Psychiatry and Technology.

Technology is rapidly changing our society, and many activities now require our ability to use technology. In today’s column, I will review the state of technology as it affects daily activities. We then review our efforts to use technology positively for both the assessment and treatment of psychiatric conditions, including Depression, Post Traumatic Stress Disorder and severe mental illness. We conclude that technology-based interventions and assessment strategies have the potential to deliver benefit to a wide array of people and those with severe mental illness, including reaching people who would not have had access otherwise.

This situation, however, has the potential to lead to problems for several populations, including the elderly, the disadvantaged, and people with severe mental illness. We need strategies to address this.

Although technology is not used as extensively in the practice of psychiatry as it is in other medical areas, that is rapidly changing through the rise of mobile health in the treatment of mental conditions. Given that many people around the world suffering from psychiatric disorders do not have easy face-to-face access with a mental health clinician due to financial or logistical reasons, technology may help to fill this void.

Stanford University’s recent Medicine X emerging health technology conference, for instance, featured a panel focused on technology in psychiatric disorders, the critical role of mental health in whole person care, and depression as a co-morbid condition in chronic illness.

Today technology can enhance the understanding of cognitive function. While traditional clinical neuropsychiatry and cognitive neuroscience afford researchers with the tools to diagnose impairment and measure behavior, Smartphone and wearable technology will provide an opportunity to measure these things in more people.

Technology has opened a new frontier in mental health support and data collection. Mobile devices like cell phones, smart phones, and tablets are giving the public, doctors, and researchers new ways to access help, monitor progress, and increase understanding of mental wellbeing.

Mobile mental health support can be very simple but effective. For example, anyone with the ability to send a text message can contact a crisis center. New technology can also be packaged into an extremely (Continued on page 2)
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Show-Me Psychiatry

President’s Message

sophisticated app for smartphones or tablets. Such apps might use the device’s built-in sensors to collect information on a user’s typical behavior patterns. If the app detects a change in behavior, it may provide a signal that help is needed before a crisis occurs. Some apps are stand-alone programs that promise to improve memory or thinking skills. Others help the user connect to a peer counselor or to a health care professional. More advanced facial recognition features can also read emotional changes.

Excitement about the huge range of opportunities has led to a burst of app development. There are thousands of mental health apps available in iTunes and Android app stores, and the number is growing every year. However, this new technology frontier includes a lot of uncertainty. There is very little industry regulation and very little information on app effectiveness, which can lead patients to wonder which apps they should trust.

In the age of big data and technology, new start-ups focused on preventative mental health care are abundant. Therapy is now more accessible than ever through apps such as What’s App, Mind Shift, and Talkspace. Additionally, there has been a lot of conversation around social media and mental health, and many companies are trying to develop predictive models based on social media use. Mindstrong, a digital health company that has received tens of millions in venture-capital funding, is working on predicting mental health by measuring smartphone and smartwatch usage including how fast an individual types and scrolls. This technology is so new that public data is limited in assessing the accuracy and efficacy of Mindstrong’s tech.

There are a lot of exciting ideas and promising uses of technology in psychiatry. Remarkably, the psychiatric community is still not very good at predicting who will commit suicide. Save for a previous suicide attempt, we have very few markers to predict a future attempt. There is new research indicating that an individual’s digital presence can provide hints to the state of one’s mental health. Social withdrawal can be predicted by Smartphone usage. Google search population-based data has revealed seasonal fluctuations in suicidal ideation and depression. Use of big data, natural language processing, and data mining may provide us more information in predicting at-risk patients.

Telepsychiatry is already helping to reach millions of patients who otherwise would not have access to care. Unfortunately, peer-reviewed data and research is struggling to keep up with

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the changes happening in the digital health community. Positive steps are being taken to address this gap between new treatment modalities and lack of peer-reviewed evidence. For example, the APA is now soliciting physician ratings of the mental health applications to help physicians make informed decisions about recommending a particular app to a patient. As more research is completed in the field of digital health, exciting new options for predictive data will likely improve our ability to provide care for patients.

Researchers and software engineers are developing and testing apps that do everything from managing medications to teaching coping skills to predicting when someone may need more emotional help. Intervention apps may help someone give up smoking, manage symptoms, or overcome anxiety, depression, post-traumatic stress disorder (PTSD), or insomnia. While the apps are becoming more appealing and user-friendly, there still isn’t a lot of information on their effectiveness.

Before focusing on the state of the science and where it may lead, it’s important to look at the advantages and disadvantages of expanding mental health treatment and research into a mobile world.

New technological innovations designed to improve mental health are both exciting and frightening. Technologies are short-cuts that amplify everyday experience. Consequently, they can be significantly more beneficial, or harmful, than traditional self-improvement methods. The goal of this editorial is to discuss how specialized and everyday technologies can improve our lives, as well as highlight the weaknesses and pitfalls of using technology to assist in behavior change. Widely available technologies such as web-based assessment tools and interventions, mobile phone applications, virtual reality applications, and Patient biofeedback and monitoring devices will be emphasized. I look forward to this exciting and constantly changing journey with you.

AZFAR MALIK, MD, MBA, DFAPA
President / CMO, Center Pointe Behavioral Health System
Assistant Clinical Professor, Department of Psychiatry
Saint Louis University
I appreciate the opportunity to briefly highlight a few landmarks on my journey, including some of those personal connections that I hope will be of general interest to my colleagues.

The advances in biological psychiatry have been both fascinating and, at times, overwhelming to witness. In retrospect, it seems very limiting, back when I was a resident in the mid-1980s, to have only TCAs and MAOIs to treat depression or just neuroleptics to treat psychotic disorders (Clozaril was just coming out during my residency). But it was also a lot easier to keep track of treatment options as well trying to help treatment-resistant patients remember all the failed (or never attempted) psychotropic medication trials they had in the past. Regardless of how we feel about the advances of the past, we need to get used to the fact that even more dramatic advances are coming and will continue to come, and we won't be able to be experts on all or even most of them.

Historical and future changes in our field aside, some of my most enriching experiences as a psychiatrist have all been a bit "off the beaten path." This was literally true in the case of the four months I spent working with the Navaho Nation in Arizona in the 1990s. The wide, expansive red, brown and yellow vistas were as beautiful as they were strange to a Midwesterner. The cultural and language gulf between a "bellagonna [white] doctor" like me and my Navaho patients and co-workers was challenging at times but incredibly fulfilling and enriching to learn about and attempt to bridge. The phrase "social determinants of mental health" hadn't arisen in our professional lexicon yet. Still, the evidence of the concept was readily evident in the level of poverty on the reservation. Both parallel to and transcending the poverty however was a deep sense of spirituality and cultural integrity. One manifestation of this culture, unknown to the vast majority of us was a pervasive living--and the still traumatic memory of--"The Long Walk" of 1864 to 1866, a forced transfer on foot from the ancestral lands of the Navaho people, which has been described as an example of ethnic cleansing*. It became apparent that to properly connect with my Navaho patients as well as the staff, most of whom were also Navaho, it was essential to understand this experience.

