“A true leader has the confidence to stand alone, the courage to make tough decisions, and the compassion to listen to the needs of others. He does not set out to be a leader, but becomes one by the quality of his actions and the integrity of his intent.”

--Anonymous
Welcome DC Psychiatry Residents!!

We are enthusiastic and energized to bring this lecture/discussion series focusing on Developing Your Career, Enhancing Your Leadership Skills and tailored to tend to the interests of Washington DC MITs and ECPs. We respectfully thank St. Elizabeth’s Hospital for hosting our spectacular kick off to this historical venture that occurred on Wednesday, January 30th from 6-8PM!

This series of five seminars are organized into three clusters (see below)—a leadership cluster and a career cluster will each be offered two times culminating on a special cluster offered at the May 2008 APA Annual Meeting held in Washington DC. Each seminar is hosted by a DC residency program, will be two hours in length (1hr. for presentation, 1hr. for Q&A), and will allow time for networking and mingling. A dinner buffet is courtesy of the Washington Psychiatric Society (WPS). Residents will also be provided with an indepth seminar monograph that serves as a discussion syllabus as well as a potent resource for guidance and opportunities. Faculty and community psychiatrists are encouraged to attend and lend mentorship and support.

This WPS membership development initiative is based on a grant of $5000 recently awarded to the WPS Delegation at Area 3. September 2005, the date of the first Washington, D.C. area gathering of PGY I & II (hosted by the Cosmos Club Health Group and the DC Chapter and led by Drs. Constance Dunlap, Maryam Razavi and Eliot Sorel) marks the commencement of this continued collaborative effort to bring area psychiatry residents together! This WPS Development & Excellence initiative is chaired by Eliot Sorel and Vice Chairs are Drs. Hind Benjelloun, Shanique Cartwright, Lisa Catapano, Maryam Razavi, and Enrico Suardi. Project dates and sites are as follows:

Cluster I: Leadership
• St. Elizabeth's, Wednesday, January 30th, 6:00-8:00 pm
• George Washington University, Thursday, March 27th, 4:30-6:30 pm

Cluster II: Career
• Georgetown, Thursday, March 13, 6-8 pm
• Howard, Thursday, April 17th, 11:00 am-1:00 pm

Cluster III: APA Conference—Minority and National Affairs
• Marriot at Metro Center, Sunday, May 4th, 2:30- 4:30 pm

Respectfully submitted,
Hind Benjelloun
Developing Our Careers, Enhancing Our Leadership Skills

A Washington Psychiatric Society
Membership Development and Excellence Initiative

Dear Colleagues and Friends,

You are most cordially invited to join us, at our Washington Psychiatric Society’s launching, at St. Elizabeth’s hospital, on Wednesday, January 30\(^{th}\), 2008 at 6:00 pm, its historic and unprecedented initiative, Developing Our Careers, Enhancing our Leadership Skills aimed at our Members in Training (MITs), Early Career colleagues, and newly emerging leaders, the future of our profession. It is being implemented by a very talented team of WPS members,-junior and senior colleagues teamed together in educational modules and clusters-, and with the full support of our WPS Board and APA financial resources.

This pioneering program will address public and private psychiatric practices, academic and research opportunities, career and leadership challenges, minority and national affairs challenges and opportunities. The catalytic role that our American Psychiatric Association plays in all of these areas will also be explored.

We anticipate that at the completion of this program, our participating colleagues will have learned how to better develop the career of their choice, will have acquired enhanced leadership skills, and we hope to achieve 100% MITs APA membership in Washington, D.C. by 2010.

After the kick off at St Elizabeth’s hospital in late January, our program will be presented at Georgetown University on March 13\(^{th}\), at George Washington University on March 27\(^{th}\), at Howard University on April 17\(^{th}\) and the final segment will take place during our APA’s annual meeting on Sunday, May 4\(^{th}\). Full details of our program are included in this monograph.

We hope and wish that as many of you as are interested will join us at one or more of our program’s scheduled venues. We look forward to seeing you there.

With best wishes,

Eliot

Program Chairman
Developing Our Careers, Enhancing Our Leadership Skills

A Washington Psychiatric Society
Membership Development and Excellence Initiative

Eliot Sorel, Chair

Hind Benjelloun, Shanique Cartwright, Lisa Catapano, Maryam Razavi, Enrico Suardi
Vice-Chairs

Developing Our Careers, Enhancing Our Leadership Skills

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DEVELOPING Our Careers, ENHANCING Our Leadership Skills

A Washington Psychiatric Society Membership Development & Excellence Initiative

Eliot Sorel, Chair
Hind Benjelloun, Shanique Cartwright, Lisa Catapano, Maryam Razavi, Enrico Suardi
Vice-Chairs


I. Leadership & Career

a. leadership- terminology, principles, opportunities- local, state, national, global- Hind & Eliot
b. primary care, psychiatric medicine, public health- Enrico, Maryam & Eliot
c. leadership opportunities, early career and MIT - Hind, Carol & Maryam
d. why belong to the APA, what has/is doing for me lately- Shanique & Roger

II. Career & Leadership

a. academic/research track- Lisa and Husseini
b. practice, public, private, combined- Enrico, James, Beth, Bob
c. medical economics, developing your career- Shanique & Mike
d. professional, family, quality of life balance- Kayla & Catherine

III. Minority and national affairs, career, leadership, challenges & opportunities- Annelle & Dale- May ’08

IV. Goals

a. Career Development Opportunities identification & implementation;
b. Leadership Skills Enhancement;
c. 100% DC Residents Membership in APA by 2010

V. Process

a. Combine Career and Leadership in Clusters I & II, repeated once
b. Do them under the aegis of the DC Residents’ Journal club
c. at St.E’s,(I), Georgetown,(II) GWU, (I), Howard, (II) - one each- on designated academic day
d. January 30th, March 13, March 27, April 17
e. Cluster III -Career, Leadership, Minority & National Affairs, Sunday May 4th, time & place to be decided

VI. Outcomes/satisfaction

a. formative – career development, leadership skills enhancement
b. summative satisfaction survey
c. report to Area III September/08
d. plan for 2009 autumn 2008
e. possible workshop at the APA in 2009
f. possible workshop at world congress in 2010
g. possible Residents’ theses
h. 100% DC Residents’ APA membership by 2010
Cluster I: Leadership

- Module A: Leadership Philosophies
- Module B: Early Career and MIT Leadership Opportunities
- Module C: Primary Care, Psychiatric Medicine, and Public Health
- Module D: Why Should I Care About the APA?
Developing Our Careers, Enhancing Our Leadership Skills

Eliot Sorel, M.D. & Hind Benjelloun, M.D.

Leadership Module

Leadership Module Table of Contents

- Leadership Definition
- Leadership Vision
- Effective Leaders’ Thinking
- Leaders’ Assets, Qualities
- Medical Leadership Practices
- Fundamental Leadership Skills
- Leadership Knowledge, Skills, Attitudes Enhancement
- Professional Organizations Leadership Opportunities
- Career Leadership Opportunities
- References & Useful Links
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Leadership Definition

- Leader- one that leads or guides
- Leadership- Capacity or ability to lead
- Cluster of knowledge, skills, positive attitude
- Think big, can do spirit
- Clear and well defined mission and vision
Developing Our Careers, Enhancing Our Leadership Skills
Eliot Sorel, M.D. & Hind Benjelloun, M.D.

Leadership Vision

- Achieve mission, equipping people for excellence
- Legacy, initiatives last beyond the leader
- Competence continuity in leadership vision, practices, qualities and fundamentals
- Leadership learning never ends

Effective Leaders’ Thinking

- Leadership as necessary, essential to achieve mission
- Equipping others for excellence to achieve mission
- Aware of their actions and communications’ impact
- Practical art and science that can be learned
- Not just a natural gift bestowed upon chosen few
- Continually develop as a leader-assets & practices
Developing Our Careers, Enhancing Our Leadership Skills
Eliot Sorel, M.D. & Hind Benjelloun, M.D.

Leaders’ Assets, Qualities

- Honesty
- Positive
- Competent
- Inspiring
- Fair-minded
- Bread-minded
- Supportive
- Straightforward
- Dependable
- Independent
- Cooperative
- Determined
- Imaginative
- Ambitious
- Courageous
- Caring
- Mature
- Loyal
- Perseverent
- Self-aware, self-regulated

Medical Leadership Practices

- Patients first
- Shared vision
- Shared mission
- (goals & objectives)
- Clarify values
- Scan environment
- Lead change
- Take responsibility
- Demonstrate integrity
- Build trust
- Build alliances
- Define roles, direction
- Empower people
- Equip people
- Encourage people
- Promote innovation
- Seek feedback
- Provide feedback
- Confront, resolve problems
- Recognize contributions
- Support development
- Influence the community
- Influence policy
Fundamental Leadership Skills

1. Conceptual - dealing with ideas
   - Think creatively
   - Make sound judgments
   - Reason analytically
   - Critically and
   - Ethically

Leadership Fundamental Skills, continued

2. Strategic
   - Navigating the right strategic course
   - Consistent with
   - Mission, vision
   - Values
   - Goals
Developing Our Careers, Enhancing Our Leadership Skills
Eliot Sorel, M.D. & Hind Benjelloun, M.D.

Leadership Fundamental Skills, continued

3. Interpersonal

- For equipping people,
- Listening,
- Coaching,
- Teaching,
- Counseling,
- Motivating,
- Empowering

4. Tactical

- Executing strategy
- Interpersonal
- Conceptual
- Technical skills
- Bearing on specific situations
5. Technical

- Executing operational tasks & functions
- In clinical settings
- Administration & finance
- Professional organizations
- Community
- Policy settings

6. Entrepreneurial

- Draws upon all other skills
- Emphasis on creativity
- Leveraging
- Risk taking - political, social, financial
- In service to new or improved initiative
Leadership Knowledge, Skills and Attitudes Enhancement

1. Self-Awareness - the ability to recognize and understand your emotions, drives, moods, as well as their effect on others - enhancing
   - self-confidence
   - realistic self-assessment
   - self-deprecating sense of humor

2. Self-regulation - the ability to control or redirect disruptive impulses & moods, the ability to suspend judgment - to think before acting - enhancing
   - trustworthiness & integrity
   - comfort with ambiguity
   - openness to change

3. Motivation - a passion to work for reasons that go beyond money or status, a propensity to pursue goals with energy and persistence, enhancing
   - Strong drive to achieve
   - Optimism, even in the face of failure
   - Organizational commitment
Developing Our Careers, Enhancing Our Leadership Skills
Eliot Sorel, M.D. & Hind Benjelloun, M.D.

Leadership Knowledge, Skills and Attitudes Enhancement

4. **Empathy**: ability to understand emotional make up of others and respond to them in accord with that understanding, enhancing
- Expertise in identifying, building and retaining talent
- Cross-cultural sensitivity
- Service to clients, customers, patients

5. **Social Skills**: proficiency in managing relationships and building networks, ability to find common ground and build rapport, enhancing
- Effectiveness in leading change
- Persuasiveness
- Building and leading teams

Professional Leadership Opportunities Highlights

American Psychiatric Association

- District Branch
- Area
- Assembly
- Councils & Committees
- Board of Trustees
Developing Our Careers, Enhancing Our Leadership Skills
Eliot Sorel, M.D. & Hind Benjelloun, M.D.

Professional Leadership Opportunities Highlights, continued

American College of Psychiatrists
- Laughlin Fellows
- Prite Fellows
- Awards

World Psychiatric Association
- Sections
- Fellowships

American Medical Association
- City, State & National levels
  - House of Delegates, Committees, Councils, Commissions, Board

World Medical Association
- National representations
  - Committees, Councils, Commissions, Board
  - Assembly
Developing Our Careers, Enhancing Our Leadership Skills
Eliot Sorel, M.D. & Hind Benjelloun, M.D.

Career Leadership Opportunities Highlights

- Clinical - inpatient, outpatient, php-services, management
  - consultation/liaison
  - public & private
- Research - Academic centers research units
  - Public & private
  - NIH, NIMH, WHO
  - Many Others
- Education - Medical students
  - Residents- Psychiatry, Primary Care, others
  - Public health- MPH, Ph.D.
- Health policy - US-Federal, state, local; Global

References and Useful Links

- American College of Physicians Executives, www.acpe.org
- Leader to Leader Institute, www.pfdf.org
- Center for Creative Leadership, www.ccl.org
  www.harvardbusinessonline.hbsp.harvard.edu
- Board Source, National Center for Nonprofit Boards
  www.boardsource.org
Early Career & MIT Leadership Opportunities
Hind Benjelloun, M.D.
Maryam Razavi, M.D.
Carol Tripitelli, M.D.

Career/Leadership Monograph
- An endless reference!
- Will guide towards leadership and financial opportunities.
- Application to the APA.
- Your opinion matters to us!
Member In Training

- Apply for membership to the APA and WPS (application in packet)
- Goal of DC Psych Residents’ in APA 100% club by 2010. We can do it easily!
- Join DC Psychiatry Residents’ Listserv
  (yahoo groups search DC psychiatry residents or www.health.groups.yahoo.com/group/depresident
s/).
- Residents’ Village
  (www.depysych.org/residents).

