

## A VOICE FOR PSYCHIATRY

### *The American Journal of Psychiatry*

I suspect many psychiatrists share my experience that nearly everyone has an opinion about our work. I trained in internal medicine before training in psychiatry. During my days as an internist, I was never taken aside during a social situation and given an earful about some controversial issue in medical treatment. Few outside the field had strong opinions about the relative merits of angioplasty or thrombolytic therapy for acute coronary events.

However, that changed significantly when I began introducing myself as a psychiatrist. Most have opinions regarding the relative merits of medication or psychotherapy for depression, and those opinions are often strongly held.

It's only natural that our work can provoke strong opinions. Mental health problems are common and can have a devastating impact on people who live with them, as well as on family members and loved ones. Questions regarding the nature and treatment of mental health problems are, at the same time, scientific and intensely personal, drawing us into discussions about power, autonomy, equity, and personal responsibility.

*The American Journal of Psychiatry* is our field's principal forum for exploring, clarifying, and eventually resolving those controversial questions. As the official journal of our professional society, it is the natural venue to explore areas of diversity and disagreement. The "Green Journal" is where leaders of American psychiatry speak about the intersection between our clinical practice and our social responsibilities. Being psychiatrists, we often speak back.



Over the last several years, my colleagues and I have used articles in the journal to join spirited discussions on several of these topics, including: discriminatory insurance coverage for mental health care, privacy of mental health treatment records, and safety of antidepressant drugs. In each case, spirited discussions began during peer review and grew to include our colleagues in practice and research (through letters and subsequent research papers) and the popular press. In recent years, the conversation has broadened to include consumers of mental health care and their family members, who often participate through Internet discussion groups, blogs, and other new media. The discussion often gets lively, and that's just what we should hope for.

In the embryonic phases of a research paper, we match a scientific or clinical question with a particular audience of clinicians, policymakers, and/or consumers. We then ask what journal would best reach the audience we hope to influence. I find myself saying, "This paper might stir things up a bit. Let's try sending it to *The American Journal of Psychiatry*."



**By Gregory Simon, M.D.,**  
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# A VOICE FOR THE FUTURE

## The Next Generation: Steering Medical Students into Psychiatry



**BY LOWELL TONG, M.D.**

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The APA is doing a fantastic job supporting educational programs involving medical student training in psychiatry. The Psychiatric Student Interest Group Network (PsychSIGN) is an innovative networking program that sends student leaders of psychiatry to national meetings through partnerships with medical schools.

At these meetings the students not only network and build enthusiasm for psychiatry, they get a lot of support from APA. The meetings build interest in psychiatry, and in some cases, prompt students to push for curricular changes at their own schools, elevating the presence or quality of the psychiatric curriculum.

The APA's Innovative Teaching Grant Program is a great idea—providing funding for new curricular projects that promote psychiatry at the med-school level, in areas such as education about underserved populations, pre-clerkship exposure to psychiatry and efforts to combat stigma. Designed as seed grants, they have proven very helpful in jump-starting initiatives at the four medical schools that receive a grant each year. In some cases, the initiatives spawned through the program become part of the ongoing curriculum.

The national summit on medical student education in which the APA participated, under the presidential leadership of APA past-President, Michelle Riba, M.D., M.S., focused attention on psychiatric undergraduate medical education.

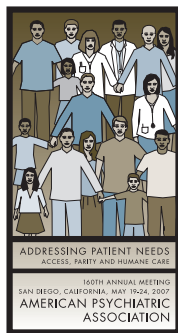
This summit brought together leaders in psychiatric medical education and created the first step in a process called “Educating a New Generation of Physicians in Psychiatry.” The process continues to build a consensus on what—and how—students should learn about psychiatry, spawning the creation of both PsychSIGN and the Innovative Teaching Grant programs.

# OUR VOICE IN ACTION *for the Profession*

The APA, representing over 38,000 U.S. and international psychiatrists, throughout 2007 remained the collective majority voice speaking on behalf of the practice of psychiatry as a profession. APA's voice was heard as it hosted the world's largest professional meeting on psychiatry and mental health; published the field's leading psychiatric textbooks and journals; and advocated for protection of the profession by addressing potential scope of practice incursions, discriminatory reimbursement regulations in Federal and private health insurance programs, and other barriers to access to quality psychiatric care.

## Hosting the World's Largest Psychiatric Gathering.

The APA's 160th Annual Meeting was held in San Diego, May 19–24. More than a thousand clinical papers, symposia, new research poster sessions and workshops were presented, including a special track of sessions sponsored by the National Institute on Drug Abuse addressing substance-use disorders and addiction. Topics also included psychiatry in military operations, mental health on college campuses and a research and clinical focus on adolescent brain development.



