President’s Message
By Jo-Ellyn M. Ryall, MD, DAPALF

2nd Quarter - 2021

HERE WE GO AGAIN

In the famous words of Mama Mia, “Here we go again.” As I begin my term as President of Missouri Psychiatric Physicians Association, I want to thank Dr. Azfar Malik for his leadership during the Pandemic Year. I also want to thank Dr. Angeline Stanislaus our Program Chair for the marvelous virtual meetings that we held in September 2020 and April 2021. I am hoping we can return to a face to face meeting in September, so we can network.

This has been a difficult legislative year. Missouri voters passed Medicare expansion and made it part of the Missouri constitution in August. The legislature decided not to fund Medicare expansion. MPPA sent letters to the newspapers and the legislators urging them to fund Medicare expansion but they fell on deaf ears. On the 1st of July many more Missourians will be eligible for Medicaid but who will pay for the services? Remember 2022 is an election year for all the Representatives and 1/3 of the Senators.

On a positive note, Mental Health Parity passed after much debate. The statewide Physicians Drug Monitoring Program passed and we are no longer the only state without such a program. Now about 85% of Missouri was using the PDMP started by St. Louis County several years ago but now 100% will be covered.

Our organization is headed by a board of dedicated psychiatrists from around the state. We have committees but I ask you to think about donating your talents to our efforts. We have a program committee that plans the September and Spring programs. We also hope to have some meetings in St. Louis and Kansas City during the year as the counties open. We need new people and new ideas. We have a Legislative Committee that works with our lobbyist Randy Scherr. During the legislative session we go over bills that are important to psychiatry and medicine. In 2019 and March 2020 before the shutdown we had White Coat days where physicians went to Jefferson City to meet the legislators. I have been doing that since I was an Early Career psychiatrist. We welcome new members to learn about the legislature.

We also have a Child Psychiatry Committee, a Forensic/Correctional Committee, Private Practice committee and Newsletter Committee. There are openings for Resident Representative since our last ones completed residency and Dr. Jacob Lee has left for Hawaii. We have an active Early Career Psychiatry Committee and we encourage you to stay active in APA/ MPPA as you leave residency. We have a committee for Medical

(Continued on page 2)
**EXECUTIVE COUNCIL**

**EXECUTIVE COUNCIL OFFICERS**

**President**
Jo-Ellyn M. Ryall, MD

**President-Elect**
Subbu Sarma, MD

**Secretary-Treasurer**
Faheem Arain, MD

**Immediate Past President**
Azfar Malik, MD

**APA Assembly Representatives**
Angeline Stanislaus, MD; Ravi Shankar, MBBS

**COMMITTEE CHAIRS**

**Bylaws** - Jo-Ellyn M. Ryall, MD

**Child Psychiatry** - Sultana Jahan, MD

**Disaster Psychiatry** - James L. Fleming, MD

**Early Career Psychiatry** - Erum Khan, MD; Rasha M. Elkady, MD

**Ethics** - Amanda Kingston, DO

**Foundation** - Azfar Malik, MD, MBA, DFAPA

**Forensic and Correctional Psychiatry** - Nicole Graham, MD

**Legislative** - James L. Fleming, MD

**Medical Students** - Heidi Hoffman; Spencer Gibson

**Membership/Fellowship** - Subbu Sarma, MD

**Newsletter Editor ‘Show-Me Psychiatry’** - Balkozar S. Adam, MD

**Nominating** - Balkozar S. Adam, MD

**Political Action** - Jo-Ellyn M. Ryall, MD

**Private Practice** - Azfar Malik, MD

**Program** - Angeline Stanislaus, MD

**Resident-Fellow Representative** - Jacob Lee, MD; Akriti Sinha, MD

**Website** - Erum Khan, MD; Rasha M. Elkady, MD

**EXECUTIVE DIRECTOR**

Sandra Boeckman

---

**President’s Message**

students who are interested in Psychiatry.

Please contact our Executive Director Sandy Boeckman at Missouripsych@gmail.com if you are interested in a committee. We need volunteers.

I hope all our members have gotten the COVID 19 vaccines so we can get back to the office and hospitals safely. That will also allow us to return to seeing each other without Zoom. After a year plus of quarantine, it is time to return to normal.