Trail to Effective Leadership

1. Get Involved In The World of Psychiatry!
2. Find Your Niche!
3. Connect With the Right Mentor!
4. Be a Mentor!
5. Be Proactive! Be Proactive! Be Proactive!
Get Involved in the World of Psychiatry!

- Apply to the APA and local branch.
- Leadership Within the APA
  - Local Branch—Our WPS!
  - Assembly Committee of Area MIT Reps (ACOM)
  - Committee of Residents and Fellows (CORF)

Find Your Niche

- What are you passionate about? We need you!
- Exploring specialty organizations.
- They want residents involved!
- (see Hit the Road Running)
Connect with the Right Mentor

- Psychiatrists in DC embrace residents and encourage involvement.
- Your mentor is out there.
- Make the connection and benefit from it.
- Mentorship is critical for the fine tuning of your leadership skills.

Be a Mentor

- You are a resident. You are a teacher. You are a mentor. You are a leader.
- Maintain the integrity of psychiatry.
- Guide your students.
- Reference The Residents’ Village for great resources for students interested in psychiatry!
Be Proactive! Be Proactive! Be Proactive!

- An appropriate word for the times: CHANGE
- Psychiatry is dynamic.
- Great leadership is essential—Let us continue to maintain and enhance the integrity of our field!

Awards and Fellowships

- Apply apply apply!
- There is funding out there for you.
- Again, be proactive!
- See Hitting the Road Running for an impressive, thorough list of awards/fellowships offered (who would have known?!?). Host, name, sponsor, deadline, purpose, etc.
Meetings Around the Globe!

- Travel and meet colleagues from around the world.
- Psychiatry is a small community.
- Networking!
- Opportunities!
Developing Our Careers,  
Enhancing Our Leadership Skills: 
Primary Care, Psychiatry and 
Public Health Module 

Maryam Razavi, M.D., Eliot Sorel, M.D., Enrico 
Suarti, M.D. 
January 30, 2008

Outline

- Year 1, January-June 2008
  - Literature review
  - Oral presentations, handout and syllabus
- Year 2, September 2008-June 2009
  - Focus on D.C.: survey of primary medical and psychiatric 
    care and public health
  - Update in oral presentations, handout and syllabus
- Year 3, September 2009-June 2010
  - Data analysis; report with recommendations
  - Presentations and publications
Literature Review Summary

- Epidemiological data
  - Disability, morbidity and mortality in serious mental illness
- Problems with access to care in the seriously mentally ill
  - Patient factors, provider factors, system factors
- Primary care and psychiatry, psychiatry and public health
  - Guidelines and recommendations
  - National, State and Local level

Causes of Disability: United States, Canada, and Western Europe, 2000

- Mental Illnesses 24.0%
- Alcohol and Drug Use Disorders 12.0%
- Alzheimer’s Disease and Dementias 7.9%
- Musculoskeletal Diseases 7.8%
- Respiratory Diseases 6.0%
- Cardiovascular diseases 5.0%
- Sense organ diseases 4.5%
- Injuries (disabling) 4.25%
- Digestive diseases 3.5%
- Communicable diseases 3.0%
- Malignant neoplasms 2.9%
- Diabetes 2.5%
- Migraine 2.0%
- All others 13.0%
Initial Treatment Contact

- Failure to make prompt initial contact pervasive
- Large numbers never make contact
- Failure and delay risk factors for severity and comorbidity

Why Should we be Concerned About Morbidity and Mortality?

- People with serious mental illness served by our public mental health systems die, on average, at least 25 years earlier that the general population
The Problem

- Increased morbidity and mortality largely due to preventable medical conditions:
  - Metabolic disorders, CVD, DM
  - High prevalence of modifiable risk factors (obesity, smoking)

- Some psychiatric medications contribute to risk

- Monitoring and treatment guidelines to lower risk, underutilized in SMI populations

Recent Multi-State Study Mortality Data: Years of Potential Life Lost

<table>
<thead>
<tr>
<th>Year</th>
<th>AZ</th>
<th>MO</th>
<th>OK</th>
<th>RI</th>
<th>TX</th>
<th>UT</th>
<th>VA (IP only)</th>
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</thead>
<tbody>
<tr>
<td>1997</td>
<td>26.3</td>
<td>25.1</td>
<td>28.5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1998</td>
<td>27.3</td>
<td>25.1</td>
<td>28.8</td>
<td>29.3</td>
<td>15.5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1999</td>
<td>32.2</td>
<td>26.8</td>
<td>26.3</td>
<td>29.3</td>
<td>26.9</td>
<td>14.0</td>
<td></td>
</tr>
<tr>
<td>2000</td>
<td>31.8</td>
<td>27.9</td>
<td>24.9</td>
<td></td>
<td></td>
<td>13.5</td>
<td></td>
</tr>
</tbody>
</table>

Causes of Morbidity and Mortality in People with Serious Mental Illness

While suicide and injury account for about 30-40% of excess mortality, about 60% of premature deaths in persons with schizophrenia are due to “natural causes”

- Cardiovascular disease
- Diabetes
- Respiratory diseases
- Infectious diseases

Schizophrenia: Natural Causes of Death

- Higher standardized mortality rates than the general population from:
  - Diabetes 2.7x
  - Cardiovascular disease 2.3x
  - Respiratory disease 3.2x
  - Infectious diseases 3.4x
Mental Disorders and Smoking

- Higher prevalence (56-88% for pts with schizophrenia) of cigarette smoking (overall U.S. prevalence 25%)
- More toxic exposure for pts who smoke (more cigarettes, larger portion consumed)
- Smoking is associated with increased insulin resistance
- Similar prevalence in bipolar disorder

Modifiable Risk Factors Affected by Psychotropics

- Overweight/Obesity
- Insulin resistance
- Diabetes/hyperglycemia
- Dyslipidemia


## ADA, APA, American Association of Clinical Endocrinologists, North American Association for the Study of Obesity: Consensus Conference on Antipsychotic Drugs and Risk of Obesity and Diabetes

<table>
<thead>
<tr>
<th>Drug</th>
<th>Weight Gain</th>
<th>Diabetes Risk</th>
<th>Dyslipidemia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clozapine</td>
<td>++</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>Olanzapine</td>
<td>++</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>Risperidone</td>
<td>++</td>
<td>D</td>
<td>D</td>
</tr>
<tr>
<td>Quetiapine</td>
<td>++</td>
<td>D</td>
<td>D</td>
</tr>
<tr>
<td>Aripiprazole</td>
<td>+/-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Ziprasidone</td>
<td>+/-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

## ADA/APA/AACE/NAASO Consensus on Antipsychotic Drugs and Obesity and Diabetes: Monitoring Protocol

<table>
<thead>
<tr>
<th>Metric</th>
<th>Start</th>
<th>4 wks</th>
<th>8 wks</th>
<th>12 wks</th>
<th>6 mo.</th>
<th>12 mo.</th>
<th>5 yrs.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal/family Hx</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weight (BMI)</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Waist circumference</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blood pressure</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fasting glucose</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
SMI & Reduced Use of Medical Services

- Fewer routine preventive services (Druss 2002)
- Worse diabetes care (Desai 2002, Frayne 2006)
- Lower rates of cardiovascular procedures (Druss 2000)

Access and Quality of Care

- Patient factors, e.g.: amotivation, fearfulness, homelessness, victimization/trauma, resources, advocacy, unemployment, incarceration, social instability, IV drug use, etc.
- Provider factors: Comfort level/attitude of healthcare providers, coordination between mental health and general health care, stigma
- System factors: Funding, fragmentation
Psychiatry and Primary Care

- Pts with mental illness live shorter lives and have higher rates of medical comorbidities
- Difficult for pts to navigate fragmented care systems
- Mental illness may interfere with compliance and adherence with treatment
- Severe mental illness causes a downward social drift, complicating access to care
- Veracity of somatic complaints of pts with mental illness may be questioned and second guessed

Psychiatry and Primary Care

- Pts must pass through a number of filters in order to arrive at the specialized mental health care level

- Pt must decide to seek help (diagnosis, relationship with the primary care provider, beliefs/attitudes, goals)
Psychiatry and Primary Care

- PCP must recognize psychiatric needs and integrate them with other health needs of pt (knowledge/skills, pressures, perceived goals, relationship with pt and mental health care providers)

- Referral to specialized mental health care (health care environment: health plan, available resources, accessibility of care)

Psychiatry and Primary Care

- Psychiatrists are responsible for diagnosing and treating medical conditions that occur as a result of their own therapeutic actions

- Need to remain alert for medical conditions that can cause, trigger, or exacerbate psychiatric conditions and/or interfere with treatment

- Need to monitor, screen and educate for medical conditions that disproportionately affect psychiatric patients
Psychiatry and Primary Care

- Psychiatrists must medically evaluate and provide basic primary medical care for seriously mentally ill pts without adequate access to general health care.

- Need to become advocates and facilitators for access to care of disenfranchised pts.

Psychiatry and Primary Care

- Integration of psychiatric and primary medical care models produces better services and outcomes at comparable costs.

- Videoconferencing may facilitate integration of primary and psychiatric care.
Psychiatry and Primary Care

- Psychiatrists, particularly in private practice settings, can face considerable challenges when integrating medical and psychiatric care
- Obstacles include absence of ancillary personnel for monitoring health status
- Time constraints important: time to identify and communicate with medical colleagues and resources in community

Psychiatry and Public Health

- Need to look at pathways to psychiatric treatment and problems of coordination of community resources on behalf of pts with mental illness
- Illness alone does not set the person on the path to a treatment facility; individuals’ self perceptions, dynamics of family interaction, and societal value systems need to be understood
Psychiatry and Public Health

- Mental health should be regarded as part of public health: the logic of good administrative organization calls for closer relations between psychiatry and public health
- Both psychiatry and public health should be regarded as preventive medicine: advance in the protection and improvement of the physical health of the population requires a mental health orientation

Psychiatry and Public Health

- Need for long-term planning, nation-wide programs of health education, increased use of auxiliary services
- Adequate information re direct and indirect economic loss of mental disorders could open the way to far-reaching policy and system changes
Recommendations:
National and State Level

1. Seek designation of people with SMI as both an at-risk and a health disparities population.

2. Establish coordinated mental health and general health care as a healthcare priority.

3. Promote integrated mental health and physical health care for persons with SMI.

4. Education and advocacy: policy makers, funders, providers, individuals, family, community

Recommendations:
National and State Level

- Develop a quality improvement (QI) process that supports increased access to physical healthcare and ensures appropriate prevention, screening and treatment services.
- Target common causes of increased mortality and chronic medical illness in the SMI population
- Include all key stakeholders: agencies, practitioners, individuals and their families, academic and training institutions in QI planning and review
- A key component: training and technical assistance for practitioners in both mental health and primary health fields
**Recommendations: Local Agency/Clinician**

- Screen for general health with priority for high risk conditions
- Offer prevention and intervention, especially for modifiable risk factors (obesity, abnormal glucose and lipid levels, high blood pressure, smoking, alcohol and drug use, etc.)
- Screen, monitor and intervene for medication risk factors related to treatment of SMI (e.g. risk of metabolic syndrome with use of second generation antipsychotics)
- Treatment per practice guidelines

---

**Recommendations: Local Agency/Clinician**

- Care coordination Models:
  - Assure that there is a specific practitioner in the MH system who is identified as the responsible party for each person’s medical health care needs being addressed and who assures coordination of all services.
  - Routine sharing of clinical information with other providers (primary and specialty healthcare providers as well as mental health providers)
**Recommendations: Local Agency/Clinician**

- Support consumer wellness and empowerment to improve personal mental and physical well-being:
  - educate/share information to make healthy choices regarding nutrition, tobacco use, exercise, implications of psychotropic drugs
  - teach/support wellness self-management skills
  - teach/support decision making skills
  - motivational interviewing techniques
  - Implement a physical health Wellness approach consistent with recovery principles, including supports for smoking cessation, good nutrition, physical activity and healthy weight.
- attend to cultural and language needs

**Recommendations Overview**

- Prioritize the Public Health Problem
  - Target Providers, Families and Clients
  - Focus on Prevention and Wellness
- Track Morbidity and Mortality in Public Mental Health Populations
- Implement Established Standards of Care
  - Prevention, Screening and Treatment
- Improve Access to and Integration of Physical Health and Mental Health Care
Prevalence of Diagnosed Diabetes in General Population Versus Schizophrenic Population

Diagnosed Diabetes, General Population
Diagnosed Diabetes, Schizophrenic Patients
References

Why Should I Care About The APA??

R. Peele M.D.
S. Cartwright M.D.

What Is The American Psychiatric Association?

- The American Psychiatric Association is a medical specialty society recognized world-wide.
- Approx. 35,000 U.S. and international member physicians work together to ensure humane care and effective treatment for all persons with mental disorders, including mental retardation and substance-related disorders.
- It is the voice and conscience of modern psychiatry. Its vision is a society that has available, accessible quality psychiatric diagnosis and treatment.
What Is The Mission of the APA?

- Promote the highest quality care for individuals with mental disorders (including mental retardation and substance-related disorders) and their families.
- Promote psychiatric education and research.
- Advance and represent the profession of psychiatry.
- Serve the professional needs of its membership.

