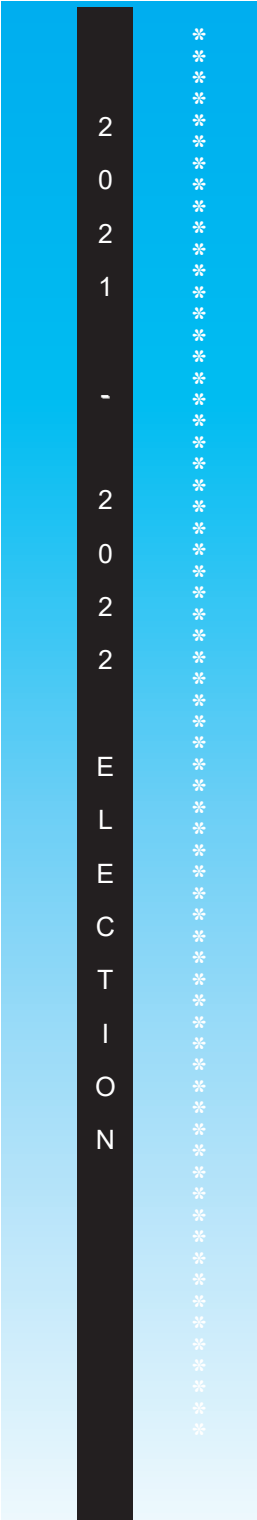


PSYCHIATRIST



President's Column

What Have We Learned?

by George A. Fouras M.D.



My last column was written on January 1st and published on the 4th in the SCPS newsletter. At the time, I really had no idea what my friend had meant when we had talked about an upcoming event in January, telling me “you’ll see.” I had thought there would be some form of organized protest or demonstration, probably involving para-military groups such as the Oath Keepers and the Proud Boys, with some degree of violence as we have seen in the past. Never in my wildest imagination did I think that there was going to be an insurrection, and definitely not to the degree with which we witnessed on January 6th, when the foundation of our Democracy was in peril.

Clearly, this had been planned on some level. While unstated, my friend was aware of details. Details that apparently the Capital Police and DC National Guard were privy to on the 4th, but requests for assistance were denied, but that is for another discussion. As the event was unfolding, I found myself glued to the news searching for updates. One of the items that struck me was the group who had invaded the Capital chanting “Who’s house? OUR house!” The clear implication here was that the Capital, and therefore our Government, did not belong to everyone, but only them, an overwhelming white crowd, to the exclusion of everyone else. One of the early poster children of this event, Mr. Jake Angeli, the man with his face painted red, white and blue wearing fur with a hat and two horns, was easily recognizable and a member of the Q Anon as well. By the end of the day, the insurrection failed, and from watching the participants it is not even clear that once they got inside they had a plan for what to do next. The arrests of participants soon began to follow and the investigations and arrests will continue for months.

As the inauguration of Mr. Biden approached, I found myself in mild apprehension of what Mr. Trump might do, having shown us his penchant for impulsive, vindictive behavior. Even to the moment of Mr. Biden’s swearing in, the followers of Q Anon were not only waiting for, but expecting Mr. Trump to continue on as Pres-

(Continued on page 2)

ident as the mass arrests of “traitors”, such as Mr. Biden, were to occur along with summary executions of his Satanic, pedophilic followers. After the prediction for this event failed to occur, and “Q” was no where to be found, for many it was as if a cloud had been lifted from their eyes, and they lamented, online how their lives were now in ruin. That they had destroyed relationships, or careers, following Q, wondering how they had been so easily duped.

In the early 80’s I had followed Meg Greenfield, a columnist for the periodical Newsweek. In one column, which had made a strong impression on me, she had opined that while radical, fringe groups may be abhorrent, and that we might wish that they would not exist, that they actually serve a very important function: they define what is the middle. And this is just as true today.

So what must be done then? How are we to cope or address this situation? From my point of view, this falls into two broad categories: 1) the political leaders who foment discord, sowing disinformation, and encouraging people to engage in radical and violent behaviors and 2) the average citizen, who succumbs to this view and readily adopts these beliefs, forsaking reason to engage in malevolent behavior and irrational ideas.

I recently received an article, by Donald Robertson, from a colleague of mine in Athens, Greece, Maria Gianou, PhD, regarding how the Socratic method of engagement may be used to help people confront their irrational beliefs. To have self control of ourselves while we engage with others, helping them to explore their conceptions of right and wrong, and hopefully leading them to a different idea of what is just.

In regards to the first group, for years they have been engaging in misinformation encouraging disenfranchised groups of people to adopt and accept the concepts being spoon fed to them regarding our democracy or the integrity of our elections, encouraging white supremacy and disparaging other racial groups. After years of this type of leadership, it peaked at the events of January 6 with our very democracy at stake. Yet, in the aftermath, while there was some outrage, this group now asks for “unity” and to “move forward”. There are people in Congress who, even now, continue to advocate for violence and the irrational views of Q Anon. If we as a society are to effect change, then these legislators MUST be held to account. In terms of advocacy, national groups, such as the AMA, the APA, the AACAP through their political action committees (PACs) have stated that they will be reviewing who they have donated to in the past and will be mindful of current events for who they donate to in the future. Even in California, PACs that I am associated with including for the San Francisco/ Marin Medical Society, CMA, the Los Angeles County Medical Association, and PPAC will all be taking note of who are advocating against our democracy. Over the next few years, the members of the Sedition Caucus, as they have been called, need to be removed from office. If you have never given to a PAC before, please consider doing so now. Our democracy depends on it.

References:

Robertson, D, “How Socrates Could Save America: Socratic Questioning, Stoicism and a Return to Virtue Ethics”, www.medium.com/curious, Accessed January 2021

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Psychiatry Should Take a More Active Role, Advocating for a Better Future, For All of Us

By: Matthew Goldenberg D.O.
SCPS Newsletter Editor

*There's a light at the end of the tunnel
Keep your eyes on the road ahead
But if you're feeling lost in the night
It's okay to cry
Just as long as you hold your head
'Cause we're on our way to better
Better's ahead, better's ahead
It get's worse 'fore it gets better
But better's ahead, better's ahead
Better days are comin'*



Creating a therapeutic frame was an important part of psychiatry residency training. The importance of the doctor/patient relationship was ingrained into us. As psychiatrists, we are keenly aware of the power that we have in the room. We have a fiduciary relationship to our patients and the relationship is not reciprocal. Self-disclosure is an important therapeutic tool but must always be used for the benefit of the patient. Our boundaries are often tested when our countertransference is at its peak.

For example, a patient comes for their initial appointment and is grieving the loss of a child. You have had a similar loss. Do you share your experience of bereavement, if only to give them confidence you understand their pain or to give them hope that things will get better?

Another example might be a patient who presents with a medical condition that you have personal experience with. You consider sharing your personal experience to give your patient some perspective and to build rapport.

While these two examples are complex and common experiences that psychiatrists have experienced for decades, 2020 was not common. With the political discord and the pandemic 2020 has created multiple significant stressors for our patients and they know we have experienced them as well. That is the difference I am highlighting. In the first two examples, you as the psychiatrist can choose whether or not to disclose to the patient that you have a shared experience. Being a "blank slate" for our patients, they should have no idea we have also had a similar trauma or experience in our lives, unless we disclose it for their benefit.

