President’s Message

By Sherifa Iqbal, MD

For those of you who do not yet know me, I come from a family of health providers. Each of us has gravitated towards fields that are extremely different: surgery, critical care, oncology, and speech pathology. My father, an anesthesiologist, was active in his endorsement of a career in healthcare.

Within the first week of my medical school psychiatric rotation, I knew that it was what I was meant to do. I would bet that quite a few of you felt the same way. I excitedly called my dad with the news. He was concerned about my choice of psychiatry as a specialty. Like many of our physician colleagues, he was skeptical of the field and was not sure what to make of my announcement. He encouraged me to wait until I had completed other rotations before making my final decision.

Flash forward nearly twenty years and I am well into my psychiatric career. My dad has come to appreciate the critical role that psychiatrists play in healthcare and often asks me about new medications he runs across in patient charts. When we talk about the differences in our specialties, he will say “you try to get people to talk and I try to get them to stop talking.” This running joke is so true and yet, in spite of our different specialty objectives, we have both found tremendous job satisfaction. I would never be able to spend a career in anesthesia any more than he could tolerate the clinical experience of being a psychiatrist. I appreciate the idea that there are people who find joy in something I could only shudder at the thought of doing and that I, by being a psychiatrist, fulfill that role for someone else. There is a pleasing balance in knowing that we are all different and because of that, we are all necessary. I believe that this can also be the case within a certain specialty. This is certainly true in psychiatry. There is ample opportunity for each of us to do what we love, not in spite of what makes us different, but because of it. The American Psychiatric Association has worked hard over the past several years to address the wide variety of interests and identities that comprise the field of psychiatry.

Members have a variety of resources available to them, including complimentary subscriptions to the American Journal of Psychiatry and Psychiatric News; practice resources such as PsychPRO • APA’s mental health registry); discounts to the annual meeting (2019-San Francisco); and free monthly CME. For those of us with interests in increasing access to mental health care, the APA offers free integrative care training. The APA payment reform toolkit provides guidance for psychiatrists concerned about navigating Medicare payment changes. Job Central, on the APA website (psych.org), provides an abundance of opportunities for those of us in transition with our careers. For the advocacy-oriented provider, the APA and MPPA offer a number of avenues to amplify your voice on issues pertaining to mental health, representation, and health.

(Continued on page 2)
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**President’s Message**

Equity. Your participation in the MPPA legislative committee would be eagerly welcomed. Likewise, MPPA members have a platform for their expertise and interests through contributions to our newsletter, which this quarter, includes an article examining mental health issues surrounding immigration. This is just a small sampling of what membership in the APA and MPPA can provide.

To fully appreciate each other, we need to know each other. We are a big state with multiple vibrant locations for practicing psychiatry. While attending every MPPA CME or social opportunity may not be possible, I do hope that I will have the pleasure of meeting you at an MPPA event sometime soon. The MPPA fall conference, “Latest Breakthroughs in Psychiatry,” will be in St. Louis on September 29, 2018. Members will receive invitations in the mail and anyone can register through our website (Missouri.psychiatry.org). In April 2019, we will be gathering in Kansas City for education and socializing as part of the Missouri State Medical Association annual conference (you do not have to be an MSMA member to attend).

As individuals, we may not always agree on a certain approach, practice, or policy. Perhaps each one of us would have a slightly different treatment plan for the same patient. But together, as the MPPA, those differences make us stronger, smarter, and capable of unimaginable progress for our patients and our field. I want to thank those of you who are already APA members for your commitment and I hope that you will use every benefit that your membership has to offer. For those of you who have stepped away from the APA or are not sure that you want to join, I encourage you to take another look. We hope that both members and not-yet-members will fill out the enclosed survey to help us better address your needs and understand what you expect from your organization. I cannot emphasize enough how much each of you matters and just how crucial you are to the future of psychiatry in Missouri.