Public Awareness

- Provide mental health education for health care providers through CME as well as for the general public through workshops, conferences and public service announcements, and through observance of dates such as National Suicide Prevention Week.
- For example, the APA recently produced "Father/Son," a 30-second public service announcement to raise awareness about suicide.
APA Relevance Today

Research - APIRE

- American Psychiatric Institute for Research and Education (APIRE) - established in 1998 to contribute to the scientific base of psychiatric practice and policy.
- Conduct clinical and health services research to bridge the gap between research and practice, and to inform health policy.
- Enhance educational and research capacities to improve the quality of psychiatric care.
Research – APIRE cont’d.

- Foster careers in psychiatric research, focusing on all levels of career development from medical students to board certified psychiatrists.
- Identify scientific opportunities and stimulate research to refine national and international classifications of mental and behavioral disorders across the life span.
- Inform health policy by providing fellowship and visiting scholar opportunities in a range of areas related to psychiatric research, training, and practice.

Ethics

- Provides various workshops that assist psychiatrists in making decisions as to what is or is not ethical in clinical practice.
- The Information is laid out on the APA website, after having been drafted by various experts in the field and combined with opinions from psychiatric clinical experience.
Providing Guidelines for Psychiatric Treatment

- APA practice guidelines are intended to assist psychiatrists in clinical decision-making and to improve patient care. They also document evidence available to determine appropriate care.
- APA practice guidelines are developed by expert work groups, who review available evidence using an explicit methodology. Drafts undergo wide review by experts, allied organizations, and any APA member on request.
- Every guideline is also reviewed and approved for publication by the APA Assembly and Board of Trustees.

Guidelines cont’d.

- The development of APA practice guidelines has not been financially supported by any commercial organization.
- Watches briefly summarize significant developments in the scientific literature since guideline publication, and are available to all for reference.
- A continuing medical education (CME) course, quick reference guide, patient and family guide, and other tools may be available for individual practice guidelines.
Job Bank

- Acts as a Candidate Resource.
- Website available for psychiatrists to search for available jobs in psychiatry.
- Website also available to psychiatrists and APA members to conduct an effective job or practice search.
- Offers sample cover letters.

Job Bank cont’d.

- Offers sample curriculum vitae for members to use for reference.
- Self-Assessment Questionnaires.
- Offers practice management for early career psychiatrists, in the form of a handbook, which may be useful to psychiatrists who may just be starting out practicing on their own.
Cluster II: Career

- Module A: Academic/Research Track
- Module B: Practice—Public, Private, Combined
- Module C: Medical Economics, Developing Your Career
- Module D: Keeping Your Life in Balance During Residency
WPS Initiative:
Developing Our Careers, Enhancing Our Leadership Skills

Lisa Catapano, MD, PhD
Husseini Manji, MD
National Institute of Mental Health

Outline

- How to find a mentor
- How to identify postdoctoral opportunities and/or sources of funding
- How to write a grant
- How to get promoted
Outline

- How to find a mentor
- How to identify postdoctoral opportunities and/or sources of funding
- How to write a grant
- How to get promoted

How to find a mentor

- Find someone with appropriate skills
- Find someone with desirable relationships
- Be mentorable
Outline

- How to find a mentor
- How to identify postdoctoral opportunities and/or sources of funding
- How to write a grant
- How to get promoted

How to identify postdoctoral opportunities and/or sources of funding

- Government (non-NIH): NSF, DOD, etc.
- Foundations: Stanley, NARSAD, etc.
- Private/commercial: Big Pharma, Biotech
- Others
- Loan repayment programs
Outline

- How to find a mentor
- How to identify postdoctoral opportunities and/or sources of funding
- How to write a grant
- How to get promoted

How to write a grant

- Get to know your IRB
  - Get to know the members (especially from your department) and office staff
  - Learn the rules! Attend IRB training
  - Get familiar with the big issues (informed consent, beneficence, justice)
  - Remember, at the end of the day, they're there to help
Outline

- How to find a mentor
- How to identify postdoctoral opportunities and/or sources of funding
- How to write a grant
- How to get promoted

How to get promoted

- Know the hierarchy, process, and expectations re: tenure
- Achievements in three domains
  - Research
  - Education
  - Social
How to get promoted – con’t

- Research achievements
  - Know metrics for evaluating research accomplishments
  - Develop goals re: publishing
  - Ensure protected time for research
  - Give presentations to develop speaking skills and build name recognition

How to get promoted – con’t

- Educational achievements
  - Know metrics for evaluating educational accomplishments
  - Teaching portfolio – keep track of major teaching accomplishments
  - Evidence of “scholarship of teaching”
How to get promoted – con’t

- Achievements in social domain (non-clinical service contributions)
  - Committees
  - Professional societies
  - Advocacy groups
  - NIH study sections/internal review groups
  - Editorial boards
  - Examining for medical boards

Resources

- NIH positions/grants
  - www.nimh.nih.gov/research-funding/index.shtml
- Search tool for private funding sources
  - researchfunding.duke.edu
- Selected private foundations
  - www.narsad.org
  - www.stanleyfoundation.org
Developing Our Careers, Enhancing Our Leadership Skills

*Practice: Private, Public, Combined*

James Eaton, M.D.
Robert Kiesling, M.D.
Beth Morrison, M.D.
Enrico Suardi, M.D.

Outline of Multi-Year Project

- Year 1, January-June 2008
  - Literature review
  - Oral presentations, handout and syllabus
- Year 2, September 2008-December 2009:
  - Survey of:
    - D.C. psychiatric residency program curricula and rotations
    - Recent graduates of D.C. psychiatric residency programs
    - EPS psychiatrist
- Year 3, January-June 2010
  - Data analysis and report writing
  - Presentations and publications
Literature Review Summary

- 1996 and 2002 APA National Survey on Psychiatric Practice
- Traditional distinction between private and public psychiatry dated
- 2006 survey of psychiatric residency directors on essential tasks for public-sector care
- Value of inter-institutional integration and leadership skills in organization settings

Disclaimer

- Slide # 8 was reproduced from: Banz J. et al., The Tipping Point From Private Practice to Publicly Funded Settings for Early- and Mid-Career Psychiatrists, Psychiatric Services, November 2006 Vol. 57 No 11


- Slides # 18-19 were reproduced from: Yedidia M.J. et al., A Survey of Psychiatry Residency Directors on Current Priorities and Preparation for Public-Sector Care, Psychiatric Services, February 2006, Vol. 57 No 1
Psychiatric Practice: Private, Public and Combined

- 45% of all health care costs in the US covered by Medicare, Medicaid, VA, Indian Health
- 60% total health care costs covered by public sources considering tax subsidies to employers
- 55% of the 73 billion $ spent in the US for mental health in 1997 from public sources

Psychiatric Practice: Private, Public and Combined

- APA 1996 and 2002 National Surveys of Psychiatric Practice
- Direct patient care hours in publicly funded settings on the rise
- More direct patient care hours in publicly funded settings then in solo office practices in 2002
Psychiatric Practice: Private, Public and Combined

- Half of the psychiatrists practice in organizational settings where funding is increasingly public
- Early-career psychiatrists earning a salary while building up their private practices?
- The trend is extending to mid-career psychiatrists
- The image of the psychiatrist sitting in a private office is old

Psychiatric Practice: Private, Public and Combined

- Commercial insurances: low reimbursement rates and plenty of hassles
- Only patients who pay out of pocket accepted in many private practices
- Medicare and Medicaid relatively more profitable for hospitals
- Salaried positions in organizational settings palatable: good benefits, less paperwork, liability
Psychiatric Practice: Private, Public and Combined

- Due to financial pressures, psychotherapy increasingly provided by non-M.D. clinicians
- Emphasis on brief forms of psychotherapy
- Emphasis on psychiatry’s medical model
- Psychiatrists encouraged to function as providers of prescriptions

Psychiatric Practice: Private, Public and Combined

- Psychiatric and medical care under total government control in the U.S. Unlikely
- Private and public psychiatric must coexist and cooperate
- Most organizational settings funded by both public and private funds
- Traditional distinction between private and public sector dated
Psychiatric Practice: Private, Public and Combined

- 2006 survey of psychiatric residency directors on essential tasks for public-sector care
- Tasks entailing the integration within the mental health system rated as the most important
- Tasks requiring integration of services across institutions with different missions rated as the least important
- Yet such tasks are central to the delivery of effective public-sector care

Psychiatric Practice: Private, Public and Combined

- Three times as many people with mental illness in jails and prisons as in psychiatric institutions
- Coordination of services for marginalized populations requires negotiation with institutions that have different missions and cultures
- Residency programs need to value inter-institutional integration
- Alliances are needed among programs to develop rotations in boundary-spanning settings as shelters, prisons, public mental hospitals
Psychiatric Practice: Private, Public and Combined

- Psychiatric residents need more training in systems of care issues, multidisciplinary organizational dynamics

- Residency Programs, professional organizations and behavioral health systems need to foster psychiatrists’ leadership skills in organizational settings

### Table 1

Results of the National Survey of Psychiatric Practice for early-, mid-, and late-career psychiatrists for 1996 and 2002

<table>
<thead>
<tr>
<th>Work setting and career stage</th>
<th>1996</th>
<th>2002</th>
<th>t</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hours per week in publicly funded settings</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Early career</td>
<td>40</td>
<td>50*</td>
<td>-3.59</td>
<td>.004</td>
</tr>
<tr>
<td>Mid-career</td>
<td>29</td>
<td>44*</td>
<td>-2.88</td>
<td>.02</td>
</tr>
<tr>
<td>Late career</td>
<td>24</td>
<td>25</td>
<td>-1.66</td>
<td>.13</td>
</tr>
<tr>
<td>Hours per week in solo office practice</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Early career</td>
<td>22</td>
<td>17</td>
<td>.76</td>
<td>.47</td>
</tr>
<tr>
<td>Mid-career</td>
<td>36</td>
<td>29</td>
<td>.25</td>
<td>.81</td>
</tr>
<tr>
<td>Late career</td>
<td>53</td>
<td>49</td>
<td>.53</td>
<td>.61</td>
</tr>
</tbody>
</table>

* APA members only (N=970 for 1996, N=817 for 2002). Ns are not provided for each group because percentages are weighted.

df=19

p<.05
The mean total number of hours per week is 46.4 (95% confidence interval 44.9–47.9); 99% confidence intervals given in parentheses. Psychiatrists with missing values (N=9) were not included in the findings.

FIGURE 3. Distribution of Payment Mechanisms for Direct Patient Care as Percents of Direct Patient Care Income of 875 Psychiatrists in the 1996 National Survey of Psychiatric Practice*
TABLE 3. Financial Arrangements of Psychiatrists in the 1996 National Survey of Psychiatric Practice

<table>
<thead>
<tr>
<th>Financial Arrangement</th>
<th>Percent of Psychiatrists (N=1087)</th>
<th>95% Confidence Interval</th>
</tr>
</thead>
<tbody>
<tr>
<td>Main source of payment for direct patient care services (N=1087)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Private or commercial insurance</td>
<td>31.8</td>
<td>31.4-32.2</td>
</tr>
<tr>
<td>Self-pay</td>
<td>11.7</td>
<td>11.3-12.1</td>
</tr>
<tr>
<td>Medicare</td>
<td>16.3</td>
<td>15.6-17.0</td>
</tr>
<tr>
<td>Other government public</td>
<td>9.8</td>
<td>8.9-10.7</td>
</tr>
<tr>
<td>Other (e.g., self-pay)</td>
<td>7.2</td>
<td>6.2-8.2</td>
</tr>
<tr>
<td>Uncompensated</td>
<td>6.1</td>
<td>5.1-7.1</td>
</tr>
<tr>
<td>Type of health plan (N=1087)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nonmanaged public insurance</td>
<td>22.2</td>
<td>19.7-24.7</td>
</tr>
<tr>
<td>Managed private insurance</td>
<td>19.6</td>
<td>17.7-21.5</td>
</tr>
<tr>
<td>Managed behavioral health care plans</td>
<td>15.8</td>
<td>13.9-17.8</td>
</tr>
<tr>
<td>No coverage</td>
<td>13.1</td>
<td>11.6-15.8</td>
</tr>
<tr>
<td>Full-service health maintenance organization or preferred provider organization</td>
<td>9.7</td>
<td>8.0-11.4</td>
</tr>
<tr>
<td>Don't know</td>
<td>9.5</td>
<td>7.6-12.0</td>
</tr>
<tr>
<td>Other</td>
<td>4.7</td>
<td>6.7-8.7</td>
</tr>
<tr>
<td>Managed care plan, unspecified</td>
<td>3.3</td>
<td>2.4-4.2</td>
</tr>
</tbody>
</table>

*The percent estimates do not add up to 100% because of rounding.
*Psychiatrists with missing values (N=101) were not included in the findings.
*Psychiatrists with missing values (N=101) were not included in the findings.

