William Henry Harrison and Me

As some of you may know, William Henry Harrison, our 9th President of the United States, is our shortest sitting president; having died in office less than a month into his term. It is with some sadness that I am stepping down as the President of the MPPA after only 3 months. I have just completed my 10th year as chair of psychiatry at the University of Missouri-Columbia and my tenth year of living and working in Missouri. When I was elected, over a year ago, I did not foresee a potential move for myself and my family. Fortunately, I am leaving office under better circumstances than President Harrison, my wife and I will be moving to Philadelphia to work at the Sidney Kimmel Medical College at Thomas Jefferson University. So in this farewell column I would like to briefly speak of my experience practicing and teaching in Missouri.

First, I will say that there are countless dedicated physician and mental health practitioners in our state. We have the challenge of being a very rural state with several high density urban centers. Whether rural or urban the issues are very similar. Finding access to psychiatric care in a timely and cost effective way. The state does many of this well, including the structure of the administrative agents mainly designed for the Medicaid population. We also have a humane and treatment focused approach to juveniles in the criminal justice system. What concerns me is the short fall in access for those who are at the margins of society, and not enrolled in a public safety net, and even those with insurance and means who struggle to find a practitioner. I strongly believe that the MPPA is one of the significant institutions in our state looking to support psychiatric access, education and training. Our recent support for the suspension, not termination, of Medicaid benefits for incarcerated persons is a testament to our advocacy. It is my hope the MPPA will continue to work to improve affordable access to psychiatric care and promote the expansion of psychiatry residency slots.

Modern day psychiatry is a team sport and we need to embrace and work with highly trained mental health practitioners, including psychiatric nurse practitioners and physician assistants. We also need to up train our primary care clinician colleagues to be facile and comfortable in treating psychiatric problems in their clinics. Just so it doesn’t look like I am only challenging you in Missouri, a main focus of my new position at Jefferson will be to tackle these same problems.

(Continued on page 2)
**Executive Council**

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- **President**: John Lauriello, MD
- **President-Elect**: Azfar Malik, MD
- **Secretary-Treasurer**: Subbu Sarma, MD
- **Immediate Past President**: Sherifa “Missy” Iqbal, MD
- **APA Assembly Representatives**: James L. Fleming, MD

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- **Bylaws**: Anjan Bhattacharyya, MD
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- **Ethics**: Amanda Kingston, DO
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- **Political Action**: Jo-Ellyn M. Ryall, MD
- **Private Practice**: Azfar Malik, MD
- **Program**: Jo-Ellyn M. Ryall, MD
- **Resident and Fellow Representative**: Jacob Lee, MD; Sailaja Bysano, MD
- **Website**: Vikas Mandadi, MD

**Executive Director**
- Sandra Boeckman

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**President’s Message**

Here in Missouri we are very fortunate in that we have a strong MPPA and very able President Elect, Dr. Azfar Malik who will step up to the position in September. Of note he is the subject of our new Member Spotlight column in this issue. I will be thinking of you and rooting for your success. I fully expect Missouri to be a national leader.

John Lauriello, MD

Medical Director of the Missouri Psychiatric Center
Robert J. Douglas, MD, and Betty Douglas Distinguished Professor in Psychiatry

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**FAREWELL and BEST WISHES to our COLLEAGUES**

The MPPA wishes Dr. John Lauriello, MPPA President, and Dr. Jacki Landess, Assembly Representative, the best in their new endeavors.

Dr. Lauriello is moving to Philadelphia, Pennsylvania and Dr. Landess is moving to Madison, Wisconsin.

We will miss them!
The MPPF Board of Directors continues to work to achieve the foundation’s mission and functions.

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. In addition to the Board of Directors, represented by the executive committee, the board is looking at establishing three additional committees.
   a. Public Relations Committee: members include Dr. Henry Nasrallah, Dr. Sherifa Iqbal, and Dr. Jim Fleming. This committee is preparing guidelines and recommendations for the MPPF Media Award.
   b. Advisory Council: this will be comprised of 8-10 community leaders, excluding psychiatrists. Nominations will be made by board members. This council will support the MPPF in achieving its goals.
   c. Fundraising/Finance Committee: Dr. Henry Nasrallah (president) and Dr. Azfar Malik (treasurer). This committee will oversee the financial status of the MPPF and explore opportunities for potential donations.

4. The MPPF is in the process of finalizing a logo to represent the foundation’s goals.

Donations are payable to Missouri Psychiatric Physicians Foundation (MPPF)
722 E. Capitol Avenue, Jefferson City, MO 65101
Donations can also be made online at:
https://missouri.psychiatry.org/advocacy/mppa-foundation

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**Calendar of Events**

**EXECUTIVE COUNCIL CONFERENCE CALL**
(Calls are Scheduled for 7:00 pm)
- November 12, 2019
- January 14, 2020
- July 14, 2020
- November 17, 2020

**FALL CONFERENCE**
GENERAL MEMBERSHIP MEETING AND CME TRAINING
Saturday, September 28, 2019
Holiday Inn Executive Center
Columbia, MO

**ADVOCACY DAY**
March 11, 2020

**MPPA/MSMA SPRING CONFERENCE**
Saturday, April 4, 2020
Renaissance Hotel
St. Louis, MO

**APA ANNUAL MEETINGS**
April 25-29, 2020
Philadelphia, PA

- May 1-5, 2021
Los Angeles, CA
Before I began my career as a child psychiatrist in Mid-Missouri, I worked in a small women’s clinic thousands of miles away. The plan was to stay in the Middle East, where I was married and had two children. But when my husband was offered a scholarship to pursue his doctorate in the US, we decided to embark on this adventure together.

I was not prepared for the obstacles that awaited me. Other than my husband and children, I knew no one in this vast country, with street names I had never heard of and foods I did not recognize. Studying for the multiple exams—ECFMG, FLEX, and Visa Qualifying Exam—was overwhelming. I found a babysitter in our apartment complex, and every morning I dropped my children off on my way to the library.

After about a year of studying, I finally passed my exams, but the journey was far from over. I needed a different visa to begin my training. I struggled with the acculturation process. My accent made me extremely self-conscious. There were not many people who looked like me. Even buying clothes was a challenge, and not just because we were raising a family on the salary of a doctoral student. I couldn’t just walk into the mall and buy a hijab, the headscarf worn by Muslim women.

