

## SHAPING OUR FUTURE THROUGH SCIENCE and SERVICE

By successfully fighting for parity for mental health coverage, educating the public about mental illnesses, working to reduce stigma, and providing learning opportunities at every stage of the physician's career, the APA continued in 2008 to shape the future of the profession through service.



**Gaining Parity for Mental Health-care.** More than a decade of work by APA staff and members culminated with the enactment of the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008. The legislation marks a huge step toward the end of inequity in health insurance benefits for mental health disorders, including substance use disorders. The law, which applies to certain employer-sponsored group health plans, brings the promise of non-discriminatory mental health coverage to 113 million people across the country.

**Supporting Mothers.** The APA actively supported and worked for passage of the Melanie Blocker-Stokes MOTHERS Act, which would provide education about postpartum depression for expectant mothers and inform them about available services.

**Protecting Patients.** The APA worked with District Branches and State Associations to block efforts to secure prescribing privileges for psychologists in California, Hawaii, Mississippi, Missouri and Tennessee. Joining forces with the American Medical Association and other medical

societies, the APA addressed the issue of non-physician providers expanding their scope of practice.

**Promoting Awareness.** “Seeking help is a sign of strength” was a focus of the APA initiative for Mental Illness Awareness Week in October. The APA distributed a series of radio public service announcements on mental health and mental illness and arranged interviews with APA members across the country. At least 60 radio stations and networks in 26 states ran the announcements.

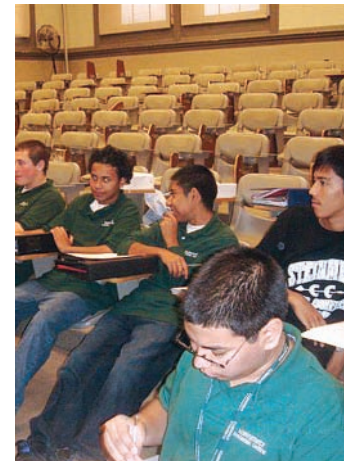
**FACING PAGE, LEFT:** Sen. Pete Domenici (R-N.M.) speaks at an impromptu press conference on Capitol Hill in 1996 to rally support for mental health parity after parity legislation was overwhelmingly passed by the Senate a few days earlier. The passage of the 1996 legislation set the stage for the Paul Wellstone & Pete Domenici Mental Health Parity and Addiction Equity Act of 2008.

**FACING PAGE, RIGHT:** R. Dale Walker, M.D., chair of the Council on Advocacy and Public Policy, (left) presented the President's Special Recognition Award to Jeffrey Akaka, M.D., for his legislative efforts on scope-of-practice issues in Hawaii. Also pictured is Lori Murayama, M.D., secretary-treasurer of the Hawaii Psychiatric Medical Association.

**BELOW, LEFT:** James Peake, M.D., secretary of the Department of Veterans Affairs, tells Advocacy Day attendees about federal efforts to improve the mental health care provided to veterans and members of the military.

**BELOW, MIDDLE:** OMNA on Tour gathered mental health experts in Los Angeles, for its fifth and largest gathering, to strategize on reducing health care disparities and co-occurring disorders. Seated, from left: Dan Dickerson, D.O.; Carl Bell, M.D.; Roderick Shaner, M.D.; Keris Myrick, M.B.A., Ph.D. Standing, from left: Donald R. Vereen, M.D.; M.P.H.; Marcia Goin, M.D.; Altha Stewart, M.D.; Nancy Carter of NAMI; Annelle Primm, M.D., M.P.H.; and Rev. Ronald Wright.

**BELOW, RIGHT:** The APA's Office of Minority and National Affairs, in collaboration with the Minority Affairs Consortium of the American Medical Association, coordinated a **Doctors Back to School** event at the Steinmetz Academic Center in Chicago where psychiatrists oriented high school students to the field of psychiatry. The event is meant to inspire young people to consider a career in mental health.



**Fighting for Military Mental Health.**

The mental health of military service members and their families was the focus of the APA's Mental Health Month campaign. The APA sponsored a survey of military families and a survey of APA members on experience with TRICARE, the U.S. government's health insurance program. The Mental Health Month campaign — part of the ongoing "Healthy Minds. Healthy Lives." campaign — opened with a national press conference and included

a radio media tour and several public service announcements.