Sherifa Iqbal, MD, DFAPA, FASAM
President MPPA
Missouri Psychiatric Physicians PAC
Backs Winners
Jo-Ellyn M. Ryall, MD
MOPPPAC Chair

This year your Missouri Psychiatric Physicians Association PAC backed 5 candidates for election in MO. Four of the five won their primaries and are running against opponents in the November elections. We supported Ian Mackay a democrat in the 87th house district in STL. This is typically a democratic seat so we hope he prevails in Nov since he has an opponent.

We supported Rory Rowland in the 29th district in KC. We also supported Keri Ingel 35th district in KC and James Ripley 34th district in KC.

We supported Keith Frederick, MD of Rolla for Senate. Unfortunately he did not win the Primary.

We could support these candidates because of your support of the PAC.

As your new PAC Chair, I urge you to send in contributions to our PAC when you renew your dues. You can also send a check to the MOPPPAC to Sandy Boeckman MPPA 720 E. Capitol Avenue, Jefferson City, MO 65101.

We hope to donate an additional contribution to the 4 candidates who are running in the November election. This is an important year. We need to protect our patients and our profession.

Calendar of Events

MPPA EXECUTIVE COUNCIL
CONFERENCE CALL
(Calls are Scheduled for 7:00 pm)
September 6, 2018
November 13, 2018

FALL CONFERENCE
Renaissance St. Louis Hotel Airport
9801 Natural Bridge Road
St. Louis, MO 63134
September 29, 2018

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

April 25-29, 2020
Philadelphia, PA

May 1-5, 2021
Honolulu, HI
Earlier this year, the Trump Administration began implementing the “Zero-Tolerance” initiative in relation to families illegally crossing the Mexico-U.S. border. This policy separated families from children who, despite coming to the U.S. with their parents or guardians in the vast majority of cases, were classified as “unaccompanied minors” then transferred to the Department of Health and Human Services’ Office of Refugees Resettlement. After widespread condemnation of this practice by a broad swath of individuals and groups across the social and political spectrum (including conservative clergy), President Trump signed an Executive Order ending the policy.

Subsequent federal court rulings ordered the Administration to reunite all the children with their parents/guardians, a process which was only partially completed by the court-ordered deadlines. The exact number of children still separated from their parents is unknown and there continue to be numerous problems with the reunification process. Psychiatrists, as well as other physicians and mental health providers, have been extremely concerned about the impact of the separation of the children and their families. Since May of 2018, several psychiatric and medical associations issued strong statements to condemn this practice. The American Academy of Child Adolescent Psychiatry (AACAP), the American Psychiatric Association (APA), The American Academy of Pediatrics (AAP), the American Medical Association (AMA), and the American Psychological Association (APA) all opposed the policy.

The AACAP emphasized the fact that the separation places already vulnerable children at increased risk for traumatic stress reactions, psychiatric disorders and other adverse medical outcomes. The American Psychiatric Association recognized that many families crossing the border are fleeing war and violence in their home countries and are already coping with the effect of stress and trauma.

The AAP discussed how highly stressful experiences, like family separation, can cause irreparable harm, disrupting a child’s brain architecture and affecting their development. This type of prolonged exposure to serious stress – known as toxic stress – can carry lifelong consequences for children. During the 2018 AMA annual meeting, the delegates acknowledged that the Zero Tolerance policy would do great harm to children and their parents or caregivers, who felt compelled to make a dangerous and uncertain journey because of safety concerns in their own countries. The AMA’s chief executive officer wrote: “It is well known that childhood trauma and adverse childhood experiences created by inhumane treatment often creates negative health impacts that can last an individual’s lifespan.” The American Psychological Association reported the longer the children and parents are separated, the more anxious and depressed they feel. Negative outcomes for children include psychological distress, academic difficulty, and disruption in their development. Family separation, the AAP reports, further traumatizes these children and can jeopardize the child’s legal process, which they have a right to under U.S. and international law. Reports indicate that children are mistreated, threatened and abused by some Border Patrol agents and at the shelters housing migrant children.

