We are well into 2019 and the Missouri Psychiatric Physicians Association has hit the ground running! We are so excited to offer our members a variety of educational, networking, and advocacy opportunities.

I know that we send you numerous communications. As professionals, we receive so much mail, both traditional and electronic, that often, it is asking a lot to read, register, and provide a response to every offer, event, or request. I find myself in the same boat frequently. To that end, I want to use this newsletter space to provide information about what the MPPA has planned for the first part of this year.

On March 12, the MPPA Advocacy Day will return! We will be joined by a number of other mental health advocacy organizations, such as NAMI, to learn about the legislative process and to discuss current mental health related legislation. There are a number of bills that affect healthcare in general and mental health specifically in the Missouri Legislature this year. We want our membership to be well-represented. It is a great and important opportunity to get to know your legislators, become comfortable with advocacy, and to have your voice be heard. While the RSVP due date for transportation from Kansas City and St. Louis has already passed, we enthusiastically welcome anyone who wants to attend all or a portion of the day and who will be driving themselves or would be willing to carpool with other MPPA members.

On April 6, the MPPA will take part in the Missouri State Medical Association’s annual convention in Kansas City. You do not have to be an MSMA member to participate in this wonderful educational offering. We have some incredible presenters that will be discussing the “Clinical Care of Displaced Populations.” You can register on our website (https://missouri.psychiatry.org) now. We hope to see you there!

The American Psychiatric Association’s 2019 annual meeting will be in beautiful San Francisco. As we do every year, the MPPA will be holding a social event for Missouri’s psychiatrists. It is a great opportunity to network, catch up with peers, relax, and enjoy great food. We will have more details very soon and hope that each of you can stop by and say “hi,” if only for a little bit.

It is no secret that the opioid epidemic continues to be an unfolding tragedy. I know that many of us have been affected either professionally or personally by this crisis. Psychiatrists are uniquely positioned to provide expertise in this area. With the help of the APA, the MPPA will be providing buprenorphine waiver training to members, including residents. This is a one-time training that allows for the prescribing of buprenorphine for substance use disorders. A number of you expressed interest in

(Continued on page 2)
Executive Council

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Executive Director
Sandra Boeckman

President’s Message

taking such a course. We are currently in the process of picking locations and times that will best educate as many of Missouri’s psychiatrists as possible. We will keep you informed as we have more details.

As you can see, there is a lot going on over the next few months. Please do not hesitate to contact the MPPA should you have any questions, comments, concerns, or suggestions.

It is so humbling to represent the amazing Missouri Psychiatric Physicians Association membership. As I have said before, and will continue to say in the future, each of you does important, life-saving work. I hope that you will find some time to get to know your local professional organization and to let the MPPA have the honor of getting to know you.

Sherifa Iqbal, MD, MPH, DFAPA, FASAM
President MPPA

Spring Conference
“Clinical Care of Displaced Populations”
The Westin Kansas City at Crown Center
1 East Pershing Road
Kansas City, MO 64108
Saturday, April 6, 2019
The Missouri Psychiatric Physicians Foundation (MPPF) UPDATE

The newly established MPPF Board of Directors has been working diligently to support Missouri Psychiatrists.

1. Mission: The foundation is formed to engage exclusively in scientific, educational, and charitable activities, fully consistent with section 501© (3) of the Internal Revenue Code.

2. The MPPF was organized exclusively to perform the following functions:

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.

3. Fundraising efforts have started and psychiatrists have donated to MPPF’s bank account. On behalf of MPPF, we urge Missouri Psychiatrists to make generous tax-deductible donations to MPPF.

Thank You!

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Calendar of Events

EXECUTIVE COUNCIL CONFERENCE CALL
(Calls are Scheduled for 7:00 pm)
July 9, 2019
August 13, 2019
September 10, 2019
November 12, 2019

ADVOCACY DAY
March 12, 2019
Missouri State Capitol

SPRING MEETING
Saturday, April 6, 2019
The Westin Kansas City at Crown Center
Kansas City, MO

FALL CONFERENCE
Saturday, September 28, 2019
Holiday Inn Executive Center
Columbia, MO

APA ANNUAL MEETINGS
May 18-22, 2019
San Francisco, CA

April 25-29, 2020
Philadelphia, PA

May 1-5, 2021
Honolulu, HI
Words Matter: The Role of Psychiatry in Preventing the Adverse Effects of Hate Speech
Commentary by James L. Fleming, MD

Much has been said about the increased hostility in American political discourse over the last few years. This includes both partisan ‘ad hominem’ attacks and demeaning statements about certain racial and ethnic groups. While this kind of hostile dialogue has certainly occurred in the past, we have never seen the kind of vitriol and targeted attacks coming from top political leaders.