In contrast, in 2020 we have all been traumatized. In my experience, patients are asking me things like, "Am I the only one who is freaking out about the violence at the Capitol"? Or more directly, "Dr. Goldenberg, are you also struggling with the isolation caused by Covid"? I have been prompted to self-disclosure more in 2020 than any other point in my career in Psychiatry. Am I alone? I cannot imagine I am. It has made me reflect on the clinical frame, the doctor/patient relationship, and the pros and cons of providing my own experience to my patients.

The shared experience of 2020 has also caused me to reflect on the countertransference I feel from patients who spend our sessions proclaiming things like, "This pandemic has been harder on me than anyone else" or "I don't think anyone knows how much this pandemic has changed my life"... in those cases I have wondered if reality testing with self-disclosure would be helpful or harmful.

*I know you've been kicked down
Slept on, let down, faith gone
Waited for too long for somethin' to lean on (lean on)
You feel weak, just be strong (ooh)
Deep breath, stay calm*

If you just press on, press on, press on

Beyond the clinical frame, 2020 has led me to reflect on our role as psychiatrists in public advocacy. Our patients are suffering. 2020 has had a negative impact on many people's mental health. Every single one of our patients is unable to access their normal coping strategies. Gyms are closed. Restaurants are closed. Many are out of work and others are working from home. Some of my patients living in small apartments are working and sleeping upwards of 16 to 18 hours per day in a tiny space. Infectious disease doctors are rightly on the frontlines of the pandemic and the public outreach efforts. Accordingly, because of the clear mental health implications of Covid-19, should psychiatrists also be out front and on the nightly news sharing our research, our recommendations and the best of our field with fellow Americans?

Beyond the suffering caused by restrictions imposed by Covid-19, our patients are dying from it at larger numbers than those who are not suffering from co-morbid psychiatric conditions. A recent study brought this point home. [A study on more than 7,000 coronavirus patients found that people diagnosed with schizophrenia were 2.7 times more likely to die from COVID-19 compared to people without the disorder and those with anxiety or mood conditions.](#)

[Schizophrenia ranked second only to age when bracketed with diabetes, heart failure, sex, chronic kidney disease and smoking status, among other known mortality risk factors for COVID-19.](#) What more can our field do? What more can our institutions be doing? What more can we as psychiatrists do to advocate and educate about the psychiatric morbidity and mortality caused by Covid-19?

*You gon' see there's a light at the end of the tunnel (at the end of the tunnel)
Keep your eyes on the road ahead (on the road ahead)
And if you're feelin' lost in the night (lost in the night)
It's okay to cry (it's okay to cry)
Just as long as you hold your head*

My thoughts on advocacy do not start and end with Covid. This month's newsletter's theme is honoring Black History Month, which runs the month of February. The articles that follow touch on themes related to diversity and culture. They touch on the ways that mental health impacts minorities. They touch on the failings of our field of psychiatry. [They speak to the APA's Apology to Black, Indigenous and People of Color for Its Support of Structural Racism in Psychiatry.](#) There have been many responses to the APA's apology, including some in this newsletter and some that have been published elsewhere, including some that remain critical of APA.

Racism, white nationalism, domestic terrorism, criminal justice system inequities and other forms of bias and injustice based on a person's race, religion, culture, sexual preferences and/or gender identification have [obvious negative implications on mental health.](#) There must be more that we as psychiatrists can do to advocate for policies at the state and national levels that enhance the mental health and wellness of the public. School shootings, abortions, gay marriage and other social issues have been political hot potatoes. Best not bring them up at the Thanksgiving dinner table.

But what if we shared the research we have on the implications of our leaders' inaction? For examples:

[The National Center for PTSD estimates that 28 percent of people who have witnessed a mass shooting develop post-traumatic stress disorder \(PTSD\) and about a third develop acute stress disorder.](#)

[Research has found a link between racism and psychological distress, anxiety, post-traumatic stress disorder and depression among Black people.](#) "If you are not thinking about societal, structural racism when it comes to Black mental health, you are missing a big part of it," says Sarah Y. Vinson, an associate professor of psychiatry at Morehouse School of Medicine in Atlanta.

[Being in a legally recognized same-sex relationship, marriage in particular, appeared to diminish mental health differentials between heterosexuals and lesbian, gay, and bisexual persons.](#)

As with my patients, I want you to view this article as a “blank slate”. I am not necessarily advocating for any specific position. I am, however, advocating for ones that improve the mental health of our patients, our colleagues and our neighbors. I am advocating that we as psychiatrists and our field of psychiatry do more to bring the research and policy implications mental health to the forefront. Some of our predecessors used that power in the 1960’s and it led to the [Goldwater Rule](#). It was argued that psychiatrists not ethically use their experience and training to comment on the mental health of a public figure and the potential motivations and impacts of their actions and behaviors.

Are we at a point where it is unethical for psychiatrists to standby and not comment on how our politicians and their actions and inactions are impacting our society? If not we, then who? 2020 was a joint experience. The calamity of the response to the Covid-19 pandemic on the federal level is not just something that impacted our patients. We experienced it as well. I give you permission to release your health protected experience of 2020 for the good of our society. We have to do better. Because if we do, I know better days are ahead.

*I know you feel left out and stepped on
Keep goin', keep goin'
Shine bright, don't dim yours for no one
Keep goin' higher, and higher and higher and higher
Better days, better days are comin'*

Lyrics from Song: Better Days

Songwriters: Anthony Clemons Jr. / Jacob Kasher Hindlin / Justin Timberlake / Kenny Dixon

Stay safe,
Matthew Goldenberg D.O.
SCPS Newsletter Editor
Treasurer (2020 – 2022)
Email: docgoldenberg@gmail.com



Letter to the Editor,

I am writing in response to the article "California Could Decriminalize Psychedelic Drugs" in the Jan 2021 newsletter.

Psychedelics are here, now, whether we like it or not - and thus far there is evidence for treatment benefit with lower risks of adverse effects, bad outcomes, and harm in general than many of the drugs we already use. We need to get ready, and not be caught like ignorant deer in the headlights the way we were when marijuana was legalized in CA. We must consider that there are massive amounts of people who are waiting desperately for better treatment alternatives, suicide rates are increasing, and many are chronically sick and sick of waiting.

Instead of focusing on fear, we should support psychiatrists moving forward with this inevitable change that has the potential for profound positive impact. We may not know everything yet about risks, side effects and drug interactions, but a lot IS already known, and the focus should be on getting THIS information out to psychiatrists NOW. Thoughtful considerations for how psychedelics might be incorporated into treatment settings safely and effectively, and truthful and comprehensive information we can provide our questioning patients is the current action item for us - instead of wasting energy and resources on power retention and fearmongering. Inaction justified by arrogant ignorance is a common defense and the potential for this to cause profound harm must also be seriously considered.

The public has spoken in Oregon and there is a 2 year grace period where treatment protocols are expected to be created for safe and effective therapeutic use. If the same is to come in California, we need to get to work now. It is our duty to serve our patients, not our politics.

Warm Regards,

Michelle Furuta, M.D.

LGBTQ Committee Reconvenes Members Needed!

The LGBTQ committee is re-grouping and seeking to re-activate around the issues that matter to you. Finding a sense of community, guidance and meaning is always important. As we approach a year of social isolation, the LGBTQ committee is hoping to provide a means to access this type of purpose and support. We plan to have our first meeting in March, and all are welcome to join and contribute ideas. One project we hope to get off the ground is a mentorship match, pairing more senior LGBTQ members with those more junior to provide a place for conversation, advice and friendship. If you are interested in being or finding a mentor, please be in touch via socalpsychiatric@gmail.com. Also on the agenda for our meeting is discussion of policy priorities that we wish to support for the coming year and hosting a training for members looking for more information to write mental health support letters for transgender patients seeking gender affirming care. Please also share your thoughts and interests for additional events this year. Details for first meeting coming soon, and very much looking forward to meeting you!

