

OKLAHOMA PSYCHIATRY

October, November, December 2020

OPPA HOSTS BUSINESS MEETING, TOWN HALL IN VIRTUAL WORLD

On November 7th the Oklahoma Psychiatric Physicians Association hosted their annual membership business meeting and awards ceremony via Zoom conferencing. However, this year a new component was added. A Town Hall discussion on Benzodiazepines.

BUSINESS MEETING

The business agenda included the recognition of the current officers and councilors-at-large including the two newest councilors who were appointed to fill vacancies until the 2021-2022 election. Welcome to **Rachel Dalthorp, MD**, Oklahoma City and to **Joseph Michie, MD**, Tulsa. **Harold Ginzburg, MD** was presented the 2020 President's Plaque as a thanks for his service as OPPA President for 2019-2020.

OPPA's newest professional advancements are members who have demonstrated commitment to their profession and the ongoing work of the OPPA and the APA. Honored with a new *Distinguished Fellowship* in 2020 is **Britta Ostermeyer, MD** and honored with a new *Fellowship* is **Samuel Martin, MD**. Dr. Beaman ask members to consider applying for Fellowship and for Distinguished Fellowship in the APA when applicable. Honored this year with *Life Memberships* are **David Linden, MD**; **Theresa Garton, MD**; and **Deanna Storts, MD**. Honored this year with *Life Fellowship* is **Jahangir Ghaznavi, MD**.

Betty Pfefferbaum, MD, JD and **Phebe Tucker, MD** were each honored with a special commendation for their 25-years of pioneering research on disaster trauma from the Murrah Federal Building bombing in Oklahoma City on April 19, 1995.



Pfefferbaum

Dr. Pfefferbaum was thanked for presenting *Children and Terrorism: 25-Years after the Oklahoma City Bombing* and to Dr. Tucker for presenting *1995: Recalling Effects of Terrorism a Quarter of a Century Later*

during the July 18th CME Zoom Webinar. These presentations discussed research they each conducted in the aftermath of that horrific event.

Committee reports included APA Delegates Shree Vinekar, MD and Harold Ginzburg, MD reporting the Area 5 and the APA Assembly were also meeting this weekend. The APA has decided all 2021 meetings will be held virtually. After a letter from residents and junior faculty was received by APA staff regarding systemic racism in the APA, a task force was created to work toward eliminating any racial discrimination within the APA structure.

Dr. Art Rousseau, Legislative Chair, reported this last legislative session was difficult due to Scope of Practice issues plus the COVID-19 pandemic. We did well with scope of practice and on November 1st we have an official Parity Bill in Oklahoma. This law mirrors the federal bill.

Dr. Jason Beaman, Membership Chair, reported the OPPA has gained 17 new members, almost all are resident fellow members. However the overall number of OPPA members is down 18 from the previous year. The OPPA currently has 202 members.



Tucker

What's inside?

OK Firearm Legislation	2
Free CME Webinar	5
In Memoriam E. G. Shadid, MD	6
Membership Update	7
In Memoriam: A. Kowalski, MD	7
Intro to APA Assembly	8
Executive Council Scoop	9
Save the Dates	10

Officers 2020-2021

- President
Jason Beaman, DO
- President-Elect
Shannon Thomas, DO
- Vice President
Britta Ostermeyer, MD
- Secretary-Treasurer
Tessa Manning, MD
- Parliamentarian
Shree Vinekar, MD
- APA Assembly Delegate
Shree Vinekar, MD
Harold Ginzburg, MD
- 1st Councilor
Harold Ginzburg, MD
- 2nd Councilor
Jay Lensgraf, MD
- 3rd Councilor
Heather Geis, MD
- Councilors
J. Bryan Cates, DO
Robyn Cowperthwaite, MD
Rachel Dalthorp, MD
Hashib Faruque, MD
Joseph Michie, MD
Courtney Nixon, MD
Jed Perdue, MD
Art Rousseau, MD
Lauren Schwartz, MD
Haiwang Tang, MD
Ashley Walker, MD

SEE TOWN HALL ON PAGE 10

RECENT OKLAHOMA FIREARM LEGISLATION IS IN OPPOSITION TO THE APA'S EFFORTS TO REDUCE FIREARM VIOLENCE AND SUICIDES IN OUR COMMUNITY

by Tessa Manning, M.D.

Editor's Note: Dr. Tessa Manning is an Assistant Professor in the Department of Psychiatry at the University of Oklahoma School of Community Medicine and currently serves as the Medical Director for Consultation-Liaison Psychiatry. She completed her bachelor's degree in Biochemistry from the University of Oklahoma and Medical degree and Psychiatry residency at UT Southwestern Medical School in Dallas. Dr. Manning is board certified by the American Board of Psychiatry and Neurology and the American Board of Preventative Medicine in Addiction Medicine. She is a member of Mom's Demand Action for Gun Sense in America.



Manning

It seems that every time a gun violence incident erupts in our country, the first call to action is to increase access and funding for mental health care. As a psychiatrist who works daily with the severely mentally ill in Oklahoma, I can confidently assert that improving our mental health care system is necessary for many reasons. Oklahoma is currently ranked 41 out of 50 nationally for access to mental health care.¹ However, I feel it is important to set the record straight – increased access to mental health care treatment alone is not going to solve the gun violence crisis in our country.

Psychiatric illness is not more prevalent in the United States than anywhere else in the world. Yet, rates of gun violence in the US vastly exceed those of any other developmentally comparable country.² It has been four years since the American Psychiatric Association adopted a policy calling gun violence in the US a “public health crisis” requiring comprehensive public health response and solution. In the US, popular and political discussions frequently focus on the causal impact of mental illness in the aftermath of mass shootings. In the wake of the Newtown disaster, National Rifle Association President Wayne LaPierre floated the idea for a “national registry” of persons with mental illness.³ However, less than 5% of *all* violence, not just gun violence, is attributable to persons with mental illness.⁴

Actually, people with severe mental illness are much more likely than the general public to be *victims* rather than perpetrators of violence.⁵ They are also more likely to die by suicide than the general population.⁶ It is important that in the middle of debates regarding gun legislation, we also consider that 61% of all gun deaths in our country are suicides.⁷ Unfortunately, over the past decade the problem is only getting worse; the US firearm suicide rate has increased by 19%.⁷ Gun suicides in the US account for 50% of all suicide fatalities.⁷ In Oklahoma, 68% of gun deaths are suicides, seeing a similar increase of 19% in the last decade as the rest of the U.S.⁷ However, compared to all other states, Oklahoma has the 7th highest rate of gun suicides in the country.⁷

A suicide attempt with a firearm is more likely to be fatal than most other means.⁸ In a study of case fatality rates in the U.S., 91% of suicide attempts by firearms resulted in death.⁹ Conversely, less than 5% of people who attempt suicide using other methods will die, and the vast majority of all those who survive do not go on to die by suicide.¹⁰ A study of patients referred to a psychi-

atric hospital following a suicide attempt showed that almost half reported *only 10 minutes* between the thought of suicide and the act.¹¹

This impulsivity related to suicide attempts is the reason why the *availability of lethal means* is such an important topic. There seems to be a popular belief in the *inevitability of suicide* that would argue against the usefulness of means restriction. According to this view, a person determined to die by suicide will likely just substitute one method for another or delay the decision until the time when another means becomes available. However a large body of evidence now shows that means restriction not only reduces suicides by that method but also reduces overall suicide rates.^{12,13} Moreover, when a highly lethal method such as a firearm is not available, the substituted method may be far less lethal, thereby increasing the chances of survival.