A very different but equally enriching experience was as a civilian contractor with the U.S. Army at Fort Riley, KS, during the entire calendar year of 2008. The learning curve was steep, and I had to reconcile my own personal opposition to the Iraq war with the need to be "all in" with the Army team. I managed to do that and within a couple of months I was thriving in the disciplined, active duty, military environment. I felt proud to be considered a valuable asset to the hospital-based mental health clinic and to the organization--the 1st Infantry Division of the U.S. Army--as a whole. In caring for numerous young soldiers, I learned a great deal about the care of PTSD related symptoms often coexisting with head injuries. I also had to facilitate administrative actions, including "separations" from the Army for soldiers whose psychiatric condition precluded military service and the submission of "waivers" for the deployment of soldiers who, despite taking psychotropic medication, could still perform their duties in a combat environment. What started out as a three-month contract was extended first to 6 months then to one year.

After the Army, I took a contract job with the Missouri Dept of Corrections (DOC) at Crossroads in Cameron, MO, a "supermax" prison (designated as such due to the requirement for staff to pass a fingerprint sensor in order to leave the prison). After a break of a couple of years, I resumed work in the

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Member Spotlight
James L. Fleming, MD

Missouri DOC part-time contract now with DOC's new contractor. The correctional setting is described as a "paramilitary" in nature, primarily due to the chain of command structure among correctional officers. In this setting, one has to get used to being a "guest" but also learn how to be a valued consultant to the institution while simultaneously adhering to medical ethics, at times a challenging proposition. In general, I have found correctional psychiatry to be a meaningful experience. As a psychiatrist, I had the opportunity to provide tangible help in the form of medication, brief psychotherapy with the needy, and at times severely and acutely ill inmates as well as valuable consultation and interface with correctional staff. And in my experience, inmate patients respond particularly well when they are treated with a level of respect that they have not previously experienced either inside or outside of the correctional setting.

Throughout most of my 31-year career, I have also kept going a small but gratifying private practice. My practice has focused on a "holistic approach," utilizing a wide variety of "time-tested" complementary and natural approaches, including meditation and yoga, of which I have been both a practitioner and instructor for over 40 years. At times it has been challenging to keep up with both pharmacologic progress and advances in nutritional supplements and herbal treatments -- which have the potential to interact with pharmaceuticals -- but I have found these efforts to be helpful to my patients who are grateful.

Finally, another source of personal and professional enrichment has been my involvement in our professional association as a member of the MPPA Executive Council and especially -- since 2015 -- as a Representative of the APA's primary governance body, the Assembly. I am proud to have co-authored nine Action Papers (resolutions), all but one of which were approved by the Assembly, some of which have already been approved by the Board of Trustees and have been implemented. From the standpoint of personal development, the deliberative process of debate and advocacy involved in the work of the Assembly resulted in a tangible internal growth process for me. Through this process, I've learned how to make a strong case for particular issues while maintaining respect for alternative views.

I am grateful to the many mentors and leaders in Missouri and nationally in the APA who I have had the pleasure of working with, including our recent MPPA Presidents such as Drs. Laine Young-Walker, Henry Nasrallah, and Sherifa Iqbal. I also appreciate the many decades of involvement of Dr. Jo-Ellyn Ryall, who has served continuously in many different leadership positions. She has been a great source of guidance as has Dr. Bob Batterson, my mentor in the Assembly, as well as "all things APA." He has been a model of service to our profession and has inspired me in many ways. It has been educational in APA governance just to watch Bob progress from a leader in Missouri Psychiatry to Assembly Rep, then Area Rep, then Assembly Recorder, and eventually Speaker of the Assembly. There are many others whose knowledge and counsel I have benefited from. While space does not permit mention of them all, I do wish to acknowledge our dedicated newsletter editor Dr. Balkozar Adam who, season after season and year after year, manages to find time in her busy schedule to put together an interesting, professional newsletter. Thanks, and best wishes to all.

* https://en.wikipedia.org/wiki/Long_Walk_of_the_Navajo
Family conflict and low parental supervision are associated with suicidality in children, according to a study published today in *JAMA Network Open*.

“Although many factors that influence a child’s risk for suicide may not necessarily be directly modifiable, family conflict and parental monitoring present targets for intervention,” wrote Danielle C. DeVille, M.A., of the Laureate Institute for Brain Research and colleagues.

DeVille and colleagues analyzed baseline data from the Adolescent Brain Cognitive Development (ABCD) study, a longitudinal study supported by the National Institute of Mental Health that is tracking children from across the United States over a period of 10 years. As part of the ABCD study, 11,814 children (aged 9 and 10) and their caregivers were asked whether the children had current or past suicidal thoughts and/or had ever tried to hurt themselves.

Suicidality categories included passive suicide ideation (a wish to be dead), nonspecific active suicidal ideation (wanting to end one’s own life without considering a method or plan to do so), active suicidal ideation, or past suicide attempts. Nonsuicidal self-injury (NSSI) was defined as intentional self-inflicted damage to the body without suicidal intent. Children were placed in a given suicidality category if either they or their caregiver reported the behavior.

The researchers gathered information on family and home environments, including parental surveys that detailed the extent to which the parents supervised and/or tracked their children. They also collected the children’s reports of family conflict, including fighting, anger, criticism, competitiveness, yelling, and/or temper within the family.

Overall, 6.4% of the children had a lifetime history of passive suicidal ideation; 4.4% had nonspecific active suicidal ideation; 2.4% had active ideation with a method, intent, or plan; 1.3% had a past suicide attempt; and 9.1% had a NSSI. Additional findings include the following:

- High family conflict was significantly associated with suicidal ideation and NSSI.
- Low parental monitoring was significantly associated with ideation, attempts, and NSSI.
- Most children’s reports of suicidality and NSSI were either unknown or not reported by their caregivers; for 77% of the children who reported suicidal ideation, their caregivers denied all forms of suicidal ideation or attempts. (Families with a history of depression were less likely to have suicidality reports in which the child and parent didn’t agree.)
- Rates of suicidal ideation and NSSI were higher in boys, though there was no significant difference between boys and girls in the prevalence of suicide attempts.
- Greater financial problems were found among children who reported suicidal ideation, suicide attempts, and NSSI.
- No significant differences were found on the basis of race or ethnicity.

“The high levels of parent-child discordance in the reporting of ideation, suicide attempts, and NSSI observed in the current study may have important clinical implications,” the authors wrote. “Our findings highlight the need to ensure that suicide assessments are conducted with children directly rather than solely with the child’s caregivers.”

Reprinted from *Psychiatric news*
Pain Linked to Increased Risk of Hazardous Drinking in Smokers

Experiencing frequent or intense pain is linked to hazardous drinking in people who smoke tobacco, a study in the *American Journal on Addictions* has found. The study also suggests that the impact of pain on a person’s mood may be partly to blame.