Fear: Is it the Driving Force of White Supremacy?

Rahn Kennedy Bailey M.D., DFAPA, ACP
Assistant Dean Charles R. Drew University
CMO Kedren Community Health Center

Simran Sandhu M.D. and Dan Cho, M.D.
Research Associates



In recent days, since President Joe Biden has vowed to “fight white supremacy”, many conservative politicians and news personalities have felt as though their own values are being assailed. These politicians and opinion journalists believe that the term white supremacy is used too liberally (excuse the pun) and may refer to many of the values and policies that they hold dear such as Columbus Day or a border wall. The Oxford

dictionary definition of white supremacy: “The belief that white people constitute a superior race and should therefore dominate society, typically to the exclusion or detriment of other racial and ethnic groups”. The scholar Frances Lee Ansley states, “By ‘white supremacy’ I do not mean to allude only to the self-conscious racism of white supremacist hate groups. I refer instead to a political, economic and cultural system in which whites overwhelmingly control power and material resources, conscious and unconscious ideas of white superiority and entitlement are widespread, and relations of white dominance and non-white subordination are daily reenacted across a broad array of institutions and social settings.”

As to whether white supremacy exists in our country at large, I shall examine disparities that exist based on race, and how these systems exist on many levels, throughout one’s life, to perpetuate this inequality. This prejudice starts when children enter our society at the preschool level, and perhaps before. In 2016, the Yale University Child Study Center examined implicit bias in teachers based on sex and race.¹ The study found that, using an eye-tracking device, teachers gazed more closely and longer at Black boys compared to others, expecting the child to preform disruptive behavior. Although these children were not acting differently from the other students, these children were caught in the act of misbehaving more than their peers. The teachers also believed that Black boys would harm other children, were less innocent, more mature, and more likely to misbehave.¹ During the 2013-14 school year, Black boys represented less than 20% of preschool enrollment, and nearly half (45%) of all male preschool out-of-school suspensions.² In another 2019 study, teachers were randomly assigned to read a vignette about a defiant student. Those who read a vignette about a Black student believed that the student was more likely to misbehave in the future, compared with those who read a vignette about a White student.³ These studies confirm that in as early as 4 years old, Black children are singled out and expected to behave differently than their White peers. This strengthens the argument that there is in fact a “preschool to prison pipeline”.

When observing the job market, it has been demonstrated that when compared to Whites, Blacks are twice as likely to be unemployed and earn nearly 25 percent less when they are employed.⁴ When identical resumes were presented, candidates with Black applicant pictures had more negative hiring evaluations.⁵ Similarly, in another study, identical resumes were submitted and randomly assigned Black or White sounding names. Job applications with White sounding names received 50% more callbacks for interviews.⁶ The justice system is similarly biased towards convicting minorities more often for similar crimes. Jail sentences are similarly significantly longer and harsher for Black and Hispanics than White individuals.^{7,8,9} One needs to look no further than the drastically different government responses to the Black Lives Matter protests when compared to the attempted insurrection at the Capital by a majority White crowd.

There is ample evidence that racism in a community affects health outcomes. There have been studies examining “area racism” and its effects on health. Area racism was measured in 196 designated areas as the proportion of google searches conducted containing the “n-word.” One study showed that each standard deviation increase

in area racism was associated with relative increases of 5% in the prevalence of preterm birth, and 5% in the prevalence of low birthweight among Blacks.¹⁰ Similarly, in another study, a one standard deviation greater level of area racism was associated with an 8.2% increase in the all-cause Black mortality rate, equivalent to over 30,000 deaths annually.¹¹ These studies all confirm that there is a collective implicit bias ingrained in our fundamental institutions that perpetually keep certain individuals from having a fair chance at success and the American Dream.

The next question that must be asked is “why”? Why is there such a difference in the way certain minorities are treated by the majority and our most trusted institutions? The answer is multifactorial. Surely fear plays a big role in this bias, however there are other powers at play. Greed is one of those factors. There is the perception that if equal rights and opportunities are given to minority groups, then perhaps those in power will lose their advantage. Ignorance of one another’s culture also contributes to fear, and the idea that White individuals may feel superior to others. Another factor that plays a part in one’s racial ideology is one’s worldview. Those who have an egocentric worldview, think of only themselves and their own needs. An ethnocentric worldview leads a person to think that their own group is more important and superior to others. A more integral worldview would be a world centric view in which a common humanity is appreciated amongst all groups. Maturing our society to involve a more inclusive worldview is a complicated task and would require our educational system and media outlets to recognize these problems and work towards a solution. Media plays a large role in our implicit bias. Protagonists of most movies tend to be White, where minorities often play stereotypic caricatures. Television shows such as Cops have reinforced the idea that Blacks and Hispanics are people to be feared.

Fear is a large component of White Supremacy, and this fear is largely driven by ignorance. Dialogue is one solution to this problem. Until and unless members of different races understand each other on individual/personal levels, and realize that they share a common humanity, that each of them wishes to be happy and avoid suffering, this problem will continue. Until we change our collective narrative, our collective implicit bias will fail to correct.

References:

1. Gilliam, W. S., Maupin, A. N., Reyes, C. R., Accavitti, M., & Shic, F. (2016). Do early educators’ implicit biases regarding sex and race relate to behavior expectations and recommendations of preschool expulsions and suspensions. *Yale University Child Study Center*, 9(28), 2016.
2. U.S. Department of Education Office of Civil Rights. (2016). 2013-2014 Civil Rights data collection a first look: Key data highlights on equity and opportunity gaps in our nation’s public schools. Washington, D.C.: U.S. Department of Education.
3. Kunesh, C. E., & Noltemeyer, A. (2019). Understanding disciplinary disproportionality: Stereotypes shape pre-service teachers’ beliefs about black boys’ behavior. *Urban Education*, 54(4), 471-498.
4. Council of Economic Advisers (US), Council of Economic Advisers, Washington, DC., United States Advisory Board to the President’s Initiative on Race, United States. Government Printing Office, & President’s Initiative on Race (US). (1998). *Changing America: Indicators of social and economic well-being by race and Hispanic origin*. US Government Printing Office.
5. McConahay, J. B. (1983). Modern racism and modern discrimination: The effects of race, racial attitudes, and context on simulated hiring decisions. *Personality and Social Psychology Bulletin*, 9(4), 551-558.
6. Bertrand, M., & Mullainathan, S. (2004). Are Emily and Greg more employable than Lakisha and Jamal? A field experiment on labor market discrimination. *American economic review*, 94(4), 991-1013.
7. Yang, C. S. (2015). Free at last? Judicial discretion and racial disparities in federal sentencing. *The Journal of Legal Studies*, 44(1), 75-111.
8. Spohn, C. (2013). Racial disparities in prosecution, sentencing, and punishment. *The Oxford handbook of eth-*

nicity, crime, and immigration, 166-193.

9. Petersilia, J. (1985). Racial disparities in the criminal justice system: A summary. *Crime & Delinquency*, 31(1), 15-34.