Characteristics of the 114 Residency Programs Surveyed about Training for Public-Sector Care

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amount of emphasis placed on public sector training</td>
<td></td>
</tr>
<tr>
<td>More emphasis than average program</td>
<td>36</td>
</tr>
<tr>
<td>The same emphasis as the average program</td>
<td>34</td>
</tr>
<tr>
<td>Less emphasis than the average program</td>
<td>30</td>
</tr>
<tr>
<td>More than one of the primary training sites</td>
<td></td>
</tr>
<tr>
<td>General hospital</td>
<td>55</td>
</tr>
<tr>
<td>Outpatient</td>
<td>32</td>
</tr>
<tr>
<td>Inpatient</td>
<td>78</td>
</tr>
<tr>
<td>Other</td>
<td>5</td>
</tr>
<tr>
<td>Ownership of primary training site</td>
<td></td>
</tr>
<tr>
<td>Privately held</td>
<td>36</td>
</tr>
<tr>
<td>Managed by another HMO</td>
<td>45</td>
</tr>
<tr>
<td>Other</td>
<td>45</td>
</tr>
<tr>
<td>For profit</td>
<td>61</td>
</tr>
<tr>
<td>For profit</td>
<td>39</td>
</tr>
</tbody>
</table>

*Information from the American Medical Association's Residency Data Base. The database did not have access to the results.
Priority ratings and coverage of tasks in residency training that are central to the delivery of public-sector care, by type of integration

<table>
<thead>
<tr>
<th>Variable</th>
<th>Within the mental health system (group 1)</th>
<th>Across social service systems (group 2)</th>
<th>Across institutions with different missions (group 3)</th>
<th>Conclusions t df</th>
</tr>
</thead>
<tbody>
<tr>
<td>Priority scores of tasks¹</td>
<td>Mean SD</td>
<td>Mean SD</td>
<td>Mean SD</td>
<td>1 vs. 2 10.61*** 1.113</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2 vs. 3 14.98*** 1.113</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1 vs. 3 9.77*** 1.113</td>
</tr>
<tr>
<td>Percentage of tasks for which training is required by the residency program</td>
<td>90</td>
<td>22</td>
<td>55</td>
<td>30 32 1 vs. 2 9.29*** 113</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2 vs. 3 11.18*** 113</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1 vs. 3 6.14*** 113</td>
</tr>
<tr>
<td>Average percentage of programs that rely on continuous clinical responsibility to address required tasks</td>
<td>72</td>
<td>33</td>
<td>55</td>
<td>41 38 1 vs. 2 4.65*** 98</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2 vs. 3 7.94*** 68</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1 vs. 3 2.79** 62</td>
</tr>
</tbody>
</table>

¹ Possible scores range from 1 to 10, with higher scores indicating higher priority.

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- Yudkin M.J. et al., A Survey of Psychiatrist Resident Directors on Current Priorities and Preparations for Public- Sector Care, Psychiatric Services, February 2006, Vol. 57 No 1
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66
Developer Our Careers,
Enhancing Our Leadership Skills
A WPS Membership Development Initiative

Medical Economics: Enhancing and Protecting
Your Income

Michael Houston, M.D.
Associate Professor of Psychiatry and Pediatrics
George Washington University Medical School

Physician’s Income

- Factors
  - Complexities of U.S. Healthcare Industry
  - Number of Payers
Physician’s Income

- General Trends
  - Income ↓↓ with ↑↑ Managed Care
  - Urban >> Rural
  - Private Practice > Employed
  - Male >> Female
  - Overall average ~ 200 K

Psychiatrist’s Income

- Private Practice >> Group
  Practice >> Contracted = Academic = Public Sector
- Income varies by:
  - Hours worked
  - Geography
Psychiatrist’s Income

- General Psychiatry
  - Low $149,000
  - Average $169,000
  - High $238,000
- Child & Adolescent Psychiatry
  - Low $158,000
  - Average $189,000
  - High $265,000

Types of Practices

- Solo Practice
- Individual Practice Association
- Group Practice without walls
- Multispeciality Group Practice
- Physician Hospital Organization
- Salaried Staff Position
Compensation Models

- Straight Salary/Minimum Income Guarantee +/- Incentive Bonus
- Equity/Equal Shares
- Productivity Based Compensation
- Capitation or Productivity + Capitation

Contract Negotiations

- Compensation
- Non-compete clauses
- Termination Provisions
- Equity Ownership
- Other Provisions: Malpractice Insurance, Health Insurance, Retirement Benefits, Vacation, CME, Licensing, Board Certification
Insurance

- Malpractice
- Business
- Health
- Life
- Personal Liability
Spending Distribution by Contributors*, 2005

Households, businesses, and government all contribute significantly to the financing of health care.

Spending Distribution by Payer, 2005

Despite the perception that U.S. health care is primarily financed by the private sector, public funds account for 45 percent of medical spending.
Figure 1: Percent Change in Average Physician Income, Adjusted for Inflation, 1995-2003

Note: Physician income data are based on reported net income from the practice of medicine (after expenses and before taxes). The Bureau of Labor Statistics (BLS) Employment Cost Index of wages and salaries for private sector “professional, technical, and specialty” workers was used to calculate estimates for these workers. All inflation-adjusted estimates were calculated using the BLS online inflation calculator (http://www.bls.gov/cpi/calculator/).

Source: Community Tracking Study Physician Survey

---

How Practice Pays

The overall median income for psychiatrists in group practice in 2003 was $162,572.

Overall: $162,572

1 to 2 years in specialty: $143,914

Group Type:
- Single specialty: $156,457
- Multispecialty: $161,730

Region:
- Eastern: $146,369
- Midwest: $160,469
- Southern: $166,138
- Western: $165,285

Source: Medical Group Management Association 2003
Keeping Your Life in Balance During Residency..
Catherine May
Kayla Pope

Program Overview

- The Biopsychosocial Model
  - Physical Health
  - Mental Health
  - Social Health
  - Spiritual Health
  - Professional Growth and Development
Program Objectives

Recognize that the challenge of balancing one’s personal and professional obligations is ongoing and shared by others.

Have a greater understanding of the different demands made on your time and the importance of balancing those demands.

Acquire different coping strategies to help you maintain balance in your life.

Physical Health

The Dos…

Exercise- where are those gym shoes?

Nutrition- if you missed that lecture, things you should know

Sleep- caffeine is not a substitute..
Physical Health

The Don’ts....

Ignoring signs of fatigue and stress

Alcohol...moderation = ?

And other substances of abuse...

Mental Health

- Therapy...good for you and good for your patients
- Stigma on seeking care
- How to find a therapist
Mental Health…

Setting limits…

- Being realistic about time demands
- Learning to say no
- The importance of prioritizing
- What to do when demands exceed supply

Mental Health…

We are all in this together….  

- Know the warning signs
  - Depression
  - Substance Abuse

- Reaching out to colleagues who need help
  - The direct approach
  - When to refer
Social Health

- Significant others
  - Keep them involved in your life
  - Develop relationships with colleagues and their SOs
  - Remember to give as well as receive
Social Health…

- Starting a family during residency
  - Pregnancy during training
  - Family Medical Leave Act
  - Childcare

Social Health…

- Community Involvement…
  - Church
  - School
  - Public Service
Social Health...

- Fun...have a little along the way
  - Recreation
  - Hobbies
  - Interests

Spiritual Health

- Meditation and Mindfulness
- Venerate your ancestors...
- Religious community as a resource
Professional Growth and Development

- Mentorship
  - Sounding board
  - Opening doors and making resources available
  - Where to find them...

Professional Growth and Development

Developing your identity as a professional

- Local involvement- WPS, WCCAP, MPS, MedChi, DC Medical Society

- National Involvement- APA, AACP, AMA
Professional Growth and Development

- Learning to see the glass as half full
  - Give yourself credit for your accomplishments
  - Forgive yourself for the mistakes...that’s why it is called training

Resources

Therapy Referrals

- Washington Psychoanalytic Institute
- Baltimore Washington Psychoanalytic Institute
- Employee Assistance Programs
Cluster III: Minority and National Affairs

- Challenges and Opportunities for Leadership
APA Office of Minority 
and National Affairs 
(OMNA): 
Challenges and 
Opportunities for 
Leadership 
Annelle B. Primm, MD, MPH 
Director of Minority and National Affairs 
American Psychiatric Association 
Associate Professor of Psychiatry 
Johns Hopkins School of Medicine

OMNA Mission

- To contribute to the improvement of quality of care for diverse and underserved populations
- To meet the professional needs of psychiatrists from under-represented groups
Our Priorities

- Increase diversity in psychiatry
- Foster the professional well-being of psychiatrists from underrepresented groups
- Increase knowledge of the mental health needs of underserved populations
- Educate communities about mental health disparities
- Forge alliances to prevent and eliminate disparities

Our Issues & Constituencies

- People of African, Asian, Hispanic, Native American descent
- Women
- Gay, Lesbian and Bisexual Issues
- International Medical Graduates
- Religious and Spiritual Issues
- Social Issues and Public Psychiatry
- Poverty and Homelessness
- Jails and Prisons
- Children, Adolescents and Families
- Military, Veterans and Families
- College Mental Health
How We Do What We Do

- Advocate
- Build alliances
- Convene
- Create opportunities to fill in gaps
- Educate

Why We Do What We Do

- Striking disparities in mental health care for people of color
  - Less likely to receive services
  - Poorer quality of care
  - More likely to be misdiagnosed, under-diagnosed, under-treated
  - Higher morbidity and mortality from the leading causes of death
  - Impose great disability burden on people of color regardless of socioeconomic status
- Culture Counts
- Need for greater diversity among psychiatrists and mental health professionals especially among leaders
Why We Do What We Do

- Overrepresentation diverse and underserved populations among:
  - Homeless
  - Correctional facilities
  - Victims of violence and trauma
  - Child welfare
  - Immigrants and refugees
  - Chronic disease and disability

Vicious Cycle in Diverse & Underserved Communities
### Barriers and Mediators to Equitable Health Care for Diverse Racial and Ethnic Groups and Other Underserved Populations

#### Barriers
- Personal/Family
- Accessibility
  - Culture
  - Language/Spanish
  - Attitudes/beliefs
  - Preferences
- Health behavior
- Education/reverse discrimination
- Reliability
- Appointments
- Slow organized
- Transportation
- Financial
- Insurance coverage
- Reimbursement levels
- Public support

#### Use of Services
- Visits
  - Primary care
  - Specialty
  - Emergency
- Procedures
- Prevention
- Diagnostic
- Therapeutic

#### Mediators
- Quality of provider
  - Cultural competence
  - Communication skills
  - Technical skills
  - Risk/compromising
  - Appropriateness of care
  - Efficiency of treatment
  - Patient adherence

#### Outcomes
- Health status
  - Mortality
  - Morbidity
  - Wellbeing
  - Functioning
- Equity of service
- Patient view of care
- Expectancy
- Satisfaction
- Effective partnership

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### Landmark Reports & National Initiatives

- 1997 Cultural Competence Standards
- 1998 President Clinton’s Presidential Initiative on Healthcare Disparities
- 2000 IOM Crossing the Quality Chasm
- 2001 SG Report on MH: Culture, Race, & Ethnicity
- Culturally and Linguistically Appropriate Standards (CLAS), Office of Minority Health
- 2002 IOM Unequal Treatment: Confronting Racial & Ethnic Disparities in Health Care

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Landmark Reports & National Initiatives

- 2003 President Bush’s New Freedom Commission on Mental Health
- 2004 IOM In the Nation’s Compelling Interest: Ensuring Diversity in the Health Care Workforce
- 2005 Commission to End Health Care Disparities (AMA, NMA, NHMA)
- 2005 Sullivan Report, Missing Persons
- AAMC Health Professionals for Diversity
- 2005 IOM Health Care for Mental and Substance Use Conditions

OMNA Products and Contributions to the Field

- Videotape: Real Psychiatry, to increase diversity in psychiatry
- CME Curriculum in partnership with NAMI on treating depression in diverse populations for M.D.s in primary care
- Clinical manual: Disparities in Psychiatric Care: Clinical and Cross-Cultural Perspectives (eds. Ruiz & Primm, in development)
OMNA Products and Contributions to the Field

- All Healers Mental Health Alliance convened by APA to facilitate mental health services and support to disaster-affected people and their caregivers
- National Minority Mentors Network of psychiatrist leaders of all backgrounds committed to developing and nurturing the next generation of diverse psychiatrist leaders

OMNA Products and Contributions to the Field

- OMNA on Tour, traveling mental health disparities awareness program to foster collaboration, advocacy, and strategic action at the grassroots level
- Community-based depression awareness initiative (upcoming), 6 public forums around the country for local community leaders, physicians, health/social services organizations, and the general community
OMNA Products and Contributions to the Field

- Awards recognizing excellence in psychiatrist leaders
- Fellowships
  - SAMHSA, AstraZeneca
  - Program for Minority Research Training in Psychiatry (in collaboration with APIRE)
  - Spurlin Congressional Fellowship
  - GlaxoSmithKline Leadership Fellowship
  - Shire Child and Adolescent Psychiatry Travel Award
- Medical student programs
  - Mentoring, travel scholarships, addiction and HIV psychiatry summer externships

Transformational Leadership for increasing diversity and eliminating disparities

- Important issue for the mental health workforce
- Inspire and motivate followers
- Challenge the status quo
- Create new visions
- Initiate new approaches and innovations
- Stimulate creative and emotional drive in staff
- Deliver excellence
Call to Action for Transformational Leaders

- Consciousness of mental health impact of racism, ethnocentrism, and xenophobia
- Appreciation of the social determinants of mental health
- Person-centered care
- Recovery-oriented care
- Culturally competent care

Call to Action for Transformational Leaders

- Consumer, family and community participation in planning and policy-making ("Nothing about us without us")
- Public health focus
- Prevention
- Outcomes
- Multi-systemic and Multidisciplinary collaboration
- Transparency, accountability, sustainability
Hitting the Road
Running...

