaborative membership. They are planning a CME initiative. How should the Board proceed in reviewing this proposal?

Doctor Haggerty pointed out that AACCP is being approached by several organizations to collaborate. If the mental health system keeps on the path it is, many services will be provided in emergency rooms. Doctor Pollack agrees that this is a valuable group to collaborate.

Medicare Part D Consortium:

The national spread sheet was circulated. The APA has won a court battle not allowing Prescription Drug Plans (PDP) to change the dosage of patients' prescriptions. Doctor Crocker has worked very hard to collect this information and is working to get this information posted on as many organizational web sites as possible.

The APA did a survey of 1600 psychiatrists about the PDPs. The repeated response was many patients had to go to an emergency room due to problems of accessing their medications.

NAMI:

Doctor Duckworth reported NAMI continues to work hard to preserve services for the mentally ill. The NAMI Score Card has been very important. There was a team of 8 staff who worked on this full time. The Stanley Foundation gave NAMI a half million dollars to do this study. NAMI would also like to address child/adolescent issues and this is in a developmental stage. The goal would be to get a similar grant to do the child/adolescent side of the study.

Doctor Duckworth thanked Doctors Goldfinger, McQuiston, Vogel-Scibilia and Sowers for the contributions to the NAMI Annual Conference. These contributions mean a lot to NAMI.

Liaison to APA Caucus of State Hospitals:

Doctor Kovazsnay is requesting a more active collaboration with AACCP. In New York, there is concern and interest in preventing the closure of state hospital beds. The problem in New York City is patients have become warehoused on acute units waiting for a bed at the state hospital. There is a state reinvestment act that for every state hospital bed that is closed, the money has to be reinvested in mental health services.

Coalition for Psychiatrists for Recovery:

Doctor Sowers reported that this was established to look at reductionism in psychiatry and limited roles in leadership positions. These concerns have an amount of consistency. The AACCP has agreed to shepherd this effort. The people who are part of the network are really part of the AACCP. The hope is that this information can be used to influence curricula for medical schools and public agencies. Now a process needs to be developed to proceed with this agenda.

LOCUS:

Rick Seager reported that the sale and the training has been completed with the Iowa Department of Mental Health. There are pilot projects in Missouri, Georgia and Illinois. The treatment planning tools are in process and in rough draft on the web site.

Mr. Seager reported that LOCUS and CALOCUS are currently available in HTML, Word and PDF files on the web site. They can be easily altered and misused as a result. They suggest that they be made available in PDF only, so that the documents can be read only. There was general consensus that this was a good idea.

AMSA:

Doctor Thompson invited Brian Palmer of the American Medical Student Association (AMSA), who is working to organize student interest groups around the country.

APA Assembly Report:

Doctor Everett reported that the APA has a financial surplus with the membership back up to 37,600.

The action paper that received the most attention was on torture and interrogation. The relevant phrase is a prohibition to participate (assist or facilitate) in the commission of torture of any person.

Minority and Underrepresented:

Doctor Primm reported that the APA linked up with Doctor David Satcher to mount a response to the hurricane victims with the ability to get five million dollars every year for the next five years to help these victims and their care givers. APA has developed the Katrina Mental Health Coalition. The APA is developing telepsychiatry services.

Substance Abuse & Mental Health Services Administration (SAMHSA):

Doctor Everett reported. The consensus statement on recovery from SAMSHA was distributed.

Committee Reports—**Membership Meeting:**

The new officers and board members were reviewed. The bylaws amendment was reviewed.

American Academy of Child & Adolescent Psychiatry (AACAP):

Doctor Sowers presented a letter asking AACAP to endorse their statement on Publicly Funded Community Mental Health Services. When the services are provided in the old traditional services and for kids, a lot of collaboration is required. The Board moved to endorse the statement. The motion passed. Doctor Sowers will inform the AACAP.

Student Request:

Doctor Sowers reported on the request from a graduate student working on his thesis. As part of his dissertation, he would like to survey our members. Doctor Sowers will draft an

announcement with the link and people can respond if they are interested.

Executive:

Doctor Sowers reported there is a bylaws amendment proposed to designate the voting members of the Board. This will be voted on at the Membership Forum.

There was a discussion of how to maximize the time and structure of board meeting time to get the best attendance.

