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President's Column

What Exactly is "Advocacy"?

George Fouras, M.D.

What exactly is "advocacy"?

According to the New Oxford American Dictionary:

Advocate- verb: publicly recommend or support

Advocacy- noun: public support for or recommendation of a particular cause or policy

Over the last 2-3 years, the five district branches of California have been embroiled in a discussion regarding the future of California Psychiatric Association (CPA). Truth be told, this discussion has really been going on since the inception of CPA roughly 30 years ago.

The main theme in all of these discussions is the concept that the scope of CPA has become too broad, and that concerned members would like CPA to transform into an organization with a laser like focus on "advocacy". However, as discussions were ongoing, it occurred to me that the proponents of this reform of CPA were using an extremely narrow definition of what advocacy meant. Since I have not asked them directly, I can only infer from their suggestions regarding lobbying that they see advocacy as something to be addressed reactively rather than proactively. For example, when a concerning bill or proposition arises, then the lobbyist will be engaged to support or defeat the bill in question. This is a rather ill advised approach fraught with peril as the likelihood of failure is quite high, as I will illustrate below.

The CPA has employed Mr. Randall Hagar as the Legislative Affairs Director for more than 10 years. Every year, roughly 2,500 bills are introduced for consideration. Legislative sessions span for 2 years, which means that in a two year legislative session, there are roughly 5,000 bills. Mr. Hagar will then skim the titles on them all for relevance. In addition, he will skim the legislative counsel digest summary on probably 400 of them each year, and actually read 200 all the way through. CPA may then consider positions on 50, or maybe 60 bills, which Mr. Hagar will then read in depth, consult advocacy partners, author's offices etc and make recommendations to the members of the Government Affairs committee of the CPA.

In the last 5 years or so, CPA has become the lead sponsor of approximately 5 bills each year. As lead sponsor of a bill, the CPA must participate in numerous strategic meetings with author, their staff, co-sponsoring organizations, the opposing organizations, and organize key testimony, often provided by a psychiatrist at the legislative hearings. This is a very labor-intensive

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process. Recent CPA sponsored bills include changes to LPS law, Laura's Law, SUD treatment for youth and a statewide bed registry. The CMA estimates that it costs $120 thousand dollars for each bill that it sponsors. Based on this CMA estimate, it is evident that the CPA advocacy effort is incredibly inexpensive.

There are multiple instances in which the CPA has had to restrict its scope of advocacy activities due to limited resources and specific advocacy agenda approved by CPA Council.

One thing that is rarely noted is that the foundation for which someone may successfully lobby is the rapport and reputation that a lobbyist must have with not only the legislator, but also their staff and other coalition partners. This can take years to develop, and is an ongoing process as legislators term out of office and new ones are elected.

Judicial action: While not common, there are times when a law suit is occurring for which the outcome will have a significant effect on the practice of medicine/ psychiatry or adversely affect our patients. In these instances, the CPA may need to file an Amicus Curiae (friend of the court) brief that states what the position of the CPA is on an issue. These are events that are not planned for, but the organization must be prepared to step in as needed.

Political Action Committee (PAC): There is a common misperception that the purpose of the PAC is to influence legislation. This is not only incorrect, but it is also quite illegal.

The main function of a PAC is to help elect legislators with whom the organization believes support the goals of the organization and would be seen as a partner in achieving those goals.

While I do not have statistics to compare, I think I am on safe ground saying that California may have one of the busiest legislative calendars of all of the US states. In addition, laws and policies that are developed and passed in the legislature often become national issues. One clear example of this are the expectations of auto fuel/ mileage efficiency.

Election campaigns have become increasingly expensive over time. This is true not only of the initial election to office, but also re-election as well. Or, when termed out of office, to support the candidate in seeking a different office. The need to raise funds in order to support these candidates is never ending. Furthermore, and it should not come as a surprise to anyone, a candidate who has received financial assistance during a campaign is more likely to pay attention to, or consult with those organizations who helped get them into office. This is yet another aspect of advocacy that can take years to develop a reputation of solid support.

The one point that is common to all three of these forms of advocacy is that they require time and money to develop and maintain. A reputation can, and will, take months and years to develop. But can be destroyed within minutes and days based on the actions and choices that an organization chooses.