## Promoting Community Psychiatry.

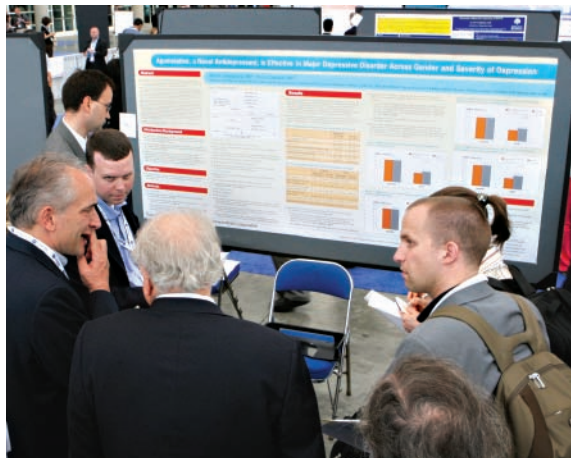
The APA's 60th Institute on Psychiatric Services, "Recovery: Patients, Families, Communities" was held in New Orleans, October 11-14. The institute focused on the translation of science to clinical care, addressing themes such as best care practices, collaboration with other health and mental health professionals, relations with patient and family advocacy groups, the criminal justice system, cultural sensitivity, homelessness, public mental health planning, education, care for members of the military, health services research, and the meaning of and goals for recovery.

**Protecting Scope of Practice.** Major battles were fought over state legislation granting prescribing privileges to licensed clinical psychologists. The APA advocated against passage of psychologist prescribing bills in California, Georgia, Illinois, Mississippi, Montana and Tennessee, all of

which rejected bills granting prescribing privileges. In Hawaii, prescribing legislation passed by both houses of the state legislature. After significant input from the APA and the Hawaii Psychiatric Medical Association, Governor Linda Lingle vetoed the bill.

## Speeding the Flow of Science to the Field of Psychiatry.

After 164 years of publication as a monthly print journal, *The American Journal of Psychiatry* (AJP) introduced a new reader benefit that speeds the flow of peer-reviewed psychiatric research to psychiatrists, patients, and to the mental health community. Twice each month, the journal now posts online new AJP in Advance research articles prior to their appearance in the print edition of the journal. This "publication ahead of print" introduces articles into the scientific



# Research & Education

literature in a fraction of the time required just a few years ago.

**Moving Forward to DSM-V.** At a teleconference news briefing in July, APA announced the task force that will oversee the development of the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-V)*. The *DSM-V* Task Force consists of 27 members, including a chair and vice chair, who collectively represent research scientists from psychiatry and other disciplines, clinical care providers, and a consumer and family advocate. Task force members will oversee work groups focusing on individual diagnostic categories.

**Strengthening APA's Department of Quality Improvement in Psychiatric Services.** The APA welcomed Robert S. Plovnick, M.D., M.S., as director of the APA Department of Quality Improvement and Psychiatric Services (QIPS). Plovnick oversees preparation of APA psychiatric treatment guidelines, development and assessment of quality indicators for psychiatric services, accreditation of psychiatric services, electronic health records in psychiatry and addiction psychiatry. QIPS supports the APA's efforts regarding integration of quality indicators

and treatment guidelines with electronic health records—critical developmental areas over the coming decade.

**Addressing Medicare Part D Concerns.** The APA has been actively involved in ensuring that beneficiaries with mental illnesses would be able to access the medications necessary for their treatment under Medicare Part D. Of special concern was what would happen to the dual eligibles who had their drug coverage switched from Medicaid to Medicare. The APA led a coalition of stakeholder groups in advocating with the Centers for Medicare and Medicaid Services (CMS) to ensure that access to psychotropic medications would be as open as possible. As a result of this advocacy, three classes of drugs used in treating mental illnesses—antidepressants, antipsychotics, and anti-convulsants—were included in the six drug classes of “clinical concern” for which open access is to be maintained. This open access will be maintained in the 2008 and 2009 plan years.

**Working to End 40 Years of Discrimination by Medicare.** The APA continued its efforts to secure passage of legislation that would end Medicare's 40 years of discrimination against patients requiring

outpatient psychiatric services. Since the Medicare program was established, enrollees using outpatient psychiatric services have by law had to pay an effective coinsurance of 50 percent—two and a half times the customary 20 percent coinsurance paid for other Medicare Part B services. An historic action on the issue came as both chambers of the U.S. Congress passed the Children's Health and Medicare Protection Act of 2007, which was vetoed by the president, who objected to expansion of the federal State Children's Health Insurance Program.

