Navigating Emotions During and After the Pandemic

We are living in a period that is clearly impacting how we think and behave in social and professional settings. The pandemic is changing the way we as human beings are coping and adapting. The breadth of this event has left no one untouched, but not everyone is equally impacted.

Our psychological response to COVID-19 is similar to a grief process; the stages of grief and the emotions we experience in the midst of this pandemic are both driven by a profound sense of loss. Our response is first marked by denial, then anxiety-driven anger, then, for many, depression, grief, and sorrow. For some, the losses have been disappointments such as cancelled events like weddings, vacations, trips; others may have had to adapt to working from home and home-schooling their children. However, many have lost their jobs or businesses and some unfortunate ones have lost their loved ones. As of the time of writing, we have lost 373,688 people worldwide and 107,175 in the United States. Total cases in our country have surpassed 1.8 million people and 450,000 health care workers worldwide.

Just a few months into the coronavirus pandemic, the country is also on the verge of a mental health crisis, with daily doses of death, isolation and fear generating widespread psychological trauma. Federal agencies and experts warn that a historic wave of mental-health problems is approaching: depression, substance abuse, post-traumatic stress disorder and suicide. Just as the initial outbreak of the novel coronavirus caught hospitals unprepared, the United States’ mental-health system — vastly underfunded, fragmented and difficult to access before the pandemic — is even less prepared to handle this coming surge.

Disbelief, anger, sadness, acceptance, and hope are the stages of emotion we all will experience as the lockdown forces us into isolation; these feelings will only be intensified by the fact that we are coming out of this phase with lot of uncertainty about the future.

Researchers have created models — based on data collected after natural disasters, terrorist attacks and economic downturns — that show a likely increase in suicides, overdose deaths and substance use disorders. And yet, out of the trillions of dollars Congress passed in emergency coronavirus funding, only a tiny portion is allocated for mental health.

Mental-health experts are especially worried about the ongoing economic devastation. Research has established a strong link between economic upheaval and suicide and substance use. A study of the Great Recession that began in late 2007 found that for every percentage point increase in the unemployment rate, there was about a 1.6 percent increase in the suicide rate.

According to a recent Kaiser Family Foundation poll, more than half of Americans -- 56% --reported that worry or stress related to the outbreak has led to at least one negative mental health effect. Those include trouble with eating or sleeping, drinking more alcohol, headaches, stomach aches, shortened tempers, and other health effects.

(Continued on page 2)
President’s Message

problems. Front-line workers — health-care providers, grocery store workers, delivery people — are especially vulnerable to the coming storm of mental health problems. Among health care workers and their families, 64% reported worsened mental health.

Reactions to this, or any, crisis vary from one person to the next. People do not experience emotions in a linear order; we cannot put a time frame on this experience and we have to let people move through the stages at different paces depending on the dose of trauma and their individual experiences.

Yet, after we have reached a point of acceptance, the nervous system settles and emerges from the flight or fight mode to a state of balance where creativity and rational thinking dominates. This is when the constructive, productive part of our brain is open for business. We will start thinking about the positives brought about by this crisis, things like spending more time with family or, for us in Psychiatry, the ease and utility of seeing patients via technology, doing video consultations to help those we may have not seen otherwise.

The sudden push into telemedicine could make services more accessible in years to come, and the national mental health crisis could spark reforms and movement toward better treatment. While almost everyone is experiencing increased stress, the effect for many will be transient — trouble sleeping, shorter fuses. The difficulty is identifying and treating those who develop deeper, worrisome mental problems such as post-traumatic stress disorder and severe depression.

Unlike posttraumatic stress disorder, which surfaces after a trauma has ended, the country is only starting to grapple with the pandemic’s psychological fallout.

One of the few certainties coming out of the COVID-19 pandemic is that people will work and socialize differently going forward. Remote work will remain mainstream and technology will keep us connected socially, but the proliferation of digital communication, combined with social and physical isolation imposed by the pandemic, is sparking more need for human interaction.

So what will be our new normal?

AZFAR MALIK, MD, MBA, DFAPA
President / CMO, Center Pointe Behavioral Health System
Assistant Clinical Professor, Department of Psychiatry
Saint Louis University
White Coat Day
Missouri State Capitol

Attendees during White Coat Day in March at the Missouri State Capitol Rotunda.

Dr. Jo-Ellyn Ryall, MPPA President Elect, MPPA Lobbyist Randy Scherr and APA State Government Affairs Senior Regional Director Amanda Blecha, Esq., during a break in the activities at White Coat Day sponsored by MPPA and Missouri State Medical Association.