The Committee discussed a proposal from Deerfield to provide business consultation and planning to the Board (they would be available to consult on marketing strategies, strategic planning, reviewing our accounts, etc.) in exchange for a 5% reduction in the royalty agreement for LOCUS. While there were some concerns about potential conflict of interest perceptions, there was agreement that our interests were fairly closely aligned. The general feeling is that the advantages outweigh the disadvantages of such an arrangement. On the positive side, it offers the opportunity to develop an infrastructure and to develop a transition in our accounting without excessive expense or delay. There would be a separate contract and it could be reviewed after one year. It was a majority opinion to enter into this agreement. The contract would be vetted by an attorney.

Membership Committee:

The Membership Committee recommended a dues increase. There was a decision to allow International Members to pay no dues and participate only in the list serve.

Training/Medical Student Education:

Doctor Thompson reported on the importance of staying involved with medical students and organize psychiatric programs in all medical schools around the country. Developing mental health services for students and work in the community with an emphasis on psychiatry should be a priority.

Ethics:

Doctor Pollack reported the Committee responded to the APA Ethics Guidelines draft. The guidelines were not actualized. Doctor Moltz corresponded with the committee and chair and was told the guidelines have gone back to the drawing board. Doctor Sharfstein has reported the re-draft will be ready by the end of the summer.

AAEP:

Doctors Avrim Fishkind and Jon Berlin from AAEP joined the Board Meeting to discuss the joint membership proposal. The two organizations have a lot in common/shared concerns. As systems change, more and more patients end up in the ER.

How can we join forces? The consensus of this board is a desire to pursue collaboration and discuss joint membership. A work group, Doctors McQuiston, Primm, Rush was appointed to work with AAEP representatives to discuss the details.

Communications/Publications:

Doctor Thompson noted the organization is still in need of a server in order to get accomplished the goals outlined. The organization is looking for funding to upgrade the web site.

LOCUS/CALOCUS:

There was a set of revisions reviewed at this meeting. The Committee will review these suggested revisions again with the goal to have the pilot project for the treatment planning module. The LOCUS 2006 will be reviewed at the IPS Meeting.

New Business:

The Board thanked the retiring Board Members for years of service!

Membership:

There are 506 paid members for 2006.

Diversity:

Doctor Lim submitted a list of 16 people for a one year free membership. Letters will go out in July.

Other New Business:

The Committee will recommend dues being raised to \$125 for 2007.

The Paypal system is in place to pay membership dues and has been used for five new memberships. The Committee will recommend to the Board that International Associates not pay dues but only participate on the list serve and not get newsletter or journal.

Doctor Thompson suggests encouraging international psychiatrists to attend the IPS Meeting which would provide a better forum for international attendees. If psychiatrists are interested in meeting American psychiatrists, the IPS forum would be the better way to go.

There was a discussion of having conference call meetings as opposed to having to meet in person at each meeting. The Membership Committee could meet quarterly via conference calls.

The area reps should reach out to their members, contact their delinquent members about dues and write articles for the newsletter.

Visitors:

There were a number of visitors at the meeting, including Nada Stotland, MD and Carolyn Robinowitz, MD. Doctor Robinowitz asked to work with AACAP to make community psychiatry more visible and work with this population. There should be many opportunities at the IPS Meeting. The 2007 meeting will be in New Orleans. The theme could be recovery and the community. This is a good opportunity to touch on several issues. Doctor Robinowitz noted that her initiatives for that meeting are advocacy, professionalism, informing care through science and ethics.



The Culture of Emotions

Francis G. Lu, MD, Professor of Clinical Psychiatry, University of California at San Francisco, served as Executive Scientific Advisor on the development of a 2006 DVD version of **The Culture of Emotions**.



Francis G. Lu, MD

The Culture of Emotions is a cultural competence and diversity training program exploring the variety of ways the diverse cultures of America understand mind and body — and the disorders to which mind and body are subject. It is designed to introduce cultural competence and diversity skills to all clinicians and students who work with clients with mental health issues in academic, community mental health, or managed care settings. Clinicians and researchers from a variety of cultural backgrounds contribute their personal and professional perspectives.

The video introduces the DSM-IV Outline for Cultural Formulation (OCF), a concise diagnostic method for the assessment of psychiatric disorders across cultural boundaries and diagnostic categories. The topics covered in its distinct five sections include: cultural identity, cultural expression and explanations of illness, cultural stressors and supports, cultural elements of the

clinician-patient relationship, cultural assessment for differential diagnosis, and treatment planning.