**Focusing on Military for Mental Illness Awareness Week.** The APA led a coalition of medical professional and patient/consumer advocacy groups during Mental Illness Awareness Week, focusing attention on military and veterans suffering from the effects of depression, posttraumatic stress disorder, and traumatic brain injury. Military and veterans officials and others identified key concerns in the treatment of mental illness during the 2007 Mental Illness Awareness Week Congressional Symposium, jointly sponsored by the APA and the National Alliance on Mental Illness in November.



Near left: *DSM-V* Task Force.

Facing page, left to right: APA Past-President Pedro Ruiz, M.D. presents APA Medical Director/ CEO James H. Scully Jr., M.D. with the Distinguished Service Award at the Convocation of Distinguished Fellows Ceremony during the annual meeting.

Doctors discuss a Young Investigator New Research Poster Session during the annual meeting.

Meeting attendees walk the streets of San Diego during the APA 160th Annual Meeting.

## American Psychiatric Institute for Research and Education

### Advancing Psychiatric Practice through Research and Education

The American Psychiatric Institute for Research and Education (APIRE) contributes to the scientific base of psychiatric practice and policy by conducting and supporting projects that bridge the gap between research and practice. Among APIRE's activities in 2007:

■ **MEDICAID PRESCRIPTION DRUG POLICIES AND PSYCHOPHARMACOLOGIC TREATMENT ACCESS AND CONTINUITY.** Following a national study of the implementation of Medicare Part D for severely ill patients with dual Medicare/Medicaid eligibility (West et al., 2007), APIRE staff completed a 10 state study of psychiatrists to assess problems with medication access and continuity among psychiatric patients.

Preliminary findings indicate that approximately half the Medicaid patients studied had at least one problem with medication access or continuity during the calendar year. Rates of problems varied significantly across the states with a 38 percent absolute difference between the lowest and highest rates.

All of the clinician-reported prescription drug utilization management policies and the medication access problems studied were highly associated with significant adverse events. Overall, 72 percent of patients with medication access problems experienced a significant adverse clinical event, such as an emergency department visit, hospitalization, homelessness, or detained/incarcerated in a jail or prison, compared to 49 percent for patients with no access problems reported. These data are being used to help advocate for Medicaid policies to reduce treatment barriers experienced by psychiatric patients.

■ **FEHB PARITY STUDY DEMONSTRATES NEED FOR CONSIDERATION OF OUT-OF-NETWORK BENEFITS.** Researchers from APIRE, the American Psychological Association, and the National Association of Social Workers published the results of a unique multidisciplinary parity study in *Health Affairs* (Regier et al 2007) at a critical juncture in the national parity discussion. Both houses of Congress have proposed parity legislation, with important differences that could

affect coverage and access. The study demonstrated that out-of-network mental health benefits should be considered in legislative parity proposals to ensure access to mental health treatment and to avoid possible unintended adverse consequences of decreasing access to treatment.

■ **NATIONAL DEPRESSION MANAGEMENT LEADERSHIP INITIATIVE.** In collaboration with the American Academy of Family Physicians and the American College of Physicians (ACP), APIRE completed a research demonstration project designed to assess the feasibility of implementing the nine-item Patient Health Questionnaire (PHQ-9) for routine monitoring of depression severity among patients treated in primary care and psychiatric practices. Practices represented the breadth of outpatient practice types.

At the conclusion of the project, both primary care and psychiatric practices adopted PHQ-9 as a routine part of depression care and reported an increase in use of the PHQ-9 for screening, assessing illness severity, and monitoring of treatment response. Study findings suggest that adoption of measurement-based care is achievable in both primary care and psychiatric settings, even in practices with few resources. Manuscripts from both the primary care and psychiatry studies have been submitted for publication in peer reviewed journals.

■ **“THE FUTURE OF PSYCHIATRIC DIAGNOSIS: REFINING THE RESEARCH AGENDA”** consists of a series of 13 research-planning conferences, organized and administered by APIRE in collaboration with the World Health Organization and the National Institutes of Health, which is funding the study. The fifth and final year of this initiative saw successful completion of international conferences on three topics: externalizing disorders of childhood; the relationship of depressive and generalized anxiety disorders; and the public health implications of diagnostic classification systems.