Calendar of Events

Executive Council Conference Calls
July 21, 2020
September 26, 2020
November 17, 2020
(7:00 pm)

MPPA Fall Conference
September 26, 2020

MPPA/MSMA Spring Conference
April 10, 2021
Westin Crown Center
Kansas City, MO

MPPA Fall Conference
September 25, 2021
What started as a normal legislative session in early January took a significant turn as the world and state began to deal with the Covid-19 virus. The session had been proceeding as normal until mid-March when both chambers began extended breaks to limit House and Senate members and staff from exposure to the virus. At that same time, Governor Mike Parson began taking steps to limit exposure for the public and state employees by putting stay at home orders in place.

Even with stay at home orders still in effect by state and local health departments, the House and Senate reconvened on April 27th to complete their work on the state’s operating budget. As the Legislature restarted, it quickly became apparent that the remainder of the Session was going to be unusual at best. The House suspended its rules on April 28th so that new substitutes for the budget bills could be filed. These contained significant cuts to address revenue shortfalls and the federal stimulus money flowing into Missouri to deal with COVID-19. The rest of the budget process played out as expected and the House and Senate passed the budget bills by the constitutional deadline of 6 pm on May 8th.

Many of us believed when the House and Senate announced they were coming back into session they would deal primarily with the budget and possibly a few targeted priority bills that needed to pass to address COVID-19 related issues. We couldn’t have been more wrong. A limited number of committees in the House began taking bills sent over by the Senate and turning them into massive omnibus bills containing many different topics. It became common for a bill that was once 2-5 pages long to become a 150-250 page bill. Provisions that had not been heard in any committee or passed by either chamber were being added into new committee substitutes, making them very controversial.

The same activities were taking place in the Senate, but with more restraint. A number of omnibus bills were created but in many instances the committee substitutes included bills that had already been heard in committee or passed by the Senate.

The importance of reading the bills and knowing what they contain was brought home to the Senate on Thursday. When the Senate convened on Thursday morning they took up a Senate Bill from the House which had taken on numerous House amendments. After 2-3 hours of debate discussing the amendments, the bill was Truly Agreed and Finally Passed by the Senate. However, by late that afternoon it became known that an amendment had been overlooked and the exact impact of this controversial amendment became known. This resulted in the Senate taking the unusual step of reconsidering the passage of the bill and “unwinding” its final passage. After this turn of events, the Senate began looking more carefully at what the House was sending them to pass.

The final day proceeded at a normal pace with the House and Senate taking up several bills and Truly Agreeing and Finally Passing them before adjourning at 6 pm Friday. This was the final session for quite a few Representatives and Senators and many took the last few minutes of the Session to address their colleagues. But if rumors of a special session become a reality, it’s possible the Legislature may reconvene this summer.

The Legislature passed one proposal that will be on the November ballot. In 2018, a proposal commonly referred to as Clean Missouri was passed by over 60% of Missourians. It restricted lobbyist expenditures and made changes to how legislative districts are drawn. Since its passage, the majority party has sought to put another proposal (CLEANER MISSOURI) on the ballot to change again how districts are drawn. They reached that goal with the passage of SJR 38. You will hear much more about this as the November election approaches.

During this Legislative Session, 1620 House Bills and 569 Senate Bills were filed. When Session concluded, only 32 bills had been Truly Agreed and Finally Passed by both chambers. The Governor will have until mid-July to complete his review of the bills and decide whether to sign or veto them. Undoubtedly, these bills will receive a very thorough review.
Coronavirus Alert: Proactive Preparation, Not Panic
Professional Risk Management Services

As with any potential emergency situation, a little planning can go a long way. Here are some general issues you may want to consider:

- Should you need to close your office (due to the coronavirus or other type of emergency), think about how this will be communicated to patients.
  * Do you have current contact information for your patients?
  * Can you leave an outgoing voicemail message for patients that includes alternate contact information for you?
- Also, if the office is closed, consider whether you will have access to medical records and if not, how you might compensate for this situation such as contacting the patient’s pharmacy or your state’s prescription monitoring program for current prescription information.

We’ve already received calls from very proactive insured psychiatrists about ways in which to provide remote treatment to patients in the event it is necessary to close their office. If you are contemplating this, here are some risk management reminders:

