The American Psychiatric Association (APA) meeting in Atlanta, Georgia afforded a great opportunity for members of the Missouri Psychiatric Association (MPA) to gather together. It was apparent that we were from Missouri as some were wearing the royal blue of the Royals, the red of the Cardinals or the black and gold of the Mizzou Tigers. We were able to meet with old friends and make new ones. I was personally excited to see so many people come out to spend time together, sharing ideas for the next year.

At the APA meeting, I attended the New President’s Orientation for the District Branches. There were three states acknowledged for the work they were doing. It was great to hear that Missouri was one of those states. The work we did in opposing SJR 39 (Religious Freedom Preservation Act) was discussed as an example of District Branch acting with the APA. As this year moves forward, I am sure the MPA will continue to be an active district branch within the APA. Issues related to the legalization of marijuana, the opioid epidemic, and a prescription drug monitoring program in Missouri are very likely to surface or resurface next year.

One of the key topics of the orientation was engagement of members at the district branch level and within the American Psychiatric Association. Several examples were given as ways to engage members at both levels. Currently we have 419 MPA members. Many of them have limited activity within the MPA. This may be due to lack of knowledge of activities and opportunities within the organization. There were approximately 8 residents who attended the MPA gathering in Atlanta. In talking with them, it was apparent that they are not fully aware of the opportunities within MPA and the APA. This year, I am planning efforts to reach out to residents across the state in order to engage them more fully in the MPA. Also, continued engagement of practicing psychiatrists will help our organization to grow.

The Annual Fall Conference of the MPA will be on October 8, 2016 at Stoney Creek Inn in Columbia, Missouri. The topics and speakers will give everyone a great experience. I am asking that you not only attend but bring at least one person who may not otherwise attend.

Other opportunities for engagement include:
- The MPA Annual Meeting held in conjunction with the Missouri State Medical Association’s meeting from March 31 to April 2, 2017. The MPA will meet on Saturday, April 1st in Kansas City.

We hope to see everyone in October and at our other activities!

Laine
May 2016
Assembly Summary of Actions
Missy Iqbal, MD, FAPA, FASAM

Your Missouri Assembly representatives, Jim Fleming and myself, were busy during the annual APA meeting attending assembly activities. The assembly meeting was lively with intelligent and passionate debate over a variety of action papers. The following is a list of many of the action papers that were approved by the assembly during this session. As always, please feel free to contact either Jim or myself with any questions, thoughts or ideas.

1. Performance in Practice Certification by the American Psychiatric Association

Asks the APA Division of Education along with the Council on Medical Education and Lifelong Learning explore the possibility of the APA creating a program whereby the currently existing products that satisfy MOC requirements be packaged together and if required elements are met, the physician would receive a certificate recognizing participation in the program. The certificate could be used by the member to satisfy Part 4 of MOC if they are participating in MOC or used to prove participation in quality improvement for federal reimbursement if not participating in MOC.

2. APA Position Statement on Mental Health Hotlines

Asks the Council on Quality Care to develop a Position Statement presenting minimum uniform standards for mental health hotlines in the United States and Canada and to present such Position Statement to the Assembly during the November 2016 meeting for approval

3. Position Statement on Migrant and Refugee Crisis around the World

The APA develop a position statement on the mental health impact of the migrant and refugee crisis in time for review at the Assembly meeting in the fall of 2016.

The APA supports the intent and sentiment as expressed by The World Association of Cultural Psychiatry's Call for Action on the Position Statement Migrant Crisis Around the World.

4. Eliminate Federal Parity Opt-Out

Asks that the American Psychiatric Association lobby for elimination of the federal "opt-out" provisions so that self-funded, nonfederal governmental health plans are no longer permitted to opt-out of parity, ensuring that all health insurance plans are subject to the same parity requirements.

5. Providing Recordings of Individual Presentations from the APA Annual Meeting

Asks that the APA Board of Trustees direct the appropriate component and/or staff department to require that any Annual Meeting recording vendor it engages make available for purchase both individual session recordings as well as recordings of the Meeting as a whole.