The OCF offers a conceptual bridge between Euro-western diagnostic concepts and explanations, and traditional worldviews of health and pathology from a variety of societies. This is an urgently needed resource for training in psychiatry, psychology, social work and counseling, medicine and nursing.

The DVD version of this program includes chapter stops highlighting each major topic, as well as a new Facilitator's Guide by Harriet Koskoff and Francis Lu, MD.

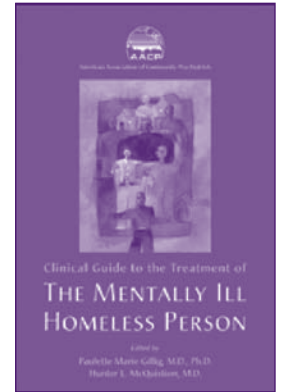
The costs of this DVD is \$299.00. AACP members, however, may receive this DVD at a special price of \$99.00. Please contact Harriet Koskoff for more information at (415) 864-0927 or fax (415) 621-8969.

Clinical Guide to the Treatment of the Mentally Ill Homeless Person

The AACP is pleased to announce the publication of a book that focuses on the treatment and rehabilitation of people who are homeless and mentally ill, **Clinical Guide to the Treatment of the Mentally Ill Homeless Person**.

It's an "official" AACP publication in that all royalties will be re-invested into the organization (and AACP members have a 10% discount through the publisher).

This volume has a clear practical as well as conceptual applications in that it embraces a paradigm of care and surveys the range of service settings in which mentally ill homeless persons are served. To our knowledge it is also the first book published in over ten years that reflects advances in clinical service techniques. It's useful for line clinicians of any discipline, as well as educators and policymakers.



The editors, Paulette Gillig and Hunter McQuiston, would like to especially thank the following AACP members for their contributions to this book: Brian Bronson, Lisa Dixon, Neil Falk, Alan Felix, Avrim Fishkind, Steve Goldfinger, Ann Hackman, Dick Lamb, Ann Morrison, Tony Ng, Fred Osher, Elizabeth Oudens, and Erik Roskes.

The book's link at American Psychiatric Press is as follows: <http://appi.org/book.cfm?id=62251>

When ordering online through www.appi.org, enter AACPMEM as the Priority Code to get the 10% discount.

AACP WELCOMES NEW MEMBERS

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2007 specialty awards

The American College of Psychiatrists recently announced the recipients of its 2007 specialty awards, tapping some of the leading psychiatrists in the United States and worldwide. Presented by The College at its Annual Meeting, to be held February 21-25 in Palm Springs, Calif., the awards recognize those mental health professionals responsible for advancing psychiatry through their service, research, and clinical work.

College President, Glen O. Gabbard, M.D., Director of the Department of Psychiatry at Baylor University, says the awards are The College's way of giving back to the specialty: "By honoring psychiatrists who have made significant contributions to psychiatry, we both recognize and encourage excellence in the field, ultimately benefiting all mental health professionals and patients." There are numerous awards that will be given. One of the awards includes the following:

The Award for Creativity in Psychiatric Education to be Presented to the University of California, Davis, School of Medicine

The Award for Creativity in Psychiatric Education recognizes a teaching program that demonstrates innovation in psychiatric education. The College selected the University of California, Davis, School of Medicine's novel Diversity Advisory Committee as the 2007 winner of this award. The



Russell Lim, MD

Committee has improved the quality of psychiatric care given to ethnic minority patients through a four-year cultural psychiatry curriculum that includes courses on spirituality and religion. Russell Lim, MD, AACP Board Member, is chair of the Diversity Advisory Committee and will be accepting this award on behalf of the committee at the The American College of Psychiatrists Annual Meeting in February, 2007.



Research Update

NIDA-Sponsored Survey Shows Decrease in Illicit Drug Use among Nation's Teens but Prescription Drug Abuse Remains High

The 2006 Monitoring the Future (MTF) survey of eighth, 10th and 12th graders indicates that their past-month use of illicit drugs has dropped 23.2 percent since 2001 (from 19.4 percent in 2001 to 14.9 percent in 2006). By contrast, abuse of prescription opioids remains at unacceptably high levels. The study is funded by the National Institute on Drug Abuse (NIDA), part of the National Institutes of Health (NIH).

The survey showed that past-month marijuana use for all three grades combined declined significantly from 2005 to 2006. Further, since 2001, past-month use of marijuana for all three grades combined decreased by almost 25 percent (from 16.6 percent in 2001 to 12.5 percent in 2006). There was also good news about teen smoking as well as alcohol consumption. Cigarette smoking is at an all-time low for all three grades, and past-month alcohol use

continued to trend downward.