I was overjoyed when I was offered the opportunity to start my residency in Mississippi, even though I didn’t know where it was until I looked it up on a map. To my disappointment, however, my immigration papers were not completed in time. Two years later, in the early 1980s, I was given another opportunity, this time at the University of Missouri-Columbia.

I began my residency with a mix of excitement, determination, and apprehension. I remember one of the senior residents telling me that I would not be able to become a child psychiatry fellow while wearing hijab because I would “scare” the kids. These words shook me. My hijab was an important part of my faith and identity. I decided my hijab was non-negotiable, but so was my commitment to become a child psychiatrist. I would embrace both.

“I felt I had to work twice as hard as everyone around me and dismissed the micro- and macro-aggressions from colleagues and patients alike.”

I quickly built a rapport with my patients and their families, taking extra time to listen to their stories and to do everything in my power to help them. I worked long hours and wrote detailed notes. On occasion, there was a patient or family who expressed doubt in my abilities. Thankfully, in time, my dedication and care enabled me to win them over. Some of them actually referred other family and friends to me, which I would remind myself of the next time I had a family that would take one look at me and my hijab and decide I was a foreigner who did not know what I was doing.

My husband’s support was key. He did a lot with our children so that I could meet the demands of my residency and training. I felt I had to work twice as hard as everyone around me and dismissed the micro-aggressions from colleagues and patients alike.

Despite the challenges, I loved what I was doing. My family was growing, and my career began to take off. I accepted an opportunity to lead a medical unit at a children’s hospital in Arkansas. It brought with it additional responsibility and challenges, which I strove to meet at work and home. I remember rushing from the hospital to make it to my child’s school play after a grueling day. Even as a department head, like most psychiatrists, work-life balance was difficult to achieve.

(Continued on page 5)
We eventually moved back to Missouri, bought a house, and decided we were done moving. Missouri would be our home.

Then came 9/11. Everything changed in an instant. I was the medical director of the inpatient unit, and I vividly recall a mother telling me that her family had advised her not to allow me to treat her son’s depression because I would “hurt him.” At home, someone left dog feces at our front door. My children were harassed because of their faith. We would get through it, I told them.

We survived—as a country and as a family. We all worked to put the pieces back together. I thought I was done with life’s surprises until I scheduled a routine surgery on a long holiday weekend in 2009. I remember thinking I wouldn’t even need to be away from my patients for a full day. But a complication left me fighting for my life. I went into a coma and was placed on a ventilator. No one knew if I would make it. I ended up staying at the hospital—my hospital, where I treated patients and taught residents—for a month. My family and friends, coworkers and community were with me every step of the way. My children traveled from various states to be by my side, camping out in the waiting room. My husband spent every night at the hospital. My friends cooked dinner, brought flowers, and sat with me. My colleagues checked in on me daily.

It was not easy going from doctor to patient, but my illness allowed me to see things in a different light. I realized giving the family constant updates is not a courtesy—it is a vital part of our care. I witnessed firsthand how support aids in recovery, so I endeavor to implement more of that in psychiatry.

The experience was humbling in other ways as well. The physical therapy technician who was working to help me learn to walk again thanked me for working with her relative. The pharmacist I had worked with for years on my patients’ prescriptions was now regulating my Coumadin dose. The medical student I taught psychiatry to the month before was the first one to check on me in the mornings.

All of this hastened my determination to get better as quickly as possible. I wanted to get back to my patients, and for the first time in years, I wanted to get back to the child psychiatry conferences I had attended as a trainee. I realized there was more for me to learn and to teach others. I decided I wanted to focus on providing culturally sensitive care to patients. During the early years of my career, there was not much discussion of how to handle patients with different backgrounds. I was pleasantly surprised to see a workshop on caring for the Muslim patient at an annual meeting of the American Academy of Child and Adolescent Psychiatry in 2011.

I have spent the last several years trying to live up to the commitment of understanding the impact of culture and religion on patients and how we, as clinicians, can provide culturally sensitive care. I try to draw on my own experience working with diverse populations, refugees and Muslim and Arab patients. Just recently, an adolescent patient refused to meet with me individually, saying, “People from your country kill us.” His father tried to help the situation by saying, “No, son, it’s not her country; it’s her religion.”

I could not let the sting from their comments linger. This appointment was not about me. It was about my patient and his family. I thought about the values that have served me for decades—empathy, patience, hard work and compassion—and listened to his case. Then I got up the next morning, ready to do it all over again.

Reprinted from Psychiatric Times
This has been a particularly difficult year, so far, for disasters in Missouri. On the evening of May 22, 2019, sixteen confirmed tornadoes touched down throughout the region. Disaster service organizations immediately sprang into action. Shelters, in a variety of locations, were established to offer safe spaces for residents displaced by the tornadoes. On May 28, 2019, two additional tornadoes touched down in Missouri, expanding the need for disaster response and sheltering.

The citizens of Missouri, and those in surrounding areas, were nowhere near recovery before prolonged rainfall in the northern plain, combined with excessive snowmelt, caused many rivers to reach moderate to major flooding levels. This flooding reached historic levels; rivaled only by the great flood of 1993. As of June 4, three levees were breeched, and there was potential for more to come.

While any disaster response requires large numbers of volunteers, supplies, work hours, emotions, and recovery time, this disaster was particularly difficult due to drawn out anticipation, the large numbers of affected, continual rain, and uncertainty about several aspects of recovery. In total there were 3,284 disaster assessments completed, with over 862 homes sustaining significant damage from either tornadoes or flooding.

As is normally the case, a variety of agencies were involved in disaster response and recovery. The disaster mental health component of the disaster response was addressed by the Missouri Department of Mental Health Office of Disaster Services, who coordinated care with local community mental health centers. Supporting these efforts was the disaster mental health team of the American Red Cross of Missouri and Arkansas, which also provided disaster mental health services to clients receiving case management and in shelters as well as support to the disaster workforce.

It is important to understand that help in these situations is required well beyond the immediate disaster response. In fact, the recovery process can last for months after the initial disaster. From a mental health standpoint, this period of time can be agonizing for those affected by disasters. Gone is the media attention, and with it, there is a perceived decrease in the outpouring of support and compassion from surrounding communities. Often, at this time, disaster survivors are frustrated, tired, overwhelmed, and occasionally, experiencing despair and hopelessness. The role of disaster mental health, then, becomes increasingly important.