6. Pharmacists Substituting Medications with Similar Mechanisms of Action

Asks that the Joint Reference Committee refer this Action to the Council on Quality Care and Council on Advocacy and Government Relations re: scope of practice issues to update the APA’s 2009 "Position Statement on Medication Substitutions," incorporating such considerations as “therapeutic class” and/or "mechanisms of action," and to present the draft Position Statement to the Assembly in May, 2017.

That among these considerations be included the following concerns:

There are vast inter-individual

(Continued on page 3)
Assembly Summary of Actions continued

differences in genetics and biology. Medications may be lumped together and described as a “therapeutic class,” but which are not therapeutically equivalent as there are frequently significant differences in metabolic pathways, drug interactions, multiple receptor actions and adverse reactions.

7. Eliminate Out Of Pocket Cost Barriers to Care for Patients with Serious and Recurrent Disabling Mental Disorders
   1. That APA will develop a Position Statement through the Council on Health Care Systems and Financing, asserting that Care Managing Entities, public and private, should waive or minimize co-pays, deductibles and share of costs for patients with serious, recurrent or disabling mental disorders including child, adolescent and adult patient populations, (this is based on development of a Position Statement) and;
   2. That the APA will advocate through legislative and regulatory lobbying and state legislative outreach, and;
   3. That the APA, through its AMA delegation, advocate for a similar resolution for all patients with serious, recurrent or disabling illness.

8. Improving Electronic Medical Record (EMR) Psychiatric Documentation
   That the APA will take action to facilitate the improvement of efficiency and quality of Electronic Medical Records and psychiatric documentation.

   The APA will explore developing specific and practical templates to improve clinical utility.

9. Direct to Consumer Advertising
   1. The APA shall sunset: Position Statement on Direct-to-Consumer (DTC) Advertising of Prescription Drugs and Implantable Devices
      Adoption of AMA Policy H-105.988, approved 2010.
   2. The APA shall adopt the Position Statement on Direct to Consumer Advertising, 2016.
   3. The Speaker shall report out this Action Paper to the Board of Trustees (BOT) for action by the Board of Trustees at the next BOT meeting. [Vote on the referral to the BOT for consideration – July 2016: APPROVED]

10. Encouragement of Senior Psychiatrists to Maintain Active Membership in APA
    The APA Membership Division to look back over their records for the last 5 years and determine:
    1. The percentage of psychiatrists over the age of 55 who resign, fail to renew membership, or request Inactive Status
    2. The percentage of psychiatrists who reach Life status who do not continue to renew membership until their 11th year of Life status, either by attrition or by death
    3. How the loss of these members’ dues revenues currently impacts the functioning of the APA and whether it would be worth changing the structure of the dues formula to charging Life Members in years 1-3 to two-thirds of dues and 4-6 to one third of dues and making the 7th year on as free membership. This would almost certainly be useful in maintaining more senior members as it would mean 4 less years of dues that need to be paid. Continuing their membership would generate more income when they continue to participate in APA meetings as qualified members, rather than not participating.
    4. The Membership Committee, following its review, will recommend the appropriate action or ask for further study to the JRC/Board of Trustees or Assembly with a report back to the Assembly by May 2017.

11. Enhancing Ethical Knowledge of APA Members
    The APA supports the importance of ethics by recommending continuing medical education in ethics.

    The APA offers identified ethics content at its Annual Meeting each year.

    The APA offer an educational activity that can be performed online for credit with an ethical focus and that this activity be offered for free to members as one of the monthly free courses offered online and that this course be updated at least every 2 years.

12. Protecting Senior Psychiatrists from Mandatory Competency Testing
    1. The Council on Medical Education and Lifelong Learning A. Identify the best interests of psychiatrists who may be subject to mandatory competency testing. B. Consider developing informational and support resources for members who face mandatory competency testing, similar to the information and support the AMA provides its members but more specific to psychiatrists.
    2. The Delegation to the AMA collaborate with the AMA to ensure psychiatrists’ best interests are represented in AMA activities that are related to mandatory competency testing.
    3. The Council on Advocacy and Government Relations A. Advocate the interests of psychiatrists as proposals for state and federal regulations related to mandatory competency testing of physicians are being considered. B. Collaborate with the AMA to ensure the interests of psychiatrists are represented in current and future guidelines for physicians competency testing.