10. Chae, D. H., Clouston, S., Martz, C. D., Hatzenbuehler, M. L., Cooper, H. L., Turpin, R., ... & Kramer, M. R. (2018). Area racism and birth outcomes among Blacks in the United States. *Social Science & Medicine*, 199, 49-55.

11. Chae, D. H., Clouston, S., Hatzenbuehler, M. L., Kramer, M. R., Cooper, H. L., Wilson, S. M., ... & Link, B. G. (2015). Association between an internet-based measure of area racism and black mortality. *PloS one*, 10(4), e0122963.

APA Apology to BIPOC: Rationale, Process, and Takeaways

Rahn Bailey M.D., DFAPA, ACP
 APA Minority/Underrepresented (MUR) Trustee
 Chief Medical Officer of Kedren Health

Ayush Arora
 Research Associate



On January 18th, 2021, Martin Luther King Jr. Day, the Board of Trustees (BOT) of the American Psychiatric Association (APA) published their first ever apology regarding the organization's role in structural racism within the United States. I served as Chair of the Taskforce charged with writing the APA Apology. The writing process took over three months while the overall project was the culmination of over a decade of progress. In this article I hope to provide context as to why this apology demonstrates an important step for the APA along with what went into the writing process.

It was necessary for there first to be marked growth in minority membership/leadership within organized psychiatry. Minority involvement is an important subject that has been a point of contention throughout the APA's history. In 1969, Black psychiatrists demanded to have a voice in organized psychiatry. They urged the APA to prioritize addressing deficiencies in minority mental health. This led to the creation of a non-voting seat on the BOT for a Black psychiatrist. Over time, there was increased amount of minority involvement among members, though advancement in minority leadership became more of a priority relatively recently. One of the first measures taken regarding this goal was the creation of the Diversity Task Force in 2012, to which I was appointed by then APA President Jeffrey Lieberman. Leading up to this task force's formation, the APA had been brainstorming on how to foster increased ethnic minority participation/leadership within the organization. A primary outcome of the Diversity Task Force, chaired by Maria Oquendo, was the introduction of a Minority and Underrepresented Representative (MUR Trustee) to the BOT, which was created as a voting position. This new role was established to serve as the bridge between members who address issues in minority health and the APA BOT. Later, after being appointed by former APA President Paul Summergrad, and reconfirmed yearly by Past-Presidents Renee Binder, Maria Oquendo, and Anita Everett from 2014-2018, I served as Chairman of the Membership Committee where we emphasized further diversifying APA membership. These committees reveal some of the crucial minority health-related initiatives highlighted by the APA that have also culminated in key output.

There have been several significant documents that have built up to this apology over the past decade. My first role within organized psychiatry was as a member of the APA Assembly starting in 2006-07. Several members of the Assembly were discussing issues of race, bias, and racism along with psychiatric issues within minority populations during that time. This led to the publishing of two Action Papers- one in 2009 with the other in 2016. The latter is the active APA policy position denouncing racism that was co-authored by Constance Dunlap, Carl Bell (deceased), and myself. More recently, in the wake of the George Floyd tragedy, the APA issued a statement against police brutality on May 29th, 2020, 4 days after his death. Though they alluded to him, this statement did not name George Floyd, was relatively broad, and resulted in a follow up statement condemning racism on June 1st, 2020, 7 days after his death. As part of my current MUR Trustee role, and as the 113th Past-President of the National Medical Association (NMA), which is the largest organization representing Black physicians and patients, I believed that collaborating with the NMA would make the APA's response more impactful. I worked directly with APA President Jeffrey Geller, APA President-elect Vivian Pender, NMA President Oliver Brooks, and NMA President-elect Leon McDougle to create the joint statement that was published on June 16, 2020. Towards the end of the summer, some BOT members and I proposed writing an apology letter, which I had some experience with as the former Vice Speaker of the NMA House of Delegates. Within that earlier role, I had been involved in the process of the July 2009 American Medical Association's apology to NMA/Black physicians.

In December 2020, the APA BOT decided to issue an apology regarding the organization's role in perpetuating racism within psychiatry. This was partially in response to criticisms made by several APA members in August 2020 specifically regarding diversity and inclusion along with a request made for a formal apology. I chaired the committee, along with two other BOT members, Annette Matthews, and Jenny Boyer, that wrote this APA Apology. Moreover, this team effort included substantive contributions from many BOT members, particularly from APA Past-Presidents Altha Stewart and Anita Everett. This project functioned as a joint effort with most members of the BOT assisting. There was a specific effort made to incorporate at least one idea from each BOT member that provided suggestions. The first draft of the apology was presented to the APA BOT on December 12th, 2020. Over the next 3-4 weeks I would receive feedback from fellow BOT members, then work with my team to produce updated drafts of the document. One key idea that came up during revisions was including additional historical instances of the APA shortcomings, which culminated in the Historical Addendum to the APA Apology. Some of the examples added included the APA's failure to support civil rights legislation during the 20th century, biases in psychiatric diagnosis especially regarding schizophrenia (e.g., the diagnosis of Drapetomania, etc.), as well as the absence of progressive positioning against discriminatory bias in our patient's lives. After approval by the APA legal and communications teams, a draft was sent to all members a week in advance of the January 12 BOT meeting. The new version was presented in this meeting and approved to be published on Martin Luther King Jr. Day, January 18th, 2021.

The nature of the APA Apology is one that lends itself to multiple potential responses. It is important to recognize that this apology is the first step in the process of improved actions by the APA governance. Clearly, there will need to be an actionable plan going forward. The goal was to acknowledge past actions, continue the conversation around improving structural racism, and start working to make psychiatry equitable for all.

You can find the APA apology [here](#).

The following article originally appeared on [medium.com](#) and is a response from Racquel Reid, M.D., to the APA apology. Dr. Reid is a psychiatrist in Los Angeles. Dr. Reid is not currently a member but has been encouraged to rejoin the American Psychiatric Association and the Southern California Psychiatric Society with an open invitation to join SCPS' Diversity and Culture Committee so that she can contribute to the actionable changes.

Response to the APA apology letter to BIPOC released January 18, 2021

by: Racquel Reid, M.D.



On January 18, 2021, the American Psychiatric Association (APA), the largest representative professional organization for psychiatrists within the United States, published a statement offering an apology to marginalized communities for its complicity and perpetuation of racial disparities against Black, Indigenous, and other People of Color (BIPOC), including both patients and providers. This short and apparently contrite statement from the oldest medical association in the United States expressed regret for remaining silent on these issues, adding that the year 2020 demanded the organization address inequities and rectify past misbehavior. Several colleagues sent me the link to the article. After reading it a few times over, I closed my browser

tab, suppressing the comical rage bubbling in my chest as I did.

I have been a member of the APA, despite a gap year or two, since I joined in 2010 as a medical student. It was my fourth year of medical school, and wide-eyed and hopeful, I joined my fellow students in applying to enter the professional associations of our corresponding specialties. We were so close to being “real” doctors, feeling the heft of that prestige like a paperweight. I was proud to join the APA, certain the organization would represent my interests and value my positionality as a Black psychiatrist. My rosy enthusiasm didn’t last long.