**Improving Medicare.** The APA worked to ensure that the Medicare Improvements for Patients and Providers Act of 2008 includes protections for the six classes of clinical concern, as well as the elimination of the discriminatory 50 percent co-pay for mental health treatment. The co-pay will be phased out and eliminated by 2014.

**Closing the Gap.** *OMNA on Tour* continues to educate communities to close the gap of mental health disparities. The Office of Minority and National Affairs held a workshop in Los Angeles to focus on co-occurring disorders and the impact ethnic and racial disparities in access to mental healthcare have on community well-being.

**Working with Faith Leaders.** The APA worked with the Center for the Integration of Spirituality and Mental Health to encourage faith leaders to

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focus on providing support for individuals with mental illnesses and to promote mental health awareness.

**Improving Communication.** *In Living Color: Depression Treatment in Primary Care* is a new program to help primary care physicians better recognize and treat depression in diverse patient populations. The APA collaborated with the National Alliance on Mental Illness to develop this program to improve doctor-consumer communications about depression.

**Informing Members.** APA's *Headlines* was expanded to reach nearly 20,000 members daily with summaries of mental

health news. In a survey, readers indicated that the daily briefing helps expand the sources they read and helps them be aware of news patients may come across.

**Assisting Early Careers.** The APA book *Practice Management for Early Career Psychiatrists* was updated, and revised chapters were posted on the psych.org Web site. A CD of the book was distributed as an APA member benefit.

**Reaching Out to Latino Patients.** A bilingual public service DVD and companion guidebook entitled *Mental Health: A Guide for Latino Patients and Families* was developed for release in early 2009. The guidebook discusses mental illnesses, treatments and how to find mental health care.



**Sharing Information.** Resources to inform members about electronic health records were maintained on the psych.org Web site. The resource page provides easy access to information on health information technology, provides links to outside resources, and allows physicians to post and read reviews of health information technology products.

**Protecting Privacy.** The APA, along with members of the Mental Health Liaison Group privacy subcommittee, delivered a letter to Senate leadership expressing concerns about patient privacy and security related to the proposed Wired for Health Care Quality Act.

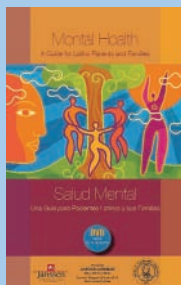
**Educating Consumers.** New topics were added to the *Let's Talk Facts* brochures series. New titles include *Mental Health of Seniors*, *Substance Abuse & Addictions*, *Alzheimer's Disease*, *Schizophrenia*, *Mental Health in the Hispanic/Latino Community* (both in English and Spanish) and *Mental Health in Asian Americans and Pacific Islanders*.

**Helping States.** The APA supported district branches in Pennsylvania, Wisconsin, Delaware, Oklahoma, Maryland, California and the District of Columbia on Medicaid legislative and regulatory issues related to access to medically necessary psychotropic medications.

**Growing the Profession.** Medical students learned about careers in psychiatry at a mentor breakfast during the annual meeting of the Student National Medical Association in New York City. The event was part of the APA Minority Fellowship Program, which promotes careers in psychiatry through scholarships and mentoring.

**Inspiring Students.** Fellows and medical students visited high schools in Washington and Chicago as part of the APA's Doctors Back to School program, established to inspire young students to consider attending medical school and pursuing careers in psychiatry.

**Mentoring Network.** Maryland, Pennsylvania and Tennessee developed minority mentoring programs in conjunction with the APA's National Minority Mentors Network. The APA assists local and regional training programs, which serve as extensions of the network.



**BY BARRY B. PERLMAN, M.D.**  
Chair, APA Committee on  
Government Relations  
Director of Psychiatry, Saint  
Joseph's Medical Center,  
Yonkers, N.Y.



## WINNING THE FIGHT FOR **PARITY**

**P** sychiatrists know how important a sense of “mastery” is to one’s sense of well-being. In the 30-plus years since I completed my residency, the world in which we practice has radically changed. Today we practice in a highly politicized arena. Depending on our practice setting, we are increasingly subject to the rapidly expanding demands of state and federal regulatory agencies, accrediting organizations and health insurers. As individuals, our power to push back against the forces that impinge on our professional lives is limited, but as members of the APA our concerns are heard and our ability to fight for what we believe in is enhanced.