13. Psychiatrist Involvement in Medical Euthanasia and Physician-
assisted Suicide of the Non Terminally Ill
Asks that the Board of Trustees of the APA adopt the following position statement:

“The APA holds that a psychiatrist should not deliberately prescribe or administer any intervention to a non-terminally ill person for the purpose of causing death.”

That the APA write a position statement acknowledging human trafficking as a public health issue which impacts the mental health of its victims and advocating for improved research and education surrounding issues of identifying victims and treating their mental health needs.

15. Develop an APA Resource Document Regarding the Ethical Tensions Faced by Psychiatrists Serving as Third Party Utilization Management Reviewers under the Parity Law
1. That the Board of Trustees shall create an ad hoc committee to develop a resource document to educate and inform psychiatrists about the competing ethical tensions faced by psychiatrists serving as managed care utilization reviewers, or as managed care medical directors developing utilization review management standards.
2. The committee shall include members of the Council on Healthcare Systems and Finance, the Committee on Managed Care, psychiatrist ethicists familiar with the 2015 Commentary on Ethics in Practice, at least one member of the Assembly, and a member of the Ethics Committee or their designee.
3. The resource document shall define and elaborate the ethical tensions, described in the 2015 APA Commentary on Ethics in Practice that are encountered by psychiatrist utilization management reviewers and managed care medical directors, with special regard to the implications of the parity law on these tensions.

16. US Joint Statement on Conversion Therapy
That the APA sign on as a signatory to the US Joint Statement on Conversion Therapy which cautions mental health professionals that conversion or change therapies for Lesbian, Gay, Bisexual and Transgendered patients are unethical and embody a risk of harm to those patients.

17. Utilization of DSM-5 Terminology in APA Publications and Communications
The APA will make every effort to see that every new program, publication, and public communication utilizes up-to-date language that reflects DSM-5.

18. APA Endorsement of the Position Statement of AGLP on Discrimination against LGBT Citizens Based on Arguments of Religious Liberty
Asks that the sudden proliferation of “religious liberty” legislation requires an immediate response by the APA to prevent psychiatric and psychological harm to LGBT people in the interim between passage and legal challenge.

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Dear Members,

Would you like to contribute to the quarterly newsletter? Contact us if you would like to write about one of the topics listed below -- or another psychiatry-related topic of your choice. Topics include:

- Ethics in Psychiatry
- Child Psychiatry
- New Treatments
- Opioid Epidemic
- Legislative Issues
- Training Issues
- Telepsychiatry
- Substance Abuse
- Gun Violence

Contact the MPA office at 573-635-5070 or email sandyboeckman@gmail.com for more information or to submit an article.
The 2016 legislative session came to a close at 6:00 PM on May 13 and the Missouri State Capitol building now sits quiet, like a huge empty cave. As is usually the case the last two weeks was full of action and excitement, amendments were flying and bills were growing at an astonishing rate. In the end some good things happened, some bad things happened and some things didn't happen at all.

The MPA was busy advocating in support of and in opposition to several pieces of legislation and monitoring many more. Below is a list and brief summary of these bills, the complete summaries, texts and history of each bill can be easily be found at www.house.mo.gov or www.senate.mo.gov.

The bills listed below were Truly Agreed and have been sent to the Governor for final action:

**HB 1565** – Increases the asset limits for Medicaid permanent and totally disabled claimants.

**HB 1583** – Includes anti-bullying policies and youth suicide awareness and prevention policies.


**HB 1765** – Establishes a two-year statute of limitations for actions against mental health professionals.

**HB 1816** – This health care bill deals with: Workforce data collection; Physician licensure; PT's; Nursing; Optometry students; Pharmacist.

**HB 2029** – Changes the laws regarding step therapy protocols for prescription drugs.

**SB 579** – Changes the law regarding telehealth/telemedicine.

**SB 603** – Changes provisions related to Medicaid reimbursement for certain health care providers.

**SB 608** – Changes several provisions of law relating to health care.

**SB 635** – Changes several provisions of law relating to health care.

**SB 656** – Change provisions relating to firearms.

**SB 865** – Modifies various provisions relating to palliative care.

**SB 921** – Modifies several provisions of law relating to victims of crime.

**SB 973** – Modifies various provisions relating to hospitals, PT's and medications.

Two significant issues that failed to reach the finish line again this year were comprehensive Medicaid expansion and Prescription Drug Monitoring Program (PDMP) legislation.