“Hate speech” is loosely defined as “any offensive speech targeted toward people based on race, religion, sexual orientation, or gender (1). While it is such speech is protected by the First Amendment, it may become a crime when associated with threats and is more definitively so when it also involves actual physical harm or damage to property of an individual or group because of their membership in a certain group or race. Short of the criminal standard, such speech could also lead to dismissal from federal government employment due to discriminatory behavior against protected classes (1).

Psychiatrists have an ethical responsibility to speak out against hate speech because of the adverse impact on the mental health of those targeted by such speech (2). Some psychiatrists have done so (3). Our responsibility increases when powerful leaders speak in ways that engender fear, distrust, anger, and hatred. These reactions can and do lead to violence. FBI statistics showing significant increases in hate crimes against Jews and Muslims since the 2016 election (4). And as discussed below, our country recently experienced yet another horrific mass shooting, this time directly in relation to inflammatory political rhetoric surrounding the 2018 mid-term elections. While it is appropriate and necessary for psychiatrists to help individuals and communities heal in the aftermath of traumatic events, as health care professionals we also have an obligation to go beyond disaster response and look to causative factors. Imagine infectious disease and public health specialists focusing only on the treatment aspects of an epidemic of food poisoning without determining the source of contamination and aggressively addressing it. There is no justifiable reason to not apply the same approach to incidents leading to violence and the ensuing psychological and emotional trauma it precipitates. APA President Altha Stewart, M.D. agreed with this assessment in a recent column of Psychiatric News: “we members must speak out, use our specialized training and expertise for the public’s benefit, and apply it to not only healing but also preventing psychological trauma and senseless tragedies” (5).

As professionals who serve a diverse spectrum of society, it makes sense, in general, to avoid getting involved in conflicted partisan politics unless doing so is clearly in the interest of our patients, the public, or the profession. It is also advisable, whenever possible, to focus on issues rather than individuals but at times “naming names” is not only unavoidable but necessary (3,5,6). The more prominent and powerful a person is, the more society expects them to uphold standards of decency and respect. Our code of ethics as psychiatrists impels us to "not be a party to any type of policy that excludes, segregates, or demeans the dignity of any patient because of ethnic origin, race, sex, creed, age, socioeconomic status, or sexual orientation" and to “participate in activities contributing to the improvement of the community and the betterment of public health" (2)

That an issue may be politically volatile or might be viewed by someone or some group as “partisan” doesn’t exempt one—anyone—from a moral or ethical duty. In some ways the riskier it is—both personally and professionally—to speak out against abuse and oppression, the more necessary it may be to do so. Historical records document the hazards of remaining silent in times of growing peril; times when not taking a stand can be deadly, even catastrophic as noted by the late author and Holocaust survivor Elie Wiesel:“We must take sides. Neutrality helps the oppressor, never the victim. Silence encourages the tormentor, never the tormented. Sometimes we must interfere." (7).

Which brings us to events surrounding the 2018 mid-term elections. Fear-based rhetoric about immigrants, clearly based on politics rather than available data, which had been present from early on in the Trump Administration, started to ramp up again as the mid-term elections approached. President Trump warned of an “invasion of criminals and terrorists”, repeatedly referring to a “caravan” of Honduran immigrants. He also warned of an “infestation” of our country by diseased immigrants. These warnings of supposed imminent danger ended abruptly after the election but not before that they were echoed on certain cable news outlets and amplified by certain social platforms, some of which made references to HIAS, a
Words Matter: The Role of Psychiatry in Preventing the Adverse Effects of Hate Speech
Commentary by James L. Fleming, MD