Addendum: Since this article was first written, much has transpired. In early Summer, with the abandonment of NCPS from CPA, along with OCPS and SDPS, the CPA became unable to generate revenue sufficient to sustain operations. A council meeting was held on August 31st during which the President, Mary Ann Schaepper, announced the dissolution of CPA. Negotiations with the landlord are occurring now in order to discharge the remaining debt to CPA. However, advocacy is continuing through the efforts of Mr. Hagar. Finally, there are also two parties who are developing organizations to provide statewide advocacy after CPA closes, which is anticipated at the end of September. More information will be forthcoming as details emerge.

Updates from Your SCPS Treasurer

By: Matthew Goldenberg D.O.
SCPS Newsletter Editor

These are unprecedented times, for us and our patients. Between a global pandemic, a looming presidential election and financial market uncertainty, we all have a lot on our plates and a lot on our minds. With those stressors and unknowns in mind, the SCPS Council voted in June to have the finance recommend a framework to balance our budget, while prioritizing our SCPS member services.

As SCPS Treasurer and Chair of the SCPS Finance Committee, I am pleased to share that after two months of discussions, the SCPS Council voted to accept the recommendations of the committee at the August SCPS Council meeting, for the 2021 budget. This action enables SCPS to keep its total dues consistent with 2020, balance the budget, continue to prioritize legislative advocacy with about 25% of total budget and will keep SCPS fiscally solvent during one of the most volatile periods in recent history. There are obvious unknowns for what is instore in 2021. However, SCPS will start the 2021 fiscal year in a very solid fiscal position.

As SCPS Treasurer, I want to thank the finance committee members including William Arroyo, Zeb Little, Katherine Unverferth, Eric Wagreich, Galya Rees, Ijeoma Ijeaku and Rod Shaner for their tireless work in helping to craft the recommendations that were unanimously proposed to the Council. George Fouras, our SCPS president, specifically requested we identify areas that could be cut from our 2020 budget and the committee was able to make significant cuts to the budget without negatively impacting valued member services.

I want to specifically thank Mindi Thelen, our Executive Director, who has helped to streamline our budget and has cutout the need for any outside or ancillary services. She and her husband Tim have taken on tasks such as website coding, newsletter publication and videoing of our meetings and this has led to a significant cost savings for all SCPS members. Their efforts are tireless and often go unnoticed. So please join me in showing our appreciation to Mindi, who next year, will be celebrating 30 years of service to SCPS as our Executive Director!

As Treasurer, I am pleased that having a balanced budget allows SCPS to focus on the future. Our committees can get to work doing the business of our members and our patients. For starters, the SCPS Program Committee is working to take our storied Psychopharm and Advances in Psychiatry meetings into the digital/virtual age. In the coming months, you will hear about their plans to do online meetings during the age of Covid-19. We are all learning new ways to stay connected, during these times of self-isolation and SCPS is no different.

There will be a more robust and complete update of the state of SCPS and the things to come in a letter from the full SCPS council. But for now, I wanted you to be comforted to know that SCPS has a balanced budget and is ready to work with you to advance our field for us and our patients.

The SCPS Newsletter is a perfect forum to connect with your colleagues, share you work and to tell us what is going on in your neck of the woods. Please write in and share your thoughts, we are always eager to republish articles you have written (with permission) or to share original work.

You can write directly to Mindi (scps2999@earthlink.net) or to myself (docgoldenberg@gmail.com)
Matthew Goldenberg D.O.
SCPS Newsletter Editor
Treasurer (2020 – 2022)
Email: docgoldenberg@gmail.com

p.s. I want to take a moment as the SCPS Newsletter Editor to acknowledge that we all stand on the shoulders of giants. This is the first issue of our 69th year of producing the SCPS Newsletter. It is humbling to think of this rich history and tradition that we each follow and the opportunity that we each have to create the future and legacy we want to leave behind. I want to thank everyone who has contributed articles and content to the SCPS newsletter during my four years as editor. I also want to thank Mindi Thelen for her production talents and efforts every month. I would like to recognize both Mindi and her husband Tim for taking the SCPS Newsletter into the digital age a few years ago. SCPS's Newsletter has and will continue to be an important way to stay in touch with colleagues and the pulse of our field. Each SCPS newsletter is a little time capsule of where we are at the moment, as a profession and as a society, and I look forward to many more years of creating that bit of history and our future together.