Here is an interesting fact: 2266 bills were filed and only 146 were passed and sent to the Governor. Of those 19 were budget bills and several were consent (non-controversial) bills. The kicker is the majority that passed did so in the last three weeks of session after getting loaded up with amendments. It is not a perfect system but it's what we have to deal with. The battle continues.
Majority of Americans Says Untreated Mental Health Has a Significant Impact on U.S. Economy, yet Americans See Few Solutions from Congress or Presidential Candidates

Nearly two-thirds of Americans say untreated mental illness has a significant negative impact on the U.S. economy and more than 75 percent believe mental health reform is important in addressing societal challenges like high suicide rates and access to care, but only 5 percent of Americans believe Congress has made mental health a top priority. This is according to a new national poll released today by the American Psychiatric Association.

Democrats and Republicans alike are lukewarm around which of the presidential candidates would “best ensure that the needs of those living with mental health issues are met.” Among the total sample, Democratic frontrunner Hillary Clinton came in the highest at 21 percent (36 percent among all Democrats), with Vermont Sen. Bernie Sanders a close second at 19 percent (30 percent among all Democrats). About 10 percent of the total sample said GOP frontrunner Donald Trump (19 percent among Republicans) would be the best in meeting the nation’s mental health needs.

The APA has endorsed efforts in Congress to reform the nation’s mental health system, voicing its support for the Helping Families in Mental Health Crisis Act, introduced by Reps. Tim Murphy (R-Pa.) and Eddie Bernice Johnson (D-Texas), and the Mental Health Reform Act of 2015, introduced by U.S. Sens. Chris Murphy (D-Conn.) and Bill Cassidy, (R-La.). The House legislation has 188 bipartisan cosponsors, while the Senate bill has 16 cosponsors. The Senate Health, Education, Labor, and Pensions Committee approved a modified version of the Mental Health Reform Act in April; however, neither bill has yet been cleared for consideration in their respective chambers.

“We applaud the lawmakers in Congress who recognize the dire need to improve our nation’s mental health system,” said APA President Renée Binder, M.D. “But we call upon Congress as a whole to embrace this issue. Our poll findings show that the majority of Americans want to see improved mental health care and access.”

The findings are from an American Psychiatric Association-sponsored poll conducted online in GfK’s Omnibus using the web-enabled “KnowledgePanel,” a probability-based panel designed to be representative of the U.S. general population, not just the online population. The study consisted of 1,025 nationally representative interviews conducted between April 15 and April 17, 2016 among adults aged 18+. The margin of error is +/-3 percentage points.
Men who are heavy marijuana users at ages 18 and 19 are 40 percent more likely to die by age 60 than men reporting no history of marijuana use, according to a study out today in AJP in Advance.

A previous study of the same population showed no association between marijuana use and risk of death. However, with the 40-year time frame of the current study, the men had reached ages at which the health-related, harmful effects of marijuana use (e.g., cancer, pulmonary disease and coronary heart disease) were more likely to be seen.

Edison Manrique-Garcia, M.D., Ph.D., and colleagues at the Karolinska Institutet in Stockholm examined the records of more than 45,000 Swedish men entering compulsory military training in 1969–1970 and identified deaths between training entry and 2011.

About 4,000 of the 45,000 men died during the 42-year time period, and those who had ever used marijuana and those who were heavy users in adolescence died earlier than those who never used it. The mortality rate among heavy marijuana users in adolescence (those who had used it more than 50 times) was significantly higher than that of men who never used it.

Death from injury, either accidental or deliberate, was a cause of death that showed an increasing risk as the level of adolescent marijuana use increased.

The authors conclude that “our findings may seem surprising in light of a previous study of this cohort in which cannabis use was not found to be associated with an increased risk of death.” However, because of the length of the study, participants “had reached an age where the detrimental somatic effects of cannabis use were more likely to be apparent.”

This study appears in The American Journal of Psychiatry (AJP) available at AJP in Advance. Funding for the study was provided by the Swedish Council for Working Life and Social Research and the Stockholm County Council.