Jewish relief agency which assists refugees and other immigrants. One man, Joseph Bowers worked up by the frenzied rhetoric and also frustrated by lack of “action” turned to violence, going into the Tree of Life Jewish synagogue in Pittsburgh with assault weapons and killing 11 people and wounding 6 others. Bowers, who had a history of posting anti-Semitic comments was especially incensed by the work HIAS was doing with immigrants and a few hours before entering the synagogue posted this on social media: “HIAS likes to bring invaders in that kill our people. I can’t sit by and watch my people get slaughtered. Screw your optics, I’m going in.” (8). This is a clear demonstration of a causal connection between hate-filled, fear-based speech emanating from powerful leaders, being repeated and amplified by like-minded voices, leading to overt violence and mass murder. The community surrounding the Tree of Life Synagogue will never be the same.

Not surprisingly, the President condemned the attack but referring to this a few weeks later. Daniel Benjamin, former coordinator for counterterrorism at the U.S. Department of State pointed out: “Trump evinces little conviction. He denounces ‘globalists’ not Jews, but anyone with eyes to see recognizes the reference to international Jewry...”. Benjamin goes on to cite the President’s history of verbal attacks on several well-known, wealthy Jewish persons such as George Soros and former government officials all of whom are Jewish(4). And at a campaign rally October 22, five days before the Tree of Life incident, the President declared that he was “a nationalist.” (9).

We shouldn’t miss the significance of the continuous references to overtly offensive statements about non-whites but also, more subtle innuendo which seems to fuel and empower white nationalist, neo-Nazi groups who have repeatedly celebrated Trump’s election victory and continue to voice support for both his rhetoric and policies regarding immigration (10). Of course, xenophobic, racist rhetoric and violence against "the other" did not begin with Donald Trump nor will it end after he is out of office. But words matter and words from powerful leaders matter more. They have the power to do great good but also the power to do great harm. As physicians, healers and community leaders, we have a responsibility to help our leaders “do great good” and to let them and the public know when the opposite occurs. Our patients, and potential patients, members of the public—especially those who have been the target of hate speech or violence because of who they are will feel supported by this. There is certainly more we can do as well, both in terms of prevention and treatment in this area, but we can begin by “connecting the dots”, i.e. being honest about what we see and hear and then speaking out as Dr Stewart has called us on us to do(5).

Note: The opinions expressed here are those of the author and do not represent the official views or opinions of the Missouri Psychiatric Physicians Association or the American Psychiatric Association

REFERENCES:
2. Principles of Medical Ethics With Annotations Especially Applicable to Psychiatry); Sections 1.2, 3 and 7 of the APA Code of Ethics (https://www.psychiatry.org/about-apa/read-apa-organization-documents-and-policies/)
Teenagers Who Use Cannabis May Be At Higher Risk for Depression and Suicidal Thoughts As Young Adults, Review Indicates

Reuters (2/13, Kate, Kelland) reports researchers found in a medical literature review that “teenagers who use cannabis have a higher risk of developing depression and suicidal thoughts as young adults and should be made aware of those risks by parents and” physicians. The findings were published online Feb. 13 in JAMA Psychiatry.

The Philadelphia Inquirer (2/13, Pattani) reports researchers “reviewed data from nearly a dozen studies that included more than 23,000 people," and "found that marijuana use in adolescence is linked with an increased risk of depression, as well as suicidal thoughts and attempts, before age 32." The article adds that “the researchers concluded that about 400,000 cases of adolescent depression in the U.S. are potentially attributable to marijuana."

Healio (2/13, Demko) reports Gabriella Gobbi, MD, PhD, of McGill University's department of psychiatry, one of the study’s authors, said, “Little attention has been specifically paid in the public health discourse as to the impact of adolescent cannabis use on the risk of developing depressive symptoms and mood disorders, even though researchers have published on this topic since the 1970s. The adolescent brain is indeed still under development and psychotropic drugs used at this time may thus alter the physiological neurodevelopment, especially of the frontal cortex and limbic system.”

Also covering the study are HealthDay (2/13, Gordon), Newsweek (2/13, Gander), U.S. News & World Report (2/13, Lardieri), BBC News Online (UK) (2/13), The Guardian (UK) (2/13, Davis), and the Telegraph (UK) (2/13, Donnelly).