For this disaster, and many others, one of the ways in which outreach and triage are provided is through Multi-Agency Resource Centers (MARCs). Following a disaster, communities determine the best way to provide services to affected individuals and families according to the scope and scale of disaster-caused needs as well as the capabilities, structure and geography of the community. MARCs can be an efficient way to deliver services to individuals and families affected by a disaster by bringing together multiple service providers in a single location and providing on-site assistance.

While different communities may determine additional principles, most MARCs are designed to:
- Expedite individual, family and community recovery following a disaster;
- Provide efficient, effective assistance to individuals and families affected by a disaster in a single, “one stop shop” location;
- Minimize the time and travel distance needed for affected individuals and families to obtain assistance after a disaster;
- Aid reunification of family and friends;
- Maximize the use of collective resources and expedite the ability of organizations to deliver services by: 1) eliminating the need for participating organizations to set up individual assistance centers, and 2) facilitating coordination and information sharing between participating organizations;
- Enable effective coordination with government

(Continued on page 7)
and non-government agencies;
• Facilitate the transition to long-term recovery.

Services provided include health, case management, spiritual, mental health, disaster assessment, child care, legal aid, and so many more. During the six MARCs for this disaster response, there were well over 500 disaster mental health contacts addressing needs along a spectrum of acuity.

The sheer number of volunteers in this effort was awe-inspiring. The teamwork, compassion, selflessness, and creativity of those involved in these efforts never fails to impress. This is especially so when one considers that many of these volunteers will be willing to contribute their efforts to the inevitable disasters that will occur through the remainder of the year, be they local, national, or international.

As a regional disaster mental health lead of the American Red Cross, I worry about volunteer burnout and I am always looking for ways to support and take care of my volunteers. One of the most effective ways to proactively address such a situation is to have a large enough volunteer force to allow for breaks, substitutions, and a manageable case load of disaster mental health outreaches. If you would like to join the effort of using your expertise to help those affected by disaster, please contact the American Red Cross or myself to explore volunteer opportunities.

https://www.redcross.org/local/missouri/volunteer.html
I was fortunate to be born into a family of physicians. My grandfather began this tradition and I was expected to excel in school and carry on this tradition. I did well academically and was accepted into one of the best medical schools in Pakistan, in the big port city of Karachi, Dow Medical College. During medical school, I learned a lot about medical diseases and less about social sciences, so as a result, I graduated from medical school with honors but without much knowledge about social sciences, including Psychiatry. After graduating from medical school in 1979, like most young men, I pursued further educational opportunities in other places. I ended up in Malta, a paradise island in Europe, which was a vacation destination for many Europeans.

I was expected to be a surgeon, like my uncles, who had successful practices back home in Pakistan. I liked internal medicine at that time and decided to begin my internship in internal medicine at the University Hospital in Malta. During my internship, I often worked with Psychiatry residents and their Attending physicians, to oversee the complicated medical patients who had under-recognized psychiatric issues complicating their medical progress and outcome. On a couple of occasions, the professor of Psychiatry would consult on the cases and recognized my abilities to find psychological issues in these cases that were complicating medical illnesses. After a couple of interactions with me, he started to encourage me to seek Psychiatry as an option. Very reluctantly I agreed to try a rotation in Psychiatry. I realized that in Psychiatry every patient is a book of their own. You learn how to tease out the symptoms and come up with complex formulations to reach a conclusion and diagnostic categories. I started to like my interactions and building relationships with patients. I started learning about psychiatric illnesses and complex dynamic relationships of the brain with the environment. As I learned more about eclectic and psychodynamic views of Psychiatry, I was getting more fascinated with the brain. I realized that as a medical student from the anatomy and physiology of our body and we still have very little understanding of the functions of the brain. I was fascinated by the impact of neurotransmitters on psychiatric illnesses. This drew me closer to Psychiatry.

My father, brother, and many extended family members were educated in the United States, so I was drawn to America from a young age. In 1982, I was offered an opportunity and was selected by St. Louis University Department of Psychiatry’s residency program. This program was very different from Psychiatry in Europe. There I even assisted in cases of Lobotomy for severe OCD and depression. The St. Louis University program was focused more on the Freudian aspects of Psychiatry but the department that was very eclectic, jointly run by psychoanalysts and pharmacologists. It took me some time to get a grasp of Ericson and Freudian concepts, but it was the best learning period of my life.

Being pragmatic rather than idealistic, I chose to merge both approaches into my practice as I completed my residency in 1986. I joined St. John’s Mercy Medical Center as an Administrative fellow and under their guidance learned about Administration of Psychiatry departments. This also helped me simultaneously build my private practice. I was then appointed as medical director of the unit and later the Medical Director of the department where I continued learning about leadership while working alongside an excellent group of psychiatrists.

In the mid-1990s when managed care started to surface, I soon realized that as physicians we cannot practice medicine without taking fiscal responsibilities for the cost of health care. I decided to once again pursue education to learn the business of medicine and enrolled in the Executive MBA program in Health Science Management at Olin School of Business at Washington University. I graduated with an MBA in 2000.

Prior to completing my MBA, I had already formed the group practice known as Psych Care Consultants (Continued on page 9)
Member Spotlight
Azfar M. Malik, MD, MBA, DFAPA

(PCC) along with other local psychiatrists. Between us, we initially established 5 offices in the St. Louis metro area and later grew to 7 and expanded our service to Franklin and St. Charles County. In 2003 there was an opportunity to buy a child and adolescent hospital in St. Charles county known at that time as Spirit of St. Louis Hospital. The facility was going bankrupt. This was the perfect opportunity to utilize my business education and merge it with good clinical expertise.

This facility became known as CenterPointe Hospital. Upon assuming ownership, we began to build a clinical continuum of care with patient-focused inpatient programs to effective out-patient IOP and PHP programs and integrating it with physician services that already existed at PCC. Center Pointe Hospital became the first full-service behavioral health facility treating children, adolescents, adults and geriatrics along with substance abuse detoxification program and a residential continuum for addiction disorders. The number of beds increased to 150 and our annual revenue increase by 200 folds. The gratification of achieving good outcomes with great patient satisfaction was unprecedented and was the result of the hard work and dedication of many people.