The availability of guns in the community is an important determinant of suicide attempts by firearms.⁸ Having access to a firearm triples one's risk of death by suicide; this applies to the gun owner and everyone in the household.¹⁴ In 2017, the United States made up 4% of the population of the world but represented about 46% of the civilian ownership. Additionally, gun ownership per capita in the United States is more than six times higher than rates in other similarly wealthy countries.¹⁵ States with high rates of gun ownership have a much higher rate of suicide by firearms than in those with low ownership rates.¹⁶

A number of states have enacted extreme risk protection orders or “red flag” laws that allow family members and in some states mental health professionals to petition a court for an emergency order to allow law enforcement to separate an individual in crisis, whether that individual has a mental illness or not, from his or her firearms. Far too often, law enforcement, health professionals, or family members see warning signs that a person with access to guns may be a threat to themselves or others but are helpless to do anything about it. If a petition is filed, a hearing is held within a specified number of days so that the respondent receives full due process. If the court upholds the final order, the individual will not be allowed access to firearms for a specified amount of time, after which the order expires.

Nineteen states have already enacted these laws and research in these states is very clear – these laws are saving lives. The Indiana firearm seizure law was associated with a 7.5% reduction in firearm suicides in the 10 years following its enactment. Connecticut saw a more robust reduction in firearm suicide rates of 13.7%.¹⁷ Studies in both states found that one suicide was averted for approximately every 10-11-gun removal carried out under the red flag laws.¹⁸⁻¹⁹

Despite the evidence that red flag laws are lowering firearm suicide rates, Oklahoma became the first state to pass an Anti-Red Flag Law in May of 2020 that basically prevents communities from imposing rules to temporarily remove guns from

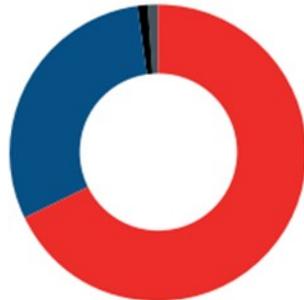
SEE OKLAHOMA FIREARM LEGISLATION ON PAGE 3

OKLAHOMA FIREARM LEGISLATION

CONTINUED FROM PAGE 2

GUN DEATHS BY INTENT IN OKLAHOMA

- SUICIDE 68%
- HOMICIDE 30%
- UNINTENTIONAL 1.3%
- SHOOTINGS BY LAW ENFORCEMENT N/A
- UNDETERMINED 0.9%

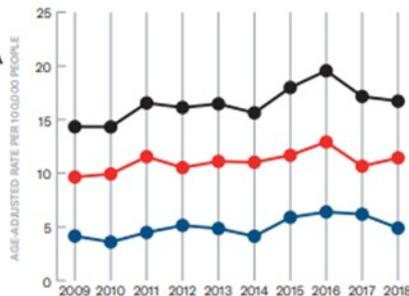


IN AN AVERAGE YEAR, 686 PEOPLE DIE BY GUNS IN OKLAHOMA. WITH A RATE OF 17.4 DEATHS PER 100,000 PEOPLE, OKLAHOMA HAS THE 10TH-HIGHEST RATE OF GUN DEATHS IN THE UNITED STATES.

In Oklahoma, 68% of gun deaths are suicides and 30% are homicides. This is compared to 61% and 36% respectively, nationwide.

GUN DEATHS OVER TIME IN OKLAHOMA

- ALL
- SUICIDE
- HOMICIDE



The rate of gun deaths in Oklahoma increased 17%↑ from 2009 to 2018, compared to an 18%↑ increase over this same time period nationwide.

In Oklahoma, the rate of gun suicide increased 19%↑ and gun homicide increased 18%↑ from 2009 to 2018, compared to a 19%↑ increase and an 18%↑ increase nationwide, respectively.

Figure 1: Gun Violence in Oklahoma. <https://maps.everytownresearch.org/wp-content/uploads/2020/04/Every-State-Fact-Sheet-2.0-042720-Oklahoma.pdf>⁷

people who are at acute risk of violence towards others or suicide.²⁰ Supporters believe this law protects Second Amendment rights and the risk of large scale gun confiscation. Opponents of the law say this was simply an attempt to pander to gun enthusiasts during an election year and only adds to the lack of resources available to keep people at acute risk of suicide safe. This law comes in the wake of the passage of Oklahoma’s 2019 Permit-less “Constitutional” Carry Bill that allows citizens to carry a loaded handgun in public without the need of a permit, without passing a background check, and without completing gun safety training.²¹ The law passed despite 81% of Oklahoma citizens opposing it²² as well as a coalition of 50 state associations, universities, business owners, and law enforcement organizations (along with the Oklahoma State Bureau of Investigation).²³ These laws also stand in complete disregard for the *APA’s Position Statement on Homicide Prevention and Gun Control*.^A

Focusing legislative policy and popular discourse related to firearm violence so centrally on mental illness is rife with problems. This does nothing but create *more stigma* against those suffering from psychiatric illness. It also neglects to consider a host of other narratives that are important to discuss such as the mass psychology of needing so many guns in the first place or the symptoms created by being surrounded by them.²⁴ There is no one simple solution to the firearm violence and suicide crisis in our country and state, but we know that we can start with supporting legislators who agree with the use of universal background checks, closing the gun show and online loopholes, mandatory waiting periods for the purchase of handguns, banning military style assault weapons, requirements for firearm safety training, and limiting ammunition clips.