Congratulations to Armando Favazza!

On May 6th at the 37th annual meeting of the Society for the Study of Psychiatry and Culture Armando Favazza received the Society’s highest honor, the Lifetime Achievement Award “For his outstanding and enduring work as a pioneer and major contributor to cultural psychiatry, redefining cultural psychiatry as relevant for all of psychiatry.”

The award was based in part on my 300 publications including my books “Bodies Under Siege: Self-mutilation, Nonsuicidal Self-Injury and Body Modification [now in its 3rd edition] and “PsychoBible: Behavior, Religion and the Holy Book:’ my chapters on “Anthropology and Cultural Psychiatry” in 3 editions of The Compressive Textbook of Psychiatry and on “Spirituality and Psychiatry” in the 9th edition and in the forthcoming 10th edition; on my cover articles in the American Journal of Psychiatry on “The foundations of cultural psychiatry” and on “Modern Christian healing of mental illness;” on my Grand Rounds presentations at over half of the medical schools in the United States and Canada including Columbia, Harvard, Yale, the Mayo Clinic, NYU, the Karolinska Institution, UCLA, Oregon, Washington, Emory, Michigan, Minnesota, McGill and Toronto; and on my 235 presentations at national and international psychiatric meetings, mental hospitals and community mental health centers.
Missouri Psychiatry

Providing expedited access to Medicaid to people with serious mental illness as they are released from prison increases their use of mental health and general medical services, but does not reduce criminal recidivism, according to new research published online today in Psychiatric Services in Advance.

People with serious mental illness depend on public-sector mental health services and are covered primarily by Medicaid. Most states suspend or terminate Medicaid for prison inmates. At any given point, an estimated 250,000 people with severe mental illness are in prisons and more than a million on probation or parole in the U.S. Many have difficulty accessing mental health services and other services when they leave these institutions. Lack of health insurance can be a particular barrier to access.

The study used data from Washington state to look at whether enrolling people with severe mental illness in Medicaid before their release from prison increased their use of community mental health services and reduced rearrest and reincarceration rates. State and local programs that expedite Medicaid enrollment for people being released from jails and prisons have become more common in recent years as part of efforts to reduce soaring criminal justice costs.

Researchers looked at data from 2006 when expedited Medicaid enrollment for people with severe mental illness was first authorized. They found increases in use of general medical services and community mental health services—69 percent of the group with expedited access used outpatient mental health services in the year after release compared to 37 percent of the control group. Researchers found no reduction in criminal recidivism—more than half of the participants in each group had at least one arrest in the year after release.

The authors of this study, led by Joseph Morrissey, Ph.D., with the University of North Carolina at Chapel Hill, concluded that “rather than relying on indirect spillover effects from Medicaid to reduce criminal recidivism, advocates and policy makers would better address the needs of offenders with severe mental illness through direct interventions targeted at underlying causes of recidivism.”

Maria Oquendo Takes Office as APA President

Maria Oquendo, M.D., began her one-year term as President of the American Psychiatric Association (APA) at the conclusion of the APA Annual Meeting in Atlanta on May 18. At the same time Anita Everett, M.D., began her term as President-elect.

Opening Session, Oquendo introduced her theme for the coming presidential year, “Prevention Through Partnerships.” She emphasized that prevention is the future of American medicine and of psychiatry and that the best way to work toward prevention will be through collaboration with colleagues in primary care and other specialties.

“In thinking about the many ways that APA makes a difference for our members and our patients every single day, it seems to me that we can also leverage our membership and leadership to develop partnerships with other disciplines in medicine and with the community,” Oquendo said.

Oquendo is currently the residency training director at the New York State Psychiatric Institute and Columbia University, where she started as a community psychiatrist. She is professor and vice chair for education at Columbia University. Oquendo also serves as vice president of the American Foundation for Suicide Prevention and serves on the American College of Neuropsychopharmacology’s Council and the National Institute of Mental Health’s National Advisory Mental Health Council.

“This is an amazing time to be a psychiatrist because the field is on the cusp of major discoveries,” Oquendo said. “We know more about the brain than ever, and new treatments—ranging from pharmacology to behavioral interventions—are being developed. We are poised to join our sister disciplines in medicine to develop preventive strategies. I’m excited about this opportunity to lead the APA at this important time.”