In 2010 we decided to invest $15 million in constructing a new building for our campus in St. Louis. We wanted to give patients a better experience of empathic care in a better environment. This also had good outcomes with great patient satisfaction. In 2013 we decided to open our second hospital in collaboration with some of our colleagues in Kansas City. This facility became known as Signature Psychiatric Hospital and used a similar model to achieve the continuum of psychiatric care in the Kansas City metro area.

In 2015 the decision was made to get additional funding to expand our operations. A partnership with two health care private equity groups from the east coast was syndicated and resulted in a third hospital in Liberty, Kansas followed in 2018 by the fourth facility in the heart of Missouri, Columbia.

I have talked about many things that I have done. As I reflect on this, I have wondered what motivated me to go in this direction of Psychiatry. I realize it was a pursuit to improve things for mental health. I continue to learn every day more about the business of mental health and how to improve outcomes and services. I continue to look for ways to integrate scientific development in Psychiatric treatment into the Clinical paradigm. As a result, we have pioneered TMS and Ketamine treatment in St. Louis and I look forward to integrating new methods of Neuromodulation or proven effective treatments into the services we offer our patients.

Although unexpected, I developed such a passion for psychiatry and for mental health patients that I chose to devote my life and career to this. I never expected to be a recipient of such accolades that society has bestowed on me and I am truly honored.

Finally, it is my recommendation to you, the new Psychiatrists beginning their career, that you do what you are passionate about. Along the way, help others who are in need, and success will come your way. You will achieve your desired goals and much more.

Awards and Recognitions:
Pioneer Award, Asian American Chamber of Commerce (St. Louis);
Presidential Award, Missouri Psychiatric Physicians’ Association;
Exemplary Psychiatrist, NAMI (national chapter), Mortimer Goodwin Award and Heroes in the Fight Award, NAMI (St. Louis chapter);
Most Influential Minority Small Business Leaders, St. Louis Business Journal;
The Prestigious Missourian Award by the Governor of Missouri.
For Psychiatry, Our Bell Tolls for the Loss of Carl Bell, MD
H. Steven Moffic, MD

IN MEMORIAM
On August 2nd, 2019, the “bell” of an incoming message rang on the list-serve of the American Association of Community Psychiatrists. Our renowned colleague, Carl C. Bell, MD (October 28, 1947 – August 2, 2019), had unexpectedly died at the age of 71, cause unknown (as of August 5). The day after his death, two unprecedented mass shootings occurred, the kind of interpersonal violence that Dr Bell always tried to prevent in his professional life.

Perhaps never did a last name resonate so much with the work of a psychiatrist. Carl sounded the alarm for so many other concerns and challenges, such as:

- Fetal Alcohol Syndrome
- Criminal Justice
- Multicultural Psychiatry
- Isolated Sleep Paralysis
- Misdiagnosis of Bipolar Disorder
- Trauma and Its Aftermath

He brought attention to these concerns in many ways. He wrote scores of articles and books. He presented at many professional meetings and appeared on public media much more often than the typical psychiatrist. Most psychiatrists tend to be private and not too colorful. Dr Bell was neither. With his snazzy hats, worn indoors, he was easily recognizable. Whenever I spoke on a panel with him, I could not only look forward to a lively discussion, but somewhere and sometime during the meeting he was going to give a lesson on the Tai Chi that he had mastered along with karate.

Trauma Associated With Living in Violent Neighborhoods, By Carl C. Bell, MD

None of these activities slowed him down much from his everyday clinical work in Chicago. When the South Side Community Mental Health Council center that he helped found was suddenly closed in 2012 in a controversial decision by the State of Illinois, Dr Bell sat outside, waiting to see potential patients with his laptop and prescription pad. Like most administrators and leaders in community psychiatry, he faced ethical challenges of how to respond to inadequate resources.

No wonder that he was one of the rare psychiatrists to be featured in People magazine. Actually, I know of no other. In a March 21, 1988 article. “Chicago's Dr Bell, Gang Member Turned Psychiatrist, Mounts An Offense Against Black-on-Black Violence,” Dennis L. Breo wrote about his life up to that time. Maybe they will do so again. I wouldn’t even be surprised if a future comic strip, similar to the Marvel Comics he loved, came out based on his life as a super psychiatrist, pursing truth and justice the psychiatry way.

In the meanwhile, he left us a collection of his writings as of 2004 titled The Sanity of Survival: Reflections on Community Mental Health and Wellness (Third World Press). He also left many students who he mentored.

The famous saying by John Donne, “for whom the bell tolls,” was part of a sermon and later used as the title of a famous novel by Ernest Hemingway about another idealist. John Donne said that the bell of a death tolled for all. Carl's bell tolls for us psychiatrists, our patients, and all the social justice issues that he addressed. Let us honor him by discussing his work and helping to bring it even further along.

Reprinted from Psychiatric Times
At the age of eleven, I began nannying younger children in my neighborhood. A child myself, I started learning as much as an eleven-year-old could about the care of children. But what started as a six dollar an hour job developed into an interest that morphed into an extended rite of passage to a career in Child and Adolescent Psychiatry. I continued to nanny throughout high school and college, using the money I made to pay for an undergraduate and graduate education in Public Health while finding opportunities throughout my academic career to work with children of various abilities and backgrounds. As an undergraduate student, a pre-medical colleague and I established the Collegiate Honors Preparatory Program, a still-active ACT tutoring program for students attending St. Louis City high schools. As a graduate student, I developed an immunization campaign for implementation in underserved public schools. I learned more about delivering healthcare to this population and, because of my love for working with children, attended medical school with thoughts of practicing Pediatrics. This changed when a professor suggested I do not only what I love but also what I am good at; and in many ways, psychiatry chose me as much as I chose it. In the clinic, I observed how deteriorating mental health manifests as physical disease. It fascinated me that implementing interventions to restore mental well-being caused a cascade of physiological responses that improved a patient’s physical health. Within the variety of medical disciplines, I found a pattern in the patients I was naturally drawn to. During a rural pediatric rotation, I focused on depression in a sixteen-year-old girl in foster care hospitalized primarily for abdominal pain; in surgery, I attended the psychiatric consult of a patient receiving a double mastectomy; in obstetrics/gynecology, I researched plans for a mother-of-two exhibiting signs of post-partum depression. As determined as I was to learn from every discipline of medicine, I was drawn to sitting with patients, listening to their narrative, and advocating for them in vulnerable situations. During a sub-internship at the Queen’s Medical Center through the University of Hawaii, I spent a month working with children and adolescents in an acute inpatient and residential care unit. There, I met a twelve-year-old boy with Autism who had been in and out of the facility for over a year. I watched in awe as he improved with the implementation of medicine, behavior planning, and therapy from undressing and running in the halls on the day of admission to sitting appropriately next to his father during visiting hours. I realized that my desire to intervene early and advocate for a patient’s mental health would allow me to contribute most to the medical community.