A final conference on autism and other pervasive developmental disorders will be held in early 2008. Also, a second “Research Agenda for *DSM-V*” monograph was edited and published by APIRE staff entitled, “Age and Gender Considerations in Psychiatric Diagnosis.”

## American Psychiatric Publishing, Inc.

American Psychiatric Publishing, Inc. (APPI), the APA's publishing unit, had a strong year. APPI is the world's premier publisher of books, journals, and multimedia on psychiatry and is the publisher of the *Diagnostic and Statistical Manual of Mental Disorders* and *The American Journal of Psychiatry*, the oldest continuously published medical specialty journal in the United States. More than 700 backlist titles still sell actively, and APPI publishes between 25 and 40 new book titles each year. APPI publishes six journals, one newspaper, three Web sites and numerous eBooks, as well as online self-assessments.

APPI's mission is to publish printed and online products that enhance education, research, and treatment to advance the science and practice of psychiatry and enable the best possible treatments for people with mental illnesses. The APPI staff is committed to accuracy, authenticity, and quality.

APPI's signature-content Web portal, PsychiatryOnline.com, has more than 2,200 subscribers, generating over \$900,000 in revenues. Site license sales to institutions, which provide unlimited access across entire campuses, continues to grow, exposing APPI books and journals to more readers than ever before.

In 2007, the PsychiatryOnline.com psychopharmacology offerings were expanded with addition of the bestselling 6th Edition of *Manual of Clinical Psychopharmacology; Self-Assessment in Clinical Psychopharmacology*; and important updates and additions to the medication information handouts from *What Your Patients Need to Know About Psychiatric Medications*. Practice Guidelines on Alzheimer's Disease and Other Dementias, Obsessive-Compulsive Disorder, and Substance Use Disorders were added or updated, and back editions of the *DSM* (*DSM-I*, *DSM-II*, *DSM-III*, *DSM-IV*, and *DSM-IV-TR*) were added for research and archiving purposes. *Gabbard's Treatments of Psychiatric Disorders*, 4th Edition, was launched as part of the core offerings at PsychiatryOnline.com in December.

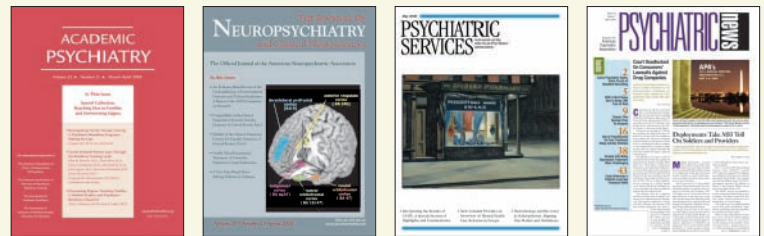
Other APPI highlights include:

- **AJP IN ADVANCE.** In November, *The American Journal of Psychiatry* launched *AJP in Advance*. This new benefit was introduced to speed the flow of peer-reviewed psychiatric

research to psychiatrists, patients, and to the mental health community as well as to position *AJP* to compete for high-impact research and high-profile authors. All research articles now appear online at [ajp.psychiatryonline.org](http://ajp.psychiatryonline.org) in advance of their publication.

- **NEW PARTNERS IN EUROPE.** APPI formed partnerships with companies based in the United Kingdom in order to ensure APPI books are widely available to APA members and other customers in Europe. The partnerships include a warehouse and customer service facility and marketing and sales companies.

- **HANDBOOK OF PSYCHIATRIC MEASURES, 2ND EDITION,** a compendium of the most noteworthy, widely used, and important clinical and research measures, was published in 2007. The handbook provides clinicians, researchers, and managed care administrators quick access to expert assessment of over 275 measures in a wide array of domains, including a review of each measure's clinical utility, goals, practical issues, and psychometric properties. Use of this special resource is further enhanced by a CD-ROM containing the full text of more than 150 measures—an invaluable aid for reference and clinical decision-making.



Additional titles APPI published in 2007 include:  
*Clinical Manual of Eating Disorders*  
*Drug-Drug Interaction Primer, A Compendium of Case Vignettes for the Practicing Clinician*  
*Managing Metabolic Abnormalities in the Psychiatrically Ill: A Clinical Guide for Psychiatrists*  
*Complementary and Alternative Treatments in Mental Health Care*  
*Clinical Manual of Geriatric Psychopharmacology*  
*Clinical Manual for the Treatment of Autism*  
*The American Psychiatric Publishing Textbook of Neuropsychiatry and Behavioral Neurosciences, 5th Edition*