- If you are not currently using telepsychiatry, you may find it easiest to communicate with your patients via telephone.
- Should you choose to treat patients via telemedicine, the platform you use should be HIPAA compliant. Specifically, if any protected health information (PHI) is stored by the platform, regardless of length of time, the vendor must provide you with a Business Associate Agreement (BAA) promising to protect your patients’ information. Note that free Skype is not HIPAA compliant, as Microsoft will not provide a BAA.
- If your patient lives in a different state from you:
  * Remember you are deemed to be treating your patient where he/she is physically located at the time of treatment. If you don’t happen to be licensed in that state, there are potential licensure issues that should be considered – particularly if the ongoing office closure results in your need to communicate with the patient over an extended period of time. If that occurs, we recommend that you contact the patient’s state licensing board to see if in this limited, emergency situation, you can treat your current patient remotely in that state without a license.
  * If you will be prescribing controlled substances remember, because you generally need a DEA registration in the patient’s state to prescribe controlled substances, patients may not be able to receive necessary medications from their local pharmacies if they reside outside of your practice state.
- If you are considering seeing new patients remotely, remember that under current federal law, you generally need to have one in-person visit prior to prescribing controlled substances.
This digest of events during the April virtual Assembly meetings held via Zoom summarizes the business conducted by the Assembly. Many other reports presented in written form can be found in the Assembly Packet. It is best to download or read these notes online, but may also be printed and distributed in hardcopy (without access to the web links). You may use it as is, or edit and modify the content to suit your particular needs. Any errors or omissions are to be considered unconscious. Corrections and suggestions may be sent to Adam Nelson, M.D.

Speaker’s Welcome - Paul O’Leary, MD
Dr. O’Leary welcomed all to the April virtual meeting of the Assembly. He discussed the tremendous effort put into organizing and orchestrating the format for the meeting, which is scheduled to run for 1½ hours today, rather than the usual 2½ days of meetings in person, as has been the tradition of the APA Assembly. However, circumstances involving the coronavirus COVID-19 have precluded the conducting of business as usual. In addition, many of us are all too aware of the toll this pandemic has taken on colleagues around the country. For them, Dr. O’Leary asked for a moment of silence.

Report of the Rules Committee - James R. Batterson, MD
Ordinarily, the Rules Committee report would not receive comment in the Notes. However, with recent changes in the Procedures Code of the Assembly, the Rules Committee was tasked with new responsibilities. In addition to the assignment of Action Papers and other actionable items before the Assembly either to the Reference Committee or to the Consent Calendar, the Rules Committee also assigned some Action Papers to a Reaffirmation Consent Calendar. In addition, because of the unique circumstances of this Virtual Meeting of the Assembly, a third assignment category option was to defer those Action Papers and other actionable business not considered time sensitive to the November Assembly Meeting, when they might receive more deliberative attention. Also, several authors volunteered to defer their Action Papers until November as well. The results of those action items on which the Assembly decided can be found below. Special Rules of the Assembly for this virtual format were also approved by the Assembly.

Assembly Election Results - James R. Batterson, MD, chair Assembly Nominating Committee
Results of last week’s election of Assembly officers were announced. For Speaker-Elect, Mary Jo Fitz-Gerald, MD (Area 5) was elected by acclamation. For Recorder, Adam Nelson, MD (Area 6) was elected. Congratulations to the new officers and to all the candidates on a hard fought campaign.

APA Position Statements
The following Position Statements were approved by the Assembly: (by consent)
Retired Position Statement: Endorsement of the Patient Physician Covenant
Proposed Position Statement: Use of Antipsychotic Medication in Patients with Major Neurocognitive Disorder (MNCD)
Proposed Position Statement: Universal Health Care in the United States
Revised Position Statement: Banning of Pharmacy Benefit Management Policies that Require the Provision of Dangerous Quantities of Medications
Proposed Position Statement: Mental Health Needs of Undocumented Immigrants
Proposed Position Statement: Competence Evaluation and Restoration Services and the Interface with Criminal Justice and Mental Health Systems
Proposed Position Statement: Pharmaceutical Marketing to Justice Entities regarding Medication Treatment for Substance Use Disorders
Retired Position Statement: Death Sentences for Persons with Dementia or Traumatic Brain Injury
Retired Position Statement: Diminished Responsibility in Capital Sentencing
Retired Position Statement: Mentally Ill Prisoners on Death Row
Retired Position Statement: Position Statement on Moratorium on Capital Punishment in the United States
Proposed Position Statement: Issues Pertaining to Capital Sentencing and the Death Penalty
Revised Position Statement: Second Generation Antipsychotic Medications
Proposed Position Statement: Antiretroviral-Based Therapy for HIV Prevention
Proposed Position Statement: Recognition and Management of Addictive Disorders and Other Mental Illnesses Multimorbid with HIV
Proposed Position Statement: HIV Risk Reduction

(Continued on page 7)
Proposed Position Statement: Recognition and Management of HIV-Related Neuropsychiatric Findings and Associated Impairments

Proposed Position Statement: Leadership of Academic Departments of Psychiatry

Proposed Position Statement: Issues Related to Sexual Orientation and Gender Minority Status


Proposed Position Statement: Xenophobia, Immigration, and Mental Health

Retired Position Statement: Xenophobia, Immigration, and Mental Health (2014)

Proposed Position Statement: Consent to Mental Health Treatment by Guardians, Health Care Agents or other Legally Designated Surrogate Decision-making for Adults with Mental Illness

Proposed Position Statement: Voluntary and Involuntary Hospitalization of Adults with Mental Illness

Proposed Position Statement: Level of Care Criteria for Acute Psychiatric Treatment.