About One In Every Six US Children Has At Least One Mental Illness, Study Indicates

Reuters (2/11, Rapaport) reports, “Roughly in six U.S. kids have at least one mental [illness], and only about half of them receive treatment from a mental health professional," researchers found.

HealthDay (2/11, Gordon) reports investigators arrived at this conclusion after examining survey data “from a nationally representative group of more than 50,000 children under 18 years of age." The findings were published online Feb. 11 in a research letter in JAMA Pediatrics.

Both articles are Reprinted from Psychiatric News
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Global Suicides Have Decreased About a Third in Recent Decades, Researchers Say

TIME (2/7, Quackenbush) reports, “Suicides around the world have decreased by about a third in recent decades,” researchers concluded. The study revealed that “an estimated 817,000 people killed themselves in 2016, a 6.7% increase from 1990.” After adjustment for “a booming global population, that marks a 32.7% decrease,” investigators found. The findings were published online Feb. 6 in the BMJ.

HealthDay (2/7, Preidt) reports, “The analysis of data from the 2016 Global Burden of Disease Study also found that the worldwide rate of suicide death was higher among men (15.6 deaths per 100,000) than women (seven deaths per 100,000),” investigators concluded. That was not true, however, “for most countries with what the researchers called a ‘low sociodemographic index’ – a measure of fertility, income and education.” In such countries, “women had higher suicide rates than men,” the study found. The author of an accompanying editorial wrote the “findings should be viewed with some caution, but...they ‘will spur research that could inform future policy.’” U.S. News & World Report (2/7, Newman) also covers the story.

Six Physician Organizations Visit Capitol Hill to Push for Funding Priorities

MedPage Today (2/7) reports, “Congress needs to do a better job of funding public health priorities and improving the healthcare system, a group of six physician organizations told members of Congress.” The “presidents of six physician organizations – the American Academy of Family Physicians, the American Academy of Pediatrics, the American College of Physicians, the American College of Obstetricians and Gynecologists, the American Osteopathic Association, and the American Psychiatric Association – visited members of Congress as a group” on Feb. 6 “to get their message across.” The group also “released a list of proposed 2020 appropriations for various federal healthcare agencies, including $8.75 billion for the Health Resources and Services Administration, $7.8 billion for the CDC, $460 million for the Agency for Healthcare Research and Quality, $41.6 billion for the National Institutes of Health,” and “$3.7 billion for the Centers for Medicare & Medicaid Services.”

Both articles are Reprinted from APA News Alert
January 10, 2019

Sherifa Iqbal, M.D.
1015 Grupp Rd #31035
St. Louis, MO 63131

Dear Dr. Iqbal:

On behalf of the Board of the American Psychiatric Association (APA), it is my privilege to inform you that you have been selected as a recipient of the 2019 Bruno Lima Award in Disaster Psychiatry.

The APA Bruno Lima Award recognizes the outstanding contributions of APA members in the care and understanding of the victims of disaster. Upon recommendation by the APA Committee on Psychiatric Dimensions of Disaster and the Council on Research, the APA feels strongly that your demonstrated leadership and your exceptional achievements make you an outstanding recipient of this award. As a disaster mental health educator, researcher, leader, and responder, your contributions to the psychiatric care of victims of disasters throughout the world has served to strengthen mental health systems and the communities they serve.

The presentation of the Bruno Lima Award is coordinated with the nominating APA District Branch, in this case the Missouri Psychiatric Association. More information on the presentation of this award will be forwarded to you once it is available.

In preparation for the 2019 Annual Meeting, we are requesting materials from you, including a 100-word biographical sketch and a high-resolution digital headshot (300 dpi format). These materials will be used in the Convocation Program. Please submit these materials to Dr. Stephanie Smith by February 1, 2019. If you have any questions, please do not hesitate to contact Dr. Smith at ssmith@psych.org or (202) 559-3540.

Congratulations on all your accomplishments and thank you for your leadership and service to the profession and your continued membership with the APA.