“Relative to the general population, smokers are four times more likely to be dependent on alcohol and are more likely to experience severe pain,” wrote Lisa R. LaRowe, M.S., of Syracuse University in New York and colleagues. To examine the relationship between pain and alcohol use among smokers, the researchers analyzed measurements of pain and alcohol use in 225 people who smoked at least 15 tobacco cigarettes a day, with an average of 22 tobacco cigarettes a day.

Participants rated the amount of bodily pain they experienced in the four weeks prior to the study on a 6-point scale, with 0 representing “none” and 5 representing “very severe.” They also rated the intensity of their pain over the previous 24 hours on a scale of 0 to 10, with 10 representing the most severe. The researchers used the Alcohol Use Disorders Identification Test (AUDIT) and the Alcohol Urge Questionnaire to determine how much alcohol the participants drank, whether the participants’ alcohol use was hazardous, and whether the participants experienced a strong urge to drink. The researchers also measured the intensity of the participants’ negative emotions via the negative affect subscale of the Positive and Negative Affect Schedule.

Approximately 35% of participants who reported experiencing pain in the prior four weeks scored above the AUDIT cut-off for hazardous drinking, compared with 19% of those who reported experiencing no pain in the prior four weeks. Each one-point increase in pain severity was associated with a 47% greater likelihood of screening positively for hazardous drinking. Moreover, the higher participants scored on pain intensity, the more likely they were to experience negative moods. In turn, the more negative moods they had, the greater the urge they had to drink alcohol.

“These findings provide initial evidence that smokers with greater pain severity may also report hazardous patterns of alcohol use,” the researchers wrote. “The observed indirect association between pain intensity and urge to drink via a negative affect adds to a growing literature indicating that pain can be a potent motivator of substance use in general, and alcohol use in particular.”

*Reprinted from Psychiatric news*
“Disaster, Research, Response and Resolution”
Missouri Psychiatric Physicians Association
Spring Conference
Renaissance St. Louis Airport Hotel
9801 Natural Bridge Road
St. Louis, Missouri 63134
Saturday, April 4, 2020

Agenda

7:30 - 9:00 am General Membership Meeting

9:00 am

INTRODUCTION
Jo-Ellyn M. Ryall, MD

9:15 - 10:15 am

“DISASTER MENTAL HEALTH RESPONSE: SHOWING UP IN THE SHOW-ME STATE”
LEARNING OBJECTIVES:
1. To understand different types of disaster settings that may require disaster mental health assistance
2. To understand local disaster mental health response systems and how to engage when needed
3. To understand best practices in disaster mental health
Sherifa Iqbal, MD, MPH, MBA, DFAPA, FASAM, Disaster Mental Health Regional Lead for American Red Cross of Missouri and Arkansas

10:15 - 11:15 am

“MENTAL HEALTH RESPONSE TO NATURAL DISASTERS: EXPERIENCE FROM LARGE HURRICANE EVACUEE SHELTERS”
LEARNING OBJECTIVES:
1. Identify the role of psychiatrist during the response to a natural disaster.
2. List risk factors for vulnerable populations during a disaster.
3. Differentiate between normal responses to disasters and potential psychiatric problems.
Carol S. North, MD, MPE, DLFAPA, Medical Director, The Altshuler Center for Education & Research, Metrocare Services, The Nancy and Ray L. Hunt Chair in Crisis Psychiatry and Professor of Psychiatry, Director, Division of Trauma & Disaster, The University of Texas Southwestern Medical Center

11:15 - 11:30 am Break

11:30 - 12:30 noon

“MENTAL HEALTH RESPONSE TO MASS SHOOTINGS”
LEARNING OBJECTIVES:
1. Review mental health findings from research studies of mass shootings.
2. Examine results of 4 consistently studied mass shooting incidents using structured diagnostic interviews.
3. Discuss recommendations for mental health response to mass shootings in the broader context of mental health response to disasters more generally.
Carol S. North, MD, MPE, DLFAPA, Medical Director, The Altshuler Center for Education & Research, Metrocare Services, The Nancy and Ray L. Hunt Chair in Crisis Psychiatry and Professor of Psychiatry, Director, Division of Trauma & Disaster, The University of Texas Southwestern Medical Center
“Disaster, Research, Response and Resolution”
Missouri Psychiatric Physicians Association
Spring Conference
Renaissance St. Louis Airport Hotel
9801 Natural Bridge Road
St. Louis, Missouri 63134
Saturday, April 4, 2020

Agenda

12:30 - 1:00 pm  
Luncheon

12:30 - 1:30 pm  
“NEW MODALITIES OF TREATMENT, NEUROMODULATION, NMDA RECEPTORS ANTAGONISTS AND VMAT 11 INHIBITERS”

LEARNING OBJECTIVES:
1. To understand mechanism of Neuromodulation and how it alters the disease states.
2. Understand the role of NMDA receptors and Inotropic Glutamate receptors.
3. Understand how to treat Tardive dyskinesia with VMAT 11 inhibitors.

Azfar Malik, MD, MBA, DFAPA, President / CMO, Center Pointe Behavioral Health System, Assistant Clinical Professor, Department of Psychiatry, Saint Louis University

1:30 pm  
Closing Remarks

Moderator
Jo-Ellyn M. Ryall, MD

Registration

Name ____________________________
Organization ________________________________
Address/City, State Zip ___________________________________________________________________
Phone ____________________________ Email _________________________________________________

☐ Yes, I am a APA/MPPA member.  ☐ No, I am not a APA/MPPA member.

A block of rooms has been reserved at the Renaissance St. Louis Airport Hotel, 9801 Natural Bridge Road, Saint Louis, Missouri 63134. For reservations call 314-429-1100 by March 4, 2020 and mention “2020 Missouri State Medical Association Annual Convention” to receive the group convention rate. Mail registrations to MPPA, 722 East Capitol Avenue, Jefferson City, MO 65101 or fax to 573-635-7823. For questions call 573-635-5070 or email missouripsych@gmail.com.
This monthly newsletter is prepared by the APA’s Communications Team as a benefit for our District Branches and State Associations. Feel free to share the articles below in your own newsletter. If you have any questions, please contact James Carty at jcarty@psych.org or 202-609-7077.

Want to keep up with APA in between newsletters? Connect with us on Facebook, Twitter, (@APAPsychiatric), Instagram and LinkedIn for the latest news and updates.