A Guide to a Variety of Opportunities for the DC Psychiatry Resident and Early Career Psychiatrist
Welcome

Welcome to the Residents' Village! Our Village within the WPS site represents an area of the web that is designed to unite Washington DC psychiatry residents from the four psychiatry residency programs in DC--Georgetown, George Washington, Howard, and St. Elizabeth's--with the anticipation to expand ourselves nationally and globally! This web site will encourage residents to become increasingly proactive within APA politics and leadership, and guide residents to contribute to our Washington DC mental health community in addition to providing valuable tools throughout their residency. We envision the development of a new community.

September 2005 marked the commencement of this collaborative effort to bring area psychiatry residents together by the first PGY I & II gathering at the Cosmos Club hosted by the Cosmos Club Health Group and from the DC Chapter, Drs. Connie Dunlap, Eliot Sorel, and Mariam Razavi.

As exemplified by the philosophy of the WPS web, our updated web site is intended to be a virtual meeting place for area psychiatry residents to share ideas, opinions, and thoughts about their psychiatry experience, and to collect valuable resources and references to guide them in their residency years.

Invitation to Join the DC Psychiatry Residents' Listserv!
The listserv is current active with members from all four DC area psychiatry residencies. Please join at: http://health.groups.yahoo.com/group/dcpsychresidents/

Not An APA/WPS Member? Join NOW! Let’s Get all DC Residents in the 100% Club! http://www.psych.org/edu/res_fellows/rf/
Fellowships/Awards/Leadership

There are many ways residents can get involved in the APA. Find the below listed APA Leadership opportunities at the following:
http://www.psych.org/edu/res_fellows/rf/leadership.cfm

- Run for national office (MITT and MITTE)
- Committee of Residents and Fellows (CORF)
- Assembly Committee of Area Members-in-Training Representatives (ACOM)
- Through APA-sponsored fellowships
- APA/Lilly Chief Residents Executive Leadership Program

Find the below listed APA fellowships and awards at the following:
http://www.psych.org/edu/res_fellows/rf/awardsfellowships.cfm

- APA/ Shire Child & Adolescent Psychiatry Fellowships
- Minority Fellowships
- Jeanne Spurlock, M.D. Congressional Fellowship
- PMRTP Program for Minority Research Training in Psychiatry
- Research Colloquium for Junior Investigators
- APA/Lilly Resident Research Award
- APA/Lilly Psychiatric Research Fellowship
- APA Wyeth-Ayerst M.D./Ph.D. Psychiatric Research Fellowship
- American Psychiatric Institute for Research and Education/Janssen Scholars in Research on Severe Mental Illness
- APA/BMS Fellowship in Public Psychiatry The Robert Wood Johnson Clinical Scholars Program
- APA/ GlaxoSmithKline Fellowship
- Fellowships and Awards from Other Organizations

Leadership Within APA

There are many ways residents can get involved in the APA.

- Run for national office (MITT and MITTE)
  http://www.psych.org/edu/res_fellows/rf/mitte.cfm
- Committee of Residents and Fellows (CORF)
  http://www.psych.org/edu/resoper2.cfm
- Assembly Committee of Area Members-in-Training Representatives (ACOM)
  http://www.psych.org/edu/res_fellows/rf/acom/acomhome.cfm
- APA/Lilly Chief Residents Executive Leadership Program
  http://www.psych.org/edu/res_fellows/program/index.cfm
Developing Our Careers, Enhancing Our Leadership Skills

Awards/Fellowships/Travel Opportunities

American Association of Directors of Psychiatric Residency Training

George Ginsberg-AADPRT Fellowship Award
-- to reward the accomplishments of residents interested in education and teaching travel and participation in annual meeting
For further details, contact: aadprt@psychiatry.uchc.edu

American Association of Directors of Psychiatric Residency Training

International medical Graduate mentorship Program in psychiatry
-- to promote the professional growth of promising international med. Graduates mentorship, travel and expenses at PG 2 or 3, or 4 if going to fellowship
For further details, contact: aadprt@psychiatry.uchc.edu

The American College of Neuropsychopharmacology

Graduate Education Program Award(travel
-- to encourage the involvement and development of young teacher-scientists in psychopharmacology travel to ACNP
For further details, contact: acnp@acnp.org

The American College of Neuropsychopharmacology

Memorial Travel Awards
--to support the attendance of young investigators (under 40) at the ACNP meetings
For further details, contact: acnp@acnp.org

The American College of Neuropsychopharmacology

Postdoctoral Fellowship Awards for Minorities
-- to encourage the development of young scientists of ethnic and racial minorities who have demonstrated professional and scientific interest in the field of neuropsychopharmacology.
For further details, contact: www.acnp.org acnp@acnp.org

American College of Psychiatrists

Award for Creativity in Psychiatric Education
--to award a program which fulfills the criteria established by the education award committee
For further details, contact: ACP, 510-704-8020

The American College of Neuropsychopharmacology

Laughlin Fellowship Program
-- support travel and costs to attend annual ACP meeting
For further details, contact: Anne Ornelas de Lemos, Anne@ACPsych.org
**The American College of Neuropsychopharmacology**

*Prite Fellowship*

to help write the examination travel expenses, membership on Prite committee

For further details, contact: Carol Bernstein MD, 510-704-8020

**American Academy Psychiatry and the Law**

*Rappeport Fellows*

--opportunity for outstanding residents with interest in psychiatry and the law to develop their knowledge and skill

For further details, contact: Donna Schwartz-Watts MD, 803-434-4698

**American Foundation for Suicide Prevention**

*Postdoctoral Fellowship*

-- to enable young investigators to qualify for independent careers in suicide research

For further details, contact: www.afsp.org/888-333-afsp

**American Psych Institute of Research and Education**

*Kemp Award*  
award and support

-- award student and mentor 1.5K to senior researcher and 20K to young researcher working with senior researcher

For further details, contact: eguerra@psych.org

**American Psych Institute of Research and Education**

*Lilly Psychiatric Research Fellowship*

-- focus on research and personal scholarship

For further details, contact: eguerra@psych.org

**American Psych Institute of Research and Education**

*Research Fellowship*

-- support post-graduate trainees with research experience, specifically to focus on research and scholarship

For further details, contact: eguerra@psych.org

**American Psych Institute of Research and Education**

*Young Faculty Award for Research Development in Biological Psychiatry Award*

-- to support research by a junior faculty member in the biology and psychopharm of mood disorders and/or anxiety disorders.

For further details, contact: eguerra@psych.org

**American Psychiatric Institute**

*Janssen Scholars in Research on Severe mental Illness Fellowship fellowship*

to encourage residents to choose career in clinical and health services research in areas related to schizophrenia, bipolar illness or other forms of severe mental illness

For further details, contact: 202-682-6127 or eguerra@psych.org
American Psychiatric Institute  
*Health Services Research Scholars program research*  
-- to make their mental healthcare dataset available for research purposes  
For further details, contact: prntemp@psych.org

American Psychoanalytic Association  
*Fellowship Program*  
-- encourage and extend interest in psychoanalysis/attendance at 2 annual meetings, subscriptions to journal, mentorship--note: even non-nonawardees get mentors  
For further details, contact: 212-752-0450 x12 (http://apsa.org/fellows)

Anxiety Disorders Association of America  
*Junior Faculty Research Grants*  
--to increase the pool of independent investigators with interest in anxiety  
For further details, contact: www.adaa.org 301-231-9350

APA/Aventis Annual Meeting Travel Program for Women Residents in Psychiatry  
*Travel Award*  
-- awards female residents interested in future leadership positions in organized medicine and in the APA/supports travel and expenses for APA meeting  
For further details, contact: Tara McLoughlin, 202-682-6171  
tara@psych.org www.psych.org/women/womenresidents.cfm

APA/Bristol-Myers Squibb  
*Fellowship Program*  
-- to heighten awareness of psychiatric opportunities in the public sector, to contribute to professional development  
For further details, contact: bedner@psych.org

APA/Janssen Resident  
*IPS Travel Scholarship Program*  
-- supports travel and costs to attend Institute on Psychiatric Services travel and participation in annual meeting  
For further details, contact: Nancy Delanoche Ndelanoche@psych.org or 202-682-6126

APA/Lilly  
*Psychiatric Research Fellowship*  
-- conduct research and for personal scholarship, 45K residents about to complete, demonstrates potential for research but not yet extensively trained  
For further details, contact: Darrel A Regier, MD, MPH, American Psychiatric Institute of Research and Education, 1400 K street, NW, Washington DC 2005
**APA/Lilly**
Resident Research Award Competition award Eli Lilly and Co. 11-Dec wards - the best, original, unpublished scientific paper, $1500 to resident, $1000 to program
For further details, contact: Sherrie Batey @ (203) 682-6098

**APA**
*Award for Research in Psychiatry*
--lifetime achievement award 5K, awarded at APA citizen of US, sponsor has to be APA member
For further details, contact: Harold Goldstein, Ph.D, goharold@psych.org

**APA**
*Daniel X Freedman Congressional Fellowship*
-- offer an exciting, hands-on educational experience in Federal health policy by working directly with a US Senator or Congressman in DC (6 months)
For further details, contact: Barbara Matos 202-682-6286 or bmatos@psych.org

**APA**
*Minority Fellowship Program in Psychiatry*
-- to provide recipients with the means to engage in or expand activities that address culturally relevant aspects of mental health in their residency training
For further details, contact: mking@psych.org

**APA**
*Research Colloquium for Junior Investigators*
-- provide guidance, mentorship and encouragement to young investigators in the early phases of their training
For further details, contact: eguerra@psych.org

**APA**
*Young investigator's breakfast award*
-- to honor young investigators interested in research
For further details, contact: eguerra@psych.org

**APA**
*Drug Abuse Research Scholars Program in Psychiatry*
-- identify and promote junior faculty psychiatrists who are esp. promising candidates for careers in drug abuse clinical and health services research support and mentoring
For further details, contact: eguerra@psych.org

**Association of Women Psychiatrists**
*AWP/Wyeth-Ayerst Fellowship Program*
-- developing leadership of potential, interim in and commitment to women's health and academic excellence and community mental health service 2.5K stipend to attend For further details, contact: womenpsych@aol.com
**Howard Hughes Medical Institute**
*Postdoctoral Research Fellowship for Physicians*
-- interns, residents wanting full time training in fundamental research
For further details, contact: www.hhmi.org grantpos@hhmi.org

**Howard Hughes Medical Institute**
Research Training Fellowships for medical students fellowship (several types)
-- medical student wanting research experience
For further details, contact: www.hhmi.org gpub@hhmi.org or fellows@hhmi.org

**NARSAD**
*Young Investigator Award*
-- enable promising investigators to either extend their research fellowship training or to begin careers as independent research faculty
For further details, contact: amoran@ix.netcom.com

**National Consortium of Residents**
*Fitzhugh Mullan Award to Resident Leadership*
-- to acknowledge residents involved in community and other leadership positions, who "find the time to make a difference"
For further details, contact: www.residents.org

**National Institute of Healthcare Research**
*John Templeton Spirituality and Medicine Award for Psychiatry*
-- to award programs in subject area of spirituality and medicine
For further details, contact: www.nihr.org

**NIMH**
*Outstanding Resident Award*
-- to honor PGY-2 psychiatric residents with outstanding academic potential attendance at NIH awards program
For further details, contact: office of fellowship training, NIMH, 301-496-8032

**NIMH**
*Program for Minority Research Training in Psychiatry*
-- sponsor full-time research training of minority medical students, psychiatric residents and post-resident fellows
For further details, contact: James Thompson, 1-800-852-1390 or eguerra@psych.org

**Pfizer**
*The Pfizer Postdoctoral Fellowship Grants in Biological Psychiatry*
-- "to provide support to promising physicians who wish to conduct original research in an academic environment"
For further details, contact:.physicianscientist.com
**Pfizer**
*Visiting Professor Program in Psychiatry*
-- "to advance the study of psychiatry by sharing cutting-edge clinical and research knowledge among medical schools and teaching hospitals in the US"
For further details, contact: 1-800-201-1214

**Rockefeller Bros. Foundation**
*Charles E Culpeper Scholarships in Medical Science*
-- to provide US medical schools with up to 3 years of support, including salary and core research expenses, on behalf of carefully selectee physicians of high potential achievement who are committed to careers in academic medicine
For further details, contact: www.rfbf.org 212-812-4200

**American Society of Clinical Psychopharmacology**
*Travel Award*
--resident with interest in clinical psychopharmacology
For further details, contact: 212-268-4260

**American Academy of Psychoanalysis**
*Paper award*
-- honors the psychiatric trainee authors who submit the two best clinical papers each year award, presentation at meeting and submission to journal
For further details, contact: aapny@aol.com

**Society of Biological Psychiatry**
*Lilly Travel Fellowship award*
-- to aid in training of a new generation of psychiatric academicians 1.5K for travel to annual meeting
For further details, contact: 904-953-2842