Action Papers/Items

Among the Actions taken during this session, the Assembly voted:

To ratify proposed language to be incorporated into the APA by-laws and effectuate the improved nomination and election process of the APA. (on vote by strength prior to the virtual Assembly meeting)

To support all means of ordering or prescribing medication, including electronic, written, fax, and telephonic.

To support fair and equitable Medicaid funding for states and territories alike, including Puerto Rico.

To have the APA expediently approve a Position Statement on Treatment of Transgender (Trans) and Gender Diverse Youth

To reaffirm APA’s Commitment to Achieving Mental Health Equity (by reaffirmation consent)

To oppose the recent Medicare Executive Order, which jeopardizes quality care, patient safety, and the profession of Medicine

To approve addition of diagnostic codes with corresponding text for suicidal behavior and non-suicidal self-injury to DSM-5-TR(by consent)

Reports and Next Steps from the Assembly Committees/Work Groups

Reports from Committees on Access to Care(Eliot Sorel, MD –chair), Public and Community Psychiatry (Isabel Norian, MD –chair), and RFMs(James LePage, DO –chair), and the Assembly Psychiatry Workforce Workgroup(William Greenberg, MD –chair) can be found in your Assembly Reports packet.

Presentation of Assembly Awards

This year, awards announcements were made prior to the Assembly meeting. Here is a summary of those awards given: Ronald A. Shellow Award-Established in 2004 in honor of Ronald A. Shellow, M.D., past Speaker of the Assembly, this award recognizes departing members of the Assembly who have served the Assembly far beyond the general standards of service shown by most members of the Assembly. For 2019, the award was presented to Charles Price, MD (Area 7). For 2020, the award was presented to Bhasker Dave, MD (Area 4) and Robert Cabaj (Area 6) (posthumously). Assembly Award for Excellence in Service and Advocacy-Established in 2011, this award recognizes activities by women that promote mental health and reduce stigma related to psychiatric illness, particularly on behalf of women and members of disadvantaged population groups. The award was presented to Jemima Kankam, MD (Area 3)Assembly Resident-Fellow Member Mentor Awards were presented to Jessica Isom, MD, MPH (Area 1), Cristina Secarea, MD (Area 3), Stephen Salzbrunner, MD (Area 4), Anish Dube, MD, MPH (Area 6), Ray Hsiao, MD (Area 7), Jose Vito, MD (Area 2), Eugene Lee, MD (Area 5)District Branch Best Practice Award: Colorado Psychiatric Society and New York County Psychiatric Society Assembly Award for the District Branch and Area Council with the Highest Percentage of Voting: Mid-Hudson Psychiatric Society (34%) and Area 2 Council(23%)

Commendations and Farewells

Commendations to Speaker Paul O’Leary, MD and the APA Assembly Staff for their amazing work in transitioning our complex Assembly meeting agenda to an online virtual format. Farewells to all those going off the Assembly after this meeting, and thank you for your dedication and tireless service.

Future Meetings

All future governance and business meetings of the APA will be conducted virtually for the remainder of 2020. Announcements regarding dates and Action Paper deadlines for the November Assembly will be forthcoming.
COVID-19 Complicates the Ability of IMGs to Provide Care

Balkozar Adam, MD
University of Missouri-Columbia

With our battle against the COVID-19 pandemic, the U.S. is in desperate need of Healthcare providers. This pandemic has a significant impact on children, adolescents, and their families. With being in the midst of one of the most disruptive public health events of all-time, we are in dire need of mental health providers. International Medical Graduates (IMGs) are making up over 25% of practicing psychiatrists and more than 30% of psychiatrists in training.

All mental health professionals are working hand in hand to support their patients during this unprecedented time. However, International Medical Graduates are facing additional hurdles. They are struggling with several social challenges, including having extended families living in other countries when travel is currently restricted. Some are facing Xenophobia with COVID-19 being referred to as the “Chinese Virus,” and they are also worried about fulfilling their financial obligations. One of the pressing issues is the threat of losing their legal status if they are not currently U.S. Citizens or Permanent Residents. With the closing of the embassies abroad and the U.S. Citizenship and Immigration Services temporarily suspending in-person services since March 18, 2020, there are delays in the processing of visas. With the April Executive order to halt immigration to the U.S for 60 days, many of these doctors are finding themselves in distress. The non-citizens IMGs who are in training, in the process of completing their training and starting a job, who are currently practicing or who are accepted for residency training, and who are still in their countries have grave concerns. They worry about their future, their ability to live and work in the U.S., and what lies ahead for their dependents. It is important for all who work with IMGs to be educated on what the IMGs are currently facing. Residency program directors, employers, and prospective employers need to be aware of their challenges and help them navigate in this very crucial time.