What’s New at the APA
APA joined with a coalition of the nation’s leading organizations dedicated to the care, health, education, well-being, and welfare of children and families in filing an amicus brief in opposition to Trump Administration’s regulations that overturn protections guaranteed to immigrant children under the Flores Settlement Agreement. You can read more about the amicus brief, the case it regards, and the organizations involved in the coalition at https://www.psychiatry.org/newsroom/news-releases/top-organizations-encourage-appeals-court-to-rule-against-trump-administration-end-detention-of-migrant-children

Now Accepting Applications – HIV Psychiatry Elective
Apply for the 2020 Medical Student Elective in HIV psychiatry. The elective will begin with an intensive, two-day training Aug. 27-28, 2020, at the APA headquarters in Washington, D.C. The training will cover neuropsychiatric complications of HIV, somatic complaints, mood disorders, treating co-occurring substance use disorders, and more. Students then embark on a four-week clinical and/or research experience at one of several prominent universities across the country. Submit your application by April 1, 2020: https://www.psychiatry.org/residents-medical-students/medical-students/medical-student-programs/hiv-psychiatry

Early Bird Registration Now Open-Annual Meeting 2020
Don’t miss out on the lowest registration rates for the 2020 APA Annual Meeting, the premier psychiatric event of the year! Join attendees from around the world to discover new, innovative treatments and explore topics impacting the future of psychiatry.
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It’s Not Too Late to Renew Your Membership for 2020
Renew today to maintain access to valuable benefits, including the APA Learning Center, discounts on meetings and events, journals and more. You can renew online, over the phone or by mail. https://www.psychiatry.org/join-apa/renew-your-membership

Find a Psychiatrist Database
Help patients find you by being included in APA’s Find a Psychiatrist database. The database is exclusively offered to APA members as a reference source for patients and families looking for individual psychiatrists in the United States and Canada who have elected to make their information public. The database is searchable by geography, specialty and more. Opt-in today to participate. http://finder.psychiatry.org/

Make a Difference through Advocacy
APA works every day to shape policies and legislation that advance our profession and promote the highest quality of care for our patients and their families.
- Read our January Advocacy Update here: https://www.psychiatry.org/psychiatrists/advocacy/january-2020-advocacy-update
- Sign up to receive advocacy alerts and our monthly update: http://cqrcengage.com/psychorg/app/register?1&m=39947
The General Assembly is quickly approaching the halfway point in the 2020 session with more than 2020 bills already filed. Both the House and Senate have already spent a significant amount of time on several leadership priorities including charter schools, tort reform, revisions to the Clean Missouri/redistricting Amendment, and property tax issues.

MPPA is currently tracking 90 bills in this session.

Here are a few of the highlights.

HB 1322 - Designates May as “Mental Health Awareness Month”
HB 1383 - Designates July as "Minority Mental Health Awareness Month" in Missouri. This bill has been approved by the committee.
HB 1528 - Modifies provisions relating to insurance coverage for mental health conditions
HB 1693 - Establishes the "Narcotics Control Act" (PDMP) The bill has passed the House and is currently in the Senate.
HB 1820 - Enacts requirements relating to suicide prevention education and information
HB 1875 - Modifies provisions relating to antipsychotic drugs
HB 2036 - Authorizes a tax credit for certain physicians providing preceptorships
HB 2137 - Modifies provisions relating to insurance coverage for mental health conditions
HB 2210 - Establishes provisions relating to gender reassignment
HB 2260 - Adds provisions relating to medication-assisted treatment
HB 2283 - Modifies provisions relating to youth mental health preservation
HB 2481 - Modifies provisions relating to dementia training for certain persons employed as caregivers
HB 2574 - Modifies provisions relating to postpartum depression screening

SB 609 - Limits certain uses of funds from any state-settled opioid cause of action
SB 647 - Establishes the Fresh Start Act of 2020
SB 658 - Prohibits mental health professionals from engaging in conversion therapy with minors
SB 666 - Modifies provisions relating to antipsychotic drugs for MO HealthNet participants
SB 677 - Establishes the Narcotics Control Act and provides for the incineration of certain controlled substances
SB 706 - Establishes a "Prescription Abuse Registry" and modifies provisions relating to ephedrine, phenylpropanolamine, and pseudoephedrine
SB 750 - Modifies law regarding service animals
SB788 - Establishes the "Postpartum Depression Care Act"
SB918 - Modifies provisions relating to the confidentiality of certain health records
SJR50 - Requires students participating in any single-gender event or activity organized by a statewide activity association to participate in the event corresponding to the student's biological sex
QUESTION: What do these deadly poisons have in common: arsenic, radium, mercury, thallium, cyanide?

ANSWER: At one time they were all considered by physicians and the public as useful medications and/or healthy supplements. They were taken in a wide variety of lotions, potions, notions, tinctures, tonics, and pills. These poisons were recommended, sold, and prescribed freely by physicians. It took thousands of deaths and many decades before the harmful nature of these substances was perceived by physicians and the general public.

QUESTION: What disease causing carcinogenic substance was once widely used and recommended by physicians for coughs, sore throats, nervousness, and believed by the public to be harmless or salubrious?

ANSWER: Tobacco. More than half of physicians in 1940s smoked cigarettes and many recommended them to patients. Smoking was considered by the public as socially sophisticated. They believed the doctors and dentists who told them tobacco was good for heath. It took millions of deaths and many decades before the harmful nature of nicotine was widely perceived by physicians and the general public.

QUESTION: What class of drugs was widely touted by segments of the pharmaceutical industry and ‘thought-leaders,’ like Russell Portenoy, MD, in the late 1980s and early 1990s as a non-addicting panacea for pain? Physicians were told by these often industry-paid pain experts that if they did not prescribe these drugs they were not meeting the standard of care, subject to malpractice claims and perhaps committing a felony. Physicians responded by writing prescriptions for billions of these pain pills.

ANSWER: Opioids. It took hundreds of thousands of deaths and over a decade before the harmful nature of opioids was perceived by physicians and the general public. Dr. Portenoy, ‘The Evangelist of the Opioid Epidemic,’ is under a mountain of litigation, and now testifying against the opioid companies that paid him handsomely for his endorsement of their products. The opioid epidemic is one of our largest contemporary health care problems.

LAST QUESTION: What chemical substance is widely perceived by the public as medically useful or at worse, a relatively innocuous intoxicant? It’s called “a medicine” in many states, and in others is as legal and available as wine, beer, and liquor? This substance is freely prescribed by a disappointing number of physicians to anyone with the cash to purchase a green, leafy ‘medical’ card?

LAST ANSWER: Cannabis. Sham ‘medical’ marijuana at its core is all about the euphoria, high-producing, and habituating THC (tetrahydrocannabinol) molecule (Figure 1). Unlike the aforementioned health destroying chemicals, evidently not enough time has passed or deaths occurred for it to be obvious to physicians, the general public, law makers, and product liability lawyers how devastating this exploding public health cannabis epidemic is becoming.

As I write this editorial, millions of dollars and scores of paid activists are flowing like a noxious green river from its Big Weed source into Missouri to get recreational marijuana on our state November ballot. “‘Big Weed’ is the derisive name for the unseemly and avaricious conglomerate of cannabis growers, processors, distributors, dealers, Mexican drug cartels, users/abusers, investors, and other hangers-on bent on making billions on medical, and inevitably recreational, marijuana.”