**American Association of Directors of Psychiatric Residency**
*Peter Henderson MD Memorial Award*
-- award for the best unpublished paper in the general area of Child and Adolescent Psychiatry
For further details, contact: aadprt@psychiatry.uchc.edu
Developing Our Careers, Enhancing Our Leadership Skills

Psychiatric Conferences Worldwide

http://www.conferencealerts.com/psychiatry.htm

March 2008

01 Psychiatric Congress Regional Extensions 2008 8 Cities Across the Nation DC, SF, Chi, Phila, NY, LA, Houston, Atl
02 ENDO DEPRESSION CME COURSE ATHENS Greece
03 HPA AXIS HYPERACTIVITY SYNDROMES ATHENS Greece
05 Neuropalliative rehabilitation London Other
06 Topics and Advances in Internal Medicine San Diego California
07 Treating Tobacco Dependence in Mental Health Settings Conference New Brunswick New Jersey
07 Workshop on Neuro-Linguistic-Programming Lucknow India
14 Integrative approaches to Affective Disorders Cape Town South Africa
16 3rd International Congress on Women's Mental Health Melbourne Australia
19 Wireless Network Security - Issues and challenges Bangalore India
24 Neuroimaging in Dementia at The Four Seasons Hotel in Toronto Canada
25 Proud of Who We Are, 115th Annual Training Conference & Expo Minneapolis Minnesota
25 Understanding Youth Suicide: A Meeting of Differing Perspectives Ma'ale Hachamisha Conference Center, Jerusalem, Is Israel
27 7th International Conference on the Care and Treatment of Offenders with a Learning Disability Preston United Kingdom
27 HIV and Gender- Creating an enabling environment Sarajevo BOSINA AND HERZEGOVINA

April 2008

02 British Psychological Society Annual Conference Dublin Ireland
05 16th European Congress of Psychiatry Nice France
09 Virtual Reality International Conference (VRIC'08) Laval France
09 Anger Solutions Train the Trainer Niagara-on-the-Lake Canada
10 Mind, Brain, and Experience:At the Intersections of Philosophy, Science, and Medicine Denver CO
14 Neurology for the Non-Neurologist Sarasota Florida
14 From Innovations to Practice: The Promise and Challenge of Achieving Recovery for All Hyatt Regency Hotel, Memorial Dr., Cambridge, MA. Massachusetts
15 MedReg 2008 London United Kingdom
15 Globalization, Psychiatry and Mental health Jeddah Saudi Arabia

May 2008

03 American Psychiatric Association, 2008 Annual Meeting Washington, DC
06 Nottingham Systematic Review Course 2008 Nottingham United Kingdom
As humans we continually story our experiences. We construct our world through our personal, community, institutional and political narratives. This conference explores how narrative underlies teaching, learning, the arts, and healthcare.

07 Mental Health Mechanics...Tools for the Trade Medicine Hat Canada
07 Narrative Matters Toronto Canada

07 Neuropsychiatry & Psychology in Modern Times Athens Greece
23 The International ME/CFS Conference 2008 - Sub Grouping of and Treatments for ME/CFS London United Kingdom
23 1st International Conference on Integrative, Complementary and Alternative Medicine (ICAM) and Mental health Toronto Canada
26 16th Annual David Berman Memorial Concurrent Disorders Conference Vancouver Canada

**June 2008**

01 Special Session on Computational Intelligence Approach for E-Learning Applications of 2008 IEEE World Congress on Computational Intelligence Hong Kong
06 31st Annual Canadian College of Neuropsychopharmacology Conference Toronto Canada
This conference brings together Canadian and International leaders in Neuroscience, Neuropsychopharmacology and Psychiatry to present innovative symposia with a strong emphasis on translational research.
07 18th Meeting of the European Neurological Society Nice France
11 14th AEP Symposium AEP Section Epidemiology and Social Psychiatry Dubrovnik Croatia (Hrvatska)
13 27th Annual NSGP Conference - Excellence in Leadership: Understanding Ourselves and Others in Groups Wellesley Massachusetts
Experiential workshops, demonstration groups, Certified Group Psychotherapist training. Friendly and professional community of various disciplines. Discounts and scholarships available.
15 Ninth Eilat Conference on New Antiepileptic Drugs (EILAT IX) Sitges Spain
18 Depression and Other Common Mental Disorders in Primary Care Granada Spain
19 12th Annual Meeting of the Association for the Scientific Study of Consciousness (ASSC12) Taipei Taiwan
22 13th Annual CyberTherapy Conference San Diego California
26 Lyme-Autism Connection Conference Indian Wells California
The Lyme-Autism Connection conference is for physicians, patients and parents who are looking for testing, diagnosis and treatment strategies to help children and adults with Lyme disease and/or Autism Spectrum Disorder.

**July 2008**

14 The 2008 International Conference on Image Processing, Computer Vision, and Pattern Recognition (IPCV'08) Las Vegas Nevada
14 The 2008 International Conference on Artificial Intelligence (ICAI'08) Las Vegas Nevada
14 Third International Conference on Child and Adolescent Psychopathology London United Kingdom
16 Georgetown University 2008 Training Institutes Nashville Tennessee
22 12th WSEAS Int. Conf. on SYSTEMS Heraklion, Crete Island Greece
26 11th International Conference on Alzheimer's Disease Chicago Illinois

**August 2008**

17 3th Int. Conference on Applictions of Geometric Algebra in Computer Science and Engineering, AGACSE'2008 Leipzig Germany
18 The IASTED International Conference on Circuits and Systems (CS 2008)
Kailua-Kona Hawaii
23 12th Congress of the European Federation of Neurological Societies – EFNS
Madrid Spain

September 2008

04 40th Anniversary Conference of the BSA Medical Sociology Group 2008
University of Sussex, Brighton United Kingdom
05 9th Annual Interventional Neuroradiology Symposium Toronto Canada
08 14th World Congress of Psychophysiology - the Olympics of the Brain -
1OP2008 St.Petersburg, Russia Russian Federation
08 1st Global Conference: Madness: Probing the Boundaries Oxford United Kingdom
This inter-disciplinary research conference seeksto explore issues of madness across historicalperiods and
within cultural, political and socialcontexts.
10 5th World Conference on Promotion of Mental Health and the Prevention of
Mental and Behavioral Disorders Melbourne Australia
12 Manage Your Stress for Quality Living Lucknow India
20 XIV. World Congress of Psychiatry Prague Czech Republic
24 6th World Stroke Congress Vienna Austria
26 11th Congress of Bridging Eastern and Western Psychiatry Antalya Turkey
29 Neurology and Pain Management Cruise from Piraeus (Athens) Greece

October 2008

06 34th Australian College of Mental Health Nurses conference: Mental Health
Nursing a broad canvas: The art of MHN practice in an age of technology and
melbourne Australia
09 2008 NeuroPsychoEconomics Conference Munich Germany
15 Third IAPR International Conference on Pattern Recognition in Bioinformatics
(PRIB 2008) Melbourne Australia
20 3rd International Conference on Performance Evaluation Methodologies and
Tools - Valuertools 2008 Athens Greece
23 31st Annual International Conference on The Psychology of The Self Berlin,
Germany Germany
27 The 4th National Medicine for Old Age Psychiatrists Conference London United
Kingdom
30 U.S. Psychiatric & Mental Health Congress San Diego California

November 2008

01 Qatar Primary Health Care - 2008, The Foundation of Health and Wellbeing
Doha Qatar

December 2008

11 Clinical Psychology Conference London United Kingdom
Practice/Insurance/Opportunities

What documentation do I need to moonlight in the District of Columbia?
You will need your medical licence, a DC Controlled Substance Number, and a Federal DEA Number. You also need malpractice insurance. Some employers will pay your insurance, or you can purchase your own.

How do I apply for medical licensure in the District of Columbia?
The application is available online on the D.C. Department of Health web site at:
http://hpla.doh.dc.gov/hpla/ cwp/view,a,1195,q,488568.asp
To apply, you will need:

- Two passport photos
- Three character references on the prepared forms available on the web site.
- AMA profile sent to the licensing office. You do not need to be a member of the AMA for this service. Available at: https://profiles.ama-assn.org/amaprofiles/
- All undergraduate, graduate, medical and professional school transcripts in a sealed envelope. You may need to request these from each institution; however, many schools make the transcripts available on the general web site http://www.studentclearinghouse.org/
- You will need to request your USMLE scores be sent directly from the boards to the licensing office at http://www.fsmb.org/transcripts.html
- Documentation of experiences after medical school. Usually includes a letter from the GME office verifying completion of PGY-1 year and any other experiences.
- Foreign medical graduates will need to provide appropriate certificates.

TIPS:

- Begin collecting all the documentation as soon as possible. Some of the transcripts may take longer to arrive than others.
- Have all the envelopes prepared for the references. The forms are simple but make it as easy as possible for those filling out the forms.
- Follow up with the Department of Health within a reasonable time to make sure all of the documents has reached the licencing office.
- The whole process can take anywhere from a few weeks to months, so start early.

How do I apply for a DC Controlled Substance Number?
1) Obtain a DC medical license.
2) Call the Department of Health at (202) 727-1000 and request a DC Controlled Substance Application be mailed to you (not available on-line).
3) Complete the form and send in appropriate materials to obtain your DC Controlled Substance Number.
4) You may now go to the Federal DEA web site and apply for your Federal DEA Number.
This process usually takes days to weeks.
How do I apply for my Federal DEA number?
Application for a Federal DEA number can be done on-line at:
http://www.deadiversion.usdoj.gov/drugregs/index.html
NOTE:

- You must have your state medical license number prior to applying for the Federal DEA number.
- Some states such as DC require a State Controlled Substance Number in addition to the Federal DEA Number. (see above)

How do I obtain private malpractice insurance?
Many companies offer professional liability insurance; however, probably the cheapest and easiest coverage to obtain is through the APA endorsed program called the “Psychiatrists’ Program.” They specialize in coverage for psychiatrists and offer significant discounts for part-time and moonlighting work and for early career psychiatrists. Discounts and special features include:

- **Early Career Psychiatrists:** includes an offer for a complimentary CD-ROM full of risk management articles and multimedia presentations tailored for Early Career Psychiatrists, a link to a glossary of insurance terms, a “Before You Sign” checklist, and information on ECP discounts.
- **Moonlighting:** includes information on valuable moonlighting discounts as well as an offer for complimentary risk management materials.

**How do I apply for medical licensure in Virginia?**
Each state has it’s own variation of rules and documents required for licensure application. Please see the web site for details.
http://www.dhp.state.va.us/medicine/medicine_forms.htm#MedicineandSurgery

**How do I apply for medical licensure in Maryland?**
Each state has it’s own variation of rules and documents required for licensure application. Please see the web site for details.
http://www.mbp.state.md.us/forms/dr_initial.pdf

**How do I apply for and take the Psychiatry Boards?**
See the web site for the American Board of Psychiatry and Neurology for information on becoming board certified. http://www.abpn.com/
The exam schedule is found at http://www.abpn.com/exam_schedules.htm

**Moonlighting During Residency**
http://pn.psychiatryonline.org/cgi/content/full/39/5/10

**Moonlighting at the DC Jail**
The DC Dept of Corrections is starting a new project, w/ a large grant, to provide mental health assessment in the DC jail, SE DC , next door to DC General hospital and the stadium. If you are interested, please contact Dr Robert Keisling; rkeisling@unityhealthcare.org
Developing Our Careers, Enhancing Our Leadership Skills

A WPS Membership Development Project

EVALUATION OF INDIVIDUAL PRESENTATIONS OR SESSIONS

Topic:  ☐ Leadership Skills  ☐ Career Development
Date:  _________________  Your name (optional):  __________________

We would greatly appreciate your feedback on this event, and will use your comments and ratings for future planning. Please answer the questions below, using the following rating scale:

1 = Poor, or not at all  3 = Good, or somewhat  5 = Excellent, or to a great degree  N/A = Not applicable

1. Rate the content of the presentation.  1  2
   3  4  5  NA

2. Rate the degree to which the content of this presentation met your expectations.  1  2
   3  4  5  NA

3. Rate the process of the presentation (e.g., was the presentation delivered in a manner that best communicated the content?).  1  2
   3  4  5  NA

4. Rate the degree to which the process of this presentation met your expectations.  1  2
   3  4  5  NA

5. Rate the degree to which you believe this presentation is or will be helpful to you in your career.  1  2
   3  4  5  NA

6. Rate the degree to which the helpfulness or applicability of this presentation met your expectations.  1  2
   3  4  5  NA

7. Please provide additional comments about the presentation, or suggestions for future directions.
Developing Our Careers, Enhancing Our Leadership Skills

Biographies and Work Samples

Hind Benjelloun, M.D.

Dr. Benjelloun is the Chief Resident of psychiatry at Georgetown University Hospital. She forcefully pursued Washington DC for her residency because of an attraction to advocacy and national health policy, especially in relation to psychiatry. As an intern, she quickly connected with the Washington Psychiatric Society serving as a MIT representative of the DC Chapter. Currently, she is the Chair of the APA Assembly Committee of MITs, as well as the APA Area 3 MIT Representative to the Assembly. Dr. Benjelloun also serves on the Assembly Committee of Procedures, Assembly Committee on Planning, and is a member of the APA Corresponding Committee on Religion, Spirituality, and Psychiatry. She is also a voting member of the board of the Washington Psychiatric Society. Dr. Benjelloun will be the guest editor of the upcoming January 2009 edition of the *American Journal of Psychiatry’s Residents’ Journal*, which will focus on this career and leadership initiative.