HOW PSYCHIATRISTS CAN HELP WITH THE IMMIGRATION CRISIS

Other aspects of the current Administration’s immigration policies, including legal immigration, also are of great concern. For example, because of recent policy changes issued by the U.S. Department of Justice, it is becoming much more difficult for those escaping domestic and gang violence to have their asylum status approved. The original law governing the process of seeking and obtaining asylum status was issued in 1950 and was developed to account for torture and persecution by governments against certain racial, ethnic or religious groups. It is widely recognized that mass migration, both legal and illegal from Central America, is almost exclusively due to gang and domestic violence. It is also understood that both low-level street gangs and more highly organized illegal drug cartels operate with impunity in the countries of the “Northern Triangle” (El Salvador, Honduras, and Guatemala). The level of disruption in

(Continued on page 5)
the economies and basic governance in these countries is so severe that their law enforcement agencies are effectively unable to protect the public. The United States has always served as a haven for those fleeing such violence and chaos. Simply deporting asylum seekers without better assisting our neighbors in addressing the underlying problems will likely lead to further destabilization in the region.

Knowing all of this can lead to feelings of hopelessness or cynicism, but we cannot give in to either – especially as mental health professionals. Fortunately, our expertise, as well as our advocacy, can be used to help the situation and the APA has made it easier to do so. On July 24th, APA Medical Director Saul Levin, M.D. sent a letter to Assembly members as well as District Branch presidents and executive directors with information on how psychiatrists can assist with both asylum evaluations and the mental health treatment of children in HHS custody at local contracting agencies throughout the country. As the APA has indicated, Catholic Charities and Lutheran Family Services have already started working with the APA to identify local agencies accepting pro bono psychiatric services.

Dr. Levin concluded his letter as follows:

“APA’s advocacy on this issue continues. We recently partnered with 13 other healthcare organizations on a letter to House and Senate oversight committees urging them to hold hearings with officials from the Department of Homeland Security and Department of Health and Human Services on the treatment of children and families who were separated from their parents at the U.S. border. We will continue to update you on our efforts.”

Another opportunity is through Physicians for Human Rights (www.phr.org) and the group’s Asylum Network, which connects providers with various advocacy organizations looking for physicians to provide evaluations of asylum seekers. Since federal rules of evidence do not apply to immigration cases of undocumented immigrants, even telephone interviews are acceptable in court proceedings and often have been very helpful in the granting of asylum status. The PHR Asylum Network also holds training sessions. The next training is scheduled for September 15 at The Philadelphia Human Rights Clinic, which is affiliated with the University of Pennsylvania. The training is free and registration is recommended by September 8 at https://physiciantraining.eventbrite.com. The APA continues to engage with various levels and agencies in government and the private sector on these issues. Further updates and opportunities are expected.

The separation of children from their families is catastrophic. This trauma affects their medical and psychological well-being, as well as their developing brain. We are facing a humanitarian crisis. As psychiatrists and child psychiatrists, we know how forcefully separating children from their parents deprive children from the strongest buffer against stress when they need this connection the most. Some mental health professionals have equated this form of separation of children from their parents to a form of childhood abuse. We need our voices to be heard by those who believe that separating children from their families at the border is an acceptable practice.

References:
1. AACAP statement on separating immigrant children from their families
2. APA statement opposing separation of children from parents at the border
3. AAP statement opposing separation of children and parents at the border
4. AMA’s chief executive officer, Dr. James Madara’s letter
5. Statement of the APA president regarding the traumatic effects of separating immigrant families
The APA has worked to expand offerings for resident-fellow members. There are a number of resources and opportunities for residents and fellows to enhance their training and obtain leadership experience.

One such program is the “SET for Success” modules on the APA website (psych.org). The Supplemental Education and Training program is an online experience designed to help residents build knowledge around the milestones to meet the requirements of the six ACGME core competencies and learn about the business of medicine. This is a great way to prepare for life after residency and better understand financial issues related to your career, no matter your planned practice setting. In addition, the APA website also offers “Building a Career in Psychiatry.” This is a two-part guide to help residents and fellows successfully prepare for transition points, from medical school to residency and into practice.

The American Journal of Psychiatry publishes a residents’ journal. The journal publishes articles and thought pieces that pertain specifically to the training experience. If you have ever had a desire to publish, the AJP-RJ accepts manuscripts authored by medical students, resident physicians, and fellows.