SEE OKLAHOMA FIREARM LEGISLATION ON PAGE 4

^A American Psychiatric Association; Position Statement on Homicide Prevention and Gun Control, 2017. Position: In view of the increasing violence in our society and the fact that homicide deaths are now a significant contributor to national death rates, and in view of the particular relationships of firearms to homicide and personal injury with the resultant threat to life and security, adding to fears and stresses in a crowded urban society, and in view of the need to reinforce individual and group sanctions against the use of violence as a social instrument, behavioral mode, or adaptational pattern, as psychiatrists have done with drug abuse, suicidal actions, and antisocial behavior, The American Psychiatric Association recommends that strong controls be placed on the availability of all types of firearms to private citizens.

OKLAHOMA FIREARM LEGISLATION

CONTINUED FROM PAGE 3

For now, in Oklahoma, we cannot expect any legislation to be passed to aid with temporary gun removal in patients with acute homicide and suicide risk. Also given that recent legislation has weakened many safeguards against risky firearm access, I don't think we can expect to see any reduction in firearm violence or suicides in our state. However, as psychiatrists, we should continue to advocate and build public awareness about the suicide risk posed by firearm access. We should continue encouraging the responsible storage of firearms in homes to prevent access by children, unauthorized, and high-risk users. We must also continue to talk with our patients about their access to firearms and the importance of safe storage and removal during periods of psychiatric crisis. I intend to continue to support the APA in its efforts to provide education and advocacy for our patients. And importantly, as a private citizen of the state of Oklahoma, I intend to vote for candidates who support state and national efforts to *reduce* the impact of gun violence and suicide risk in our communities. ❖

References:

- Mental Health America. Overall Ranking 2020 Access to Care. Available at: <https://www.mhanational.org/issues/ranking-states>. Accessed 9/18/2020.
- Grinshteyn E and Hemenway D. Violent death rates in the US compared to other high-income countries, 2015. *Preventive Medicine*. 2019 Jun; 123:20-26
- Kliff S. The NRA wants an "active" mental illness database. Thirty-eight states have that now. *Washington Post*. December 21, 2012. Available at: <https://www.washingtonpost.com/news/wonk/wp/2012/12/21/the-nra-wants-an-active-mental-illness-database-thirty-eight-states-have-that-now/>. Accessed 9/20/2020.
- Appelbaum PS. Violence and mental disorders: data and public policy. *Am J Psychiatry*. 2006; 163(8): 1319-1321
- Teplin LA, McClelland GM, Weiner DA. Crime Victimization in Adults with Severe Mental Illness. *Archives of General Psychiatry*. 2005 Aug; 62(8); 911-921
- Bachmann S. Epidemiology of Suicide and the Psychiatric Perspective. *Int J Environ Res Public Health*. 2018 Jul 6; 15(7):1425. doi: 10.3390/ijerph15071425
- Gun Violence in Oklahoma. Everytown for Gun Safety. Updated Feb 2020. Available at: <https://maps.everytownresearch.org/wp-content/uploads/2020/04/Every-State-Fact-Sheet-2.0-042720-Oklahoma.pdf>. Accessed on 9/20/2020
- Shenassa ED, Catlin SN, Buka SI. Lethality of firearms relative to other suicide methods: a population-based study. *J Epidemiol Community Health*. 2003; 57(2): 723-730
- Miller M, Azrael D, Barber C. Suicide mortality in the United States: The importance of attending to method in understanding population-level disparities in the burden of suicide. *Annual Review of Public Health*. 2012; 33: 393-408.
- Owens D, Horrocks J, House A. Fatal and non-fatal repetition of self-harm. Systematic review. *Br J Psychiatry*. 2002; 181:193-199.
- Deisenhammer EA, et al. The duration of the suicidal process: how much time is left for intervention between consideration and accomplishment of a suicide attempt? *J Clin Psychiatry*. 2009; 70(1):19-24.
- Daigal MS. Suicide prevention through means restriction: assessing the risk of substitution. A critical review and synthesis. *Accid Anal Prev*. 2005; 37(4):625-632.
- Hawton K. Restricting access to methods of suicide: rationale and evaluation of the approach to suicide prevention. *Crisis*. 2007;28 (suppl 1):4-9.
- Anglemyer A, Horvath T, Rutherford G. The accessibility of firearms and risk for suicide and homicide victimization among household members: A systematic review and meta-analysis. *Annals of Internal Medicine*. 2014
- Ingram C. There are more guns than people in the United States, according to a new study of global firearm ownership. *Washington Post*. Economic Policy. Available at: <https://www.washingtonpost.com/news/wonk/wp/2018/06/19/there-are-more-guns-than-people-in-the-united-states-according-to-a-new-study-of-global-firearm-ownership/>. Accessed 9/20/2020.
- Miller M, Azrael D, Hemenway D. The epidemiology of case fatality rates for suicide in the northeast. *Annals of Emergency Medicine*. 2004; 43(6): 723-30.
- Kivisto AJ and Phalen PL. Effects of Risk-Based Firearm Seizure Laws in Connecticut and Indiana on Suicide Rates, 1981-2015. *Psychiatric Services*. 1 Jun 2018. Available at: <https://doi.org/10.1176/appi.ps.201700250>. Accessed 9/20/2020.
- Swanson JW, Norko M, Lin H, et al. Implementation and effectiveness of Connecticut's risk-based gun removal law: does it prevent suicides? *Law and Contemporary Problems*. 2017; 80:179-208.
- Swanson JW, Easter MM, Alanis Hrisch K, et al. Criminal justice and suicide outcomes with Indiana's risk-based gun seizure law. *Journal of the American Academy of Psychiatry and the Law*. 2019. Apr 15.
- Anti-red Flag Act. Oklahoma Senate Bill 1081. Enacted 5/2020. Available at: <http://www.oklegislature.gov/BillInfo.aspx?Bill=sb1081>. Accessed 9/18/2020.
- Constitutional Carry Act. Oklahoma House Bill 2597. Enacted 2/2019. Available at: http://webserver1.lsb.state.ok.us/cf_pdf/2019-20%20ENR/hB/2597%20ENR.PDF. Accessed 9/20/2020.
- Survey USA. Oklahoma. Data release date 5/9/2018. Sponsored by Everytown for Gun Safety. Research Study #23838. <http://www.surveyusa.com/client/PollReport.aspx?g=dc8356d0-9ebd-45d7-bfaa-b5b617bea0e4>. Accessed 9/20/2020.
- Oklahomans for Business and Property Owners' Rights Opposes SB 1212. Greater Oklahoma City Chamber. May 4, 2018. <https://www.okcchamber.com/index.php?src=news&refno=1491&category=Chamber+News&submenu=OKCintheHeadlines2&pid=1491>. Accessed 9/20/2020
- Metzl JM and MacLeish KT. Mental Illness, Mass Shootings, and the Politics of American Firearms. *American Journal of Public Health*. February 2015, Vol 105, No. 2.