However, of significant concern is the finding that past-year use of Vicodin remained high among all three grades, with nearly one in ten high school seniors using it in the past year. Despite a drop from 2005 to 2006 in past-year abuse of OxyContin among 12th graders (from 5.5 percent to 4.3 percent), there has been no such decline among the eighth and 10th grade students, and the rate of use among the youngest students has increased significantly since it was included in the survey in 2002. There is also concern about non-medical use of over-the-counter drugs. In the first national survey on non-medical use of cold or cough medicine, the data show that 4.2 percent of eighth graders, 5.3 percent of 10th graders, and 6.9 percent of 12th graders reported taking cold or cough medicines with dextromethorphan (DXM) during the past year to get high. Dextromethorphan is a cough suppressant found in many over-the-counter cough and cold remedies, and is generally safe when taken in recommended doses but in large amounts can cause

Thanks to Retiring Board Members



John J. Haggerty, Jr., MD



Andres Pumariega, MD



Anthony Ng, MD



Satya Chandragiri, MD



Paulette Gillig, MD

AACP extends a heartfelt thanks to the following retiring board members for their dedicated service to AACP and the community at large: **John J. Haggerty, Jr., MD** (Secretary); **Anthony Ng, MD** (Area II Representative); **Paulette Gillig, MD** (Area IV Representative); **Andres Pumariega, MD** (Area V Representative); **Satya Chandragiri, MD** (Representative at Large). All of these Board Members worked tirelessly moving AACP forward, assisted in product development, and actively participated on committees. We know that they will continue to evoke positive change in our organization as well as for our patients!

dangerous side effects.

"We should all take pride in seeing a drop in the percentage of teenagers who abuse drugs, a key goal in the President's National Drug Control Strategy," said HHS Secretary Mike Leavitt. "But we must not ease up, as there is more to be done. We must seize the opportunity to build on this success by renewing our commitment to help young people avoid drug use, or to stop using drugs if they have started."

"The survey results indicate that the messages we are sending to students about addiction and drug abuse are having an overall positive effect," said NIH Director Dr. Elias A. Zerhouni. "But the rise in prescription drug abuse among the younger grades and the intentional abuse of over-the-counter medications are very disturbing. These findings point to the continuing need to educate our young people about the potential for harm when drugs are taken without a physician's supervision."

"Past-year use of marijuana has fallen by 36 percent among eighth graders, 28 percent

(Continued on page 10)

(NIDA-Sponsored Survey Continued)
among 10th graders, and 18 percent among 12th graders since the peak abuse years in the 1990s,” says NIDA Director Dr. Nora D. Volkow. “This is great news. However, past-year use of OxyContin has almost doubled among eighth graders since 2002, and Vicodin abuse remains stubbornly high among 12th graders. We know that the job is not yet done.”

Other findings from the survey show that between 2005 and 2006:

- Past-year and past-month methamphetamine use decreased among 10th graders, with past-year falling from 2.9 percent to 1.8 percent, and past-month decreasing from 1.1 percent to 0.7 percent;

- There was an increase in perceived harmfulness among 12th graders of heroin, ice, sedatives/barbiturates, and steroids;
- There was a decrease in perceived harmfulness and disapproval of MDMA (or ecstasy) among eighth graders; and
- Use of inhalants leveled off in 2006.

“There has been a substance abuse sea change among American teens,” said John P. Walters, director of the Office of National Drug Control Policy. “They are getting the message that dangerous drugs damage their lives and limit their futures. We know that if people don’t start using drugs during their teen years, they are very unlikely to go on to develop drug problems later in life.

That’s why this sharp decline in teen drug use is such important news: It means that there will be less addiction, less suffering, less crime, lower health costs, and higher achievement for this upcoming generation of Americans.”

Since 1975, the MTF survey has measured drug, alcohol, and cigarette use and related attitudes among adolescent students nationwide. Survey participants report their drug use behaviors across three time periods: lifetime, past-year, and past-month. Overall, 48,460 students from 410 public and private schools in the eighth, 10th, and 12th grades participated in this year’s survey. The survey has been conducted since its inception by investigators at the University of Michigan.