I now confront at each new year my hesitancy to renew membership, weighing harms and benefits like any good physician. Joining a professional organization certainly has real benefits: research journals, conferences, scholarships and grants, mentors and listservs. In short, it’s a community, or it can be. However, the bulk of my vacillation rests on the fact that American medicine, especially psychiatry, is exceedingly white. APA’s own statistics indicate that only 2% of psychiatrists identify as Black, making rare, almost exceptional, my residency and fellowship training under the tutelage of brilliant Black psychiatrists. My attendings encouraged my continued APA membership as they maintained theirs, and I then thought the costs, financial or otherwise, worth it. Yet the racism and microaggressions I’ve suffered from my equally bright, ambitious, and innovative white colleagues have not been rare. Neither has the need to intervene on the behalf of indigent populations of color. These colleagues are APA members too. It’s never been lost on me that the word “microaggressions” was coined in 1970 by Dr. Chester M. Pierce, a Black psychiatrist.

It could easily be said that this behavior is no fault of the APA. A plausible argument indeed, if I’d never sat in various cold APA conference auditoriums listening to amplified voices of the distinguished presenters as colleagues of color whispered tales of mistreatment by those same notable guests. Psychiatrists of color have been fighting for decades for recognition and leadership capable of protecting themselves and their patients. This decades-long effort has made little apparent traction, with a quick glance at the APA presidency for revealing evidence.

Specifically, the organization has held one Black president at its helm during its entire 176-year history. One. Dr. Altha Stewart, elected as the first African-American APA president in 2017, served from 2018-2019. The first Asian-American president, Dr. Dilip V. Jeste, served from 2012-2013. I’m not even certain how many of my colleagues are indigenous, their identity consistently being flattened into the Other/Unknown Race category when polled, and by that rendered invisible. The Black Psychiatrists of America, founded in 1969 secondary to the racism Black providers were facing from their colleagues as well as the ignored social conditions of their patients, continues to exist as a space for providers to collaborate and be heard, equally necessary today as the time of its establishment. I joined the same year I joined the APA.

In short, the APA statement is quite literally, too little, too late. I liken this to having your foot stepped on for 70+ years, telling the foot-stepper repeatedly to remove their foot, and being told your concerns are heard, with the promise to lighten pressure in time, the offer of candy to tide you over. Despite voicing the pain and impediment the foot-stepping causes, the foot-stepper rarely makes meaningful movements toward removing it, or half-measures fraught with potential for reversal. To wit, my own receipt of an APA/SAMHSA (Substance Abuse and Mental Health Services Administration) fellowship in 2014, a candy aimed at reducing disparity and offering opportunity to marginalized providers within psychiatry, provided a first-row viewing of the slow defunding and de-prioritiza-

tion of the program, as well as notable shifts in leadership resulting in fewer Black leaders overall.

I maybe would have accepted this apology in 2013, when George Zimmerman was acquitted for murdering Trayvon Martin, sparking the Black Lives Matter movement. I possibly could have accepted it in 2014, when I published about the shooting death of Michael Brown in the APA's "Green Journal," our research journal known for its forest green color. Notably, I was invited to write a follow-up later that year, but my editor fell silent after I submitted, quibbling with me about my use of the word "antiblackness" and my explanation of it as necessary. Either way, there have been countless opportunities for this apology to appear- after each data set revealing continued racial and ethnic disparities in medicine, during each conference opening session, following a medical student statement forwarded to the APA CEO last year. The list is endless.

Whether I renew my membership this year is frankly irrelevant. What I do know is I have no interest in statements without action from an organization that, ironically, loves careful crafting of initiatives it calls Action Papers. This apology is a statement that should have been written before I was born, with actionable aims enacted before I entered medical school, from an organization that has existed since before slavery ended in the United states. It is instead an insipid statement, incredulous in offering that the year 2020 forced removal of the collective scales of ignorance from the eyes of mental health practitioners, devoid of any type of meaningful objectives to do so. It's reminiscent of the empty Black Lives Matter emails I received during the 2020 summer uprisings, from every corporation attempting to sell me a product.

Finally, lest I be accused of undue criticism, I submit that this organizational behavior is not unique to the APA. I have colleagues of color in every medical specialty who could write a statement about their own organizations, very likely with some degree of fear of censure. It is notable and necessary to address the APA's behavior, however, due to the oft-racist nature of psychiatric treatment. I call out my own organization because I have received its benefits all while receiving its harms. I say to the APA today that this statement, sincere or otherwise, is insulting. Without real movement to rectify harm, consistent dedication to understanding the function of racism within the United States, and goal-setting toward building a world where BIPOC can safely live, I'd rather they stay silent.

SCPS Diversity and Culture Committee Updates

Galya Rees MD (Co-Chair)

Ijeoma Ijeaku MD (Co-Chair)



Aim:

The Diversity and Culture Committee of the Southern CA Psychiatric Society was founded on June 11, 2020 amidst the social uprising following the death of George Floyd.

It is a call for social justice in psychiatry, equity for the disenfranchised, a look at our collective history, and an attempt to move our organization in the direction of enlightened and culturally sensitive practice

and professionalism.

Committee Members and Meetings:

Members of the committee represent a diverse mix of individuals from different cultural backgrounds, career stages, and practices. The monthly meetings of the committee allow an open discussion of sensitive cultural issues, learning, advocacy, mentorship, and reshaping of paradigms. We would like to thank the members of the committee: Rod Shaner, Elizabeth Galton, Eric Wagriech, Uchenna Okoye, Rahn Bailey, Kavita Khajura, Emily Woods, Anum Baig, Madeline Lipshie-Williams, and Torie Sepah for all their contributions.

Please feel free to contact any of the members of this committee with thoughts, ideas or suggestions related to diversity, culture, and social justice.

We continue to welcome new members.

Platform:

The anti-racism resolution, recommended by this committee and passed by council at the September 2020 meeting, serves as a platform for the work of this committee. The resolution focuses on actions that SCPS can take that affect psychiatric practice, our patients and the vulnerable populations we serve.

SCPS Anti-Racism Resolution

Whereas,

Structural racism victimizes Black individuals, including psychiatric patients, psychiatric staff, families, and communities in Southern California;

Whereas,

Aspects of mental health theory and practice continue to perpetuate racist constructs that minimize the negative impact of racism upon the psychological well-being of Black people and labels without evidence and project Black family structure as psycho-pathogenic;

Whereas,

Black youth in Southern California disproportionately receive mental health services in incarcerated settings compared to other psychiatric units, and that use of medication in these settings often deviates from national standards for its use;

Whereas,

Black individuals in Southern California disproportionately face poor access to longitudinal outpatient mental health care;

Whereas,

The underrepresentation of Black psychiatrists on staff of non-public psychiatric hospitals affects the quality of assessment and care that Blacks receive in such settings;

Whereas,

Black psychiatrists in Southern California may be less likely to join APA-affiliated district branches due to the previously unacknowledged evidence of structural racism in the organization;

Whereas,

Psychiatrists in training in Southern California training programs have expressed interest and commitment to reshaping public mental health policies that currently enable racism to persist;

Whereas,

The Bylaws of the Southern California Psychiatric Society state that the purposes for which the District Branch is organized are:

- (a) to promote the common professional interests of its members;
- (b) to improve the treatment, rehabilitation, and care of persons with mental disorders (including mental retardation and substance-related disorders);
- (c) to advance the standards of all psychiatric services and facilities;
- (d) to promote research, professional education in psychiatry and allied fields, and the prevention of psychiatric disabilities;
- (e) to foster the cooperation of all who are concerned with the medical, psychological, social, and legal aspects of mental health and illness;
- (f) to make psychiatric knowledge available to practitioners of medicine, to scientists, and to the public;
- (g) to promote the best interests of patients and those actually or potentially making use of mental health services;
- (h) to advocate for its members;

Be it resolved that:

The Council of the Southern California Psychiatric Society (SCPS) will support SCPS committee initiatives to counter structural racism that harms Black psychiatrists, patients, and families, focusing on actions that SCPS can take that are directly related to local psychiatric staff, education, services, and mental health policies. These actions include, but are not limited to:

A plan to increase the percent of Black psychiatrists comprising SCPS membership by a specified amount within a specified timeframe.