Jo-Ellyn M. Ryall, MD, DAPALF

---

**Mark Your Calendar**

~~~~~~

Missouri Psychiatric Physicians Association

presents

FALL CONFERENCE

Holiday Inn Executive Center
Columbia, MO
Saturday, September 25, 2021

Jointly Provided by the American Psychiatric Association and the Missouri Psychiatric Physicians Association
Cognitive Therapy While Tapering Antidepressants May Be Alternative to Maintenance Medication

Treating patients whose depression is in remission with preventive cognitive therapy (PCT) or mindfulness-based cognitive therapy (MBCT) as they taper an antidepressant medication appears to be a safe alternative to maintenance antidepressant therapy, suggests a report in JAMA Psychiatry.

“Current clinical guidelines recommend the continued use of antidepressant medication for patients at high risk for depressive relapse,” wrote Claudi L. Bockting, Ph.D., of Amsterdam University Medical Center and colleagues. “These results suggest that even for patients with a poor clinical prognosis, it may be possible to recommend offering PCT or MBCT during and after tapering of antidepressants as an alternative to continuing the use of antidepressants.”

Bockting and colleagues performed a literature search for studies that compared adults with depression fully or partially in remission who received preventive psychological intervention while being tapered off their antidepressant with those who continued antidepressant treatment only. Six studies met the researchers’ criteria; the researchers were able to obtain individual patient data for four of these studies (714 patients total), which made up the final sample. Three of the studies involved patients who received MBCT during the tapering period; the fourth involved patients who received PCT during and/or after the tapering period.

The researchers specifically compared whether the patients who received the psychological interventions while tapering antidepressants differed in time to depressive relapse compared with those who continued to take antidepressants. Relapse of depression was measured using the Structured Clinical Interview for DSM-IV Axis I disorders.

Bockting and colleagues found no significant difference in time to relapse between use of a psychological intervention during the tapering period versus antidepressant therapy alone. Younger age at onset, shorter duration of remission, and higher levels of residual depressive symptoms at baseline were associated with a higher overall risk of relapse.

“Although these findings suggest that psychological interventions may be an alternative for continued antidepressant medication use for all individuals, collaborative decision-making between patients and practitioners is crucial,” the authors concluded.

Reprinted from Psychiatric News

APA Coronavirus Resources

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

Physician Support Line Call 1-888-409-0141

Crisis Textline Text TALK to 741741

Veterans Crisis Line Call 800-273-8255 or text 838255
I was born in India and grew up in a family that put great emphasis on education, hard work and compassion. My father retired from military service, so discipline, traveling, adaptability, and flexibility have been ingrained in me from early childhood. As a matter of fact, I changed schools seven times from kindergarten through 12th grade! I am a big advocate for women’s rights and equality. I think that comes from being raised by parents who told their three girls from very early in life that there is nothing in the world that they could not do or achieve. They often said to us, “Dream big, work hard and achieve what you aimed for.” I will always be thankful to my parents for the personal sacrifices they made to raise me through all the challenges of life.

I went to medical school at an out-of-state university far from home, in beautiful hills surrounded by tea gardens. Those years were instrumental in shaping me as an individual and in developing critical thinking skills. I met my best friend during my internship and later decided to spend my life with him and raise a family. We came to the U.S. after our internship for further education and training. I started my journey in Child and Adolescent Psychiatry during my fellowship at Southern Illinois University (SIU). I came across amazing mentors, teachers, psychiatrists, colleagues and patients who helped me grow and learn every day. Dr. Campbell at SIU had a very special role in my training. She is an incredible teacher, mentor and supervisor. She introduced me to the world of autism, its challenges, treatment modalities and the struggles faced by patients and families. In just few months, it became my passion and I started working in the autism clinic and inpatient unit.

After finishing my fellowship at SIU, I came to the University of Missouri-Columbia to start my general psychiatry residency training and join my husband, who was pursuing nephrology during a fellowship at MU. I received my training from some of the best psychiatrists and educators and had a great experience in all common and complex psychiatric disorders. Along the way I came across some great colleagues who are now close family friends. After finishing my training in 2015, I was offered the opportunity to join the faculty in MU’s Department of Psychiatry and work at Thompson Center for Autism and Neurodevelopment Disorders. It was an unparalleled experience. I got to work with experts in the field, multi-disciplinary teams and provide the latest evidence-based medicine and intervention to my patients. I was involved in multiple projects, research studies and presented at the national and international levels. Within a year, I was promoted to medical director of Thompson Center. During my term, I was actively involved in WIMMS (Women in Medicine and Medical Sciences) and was invited to attend the leadership meeting by AAMC (Association of American Medical Colleges). I was awarded the Faculty Award for Excellence in Teaching and nominated for the Faculty Scholar Program.

In 2018, I had the opportunity to join Burrell Behavioral Health (BBH) as the medical director. The next year, I was appointed as the first-ever Chief Medical Officer for the organization. This was my first experience with community psychiatry. I was surprised to learn about the impact it had on our clients and the role it played in our community. The dedication to serve all people and the emphasis on easy access to competent care in a safe, informed and respectful environment has been very promising. Our team has grown exponentially and worked very hard to achieve our mission. Burrell is one of the nation’s largest Community Mental Health Centers. We are committed to providing meaningful care to more than 40,000 patients across 25 counties in Missouri and Arkansas. We are the second largest Certified Community Behavioral health Organization (CCBHO) and our provider base of 400 clinicians offers a full continuum of care through our integrated network and more than 50 locations. We create individualized care plans and our staff collaborates with families, school, healthcare systems, nonprofits and other networks to provide appropriate care for each situation.