You don’t have to be an ophthalmologist to know

(Continued on page 13)
that ‘hind-sight’ is the clearest of all types of vision. We now ask how erstwhile physicians and back-in-the-day public could have been so ignorant as to believe that deadly poisons and noxious substances and habituating cancer causing nicotine would be good for them. But most of us were in practice when the purveyors of opioids for everything and everyone were enticing physicians to prescribe opioids and threatening us if we did not. Still it happened then; it’s happening now. We must look at the pronouncements of physician thought-leaders much more critically as well as consider who is paying them money. When was the last time you heard an industry-sponsored thought-leader say anything critical about the drug that supplements their income? Me neither!

Missouri Medicine has chronicled and published as many scientific and social perspective articles on the detrimental effects of cannabis/THC products as any state medical journal in the United States. This began in earnest in the March/April 2012 issue (Figure 2). I will not reference all articles, but many are posted on msma.org/marijuana-education-resources and also in the index of previous issues available at msma.org/missouri-medicine-library. Our Journal has referenced the social, legal, educational, domestic, and law enforcement devastation that medical/recreational marijuana has wreaked in once healthy Colorado. While legal marijuana taxes have only generated 0.9 of 1% of the Centennial State’s annual budget, cannabis has created far in excess of that amount in added Colorado expenses, taxes, and social costs. See rmhidta.org/files/D2DF/FINAL-Volume6.pdf.

Physicians can write prescriptions for three FDA approved cannabidiol-based (CBD) pure drugs with individual indications for nausea and vomiting of chemotherapy, or childhood seizures or weight loss/poor appetite (Marinol®, Epidolex®, and Cesamet®). All of Missouri’s major physician organizations opposed uncontrolled sham medical marijuana but supported legitimate true-science research on cannabis in the 2018 state elections. The introduction of medications by legislation and public referenda outside of FDA mandated pathways is unprecedented, unlawful, unscientific and frankly frightening.

The country is going to pot. We are losing the battle in Missouri and the United States. Our profession, the media, and the public are failing to note the parallels between rising violent crime and suicide in youth and the corresponding escalating use of cannabis products it largely reflects. The tsunami of money from both legal and illegally sold cannabis by Big Weed and the advocacy of growing numbers of users both habituated, addicted, or the scientifically misinformed is guaranteeing that cannabis will be the next and perhaps among the largest and most devastating public health crises in our nation’s history.

I don’t have any answers or easy solutions. Likely this will also take decades and hundreds of thousands of deaths before the public, legislators and healthcare professionals ‘get it.’ There will be little satisfaction and no solace in retrospectively saying, “I told you so.”

References
2. https://www.healio.com/hematology-oncology/news/print/hemonc-today/%7B241d62a7-fe6e-4c5b-9fed-a33cc6e4bd7c%7D/cigarettes-were-once-physician-tested-approved
5. Gale AH. Drug Company Compensated Physicians Role in Causing America’s Deadly Opioid Epidemic: When Will We Learn? Missouri Medicine. 2016:113:244-246

Reprinted with permission Missouri Medicine
Jacob Lee, MD (J): Hello Dr. Cao, thank you for agreeing to speak with me on behalf of Show Me Psychiatry. Congratulations on your recent appointment as Chief Resident for the University of Missouri – Kansas City Residency Program!

Fei Cao, MD (F): Hi, Dr. Lee, thank you for inviting me to join in this conversation. I also want to use this opportunity to express my gratitude to our residency program at UMKC for their trust and nominating me as the chief resident in the next academic year.

J: For those who haven’t met you, can you briefly describe your career as a medical professional up to this point?

F: Well, I finished my residency in Anesthesiology and Pain Medicine in Tongji Hospital, one of the top general hospitals in China in 2008. After that, I became a faculty member in the same teaching hospital, engaging in patient care, medical education, and research. My expertise falls in the fields of chronic pain management. In 2009 I came to the United States and continued my training in chronic pain in MD Anderson Cancer Center and Baylor College of Medicine. My postdoctoral research and clinical exposure at MD Anderson Cancer Center, Baylor College of Medicine, Texas Children’s Hospital and Texas Heart Institute consolidated my decision to pursue clinical training in the United States. Under the guidance of some well-known neuroscientists at Baylor, I gradually realized Psychiatry would provide me opportunities to understand chronic pain in a broader context. In 2017, I matched to the Psychiatry Residency Program at the University of Missouri-Kansas City. My residency has provided me a great deal of support for my career goal. That is, to become a pain physician in the United States, addressing the emotional, psychiatric, and physical manifestations of chronic pain at the same time.

J: There’s a fascinating connection between emotional and physical pain, a connection we’re only beginning to understand fully. How do you feel your background as an Anesthesiologist impacts your practice as a psychiatrist?

F: I wanted to share a very tragic case that I took care of. The lesson which I learned from that case helped me to shape my career and altered my approach to patients with chronic pain. I was the third-year Anesthesiology resident on call that night in one of the biggest trauma centers in China. My patient was a young man who was rushed from a bad car accident directly to the operating room. Unfortunately, due to the severity of his injuries, he required bilateral below-the-knee amputations. The surgery was uneventful, but at follow-up appointments in our pain clinic, he reported phantom limb pain and was initiated on opioids. Even on large amounts of pain medications, his pain was not well controlled and consequently resulted in a deterioration of his mood and sleep. His overall activity level continued to decline, and he became isolated from his family. A few months later, his mother came to our clinic and told us that the patient had died by suicide. This was shocking news to me. He was so young and the only child of that family. Witnessing the tears and sadness on his mother’s face, I knew the patient’s demise not only destroyed himself but also his whole family. In speaking with his family, it became apparent that the patient also developed a mental illness (either PTSD, major depressive disorder, or drug abuse) associated with unrelenting pain. In retrospect, we had focused all of our attention on his medical issues but neglected the psychological impacts of the accident, subsequent amputations, and chronic pain. The outcome may have been entirely different, had we used an integrated approach with comprehensive pain management from the beginning. As I mentioned before, as pain physicians, it’s better for us to address the emotional, psychiatric, and physical manifestations of chronic pain at the same time.

(Continued on page 15)
J: You’ve voiced an interest in pursuing a Pain Fellowship following the completion of your residency training. What new developments within the field of Pain Management do you find most noteworthy?

F: Chronic pain is a pandemic that affects approximately 11% of people in the United States and is estimated to cost the nation $100 billion per year. Although pain is universal, the etiology of different painful conditions varies, which makes effective pain management exceptionally challenging. The current opioid epidemic has pushed clinicians to look for different ways to deal with chronic pain. More and more clinicians realize that many patients suffer from intractable chronic pain, which was also closely tied to their psychological and psychiatric conditions. It appears that only comprehensive approaches - the integration of physical, behavioral, social, and medical approaches can provide substantial relief for those patients’ suffering, improve their quality of life, and reduce the impact on their families. The most recent guideline from the CDC regarding opioid prescribing in 2016 notes that most evidence of how well opioids work is based on acute pain. Then the guideline recommends physicians should use physical therapy, cognitive behavioral therapy, non-opioid pain medications, certain antidepressants, and anticonvulsants as the first-line treatment. Physicians should work with patients to set realistic goals for easing pain, with emphasis on making their functions better, instead of eliminating their pain completely.