The APA supported its IMGs members in training by joining other organizations, including the American Medical Association, the American Academy of Child and Adolescent Psychiatry and the American Academy of Addiction in their efforts to support IMGs. Ten additional organizations joined the APA in signing a letter requesting the U.S. Citizenship and Immigration Services to expedite approval of extensions and changes of visa status for non-U.S. citizen International Medical Graduates practicing, or otherwise lawfully present in the U.S.

A copy of the APA’s letter of support:
https://aacap-my.sharepoint.com/:b:/g/personal/aarcher_aacap_org/EROkngMTWwZEjDH6uEVknMQBjGrG9DMMe0sS7AJZm1AdkA?e=irNdcJ

There are two petitions that every psychiatrist may consider supporting and completing the fillable emails to their lawmakers. Many psychiatrists nationwide have completed these petitions and sent them to their local lawmakers. I personally have completed these, and it automatically reached our Missouri Senator Josh Hawley and our State Representative Vicky Hartzler. I also received their response.

The first petition: The Healthcare Workforce Resilience Act

http://cqrcengage.com/psychorg/app/onestep-write-a-letter?0&engagementId=508036

The Healthcare Workforce Resilience Act would allow IMGs and their families to stay in the U.S. to continue to provide the highest quality of care to their patients. The legislation would recapture up to 15,000 unused employment-based visas for international physicians, provide IMGs currently in the U.S. with status assistance and facilitate IMGs coming to the U.S.

The APA has supported this petition by issuing a letter indicating that the (Continued on page 9)
APA is deeply concerned for additional shortages in psychiatrists if there are further delays in processing IMGs visas. This will negatively impact the Health Care workforce that is in dire need of doctors and mental health professionals. It is necessary to remove additional hurdles and obstacles that may keep IMGs from taking care of patients in this critical time.

The second petition: Protection of Healthcare in Medically Underserved Communities OR the Conrad State 30 Physician Access Reauthorization Act

http://cqrcengage.com/psychorg/app/onestep-write-a-letter?0&engagementId=507417

Since 1994, the Conrad State 30 program has brought thousands of foreign physicians who are trained in the United States to medically underserved communities. In return for their service, the U.S. waives a requirement that they return to their home country after their residency for two years and provides them with priority access to the green card system if they serve in the community for five years. The Conrad State 30 Physician Access Reauthorization Act (H.R. 2895/S. 948) continues, expands, and strengthens this important program.

I am respectfully requesting my colleagues at the MPPA to work together and to support each other in this critical time. We need to check on one another and offer a helping hand when needed. Establishing an IMG support group for the IMGs in training and practicing physicians may be a good way to elicit needs and to provide help. Completing the above two fillable emails may make a difference for the continued legal presence of IMGs and their ability to practice psychiatry. You may also reach out and collaborate with other specialties to join forces in supporting IMGs. Increasing awareness is essential. Writing articles, presenting in local and national conferences on the current challenges faced by IMGs will help their cause. Our patients need our collective efforts more than ever, and we will continue to work together to assist our patients in the best possible ways.
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You can also contact:

Amy Taylor M.D. For our St. Louis area at Amy.Taylor@dmh.mo.gov or #314-877-0522

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Sanjiv Sethi M.D. For Fulton State Hospital at Sanjiv.Sethi@dmh.mo.gov or #573-592-3409

Please feel free to reach out to Shannon Rowden, Recruitment Specialist, at Shannon.Rowden@dmh.mo.gov or #314-337-9571
February 20, 2020

Exec. Director Sandra Boeckman
Missouri Psychiatric Association
722 E Capitol Ave
Jefferson City, MO 65101-4009

Dear Sandra Boeckman,

Thank you for your generous sponsorship donation of $500.00 on 01/27/2020 in support of our 2020 NAMIWalks St. Louis. This event takes place on Saturday, May 2, 2020 at Chesterfield Central Park.

Your support will allow us to continue our work to provide education, support and advocacy to children and adults living with mental illnesses and their families. With your support, we are able to increase our level of service to the community, reach out to more children and families, and strive to change attitudes and end discrimination against those who live with mental illnesses. Because of you, we are able to increase our effectiveness at the legislature and continue to advocate on public policy issues that can lead to important and lasting change.

Your support helps us transform lives. We are grateful you have chosen to support NAMI St. Louis’ work and the families we serve.

Sincerely,

Christine Patterson, Ph.D.
Executive Director

NAMI St. Louis is a 501 (c)(3) non-profit organization. EIN 43-1143899. For this reason, your gift is eligible as a tax deduction according to the IRS regulations. You received no goods or services in exchange for this gift. For additional information, please speak with your tax consultant.