Additional Reading:

- Soffen K. To reduce suicides, look at guns. *The Washington Post*. July 13, 2016. <https://wapo.st/217MCUx>
- Yip PS, Caine E, Yousuf S, Chang SS, Wu KC, Chen YY. Means restriction for suicide prevention. *The Lancet*. 2012; 379(9834): 2393-2399.
- Lewiecki EM and Miller SA. Suicide, Guns, and Public Policy. *American Journal of Public Health*. January 2013, Vol 103, No. 1.

OPPA MEMBERS OFFERED FREE CME WEBINAR

Join us on Saturday, December 5th for a **FREE** two-hour CME Zoom webinar hosted by the **Oklahoma Psychiatric Physicians Association (OPPA)** and made possible through the generosity of the **American Professional Agency**, a member company of Allied World (*see ad below*). All members of the OPPOA including the local chapters, the Central Oklahoma Psychiatric Society and the Tulsa Psychiatric Association are welcome to attend.

Managing Cyber and Social Media Risks in Psychiatry and ***Minimizing Risk When Treating Suicidal and Violent Patients*** will be presented by **Tracey LeMay, BSN**, Assistant Vice President of the Risk Management Group. She provides risk management consulting services to Allied World's medical professional liability policyholders and insured psychiatrists.

Social media and technology are found everywhere in society today. It is a means of communication, education, entertainment, advertisement and networking. These days, more than ever, patients want more information and prefer to receive and access information usually through electronic means including social media, email, text, etc. The cyber and social media presentation looks at how to manage some of the risks associated with using social media and technology when practicing psychiatry.

Unfortunately, we continue to read about violence throughout our nation. We are in the midst of a heightened national conversation about violence, suicide, guns and mental illness in the US. Fair or unfair, the public has charged those working in the mental health field with the task of safeguarding society from violence. The presentation on treating suicidal and violent patients will discuss the use of weapons by patients, both in terms of violence toward themselves and to third parties as the risk of self-harm via firearm is just as much of an issue as violence to a third party via firearms. Practical risk management strategies that can be used right away to help lessen liability exposures will also be reviewed.

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 Oklahoma Psychiatric Physicians Association. The APA is accredited by the ACCME to provide continuing medical education for physicians.

Designation Statement: The APA designates this live activity for a maximum of **2.0 AMA PRA Category 1 Credits™**. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Registration is Required. To Register [Click Here](#)



We've Got You Covered

American Psychiatric Association's Endorsed Professional Liability Insurance Designed for Psychiatrists in all types of practice

Since 1984, we have been providing psychiatrists with exceptional protection and personalized service. We offer policies for individuals and group practices, which can include all disciplines in the mental health field.

Our dedicated team of risk managers are available for emergency consultations 24/7 and other practice related inquiries during regular business hours. We do not surcharge for claims and there is no deductible.

(All discounts, coverage features and rating are subject to individual state approval.)

Visit us at ApaMalpractice.com or call **877.740.1777** to learn more.



American Professional Agency
LEADERS IN PSYCHIATRIC MEDICAL LIABILITY INSURANCE

ENDORSED BY THE
**AMERICAN
PSYCHIATRIC
ASSOCIATION** 

IN MEMORIAM

ERNEST G. SHADID, MD

Oklahoma psychiatry lost a champion for his profession, a mentor to many, and a dear friend with warmth and wisdom when Ernest G. Shadid, MD, passed away on September 23, 2020, at the age of 90.

Born in Elk City, Oklahoma, to George and Nerose Shadid on December 26, 1929, he developed an interest in human behavior at an early age, for which he remained intrigued his entire life. This curiosity led him to pursue a degree in Psychology, graduating from the University of Oklahoma in 1950. He then enrolled in and obtained a medical degree from the University of Oklahoma School of Medicine. In his desire to deepen his knowledge regarding human behavior, he entered the psychiatric residency training program at the Menninger School of Psychiatry in Topeka, Kansas.

In 1957 after one year, he was drafted into the United States Air Force and was assigned to the U.S. Air Force Mental Hygiene Clinic at Lackland, Air Force Base, working with WW II veterans. After completing his service, Dr. Shadid returned to his psychiatric residency training by entering the program at Central State Hospital where upon completion of his residency in 1961, he became an integral part of the hospital's medical staff as Director of the Outpatient Department working along-side Dr. Hayden Donahue, who was the hospital's Superintendent and Director of Oklahoma Department of Mental Health.

Dr. Shadid remained at the hospital, assuming a variety of positions, until his retirement in 2005, most notably, his over 40-year tenure as Director of the Central State Griffin Memorial Hospital's Psychiatric Residency Training Program. Under his leadership and guidance as residency director, more than 300 psychiatric residents were trained and educated, all who benefitted from his knowledge, mentoring, counsel, and expertise in the field of psychiatry. He also maintains the distinction as being the longest tenured director of a psychiatric residency training program in the United States.

Dr. Shadid, who attained the honor of *Distinguished Life Fellow* in the Oklahoma Psychiatric Physicians Association and American Psychiatric Association, joined the organizations in May 1960. He was elected a member of the Oklahoma Psychiatric Physicians Association Executive Board in 1965 serving for 10 years including a term as President in 1969-70. He was also an Emeritus Fellow in the American College of Psychiatry.

His contributions to mental health in Oklahoma extended beyond his teaching abilities, such as serving as the Chief Medical Officer for the Oklahoma Department of Mental Health and Substance Abuse Services for over 40 years. Most importantly, he was known as a compassionate and empathetic practitioner



who embraced and advocated for the marginalized especially the mentally ill. The Donahue-Shadid Psychiatric Alumni Society for psychiatric residents and friends, is named after Drs. Donahue and Shadid in recognition of their years of dedicated service to the mentally ill of Oklahoma.

Not one to rest on his laurels, Dr. Shadid decided to write a book. *A Book of Common and Uncommon Sense* by Ernest G. Shadid, MD was published in 2011. It is an easy to read and easy to understand compilation of theories, examples and explanations of human reactions and behaviors.

"This book continues to be a rough draft as are most things in life; it might never be finished because learning is never finished," Dr. Shadid said upon publication. "When people interact, they use both their common and uncommon sense. Common sense is what we are consciously aware of and uncommon sense is based on unconscious thinking, experience, and feelings. Without understanding a person's past experiences, their reaction to a situation may be misinterpreted, causing anxiety or stress. If one is able to understand the differences between common and uncommon sense, they may find their relationships with others more pleasant. This is not a scientific document. These are observations, thoughts and clinical examples made over a 50-year practice in psychiatry."

Sonny, as friends and family knew him, married Joyce Cohlma, and they shared 65 years together until her death in 2018. Together they raised four children, of which three followed in his footsteps becoming psychiatrists.