J: Tell me about a project or accomplishment that you consider to be the most significant in your career.

F: Becoming an academic physician in the United States and engaging in patient care, medical education, and clinical research at the same time, would make my life very rewarding.

J: In which ways, if any, do you find medical practice differs between America and China?

F: There are some significant differences in medical practice between America and China, one of which I want to emphasize here today is the primary care system. In the past two decades, China has made remarkable progress in its economy, and resultantly strengthened its primary health care system. However, this system still faces many challenges. This includes inadequate medical education and training of medical professionals, prevailing of experience-based medicine over evidence-based medicine, fragmented health information technology systems, strange insurance policies that hinder efficient care delivery, insufficient quality control and improvement systems, less attention to preventive medicine, and lack of reasonable health care education to the general population.

As a result, people in China don’t trust the primary care system in general and meanwhile develop unrealistic expectations of their illness recovery in an immediate, full, and low-cost manner. When they are sick, regardless if they have a common cold, or flu, or pneumonia, or a rare infection disease, they will always directly prefer big hospitals, instead of visiting their primary care physician’s office first. The most recent coronavirus outbreak in Wuhan City could be partially attributed to this phenomenon. Once people have some symptoms or signs of infection, their next step is to find a doctor in their best local hospital as soon as possible. When thousands of people with potential risks of coronavirus infection are crowded in the hospital ER, cross-infection and infectious outbreaks cannot be avoided. Hopefully, after this big lesson, China could reform its primary care system and learn some helpful tips from the United States.
The Missouri Psychiatric Physicians Foundation is off to a busy start in 2020! Your Foundation continues to provide multiple ways for you to financially support efforts to support the advancement of mental health in Missouri.

The Missouri Psychiatric Physicians Foundation is a charitable organization that supports professional and public education about mental health, research, advocacy for our patients and profession; and works to address social determinants affecting the mental health of Missourians.

The MPPF participates in Amazon Smile, and through that program your eligible purchases (millions of eligible items!) a small donation is generated to us from Amazon. It costs you nothing extra. All you need to do is log into your Amazon account at https://smile.amazon.com/, select Missouri Psychiatric Physicians Foundation as your charity, and that’s it!

As always, your tax-deductible donation can be made in a variety of ways

- **Online**: https://missouri.psychiatry.org/advocacy/mppa-foundation

- **By Mail (Check)**: make check payable to the Missouri Psychiatric Physicians Foundation and mail to: 722 East Capitol Avenue, Jefferson City, Missouri 65101.

- **By Phone**: Call 573.635.5070

The MPPF is especially excited to announce an upcoming gathering in support of the Foundation’s efforts. On Friday, April 3, 2020, in conjunction with our spring conference in St. Louis, we will be hosting a fun evening of socializing, education, and of course, charitable giving. Dr. Henry Nasrallah will be our guest speaker and dinner will be provided. This is sure to be a good time so please save the date. We will be sending further details soon and look forward to seeing you there!
The Missouri Psychiatric Physicians Foundation was established in 2018 by the MPPA as its IRS-approved charitable arm. The MPPF has its own officers and board and was organized exclusively in scientific, educational and charitable activities within the meaning of section 501(c)(3) of the Internal Revenue Code, including:

A. PROFESSIONAL EDUCATION. The Foundation will develop and fund educational offerings and projects, including in collaboration with others, designed to improve and enrich professional knowledge and skills of psychiatrists and other medical and mental health professionals in the prevention, diagnosis and treatment of psychiatric brain disorders. This may include programs to encourage healthier personal and professional lifestyles.

B. PUBLIC EDUCATION. The Foundation will encourage and sponsor educational programs, including in collaboration with others, to increase awareness and advance knowledge of psychiatric brain disorders and effective treatments available today. The Foundation may support educational efforts aimed at employers, the media, persons living with a mental disorder and their families, to encourage a better understanding of the causes, treatment and prevention of psychiatric disorders and their treatment. The Foundation may also support efforts to remove barriers to access to psychiatric care.

C. RESEARCH AND DISCOVERY. Support of research projects by members of the MPPA which aim to advance the biopsychosocial understanding and management of psychiatric disorders. This will include identification and remediation of the social determinants of mental health.

D. RECOGNITION OF ACHIEVEMENT. The Foundation may provide some recognition of achievement to individuals or groups who have excelled in advancing the purposes of the Foundation.

E. SUPPORT OF MPPA. The Foundation will provide support to the Missouri Psychiatric Physicians Association in its efforts to achieve the Foundation’s objectives such as education and research.

The Missouri Psychiatric Physicians Foundation is a 501(c)(3) exempt organization and all donations made to the MPPF are tax deductible under IRS Section 170.

Contribution Amount $ _________________________  Receipt Needed: ☐ Yes  ☐ No
Name/Organization ___________________________________________ Phone ________________________
Address ___________________________________________ City State Zip ________________________
Email _____________________________________________________________________________

☐ Please send me a bill for the above contribution amount.
☐ Check ☐ Credit Card  Card Number _______________________________________________________
Exp. Date _____________  CVV Code _____________  Signature _______________________________________

Donations payable to Missouri Psychiatric Physicians Foundation (MPPF)
722 E. Capitol Avenue, Jefferson City, MO 65101
573.635.5070 ~ visit www.missouripsych.org
Online Donations:  https://missouri.psychiatry.org/advocacy/mppa-foundation
Adults With Depression May Be Much More Likely To Develop Dementia Than Their Peers Without Depression, Study Indicates

The New York Times (1/23, Bakalar) reports researchers have “found that men and women with depression were much more likely to develop dementia than their peers without depression.” What’s more, “the risk may persist for decades,” the examination of Swedish National Patient Register data on “119,386 people over 50 with depression” who were “matched...with an equal number of people without that diagnosis.” Next, the research team “studied 25,322 sibling pairs older than 50 in which one sibling had depression and the other did not,” finding that “a sibling with a depression diagnosis was more than 20 times as likely as his brother or sister without depression to be diagnosed with dementia in the first six months after the diagnosis,” with the risk persisting “for more than 20 years.” The findings were published online Jan. 9 in PLOS Medicine.

APA National Election Results

At its meeting on February 11th, the Committee of Tellers approved the following results for the 2020 APA National Election. Please note that these results are considered public, but not official until approved by the Board of Trustees at their March 14-15, 2020 meeting.