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A Call to Action…Revisit the Larry P Case

Dear SCPS Members,

As many of you know, the public school system serves as a possible avenue for identifying abnormal and aberrant behaviors in our youth among other things. For our young patients who struggle in school the importance of an adequate and appropriate psycho-educational evaluation cannot be over-emphasized. A comprehensive psycho-educational evaluation includes an evaluation of intellectual capacity, achievement, socio-emotional function and adaptive function. For the Black or African American student, intelligence (IQ) tests are not administered due to the 1984 decision of the U.S. Ninth Circuit Court of Appeals in Larry P. v. Riles (so-called Larry P case), affirming a 1979 U.S. District Court ruling which banned IQ testing for Black students in California public schools.

The lack of intelligence testing among Black and African American students has not solved the problem it was trying to solve in the first place. Rather it has created numerous problems including inappropriate labeling at school and lack of access to adequate and appropriate resources as a result. These affect the trajectories of their lives long after they leave the public school system especially for those students within the lower socio-economic status who have no other means of getting an appropriate evaluation.

Please contact the editor of this newsletter or any of the names listed below to join in this conversation and add your thoughts and ideas to this important issue as we pursue the goal of a more equitable sharing of resources in the school system to ensure that every California student, irrespective of their race, has a free, appropriate public education.

Throughout the years, the California Department of Education has attempted to address the disproportional representation of certain racial groups primarily African Americans within special education programs. For many decades, there exists a bias in special education that places African American students in special education programs. In an attempt to reduce this bias, the Bay Area chapter of the Association of Black Psychologists, Black parents in San Francisco, and civil rights lawyers filed a suit in 1971 representing Black students who they believed had been disproportionally treated/represented in the public school's special education programs. At the time, Black students made up only 9% of the student body yet comprised 27% of the population of students in the special education program labeled as 'educable mentally retarded'.

In 1979, the California Supreme Court ruled in favor of banning all intelligence testing of African American children for purpose of determining special education placement. The case filed against the state of California on behalf of Black or African American parents, argued that the administration of culturally biased standardized IQ tests resulted in a disproportionate number of African American children identified for special education programs. At the time, the ruling judge concluded that IQ tests were culturally biased and racist and were thus responsible for the disproportionate placement of Blacks or African Americans in special education programs. Thus, the case prohibited the use of these tests "for the identification of Black Educable Mentally Retarded children or the placement into Educable Mentally retarded classes". In 1986, this ban expanded to cover all special education categories.

The initial purpose of the ruling was to address the over-represented Black or African American population in special education; however, this continues to be a prevalent issue within the California Department of Education even after the initiation of the ban. With this ban, school psychologists are unable to complete all-inclusive assessments thus hindering long-term prospects of Black or African American students.

As (child) psychiatrists and providers directly involved in the care of children, it is our responsibility to assess the influence of the medical and/or psychiatric diagnoses of these minors on their functionality within the social and school domains. As we execute this charge, we need to be able to assess children's function against the background of their capacity including their intellectual capacity. We need to be able to evaluate the influence of environment on the child's presentation. We need to understand the possible influence of constructs such as the

intelligence quotient (IQ), on the child's ability to comprehend concepts, mitigate stressors and function adequately in the school environment.

Our request is for the:

1. State Board of Education to revoke the ban
2. California Department of Education to no longer enforce the ban

The following list of reasons provide rationalization why the original case ruling is not currently applicable.

1. **"Educable Mentally Retarded" classes are no longer available and is no longer a classification for students.**
   EMR classes were eliminated from the California Special Education system in 1986 (Crowford v Honig, 2992, p. 4). The name of placement classes has changed but ban of I.Q. tests have continued.

2. **Only in California is an intelligence test to a Black or African American student banned by legal policy.**
   All 50 states and territories are under the same federal laws precluding the use of biased or discriminatory tests, however only California maintains a ban.

3. **Other federal courts have found that I.Q tests are not discriminatory to Black or African-American children.**
   A similar case was filed in Chicago and the judged decided in 1980 that I.Q. tests were unbiased assessments. He determined that standardized I.Q. assessments do not discriminate against African American students when used responsibly with other forms of assessment. (*Parents in Action on Special Ed. (PASE) v. Hannon, 506 F. Supp. 831 (N.D. Ill. 1980)*

4. **There continues to be bias and disproportionality towards Blacks or African Americans in special education programs even after the 1979 case decision.**
   Current research points to poverty and lack of opportunity/access, not ethnicity, as the underlying cause of underachievement with household income as the driving force for gaps in achievement. (Reardon 2013 and Sharkey 2013). When examining academic performance of the top and bottom 10% of household incomes for a variety of ethnic groups, the achievement gap is the same regardless of an individual's ethnicity

5. **Psychologists, Psychiatrists and other providers are best qualified to determine appropriate assessment tools, not the court system.**
   It is the responsibility of the psychologist and the primary role of their training to decide on tests that are most relevant to an individual. However, for African- American students, I.Q. tests have been replaced with tests that have not been shown to be more valid for providing information. Through training, providers learn how assessments can provide input on the ideal support and services needed for a student. The ban on I.Q. tests reduces information that contributes to our training goals.