While the APA supports the notion of lifelong learning, the information obtained in residency is particularly crucial. To aid in studying endeavors, APA publishing offers a 25% discount on over 700 books and special member pricing for journals and subscriptions, including board prep materials. The APA website also offers the opportunity to review your accumulated knowledge and expand clinical expertise with a collection of board exam preparation resources. Residency programs can work together to show off their hard work through MindGames, APA’s national residency team competition. It is a fun way for residents to test their knowledge on patient care, medical issues, and psychiatric history while earning bragging rights for their program.

The APA also offers resident-fellow members a voice in the leadership of and advocacy for their profession. There are a variety of fellowship positions, which are completed during your residency, that provide opportunities for mentoring, networking, and skill development. These include the Diversity Leadership Fellowship, the Public Psychiatry Fellowship, the Psychiatric Research Fellowship, among several others. Information and applications for these fellowships can be found on the APA website. Other resident leadership opportunities include a position on the Board of Trustees, and representatives to the AMA and RRC.

There are a variety of caucuses in the APA. The caucuses are always eager for resident and fellow participation. There are over a dozen groups, and there is likely a caucus that represents your interests. Caucuses include State Hospital Psychiatrists, Integrative Psychiatry, Global Mental Health and Psychiatry, Climate Change and Mental Health, and Minority and Underrepresented as well as a variety of others. The caucuses can be found, and joined, on the APA website.

Finally, your local district branch, the Missouri Psychiatric Physicians Association, offers a number of leadership and advocacy positions as well. The MPPA has a variety of subspecialty committees to join and also provide opportunities to learn about the APA assembly, advocacy training, and mental health legislature affecting patients and providers in Missouri. Members with a variety of experience levels are welcome to join a committee.

First year APA dues are waived for Resident-Fellow Members. After that, Resident-Fellow Member annual national dues are only $107 for U.S. members. The MPPA hopes that you will consider either joining the APA or, if you are already a member, that you use all the benefits of membership that are available to you. Your voice and concerns are valuable and both the APA and MPPA want to learn from you and have you shape the field of psychiatry.
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Patrice A Harris, MD, MA
Child Psychiatrist
President-Elect, American Medical Association

University, followed by a psychiatry residency and child psychiatry and forensics fellowships at Emory, and then as the Barton senior policy fellow at the Emory University School of Law, she has worked for children both clinically and in the advocacy arena.

At Emory she addressed public policy for abused and neglected children before the Georgia legislature and in public education programs. Dr. Harris has also given invited lectures and presentations on children’s mental health, childhood trauma, integration of health services, health equity, and the intersection of athletics and health.

As former director of Health Services for Fulton County, Ga., which includes Atlanta, Dr. Harris was the county’s chief health officer, overseeing all county health-related programs and functions, including a wide range of public safety, behavioral health, and primary care treatment and prevention services. She spearheaded the county’s efforts to integrate public health, behavioral health and primary care services.

Dr. Harris also served as medical director for the Fulton County Department of Behavioral Health and Developmental Disabilities.

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Tragedy on Table Rock Lake
Sherifa Iqbal, MD, DFAPA, FASAM

On a hot July evening, The National Weather Service issued a severe thunderstorm warning that covered Stone and Taney Counties in Missouri.

At the time, a duck boat, which is an amphibious tourist boat, was on Table Rock Lake, with 31 passengers and crew, both adults and children. The boat encountered wind gusts up to 74 mph and incredibly rough waters. Ultimately, the duck boat capsized. Boaters on a nearby tourist vessel assisted in the initial rescue efforts and first responders from the counties began recovery efforts. The Missouri Highway Patrol dive team arrived a few hours after the incident to assist. There were 17 confirmed deceased and 14 injured. The deceased ranged in age from one year to seventy years old. The event has been labeled as a mass casualty incident.