<table>
<thead>
<tr>
<th>Position</th>
<th>Candidate</th>
<th>Votes</th>
<th>%</th>
<th>Status</th>
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</thead>
<tbody>
<tr>
<td>President-Elect</td>
<td>Vivian B. Pender, MD</td>
<td>2,965</td>
<td>57.1%</td>
<td>Winner</td>
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<td>Treasurer</td>
<td>Richard F. Summers, MD</td>
<td>2,604</td>
<td>50.6%</td>
<td>Winner</td>
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<tr>
<td>Trustee-At-Large*</td>
<td>Michele Reid, MD</td>
<td>2,186 (43.5%); 2,879 (57.8%)</td>
<td>Winner</td>
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</tr>
<tr>
<td>Area 2 Trustee</td>
<td>Glenn A. Martin, MD</td>
<td>618</td>
<td>71.8%</td>
<td>Winner</td>
</tr>
<tr>
<td>Area 5 Trustee</td>
<td>Jenny Boyer, MD, PhD, JD</td>
<td>789</td>
<td>72.5%</td>
<td>Winner</td>
</tr>
<tr>
<td>Resident-Fellow Member Trustee-Elect (RFMTE)*</td>
<td>Sanya Virani, MD, MPH</td>
<td>213 (43.3%); 268 (54.9%)</td>
<td>Winner</td>
<td></td>
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</table>

* A majority vote (>50%) is necessary in a three-way contest. If a majority does not exist after tallying all first-choice votes, voters’ second-choice votes for the candidate with the least amount of first-choice votes are tallied and added to the remaining candidates’ tallies.

Gun Violence May Deliver More Long-Term Damage To Survivors Than Car Accidents, Study Indicates

HealthDay (1/23, Preidt) reports, “Gun violence appears to deliver more long-term damage to survivors than car crashes do,” researchers concluded after assessing “63 gunshot injury survivors who were treated at three trauma centers in Boston.” Investigators “found that six to 12 months after suffering their injuries, 68% reported daily pain; 53% screened positive for post-traumatic stress disorder (PTSD); 39% said they had a new limitation in a daily living activity such as walking, cooking, eating or going to the bathroom; and 59% had not returned to work.” The findings were published online in the Annals of Surgery.
**2019 Elected APA Distinguished Fellow/Fellow Notification**

APA Board of Trustees has met and formally approved the following members from your DB/SA to be advanced to the 2020 class of APA Distinguished Fellows and Fellows:

<table>
<thead>
<tr>
<th>Distinguished Fellows: APA ID</th>
<th>First Name</th>
<th>Last Name</th>
<th>Credentials</th>
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<tr>
<td>306918</td>
<td>Fatima</td>
<td>Naseer</td>
<td>M.D.</td>
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<table>
<thead>
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<tr>
<td>1115912</td>
<td>Arpit</td>
<td>Aggarwal</td>
<td>M.D.</td>
</tr>
<tr>
<td>302593</td>
<td>Mary</td>
<td>Fahrmeier</td>
<td>M.D.</td>
</tr>
<tr>
<td>1019394</td>
<td>Brian</td>
<td>Holoyda</td>
<td>MD, MPH, MBA</td>
</tr>
<tr>
<td>1112440</td>
<td>Gaurav</td>
<td>Kulkarni</td>
<td>M.D.</td>
</tr>
<tr>
<td>1080926</td>
<td>Muskinni</td>
<td>Salau</td>
<td>M.D.</td>
</tr>
</tbody>
</table>

The Membership Department will coordinate with newly elected nominees to attend the Convocation of Distinguished Fellows during the 2020 APA Annual Meeting in Philadelphia, PA on Monday, April 27, 2020, from 5:30-6:45 pm, at the Pennsylvania Convention Center, Level 200 - Hall B. Please feel free to contact them with your congratulations as well.

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**Severe Infections May Increase Risk for Developing Substance-Induced Psychosis, Study Indicates**

Healio (2/14, Gramigna) reported, “Severe infections may increase the risk for developing substance-induced psychosis,” researchers concluded after collecting and examining “data from the combined nationwide Danish registers to include all people born in Denmark since 1981.” The findings of the 2,256,779-individual study were published online Feb. 12 in the American Journal of Psychiatry, a publication of the American Psychiatric Association.

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**Soldiers Who Suffer TBI May Be More Likely to Suffer from Mental Illness Than Those With Other Serious Injuries, Researchers Say**

HealthDay (2/14, Preidt) reported, “U.S. soldiers who suffer a moderate or severe traumatic brain injury (TBI) are more likely to suffer” from a mental illness “than those with other serious injuries,” researchers concluded after analyzing “the records of nearly 5,000 U.S. military members – mostly from the Army or Marines – who were severely injured during combat in Iraq and Afghanistan between 2002 and 2011.” The study revealed that “71% of the severely injured soldiers in the study were later diagnosed with at least one of five mental [illnesses]: post-traumatic stress disorder...anxiety and mood disorders, adjustment reactions, schizophrenia and other psychotic disorders, and cognitive disorders.” Investigators also found that “the rate of mental [illnesses] among seriously injured soldiers is much higher than previously reported.” The findings were published online Dec. 31 in the journal Military Medicine.
This is an Election Year
Please Contribute to MOPPPAC
Jo-Ellyn M. Ryall, MD, DLFAPA
PAC Chair

This is the year that all the Representatives to the Missouri House and a third of the Senators are eligible for election. According to our Lobbyist, Mr. Randy Scheer, there will be vacancies in the senate and therefore new people to cultivate.

Our PAC funds are under $5000 and it is necessary that we add to them. The purpose of the funds are to give early money for the primary and more money for the general election in November. I would ask each member to donate at least $100 to our PAC and each resident or student at least $25. That way we can support the candidates that support Mental Health and Psychiatry. There is a form for your donation on the following page.

Dr. Jim Fleming has given a few suggestions of legislators from the KC area that we can support. I have the names of some from the St. Louis area but we need suggestions for people from the rest of the state. Please send those names to Mrs. Sandy Boeckman at the MPPA office in Jefferson City and she will forward them to me.

Just a plug for White Coat Day March 3rd in Jefferson City. We decided to join forces with the MSMA on their well-organized day rather than have two possible days. This is a great opportunity to meet your Senator and Representative and let them know how we feel on Prescription Drug Monitoring Program, Parity for Mental Health and other bills.

Please get involved and donate but most importantly go out and vote in the Primary and General election.
Missouri Psychiatric Physicians Political Action Committee

MEMBERSHIP information

Help elect candidates who will represent your interests in the Missouri General Assembly, and state and local campaigns. Join the Missouri Psychiatric Physicians Political Action Committee, MoPPPAC, the political voice of the Missouri Psychiatric Physicians Association.

What is the MO Psychiatric Physicians PAC? MoPPPAC is an organization that accepts volunteer contributions to help strengthen the Missouri Psychiatric Physicians Association’s (MPPA) participation in elective processes at state and local levels.