Expedites Medicaid Access Increased Use of Mental Health Services, But Does Not Reduce Recidivism for People Recently Released from Prison
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**Medication to Treat Opioid Abuse Vastly Underused; About 1 out of 5 Patients Continue to Access Opioids after Discharge from Opioid Use Disorder Inpatient Treatment**

A data analyses of U.S. patients who had an opioid-related inpatient hospitalization showed that less than 17 percent received FDA-approved medication for opioid use disorder in the 30 days after discharge. In addition, 22 percent filled an opioid painkiller prescription during the same period. The research is published online today in *Psychiatric Services in Advance*.

Researchers, led by Sarah Naeger, Ph.D., M.P.H., with the Substance Abuse and Mental Health Services Administration (SAMHSA), studied prescription data on more than 35,000 people ages 18 to 64 who had been hospitalized for opioid abuse, dependence, or overdose between 2010 and 2014. U.S. Food and Drug Administration (FDA) has approved three medications to treat opioid dependence: methadone, naltrexone, and buprenorphine. These medications reduce illicit opioid use, reduce cravings, provide relief from opioid-withdrawal symptoms and increase treatment adherence.

The researchers looked at prescriptions filled in the 30 days following discharge for any of the three FDA-approved medications and also for four other classes of medications: antidepressants, antipsychotics, benzodiazepines (primarily used to treat anxiety), and opioid pain medications.

The researchers found that only 17 percent received a prescription for any of the three medications used to treat opioid use disorder in the 30 days after discharge. Of the other medications, antidepressants were the most commonly filled prescription (40 percent). Antipsychotic prescriptions were filled by 16 percent patients and benzodiazepines were filled by 14 percent of patients. Just over a third of patients (35 percent) did not fill any prescriptions in the 30 days following discharge.

More than one in five patients (22 percent) filled a prescription for opioid pain killers in the 30 days following hospital discharge. The authors speculate that the doctors may not have known about the patients’ hospitalization and continued prescribing the opioid painkiller. More than 7 percent of the patients in the sample filled prescriptions for both a benzodiazepine and an opioid pain medication. The combination of these two medications is not recommended because of increased risk of serious or even life-threatening problems.

These results can help inform development of targeted prevention, intervention, and treatment options for patients with opioid use disorders, the researchers note. The authors conclude that more effort is needed to ensure that patients hospitalized for opioid misuse are receiving recommended services, including approved medication and therapeutic services.

The American Psychiatric Association has joined an American Medical Association-led task force aimed at curbing the opioid epidemic. The task force has endorsed the use of state-based prescription drug monitoring programs (PDMPs) to help physicians in their decision-making process when considering treatment options.

**FIGURE 1. Percentage of patients with prescription fills for various medications within 30 days of discharge for an opioid-related hospitalization**

Note: Categories not mutually exclusive.
Why I Choose to be a Member of NAMI

Sherifa Iqbal, MD, FAPA, FASAM

I first learned of the National Alliance on Mental Illness (NAMI) during my residency at St. Louis University. It was brought to my attention by the parents of a patient. They enthusiastically discussed the support, caring and information they received from their involvement in one of NAMI’s family education groups. NAMI was helping this family in ways that I found inspiring. Since that time, I have made countless referrals to NAMI for both patients and their family members. I am always delighted, but never surprised, when they tell me how helpful their experience with the organization has been. I know that there are many other Missouri psychiatrists that utilize NAMI in the same way.

NAMI Missouri is our state’s volunteer-based nonprofit organization dedicated to improving the quality of life for persons with mental illness and their families. Since the early 1980s NAMI Missouri has been our state’s largest aggregate body of mental health consumers, their family members, advocates and professionals advocating for strengthening the mental health safety net and eliminating stigma.

With a major focus on education, they graduate more than 500 family members from their evidence-based family psycho-education courses annually. NAMI is a great referral for our patients or their families who want to learn more about mental illness, gain additional support and training.