Burrell’s medical and psychiatry team has been instrumental in serving our patients and families. Since 2018, our medical team has seen a 113 percent growth in physicians resulting in a 32 percent increase in new

(Continued on page 5)
patient evaluation, a 41 percent increase in patient encounters, and a 19 percent reduction in wait times, all while improving outcomes. Sixty-two percent of our patients reported significant decrease in anxiety symptoms and 73 percent mentioned reduction in depressive systems. We are proud to offer a broad range of specialties and a continuum of care including children and adolescents, autism services, perinatal, eating and sleep disorders, forensic psychiatry, etc. We recently started neuromodulation treatment and began offering Transcranial Magnetic Stimulation (TMS) services at our Main Campus in Springfield, Mo. We are also collaborating and integrating with multiple partners and healthcare organizations to provide the best care and service to our patients. Everyone deserves quality mental health care and I together with our team aspire every day to improve care and serve our community better. I have a mission, dream that one day there would not be any barrier in receiving care for mental health, and individuals would be able to heal, grow, thrive and reach their potential.

**U.S. Youth Increasingly Aware of Dangers of E-Cigarettes**

U.S. youth appear more aware of the dangers of e-cigarettes than they were just five years ago, according to a report in the *American Journal of Preventive Medicine*. The findings suggest that efforts to educate adolescents about e-cigarettes may be working and point to groups of adolescents who may need additional support.

Joseph L. Rapp, M.P.H., Karen M. Wilson, M.D., Ph.D., and colleagues at the Icahn School of Medicine at Mount Sinai analyzed data collected between 2015 and 2019 from the National Youth Tobacco Survey. This survey is given to U.S. middle- and high-school students annually.

In addition to assessing the number of students who had smoked cigarettes or used e-cigarettes in the past 30 days, the researchers specifically focused on how the students responded to the following two survey questions:

- “How much do you think people harm themselves when they smoke e-cigarettes some days, but not every day?” (Response options: no harm, a little harm, some harm, and a lot of harm)
- “Do you believe that e-cigarettes are less, equally, or more addictive than cigarettes?” (Response options: less addictive, equally addictive, more addictive, I have never heard of e-cigarettes, and I don’t know enough about these products)

The sample included 83,779 students (average age 14.5 years). While there was a slight drop in the percentage of students who reported smoking cigarettes over time (5.78% in 2015 compared with 3.93% in 2019), there was a significant increase in the percentage of students who reported using e-cigarettes during that period (10.77% in 2015 compared with 19.80% in 2019).

Students’ perceptions of the harm associated with vaping increased over time: In 2015, 23.58% believed occasional e-cigarette use caused a lot of harm compared with 32.21% in 2019. Similarly, students’ perception of the addictiveness of e-cigarettes compared with cigarettes also increased: In 2016 (the first year this question was asked), 7.26% said they considered e-cigarettes to be more addictive than cigarettes; by 2019, 26.31% of students considered e-cigarettes to be more addictive.

Female and non-White students were more likely to think that e-cigarettes were at least as addictive as cigarettes but also reported less knowledge about e-cigarettes, the researchers noted. They also found that minority students were more likely than their non-Hispanic White peers to perceive that intermittent use of either E-cigarettes or cigarettes was not as harmful as daily use.

“Concerted efforts should be made to expand education about e-cigarettes and should be combined with stringent regulations on their sale and advertisement,” they concluded.

Reprinted from *Psychiatric News*
I was inspired to write a poem while I was preparing for a “Deep Dive” virtual weekend retreat with the Steering Committee of the Climate Psychiatry Alliance (CPA). I was reflecting on an article about the fires in the Mohave and invasive grasses, which had been one more trigger for my own sense of climate dread. The article in question originally appeared in the November 2, 2020 print edition of The Nation magazine.

I was also inspired by insights I have received from my Black psychiatric colleagues, who have helped put the climate crisis into proper perspective as a result of their resilience in the face of the disproportionate adverse environmental impacts and threats to their very survival, both individually and collectively. Addressing the climate crisis is inextricable from the fight for social justice, including systemic racism and health care inequities, which have been become more obvious than ever during the coronavirus pandemic. As environmental and health care organizations, as well as other socially conscious movements, awaken to the interconnectedness of these problems, they also need to tap into the wisdom of indigenous cultures that have always had a respectful, interconnected relationship with the natural world. The impact of industrial society’s relationship to the environment is now placing extreme strain on both the ecosystem and the societal structures that depend on it. It is also important to remember despair—in the words of former Vice President Al Gore—“is just another form of denial.” We are all connected and need each other to meet the daunting challenges we all face.

### Tidal Wave

I was dreaming of what I read:

Fire in the Mohave desert

Burning up every Joshua tree for God knows how long

Forever? No please

But the brome grasses, the fake bromes and the other invaders, squeezing out the natives, burning at super hot temperatures, incinerating the native seeds, drying out the land, opportunists creating More of themselves!

Feeding the wildfire cycle—No, damn!

Another vicious feedback loop!

But hopelessness is not in my skill set

So the dream shifted and I realized (again) that I could fly

And I was showing you, my friends

How easy it is

You just will it and turn and you move as you will

So now we’re all flying, feeling so free

And looking up:

The Tidal Wave

that Government Behemoth waking up

(Continued on page 7)
Personal Reflections on Climate Change
James L. Fleming, MD

After four years of slumber,
“Departments of Science,” bringing back scientists
Listening to scientists!—imagine that!
That Tidal Wave already dousing the flames
With promised moisture...

But flying to the top we saw
The wave wasn’t high enough—not nearly!
Carbon neutral by 2050? 30 years, really? Are you kidding?