The APA and its state associations are the voice of our profession and advocates for those we serve. Members embody the values and express the concerns of our profession. I have been deeply engaged with APA and the New York State Psychiatric Association for well over two decades. During that time I have been honored to serve as the president of NYSPA, as its representative, and as chair of the Committee on Government Relations. I have also had the pleasure of serving as chair of the New York State Mental Health Services Council and as a member of the New York State Hospital Review and Planning Council.

I will remember year 2008 as the one when I saw the realization of state and federal mental health parity laws. Enactment of the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 ensures equal coverage to millions of Americans who seek treatment for mental illnesses, which for me and many psychiatrists represents far more than equitable insurance coverage. We saw it as another important achievement of the “civil rights” movement, which has been and continues to be a central part of the progressive political agenda of America for the past half-century. As a result, I have experienced the wonderful sense of having had a positive impact on my practice environment, which in turn has greatly enhanced my professional well-being and satisfaction.



BY MICHELLE O. CLARK, M.D., DFAPA  
President, Golden State Medical Association

## TAKING SERVICE ON THE ROAD

**M**any Americans in minority communities remain at a disadvantage in learning about and receiving mental health services, including substance abuse treatment, even as the nation becomes more aware of mental health concerns and effective treatments.

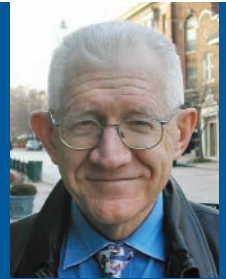
*OMNA on Tour* is a traveling education program designed to inform communities around the nation about the significance and impact on community well-being of ethnic and racial disparities in mental health. The tour, conducted by the APA Office of Minority and National Affairs, aims to foster collaboration among a variety of stakeholders with the goal to develop local action plans to eliminate mental health disparities.

I first became involved with *OMNA on Tour* during its inaugural conference held in concert with the American Association of Community Psychiatrists at Howard University School of Medicine in Washington, DC. In spite of an atypical snow storm that day, the conference was well attended and very stimulating. My next experience was in New Orleans, where OMNA partnered with the All Healers

Mental Health Association and Black Psychiatrists of America, Inc. Survivors of the southern Louisiana hurricanes of 2005 attended and shared their personal experiences of trauma, recovery and heroism.

My next and most recent experience with the program, *OMNA on Tour: Co-Occurring Disorders-No Longer Double Jeopardy*, occurred in my home city of Los Angeles. There I experienced a series of broad multicultural presentations that provided insights regarding cultural realities of the many ethnic subcultures and the unique mental health issues for each. In the ongoing effort to educate communities and close the gap of mental health disparities, mental health experts came together to improve mental health outcomes for underserved populations in the Los Angeles area. It was an excellent opportunity to expand awareness about minority mental health issues.

**BY JACK CROUGHAN, M.D.**  
President of Eastern  
Missouri Psychiatric Society  
(2006–2008)



## THE BATTLE FOR **ACCESS**

**A**s president of the Eastern Missouri Psychiatric Society (EMPS), I was the chief spokesperson and point person “on the patrol” during the 2008 legislative session. I didn’t have to wait long to represent our members and patients. Though many states have been fighting psychologist prescribing legislation in recent years, Missouri was the first state to do battle on the issue in 2008. Armed with speaking points and facts that APA provided, I was ready to testify.

I discovered that people don’t like to hear a steady diet of criticism, and that it’s important to focus on the positive when testifying. Emphasizing the positive aspects of being evaluated by a medically trained physician is more powerful than being critical of the psychologists for their lack of medical training and experience. Legislators like to vote positively.

Another important thing I learned was to be flexible. You must be ready to jump ship on all of your pre-planned positions and notes if the other side brings up issues you had not anticipated. A canned speech may not do anything to refute important points made by the other side just a few minutes before.

Two bills aimed at allowing non-medically trained psychologists to prescribe medications in the State of Missouri failed to pass during the 2008 legislative session. We had many soldiers in this fight and will reassemble when the battle lines are drawn again.

The EMPS is also addressing the related issue of access to care, particularly in rural areas. We have proposed providing telephone consultations by psychiatrists to primary care physicians in rural areas. This gives primary care physicians access to a psychiatrist for consultation as well as hands-on training that, over time, improves the primary care providers’ ability to handle issues related to prescribing psychotropic medication. It also reduces reliance on less qualified mental health providers. EMPS is providing funding for a statewide toll-free phone line staffed by volunteer psychiatrists.