Why does MoPPPAC exist?
1. State and local candidates who will advocate for Missouri Psychiatrists need the financial support of the medical community to win elections.
2. The Missouri Psychiatric Physicians Association advocates in the legislative arena with other organizations that have PACs. As long as organizations with interests adverse to those of the Missouri Psychiatric Physicians Association have PACs, the MPA needs one, too.
3. A PAC is part of a balanced strategy for legislative advocacy and political action.

How does your PAC investment affect your bottom line? Lawmakers’ decisions in areas such as taxation, regulations and health care directly affect the profitability of your practice. Government policy affects not only your business; it affects your patients. MoPPPAC can contribute to a significant number of pro-medicine candidates. By pooling your political contributions with other Psychiatrists, you receive a greater return on your investment.

Who may contribute? Anyone who wants to help elect candidates who support Psychiatry can contribute to the MoPPPAC.

Who directs MoPPPAC? MoPPPAC operates under the direction of PAC officers and directors who are members of the American Psychiatric Association and the Missouri Psychiatric Physicians Association. The MoPPPAC Board of Directors may elect other members from time to time to serve as PAC officers and directors.

Who decides how MoPPPAC funds are spent? The Board consists of officers and directors who serve on behalf of the Missouri Psychiatric Physicians Association. The Board approves all disbursements over $500. The PAC president approves disbursements of $500 or less.

What factors determine MoPPPAC’s support of a candidate?
- MoPPPAC membership input.
- A candidate’s strong voting record on mental health care and other issues affecting the practice of psychiatry and psychiatric patients.
- A candidate’s willingness to support the goals and mission of the Missouri Psychiatric Physicians Association.

MoPPPAC funds are used for purposes that are consistent with the goals and missions of the Missouri Psychiatric Physicians Association and the American Psychiatric Association.

How to Join? Complete and return the Membership Form to MoPPPAC with your contribution. Note: MoPPPAC can accept only checks and money orders at this time, no credit cards. Maximum contribution is $5,000. Contributions to the PAC are not tax deductible.

MoPPPAC Membership Form

Please type or print clearly.
Name* ____________________________
Employer* _________________________
Street* ____________________________
City, State, Zip* ____________________
Phone _____________________________
Email _____________________________

*State law requires that we use our best efforts to collect and report the name, mailing address and employee of individuals who contribute to MoPPPAC.

Enclosed is my check or money order for:
☑ $365 Dollar-a-Day Club
☑ $100 Capitol Club
☑ $250 Speaker’s Club
☑ $500 Senator’s Club
☑ $1,000 Congress Club
☑ $2,500 President’s Club
☐ Other $ ________ MoPPPAC Club

The amounts recommended are suggestions only. An individual or medical practice may donate more or less than the suggested amount. The amount donated by a contributor, or the refusal to donate, will not benefit or disadvantage you. Only U.S. Citizens or Green Card holders may contribute. Contributions to the PAC are not tax deductible. Make checks payable to MoPPPAC and return to 722 E. Capitol Avenue, Jefferson City, MO 65101.
NEWSLETTER ADVERTISING ORDER FORM

Form and Payment must be received before the ad is placed in the newsletter. Submission Deadlines are February 15, May 30, August 15 and November 15.

☐ Full Page (7.5” X 10”): $550.00
☐ Half Page (7.5” X 5”): $275.00
☐ Quarter Page (3.75” X 5”): $140.00
☐ Eighth Page (1.8125” X 2.5”): $75.00

Number of Ads: ________________________________________________
Total Price: ____________________________________________________

Company: ________________________________________________________________________________
Contact Name: ____________________________________________________________________________
Address: _________________________________________________________________________________
City, State Zip: _____________________________________________________________________________
Phone: _____________________________ Email: ________________________________________________

Mail order form and payment to MPPA, 722 E. Capitol Avenue, Jefferson City, MO 65101
Make checks payable to the Missouri Psychiatric Physicians Association
Send ad submission to missouripsych@gmail.com
If you have questions, contact Sandy Boeckman at missouripsych@gmail.com or 573-635-5070
Media Benefits for MPPA Members

Your membership in the Missouri Psychiatric Physicians Association entitles you to several key media benefits:

1. Free ad listings on the MPPA website. MPPA Members can post their research studies, job listings, events or books for 6 months on the MPPA website at http://missouri.psych.org. The listing can repost again after that period.

2. Reduced newsletter ad rates. MPPA members may place any size ad in Show-Me Psychiatry, MPPA’s quarterly newsletter, for 50% off the regular rate. Show-Me Psychiatry reaches nearly 500 MPPA members and associated healthcare professionals in the state and appears online at the MPPA website. It is the only publication dedicated to psychiatrists in the state of Missouri.

3. Free “Upcoming Events” listings. There is no charge for members to post upcoming meetings and special events of interest to the behavioral health community.

All ads must be camera ready in an electronic format and should include a link to the advertiser’s email address or website. Web ads may be submitted in color or black & white. Newsletter ads will print in black and PMS 294 Blue inks regardless of submission format.

Letters to the Editor

We invite readers to submit letters of not more than 500 words. Show-Me Psychiatry reserves the right to edit letters and to publish them in all editions, print, electronic, or other media. Letters should be sent by postal mail to Show-Me Psychiatry, Missouri Psychiatric Physicians Association, 722 E. Capitol Avenue, Jefferson City, MO 65101 or by email to adamb@health.missouri.edu. Clinical opinions are not peer reviewed and thus should be verified independently.

Newsletter Submissions

We strive to offer content in Show-Me Psychiatry that represents our membership and encourage members to participate in its creation. For communications regarding the newsletter or to submit articles, letters to the editor or upcoming events, please contact: Editor, Show-Me Psychiatry, 722 E. Capitol Avenue, Jefferson City, MO 65101, or missouripsych@gmail.com.

Newsletter Disclaimer: The opinions expressed herein are those of the authors and do not necessarily state or reflect the views of Missouri Psychiatric Physicians Association. Publication in this newsletter should not be considered an endorsement.

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Guidelines for Submission to Show-Me Psychiatry Newsletter

1. All submissions will be sent via email to Sandy Boeckman at missouripsych@gmail.com who will then forward the submission to the newsletter editor.

2. The length of the article should be between 600-1200 words. In addition to the article, up to five references may be added.

3. At the end of the article, the author should include a statement clarifying the presence or absence of a conflict of interest related to the article.

4. If the article includes clinical information, the author should make a statement that the identifying information of the patient has been changed and he/she has obtained the permission of the patient and/or guardian prior to publication.

5. The article will be edited by the newsletter editor. The author may be asked to clarify some information, and address comments made by the editor. The revised article will be emailed back to the editor for final review and approval.

Submission Deadlines

February 15
May 30
August 15
November 15

Advertisement Information

For advertisement information, please contact Sandy Boeckman by email at missouripsych@gmail.com.
Mark your Calendar

“Disaster, Research, Response and Resolution”
Missouri Psychiatric Physicians Association
Spring Conference
Renaissance St. Louis Airport Hotel
9801 Natural Bridge Road
St. Louis, Missouri 63134
Saturday, April 4, 2020