Not even 3 years!
Did you forget about
One-hundred-fifty thousand
California wildfire refugees last summer
In 3 months
But despair is not in our lexicon
And as we glide down, floating now, gently touching down
In Houston and New Orleans I hear my black and brown brothers and sisters say: “This is nothing!”
They tell us:
“We know our earthly home is burning, drowning, toxifying, and
sometimes we can’t breathe!
But we know about survival!
We will survive this too! (As we always have)
Walk with us, listen to us
And we will teach you”

Yes! we will walk together, learn from each other
And we will gather our native sisters and brothers building strength
Building resolve
The Tidal Wave growing
Joined by the Navaho, the Cherokee,
the Mohawk and the Swinowish
And we all stand together again
with the Standing Rock
And we walk together
Through flames and floods and furors
We survive
We thrive
We fly!

Dr Fleming is the chair of the American Psychiatric Association’s Caucus on Climate Change and Mental Health, member of the APA’s Committee on Climate Change and Mental Health, and member of the Steering Committee on Climate Psychiatry Alliance.

Reprinted from Psychiatric Times, March 29, 2021
Background
The COVID-19 pandemic has greatly affected how physicians, including child and adolescent psychiatrists, practice. Both countrywide restrictions as well as public health recommendations have shaped clinical contact to avoid continued spread of the virus. A major shift came in the form of telehealth, in which patients attend clinic appointments online.

At our child psychiatry clinic, some of our child and adolescent psychiatrists began practicing telehealth in March 2020 and continued completely virtually for one year to prevent the spread of COVID-19. Other providers in our practice continued with in-person visits.

Objectives
The objective of this study was to identify advantages and disadvantages of the telepsychiatry care delivery system and to devise future strategies to resolve drawbacks to improve patient and caregiver satisfaction. The study hypothesis was that more people would prefer telepsychiatry visits.

Methods
A proposal was approved by the University of Missouri-Columbia Internal Review Board to conduct this study. One hundred patients were randomly selected for the study questionnaires. 50 patients were seen via telehealth and 50 patients were seen in-person.

To understand patient satisfaction with telehealth and work towards improvements, this study conducted comparative survey research with 50 patients seen virtually and 50 patients seen in-person. Identical survey questions were filled out by patients and their respective guardians. The survey’s first question asked which setting was preferred during the COVID-19 crisis and was followed by free response questions prompting responses about what they liked and disliked about telehealth and in-person visits. This free response format allowed for multiple answer responses and enabled participants to fill out all five survey questions or leave some blank. Advantages and disadvantages aside, it is clear that telemedicine is here to stay. Patient feedback, as seen in this study, may be used to improve telehealth services and determine how telemedicine will be incorporated into a post-COVID-19 world.

Results and Discussion
Of the 50 patients seen virtually, 72% indicated a preference for telehealth, 14% preferred in-person, and 14% had no preference. These patients stated they preferred telehealth because it was convenient, required no travel and required fewer absences from school or work. 28% patients, fewer than expected listed safety from exposure to COVID-19 as a reason they liked telehealth, suggesting that the population in favor of telehealth would largely continue to exist outside of the current crisis. Some patients also expressed they were more comfortable with telehealth than in-person services. (Continued on page 9)
person appointments because they could be in their own home or another familiar environment during their appointment. While over half of these patients reported no complaints with telehealth, the most common issue according to patients seen virtually was internet connectivity and technology problems.

In an age of digital divide, stable internet access is unfortunately not a reality experienced by all, and rural areas struggle the most. In the state of Missouri alone, it is estimated that 780,000 residents do not have access to the wired broadband connection needed for what is considered high-speed internet (4) (Cooper, 2021). Furthermore, 350,000 do not have access to any speed of broadband (4) (Cooper, 2021). To address this, Missouri allotted $20 million of the state’s Coronavirus relief fund to expand broadband connectivity, as reported by the Missouri Department of Economic Development in July of 2020 (3). Another $5.25 million was used to support telehealth connectivity and provide hotspots for federally qualified health centers in Missouri (3) However, even with access to a reliable device and stable internet connection some people still struggle with navigating their patient portals and the audio-visual platforms used for telehealth appointments. With the sudden shift to online as a result of the COVID-19 pandemic, technological and digital literacy is being put to the test. Patient education, specific to the online system used and easily accessible to vulnerable populations,

(Continued on page 10)
The second most common complaint regarding telehealth and the highest reported advantage of in-person visits is the element of personal connection. Patients desire in-person reciprocity, ability to read body language, and some feel it is not consistently possible in telehealth appointments. It appears that children and adults alike are craving human interaction, likely as a result of the sudden and all-encompassing shift from in-person to virtual. With school, work, extracurricular, and social events moved online, the desire for a face-to-face appointment is understandable. In addition to the personal connection, there is some concern with the more physical aspects of psychiatric care. 16% of patients seen virtually and 24% of patients seen in-person reported more accurate assessment an advantage of in-person care. These patients listed concerns about body language, vital signs, and other physical symptoms. Body language not only may be a physical symptom of a mental illness, but it is also important for building a personal relationship. Vital signs, though not a part of every outpatient psychiatry visit, may be necessary for monitoring certain psychotropic medications.

Not surprisingly, the 50 patients seen in-person had differing responses from the 50 patients seen virtually. 64% of these in-person patients reported a preference for in-person visits during the COVID-19 crisis. Similar to virtual patients, convenience was the most popular advantage of telehealth and personal connection was the most common disadvantage. For these patients seen in-person during the pandemic, the positive impact that a personal connection has on their psychiatric care outweighs their concern with COVID-19 exposure. The comfort of talking face to face and not having to worry about technology outweighed concerns with travel and scheduling.