Sincerely,

Saul Levin, M.D., M.P.A.
CEO and Medical Director

cc: Missouri Psychiatric Association
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Advocacy Day 2019
Jackie Landess, MD

Please come join us for the MPPA’s inaugural Advocacy Day on Tuesday, March 12, 2019 in Jefferson City! The day will kick off late morning with an overview of the legislature and legislative session, as well as instruction on talking points and present or pending bills that are of interest to psychiatrists. We will then eat lunch and organize into groups, with each group then proceeding to the Capitol to speak with legislators from their home districts. We hope to have students, residents, early-career and mid to late career psychiatrists attending, as the purpose of this Day is not only to advocate for important policies that affect mental health, but to build mentorship, connections and networks with other psychiatrists across the state. We will wrap up the day with a reception, and hope to have several legislators attend. We are offering free transportation for residents and students from the Kansas City and St. Louis areas. Please attend and help us make this a fun, educational and hopefully recurring event!

Please contact Sandy Boeckman 573-635-5070 or email at missouripsych@gmail.com for further information or about how to sign up.

February 5, 2019
Dr. Jo-Ellyn M. Ryall
Missouri Psychiatric Association
722 E Capitol Ave
Jefferson City, MO 65101-4009

Dear Dr. Ryall,

Thank you for your generous sponsorship donation of $500.00 on 01/20/2019 in support of our 2019 NAMICWalk St. Louis. This event takes place on Saturday, May 4, 2019 at Chesterfield Central Park.

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

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

Sincerely,

Christine Patterson, Ph.D.
Executive Director

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

Hossam Mahmoud, MD; James L. Fleming, MD; Uriel Halbreich, MD; Artin Mahdanian, MD, MSc; Gisele Apter, MD, PhD; Maria Jose Lisotto, MD; Hector Colon-Rivera, MD CMRO

As members of the Global Mental Health and Psychiatry Caucus of the American Psychiatric Association (APA), we would like to express our grave concerns about the ongoing policies and treatment of asylum seekers, refugees, and immigrants coming to the United States, and the adverse mental health sequelae that such policies will have on these individuals and populations.

There are more people on the move now than ever before. Large-scale movements of people involve highly diverse groups with multiple reasons for migration. For many, poverty, inequality, conflict, violence and persecution, environmental disasters, and climate change cause them to leave behind family members and homes.

Many immigrants, whether or not formally identified as refugees or asylum seekers, are seeking refuge from violence, threats, and hardships that already negatively affected their mental health and well-being. Shockingly, when they arrive to our country, they are faced with recent immigration policies such as “zero tolerance policy,” family separation, mass deportation, and travel bans. Such policies lead to discrimination, incarceration, and separation from loved ones, causing further re-traumatization, especially when children and adolescents are separated from their caregivers and families. Research has demonstrated the devastating effects that family separation has on children and adolescents in these situations, including posttraumatic stress disorder, delay in cerebral development, and increase in rates of anxiety and depression. Accordingly, it is our duty as physicians and mental health advocates, to raise awareness and denounce such practices, which most often constitute a violation of fundamental human rights, and to ensure that these vulnerable populations receive appropriate care, regardless of their migration status.

Realizing the importance of the roles of psychiatrists as both mental health professionals and human rights advocates, discussions at the Global Mental Health and Psychiatry Caucus have identified the following mitigation strategies. We urge psychiatrists and other mental health professionals to work through their professional associations to do the following:

1. Continue to emphasize the grave consequences of the above-mentioned immigration policies on mental health of affected individuals and families
2. Continue to condemn these policies, especially those pertaining to incarceration and separation of families.
3. Create partnerships within and with mental health advocacy groups, professional associations, and stakeholders, including human rights groups and governmental agencies, to develop a strategy for mitigating the consequences of such policies.
4. Work on a comprehensive strategy with governmental agencies to combat such policies at multiple levels, including education, advocacy, partnerships, capacity building, and service provision.
5. Develop channels to facilitate volunteer opportunities for those psychiatrists and other mental health professionals interested in volunteering for advocacy, service provision, or public/media speaking arrangements on these issues.
6. Engage in ongoing education to the public about the mental health effects of anti-immigrant policies. In addition, provide targeted education to key stakeholders, such as educating teachers about the academic and behavioral consequences of trauma and how to mitigate these sequelae.