His wife, Joyce, parents and four sisters preceded him in death. His children survive him: Larry (Cecilia) of Dallas, TX, David (Martha) of Tulsa, OK, Dede Bennett (Greg) of Moore, OK, and Greg (Therese) of South Bend, IN; along with fourteen grandchildren; two great-grandchildren; and numerous nieces and nephews.

Memorials honoring Dr. Shadid may be made to the Donahue-Shadid Psychiatric Alumni Society, P.O. Box 722456, Norman, OK 73070, or to the St. Thomas More University Parish, 100 Stinson St., Norman, OK 73072.

Copies of Dr. Shadid's book are also still available for purchase from the Donahue-Shadid Psychiatric Alumni Society, gmhalumni@gmail.com for \$40 each. Online purchase is also available at <https://www.oklapsychiatry.org/shop/>.

As soon as it is safe to gather, the Donahue-Shadid Psychiatric Alumni Society will join his family to host a memorial for Dr. Shadid honoring his life and legacy. Everyone will be invited to attend. ❖

OPPA MEMBERSHIP UPDATE SEPTEMBER 2020 - NOVEMBER 2020

Welcome New Members

Lauren Rogers DO, Resident Fellow, Tulsa
 Jeffrey Owen, DO, General Member, Tulsa *(from Missouri)*
 Thomas Stewart, DO, Resident Fellow, Tulsa
 Patricia Mort, DO, Life Member, Coweta *(from Missouri)*

Administrative Reinstatements

Tessa Chesher, DO, General Member, Tulsa

Goodbye and Good Luck: Transfer from Oklahoma

Shanna Molina, MD, General Member *(to Arkansas)* ❖

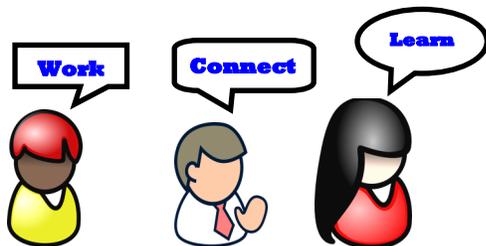
OPPA WORKING FOR YOU!

Dear Colleague,

Healthcare in Oklahoma and across America is facing tremendous hardships and challenges with the COVID-19 Pandemic.

The *Oklahoma Psychiatric Physicians Association* works hard to keep up with the role healthcare plays in the lives of every person fighting to maintain their physical and mental health, their means of employment to feed and nurture their family, and their personal safety and freedom from fear. At the core of every organization is membership—recruitment and retention. Today's psychiatric physicians are a diverse group, from multi-generational to career paths to communication preferences.

Please join us by continuing your membership in 2021.



Working through legislative advocacy this past session, Oklahoma passed **Senate Bill 1718**, requiring insurance coverage for mental illness be on par with what the federal government mandates. With your help we can continue the fight to protect your profession from scope of practice attacks and governmental encroachment on the practice of medicine.

Connect with your peers to decrease isolation and maintain relationships with fellow psychiatrists working for issues benefiting Oklahomans.

Learn by participating in our scientific webinars and conferences from the comfort of your home or office.

**Now is the time to work for Oklahoma,
 our patients and our profession.** ❖

IN MEMORIAM

ANTHONY KOWALSKI, M.D.

Anthony Marion Kowalski, age 89, passed away on August 20, 2020. Born on August 13, 1931 in Milwaukee, Wisconsin, he was the 13th of 14 children born to Maryanna and Francis Valentine Kowalski. Graduating from Marquette University in 1952 with a pre-professional degree in Chemistry, he continued his studies to become a physician, graduating with his medical degree from Marquette University in 1956.



After his internship, due to the Korean War, he was stationed at Fort Sill, Oklahoma from 1957 until 1959. He then served in the Army Reserve, eventually rising to the rank of Major. In 1959, he moved to Topeka, Kansas, for his residency training as a psychiatrist at the Menninger Clinic. He continued work there as a staff psychiatrist and completed training in psychoanalysis, a vocation that he cherished. He and his family moved to Oklahoma City, Oklahoma in 1976, where he established a private practice that served the community for many years.

Dr. Kowalski joined the Kansas District Branch of the American Psychiatric Association in 1962 transferring to Oklahoma in June 1976. In 1982, he received an American Medical Association Physicians Recognition Award. Dr. Kowalski earned the earned his Fellowship in the American Psychiatric Association becoming a Life Fellow in 1995.

A Founding Member of the Dallas Psychoanalytic Society, he taught and supervised clinicians in psychoanalytic training. He loved to travel and he visited all seven continents over his lifetime, relishing the various cultures he encountered. He was a voracious reader and he built a large personal library.

He was preceded in death by his wife Beverly, a daughter and infant son. He is survived by three sons and five grandchildren among other family members. Memorial contributions may be made to the Beverly A. Kowalski Scholarship Fund at Heritage Hall School, 1800 NW 122nd Street, Oklahoma City, 73120. ❖

APA GOING ALL VIRTUAL IN 2021

In consideration of the COVID-19 pandemic, the APA's Board of Trustees determined it would be unwise to hold a large in-person meeting in 2021 since the APA would not be able to ensure the safety of those participating. In reaching this decision, the Board weighed multiple factors, including the health and safety of our members and staff, uncertainty about the future course of the pandemic, the availability of an effective vaccine, and the timing of contract deadlines. Therefore, the Annual Meeting and the Mental Health Services meeting *(formerly known as Institute for Psychiatric Services)* will be held virtually. ❖

AN INTRODUCTION TO THE APA ASSEMBLY

The American Psychiatric Association has a Chief Medical Officer/Chief Executive Officer who works with his Board of Trustees to implement policies and procedures. Each state has at least one District Branch/State Associations. The larger states like New York and California, have multiple District Branches. Representation in the Assembly is based on the size of the district branches (DBs) or state associations (SAs). The minimum of representatives for a DB or SA, to the Assembly, is two. OPAA has a membership of approximately 200, and thus two representatives to the Assembly, Dr. Vinekar and Dr. Ginzburg.

When members have ideas or develop Action Papers, they are introduced by an Assembly member to the Assembly, discussed and voted upon and then referred to a topic specific advisory committee before being forwarded to the Board of Trustees for further review and potential action.

Before COVID-19, the Assembly met twice a year, in the Fall, in November, in Washington DC and in the Spring, usually May, in whatever city the annual APA meeting was occurring. Since March 2020, the Assembly has been meeting virtually, using a video-conferencing system. The APA intends to continue this model throughout 2021.