**Conclusion**
A recently published article in Psychiatric News reported “APA president Jeffrey Geller, MD expects psychiatric practice to be a hybrid model that uses video, telephone, and in person visits as appropriate” (1). “My hope is that this hybrid practice will be designed to meet individual needs and driven by patient preference rather than driven by finding”(1). Telehealth is becoming all but ubiquitous in the medical field. With telehealth as a seemingly permanent aspect of medicine, the field of psychiatry must adapt. Problems within the delivery of telehealth may not be addressed, unless we understand their existence. In reviewing survey responses, common themes have emerged that may be used to improve psychiatric telehealth. Expansion of broadband and increasing affordability of high-speed internet connection are practical solutions to technological issues with telehealth. Implementation of virtual platforms requires both provider and patient understanding; to prevent barriers to care, technical assistance must be available. In the interest of personal connection, providers should use patient names and communicate as they would in the office. For patients preferring to be seen virtually, a recommendation can be made to have at least the first visit in-person to establish a personal relationship. A pre-established trusting relationship built in-person would likely ease the shift to virtual care. For patients that need vital signs, it may be an option to purchase the equipment and take vitals at home after training obtained in the clinic. These vital signs could then be reported to their provider during telehealth visits. Some barriers presented by psychiatric telehealth are more difficult to address than others, but consciously implementing these suggestions may increase patient satisfaction.

According to the article published in Psychiatric news in May, 2021-"for psychiatrists who practice psychopharmacologic, telepsychiatry is likely to continue to be prominent."
To that end we must be vigilant and develop better strategies to improve the quality of patient care and patients’ satisfaction.

References

Patients With Social Anxiety Disorder Treated for Sleep Problems May Have Better Outcomes

For patients with social anxiety disorder who received exposure therapy, poor sleep quality was associated with slower symptom improvement over time, according to a study published in Depression & Anxiety.

“Social anxiety disorder, a prevalent psychiatric diagnosis, is often associated with sleep disturbance,” wrote Christina D. Dutcher, M.Ed., of the University of Texas at Austin; Sheila Dowd, Ph.D., of the Rush University Medical Center; and colleagues. “Sleep difficulties may prove an obstacle for optimizing therapeutic gains; thus, clinicians should consider assessing for sleep difficulties and incorporate sleep-relevant techniques into their treatment plans.”

Dutcher and colleagues analyzed data from a clinical trial involving 152 participants that tested the efficacy of D-cycloserine (DCS) augmentation of exposure therapy. All participants had a score of 60 or greater on the Liebowitz Social Anxiety Scale and underwent a five-week group exposure therapy protocol that included 90-minute treatment sessions per week. Symptom severity was assessed at baseline; across the course of the intervention; and during one-week, one-month, and three-month follow-up visits. The participants reported their baseline sleep quality using the Pittsburgh Sleep Quality Index, then completed sleep diaries assessing sleep duration and quality on the nights before and after treatment. Participants’ scores on the Pittsburgh Sleep Quality Index indicated that 56% identified as poor sleepers. Poorer sleep quality at baseline was significantly associated with slower improvement of social anxiety symptoms over time and predicted worse outcomes at the three-month follow-up visit. Further, participants who slept more before the exposure therapy sessions showed improvement at the next session. There was, however, no significant association between the quality of sleep the night before or after a session with symptoms at the next session.

“Reduced sleep duration impairs the acquisition of new information and the ability to recall previously stored information; thus, it is possible new learning in the session was impaired for individuals with reduced sleep duration before treatment sessions,” the authors wrote. “[I]mplementing interventions that target poor sleep (e.g., stimulus control, relaxation, and cognitive restructuring of sleep-related beliefs) before and throughout the course of exposure-based therapy may assist in maximizing therapeutic outcomes for [social anxiety disorder].”

Reprinted from Psychiatric News
How to Incorporate Anti-Racism Into Psychiatric Practice

The murder of George Floyd by a police officer one year ago today “forced overdue conversations about the structural racism in the very roots of our nation. It also caused many to examine what was once considered business as usual,” APA wrote in a statement released today. “The American Psychiatric Association and psychiatry were forced to confront our own past [as well as] to examine how racism had entwined itself into our current operations and how racism was impacting our patients on a daily basis.”

“We recommit as an organization and a field to staying vigilant to injustices that impact our patients and taking action to achieve mental health equity for all,” the statement concluded.

What actions can individual psychiatrists take to achieve mental health equity for all?

In an article appearing in the June issue of Psychiatric News, psychiatrists shared suggestions on how to adopt anti-racist practices within and outside of clinical practice. “To eradicate racism, in all its forms, everyone must embrace the concept of anti-racism,” said Rahn Bailey, M.D., APA’s minority/underrepresented trustee and chief medical officer of the Kedren Community Health Systems in Los Angeles. “Anti-racism is proactive and assertive,” he said. “It is taking an active stance against racism in every facet of your life and career.”

Acknowledge that racism exists everywhere: The first step to centering racial equity is starting the process of self-reflection and self-education, Lucy Ogbu-Nwobodo, M.D., M.S., an APA/APAF SAMHSA Minority Fellow and PGY-3 psychiatry resident at the Harvard Massachusetts General Hospital/McLean Psychiatry Program, told Psychiatric News. “It’s being willing to take an honest inventory of yourself, your role, and who you are in society.” Jessica Isom, M.D., M.P.H., a psychiatrist at Codman Square Health Center and a voluntary faculty member at Yale School of Medicine, emphasized that building awareness of racism is a skill that individuals must hone over time by committing themselves to doing so. Acknowledging racism’s role both individually and within the field of psychiatry can lead to better outcomes for patients.