6. **There are increased resources, and placement procedures available to students as well as increased cultural awareness and understanding of all-inclusive assessments compared to what was done in the 1970s**.
   In the 1970s, black students were evaluated based on test scores and unique community challenges of African- American students were not considered. Psychologist Dr. Harold Dent, who testified in the Larry

P court case, pointed out that psychologists had a limited view of how to best assess African American students in the 1970s. At the time, student placement was decided by one test, the Stanford Binet assessment tool. Under the Individuals with Disabilities Education Act, it states “no single procedure shall be the sole criterion for determining an appropriate education program for a child”. A student’s placement should not be based on test scores alone but should consider the student, the family, their circumstances and how the student works within a school environment

7. **Due to ban, there is considerable variation in what psychologists consider alternative assessments and who should not be tested.**
   There appears to be confusion throughout California as to what is currently banned and what is “defined” as an intelligence test. There has been wide variability of corrective actions issued by CDE for the same tests across the state and between districts. Also, the last update issued by CDE on banned intelligence tests occurred in a 1997 Memorandum. Yet this update does not take into account new tests that have been developed or the new research conducted on previous tests leading to new, analytical revisions. The initial ban also vaguely defines African-American students and what defines racial membership. For example, should mixed race students be identified as an African American student? Or should intelligence testing be prohibited for an African American student raised by European American parents?

Sincerely,

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Research and Updates Relevant to Your Practice

A recent article in Psychiatric News, reports that "Burnout Appears Highly Prevalent Among Psychiatrists, Survey Finds". The authors found that there is a high degree of overlap between burnout and depression. They conclude that clinical expertise is needed to distinguish between the two and provide appropriate treatment. The article includes parts of an interview with Richard Summers, M.D., a member and former chair of the APA Workgroup on Psychiatrist Well-Being and Burnout. He stated that "the COVID-19 pandemic has likely exacerbated burnout among psychiatrists and other physicians".

You can read more about their research and the authors offered five recommendations for further research, here: https://psychnews.psychiatryonline.org/doi/10.1176/appi.pn.2020.8b20

The UCLA/Greater Los Angeles VA Psychiatry Residency Training Program

By: Margaret Stuber, M.D. and Weei Lo, M.D.

The UCLA/Greater Los Angeles VA Psychiatry Residency Training Program was revitalized in 2018 with a focus of training compassionate psychiatrists from diverse backgrounds who will become the next generation of physician leaders, advocates, and educators. We are committed to care for vulnerable populations and continue research to improve the health and well-being of the community that we serve. Our training program grew from the UCLA/SFV VA Psychiatry Residency Program and relocated to the current clinical site at West Los Angeles VA Medical Center. Situated on almost 400 acres of land on the west side of Los Angeles, we work with some of the most vulnerable citizens of the community while surrounded by some of the wealthiest parts of Southern California. We offer resources and help for those who have served our country, who are now suffering with substance dependence, recovering from PTSD, or dealing with serious mental illness and homelessness.

West Los Angeles VA Medical Center is our main training facility. This VA facility is a premier hospital, ambulatory care & research center. It has a substance abuse treatment and detoxification program, day treatment and vocational rehabilitation programs, a wide range of general and specialty mental health clinics, as well as a psychiatric emergency service, an active consultation-liaison service, and three inpatient psychiatry units that are always filled. Our first year residents rotate at the Sepulveda VA for Neurology and Medicine rotations. Residents also spend part of their time each year at the UCLA Resnick Neuropsychiatric Hospital, learning how to care for children and adults from a variety of socioeconomic backgrounds. Additionally, we offer an impressive array of outpatient specialty clinics, ranging from psychotherapy focused clinics (Anxiety or Trauma), psychopharmacology focused clinics (Mood or Psychosis), Women's Mental Health, Substance use disorder, Forensic psychiatry, Homeless Patient Aligned Care Teams, and many other innovative clinics for our residents to choose from. Residents learn and practice psychodynamic as well as manualized therapy approaches, such as CBT, and Prolonged Exposure, and group therapy.