An SCPS action paper to APA requesting an APA statement on the fallacies of the Moynihan report and a repudiation of misguided psychotherapeutic theory and practices based upon it.

An SCPS statement of concern to the Boards of Supervisors of Los Angeles, Riverside, San Bernardino, and Santa Barbara, and Ventura Counties regarding the disproportionate numbers of incarcerated or detained youth of color in juvenile halls and camps, and requesting that the Counties publish data on the numbers of children given psychiatric medication by type and diagnosis, and then seek a review by external entity of diagnostic and prescribing practices that vary from national standards.

A request to the Joint Commission for a description of its methodology, if any, for determining evidence of structural racism and, if such evidence is obtained, the way in which it is used, if at all, as a component of decisions regarding hospital accreditation.

Encourage committees representing different practice models and systems of care to evaluate barriers to quality treatment for minority individuals and suggest possible solutions.

Design a collaborative project with residents in training institutions seeking experience in reshaping public mental health policies that currently enable racism to persist.

Increase representation by our minority and underrepresented SCPS members within the SCPS Council.

Increasing MUR Representation:

Charged with the task of considering ways to increase representation by our minority and underrepresented SCPS members within the SCPS Council and better addressing potential institutional racism, the committee recommended the addition of two new positions to the council

-Minority and Underrepresented Representative (MURR)

-Deputy Minority and Underrepresented Representative (DMURR)

The SCPS Council recommended a yes vote to this proposal. The general membership voted and approved these positions

The first position for Deputy Minority and Underrepresented Representative (DMURR) is on the ballot for our next election coming up March 2021.

The specific charges for the MURR/DMURR positions would be to:

1. Ensure that SCPS positions on various issues are properly reviewed and analyzed by Council in a way that identifies and addresses any implications that such issues may have that are related to structural racism as it relates to the practice of psychiatry and treatment of patients with mental health problems,
2. Encourage and facilitate submission by SCPS membership of APA Assembly action papers that constructively address minority mental health issues,

3. Participate actively within the SCPS Diversity and Culture Committee to help identify issues and shape proposed SCPS Council actions relevant to structural racism and related topics,
4. Participate actively in the process of making nominations for SCPS Council positions of SCPS members who have the credibility, commitment and knowledge to ensure that Council reflects the diversity of our community and district branch, and takes actions that reflect an understanding of issues of racism and other forms of bias and discrimination.

The George L. Mallory Diversity, Culture and Social Justice Award:

The committee is very excited to announce this award, which recognizes a psychiatrist for their exceptional contribution to advocacy, research, teaching, and/or leadership aimed at countering structural racism and advancing our understanding of culture and diversity in psychiatry.

The first award presentation will be at our virtual installation and award ceremony April 24, 2020.

This memorial award is named for Dr. George L. Mallory, a prominent educator, psychiatrist and civil rights activist who dedicated his life to treating the underserved in Los Angeles County.

Dr. Mallory was one of the first staff members of Martin Luther King Jr./Drew Medical Center, a president of the Black Psychiatrists of Southern California, and the recipient of numerous awards.

The Committee encourages SCPS members to send in nominations for consideration for this award

Please use this form to submit nominations for The George L. Mallory, Culture and Social Justice Award:

<https://www.socalpsych.org/about/contact/>

The Inspiring Life of George Mallory, M.D.

George L. Mallory Jr., Esq.
Rahn Kennedy Bailey, M.D.

My father, George L. Mallory, M.D., was a trailblazing individual who passionately served those who needed help. Whether this consisted of providing psychiatric care, education, advocacy, mentorship, or in my case- being a role model, he continually strived to help others.

As one of the first Board Certified African American Psychiatrists in the country, Dad understood the lack of medical resources allocated to minority populations. In the wake of the 1965 Watts Riots, he specifically chose to address the health-care shortage within a devastated South Central Los Angeles and remained committed to this goal throughout his life.



Dr. Mallory served in a variety of roles throughout his career. As one of the pioneers of Martin Luther King Jr./Charles R. Drew Medical Center (King-Drew), he began as a staff psychiatrist, alleviating the mental health issues of hundreds of patients throughout his tenure. My father also valued sharing his knowledge with future psychiatrists. As his career progressed, he held clinical faculty positions at University of Southern California School of Medicine, University of California Los Angeles School of Medicine, and Charles R. Drew University School of Medicine and Science. He also became the Psychiatry Residency Director at King-Drew Medical Center and was devoted to imparting his knowledge to numerous residents that have also gone on to relieve mental health con-

ditions in Southern California. This culminated in the King-Drew psychiatric library being named in his honor along with him later coming out of retirement to serve again as Psychiatric Department Chairman of MLK Hospital.

Dr. Mallory was also heavily involved in professional physician organizations. He maintained active roles in the National Medical Association, Black Psychiatrists of America (BPA), American Psychiatric Association (APA), and Southern California Psychiatric Society. Through these memberships, my Dad was able to continuously advocate for both minority and psychiatric providers and patients. He received numerous honors for his commitments as well including becoming the president of the Black Psychiatrists of Southern California from 1965-1973, and a distinguished life fellow of the APA. His career accomplishments culminated when he was recognized and celebrated by receiving the 2014 BPA lifetime achievement award in Montego Bay, Jamaica, attended by my sister, daughter and myself.

My father dedicated himself to helping those that most needed it. As his life was devoted to the care of psychiatric patients in Los Angeles throughout his career, my family and I are humbled that the Southern California Psychiatric Society has chosen to recognize the work of George L. Mallory, M.D. and commend the selection of a committed, worthy and talented new psychiatrist in his honor.

Sports Psychiatrists in Solidarity with the Community of Black, Indigenous, and People of Color Facing Racial Injustices

Friday January 1st, 2021

Over the past several months and years, we psychiatrists in the United States have seen our country's dreadful scourge of racism come to a head and at times explode in civil unrest. The outpouring onto American streets of anguish, grief, fear, turmoil, and rage can be best understood as a pent-up reaction to centuries of cruel, often violent injustices continuing unabated with impunity. From healthcare disparities and police brutality, to hate crimes, discriminatory housing practices; daily micro and macro aggressions; and even differential attitudes towards, and treatment of, individuals with respect to COVID19 - active discussions are occurring across the world and in many places, protests have flared.

Lives of Black, Indigenous, and People of Color (BIPOC) have been lost or forever altered in racially motivated targeting and violence. Both the incidents and their effects have been seen across the continents worldwide. Although the specific incidents and the affected individuals are far too numerous for us to list them all, we must, at least, acknowledge: the shooting of Jacob Blake and the murders of Trayvon Martin, Tamir Rice, Sandra Bland, Philando Castile, Breonna Taylor, George Floyd, Ahmaud Arbery, Rayshard Brooks, and the death of Dr. Susan Moore in the United States/North America; the shooting death of Joao Pedro Mattos Pinto in Brazil/South America; the hate crimes against Thabang Mosiako, and murder of Xolisile Ndongzana in South Africa; the deaths of Rashan Charles, Sean Rigg, Roger Sylvester, Joy Gardner and Cynthia Jarrett in the UK/Europe; in Asia, the racist caricature of Black Americans in public broadcast in Japan, and the forced evictions of Africans in China, who have also suffered such indignities as being turned away from restaurants, and arbitrary quarantines and testing during the coronavirus outbreak in that country; and the killings of Joyce Clark, Kumanjayi Walker, Tanya Day, and Ms Dhu in Australia. For these, and far too many others, justice must be served.