Incorporate anti-racist values into your practice: There are many ways to bring anti-racist values into psychiatric practice, said Michael Mensah, M.D., M.P.H., APA’s immediate past resident-fellow member trustee and a PGY-4 psychiatry resident and co-chief of the residency program at the Semel Institute of Neuroscience of the University of California, Los Angeles. “Ask yourself: What does it look like for you to center anti-racism? Does it mean introducing a sliding scale to help patients who can’t pay? Does it mean taking more Medicare and Medicaid patients than before? Does it mean taking a more active role in your local residency program to advocate for a more diverse residency class?” Ayala Danzig, M.D., M.S.W., a fourth-year resident in the Yale University Department of Psychiatry, chair of the Assembly Committee of Resident-Fellow Members, and the Assembly’s Area 1 resident-fellow member representative, described how she regularly audits her own panel of patients, for example, to see if she is disproportionately diagnosing her Black patients with psychotic illnesses or if she’s prescribing more controlled substances to her White patients.

Ask for guidance: Mensah noted there are multiple resources about how psychiatrists can incorporate anti-racism into clinical practice. APA staff can direct psychiatrists to anti-racism advocacy opportunities, and district branches may be able to help identify local anti-racism experts who can offer valuable insights. He encouraged psychiatrists to reach out to other experts to ask for guidance.

“In medicine, we sometimes think that racial equity is not in our lane or our issue to tackle,” Ogbu-Nwobodo said. “But unless we all think of it as our duty as physicians to address these issues, they’re never going to be tackled. We all need to roll up our sleeves and get into the discomfort of this work.”

Reprinted from Psychiatric News
EMERGING RISKS REQUIRE ENHANCED COVERAGE

AS THE PRACTICE OF PSYCHIATRY EVOLVES, SO SHOULD YOUR MALPRACTICE COVERAGE.

The dedicated experts at PRMS® are pleased to bring you an enhanced insurance policy that protects you from the emerging risks in psychiatry.

MEDICAL LICENSE PROCEEDINGS
Psychiatrists are more likely to face an administrative action than a lawsuit. Separate limits up to $150,000

HIPAA VIOLATIONS
HIPAA enforcement continues to increase at the federal and state levels. Separate limits up to $50,000

DATA BREACH
The use of electronic media in psychiatric practice has increased. Separate limits up to $30,000

ASSAULT BY A PATIENT
Violence by patients against psychiatrists is more common than against other physicians. Separate limits up to $30,000

These are just a few of our enhanced coverages included at no additional cost. Visit us online or call to learn more and receive a free personalized quote.

More than an insurance policy
(800) 245-3333 | PRMS.com/EnhancedPolicy | TheProgram@prms.com

The American Healthcare Industry is killing our patients. This isn’t a headline about patient suicides, wrong-site surgeries or unforeseen medication interactions, but about something insidious which commands far less attention—greenhouse gas (GHG) pollution. The US Healthcare Industry is a major producer of the carbon dioxide, methane and nitrogen oxide gases which contribute to the destabilization of Earth’s climate. While all healthcare around the world contributes to some extent, American healthcare holds the unenviable position of a worst-in-the-world ratio between GHG emissions and Healthcare Access and Quality (HAQ) scores. The American healthcare industry is responsible for nearly 10% of American GHG emissions, directly contributing to the annual loss of over 100,000 disability-adjusted life years (DALYs) effecting our patients, neighbors, and families. American Psychiatrists have a role to play in reducing our profession’s contribution to this unseen epidemic.

In part, the solution requires reducing the many excesses of modern medicine. If the year of the Coronavirus pandemic has shown us anything, it’s that we can make do with less than we previously believed. Changes to in-person meeting practices, ongoing implementation of telepsychiatry, and virtual interviews for psychiatry residency and fellowship have already redefined our industry’s carbon footprint for the better. Reversing the growing pollution rate from psychiatric practice relies on continuing and enhancing these new practices going forward.

In-person annual meetings, until recently considered to be an indispensable part of continuing medical education, were successfully transitioned to virtual meetings with significant implications for our carbon footprint. The American Psychiatric Association has made addressing the effects of climate change on mental health one of its priorities, yet it holds one of the largest annual psychiatric conferences in the world. Virtual conferences have been associated with reduced emissions of over 99%. It’s estimated that holding conferences biennially in accessible locations and increasing virtual presentations may be associated with reductions in emissions of 90%, equivalent to saving 500 acres of dense forest or 20 million pounds of coal. In the context of the COVID-19 pandemic, reductions in activities including in-person conferences and unnecessary commuter travel allowed a projected 8% reduction in greenhouse gas emissions for 2020, which would be the most rapid one-year decline on record.

The relationship between telepsychiatry and reduced

(Continued on page 15)
pollution is easy to understand—there is a linear relationship between distance travelled and carbon dioxide pollution. Distances traveled to medical visits range greatly, occasionally comprising hundreds of miles driven for a single specialty consultation. The environmental costs of telemedicine are minimal compared to those of operating a psychiatric office location, and often take place in a personal home which would already be running air conditioning and other utilities. Already, virtual appointments have been shown to be effective for anxiety, somatic disorders, substance abuse, insomnia and depression. This, taken alongside apparent decreases in wait time and higher show rates makes ongoing telepsychiatry an easy win for climate-conscious psychiatrists. It is our role, then, to advocate for ongoing reimbursement of this practice.