Considering the historical separation of the four area psychiatry programs both in spirit and in geography, Dr. Benjelloun felt the vital need to connect the DC area psychiatry residents and positively cultivate a community among them. With this philosophy in mind, in 2007, she created the Washington DC Psychiatry Residents Listserv, an active cyber group of over 45 members. Furthermore, she lead a team of residents in the “Residents’ Village” website project in order to create a section of the WPS website designed to unite and inform, and encourage residents to become active in APA politics and leadership which was launched January 2007! In November 2006, she was honored with an award from the WPS for “Resident of the Year,” which reinforced the magnitude and vitality of this vision.

Dr. Benjelloun is originally from Fez, Morocco. She gains her greatest insight and attains her most fulfillment from world travel.

Work Sample:

Dr. Benjelloun’s connection with the American Medical Association (AMA) is extensive. As a medical student, she served as her medical school’s delegate to the AMA Medical Student Section (MSS) all four years and attended six AMA national meetings (6/06 - 12/04). In her final year, she was nationally selected to serve on the AMA-MSS Reference Committee.

As a medical student, Dr. Benjelloun authored a controversial resolution entitled “Nondiscriminatory Policy for the Health Care Needs of the Homosexual Population.” She was inspired to write this resolution after recognizing the necessity for a proactive force to fight the stigma against this critically undermined issue in medicine. This two year endeavor ended in the adoption of policy H65.976 and D65.996, two of only four AMA national policies that address the homosexual population. (The policy was also formally submitted and adopted by the Medical Society of Virginia.) An adoption of policy written by a medical student via the HOD of the AMA is considered a rare accomplishment that Dr. Benjelloun is very proud of.
H-65976 Nondiscriminatory Policy for the Health Care Needs of the Homosexual Population
Our AMA encourages physician practices, medical schools, hospitals, and clinics to broaden any nondiscriminatory statement made to patients, health care workers, or employees to include "sexual orientation, sex, or gender identity" in any nondiscrimination statement. (Res. 414, A-04; Modified: BOT Rep. 11, A-07)

D-65.996 Nondiscriminatory Policy for the Health Care Needs of the Homosexual Population
Our AMA will encourage and work with state medical societies to provide a sample printed nondiscrimination policy suitable for framing, and encourage individual physicians to display for patient and staff awareness-as one example: "This office appreciates the diversity of human beings and does not discriminate based on race, age, religion, ability, marital status, sexual orientation, sex, or gender identity." (Res. 414, A-04; Modified: BOT Rep. 11, A-07)

► Shanique Cartwright, M.D.
Shanique Cartwright is presently the Chief Resident in psychiatry at Howard University Hospital. She also was recently elected as the Area 3 MIT Deputy Representative to the APA Assembly. Dr. Cartwright graduated from Wellesley College with a degree in German Studies, then completed her medical education at Howard University College of Medicine. She is presently the Howard University Hospital's member-in-training representative to the Washington Psychiatric Society. Dr. Cartwright is from the Bahamas, and recently joined a team to help study depression in primary care settings in Jamaica. Her personal belief is that sleep is one of life's great pleasures.

► Lisa Catapano, M.D.
Dr. Catapano is a Clinical Fellow in the Laboratory of Molecular Pathophysiology at the National Institute of Mental Health (NIMH). She studies the molecular function of susceptibility genes for bipolar disorder, and the molecular mechanism of action of mood stabilizers. She is also a practicing psychiatrist at the NIH Clinical Center.

Dr. Catapano is a graduate of George Washington University’s Psychiatry Residency program, and the MD/PhD program at Harvard University and the Massachusetts Institute of Technology (MIT). She completed her PhD in Neurobiology in 2001. Her thesis work focused on the role of growth factors in the survival and development of neurons in the cerebral cortex, and the repair of cortical neuronal circuitry via transplantation of neural precursors.

During her residency, Dr. Catapano was the recipient of several pretigious awards, including the American Psychiatric Association/GlaxoSmithKline Fellowship, the Laughlin Fellowship of the American College of Psychiatrists, the NIMH Outstanding Resident Award, and election to the Alpha Omega Alpha Medical Honor Society.

In addition to her professional work, Dr. Catapano serves as the Vice President of the board of the Neil Samuel Ohiso Foundation for Compassionate Care, which is dedicated to fostering compassionate care for chronically and terminally ill patients through medical education.
Work Sample
Publications


Presentations at national meetings


Teaching opportunities
Lectures to George Washington University PGYII psychiatry residents:
  Neurotransmitters and their receptors in psychiatric diseases (August, 2007)
  Signal transduction and second messengers (August, 2007)

Service contributions
Neil Samuel Ghiso Foundation for Compassionate Care: Vice-president of the board for foundation dedicated to fostering compassionate care for chronically and terminally ill patients through medical education.

HHMI Ask A Scientist program: Scientific resource for high school students

Michael Houston, M.D.
Michael Houston, M.D. is a Child, Adolescent & Adult Psychiatrist and a graduate of the Washington Center for Psychoanalysis. He is an Associate Clinical Professor of Psychiatry and Pediatrics at the George Washington University Medical Center where he is actively involved in the education of medical students and resident physicians. Dr. Houston is an active member of the American Academy of Child & Adolescent Psychiatry and is chair of their Committee on Healthcare Access and Economics and Vice Chair of the Assembly of Regional Organizations. He is president of the Washington Psychiatric Society and past president of the Child &
Adolescent Psychiatric Society of Greater Washington. He is in full-time private practice in Chevy Chase, Maryland.

►Robert Keisling, M.D.
B.S. University of Tennessee 1968
M.D. University of Tennessee 1971

Phi Beta Kappa 1968

Board Certified in Psychiatry 1977

Fellow, American Psychiatric Association

Faculty appointments : George Washington University
Georgetown University
Howard University

Work experience:
1976-1980 Staff Psychiatrist, St. Elizabeths Hospital, Washington, D.C.
1983-1985 Director, Medical Support, St. Elizabeths Hosp.
1991-1992 Chief Clinical Officer, D.C. Dept. of Mental Health
1992-1995 Adult Services Administrator, D.C. Dept. of Mental Health
1998-1999 Medical Director, Forensic Services, St. Elizabeths Hosp.
1999-2007 Director, Behavioral Health, Unity Healthcare, Washington, D.C.
2007-present Medical Director, Pathways to Housing D.C.

Work Sample:
Workshops:
Hospital and Community Psychiatry 1989
American Psychiatric Association 1990
Psychiatric Services Institute 1997
Awards: Psychiatrist of the year, 2006, Washington Psychiatric Society
2007. D.C. NAMI

►Husseini K. Manji, M.D.
Husseini K. Manji, MD is Chief, Laboratory of Molecular Pathophysiology, NIMH, and director of the NIMH Mood and Anxiety Disorders Program, the largest program of its kind in the world. He is also a visiting professor in the Department of Psychiatry at Duke University. Dr. Manji received his B.S. (Biochemistry) and M.D. from the University of British Columbia. Following psychiatry residency training, he completed fellowship training in psychopharmacology at the NIMH and obtained extensive additional training in cellular and molecular biology at the NIDDK. The major focus of his ongoing research is the investigation of disease- and treatment-induced changes in gene and protein expression profiles that regulate synaptic and neural plasticity in mood disorders. His work has helped to conceptualize these illnesses as genetically
influenced disorders of synaptic plasticity, and has led to the investigation of novel therapeutics for refractory mood disorders. Dr. Manji is a previous recipient of numerous research awards, including the A. E. Bennett Award for Neuropsychiatric Research, the Ziskind-Somerfeld Award for Neuropsychiatric Research, the NARSAD Mood Disorders Prize (Nola Maddox Falcone Prize), the Mogens Schou Distinguished Research Award, the American College of Neuropsychopharmacology (ACNP)’s Joel Elkes award for distinguished research, the Canadian Association of Professors in Psychiatry Award, the Henry and Page Laughlin Distinguished Teacher Award, the Brown University School of Medicine Distinguished Researcher Award, and the NIMH award for excellence in clinical care and research.

In addition to his research endeavors, Dr. Manji is also actively involved in medical and neuroscience education endeavors, and has served as a member of the National Board of Medical Examiners (NBME) Behavioral Science Test Committee, the Howard Hughes Medical Institute Research Scholars Program Selection and Advisory Committee, and numerous national curriculum committees. He has developed and co-directs the NIH Foundation for the Advanced Education in the Sciences Graduate Course in the Neurobiology of Mental Illness, and has received both the NIMH Mentor of the year and Supervisor of the year awards. He has published extensively on the molecular and cellular neurobiology of severe mood disorders and their treatments, is editor of *Neuropsychopharmacology Reviews: the next generation of progress*, deputy editor of *Biological Psychiatry*, associate editor of the journal *Bipolar Disorders*, and sits on the editorial board of numerous journals. He is a Councilor of the ACNP, chairs the ACNP’s Task Force on New Medication Development, and is president-elect of the Society of Biological Psychiatry.

**Work Sample:**

Chair  
American College of Neuropsychopharmacology (ACNP)  
Task Force on Medication Development

Councilor  
American College of Neuropsychopharmacology (ACNP)

Member, Credentials Committee  
American College of Neuropsychopharmacology (ACNP)

President-Elect  
Society of Biological Psychiatry

Member  
National Alliance for Research in Schizophrenia and Affective Disorders (NARSAD) Scientific Advisory Committee

Member  
National Alliance for Research in Schizophrenia and Affective Disorders (NARSAD) Falcone Award Committee

Member  
National Alliance for Research in Schizophrenia and Affective Disorders (NARSAD) Freedman Award Committee
Member
National Alliance for the Mentally Ill (NAMI) Center on Practice & Research
Advisory Committee

Member
Howard Hughes Medical Institute-NIH Research Scholars Program Advisory Committee

Member
Child and Adolescent Bipolar Foundation Professional Advisory Council

Councilor

Co-chair, Preclinical models workgroup

NIMH Strategic Plan for mood disorders (2001)

Director
NIH Foundation for the Advanced Education in the Sciences (FAES) Graduate Course
Neurobiology of Mental Illness

Member
Board of Directors, Washington Psychiatric Society

Member
Scientific Advisory Board, Juvenile Bipolar Research Foundation

Vice-chair
RIKEN Brain Institute Review Committee for the Psychiatry and Aging Research Groups (2003--
2005)

Member
NIMH Bipolar Disorder Systematic Treatment Enhancement Program
Oversight Committee (1998- 2001)

Member
Scientific Advisory Board

Member
National Institutes of Health Study Section
(Brain Disorders and Clinical Neuroscience 6) (1998 ---2000)

Member
NIMH Promotion and Tenure Committee (2001 -- 2005)

Member
Scientific Advisory Board
NIMH Bipolar Initiative (1997 ---2000)
Member
Ethics Committee

Councilor
Canadian College of Neuropsychopharmacology (1997 – 1999)

Member, National Board of Medical Examiners (NMBE)

Member, USMLE Step I Test Material Development
Committee for Behavioral Science (1996-1999)

Member
Program Committee
Society of Biological Psychiatry (1997 ---- 2007)

Editor
Neuropsychopharmacology Reviews

Deputy Editor
Biological Psychiatry

Associate Editor
Bipolar Disorders - an International Journal of Psychiatry and Neurosciences

Editorial Board
Numerous Journals

Courses
Founding Director of NIH Neurobiology of Mental Illness Graduate Course
Participation in numerous courses, Grand Rounds, lectures.

►Catherine May, M.D.
Dr. May graduated from Indiana University Medical School in 1980. She completed a residency in Emergency Medicine at the University of Maryland Hospital a Psychiatry residency at St. Elizabeths Hospital in Washington DC. She is Board Certified in Psychiatry with Special Qualifications in Geriatric Psychiatry. Dr. May practices general adult psychiatry in Washington, DC. She is Clinical Assistant Professor of Psychiatry at George Washington University School of Medicine and Howard University School of Medicine. She supervises residents in Psychodynamic Psychotherapy and teaches in the Ethics Seminar. Dr. May is a past president of the Washington Psychiatric Society and past chair of the Ethics Committee. She is currently a Washington Psychiatric Society Representative to the American Psychiatric Association Assembly. Dr. May serves on the Board of Woodley House Programs. She participated in a SAMHSA team providing mental health services following Hurricane Katrina and has continued those efforts. She is active in her community, serving two terms as Advisory Neighborhood Commissioner for ANC3C08 in the District of Columbia government.
**E. A. Morrison, M.D.**
Medical School: University of Cincinnati College of Medicine  
Psych Residency: University of Colorado Program  
Member of: APA, WPS, Suburban MD Psychiatric Society, and DC Chapter  
Certifications: Diplomate of American Board of Psychiatry and Neurology in Psychiatry  
Types of Patients Seen: Adolescents, Adult, Couples, Families, Geriatric, Handicapped, and  
|With Neurological Disorders

**Roger Peele, M.D.**

*Positions.*
Thirty-five years at Saint Elizabeths in trainee, trainer, clinical, forensic, and administrative roles.  
Three years at Northern Virginia Mental Health Institute in clinical and administrative roles.  
Three years at George Washington University in teaching and attending roles.  
Seven years as Chief Psychiatrist, Montgomery County government -- present position.