Both the American Red Cross and the Missouri Department of Mental Health-Disaster Services were on the scene shortly after the impact, offering disaster mental health, disaster spiritual care, disaster health services, canteen services, and more. Often, mental health has played a supplemental role in disaster response efforts but it was the central focus of the Table Rock Lake disaster.

Of course, assessment and support were provided to those directly impacted by the tragedy. However, the need for mental health services did not end there. While post-response support for volunteers should always be a crucial part of a disaster operation, in this case, it was paramount. For many of the volunteers, this event occurred in their proverbial backyard. The loss of life and the heartbreaking encounters with families and friends impacts first responders as well. Real-time care involved reminders to stay hydrated, eat balanced meals, and take down time. If the volunteers felt any sort of need, they were encouraged to talk to their supervisors or teammates.

In most disaster responses, the need for mental health support does not end when volunteers go home. In the case of the Table Rock Lake response, a team of regional and divisional disaster mental health volunteers were assembled to provide post-response staff support to responders. Contact was made through phone with all of the responders. The majority of responders chose to participate in supportive phone conversations with disaster mental health team members.

Disaster workers often experience the sights, smells and sounds of a disaster and feel the impact in similar ways to people in the affected community. As a result, it is common for workers to have reactions, even strong ones, to a disaster. These reactions vary among individuals in type, onset, and duration. Mental health support after a disaster aims to assist workers with coping, long-term well-being and personal growth. Outreach assists workers as they transition back to their pre-response routines and begin to incorporate their experience into their lives in a meaningful way. Caring for staff, responders, and volunteers can be done virtually and serves as a way to participate in a disaster response if long term commitment or deployment is not possible.

Disasters, big and small, locally and nationally, occur every day. Have you ever watched a report about a tragedy and wondered how you could help? The best way to do this is to plan ahead. You can sign up as a mental health responder through Show-Me Response (https://www.showmeresponse.org) or the American Red Cross (https://volunteerconnection.redcross.org/). Minimal, easily accessible online training is usually involved to prepare every volunteer for a disaster response operation. Completing trainings before a disaster allows for quick volunteer recruitment in a situation where time is of the essence.

As psychiatrists, we are busy and have many responsibilities. Often, our schedules are not necessarily our own. Most organizations are aware of this fact. Signing up to help the community in times of need does not mandate that a volunteer be available at all times. Instead, often, health professionals can decide if they have the ability or time to respond to a particular disaster. We can never predict when and where the next disaster will strike but we do know that being prepared, as providers, is critical to support those affected as quickly and as effectively as possible.
“Latest Breakthroughs in Psychiatry”
Fall Conference
Renaissance St. Louis Hotel Airport, St. Louis, Missouri
Saturday, September 29, 2018
Jointly Provided by the American Psychiatric Association and the Missouri Psychiatric Physicians Association

Agenda

Friday, September 28, 2018
5:00 - 7:00 pm  Resident and Medical Student Social (with mentoring about resume preparation)
7:00 - 9:00 pm  Executive Committee Dinner Meeting

Saturday, September 29, 2018
7:00 - 8:00 am  Registration, Continental Breakfast, Poster and Exhibits Set-Up
8:00 - 8:45 am  “Same Day Response in Severe Depression: Ketamine and Other Rapid Action Agents”
Speaker: Henry A. Nasrallah, MD, Sydney W. Souers Professor, Chair, Department of Psychiatry & Behavioral Neuroscience, Saint Louis University
8:45 - 9:30 am  “The Role of Lifestyle Modification in the Prevention/Delay of Alzheimer’s Disease”
Speaker: George T. Grossberg, MD, Samuel W. Fordyce Professor, Directory of Geriatric Psychiatry, Department of Psychiatry & Behavioral Neuroscience, Saint Louis University School of Medicine
9:30 - 9:45 am  Break to View Exhibits and Posters
9:45 - 10:30 am  “Paraphilic Disorders in Psychiatric Practice and Their Forensic Implications”
Speaker: Brian J. Holoyda, MD, MPH, MBA, Assistant Professor of Psychiatry, Division of Forensic Psychiatry, Department of Psychiatry and Behavioral Neurosciences, St. Louis University
10:30 - 11:15 am  “50 Recent Advances in Schizophrenia”
Speaker: Henry A. Nasrallah, MD, Sydney W. Souers Professor, Chair, Department of Psychiatry & Behavioral Neuroscience, Saint Louis University
11:15 - 12 noon  Poster Session & Awards for Best Posters
Moderator: Anjan Bhattacharyya, MD, Associate Professor of Psychiatry and Internal Medicine, Saint Louis University
12:00 - 12:50 pm  Lunch with Exhibitors
12:50 - 1:00 pm  Break
1:00 - 2:00 pm  “Physician Assisted Suicide and Euthanasia of Non-Terminal Psychiatric Patients: An Emerging Ethical Crisis”
Speaker: Mark S. Komrad, MD, DFAPA, FACP, Ethicist-in-Residence, Sheppard Pratt, Faculty of Psychiatry, Johns Hopkins, Sheppard Pratt and University of Maryland
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2:00 pm Exhibitor Teardown