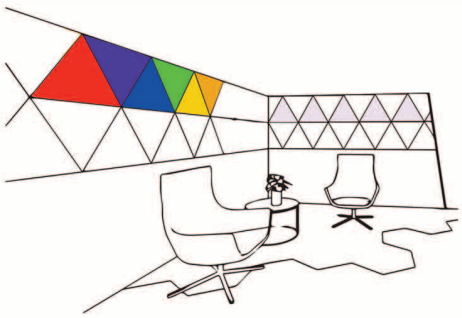
We currently have 25 General Psychiatry residents and 1 Addiction psychiatry fellow. We are also one of the major rotation sites for UCLA fellows in Consultation/Liaison Psychiatry, Forensic Psychiatry, and Geriatric Psychiatry. We supervise and educate UCLA medical students on our inpatient and outpatient services, and provide sub-internship positions for senior medical students. We also provide mental health training for Physician Assistant students from Charles Drew University, and Substance Abuse training for UCLA/Kern psychiatric residents. Residents are provided with a strong foundation in the biologic, dynamic and behavioral aspects of etiology and treatment of psychiatric disorders. In addition, the program provides residents with a grounding in social determinants of health, community-based interventions, and health services research.

With UCLA only a mile away, we have world-class UCLA faculty supervising, teaching, and doing research with our residents. Residents have opportunities to work in the community with health services researchers and spearhead quality improvement projects in clinical settings. Residents learn to diagnose and treat psychiatric disorders in the context of specialty clinics using evidence-based psychotherapy and family interventions as well as medication. The focus on whole patient care is experienced in our inter-professional teams, and in our beautiful Integrative Health program, featuring yoga, acupuncture and mindfulness stress reduction training.

We offer a special Community and Patient-Oriented Research Track that incorporates research time throughout residency training. We also encourage all our residents to explore research as a component of their future career by offering research electives in the PGY-3 and PGY-4 years. Becoming a leading VA center for mental

health research is a central priority for GLA Mental Health leadership and we are currently launching an enriched infrastructure to help support our VA researchers, especially young investigators who also serve as mentors for our residents.

We are a friendly, mid-sized program with a lively energy and enormous options. Building on the positive momentum and dedication of our faculty and residents, we hope to continue to grow and expand as our program flourishes in the years to come.



SCPS CAREER DAY 2020

Online: Saturday, December 5th

Speakers | Exhibitors | Strategies

SAVE THE DATE!

Black Excellence…Rest in Power Black Panther

Ijeoma Ijeaku MD MPH FAPA

President-Elect Southern CA Psychiatric Society

Co-Chair SCPS Diversity and Culture Committee

The celebration of Black excellence has been such an important concept and topic to the Black community. There appears to be a constant call to successful individuals within the community to evaluate their actions as the younger generation is watching and learning. This call for excellence at all times is so important because Black representation in a positive light is so rare in the US and around the world that the Black community needs every hand to be on deck to promote Black excellence. Some in the US may wonder why it is such a big deal, after all we have had a Black president and that must be something. And yes, that is something but one has to realize that while the President of the US might be one of the most powerful people in the world, much of who he really is and what he does might be lost to the everyday person going through their daily routines. The mere symbol of Blackness in power is not enough to actually promote and practice Black power. The representation is successful when it touches the lives of the regular folks.

On February 16, 2018 the movie 'Black Panther' was released in US theaters and did just that. It was a movie with various themes including family conflicts, global conflicts, patriotism and the fight between good and evil. Embedded within the fabric of this movie is the story of a technologically advanced sovereign Black nation with its own raw materials and professionals working with these raw materials for the good of this nation – a nation so advanced that the world sought its raw materials at all cost. It portrayed Blackness at its finest in the roles played by various Black males and females. It portrayed Black female leadership in the military, politics, science and technology. It portrayed strong Black family units and communities. It was the antithesis to the usual portrayal of Africa, the Black motherland, as a continent of inadequacy, peril, hunger, famine and corruption.