During Adult Psychiatry Residency inpatient rotations, I learned the importance of asking questions about a patient’s childhood development to better understand presenting symptoms and chronic illnesses. In the outpatient clinic, patients often referenced their childhood and adolescence as they reflect on what brings them to see a psychiatrist. And for as much as I have enjoyed this Adult Psychiatry experience, it is my hope to interact with patients before they reach adult stages of their disease. During my Child and Adolescent Psychiatry rotations, I worked with patients requiring inpatient psychiatric consultation as well as patients requiring outpatient treatment. I remember reviewing the chart of a ten-year-old boy who had been born to parents with substance use disorders and placed in multiple foster homes during his first years of life before being adopted by one of his teachers in early elementary school. Reading through the various medication trials, I was unsure of what to anticipate from this patient. I was fortunate enough to see this patient twice during my rotations and was impressed at the disciplined, articulate child in front of me whose behavior, per his adopted mother, was largely credited to the psychiatrists who had worked to treat him with medication and therapy. Through patients like these, I found myself most at home working in Child and Adolescent Psychiatry.

First developed in my childhood days as a nanny, my interest in caring for children has led to undergraduate experiences teaching children, graduate school public health initiatives supporting children, and a medical career dedicated to understanding and treating mental illness in children. I have been fortunate to have many great opportunities that further developed the strengths I first displayed as an eleven-year-old. I aim to continue my growth with the goal to maximize various aspects of my education to address the mental health needs of underserved, underprivileged child and adolescent populations.
Retaining medical records may be important for a variety of reasons, such as understanding what medications the patient was on previously and compliance with treatment. In the event of an adverse outcome, this information may be vital in the defense of a lawsuit.

Additional factors affecting the length of time that medical records must be retained may include:
- Whether the patient is an adult or a child/adolescent;
- Laws related to retaining a patient’s medical record after his or her death; and
- Whether an outpatient provider or hospital holds the records.

Psychiatrists often ask how long they must keep a patient’s medical records. Psychiatrists must retain their patients’ medical records for the required period of time under state law (HIPAA does not include medical record retention requirements). Records should also be retained for as long as the state’s statute of limitations for medical negligence. Keep in mind that in some states, the statute of limitations period runs longer than the state’s record retention requirement. Also, note that record retention requirements for minors are typically different from those for adult patients. If you have questions, contact your local attorney, risk manager or state board of medicine.

Disposing of Records
When it is no longer legally required and you no longer wish to retain the records, it is important that you dispose of the patient’s protected health information ( PHI ) contained in the records in compliance with federal and state laws. Under HIPAA, Covered Entities ( CEs ) must implement policies and procedures to address records disposal, both for electronic and paper records. Moreover, under HIPAA, any employee ( or volunteer ) involved in disposing of PHI must receive training on proper disposal.

Although HIPAA does not specify a particular disposal method, CEs are expected to take reasonable precautions to protect PHI from improper disclosure during disposal and are not permitted to simply abandon/dispose of records in publicly accessible containers.

Examples of proper disposal methods may include:
- Shredding, burning, pulping, or pulverizing the records so that PHI in paper records is rendered essentially unreadable, indecipherable, and otherwise cannot be reconstructed.
- Maintaining labeled prescription bottles and other PHI in opaque bags in a secure area.
- Using a disposal vendor as a business associate to pick up and shred or otherwise destroy PHI.
- For electronic PHI, clearing (using software or hardware products to overwrite media with non-sensitive data), purging, demagnetizing, or destroying through methods such as disintegration, pulverization, melting, incinerating, or shredding.

There may be other suitable methods for destruction and psychiatrists should consult with a local attorney and/or risk management professional to determine current state and federal requirements for proper disposal of PHI. Additionally, if using an outside vendor to assist with the disposal, a business associate agreement should be in place prior to the vendor assuming possession of the PHI.
Why is MPPA PAC Import
Jo-Ellyn M. Ryall, MD
MPPA PAC Chair

Missouri Psychiatric Physicians Association represents psychiatrist throughout Missouri.

One of the most important functions of our organization is to educate the Legislators so that they will pass bills that are protective of our patients and our practice.

There are several ways to interact with our Senators and Representatives. These include getting to know your Senator and Representative by meeting with them in Jefferson City during our Legislative day or in the district, writing e-mails, texts, tweets, letters or calling them about our take on certain bills and contributing to their campaign fund. You can also go to Jefferson City to testify on certain bills and our lobbyist Randy Scherr will be happy to help you. However, if you are busy working, and do not want to give up a day at the office you can still participate.

The MPPA PAC is a way that we collect money to distribute to our elected officials to encourage them to listen to us. We have a lobbyist who works with the MO State Medical Association and often coordinates lobbying on certain bills. See the article on how you can contribute.

Although it is August 2019 and the elections are in November 2020, it is not too early to support candidates who supported our legislative goal and to make new friends.

I went to a Legislative update sponsored by Missouri State Medical Association in July. Bob Onder, a Republican Senator from St. Charles spoke to us and reminded us that it is very important to contact our legislators. They are contacted by many constituents and organizations some on the opposite side of medicine. Get to know your legislators and contribute to their campaign funds. That way when a bill comes up and you want to be heard, you will be heard.

Our lobbyist Randy Scherr told us that 17 Senators are up for election and 11 are retiring because of term limits. That is 1/3 of the Senate who will be new. The entire house is elected every 2 years. We have a chance to make new friends.

In the last election cycle our PAC supported 5 candidates in the primary and 4 advanced to the general election. We then were able to support them again and they were successful. This was because we had a small amount in our PAC account.