The APA Assembly reflects, represents, and serves the needs of the members of the district branches (DBs) and state associa-

tions (SAs) and recommends actions to the Board of Trustees. The Assembly is managed by the Speaker with the support of the Speaker-Elect, and the area representatives. Oklahoma is in Area 5, an area which stretches from Virginia to Florida to Texas and Oklahoma on its western boundary. Area 1 includes the New England states. Area 2 includes New York State's district branches. Area 3 includes the Mid-Atlantic States. Area 4 includes the North Central states. Area 6 includes California's district branches. Area 7 includes the Western States and Western Canada. Quebec and Eastern Canada have their own district Branch.

To ensure a wide range of voices and ideas, representatives of the Assembly are selected by their district branches or state associations and by special groups determined by the Assembly. The APA Assembly consists of representatives from the DB/SAs and includes resident-fellows, early-career psychiatrists, minority and underrepresented (M/UR) psychiatrists, and representatives from allied organizations approved by the Assembly. Each DB/SA elects its representatives to the Assembly through its own election process.

Editor's Note: In order for you to see the work of the Assembly, the APA Assembly Notes from the November 2020 meeting are attached at the end of this issue of Oklahoma Psychiatry. ❖

PART-TIME PRACTICE? PAY PART-TIME RATES



PRMS® ensures that psychiatrists working 20 hours per week or less receive the same unrivaled protection and service as those practicing full-time – **at rates up to 60% off.**

Part-time psychiatrists have access to our complete program, which includes a psychiatry-specific policy, a multitude of expert risk management resources and materials, and a claims team experienced in psychiatric litigation should you ever need them.

RICHARD STAGNATO
ACCOUNT MANAGER



Discounts
up to 60%

When selecting a partner to protect you and your practice, consider the program that puts psychiatrists first. Contact us today.

More than an insurance policy

(800) 245-3333 | PRMS.com/PartTime | TheProgram@prms.com



Actual terms, coverages, conditions and exclusions may vary by state. Insurance coverage provided by Fair American Insurance and Reinsurance Company (NAIC 35157). FAIRCO is an authorized carrier in California, ID number 3715-7. www.fairco.com.



The following are highlights from the approved minutes of the OPPIA Executive Council meeting held on Saturday, July 11, 2020 via Zoom Conferencing.

Treasurer's Report (Dr. Tessa Manning) – The second quarter income stands at 58% of budget and included the online sale of one copy of Dr. Ernest Shadid's book, advertisements for PRMS in the remaining 2020 newsletter issues and membership dues. The expenses which stands at 57% of budget included the payment for the two 2020 Benjamin Rush Awards, the yearly computer antivirus program, and post office box rental for one year.

Webinar CME Conference (Dr. Jason Beaman) – Dr. Beaman reminded Council the CME webinar is one week from today. An updated agenda will be sent to all program faculty. Two testing sessions have been scheduled for faculty to practice uploading PowerPoints. The dates are July 13 and 15. Victoria Holloman and Tara O'Connor at OSU Center for Health Sciences will be our webinar hosts.

Suicide Workshop – The Suicide Workshop originally scheduled for Friday March 27th in Tulsa is still on hold due to the Coronavirus. Once it is safe to conduct an in-person meeting and dinner, the program will be reviewed.

Vacant President-Elect Position (Dr. Jason Beaman) – Dr. Beaman discussed the vacant President-Elect position on the Executive Council. A vacancy occurs when a member in officer rotation is unable to continue. After a motion by Dr. Ostermeyer and approval by the Council, the updated slate of officers is Dr. Jason Beaman, President; Dr. Shannon Thomas, President-Elect; Dr. Britta Ostermeyer, Vice President and Dr. Tessa Manning, Secretary-Treasurer.

APA Expedited Grant – An application for an Expedited Grant funded by the APA has been submitted. The grant requests funding for the current electronic telecommunications network environment being used to keep in contact with OPPIA members made critical by the Coronavirus pandemic. The APA Membership Committee will be meeting soon to discuss all grants submitted by district branches.

Annual Meeting 2021 (Dr. Jason Beaman/Dr. Shree Vinekar) – Due to the uncertainty of the Coronavirus extending into 2021, discussion centered on whether to plan an in-person meeting or a virtual meeting. Dr. Beaman noted the SAMHSA grant would still be in place in the spring of 2021 so we could plan on at least part of the meeting in a virtual format. The date of Saturday, April 17th was chosen with the plan to have a part virtual/part in-person conference. OKC would be the in-person location.

Delegate (Drs. Hal Ginzburg/Shree Vinekar) – Dr. Ginzburg reported the recent virtual Assembly meeting was short and well-orchestrated. Dr. Vinekar noted there were no significant action papers. However, the Maintenance of Certification (MOC) is a hot debate. The APA MOC Caucus meets this next week with Dr. Saul Levin, APA Medical Director and Dr. Jeffrey Geller, APA President.

Disaster Task Force – Dr. Beaman noted today disasters are not centered in one location but can extend globally or nationally in nature. The APA *Healthy Minds* campaign is designed to be psychological first aid for mental health effects of the COVID pandemic. Dr. Vinekar noted a special *Helpline* has been established by two pioneering psychiatrists and have a training program in place for helpline volunteers. Dr. Rousseau told council he is on the COVID-19 OSMA task force.

Legislative (Dr. Art Rousseau) – Dr. Rousseau reported the OPPIA newsletter included a summary of the legislative session. He said, "we can sleep better now the legislature is out of session!" It was a fairly good year. The Physician's Assistant bill passed but no change in supervision. The nurse anesthetists and Anesthesiologists worked out their differences. A mental health parity bill was passed, and we thank the APA for their assistance. The psychologist bill and nurse practitioner bills are on the back burner for now.

Dr. Beaman discussed the issue of adding benzodiazepines and gabapentin to the Prescription Monitoring Program (PMP). Discussion included hosting a Zoom virtual town hall discussion/debate regarding the pros and cons of this issue. The point and counterpoint discussion would include Dr. Beaman and Dr. Rousseau with Dr. Ginzburg discussing the Federal position. The APA position will need exploration. Will plan a Zoom program for late Fall with Dr. Shannon Thomas as moderator.

APA Government Affairs – Guest **Marsi Thrash**, Senior Regional Field Director, APA Department of Government Relations, reported on the national advocacy efforts including moving the State Advocacy Conference to a virtual meeting. This will allow for increased attendance. She shared a map which shows the states who have Psychologist prescribing legislation signed into law and states where bills have been introduced. This issue is not going away and is still on back burner in some states. She also shared a map of how the Parity legislation is spreading. Congratulations to the red colored states (including Oklahoma) who now have parity legislation signed into law.