*Academic roles.*
Faculty at Saint Elizabeths, George Washington University and Howard University most of the last 48 years.  
Chair of Psychiatry at Saint Elizabeths for 16 years.

*Publications and Presentations.*
About 50 different topics [listed at RogerPeele.com], often enhanced by others, especially enhanced by MITs.

*APA activities.*
On the Washington Psychiatric Society's Board of Directors since 1974  
A member of the Assembly since 1975, including a year as Speaker of the Assembly  
A member of the APA Board of Trustees about half the years since 1985.  
Participant in many components, the most satisfying have involved DSM-III, IIIR, IV and V.

**Kayla Pope,**
Kayla Pope is currently a PGY3 resident in psychiatry at the University of Maryland/Sheppard Pratt. Dr Pope will begin a research fellowship at the Children’s National Medical Center and the National Institute of Mental Health beginning in July, 2008. Prior to attending medical school, Dr Pope obtained her law degree from American University, and was in private practice specializing in Family Law. Her research and practice interests include juvenile justice, child abuse, and the effects of early trauma on the development of psychopathology.

Dr Pope is involved in organized medicine at both the local and national level. She serves as the resident member of the ACGME Residency Review Committee for Psychiatry. She is also involved with the American Medical Association, and serves as the resident representative for the American Academy of Child and Adolescent Psychiatry to the AMA. Dr Pope is also involved with the Maryland Psychiatry Society, where she co-chairs the Resident and Fellow Committee and serves on the Legislative Committee.

Dr Pope lives in Maryland and is married to a child psychiatrist.

**Annelle Primm, M.D.**
Annelle B. Primm, M.D., MPH is the Director of Minority and National Affairs for the American Psychiatric Association. She is also an Associate Professor of Psychiatry at the Johns Hopkins School of Medicine. From 1993 until 2004, she served as the medical director of the Johns...
Hopkins Community Psychiatry Program, a community mental health center, where she developed and oversaw a variety of mental health services for adults.

Dr. Primm is a graduate of Harvard-Radcliffe College and Howard University College of Medicine. She completed her residency in Psychiatry, fellowship in Social and Community Psychiatry, and Masters of Public Health degree at Johns Hopkins.

She is a nationally recognized expert on cultural issues in psychiatry and co-occurring psychiatric illness and substance abuse and has written and lectured widely on these topics. Dr. Primm has been a leader in collaborative public educational outreach and mental health screening initiatives focused on medically underserved populations. She is producer and host of two educational videotapes, Black and Blue: Depression in the African American Community and Gray and Blue: Depression in Older Adults.

Dr. Primm is a Distinguished Fellow of the American Psychiatric Association, a member of the American College of Psychiatrists, and currently serves as Vice President of the American Association of Community Psychiatrists. Dr. Primm is serving her second term as Vice President for Public Education of the Mental Health Association of Maryland, an affiliate of the National Mental Health Association. She has received numerous awards and honors, including the 2001 Maryland Schizophrenia Service Award and an APA Presidential Special Commendation from then APA President, Steven Sharfstein, M.D. in 2006.

Anelle B. Primm, M.D., MPH
American Psychiatric Association
Office of Minority and National Affairs
Leadership Highlights of 2004-2007

**Work Sample:**

**Convener**
Mental Health Disparities Roundtable, 2005 (co-convened with Altha Stewart, M.D., President American Psychiatric Foundation)
All Healers Mental Health Alliance 2005 (in response to mental health needs of people affected by Hurricane Katrina)
Women’s Mental Health Roundtable, 2007 (co-convened with Altha Stewart, M.D., President American Psychiatric Foundation)

**Educate**
OMNA on Tour (designed to educate communities around the nation with diverse populations about mental health disparities and their manifestations) held in Washington, DC 2005; Philadelphia 2006; Chicago, 2006; New Orleans at the Institute for Psychiatric Services, 2007 Psychiatry Grand Rounds on topics of diverse populations and mental health, cultural competence and mental health disparities and strategies for elimination: George Washington University; Maimonides-Brooklyn, NY; Medical Mayo Clinic; St. Vincent’s Hospital-NYC; University of Michigan, University of South Carolina; Virginia Commonwealth University; Guest Editor, Focus, Gender, Race and Culture, Winter 2006
Lecturer for three APA annual meetings, speaker for numerous symposia and workshops on mental health of diverse population, age and gender groups, public mental health, homelessness, access to mental health care

**Advocate**
Arranged for members of the APA Council on Minority Mental Health and Health Disparities to participate in APA’s Advocacy Day to meet with Congressional Leaders and advocate for issues regarding mental health of diverse and underserved populations
Speaker at the Congressional Black Caucus Health Brain Trust 2005, 2006

**Collaborate**
In Living Color: Depression Treatment in Primary Care collaboration with NAMI Multicultural Action Center to educate primary care physicians about screening, diagnosing and treating depression in diverse populations. Collaborated with NAMI, consumers, families, psychiatrists, physicians in primary care to education primary care practitioners about the lived experience and the science of depression and depression care in diverse populations.

▶**Maryam Razavi, M.D.**
- currently in full-time private practice
- Clinical Instructor of Psychiatry and Behavioral Sciences at GW
- ECP rep for WPS
- Chair, Membership Comm. for WPS
- Medical Degree from GW
- graduate of psychiatry residency program from GW
- Master of Health Sciences degree from Johns Hopkins University
- Small Group Leader for introductory psychiatry course with GW medical students

▶**Eliot Sorel, M.D.**
**Eliot Sorel, M.D., D.L.F.A.P.A.,** is an internationally recognized medical leader, practicing psychiatric physician, educator, and health systems policy technical advisor. His areas of expertise include also mood disorders, disorders related to traumatic events and complex emergencies, the integration of primary care, mental health and public health. He has, for the past several years, taught and directed the Global Mental Health course in the School of Public Health and Health Services at the George Washington University where he has professorial appointments in Global Health, Health Services Management and Leadership as well as in Psychiatry and Behavioral Sciences in the School of Medicine. He is the chairman of the Scientific Committee of the XX World Congress for Social Psychiatry scheduled for Marrakech, Morocco in October 2010.

Dr. Sorel is former President and Chairman of the Board of the Medical Society of the District of Columbia, former President of the World Association for Social Psychiatry and of the Washington Psychiatric Society. Currently he is one of three WPS members on the American Psychiatric Association’s Assembly and is a WPS Board member. He also serves on the American Psychiatric Association’s Council on Global Psychiatry and on the Care Quality Council. In 1990 he founded the Conflict Management and Conflict Resolution Section of the World Psychiatric Association and is its current Chairman. He
is a Fellow of the American College of Psychiatrists and a Distinguished Life Fellow of the American Psychiatric Association.

In 2004, the President of Romania awarded Dr. Sorel the *Star of Romania Order of Commander*. In addition to his clinical practice, academic, health policy and professional organizations activities, Dr. Sorel has served as a technical advisor on health systems for the Pan American and World Health Organizations, and as a television and radio commentator on health related matters. He is the author or coauthor of more than sixty scientific papers, book chapters and the editor of six books. His latest book, *The Marshall Plan: Lessons Learned for the 21st Century* is now in press at OECD in Paris.

In early May 2008, Dr. Sorel organized a coalition of academic centers, governmental, nongovernmental, and professional organizations and convened the *Lancet Global Mental Health Series, Americas’ Launch at PAHO/WHO* in Washington, D.C., a catalytic and historic event promoting the integration of scientific evidence, advocacy and health policy with the goal of enhancing access to care and ending discrimination against the mentally ill, globally.

In June 2008, he was invited by PAHO/WHO to participate, as a technical advisor, in the *WHO Europe Health Ministers’ meeting on Health & Wealth* in Tallinn, Estonia.

Dr. Sorel lives in Washington, D.C., is married, and is the proud father of a son studying law at Georgetown University and a daughter studying medicine at Harvard.

*Work Sample:*

**WASHINGTON PSYCHIATRIC SOCIETY**

**PRESIDENTIAL HIGHLIGHTS**

**THE YEAR 1999-2000 AT A GLANCE**

By Eliot Sorel, M.D., F.A.P.A.

May 10, 2000

Celebrate
WPS 50th Anniversary
WPS Awards Banquet
The Surgeon General’s Public Service Award
NAMI Exemplary Psychiatrist Awards

**Educate, Communicate, Evaluate**

*Brain Research and the Mapping of the Human Genome: Applications to Primary Care and Psychiatric Medicine Conference*

First webcast of such conference

Psychiatric Residents’ meetings at George Washington University, Georgetown University, Howard University, and St. Elizabeth’s Hospital

First meeting of the WPS President with National Alliance for the Mentally Ill Leaders of the Washington Metropolitan Area
Established listserve and website
First WPS Council Retreat
First Strategic Planning Focus Groups
WPS Executive Director and Staff performance standards
CNN interview on U.S. Presidential Candidate, Senator John McCain

Advocate
First meeting with the United States Office of Personnel Management
Mental Illness Awareness week Candlelight Vigil keynote speaker

Legislate
District of Columbia Receiver’s Performance testimony

Negotiate
MAMSI payments to psychiatrists meeting

Litigate
Joined professional colleagues in NY/NJ litigation against managed care companies’ practices. It has been a memorable year, a pleasure and a privilege to have been able to serve and lead a group of extraordinarily talented, innovative, devoted, and hard working psychiatrists. Many thanks to the WPS Council, the Executive Director, and the staff.

►Enrico Suardi, M.D.
Dr. Enrico Suardi is a third year psychiatric resident at St. Elizabeths Hospital, D.C. Department of Mental Health. He is a Member-in-Training representative of the Washington Psychiatric Society, active in the Disaster Psychiatry Committee and the Embassy Preparedness Program. A psychoanalytic fellow of the Baltimore-Washington Institute of Psychoanalysis in 2006-07, he also received a WPS special recognition award for the American Psychiatric Association 2007 Mind Games. Currently, he is a delegate to the Committee of Interns and Residents, Service Employees International Union, and organizes a monthly journal club open to all D.C. psychiatric residents.

After graduating in medicine in Milan, Italy with a thesis in molecular biology, Dr. Suardi served in the Italian Army as a medical officer. He went on to specialize in public health and preventive medicine, completing a residency program in Milan and an M.Sc. at the London School of Hygiene and Tropical Medicine (with theses on genetically modified foods and bioterrorism preparedness and response). After residency, he worked as an assistant to the medical director of a 750-bed tertiary care hospital in Milan where he also taught public health courses to nurses and nurse assistants.

Dr. Suardi has authored and coauthored several presentations and publications in public health and psychiatry. He last presented at the XIX Congress of the World Association of Social Psychiatry, Prague 2007. He has a strong interest in international affairs and conflict resolution. In July 2008, he and wife, Amy, and daughters Sofia (5) and Virginia (4) will move to New York where he will join the child and adolescent psychiatry fellowship program at the New York Presbyterian Hospital of Columbia and Cornell universities.
R. Dale Walker, M.D. (Cherokee)

Professor of Psychiatry
Professor of Public Health and Preventive Medicine
Director, One Sky National Resource Center for American Indian/Alaska Native Substance Abuse and Mental Health Services
Director, Center for American Indian Health Education and Research, Oregon Health & Science University, Portland, Oregon

1968, BS (Microbiology), University of Oklahoma
1972, MD, University of Oklahoma, College of Medicine
1972-1973, Residency, Psychiatry, University of Oklahoma College of Medicine
1975-1977, Residency, Psychiatry, University of California SOM, San Diego
1973-1975, United States Air Force
Currently licensed in Oregon, California, Colorado and Oklahoma.

Research and Scholarly Interests:

Dr. Dale Walker is professor of Psychiatry and Professor of Public Health and Preventive Medicine at Oregon Health and Science University. He serves as Director of the Center for American Indian Health, Education, and Research. His current efforts address the disparity of Native students in the health care fields and draws attention to best practices for the prevention and treatment of addiction and mental health disorders with American Indian populations.

Dr Walker is also the Director of the One Sky Center, the first National Resource Center for American Indians and Alaska Natives dedicated to improving prevention and treatment of substance abuse and mental illness.

Nationally, Dr. Walker participates in numerous community consultations and provides technical assistance promoting access to care, best practices, and effective research integration into community settings, especially focusing on American Indian populations. He has presented testimony in both houses of Federal Congress focusing on these issues, and provides leadership, direction, and advocacy for mental health and addictions parity for all citizens.

Throughout his career, Dr Walker has served locally and nationally as an advocate and activist for access to healthcare and the elimination of the stigma of mental illness and substance use disorders. A major focus of his research has been on addictions and mental health issues of American Indians. Over the past 30 years the American Indian Research Group has studied the prevalence and natural history of addiction disorders, risk and
protective factors relating to addiction disorders, the relationship between mental and addictive disorders, and treatment strategies. He and his colleagues have consulted and lectured throughout North America on American Indian/Alaska Native issues and have authored over 100 scientific articles in this area.