2:00 - 2:45 pm INTERACTIVE BREAKOUT SESSIONS

ROUND 1
1. “The Potential Roles of a Psychiatrist in Palliative Care”
Faculty Speakers: Mark S. Komrad, MD, DFAPA, FACP, Ethicist-in-Residence, Sheppard Pratt, Faculty of Psychiatry, Johns Hopkins, Sheppard Pratt and University of Maryland; Cantor Kim Komrad, MSM, CELS

2. “Collaborative Care”
Faculty Speakers: Anjan Bhattacharyya, MD, Associate Professor of Psychiatry and Internal Medicine, Saint Louis University; Nesreen Abu Ata, MD

3. “Opioids and Marijuana Epidemics”
Faculty Speaker: Arturo C. Taca, Jr., MD, Fellow-American Society of Addiction Medicine, Diplomate-American Board of Addiction Medicine, Diplomate-American Board of Psychiatry and Neurology, Medical Director, INSynergy

4. “Childhood Trauma and Its Lifelong Consequences”
Faculty Speakers: Balkozar Adam, MD, University of Missouri-Columbia; Ankita Vora, MD, Washington University-St. Louis

2:45 - 3:30 pm ROUND 2
Attend Your Second Choice of Interactive Breakout Sessions

3:30 - 4:30 pm Group Reports and General Discussion about Missouri Psychiatry
Moderated by Henry A. Nasrallah, MD, Sydney W. Souers Professor, Chair, Department of Psychiatry & Behavioral Neuroscience, Saint Louis University, MPPA Program Chair

4:30 pm Final Remarks and Adjournment
Sherifa Iqbal, MD, DFAPA, FASAM, MPPA President

Accreditation Statement for CME Credit: This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education through the joint providership of the American Psychiatric Association (APA) and Missouri Psychiatric Physicians Association (MPPA). The APA is accredited by the ACCME to provide continuing medical education for physicians.

The APA designates this live activity for a maximum of 6.5 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Accreditation Statement for CEU Credit: Non-physician attendees who seek Continuing Education Units (CEUs) should consult the appropriate Rules & Regulations/Statutes and/or professional registration board governing their profession in the state in which they practice and hold license.

Completing the Evaluation, Claiming Credit, and Receiving a Certificate
At the conclusion of the conference through December 2018, physician participants will be provided with an opportunity to evaluate the conference and receive a CME credit certificate by completing an online evaluation accessed through the American Psychiatric Association Learning Center at education.psychiatry.org. Non-physician participants will have the opportunity to receive a certificate of attendance.
With the recent media reports on the increased rate of suicide and the two celebrity suicides, as well as the Administrations recent decision to not defend the patient protections in the ACA, I want to share with you APA’s activities surrounding both of these.

The CDC report on the 30% increase of suicides and the deaths of Kate Spade and Anthony Bourdain has garnered significant media coverage and we have assisted several of our elected leadership including our President, Past President, and Council chairs who have been available on short notice to participate in press interviews to ensure that accurate and relevant information is provided to the media, such as to MSNBC, NBC, NPR, etc.