Psychiatrists interested in getting involved are urged to sign up for the Asylum Network through Physicians for Human Rights (Physicians for Human Rights - Asylum) and to join the APA Global Mental Health and Psychiatry Caucus.

Disclosure: Drs. Mahmoud, Fleming, Halbreich, Mahdanian, Apter, Lisotto, and Colon-Rivera report no biomedical financial interests or potential conflicts of interest.

All statements expressed in this column are those of the authors and do not reflect the opinions of the Journal of the American Academy of Child and Adolescent Psychiatry. See the Instructions for Authors for information about the preparation and submission of Letters to the Editor.

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Missouri Psychiatric Physicians Association
“CLINICAL CARE OF DISPLACED POPULATIONS”
The Westin Kansas City at Crown Center
1 East Pershing Road, Kansas City, MO 64108
Saturday, April 6, 2019

Agenda

7:30 - 9:00 am General Membership Meeting

9:00 am Introduction
Sherifa Iqbal, MD, DFAPA, FASAM, MPPA President

9:15 - 9:45 am “Psychiatric Evaluations of Asylum Seekers”
James L. Fleming, MD

9:45 - 10:45 am “Advances in the Understanding and Treatment of Post-Traumatic Stress Disorder”
Bradley D. Grinage, MD

10:45 - 11:00 am Break

11:00 - 12:00 noon “Full Circle: A Child Psychiatrist’s Bangladeshi Adventures with NGOs, Community Workers, Clowns, and Rohingya Refugees”
Anne Glowinski, MD, MPE, Washington University School of Medicine-St. Louis

12:00 - 12:30 pm Luncheon

12:30 - 1:30 pm “Healthcare Challenges of Refugee Population in Kansas City Area”
Sofia Kahn, MD, Founder and President, KC for Refugees

1:30 pm Closing Remarks

Moderator: Sherifa Iqbal, MD, DFAPA, FASAM, MPPA President

Registration

Name ________________________________________________________________

Organization ________________________________________________________________________________________________

Address/City, State Zip __________________________________________________________________________________________

Phone ____________________________ Email __________________________________________________________

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

For hotel reservations, call The Westin Kansas City at Crown Center at 888-625-4988 by March 4, 2019 and mention “2019 Missouri State Medical Association Annual Convention” to receive the group convention rate. Mail registrations to MPPA, 722 East Capitol Avenue, Jefferson City, MO 65101 or fax to 573-635-7823. For questions call 573-635-5070 or email missouripsych@gmail.com.
PRMS VIRTUAL POSTER CONTEST

PRMS is excited to host its first-ever virtual poster contest for residents! Residents will submit videos of their posters to be played at our national seminars throughout 2019, allowing an opportunity to share original research and case findings with the practicing psychiatrists and colleagues in attendance.

HOW IT WORKS

- Residents are invited to submit a five-minute video presentation of their poster, along with a poster handout.

- PRMS Risk Managers will select the top ten poster videos, which will be played at each of four national seminars throughout 2019.

PRIZE: Each top-ten poster video will be awarded a $100 gift certificate to the APPI bookstore.

- Seminar attendees (practicing psychiatrists) at each of the four PRMS national seminars in 2019 will view the ten videos and vote on the best poster.

PRIZE: The resident(s) receiving the most votes at each seminar will share a $500 award.

GRAND PRIZE

The resident(s) receiving the most votes in all four seminars overall will share a $1,000 award!

TO SUBMIT

Email your poster video to Vanderpool@prms.com

SUBMISSION DEADLINE

December 31, 2018

QUESTIONS?

Donna Vanderpool
Vice President, Risk Management
Vanderpool@prms.com

Professional Risk Management Services, Inc. (PRMS, Inc.) is accredited (with commendation) by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.
First Step Act is Start Toward Meaningful Prison Reform
Linda M. Richmond

Congress passes the most ambitious criminal justice and sentencing overhaul in decades, addressing some concerns of individuals with mental illness. Advocates hope reforms will trickle down to state and local prisons.

A bipartisan criminal justice reform bill signed into law late last month includes some provisions beneficial to individuals with behavioral health disorders.