As a child psychiatrist whose practice caters to an underserved population including African American youth in the foster care and probation system as well as other marginalized populations, the release of the Black Panther came with a shift in perspective for some of my patients. I usually try to keep up with some of the pop culture just to have conversational topics with my young patients, so I had watched the movie. The young Black girls that I work with shared that it had been an amazing experience to see the movie. They were awed by the characters that they saw on the screen and were amazed to consider that Wakanda nation could be recreated in real life with the 16 year old Shuri's innovation and wit, as she worked in the laboratory to create technology that would change the life of her people and the world at large. Most of them saw the movie several times and had gone with various groups, sometimes dressed up in various African prints and outfits in celebration of their Black heritage. It made me understand the power of cinematography.

As a Black female psychiatrist and clinical faculty, I understand that a lot of the young girls that I see in my practice as well as the young female medical students and trainees look up to me and see in me a role model. As a result, I do not take these roles for granted. I constantly challenge myself to be very present in these roles because I understand that the conceptualization of success and what is possible for the young girls that come from underserved communities with specific trauma histories who do not always have role models will happen through such interactions. What I do in my clinic is meaningful and ultimately helps transform hundreds of lives. However, the power of cinematography is in its power to cater to an almost infinite audience. It lies in its power to take its message into people's homes and hearts. It is in the power of make belief and possibilities. Its power lies in its ability to challenge the status quo far beyond the curtain calls. Its power lies in the ability of an individual to play a role so well that it tugs at one's core and brings about a shift in their ability to imagine what is possible. Its power is immense because it relies on the ability of an individual to engage in apt story-telling through their adequate and excellent interpretation of their roles.

It is one thing for a Black actor to execute their role in excellence but it is a higher cause and calling to understand that as a Black actor, and ultimately a Black role model, the modeling of Black excellence lies in their ability to understand that the community is looking up to them as they courageously and bravely embrace this role even when the cameras are not rolling. Chadwick Boseman, the Black Panther, played the role of T'Challa, the king of Wakanda nation. He is said to have worked with a dialect coach and examined various speeches from different African leaders to get the accent ready for this role. He is said to have worked with a trainer to get in shape for this very physical role. He is said to have taken a DNA test to better understand his own African ancestry and probably connection to the character he ultimately played. These speak to the excellence he approached this role with. Since then, he has played other remarkable characters in movies. In real life, he continued to be a king within the Black community and beyond as he inspired millions of people, engaged in activism for various causes, encouraged others in their art and supported others to achieve their dreams, while battling colorectal cancer privately. In retrospect, he must have chosen to lean into life and embrace his purpose even as he knew that death was around the corner and that his time was limited but determined to be in Black excellence until death in true nobility…

Rest in Power Black Panther…King of Wakanda

#WakandaForever

It Takes More than Marching to Make Black Lives Matter in Healthcare

By: Torie Sepah, M.D.

When we hear or chant, "Black Lives Matter," what all does this refer to? Is it the gruesome police brutality in the death of George Floyd? Or the murder of Ahmaud Arbery? Absolutely. But what else should it refer to? We know that black lives aren't equal in the face of COVID-19. As physicians, have we considered all the ways that black lives may matter less in health care despite our best intentions?

A recent JAMA article highlights a survey comparing infection and mortality rates in predominantly black and white counties. No subtle differences here. The infection rate was three times higher among the black counties. The death rate six times higher.

Across the U.S., African-Americans have three times the risk of dying from COVID-19 than Caucasian and more than twice the risk of Latinos.

These figures highlight disparities at multiple levels: access to care, access to timely care, barriers to effective social distancing measures as related to economic and housing factors, and pre-existing medical conditions related chronic gaps in care (Louisiana only expanded Medicaid under the ACA in 2016â€"millions were uninsured previously. Over 70 percent of COVID-19 deaths in Louisiana were among African Americans who are 32 percent of the population.)

Among these, perhaps we also have to consider what is difficult to discuss as a potential contributor: bias in the health care setting. After all, inequality doesnâ€™t start and end with police officers.

It is particularly challenging for us to explore our role, even indirectly, because we take an oath to first "do no harm." We aim to heal, not hurt. It seems antithetical to be somehow complicit in these staggering disparities.

Yet we are also a profession built on a foundation of the Socratic method. We are never immune from questioning so long as it may benefit the patient. We must always be able to learn to become better.

Please understand that I am not asking us to question the frontline workers on their skill or expertise or anything actually. This is a much wider lens. It is one that captures what I first noticed as a correctional psychiatrist, that 40 percent of those behind bars were black men, but they make up 13 percent of the population.