We also sent a press release in response to the CDC report that you can find at (https://www.psychiatry.org/newsroom/news-releases/apa-reacts-to-increase-in-suicide-rates-calls-for-access-to-mental-health-care).

If you want more detailed information on CDC’s findings (Vital Signs: Trends in State Suicide Rates — United States, 1999–2016 and Circumstances Contributing to Suicide) please go to (https://stacks.cdc.gov/view/cdc/55606).

We have been asked to comment on the Department of Justice’s decision not to defend the constitutionality of the patient protections provided in the Affordable Care Act in the federal lawsuit Texas vs. United States, and our statement may be found here. (https://www.psychiatry.org/newsroom/news-releases/apa-calls-on-administration-to-defend-patient-protections-in-affordable-care-act)

We are also in the process of collaborating on a joint statement in response to DOJ’s refusal to defend the ACA with the American Academy of Family Physicians, American Academy of Pediatrics, American College of Obstetricians and Gynecologists, American College of Physicians and the American Osteopathic Association. We will share this via our news releases once it is released. If you have any questions about DOJ’s refusal to defend the ACA please contact Kristin Kroeger at kkroeger@psych.org.

We will continue to respond to media queries over the weekend. If you contacted by the press and need assistance please email Tanya Bradsher at tbradsher@psych.org or Erin Connors at econnors@psych.org.

President’s Statement on Separating Children From Families
Karen Dineen Wagner, MD, PhD
President, AACAP

The American Academy of Child and Adolescent Psychiatry (AACAP) is a medical association representing physicians dedicated to the health of children and families around the globe. As such, we know that children who experience sudden separation from one or both parents, especially under frightening, unpredictable, and chaotic circumstances, are at higher risk for developing illnesses such as anxiety, depression, posttraumatic stress disorders (PTSD), and other trauma-induced reactions.

This is especially the case for children who are fleeing war, violence, and other traumatic situations from their home countries. Parental support is an essential and proven protective factor that substantially reduces risk for adverse health and developmental outcomes for children. Separating these children from their families in times of stress creates unnecessary and high-risk trauma at the very time they need care and support the most.

As child and adolescent psychiatrists, we know that pulling families apart can often cause harm. It is our responsibility as physicians to put an end to the idea and practice of separating vulnerable children from their families, including high-risk immigrant children. AACAP strongly opposes any policy or legislation that separates children and families in these stressful situations.
I want to share with you an update on APA’s outreach efforts regarding immigrant families at the border, as well as ask you to help us spread the word to our members. The Department of Health and Human Services has informed us that they have contracted with Lutheran Family Services and Catholic Charities to assist with mental health services and reunification of children with their families. APA has been in contact with senior staff responsible for coordinating with each organization’s service agencies.

Both organizations told us that they are still organizing with multiple volunteer organizations on the ground to determine logistical capabilities. They expect that the children still separated from their parents/sponsors will be reunified by the end of this week. At this stage when families are reunited and new immigrant families coming into the U.S., they are being processed through a few centers near the border. Families are there anywhere from two to 24 hours before they proceed by bus or plane to their sponsor somewhere else across the U.S. Most are referred for social and legal services to a local Catholic Charities or Lutheran Family Services nearest to their sponsor.

Since these needs are at the local level and each service area is unique, needing different assistance at each location, Catholic Charities or Lutheran Family Services are reaching out to their individual service providers in the states and the local cities to determine specific needs. We have begun to receive information from agencies that are looking for pro-bono psychiatric services and this information can be found by clicking here. Since Catholic Charities or Lutheran Family Services are seeing this is a local issue, we will also provide this information to the closest district branch(es) to that service agency and I ask that each district branch share this information with local members via your list serve or newsletter. If you want to reach out individually, I have attached a list of the Executive Directors at each of the Catholic Charities in the different areas throughout the country. Keep in mind not all of them are providing services to this population group. Both organizations have expressed sincere appreciation to our membership for offering services.

We will continue to update you with additional information as we hear and coordinate with Catholic Charities and Lutheran Family Services. We would appreciate it if you could keep us updated on members who have volunteered.