I am urging all the MPPA members to join me in supporting the PAC so we can help more of the candidates get to know us and hopefully listen to us about bills that are important to Psychiatry.
Missouri Psychiatric Physicians Association
Fall Conference Poster Session
Saturday, September 28, 2019

Poster Guidelines:
Posters allow the presentation of research information by an individual or representatives of research teams. They may also be used to describe an illustrative case/case series and brief review of the relevant literature.

Posters that have been previously presented within the last year, or that represent work that has been submitted for publication elsewhere will be accepted.

The poster session will be during the MPPA fall conference. At least one author is required to attend and be present throughout the session to discuss the poster with attendees/judges.

Posters will be accepted from the following categories of attendees:
1. Medical Student (trainee)
2. Psychiatry Resident (trainee)
3. Psychiatrist
4. Allied Health Professionals (Nurse practitioner, Physician Assistant, Social Worker, Nurse etc)

Trainee Posters:
To be considered a Trainee Poster and be eligible for a Trainee Poster Award, a trainee (Resident/Medical Student) must be a substantial contributor to the work, the first author on the abstract, and the presenter of the poster at the APM meeting.

Poster Format:
Posters are to be 4ft wide x 4ft tall.
The title of the poster should be at the top of the poster, printed in capital letters, and the names of the presenter and co-authors should be printed in the line below it with the degrees of each and the academic affiliation of the presenter (when appropriate).

Deadlines:
1. July 23, 2019: MPPA begins accepting submissions
2. September 6, 2019: Submissions close
3. September 12, 2019: Authors informed of acceptance of posters for presentation
4. September 28, 2019: MPPA Fall conference

Abstract Guidelines:
Word Limit: 250 words (including references, excluding title and author information)
MPPA recommends the following organization and section headings for oral papers/poster abstracts, but you may supplement these sections with others of your own. Do not include author details in the body of your abstract.

⇒ Background: One or two sentences to set the context of your work and justification for why the project was necessary. Refer to published work, e.g. (Levenson, 2011). Full references go at the end of the abstract (see below). The aim should be clearly stated at the end of the background, not in the methods.

⇒ Methods: Describe what you did clearly and concisely. If applicable to your work, describe the study design (e.g. randomized controlled trial, cross-sectional survey, etc.); give subject details and how they were recruited; and explain what methods and statistical tests you used. There should be a statement about ethical approval if appropriate.

⇒ Results: Write two or three sentences on your main findings. Address the statistical significance of your data.

⇒ Discussion: Discuss your findings in a brief narrative, ideally of no more than five sentences. Explain the meaning of your results, or say how they compare with what you expected, or how they compare with other people’s work.
Conclusion: Give your final conclusion(s) in as brief a narrative as possible. Avoid sweeping conclusions that cannot be supported by your findings.

(Continued on page 15)
References: In general, an abstract should need no more than 2 or 3 references. These should be cited in the text using the first author’s name and year. At the end of the abstract, give the full reference for any publications.

2. Case Presentations/Case Series: Does the case illustrate an important learning point about a common problem, or describe an unusual case or novel treatment approach? Has the relevant literature been appropriately cited?

Poster Selection Process:
Poster Session Sub-Committee:
A subcommittee of the MPPA Scientific Program Committee will review poster abstract submissions.

Poster Selection Criteria:
Posters will be selected based on the following criteria:
1. Research posters: Importance of question being studied, quality of study design and analysis, clarity of conclusions and discussion.

Every attempt will be made to support those who submit posters. The committee may suggest revisions or questions to the presenting author to help clarify any questions that might prevent acceptance. In the event of the number of submissions being greater than the available space, preference will be given to trainee submissions and higher quality submissions, as judged by the Sub-Committee members.
Missouri Psychiatric Physicians Association presents

“Emergent Issues in Psychiatry”
Holiday Inn Executive Center
Columbia, Missouri
Saturday, September 28, 2019

Jointly Provided by the American Psychiatric Association and the Missouri Psychiatric Physicians Association

Preliminary Agenda

**Friday, September 27, 2019**
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 28, 2019**
7:00 - 8:00 am  Registration, Continental Breakfast, Poster and Exhibits Set-Up
8:00 - 9:00 am  **Catatonia**
This lecture will cover the basic history and current literature of psychiatric and medical catatonia that every psychiatrist should know. This talk will highlight the association of catatonia with delirium in critically ill patients, including a review of Dr. Wilson’s recent work from her Delirium and Catatonia Prospective Cohort Investigation (Critical Care Medicine, 2017). This talk will describe treatment approaches for the catatonic patient in various medical environments, taking into consideration medical and psychiatric comorbidities.
Speaker: Jo Ellen Wilson, MD, MPH, Assistant Professor of Psychiatry and Behavioral Sciences, Vanderbilt University Medical Center, PhD Student in Epidemiology, Vanderbilt University

9:00 - 10:00 am  **Delirium**
This lecture will describe the essential history and relevant literature regarding delirium. This talk will cover basics such as: the epidemiology, diagnostic criteria, common screening instruments, morbidity, mortality and treatment approaches to the delirious patient.
Speaker: Jo Ellen Wilson, MD, MPH, Assistant Professor of Psychiatry and Behavioral Sciences, Vanderbilt University Medical Center, PhD Student in Epidemiology, Vanderbilt University

10:00 - 10:30 am  Break to View Exhibits and Posters
10:30 - 11:30 am  **Sexual Orientation and Psychiatry in the Early 21st Century**
Speaker: James R. (Bob) Batterson, MD, DFAPA, DFAACAP, Division of Developmental and Behavioral Health, Child and Adolescent Psychiatry Section Chief, Children’s Mercy Kansas City, Associate Professor, UMKC School of Medicine

11:30 - 12:15 pm  **Poster Session**
Moderators: Balkozar Adam, MD; Azfar Malik, MD
12:15 - 1:15 pm  Lunch with Exhibitors & Poster Awards
1:15 - 2:15 pm  **The Endocannabinoid System: A Clinical Perspective**
The endocannabinoid system, including its cannabinoid receptors, ligands and enzymes, plays an important role in how the brain works. This lecture will look at what the endocannabinoid system does,

(Continued on page 17)
Show-Me Psychiatry

Missouri Psychiatric Physicians Association

presents

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Preliminary Agenda

how it is affected in psychiatric illness and how exogenous cannabinoids, such as THC and cannabidiol can change these effects.