I don't recall learning about this astonishing fact once during my nine years of training. In fact, I never hear about this demographic, and according to me, this should be the topic of every political debate. But it never is. Perhaps because they will never be able to vote, even when released. Forever invisible politically.

Here, the judicial system overlaps with the health care system, but our lane is much broader. We have opportunities to prevent "the invisible demographic" phenomenon in our domain. After all, the disparities in health care won't likely end with COVID-19.

To make the invisible more visible, maybe starting with patients is a good first step. And how we ask is as important as what we ask. Studies show that Patient Satisfaction Surveys actually discriminate against African American and female physicians. So scratch that. Make it relevant and easy to complete, like a PHQ-9? Ask every patient, so staff isn't faced with trying to identify people's race:

What race do you identify as?
In general, do you feel medical staff talk down to you? If so, do you think it is because of your race?
In general, do you feel judged when you visit a medical establishment? If yes, do you feel it is because of your race?
If you feel sick, do you avoid going to a medical establishment because (circle all that apply):
lack of trust in the care
previous negative experience
fear of not getting the help you need
being judged or blamed for your illness
If you circled any of the choices, do believe your race is related to your concerns?

If you answered yes to any of the above, what do you recommend for us to improve?

Why is this needed if most of us are required to complete annual "cultural competency" training? Well, we are checking off boxes for compliance, but two meta-analyses so far indicate very weak patient outcomes that correlate with these trainings.

And when the current Surgeon General publicly declares to people of color to "step up and help stop the spread so that we can protect those who are the most vulnerable," maybe its worth asking how what is missing in competence training.

For one, the premise of cultural competence is problematic as it assumes one can become 'competent' in another's cultural experience. By design, it places the physician in a pejorative position.

An alternative model, "cultural humility," also called "cultural safety," approaches this complex issue, not with a checkmark as "You're done! You're competent!", but rather as an ongoing process where the physician is taught to contemplate the power differential in the patient-physician relationship with the goal being to increase the patient's power (knowledge, independence, partnership). The physician's focus is themself: the potential impact of their own culture on clinical interactions. It is a process. One doesn't complete competence in the culture of the "exotic' other.

Although the box is checked for the institution's compliance, it can later hurt the physician if a problem arises. (How could that happen? We trained you. Here's the box that's checked.)

In truth, as physicians, we go along with many things that we know don't really work or make sense because we don't have time to change them. We do as we're told and get back to the work of seeing patients. We are rarely

asked for feedback.

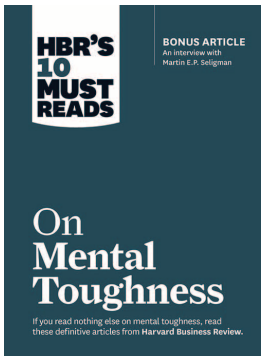
But what if we could improve patient outcomes by creating a new, more effective way to make black lives matter in our lane?

Clearly, we cannot fix entire systems or every variable that contributes to one demographic's higher risk of morbidity and mortality when we see a patient for our 15 min of face to face time, but if we can start with addressing at least one that relates to us—one that we can perhaps improve—maybe we will become more insightful and our patients, more visible, more engaged. Maybe then we could close one gap, empower patients instead of claiming competence in their culture. We do have the power to use our lane to make all lives matter more, including black lives.

Previously printed on Kevin MD

On Mental Toughness
By Harvard Business Review
Harvard Business School Publishing Corporation
2018
144 pages
$24.95 Paperback
ISBN 978-1-63369-436-1

Book reviewed by Kavita Khajuria, MD



With ten articles on various aspects of emotional strength and resilience, the book starts off with factors that set those 'ahead'. Citing ingredients for success, readers are encouraged to be open to reflection and critique. Concepts of crucibles and skills are illustrated with inspirational stories. Learned helplessness and post traumatic growth are reviewed, the latter a hope inspiring term in of itself. Authors share approaches and tools to build resilience when faced with adversity including ingredients for psychological fitness.

Referencing neurogenesis, neuroplasticity and the impact of emotions - a review of cognitive exercises include techniques to build mental capacity, brain complexity and intensify neural networks. Other topics include steps to maintain a creative brain, the relevance of mirror neurons, and the vital importance of play and creativity. Techniques to improve cognitive performance from an integrative perspective include the need for a clear vision. Stress is cited as a tool for opportunity, learning and personal growth. A true appreciation of life is stressed in order to really thrive.