We must not, however, limit our thinking to the advanced stages of practice. Instead, we should consider adapting our psychiatric practice at all stages of training, including residency and fellowship. Over the last decade, psychiatry residency applicants have shown substantial increases in number of interviews attended. Multiplied across 40,000 interviewees, the estimated 500lbs of CO2 pollution per interview quickly reaches catastrophic proportions. As Joel Burnett, M.D. and Ellen Green, M.D. so strikingly described it, the cost of a single residency position is a studio apartment worth of melted sea ice. With commercial aviation the fastest-growing source of greenhouse gas emissions overall, and with no sign of a trend reversal in residency applications, the need is significant to sustain the 2020 reforms in virtual interview practices. As a fellowship applicant myself this 2020-21 cycle, I consider the thousands of dollars in savings for cash-strapped residents a genuine advantage in its own right, to say nothing of the weeks of valuable vacation time saved.

Adapting our practice with a mind towards sustainability will not be an easy process, and it will not go smoothly at all stages. We have all encountered difficulties with poor camera placement in telepsychiatry appointments, technical glitches during digital conferences, and our fair share of Zoom fatigue. We have also lived through the most rapid adaptation of our profession in a lifetime, and seen breakneck innovation in this time of crisis. As psychiatry turns to face this next crisis, we should keep in mind the rapid improvements we’ve already seen in digital conferences and telehealth.


This is my final article in Show Me Psychiatry prior to moving to Honolulu for my Child and Adolescent Psychiatry fellowship at the University of Hawai‘i. I wish to express gratitude to the newspaper staff, especially Dr. Adam.
Year after year, I actively participated in the AACAP Annual Legislative Conference. This year, I was able to bring along my colleagues, Dr. Sultana Jahan and Dr. Ravi Shankar. The conference promotes advocacy efforts at the federal and state levels to improve policies and services for children and adolescents. We found this years’ experience to be uplifting, and it allowed the three of us to address some of the needs of Missouri’s children and our professional needs. The conference organizers included the American Academy of Child and Adolescent Psychiatry (AACAP) Advocacy committee, the AACAP Government Affairs committee, and the American Association of Child and Adolescent Psychiatry. They put together goals and objectives and a mandatory training session. The training session took place virtually in the middle of May, one week before the actual legislative conference, and it lasted for several hours. Although the meeting was virtual this year, every effort was made to make sure the conference will be successful. Appointments were made in advance with three Missouri legislator offices of Senator Roy Blunt, U.S. House Representative Vicky Hartzler, and U.S. House Representative Emanuel Cleaver. The legislators were provided with handouts about the topics to be addressed by the child and adolescent psychiatrists. We were also provided with "talking points" to highlight what to discuss with legislators. We were provided with information on the legislator's stance on different topics that may impact the mental health of the children of Missouri.

Three areas were identified for this year's legislative conference.

First: Loan Relief to address child and adolescent psychiatry workforce shortage. We were able to discuss with the legislators what we learned on how the pandemic urges action to expand America's mental health workforce, especially child and adolescent psychiatrists, in the face of growing unmet mental health needs. We shared with the legislators the information provided to us, including the fact that mental illness such as depression impacts 1 in 5 Americans, and 21% of all youth, aged 13-18, experience a severe mental health disorder at some point in their life. We also emphasized that unmet mental health disorders can lead to adverse consequences, including homelessness, academic failure, unemployment, contact with the criminal justice system, and suicide. The conference organizers suggested the solution was to discuss with the legislators the need for congressional action to address these issues. "The Mental Health Professionals Workforce Shortage Loan Repayment Act of 2021", H.R. 3150, and S. 1578 would create a new loan relief program for mental health professionals, including child and adolescent psychiatrists.

Second: Increasing mental health services for children in schools, K-12. We conveyed to the legislators what we learned that 1 in 5 youth experience some type of mental health disorder. However, only 10 percent of U.S. children and adolescents ages 3 to 17 years old typically receive any treatment or counseling from a mental health professional. The pandemic has made this disparity even worse. The solution that the conference organizer recommended was "The Mental Health Service for Students Act of 2021". We expressed our thanks to the House Members who passed H.R. 721 and requested for Senator's offices to please co-sponsor and advance a companion bill.

Third: Increasing BIPOC Mental Health Equity. We passed on the conference leaders' information, including the fact that the pandemic and the continuing racial injustice have exposed long-standing and deeply rooted physical and mental health treatment disparities among the Black, Indigenous, and People of Color (BIPOC). Although the percentage prevalence rates for mental health disorders are relatively equal across the racial and ethnic groups, the BIPOC minority population is less likely than other

(Continued on page 17)
Americans to receive mental health treatment due to lack of access to services and cultural stigma. The solution suggested was the Strengthening Mental Health Support for BIPOC Communities Act. We then asked our legislators to co-sponsor, support, and advance H.R. 1331, "The Strengthening Mental Health Supports for BIPOC Communities Act." In addition, to seek sponsorship and on the introduction of a Senate companion bill.

After meeting with the legislator and the staffers, the conference participants had a conclusion session where the child and adolescent psychiatrist shared their experiences, what they learned, and what they would like to address during the 2022 conference.

Hearing from other child and adolescent psychiatrists about their experiences gave us perspective on the issues we face in Missouri and in other parts of the United States.

A personal email was sent to those who made the time to listen to our concerns and expressed interest in helping our cause. Building a bridge for future collaboration and communication with Missouri legislators was our goal. The three of us felt those we met from the legislator offices were open-minded, asked questions, and were willing to better understand and support the mental health needs of the children of Missouri. Together, we can make a difference!
# APA BENEFITS
General Member Psychiatrists*

Visit psychiatry.org/join for a full list of benefits.

<table>
<thead>
<tr>
<th>BENEFITS &amp; SERVICES</th>
<th>QUICK LINKS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CME AND LIFELONG LEARNING</strong></td>