[Handwritten note: Thank you for your continued support!]
the second wave
Dr. Jacob Lee

the wave that crashed
was unimaginable
surely not here
surely not us
delivering care
became a task
hands in pockets
wear a mask

elbows pioneered movements
staggering an unfamiliar routine
against doors built for a time
when touch was trusted

my new everfocus
hand gel paranoia
and unfamiliar fumbling
through shirtsleeve armor

crisis became universal
and personal
inflicting brutality
endured without familiar faces

no visitors at home
no visitors on the ward
a burden carried alone
too much for some.

between the fearful and the void
awaited nobody
or awaited us
battling despair wearing trash bags

invisible foes
killing our communities
were nothing new
we had seen this

drugs and depression
and other unseen reapers
were endemic
long before

solitary confinement
once fit only for the most cruel
blanketed our world
creating crisis anew

as healers we link arms
tired but unrelenting
turning towards the threat behind the threat
we brace for the second wave
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Survey Shows Drastic Increase of Anxiety, Depression Since Pandemic Began

According to Mental Health America (MHA), the number of people who screened positively for depression and anxiety using MHA’s free and anonymous online screening tool has shot up dramatically since the COVID-19 pandemic began.

Using November 2019 to January 2020 average results as a baseline, MHA determined that 88,405 more people screened positive on depression and anxiety screenings than expected between mid-to-late February and May.

More than 211,000 people took the screenings in May, compared with 69,626 in April, yet “severity continued to track equal to or higher than our pre-pandemic baselines,” according to an MHA presentation of the data.

MHA has had a free, anonymous online screening program since 2014. Visitors to MHA’s website can take screening tests for depression, anxiety, postpartum depression, eating disorders, psychosis, and other psychiatric disorders. MHA tells visitors that the screens are meant to be “a quick snapshot of your mental health,” according to the website, and urges them to see a mental health clinician for a full assessment and to talk about treatment options.

The tests are “the same evidence-based mental health screening tools that are used by most clinicians,” according to a June 2 news release. The source of the depression test is the Patient Health Questionnaire-9 (PHQ-9), and the source for the anxiety test is the Primary Care Evaluation of Mental Disorders Patient Health Questionnaire (PRIME-MD-PHQ).

Additional findings from MHA’s data include the following:

- More than 21,000 people considered self-harm or suicide in May, a jump from 7,061 in April.
- The impacts on mental health have been pronounced in people younger than 25. Roughly 9 in 10 people under 25 screened positive for moderate-to-severe depression, and 8 in 10 screened positive for moderate-to-severe anxiety, according to the presentation.
- Screeners for both anxiety and depression reported that the main factor contributing to their mental health problems in both April and May was loneliness or isolation.

In the news release, MHA President and CEO Paul Gionfriddo said the suicide and self-harm numbers reported in May are especially striking. “When you consider that a total of 45,000 to 50,000 Americans die by suicide every year and nearly half that number reported suicidal or self-harm thinking in just May alone, this has to be a wake-up call to policymakers to act now to prevent this,” he said.

“Our May screening numbers were unprecedented,” Gionfriddo said in the release. “And what is most troubling is that the numbers—consistent with the numbers from the U.S. Government’s Census Bureau—demonstrate not only that there is not yet any relief from the mental health impacts of the pandemic, but that the impacts actually seem to be spreading and accelerating.”

Reprinted from Psychiatric News
APA CEO and Medical Director Saul Levin, M.D., M.P.A., sent a letter on Monday to Seema Varma, the administrator of the Centers for Medicare and Medicaid Services (CMS), commending the agency for the steps taken to reduce barriers to telehealth services for people with mental and substance use disorders during the COVID-19 pandemic and urging the agency to make permanent many of the regulatory changes that have helped expand telehealth services.

“The days, weeks, and months ahead are at best uncertain and for many crippling. … As some areas of the country begin to explore what the new normal will be and are lifting shelter-in-place restrictions and allowing nonessential businesses to resume in-person operations, there will continue to be an increased need for mental and behavioral health care services,” Levin wrote.

To ensure continuity of care and continued improved access to mental health and substance use care, the letter calls on the agency to make the following changes permanent:

- Remove limitations around originating site and geographical restrictions for mental health services.
- Include all services on the expanded Medicare-approved telehealth list, including group psychotherapy.
- Maintain coverage of and increased payment for telephone evaluation and management (E/M) services (99441-99443) that matches reimbursement for traditional outpatient E/M services that may be provided in person or via telehealth. Additionally, Levin requested the removal of the frequency limitations that are imposed under those codes to allow those patients who receive all their care via the telephone alone (and not in person or via telehealth) as often as is medically necessary, which could be more frequently than once every seven days.
- Allow for the use of audio-only (telephone) communications for E/M and behavioral health services, including care for opioid use disorders, when it is in the patient’s best interest. In addition, reimbursement for audio-only care should be no less than what was established during the emergency.
- Remove frequency limitations for existing telehealth services in inpatient settings and nursing facilities.
- Allow teaching physicians to provide direct supervision of medical residents remotely through telehealth.