What is one really made of? After a debilitating setback, a story of courage and voracious drive proves both moving and inspiring. It evokes new opportunities and possibilities, growth and adventure, and emphasizes the importance of learning from career setbacks - rather than self paralysis or externalization of blame. Mental toughness and resilience are differentiated. The section on negotiation references thoughtful strategies and emphasizes the importance of time in order to allow for process and tactical choices. It concludes with an interview that includes a discussion of positive psychology in schools, the military, and a discussion of PTSD, post traumatic growth, and the more common reactions to stress or rejection. It's a fairly easy to read and inspiring book with articles from various perspectives that greatly complement each other, well illustrated with stories, tools and summary points.

Council Highlights
July 9, 2020
Eric Wagreich, M.D., *Secretary*

Outline of Notable Meeting Events and Discussion

The meeting was called to order by Dr. Fouras at 7:03PM.

Introductions
Members of the council and guests introduced themselves briefly

Meeting Minutes
Minutes from the previous meeting were unanimously approved.

CPA/Advocacy in California
Dr. Fouras provided some background and ground rules for the discussion related to the current state of CPA and the recent news of NCPS's departure from CPA.
A discussion was held regarding the current state of affairs, which included some insight from President Schaepper and President-Elect Suo of CPA.
Dr. Cheung provided some context regarding the recently dissenting DBs and a recent proposal which was sent to SCPS and CCPS
The recent letter from NCPS, informing CCPS and SCPS of their decision to leave CPA, was shared with Council for context
A discussion was held
Dr. Goldenberg made a motion that "an ad-hoc legislative advocacy committee be formed to evaluate all of the possible legislative advocacy options available to SCPS and to review them and provide recommendations for the full SCPS council to review and vote for the August meeting, in order for SCPS Council to adopt the best option available before the Sept 15th deadline to assess our membership dues for 2021. This review will be completed before any vote or executive action can be taken to fund further legislative advocacy."
The motion passed unanimously

Finance Committee Report:
Dr. Goldenberg provided some information regarding the meetings held by the Finance Committee. Goals of the committee were provided along with introduction to the recommendations, which were made to balance the SCPS budget.
Dr. Shaner shared the recommendations of the committee
A discussion was held regarding the committee's recommendations
A motion was made to accept the report of the committee, which passed unanimously

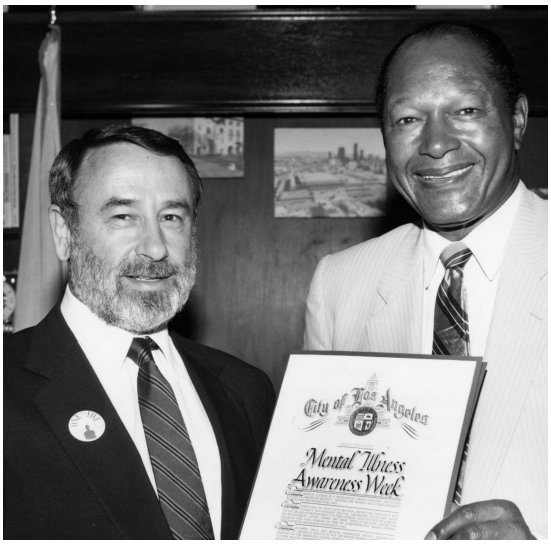
Membership Report:
Three new members were approved

New Business:
There was no new business

Old Business:
There was no old business

The meeting was adjourned by Dr. Fouras at 9:07pm.

Flashback Photos



Tom Ciesla, M.D. and Mayor Tom Bradley

Marcia Goin M.D. and Mike Gales, M.D.

During this challenging time, we hope that you, your family, and your patients are doing well and staying healthy and safe.

We thank you for your service to your community as a health provider.

Please reach out if there is anything SCPS can assist you with.

ALL EDITORIAL MATERIALS TO BE CONSIDERED FOR PUBLICATION IN THE NEWSLETTER MUST BE RECEIVED BY SCPS NO LATER THAN THE 1ST OF THE MONTH. NO AUGUST PUBLICATION. ALL PAID ADVERTISEMENTS AND PRESS RELEASES MUST BE RECEIVED NO LATER THAN THE 1ST OF THE MONTH.

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