Membership – By July 1st, 22 members had not renewed their dues for 2020. Ten members have moved to other states for a net loss of 32 members this year. Five members have reinstated since January 1st along with one transfer in from Missouri and two new resident fellow members joining.

Resident Program Directors – Dr. Ashley Walker reported the OU-TU School of Community Medicine matched five new residents and graduated four residents.

Dr. Beaman reported for OSU Tulsa. The program matched five residents, four from Oklahoma and one from Kansas and the program graduated its first class of four residents, three of which will stay in Oklahoma with one going out of state to practice.

Dr. Ostermeyer reported for OU Oklahoma City. They matched six residents from in and out of state.

COPS and TPA – No meetings planned due to the Coronavirus.

Meeting adjourned. ❖

Oklahoma Psychiatry

Mailing Address:
P.O. Box 1328
Norman, OK 73070

phone 405.360.5066
oklapsychiatry@gmail.com
Website: <https://www.oklapsychiatry.org>

Oklahoma Psychiatry is a publication of the Oklahoma Psychiatric Physicians Association.

Harold Ginzburg, M.D., J.D., M.P.H., Editor

Renée Davenport Mixon, Executive Director

The Oklahoma Psychiatric Physicians Association, a district branch of the American Psychiatric Association, is a medical specialty society recognized world-wide. Our member physicians specialize in the diagnosis and treatment of mental and emotional illnesses and substance abuse disorders.

TOWN HALL

CONTINUED FROM PAGE 1

Dr. Tessa Manning, Treasurer, announced an APA Expedited Grant for 2021 was applied for and received. This grant was written to assist with funding for telecommunication operations made critical due to the COVID-19 pandemic. It includes one-year of expenses for the ATT telephone and U-verse for email, Zoom meeting and webinar licenses, and website hosting and maintenance on Flywheel. She also noted the APA has sent out the dues billing for 2021. Dr. Manning encouraged everyone to continue their memberships to support work done on behalf of psychiatrists and psychiatry in Oklahoma.

TOWN HALL MEETING—BENZODIAZEPINES

Benzodiazepines: The Next Epidemic? Presented by Dr. Jason Beaman

In his PowerPoint presentation Dr. Beaman stated Benzodiazepines are the new epidemic, the shadow epidemic, the prescription epidemic that no one is talking about. They are also a large contributor to overdose deaths and may be a "hidden element." He questioned, *are benzodiazepines the new opioid?*

Dr. Beaman emphasized the need for psychiatry to take the lead in addressing this epidemic. He identified that the problem is not one of psychiatrists prescribing too much Benzodiazepines, but the primary care physicians.

Dr. Beaman's recommendation is that the OPPA should publicly support a legislative mandate that would require the PMP be checked every 30 days on every Benzodiazepine prescription, but not on refills. The burden to the physician is low and the opportunity to save lives is high.

Changing the Practice of Medicine. Presented by Dr. Art Rousseau

In his PowerPoint presentation Dr. Rousseau stated he agreed with Dr. Beaman regarding problems related to Benzodiazepines and identified two issues that needed to be addressed by the OPPA:

1. Does the OPPA as an organization support writing a position paper on the concerns of prescribing Benzodiazepines.
2. If a position paper is written, would the OPPA support a statutory mandate stating that physicians will be required to check the PMP every 30 days instead of 180 days (as is presently mandated) before writing a Benzodiazepine prescription?

Dr. Rousseau's position was that we should educate our medical colleagues regarding the problems of Benzodiazepines and utilize the Medical Boards to maintain Standard of Care through the present rules and regulations and not support any legislation that would "legislate" the practice of medicine. The problem with statutory mandates include: legislators control the content; they are frequently unfunded mandates; the mandate can include criminal prosecutions and fines; the law becomes extremely inflexible; the Standard of Care becomes less flexible; the mandates are for all physicians; it takes an act of legislation to change it; it increases defensive medicine; may cause doctors to refuse to treat patients; and the law can be misinterpreted by the physician, the public and attorneys.

Dr. Rousseau's recommendation is the OPPA should consider a position paper regarding psychiatry's concerns of the addictive properties as well as the morbidity and mortality of Benzodiazepines. He also recommends that the OPPA should not support a statutory mandate to check the PMP every 30 days before prescribing Benzodiazepines.

DISCUSSION AND PROPOSAL

After discussion regarding the presentations, Dr. Beaman proposed:

The OPPA should write a Position Paper on the safety of Benzodiazepines. The paper will state that the PMP could be helpful but with no specifics and it will not indicate how the OPPA would interact with legislation.

Dr. Hal Ginzburg second. Unanimous affirmative vote. Dr. Beaman will draft the position paper and forward to the Executive Council for comment and edits prior to its distribution to the general membership. ❖

Save the Dates

Friday and Saturday
April 16-17, 2021

Oklahoma Psychiatric
Physicians Association
2021 CME Conference
and Annual Meeting

RAPP Conference Center,
St. Anthony Hospital, Oklahoma City

A Hybrid Program
(Part Live In-Person/Part Live Webinar)
is being planned for 2021.

phone 405.360.5066
oklapsychiatry@gmail.com
<https://www.oklapsychiatry.org>





APA Assembly Notes

November 2020

This digest of events during the November virtual Assembly meetings held via Zoom summarizes the business conducted by the Assembly. Many other reports presented in written form can be found in the Assembly Packet. It is best to download or read these notes online, but they may also be printed and distributed in hardcopy (without access to the web links). You may use it as is, or edit and modify the content to suit your particular needs. Any errors or omissions should be considered unintentional. Corrections and suggestions may be sent to [James A. Polo, M.D.](#)



Speaker/Speaker-Elect's Welcome — Mary Jo Fitz-Gerald, MD



Dr. Mary Jo Fitz-Gerald, MD welcomed everyone to the 93rd Meeting of the APA Assembly. She highlighted that the Speaker, Dr. Joseph C. Napoli, MD, was doing well but unable to attend this meeting. She also acknowledged the help that was provided by numerous individuals from the APA Staff to ensure that this second virtual

Assembly Meeting was a success. In light of the continuing COVID-19 Pandemic, she mentioned that the Assembly Meetings for 2021 were already scheduled to be virtual. New Assembly Members were welcomed and given the opportunity to introduce themselves.

Report of the Nominating Committee — Paul O'Leary, MD



Paul O'Leary, MD joined the Assembly Meeting from Japan. He presented the slate of candidates submitted by the Nominating Committee for the 2020-2021 April election. For Speaker-elect, Dr. Adam Nelson, MD (Northern California Psychiatric Society, Area 6) will be running unopposed. Candidates for Recorder include: Dr. Phillip L. Scurria (Mississippi Psychiatric Association, Area 5) and Dr. Vasilis K. Pozios, MD (Michigan Psychiatric Society, Area 4). No additional nominations were submitted from the Assembly.