The most ambitious criminal justice and prison sentencing reform in many years, the First Step Act (S 756) aims to cut recidivism and improve federal prison conditions while also reducing mandatory sentences. Prior to the enactment of the First Step Act, it had been several decades since Congress had made significant reforms to federal criminal justice and prison policies.

APA supported several of the provisions that passed, particularly prison staff training on how to handle incidents involving inmates with mental illness. However, APA and other organizations that advocate for mentally ill people are concerned that it falls short of the sweeping overhaul required to address the needs of the more than 2 million individuals with serious mental illness who are cycling in and out of jails and prisons.

"APA members will see some benefit for their patients from this legislation, particularly those who work in the corrections sector or those working with individuals post-release," said APA President Altha Stewart, M.D., an associate professor of psychiatry and director of the Center for Health in Justice Involved Youth at the University of Tennessee Health Science Center. "These types of systems improvements are very consistent with APA’s work to develop better treatment models for people with mental illness in jails and prisons." For example, APA joined the Stepping Up initiative, a national effort to reduce the number of individuals with mental illness in county jails, in 2015.

Several years in the making, President Donald Trump embraced the measure last November, and with his support, the bill was approved by the Senate by a bipartisan vote of 87-12 on December 18, followed by a House vote of 358-36 two days later.

"[M]y job is to fight for ALL citizens, even those who have made mistakes," Trump tweeted, congratulating the Senate for its passage of the historic measure. "This will keep our communities safer and provide hope and a second chance to those who earn it. In addition to everything else, billions of dollars will be saved."

The new law will do little to address that the United States is out of step with the rest of the developed world regarding incarceration rates. There is one person locked up for every 143 people in the United States, compared with 1 in 1,079 on average in other founding NATO countries, according to the Prison Policy Initiative (see chart).

As a federal law, the First Step Act applies only to the 225,000 individuals in federal prisons and jails, only a very small fraction—about 10 percent—of all those incarcerated in the United States. The majority are locked up in state prisons and local jails, more than 1.9 million people, to whom these reforms do not apply.

"If we can enact these reforms at the federal level, we can figure out a way to bring them about at the state and local levels," Stewart said. "It is very disheartening that we imprison more of our citizens than any other developed country and that an overwhelming proportion of individuals incarcerated are actually

(Continued on page 17)
First Step Act is Start Toward Meaningful Prison Reform

Linda M. Richmond

mentally ill—and are incarcerated as a direct result. As a society, we can do better for them.”

APA supported the following provisions in the First Step Act:

• A requirement that staff training address how to identify and respond to incidents involving individuals with mental illnesses.
• An order for the federal Bureau of Prisons to report on the availability of treatment for heroin and opioid use disorders in prison through evidence-based programs, including medication-assisted treatment.
• A mandate to end juvenile solitary confinement, except as a last resort and as a temporary response to behavior posing an immediate risk of physical harm.

The law bans the shackling of pregnant women, which endangers the lives of both mothers and infants as well and ends restrictions on access to menstrual hygiene products.

When it comes to sentencing, the law reduces sentences for drug offenses, shaving off decades in many cases. Nearly half of federal prisoners are incarcerated for drug crimes.

One goal of the law is to cut recidivism rates by helping prisoners better prepare to rejoin society. It requires federal prisons to determine each inmate’s “criminogenic needs” upon intake and tailor programs to them. The law also creates incentives for participants, including shaving time off sentences for those who take part. It reauthorizes reentry programs that promote transitional employment. The law also requires incarcerated individuals to be housed as close as practicable to their primary residence and allows for home confinement for low-risk prisoners.

“Now, the focus turns toward appropriations in 2019,” said Megan Marcinko, APA’s director of federal relations. “We hope to see reauthorization and expansion of Community Behavioral Health Clinics (CCBHCs), a demonstration project that treats individuals with mental illness earlier in the disease course and in their own communities, saving money that would be spent on criminal justice and hospital readmissions, while better utilizing emergency response resources.”

Reprinted from Psychiatric News, Published Online January 25, 2019

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

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Make checks payable to the Missouri Psychiatric Physicians Association
Send ad submission to missouripsych@gmail.com
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Media Benefits for MPPA Members

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

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

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

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

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

Letters to the Editor

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

Newsletter Submissions

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

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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

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