Awards

AWARDS Recognizing Innovative Programs, Scholarship, and Achievement

Psychiatric Services Achievement Awards are given by the American Psychiatric Association (APA) to innovative programs that deliver services to mentally ill or disabled people, have overcome obstacles, and can serve as models for other programs. **Gold, Silver, and Bronze** awards were given during the APA Institute on Psychiatric Services Meeting in October, 2006.

The GOLD AWARD was given to **Perfect Depression Care Program of the Henry Ford Health System Behavioral Health Services in Detroit in the category of academically or institutionally sponsored programs.** The program was recognized for “exemplary success in implementing evidenced-based treatment for depression in a large health care system, ensuring consumer involvement in care redesign, and achieving dramatic reductions in suicide.” C. Edward Coffey, M.D., program director, accepted the award.

The GOLD AWARD was given to **Bexar County Jail Diversion Program of the Center for Healthcare Services in San Antonio, Texas, in the category of community-based programs.** The award was accepted by Roberto Jiminez, M.D., Gilbert Gonzalez, and Leon Evans. The Jail Diversion Program was recognized for its “innovative system of jail diversion involving partnership and collaboration, which has improved services, enhanced access to and continuity of care, and resulted in financial savings.”

The SILVER AWARD was given

to Community Support Services of the Wyandot Center for Community Behavioral Healthcare in Kansas City, Kansas, and was recognized for “a program that embraces the recovery model, demonstrates its effectiveness in practice, and continues to incorporate supportive innovations to enhance the quality of life of adults with serious and persistent mental illness.” Leslie Young, L.S.C.S.W., and Michael C. Leeson, M.D., accepted the award.

The BRONZE AWARD was given to **The Behavioral Pharmacy Management Program of the Missouri Mental Health Medicaid Pharmacy Partnership Project headquartered in Jefferson City, Missouri, and was noted to be “a ground-breaking program that continuously monitors statewide Medicaid pharmacy data and provides feedback to prescribers, encouraging them to modify their prescribing patterns to achieve best-practices standards.”** Joseph J. Parks, M.D., and John P. Docherty, M.D., accepted the award.

MAX HAYMAN AWARD for distinguished scholarship that contributes to the remembrance of the Holocaust and the elimination of genocide was presented to **Ervin Staub, PhD by the American Orthopsychiatric Association at the IPS Meeting in New York. Dr. Staub is Professor Psychology at the University of Massachusetts. He presented the following at IPS, *Altruism Born of Suffering: What Experiences May Lead Victimized People to Become Caring and Helpful Rather than Hostile and Aggressive?***

According to the American Orthopsychiatric Association website:

When he was 6 years old, Professor Staub and his family escaped the Holocaust in Hungary with the help of Raoul Wallenberg and other people of good will—an experience that motivated him to study altruism and helping behavior and, by contrast, genocide and collective violence. Thus, his life’s work has dealt with the momentous question of the roots of good and evil. His prolific scholarship on the causes of genocide has led to action research on forgiveness and reconciliation, most notably among community groups in Rwanda.

VERA PASTER AWARD for outstanding achievement by a graduate student, resident, or fellow in a mental health discipline in advancing the rights and well-being of people of color was presented to **Kelly D. Taylor-Richardson, MSW, MS and Janice D. Cho, MS by the American Orthopsychiatric Association.**

Ms. Taylor-Richardson, doctoral student in the Community Research and Action Program in the Department of Human and Organizational Development in Peabody College of Vanderbilt University, presented the following at IPS, *Influences on Caregiver Strain in Caring for a Child with Emotional/Behavioral Problems.*

Ms. Cho, a student in the School of Social Work at the University of California, Los Angeles, presented the following at IPS, *Serving Asian Americans in Los Angeles County: A Closer Look at the San Gabriel Valley.*



AACP Members' Action Needed

Action A

A WOMAN OF SIXTY

Harriet Koskoff, Producer

Ten thousand Americans will turn 60 daily for the next 20 years. The majority will be women. (MarketWatch.com, April 23, 2006) **A WOMAN OF SIXTY (SIXTY)** is an hour-length DVD program that examines the understudied developmental stage in women's lives between 60-and seventy-five.

SIXTY is designed for public television and academic audiences - which include hundreds of continuing education conferences in disciplines as varied as psychiatry, psychology, women's and gender studies, gerontology, sociology and cultural anthropology. Multiracial experts and personal interview subjects will explore the economic, health, and psychosocial concerns of a diverse spectrum of older but not truly "old" women as they travel to uncharted territory with the all-consuming questions: What will become of me? What matters to me now? Who will I become?