If you are looking for other opportunities to assist, as Dr. Fleming has mentioned, the Physicians for Human Rights is an organization where you can sign up for the Asylum Network and they will provide your name to the various advocacy organizations that are looking for evaluators, and Stand With Immigrants is an organization where you can also sign up to submit your name to be a volunteer mental health professional. We are working with Give an Hour Program staff. We will inform you as we receive more information.

APA’s advocacy on this issue continues. We recently partnered with 13 other health care organizations on a letter to House and Senate Oversight Committees urging them to hold hearings with officials from the Department of Homeland Security and Department of Health and Human Services on the treatment of children and families who were separated from their parents at the U.S. border. We released the following press release.
APA Statement Opposing Separation of Children From Parents at the Border

The American Psychiatric Association issued the following statement from President Altha Stewart, M.D.:

"As physician experts in mental health, the American Psychiatric Association opposes any policy that separates children from their parents at the United States border. Children depend on their parents for safety and support. Any forced separation is highly stressful for children and can cause lifelong trauma, as well as an increased risk of other mental illnesses, such as depression, anxiety, and posttraumatic stress disorder (PTSD). The evidence is clear that this level of trauma also results in serious medical and health consequences for these children and their caregivers. Many families crossing the United States border are fleeing war and violence in their home countries and are already coping with the effects of stress and trauma. These children deserve our protection and should remain with their families as they seek asylum. The APA recommends an immediate halt to the policy of separating children from their parents."

APA Joins in Urging House, Senate to Investigate Treatment of Immigrant Children

APA and 13 other medical organizations today called on members of the House and Senate oversight committees to hold hearings as soon as possible with officials of the Department of Homeland Security (DHS) and Department of Health and Human Services (HHS) regarding the treatment of immigrant children forcibly separated from their parents at the U.S. border.

In letters addressed to key committee members in the House and Senate, the groups reaffirmed their strong opposition to the separation of migrant children from their parents and prolonged detention of families. “Studies of detained immigrants have shown that children and parents may suffer negative physical and emotional symptoms from detention, including anxiety, depression, and posttraumatic stress disorder,” they wrote.

“Most recently,” they continued, “two physicians within DHS’s Office of Civil Rights and Civil Liberties, an office that has investigated DHS-run facilities and found serious compliance issues resulting in harm to children, stated in a letter to Congress that there is no amount of programming that can ameliorate the harms created by the very act of confining children to detention centers. The troubling observations described in the doctors’ report show possible medical neglect and child endangerment and merit congressional inquiry and oversight."

The Trump administration is scrambling to return about 3,000 separated children to their parents by a July 26 deadline imposed by a federal judge, but it is not yet known whether that deadline will be met. HHS returned only about half of the approximately 100 separated children under the age of 5 by a July 10 deadline.

“We know that separating children from their parent causes undue harm and stress, which can have lifelong health and mental health consequences,” said APA President Altha Stewart, M.D., in a statement released by APA today. “We call upon Congress to step in and fully examine this harmful practice so that it doesn’t occur again and that the children who remain in custody are returned to their parents and receive the care they need.”

Reprinted from Psychiatric News
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.
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

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

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

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

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

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

Letters to the Editor

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

Newsletter Submissions

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

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

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Guidelines for Submission to Show-Me Psychiatry Newsletter

1. All submissions will be sent via email to Sandy Boeckman at missouripsych@gmail.com who will then forward the submission to the newsletter editor.
2. The length of the article should be between 600-1200 words. In addition to the article, up to five references may be added.
3. At the end of the article, the author should include a statement clarifying the presence or absence of a conflict of interest related to the article.
4. If the article includes clinical information, the author should make a statement that the identifying information of the patient has been changed and he/she has obtained the permission of the patient and/or guardian prior to publication.
5. The article will be edited by the newsletter editor. The author may be asked to clarify some information, and address comments made by the editor. The revised article will be emailed back to the editor for final review and approval.

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Advertisement Information

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

FALL CONFERENCE
Renaissance St. Louis Hotel Airport
St. Louis, MO
September 29, 2018