Speaker: Donald D. Bohnenkamp, MD, Associate Professor of Psychiatry, Washington University School of Medicine-St. Louis

2:15 - 2:45 pm Break to View Exhibits

2:45 - 3:45 pm Medical Marijuana in Missouri

Varieties of cannabis plants have been used for centuries for different industrial uses. In Colonial America, cannabis was widely used for manufacturing of rope, fibers, and even fuel. In 1850's medical cannabis started appearing as treatments for a variety of conditions. In the 1900's, US laws were passed criminalize cannabis and describe it having no medical use and high abuse potential. Now, marijuana policies are being re-examined as 33 States have passed Medical Marijuana laws and 11 States have approved recreational use. This lecture will look at historical events that have led to current policies and examine role of physicians during this movement.

Speaker: Arturo C. Taca, Jr., MD, Medical Director, INSynergy

3:45 - 4:45 pm The ED Approach to Psychiatric Patients

This lecture will begin with the historical overview of emergency psychiatry and it effect on Emergency Departments today. An overview of the dangers of ED overcrowding and it relationship with workplace violence along with the medical approach to these patients will be discussed. Literature regarding these issues will be reviewed along with national guidelines. Lastly, alternative destinations other than EDs will be presented.

Speaker: Christopher Sampson, MD, FACEP, Program Director, Emergency Medicine Residency, Assistant Medical Director, MU Emergency Medical Services, Department of Emergency Medicine, Associate Clinical Professor, University of Missouri-Columbia

Accreditation Statement

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 6.0 AMA PRA Category 1 Credit™. 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 2019, 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.
Missouri Psychiatric Physicians Association presents

“Emergent Issues in Psychiatry”
Holiday Inn Executive Center
Columbia, Missouri
Saturday, September 28, 2019
Jointly Provided by the American Psychiatric Association and the Missouri Psychiatric Physicians Association

Registration

Name __________________________________________________ Degree(s)_________________________
Organization ______________________________________________________________________________
Address __________________________________________________________________________________
City, State Zip _____________________________________________________________________________
Phone _______________________________ Email _______________________________________________

CONFEREECE FEES
(Fees includes materials, breaks and lunch.)

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Total Amount Enclosed $ _________

HOTEL INFORMATION
Holiday Inn Executive Center
2200 I-70 Drive SW
Columbia, MO 65203
A block of rooms has been reserved at the Holiday Inn Executive Center at a discounted rate of $109.95 for single or double occupancy. Call 573-445-8531 and mention “Missouri Psychiatric Physicians Association” to receive the convention rate by August 30, 2019.

PAYMENT OPTIONS
(Payment must accompany registration form.)

☐ MasterCard/Visa/Discover/American Express ☐ Check

Card #________________________________________ Exp. Date___________ V-Code_________

Mail registration forms and payment to MPPA, 722 East Capitol Avenue, Jefferson City, MO 65101.
Registrations can be faxed to 573-635-7823 or emailed to missouripsych@gmail.com.
For questions call 573-635-5070.
Deadline for registrations is September 20, 2019.
Please select which category best describes your current professional status.

- Medical Student
- Current Resident
- Practicing Physician
- Other Professional (Nurse, Nurse Practitioner, Physician Assistant, Social worker, Psychologist, Counselor, etc)

Poster Title: ____________________________________________________________
________________________________________________________________________
________________________________________________________________________

First Author Contact Information:
Name: __________________________________ Title: ________________________________
Organization: __________________________________________________________________
Street address: __________________________________ City, State, Zip: _________________
E-mail: __________________________________ Phone: ____________________________

All additional authors (names, degrees, etc):
1. _________________________________________________________________________
2. _________________________________________________________________________
3. _________________________________________________________________________
4. _________________________________________________________________________
5. _________________________________________________________________________

I have submitted all information as if it were to be printed in the Conference materials. If accepted for presentation, I give permission for this abstract to be printed in the conference proceedings.

- Yes, include my information (Check here)

Submission Form and Abstracts must be submitted by September 6th, 2019 to:
Sandra Boeckman, Executive Director
Missouri Psychiatric Physicians Association
722 E. Capitol Avenue
Jefferson City, MO 65101
Phone: (573) 635-5070
Fax: (573) 635-7823
E-mail: missouripsych@gmail.com

Please include with this application your poster abstract that should be 250 words or less. Deadline is September 6, 2019.
APA Calls on Administration to Provide Humane Care for Asylum Seekers at U.S. Border

The American Psychiatric Association (APA) is deeply concerned with the recent reports regarding the conditions children and their families who are seeking asylum at the U.S. border are being held in, and the traumatic affects those conditions will have on their mental health. In response, the APA released this statement from APA President Bruce Schwartz, M.D.:

“Every effort should be made to mitigate the impact of long-term detainment and minimize the number of days that families spend in detention. Scientific studies and clinical experience show that stress and adversity are particularly harmful when these events happen during significant periods of emotional and brain development, such as the first few years of life and adolescence. For example, children who have been exposed to chronic or intensely stressful life events are known to be at increased risk of developing depression, anxiety, and posttraumatic stress disorder as well as long-term developmental, learning and health problems. Separating children from their parents and keeping them in extended custody in overcrowded conditions increases the risks for negative long-term psychological harm.

APA calls on the Administration to follow the Flores Settlement Agreement and hold detainment centers to the maximum safety and compliance requirements, ensuring that these children and families receive humane care.”

Not Just Women: Study Finds Weight Stigma May Be Harmful to Men, Too

Experiencing stigma associated with being overweight may have negative effects on men’s health and mental health, signifying a need to pay more attention to men in an area of research and treatment that usually focuses on women, say researchers in a study published in Obesity.

“More than 20 studies examining health effects of weight stigma in the past five years alone have been limited to women, but very few studies to date have been limited to men,” Mary S. Himmelstein, Ph.D., and colleagues at the University of Connecticut wrote.