Most women claim to wish for greater authenticity in the discretionary life they have been granted. Many are still deeply involved in their families of origin, primary caretakers of elderly parents, a spouse or other relative. A growing number of them are grandmothers straining their health and ingenuity to raise young children abandoned by their own adult offspring. Whatever their racial, ethnic or social circumstances, there are no role models for this period; no scripts for these women to follow. In fact, they are writing the scripts and rewriting women's history during this century. As they do so, they are supporting a generation of younger and middle-aged women who are fulfilling their responsibilities and goals for competency; and the older "women of sixty," are in large part, a volunteer workforce.

Although earlier programs have focused on the elderly in general, forty-percent of women aged 50 today can expect to live to one hundred. Women over age 65 are almost twice as likely to be poor as men. Even professional women worry if they will survive financially through old age and what resources they can depend on for healthcare and housing. Many women in their 70's are still piecing together part-time jobs to cover basic costs of living. **SIXTY**

will focus on distinctive cultural patterning and life experiences that influence how women will redefine themselves during this second adulthood, when many of the dreams and values of a former adulthood must be discarded.

Whether married or widowed, single, straight or gay, women across the nation are expressing new or renewed interest in traditional and nontraditional women's groups, kinship circles, and international humanitarian organizations. Many are seeking deeper spiritual experiences than at any other period in their lives. They are marrying for the first time or divorcing. Some are exploring erotic and emotional attachments with other women for the first time. Some are embracing celibacy as a gift that allows them to discover formerly unknown realms for commitment and self fulfillment. Women are going back to school. They are developing new skills and talents long-neglected. They are choosing volunteer work that utilizes their professional and life experiences, and fulfills a need for accomplishment. Still others are turning away from the world of public noise or structured existences, traveling wherever their instincts carry them after decades of letting other people define their self-identity.

Currently, no other documentary project exists to address the singular challenges and opportunities that await hundreds of thousands of women destined to spend 25% of their lifespan past the age of retirement. **A WOMAN OF SIXTY** will provide a forum for the exploration of their emerging potential to enrich America's future.

Producer Harriet Koskoff's award winning PBS documentaries include "Patently Offensive: Porn Under Siege," an examination of the 10 billion American pornography industry's influence on the social ecology and "Despair," the first feature length program about depression from multicultural perspectives. Her educational films include "The Culture of Emotions," a cultural competence and diversity training program for psychiatrists and mental health specialists across disciplines, and several short films featuring minority women psychiatrists and psychologists. Bay Area Video Coalition in San Francisco, California is the fiscal sponsor for all productions. **Harriet Koskoff welcomes all comments**

and suggestions. She welcomes any material or potential interviews that can assist her in developing her documentary. Please share your experiences with women (ages 60-75) with Ms. Koskoff. Please call 415-864-0927.

Action B

MEDICARE PART D ALERT: APA NEEDS YOUR HELP TO IMPROVE PDP COMPLIANCE

From the reports that the American Psychiatric Association (APA) has received thus far, they have reason to believe that some PDPs may be exhibiting a pattern of noncompliant conduct rather than just making an occasional simple error and that the exceptions and appeals process is not working as it was intended to. It is only through an accumulation of data from the field that we will be able to petition CMS to exercise its enforcement authority and make the offending PDPs comply with the stated Part D transition, continuity of care, and exceptions and appeals policies.

The American Psychiatric Association is especially interested in finding out how the exceptions and appeals process is working at the independent review entity reconsideration level that follows a negative redetermination from a PDP. If you have run into any problems with PDPs failing to follow the CMS transition or continuity of care policies, or if you've encountered problems with the appeals process, please contact APA at PartD@psych.org or 866-882-6227.

Action C

AACP MEMBERSHIP DUES/ REMINDERS

This is just a reminder that Paypal is accepted at the AACP website (www.communitypsychiatry.org) to join, renew or donate to AACP. Through Paypal, you can pay with any major credit card or from your paypal account.

To join or renew your membership, go to: <http://www.wpic.pitt.edu/aacp/join.html> or click on the link from the AACP home page. It's fast, easy and secure!

If any questions, please contact Frances Bell at frda1@airmail.net or Patrick Connell at wpawebadmin@wpaweb.com



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DUES:

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- International Member (outside US, Canada, Mexico) \$150
- Group Member (5 or more): 1 journal + newsletter \$40 (pp)
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- 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.)

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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 that community 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.