We, who include in our number psychiatrists from around the globe, acknowledge that some individuals may be more personally and profoundly affected by these incidents. We stand by you, and we outrightly and emphatically condemn acts of racism and police brutality. Furthermore, we assert that it is, and should be, everyone's concern to address racial inequalities and injustices. We see the need to not only speak out on racism, but to do the work to play our part in helping the world to become anti-racist. As we leave behind Universal Human Rights Month of December 2020, and ring in the new year beginning with World Peace Day on January 1, 2021, we acknowledge that now is the time for continued action, not complacency.

At the collegiate level, many predominantly white institutions build their teams with Black athletes. In fact, in the United States, the sports that generate the greatest revenue for NCAA university athletic programs — providing funding for salaries of coaches and administrators and funds to upgrade facilities — are those in which the majority of the players are Black, such as football and basketball. That representation is rarely replicated in the head

coaching staff, athletic director positions, medical teams, or even the surrounding communities. At the same time, BIPOC comprise far too few of the beneficiaries of revenue generated by teams on which Black athletes predominate. Similarly, while there is high representation of BIPOC among athletes in certain professional sports leagues — such as in the NFL, NBA, and WNBA — it remains true that only a small fraction of the top professional positions in those organizations are held by any people of color, let alone Black people. It is our endeavor to help establish and support racial equity in these settings as well.

We also recognize that the current sociopolitical climate sets the stage for a high stakes game for athletes when it comes to activism. In addition to public scrutiny for differing views, particularly in this time when social media is king, athletes who speak out place themselves at risk of a backlash from their teammates, coaches, and upper management, as well as the communities they entertain with their athletic talent. This may cause frustration and withdrawal from their investment in their team, which may jeopardize playing time, or result in lost scholarships, in the case of college athletes. Although more prevalent in recent years, activism among athletes has been present for decades. We are here to support those who choose activism, as well as those who may not be comfortable with public activism, but still have strong feelings about ongoing events, and struggle with external pressures to either keep quiet or speak out.

As sports psychiatrists, part of our mission is helping both individual athletes and teams perform at their best. By being comfortable with the uncomfortable conversations surrounding race, and providing our expertise to facilitate critical discussions with teams and individuals, we commit to promoting trust, cohesiveness, and a safe space for addressing conflict, so that teams can function together to obtain results. As physicians specializing in psychiatric medicine, we are cognizant of the critical interface between brain and body, and regularly treat patients with mental illness and its sequelae. It is well established that stress can cause adverse health outcomes such as high blood pressure, heart disease, obesity and diabetes. Recent studies, however, have highlighted the way in which facing racism and experiencing discrimination specifically may also harm the health of BIPOC, causing increased risk for chronic disease, faster aging, and shortened life span. It is our duty to address this public health issue in the populations we treat.

To our Black colleagues in psychiatry worldwide, encompassing all levels of training and experience, we share your feelings of sadness, exasperation, and indignation surrounding racism and the brutalization of Black people. We will not stand idly by.

To our non-Black colleagues of all backgrounds, we implore you to lend your voices and creative energies in solidarity with the Black community at this time. Now is the time not just for mere words of support, but to be purposefully anti-racist.

To Black athletes, of all ages and stages of your careers, we commit to better understanding the complex circumstances under which you are expected to perform. We support your taking the steps you need to manage the array of emotions that stem from these hurtful incidents, and will endeavor to better support you.

As often quoted, though the original source is unknown, “Justice will not be served until those who are unaffected are as outraged as those who are.” We have heard the alarm and we will answer the call.

Sports Psychiatrists for Racial and Social Justice

Wilsa M.S. Charles Malveaux, MD, MA- Western Regional Trustee, Region IV for the Black Psychiatrists of America (BPA); CEO and President of WCM Sports Psych

Edgar Agames, MD - Past President of the Central American and Caribbean Association of Psychiatry (ACCAP)

Evelyn Ashiofu, MD, MPH - General Psychiatry Resident

Dan Begel, MD - Founder, International Society for Sports Psychiatry (ISSP)

David Conant-Norville, MD, DLFAPA, DFAACAP - Founder and Clinical Director Mind Matters PC

Altha Stewart, MD - Past President of the American Psychiatric Association (APA), Past President, Black Psychiatrists of America (BPA), Past President, Association of Women Psychiatrists (AWP), and Medical Director, WNBA

Derek Suite, MD, MS- Founder and CEO of Full Circle Confidential

Stephen Taylor, MD, MPH, DFAPA, FASAM - Medical Director, NBA/NBPA Player Assistance/Anti-Drug Program

Psychiatrists, Other Physicians, Mental Health & Sports Professionals- To Join the Movement Sign Here:

<https://hipaa.jotform.com/203538309988166>

Diversity & Inclusion: As we become more diverse are we truly embracing inclusion?

Rahn Bailey, M.D.

Hascal Humes



The medical profession has lacked diversity since its inception. Currently, only 4.1% of physicians in the U.S. are Black, compared to 12.3% of the population as a whole (3). Additionally, the number of Black male doctors was at its height in 1978 and has gotten lower since then (3). Because of this, there has been a concerted effort to increase diversity within medicine, and specifically in psychiatry. But increasing diversity does not necessarily lead to increased inclusion along with it. It is important to make this distinction, so that we consciously advocate for inclusion as well. Failure to do so may result in fundamental errors in judgment, and potentially less than optimal outcomes for Black patients.

Diversity describes the variation in personal, physical, and social characteristics, such as gender, ethnicity, age. Inclusion refers to the procedures that organizations implement to integrate everyone in the workplace, allowing their differences to coexist in a mutually beneficial way (1). Together these are strategies to make everyone feel accepted and comfortable, ready to share their opinions and thoughts without hesitation. In the past, leadership has lacked diversity and inclusion, leading to avoidable clinical mistakes. This includes diagnoses such as drapetomania, pathologizing homosexuality and transgender individuals, and over-diagnosing schizophrenia in African Americans (1). Given this history, it is critical that more groups be represented in psychiatry leadership to avoid similar results.

But having this representation will not be enough by itself. We need to cultivate environments in which all people feel valued and are comfortable giving input into decision making. An important aspect of this, will be to strengthen the pipeline for physician training. Currently Black applicants are only accepted at a 34% rate into medical school, which is 7% below the average across the board (2). A dearth of compassionate role models and mentors, limited networking opportunities, and institutional and structural discrimination have contributed to this issue (2). Pipeline programs must be shaped to support students before and during matriculation throughout their medical education.

Increased spotlight shed on diversity will bring more Black doctors, but inclusion makes people feel welcome. Changes must occur on a personal level as well. Modern society is plainly pluralistic. Every person experiences several iterations of identity, all of which are fluid and intersection aspects of our being (1). These factors have a tangible effect on the varying levels of resilience, vulnerabilities, and summation of symptoms (2). Addressing diversity in psychiatry will be an evolving endeavor, which will require contributions from all parties involved. The hope is that everyone will hear the call to action and form a collective commitment to improving the mental health of everyone.