“These changes would ensure a smooth transition to in-person care and increase access via telehealth and telephone to necessary care. It is especially important for mental health and substance use care, where the ability to establish and maintain a strong, uninterrupted therapeutic alliance with patients is crucial to effective interventions,” Levin stated.

Levin also recommended that after the COVID-19 pandemic ends, CMS should resume regulations “that require general supervision of nurse practitioners and physician assistants by a physician and implement policies to advance the use of physician-led, team-based care, such as evidence-based integrated care models and telehealth, to improve access to quality care.”

Reprinted from Psychiatric News

Serve Your Profession as an APA Trustee

As chair of APA’s Nominating Committee, Immediate Past President Bruce Schwartz, M.D., is seeking to diversify the elected leadership of APA and invites all members to consider running for one of the open Board of Trustee offices in APA’s 2021 election: president-elect; secretary; early-career psychiatrist trustee-at-large; minority/underrepresented representative trustee; Area 1, 4, and 7 trustees; and resident-fellow member trustee-elect. You may nominate yourself or a colleague - the important point is that you get involved! The deadline is Tuesday, September 1.
APA Condemns Racism, Police Brutality and Calls for End to Racial Inequities

APA has issued statements in response to the death of George Floyd, an unarmed Black man in police custody in Minneapolis, and the resulting civil unrest this past weekend as demonstrators across the nation protested police brutality and institutional racism. APA believes that all forms of racism and racial discrimination affect mental health and well-being and negatively impact the nation. APA has called on authorities in Minneapolis to prosecute the officer who caused George Floyd’s death, as well as the other officers involved, to the fullest extent of the law.

“The unrest playing out in cities across America is a reaction to the racism that has scarred this country for centuries and never been properly addressed,” said APA President Jeffrey Geller, M.D., M.P.H. “The demonstrations are a result of racism against Black people that has gone unchecked—and at times has been fostered by leaders of this country. APA will not stand for racism against Black Americans.”

“The horrific death of George Floyd has affected the mental well-being of everyone who has witnessed this senseless tragedy. When Americans are already suffering under the emotional toll of COVID-19, this blatant act of police brutality threatens to undermine the sense of stability of so many Americans,” Geller said.

“The civil unrest taking place in America is a call to action to all Americans to address the longstanding racial inequalities facing the Black community,” said APA CEO and Medical Director Saul Levin, M.D., M.P.A. “Centuries of systemic and institutional racism toward Black Americans has led to decreased access to health care and multiple adverse health outcomes—as recently seen during the COVID-19 pandemic—in addition to anxiety and lower life expectancy. We need to fight racial inequalities and discrimination that are life-threatening to so many Black Americans. APA stands with the Black community and all those opposed to racism to protect and improve the lives of those who have experienced discrimination and the associated trauma.”

The APA Board of Trustees passed two policy statements in 2018 condemning acts of police brutality against Black males and racism.

“APA stresses that anyone who is suffering trauma because of the death of George Floyd, or the civil unrest ongoing in America or health inequalities to seek psychiatric treatment,” the release stated.

For related information, see the Psychiatric News article “Study Exposes Mental Health Effects of Police Shootings on Black Communities.”

Reprinted from Psychiatric News

APA 2020 Spring Highlights Meeting
<https://www.psychiatry.org/psychiatrists/meetings/spring-highlights>

AACAP 2020 Healthcare Disparities through the Lens of Diversity during the COVID-19 Pandemic
https://www.aacap.org/virtual_forum
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.

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573.635.5070 ~ visit www.missouripsych.org
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While available data on racial disparities in COVID-19 incidence and mortality are limited, preliminary evidence suggests that minority communities in the United States are disproportionately affected by the virus. The scientific, public health, and clinical communities must work to address these inequities, an effort that may lay the groundwork to reduce health disparities overall, wrote three officials with the National Institute on Minority Health and Health Disparities (NIMHD) in an article published in *JAMA*.

“The pandemic presents a window of opportunity for achieving greater equity in the health care of all vulnerable populations,” wrote Monica Webb Hooper, Ph.D., Anna María Nápoles, Ph.D., M.P.H., and Eliseo J. Pérez-Stable, M.D.

Rigorous research must be conducted to identify the roots of inequities that might predispose individuals to more severe reactions to COVID-19, as well as community, policy, health care system, and society-level determinants.

As the pandemic progresses and more data emerge, the authors said there will likely be evidence of health disparities due to a number of factors, such as lack of health insurance, poorer quality care, inequitable distribution of testing and hospital resources, food and housing insecurity, and work-related exposures.

“There is an obligation to address these predictable consequences with evidence-based interventions,” the authors wrote. “Public policies have the power to enhance health and also exacerbate health disparities.”