NAMI throughout Missouri offers a variety of services in the areas of education and support. NAMI’s involvement in legislation is very critical. There have been a number of proposals in our general assembly that can help or hurt our members and clients, most notably the proposal to increase the Medicaid asset limit, the Department of Mental Health’s budget to increase the "Strengthening Mental Health" project and a proposal to apply for a Medicaid waiver to allow prompt and comprehensive treatment for young adults with early psychosis. NAMI Missouri was instrumental in the passage of managed care accountability reform, Missouri’s mental health parity law and open access to psychiatric medication under MO HealthNet. There is a federal proposal (informed by the NIMH RAISE study) to set aside 10% of state mental health department block grants for early psychosis intervention.

NAMI stands up for you and those you serve. Please stand up for them by becoming a member. I encourage each member of the Missouri Psychiatric Association to consider becoming a member of NAMI. For just $35, NAMI will count you among the number of people Missouri want to raise awareness about the importance of good mental health. All members receive the NAMI MO newsletter (to keep you abreast of local events and new provider, patient and family services) and a subscription to the NAMI MO magazine. Every member has voting privileges at the NAMI MO State Conference and Annual Meeting.

To purchase a membership, please go to NAMI.org. Additional information can be obtained by calling 800-950-NAMI or emailing info@nami.org.

Mark Your Calendar

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“Update on Mood Disorders Across the Life Cycle”

The Saint Louis Department of Psychiatry announces a 1-day CME symposium on Saturday September 24th.

The topic is "Update on Mood Disorders Across the Life Cycle", and will focus on the biology and treatments of major depression and bipolar disorder in children, adults and geriatric populations.

The course Director is Henry A. Nasrallah, MD.

For more information, contact Henrietta Ehrenreich, CME Coordinator at: ehrenreichh@SLU.edu
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Mark Your Calendar

Fall Conference on

“Intractable Adult Depression, Care for High Risk Children, Treatment of Preschool ADHD”

Stoney Creek Inn, Columbia, MO
Saturday, October 8, 2016

~ AGENDA ~

7:30 am  Registration, Exhibits and Continental Breakfast

7:30 - 8:30 am  MPA Executive Committee Business Meeting

7:30 - 3:30 pm  Exhibit Hall Open

8:30 - 9:00 am  “Intractable Depression” a Theatrical Presentation
Speaker: Helene Meyer, Slaying Dragons founder

9:00 - 10:30 am  “Treatment-Resistant Depression in Older Adults”
Speaker: Eric J. Lenze, MD, Professor of Psychiatry

10:30 - 11:00 am  Break to View Exhibits

11:00 - 12:00 noon  “New Treatments”
Speaker: Charles R. Conway, MD

12:00 - 1:00 pm  Luncheon, General Membership Meeting and View Exhibits

1:00 - 1:30 pm  “Hyperactive and High Risk Children” a Theatrical Presentation
Speaker: Helene Meyer, Slaying Dragons founder

1:30 - 3:00 pm  “Comprehensive Care for High Risk Children by Increasing Dialogue Between all Stakeholders Involved in Patients Care”
Speaker: Ravi Shankar, MD, Assistant Professor of Psychiatry, University of Missouri-Columbia; Ashley Y. Spence, Social Worker, University of Missouri-Columbia

3:00 - 4:30 pm  “Treatment of ADHD in Preschool-Age Children: Current AACAP Guidelines”
Speaker: Sultana Jahan, MD, Associated Professor-Psychiatry, University of Missouri-Columbia

Executive Council Meetings

Conference Calls Scheduled at 7:00 pm
August 10, 2016
November 16, 2016
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Your membership in the Missouri Psychiatric Association entitles you to several key media benefits:

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

2. Reduced newsletter ad rates. MPA members may place any size ad in Missouri Psychiatry, MPA’s quarterly newsletter, for 50% off the regular rate. Missouri Psychiatry reaches nearly 500 MPA members and associated healthcare professionals in the state and appears online at the MPA 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. Missouri 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 Missouri Psychiatry, Missouri Psychiatric Association, 722 E. Capitol Avenue, Jefferson City, MO 65101 or by email to donmoise@hotmail.com. Clinical opinions are not peer reviewed and thus should be verified independently.

Newsletter Submissions

We strive to offer content in Missouri 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, Missouri Psychiatry, 722 E. Capitol Avenue, Jefferson City, MO 65101, or sandyboeckman@gmail.com.

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