APA Position Statements

The following Position Statements were approved by the Assembly: (by consent)

Proposed Position Statement: Suicide Among Black Youth in the United States

Proposed Position Statement: Sexual Abuse of Migrants in ICE Custody

Proposed Position Statement: Growing Fear Over Coronavirus Spread and Mental Health Impact in ICE Detention Centers

Proposed Position Statement: Impact of Cannabis on Children and Adolescents

Proposed Position Statement: Screening and Treatment of Mood and Anxiety Disorders During Pregnancy and Postpartum

Proposed Position Statement: Reducing the Burden of Treatment Plan Documentation

Retained Position Statement: Involuntary Commitment and Related Programs of Assisted Outpatient Treatment (2015)

Revised Position Statement: Medical Necessity

Proposed Position Statement: Abortion and Women's Reproductive Health Care Rights

Retired Position Statement: Abortion and Women's Reproductive Health Care Rights (2014)

Proposed Position Statement: Use of the Terms Client and Provider

Proposed Position Statement: Medicaid Coverage for Maternal Postpartum Care

Revised Position Statement: Ensuring Access to Psychiatric Services for the Elderly

Assembly Action Papers

Action Papers approved during this meeting included:

- ✓ 12A – To create a resource document that will help guide the choice and use of seclusion versus restraints in clinical settings.
- ✓ 12B – To develop and promote a position statement in alignment with the AMA’s policy, “Independent Practice of Medicine by Advanced Practice Registered Nurses” (H-35.988)
- ✓ 12C – To create a resource document that will address personal item access/restriction for psychiatrically hospitalized patients.
- ✓ 12D – To eliminate barriers and expand use of telehealth.
- ✓ 12I – To explore the process of sub-specialty accreditation to determine the feasibility of granting Emergency Psychiatry certification applying a similar pathway as is done for Addiction Medicine certification by the American Board of Preventive Medicine.
- ✓ 12K – To clarify that the “Principles” document does not currently represent the official position of the APA, and that a position statement be drafted that addresses the “Principles” document.
- ✓ 12L – To develop a Position Statement that will address the need for housing and employment opportunities for persons with psychiatric illness to include those with history of criminal activity.
- ✓ 12M – To have the APA expeditiously approve a Position Statement on The Adverse Effects of Misogyny and Gender Bias on the Health of Women.
- ✓ 12N – To fund ACROSS members to attend 2020-2021 Area Council meetings in equitable fashion as all other Assembly members, and treat equally with respect to budgeting support for participation in all Assembly activities moving forward.
- ✓ 12Q – To support joint meetings of the Council on Minority Mental Health and Health Disparities and the Assembly Committee of Representatives on Minority/Underrepresented Groups.
- ✓ 12T – To create a Task Force to explore member interest, as well as the financial, organizational, and public relations implications of changing the name of our organization from the American Psychiatric Association (APA) to the American Psychiatric Physician Association (APPA).
- ✓ 12U – To enhance APA transparency and accountability regarding human and financial resource allocation across all APA components.

Final version of all Action Papers can be found [here](#).

You can view all current and previous Action Papers and track their current status on AITS [here](#).

Additional Items

The following items were voted on and approved:

- ✓ 7.B.1 – The application of the American Society of Clinical Psychopharmacology to become an Allied Organization. (Assembly Committee on Procedures)
- ✓ 7.B.2 – The application of the Clinical Transcranial Magnetic Stimulation (TMS) Society to become an Allied Organization. (Assembly Committee on Procedures)
- ✓ 10.B – The addition of **Prolonged Grief Disorder** to the DSM. (DSM Steering Committee)
- ✓ 14.A – The Proposed Position Statement on *Concerns About Use of the Term “Excited Delirium” and Appropriate Medical Management in Out-of-Hospital Contexts*. (New Business)
- ✓ 14.B – The request that the Board of Trustees provide the Assembly a copy of the consultant report completed by Dr. Marc Nivet, Ed.D. (New Business)

Reports and Next Steps from the Assembly Committees/Work Groups

Reports from Assembly Committees on **Public and Community Psychiatry** (Dionne Hart, MD – chair), **Access to Care** (Consuelo Cagande, MD – chair), and **Procedures** (Dr. A. David Axelrad, MD – chair), as well as all Councils can be found in your Assembly Reports packet.

President's Comments – Dr. Jeffrey Geller, MD



Dr. Jeffrey Geller, MD was provided with very little time to address the Assembly, as the schedule was running late. He chose not to present any slides, and instead addressed a single topic – Racism. He highlighted that this is the fundamental issue that we must address as an organization to ensure that structural systemic racism is eliminated within the APA. He explained that a consultant team will be selected to assess the entire organization. From that assessment, a strategic plan with key recommendations will be developed that will likely take some time to fully implement. He noted that this consultant will have a much broader scope than Dr. Marc Nivet, Ed.D who was asked only to review functions and operational efficiency of the Board of Trustees.

President-elect's Comments – Dr. Vivian B. Pender, MD



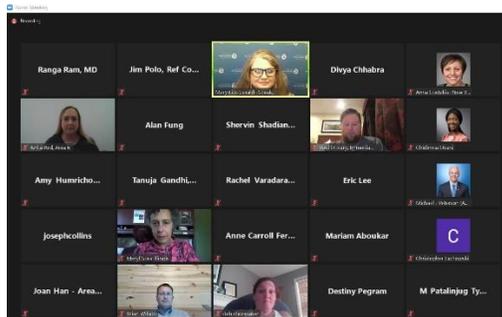
Dr. Vivian B. Pender, MD was also provided with very limited time to address the Assembly. She also chose not to present any slides but did provide an overview of the primary issue that she would like to address during the tenure of her presidency. Dr. Pender will focus on the Social Determinants of Mental Health, as many of these (e.g. racism, ageism, sexism, etc.) often contribute to mental illness and negatively impact diversity, inclusion, and equity. She noted that divisiveness and social unrest leading into and continuing through the recent national election creates both the urgency and opportunity for the APA to lead on this important issue.

Commendations



Commendations to both Dr. Mary Jo Fitz-Gerald, MD (Speaker-elect) and Dr. Adam Nelson, MD (Recorder) who both stepped up these past several months as Acting Speaker and Acting-Speaker-Elect, respectively while our Speaker, Dr. Joseph C. Napoli received medical treatment.

Virtual Moments



Opening by our Acting Speaker



.....and all the way from Japan !

Next Assembly Meeting

April 30 – May 2, 2021 (previously scheduled for Los Angeles, CA) will be virtual.