More studies are needed to investigate the following areas:

- The influence of state and local mitigation policies on differences in health services utilization and health outcomes.
- The role of community-level protective factors and interventions in mitigating the outbreak’s adverse consequences.
- The influence of COVID-19–related racism and other types of discrimination.
- The role of social determinants of health in influencing preventive health behaviors.

“These efforts will help pave the way for therapeutic and vaccine trials that must be inclusive of diverse participants at high risk,” the authors concluded. “These studies are also needed to guide the science of community-engaged intervention development, implementation, and evaluation and lay the foundation for a systemwide goal of decreasing health disparities beyond the detrimental effects of COVID-19.”

In a conversation with National Institutes of Health (NIH) Director Francis Collins, M.D., Ph.D., posted today on the NIH Director’s Blog, Pérez-Stable discussed NIMHD’s work to support research investigating the causes of health disparities and interventions that might help. “[A]s we use the power of science to understand and contain the COVID-19 pandemic, I’d like to re-emphasize the importance of considering race, ethnicity, socioeconomic status, the built environment, the social environment, and systems. Much of the time these factors may only play secondary roles, but, as in all science related to humans, I think they have to be considered. This experience should be a lesson for us to learn more about that.”

*Reprinted from Psychiatric News*
Five Actions to Provide Well-Being of Health Care Workers During, After COVID-19

Organizations must act to protect the health and well-being of health care workers on the front lines of the COVID-19 pandemic—now and in the future, wrote the leaders of the National Academy of Medicine Action Collaborative on Clinician Well-Being and Resilience in an article in The New England Journal of Medicine.

“Before the virus struck, the U.S. clinical workforce was already experiencing a crisis of burnout. We are now facing a surge of physical and emotional harm that amounts to a parallel pandemic,” wrote Victor J. Dzau, M.D., Darrell Kirch, M.D., and Thomas Nasca, M.D. “Tragically, we are already seeing reports of clinicians dying by suicide amid the pandemic, including the highly publicized death of a prominent emergency medicine physician in Manhattan, the epicenter of the U.S. COVID-19 outbreak.”

The authors identified five actions to protect clinicians’ well-being during and after the crisis:

- Employers should create anonymous reporting mechanisms that allow clinicians to speak openly about stressors they face and to advocate for themselves and their patients without fear of reprisal. “For such systems to be meaningful, leaders must be prepared to respond transparently and proactively to feedback,” the authors wrote.
- Chief wellness officers should be given a powerful voice in decision-making bodies that organizations have assembled to respond to the pandemic.
- Health systems and other employers of clinicians should sustain and supplement existing well-being programs.
- Congress should allocate federal funding to care for clinicians who experience physical and mental health effects due to their COVID-19 service. “We need a national solution that acknowledges the scale of the crisis, and we cannot afford to wait,” the authors wrote.
- Federal funding should also be used to set up a national epidemiologic tracking program to measure clinician well-being during and after the pandemic, preferably led by the Centers for Disease Control and Prevention.

“Just as the country rallied to care for September 11 first responders who suffered long-term health effects, we must take responsibility for the well-being of clinician first responders to COVID-19—now and in the long run,” the authors wrote. “We have a brief window of opportunity to get ahead of two pandemics, the spread of the virus today and the harm to clinician well-being tomorrow. If we fail, we will pay the price for years to come.”

Reprinted from Psychiatric News

APA Coronavirus Resources

To provide support in the response to the novel coronavirus (COVID-19), APA is collecting authoritative and timely resources in this information hub.

If you are a patient or family member or friend in need of immediate assistance:

⇒ Disaster Distress Helpline Call 1-800-985-5990 or text TalkWithUs to 66746
  ⇒ National Suicide Prevention Lifeline Call 800-273-8255
  ⇒ Crisis Textline Text TALK to 741741
⇒ Veterans Crisis Line Call 800-273-8255 or text 838255
⇒ More information and resources are available at https://www.psychiatry.org/psychiatrists/covid-19-coronavirus
The Area IV Meeting took place in Chicago, IL. We began with a legislative and priority meeting for the Midwest Region. We also discussed financials and APAPAC business. Then the residents broke off and discussed resident/fellow events before later reporting their information to the wider Area IV meeting of representatives.

Representatives from Missouri in attendance were Angeline Stanislaus, MD, Rasha M. Elkady, MD and Jacob C. Lee, MD along with Amanda Blecha of the APA. Also pictured was Michaela Wexler, DO, representing Kansas.

American Psychiatric Association
2021 Annual Meeting
Los Angeles, California
May 1 - May 5, 2021
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 interest adverse to those of the Missouri Psychiatric Physicians Association have PACs, the MPPA 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.

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* ___________________________________________
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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.

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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
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Fall Conference
Saturday, September 26, 2020