<td>education.psychiatry.org</td>
</tr>
<tr>
<td>Member access to the APA Learning Center with:</td>
<td>purchase at appi.org</td>
</tr>
<tr>
<td>- Journal activities and world-class free and discounted CME</td>
<td>psychiatry.org/psychiatrists/practice/risk-management</td>
</tr>
<tr>
<td>- Courses on clinical and business of medicine topics, including integrated care and substance use treatment</td>
<td>psychiatry.org/memberscourse</td>
</tr>
<tr>
<td>- MOC PIP and Self-Assessment credits earned through the APA Learning Center are automatically reported to ABPN and are not subject to audit</td>
<td>psychiatry.org/AnnualMeeting</td>
</tr>
<tr>
<td>Discounted access to AJP CME, offering AMA PRA Category 1 credits™ for reading your complimentary <em>American Journal of Psychiatry</em> subscription</td>
<td>Call APA Member Services to subscribe: 800-368-5777 or 888-357-7924 focus.psychiatryonline.org</td>
</tr>
<tr>
<td>Free CME Risk Management online series to protect your practice. Earn 5% of your professional liability policy with APA, Inc.</td>
<td>psychiatry.org/Announcements</td>
</tr>
<tr>
<td>Free Members’ Course of the Month—Each month, you have free access to an on-demand CME course on a popular topic.</td>
<td>my.psychiatry.org</td>
</tr>
<tr>
<td>Discount registration to APA Annual Meeting</td>
<td>Click on Communication Preferences</td>
</tr>
<tr>
<td>Discount subscription to <em>Focus: The Journal of Lifelong Learning in Psychiatry</em></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>JOURNALS AND PUBLICATIONS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Free print and online subscription to <em>The American Journal of Psychiatry</em> including early access to the latest articles with <em>AJP in Advance</em></td>
<td>apj.psychiatryonline.org</td>
</tr>
<tr>
<td>Free print and online subscription to <em>Psychiatric News</em> bimonthly news service</td>
<td>psychnews.psychiatryonline.org</td>
</tr>
<tr>
<td>Discounted subscription to <em>Psychiatric Services</em> featuring the latest on mental healthcare delivery and community-based treatment</td>
<td>ps.psychiatryonline.org</td>
</tr>
<tr>
<td>Discounts on more than 700 books and special member pricing for journals and subscriptions through APA Publishing</td>
<td>appi.org</td>
</tr>
<tr>
<td>Free subscriptions to informative e-newsletters, including <em>Psychiatric News Update</em></td>
<td>my.psychiatry.org</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PRACTICE TOOLS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to the Practice Management Helpline, <em>Building a Career in Psychiatry</em> guide, and other valuable tools to assist with:</td>
<td>psychiatry.org/psychiatrists/practice</td>
</tr>
<tr>
<td>- CPT Coding</td>
<td>psychiatry.org/registry</td>
</tr>
<tr>
<td>- Starting and closing a practice</td>
<td></td>
</tr>
<tr>
<td>- Reimbursement and Medicare/Medicaid</td>
<td>To opt-in: my.psychiatry.org</td>
</tr>
<tr>
<td>- Health Information Technology</td>
<td>To search the Database: finder.psychiatry.org</td>
</tr>
<tr>
<td>- HIPAA</td>
<td>apabenefits.org</td>
</tr>
<tr>
<td>- Practice Guidelines</td>
<td></td>
</tr>
<tr>
<td>PsychPRO is APA's national mental health registry—a flexible tool that captures data to help psychiatrists and all behavioral health providers make optimal patient care decisions, further research and develop new measurements of quality.</td>
<td></td>
</tr>
<tr>
<td>Find a Psychiatrist database helps patients find you. A great benefit for expanding your patient base. You must opt-in to be included in the database</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ENGAGE WITH YOUR PROFESSIONAL COMMUNITY</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Become a Fellow or Distinguished Fellow of the APA</td>
<td>psychiatry.org/join-apa/become-a-fellow</td>
</tr>
<tr>
<td>Discover leadership opportunities and awards</td>
<td>psychiatry.org/psychiatrists/awards-leadership-opportunities</td>
</tr>
<tr>
<td>Participate in the Advocacy Action Network</td>
<td>psychiatry.org/advocacy</td>
</tr>
<tr>
<td>Use JobCentral to find a new position</td>
<td>psychiatry.org/psychiatrists/jobcentral</td>
</tr>
</tbody>
</table>

*Benefits may vary for Resident-Fellow and International members. Visit psychiatry.org/join*
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 __________________________________________________________

Address _____________________________________________ City State Zip ____________________________

Phone ________________________ 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
Political Action Committee
Jo-Ellyn M. Ryall, MD, DAPALF

Our Missouri Psychiatric Physician Association has a Political Action Committee that raises funds so we can support Missouri legislators who have been helpful to Mental Health issues and psychiatric issues. We can donate to campaigns of Senators, Representatives and County Executives.

Our PAC has been in existence for several years. At the last report in April, we had a total of $3772. This is not sufficient money to support the legislators who have helped us and whom we hope will support our causes in the future. Remember 2022 is an election year for all Representatives and 1/3 of the Senators. Our lobbyist Randy Scherr helps us pick the legislators for our support, since he knows them better than we do.

This year we had some victories. The statewide Physician’s Drug Monitoring Program passed. Senator Heidi Roeder was the main supporter of this bill that failed many times in the past. The Mental Health Parity language was amended on another bill that passed in the last days of the session.

I urge you to join me in contributing to our PAC by sending your check to Sandy Boeckman at the MPPA office.

Missouri Psychiatric Physicians PAC

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 Association.

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: $ __________________________
Contributions to the PAC are not tax deductible. Make checks payable to MoPPPAC and return to 722 E. Capitol Avenue, Jefferson City, MO 65101.
Missouri Psychiatric Physicians
Political Action Committee

MEMBERSHIP information

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 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.
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.

Copyright 2016 by Missouri Psychiatric Physicians Association. All rights reserved. No part of this document may be reproduced or used in any form or by any means, electronic, mechanical, or otherwise, including photocopy, recording, or by information or retrieval system, without the prior written permission of the publisher.

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 or questions, contact Sandy Boeckman by email at missouripsych@gmail.com.
Calendar of Events

Executive Council Meeting
~ ZOOM CONFERENCE CALLS at 7:00 pm ~
July 20, 2021
September 24, 2021
November 16, 2021

MPPA Fall Conference
Holiday Inn Executive Center
Columbia, MO
Saturday, September 25, 2021