In the study, more than 1,750 overweight men with an average body mass index of approximately 27 completed surveys about their experiences of weight-based stigma, such as whether they were teased, treated unfairly, or felt they were discriminated against because of their weight, and how much they internalized these experiences (blamed or stereotyped themselves because of their weight). The surveys also probed whether they engaged in such behaviors such as binge eating and dieting, whether the men had symptoms of depression, and the men’s sense of their health and well-being.

The researchers found that both experienced and internalized stigma were associated with depressive symptoms and dieting behaviors. Experienced weight stigma was associated with binge eating, while internalized stigma was associated with low self-rated health.

“Although there has been increasing attention to the harmful effects of weight stigma, research on weight stigma in men is often neglected,” the researchers wrote. “Our study suggests the need for increased attention to men, both in weight stigma research and among health professionals treating men for a variety of health conditions in which weight stigma may play a contributing role.”

For related news, see the Psychiatric News article "Researchers Examine Link Between Mood, Food, and Obesity."

Reprinted from Psychiatric News
Missouri Psychiatric Physicians
Political Action Committee

Help elect candidates who will represent your interests in the Missouri General Assembly, and state and local campaigns. Join the Missouri Psychiatric Physicians Political Action Committee, MoPPPAC, the political voice of the Missouri Psychiatric Physicians Association.

What is the MO Psychiatric Physicians PAC?
MoPPPAC is an organization that accepts volunteer contributions to help strengthen the Missouri Psychiatric Physicians Association’s (MPPA) participation in elective processes at state and local levels.

Why does MoPPPAC exist?
1. State and local candidates who will advocate for Missouri Psychiatrists need the financial support of the medical community to win elections.
2. The Missouri Psychiatric Physicians Association advocates in the legislative arena with other organizations that have PACs. As long as organizations with interest adverse to those of the Missouri Psychiatric Physicians Association have PACs, the MPA needs one, too.
3. A PAC is part of a balanced strategy for legislative advocacy and political action.

How does your PAC investment affect your bottom line?
Lawmakers’ decisions in areas such as taxation, regulations and health care directly affect the profitability of your practice. Government policy affects not only your business; it affects your patients. MoPPPAC can contribute to a significant number of pro-medicine candidates. By pooling your political contributions with other Psychiatrists, you receive a greater return on your investment.

Who may contribute?
Anyone who wants to help elect candidates who support Psychiatry can contribute to the MoPPPAC.

Who directs MoPPPAC?
MoPPPAC operates under the direction of PAC officers and directors who are members of the American Psychiatric Association and the Missouri Psychiatric Physicians Association. The MoPPPAC Board of Directors may elect other members from time to time to serve as PAC officers and directors.

Who decides how MoPPPAC funds are spent?
The Board consists of officers and directors who serve on behalf of the Missouri Psychiatric Physicians Association. The Board approves all disbursements over $500. The PAC president approves disbursements of $500 or less.

What factors determine MoPPPAC’s support of a candidate?
- MoPPPAC membership input.
- A candidate’s strong voting record on mental health care and other issues affecting the practice of psychiatry and psychiatric patients.
- A candidate’s willingness to support the goals and mission of the Missouri Psychiatric Physicians Association.

MoPPPAC funds are used for purposes that are consistent with the goals and missions of the Missouri Psychiatric Physicians Association and the American Psychiatric Association.

How to Join?
Complete and return the Membership Form to MoPPPAC with your contribution. Note: MoPPPAC can accept only checks and money orders at this time, no credit cards. Maximum contribution is $5,000. Contributions to the PAC are not tax deductible.

MoPPPAC Membership Form

Please type or print clearly.
Name*
Employer*
Street*
City, State, Zip*
Phone
Email

*State law requires that we use our best efforts to collect and report the name, mailing address and employee of individuals who contribute to MoPPPAC.

Enclosed is my check or money order for:
- $365 Dollar-a-Day Club
- $100 Capitol Club
- $250 Speaker’s Club
- $500 Senator’s Club
- $1,000 Congress Club
- $2,500 President’s Club
- Other $________ MoPPPAC Club

The amounts recommended are suggestions only. An individual or medical practice may donate more or less than the suggested amount. The amount donated by a contributor, or the refusal to donate, will not benefit or disadvantage you. Only U.S. Citizens or Green Card holders may contribute. Contributions to the PAC are not tax deductible. Make checks payable to MoPPPAC and return to 722 E. Capitol Avenue, Jefferson City, MO 65101.
Newsletter Advertising Order Form

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

☐ Full Page (7.5” X 10”): $550.00
☐ Half Page (7.5” X 5”): $275.00
☐ Quarter Page (3.75” X 5”): $140.00
☐ Eighth Page (1.8125” X 2.5”): $75.00

Number of Ads: ________________________________________________
Total Price: ____________________________________________________

Company: ________________________________________________________________________________
Contact Name: ____________________________________________________________________________
Address: _________________________________________________________________________________
City, State Zip: _____________________________________________________________________________
Phone: _____________________________ Email: ________________________________________________

Mail order form and payment to MPPA, 722 E. Capitol Avenue, Jefferson City, MO 65101
Make checks payable to the Missouri Psychiatric Physicians Association
Send ad submission to missouripsych@gmail.com
If you have questions, contact Sandy Boeckman at missouripsych@gmail.com or 573-635-5070

Missouri Psychiatric Physicians Association

Medical leadership for mind, brain and body.
Media Benefits for MPPA Members

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

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

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

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

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

Letters to the Editor

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

Newsletter Submissions

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

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

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Guidelines for Submission to Show-Me Psychiatry Newsletter

1. All submissions will be sent via email to Sandy Boeckman at missouripsych@gmail.com who will then forward the submission to the newsletter editor.

2. The length of the article should be between 600-1200 words. In addition to the article, up to five references may be added.

3. At the end of the article, the author should include a statement clarifying the presence or absence of a conflict of interest related to the article.

4. If the article includes clinical information, the author should make a statement that the identifying information of the patient has been changed and he/she has obtained the permission of the patient and/or guardian prior to publication.

5. The article will be edited by the newsletter editor. The author may be asked to clarify some information, and address comments made by the editor. The revised article will be emailed back to the editor for final review and approval.

Submission Deadlines

February 15
May 30
August 15
November 15

Advertisement Information

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

Fall Conference

General Membership Meeting and CME Training

Holiday Inn Executive Center
Columbia, Missouri
Saturday, September 28, 2019