Moreno, Francisco A. "Diversity, Equity, and Inclusion in Psychiatry." *Focus* (American Psychiatric Publishing), American Psychiatric Association, Jan. 2020, www.ncbi.nlm.nih.gov/pmc/articles/PMC7011219/#.

Simonsen, Kari A, and Ruth S Shim. "Embracing Diversity and Inclusion in Psychiatry Leadership." *Psychiatric Clinics of North America*, vol. 42, no. 3, Sept. 2019, pp. 463–471., doi:<https://doi.org/10.1016/j.psc.2019.05.006>.

Wall, Barry W, and Elie G Aoun. "Diversity and Inclusion Within AAPL." *Journal of the American Academy of Psychiatry and the Law*, vol. 47, no. 3, Sept. 2019, pp. 244–247., doi:<https://doi.org/10.29158/JAAPL.003870-19>.

California's Psychiatric Patients And Psychiatrists Are In Danger

By Daniel H. Willick, Ph.D., J.D. ¹



The death of the California Psychiatric Association (CPA) has left California's psychiatrists and psychiatric patients in danger. Two examples of CPA victories, out of many, make the point. These victories were only achieved by years of CPA advocacy and the resulting knowledge and influence.

Two CPA victories illustrate what may be gained by effective advocacy and what may be lost without it:

1. CPA's advocacy for psychiatry resulted in the enactment of California's Mental Health Priority Act (Health & Safety Code section 1374.72, Ins. Code section 10144.5) and in an appellate court decision (*Rea v. Blue Shield*, (2014) 226 Cal.App. 4th 1209) which mandated its broad application.

2. CPA's advocacy for psychiatry resulted in the defeat in the California Legislature of multiple bills to grant psychologists prescribing privileges and the defeat of a federal civil rights lawsuit to grant such privileges (*Walker v. California*, U.S. Dist. Court, Central Dist. of Calif. 2007).

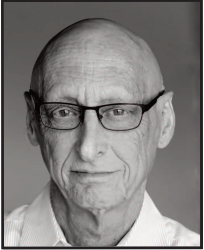
These victories drive home the brutal truth that the right to practice medicine, including psychiatry, is controlled by the government and the courts. A California psychiatrist may not practice without a license granted by the State of California and may not prescribe medication without permission of the State or the federal Drug Enforcement Administration. Under the American system, governmental and legal advocacy control medical practice.

Advocacy requires identifying the goals necessary for the safe practice of psychiatry and influencing the adoption, interpretation and administration of the laws enacted to control psychiatric practice. This cannot be successfully accomplished without the knowledge of and the ability to influence both California's legislature, which enacts laws, and California's courts and administrative agencies, which interpret and enforce the laws. Without robust advocacy as well as knowledge and influence gained from years of hard work, psychiatry and its patients are at the mercy of the advocacy of others. The article by Drs. Shaner and Solding which appears elsewhere in this Newsletter demonstrates that SCPS has learned these lessons. Such advocacy also can and should be harnessed to pursue the goals of racial justice so deservedly described in this Newsletter.

¹ The opinions expressed in this article belong to Mr. Willick alone. Although Mr. Willick has been the SCPS attorney for 42 years and was the attorney of the California Psychiatric Association for 29 years, the opinions in the article are not stated on behalf of any of his clients. They are his warnings alone.

SCPS Council Revitalizes Government Affairs Committee

Roderick Shaner, MD, GA Committee Co-chair
Steve Soldinger, MD, GA Committee Co-chair



SCPS members know that effective organizational engagement in government affairs is key to managing local, state, and federal governmental relationships for the benefit of our profession and our patients. To accomplish this, SCPS assumed a central role over the last several decades in building, supporting, and participating in the extraordinarily successful CPA GA Committee. This made sense because state government has the most immediate impact on the practice of medicine.

Now that CPA has ceased operations due to what have been unbridgeable differences among the five APA California District Branches, SCPS Council has reactivated the SCPS GA Committee and charged it with maintaining the important capabilities that the CPA GA committee formerly afforded. This task is doable since SCPS membership includes many colleagues who have been key in CPA GA leadership, some of whom are currently active in the Psychiatric Physicians Alliance of California (PPAC), a new state-level psychiatric advocacy organization that includes the finest legislative analysts and lobbyists from the CPA staff.

The role of the SCPS GA Committee is to assist SCPS Council in identifying and developing public policies that benefit psychiatry, advocating for formal legislation that supports our goals, and managing public relations to build strong partnerships to forward our interests. It must identify emerging public policies and legislation that most affect our organization's professional and community interests and must also suggest interventions that will support those interests. To accomplish this, the GA Committee must strategize how to generate public support for relevant issues, direct lobbying for policy changes and legislation through appropriate channels, and constantly monitor potential and planned governmental actions. While much of the activity will be at a state level, local issues managed by counties in the SCPS region must also be addressed. A full description of the GA Committee, including its operations, members, and activities, can be found on the SCPS website (link).

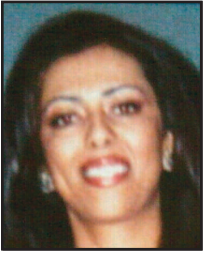
The SCPS Council's first direction to the GA Committee was to develop a contract with PPAC that ensures SCPS membership will have robust input into PPAC advocacy, as the expense for PPAC services will be roughly 25% of SCPS budget. Speed was necessary to ensure timely and sustained legislative engagement in Sacramento. The GA Committee's recommendations were approved by Council at the January Council meeting. The GA Committee will work closely with PPAC to develop and implement advocacy positions and to keep SCPS membership fully apprised of public and governmental issues and initiatives that affect our practices, patients, and the mental health community.

The GA Committee is also working with other SCPS committees, including the Website, Public Affairs, and Diversity and Culture Committees to expand the Advocacy section of the SCPS website <https://www.socalpsych.org/advocacy/>, to ensure that SCPS membership and the interested public have comprehensive and lucid access to critical government affairs advocacy issues. The Advocacy section will also serve as an avenue for visitors to effectively communicate ideas and concerns to SCPS and engage in discussion.

The GA Committee looks forward to the important work ahead and welcomes suggestions and interest from membership in both serving on the committee and participating in its programs and projects.

Bedlam: America's Mental Health Care Crisis: Experts Speak Out

By Kavita Khajuria, M.D.



“Los Angeles: Epicenter for Crisis, and Model for Change”. This was expressed by Dr. Jonathan Sherin, Director of the LA County Department of Mental Health during the January, 2021 film screening discussion of ‘Bedlam: An Intimate Journey into America’s Mental Health Care Crisis’, hosted by UCLA’s Friends of the Semel Institute and the Neuropsychiatric Hospital Board of Advisors. The documentary portrayed was spilt in two, sandwiched by a discussion with six panelists with a variety of expertise – including mental health, the community, and the political and criminal justice system. Panel discussants included Judge Songhai Amsted, Geroge Gascon (recently elected District Attorney of Los Angeles), Felicia Jones (Executive Director of Healthy African American Families), the Honorable Patrick Kennedy, Dr. Jonathan Sherin (Director of LA County-DMH), and Dr. Ken Rosenberg - psychiatrist and producer of the documentary.

Set in Los Angeles, the documentary explored the mental health crisis including an overwhelmed healthcare system, underscored by the challenges of severely mentally ill patients, and provided a glimpse into the myriad of forces that contribute to this social crisis. Locations included but were not limited to LAC-USC and Twin Towers Correctional Facility in Los Angeles. In the second part of the documentary, Dr. Rosenberg discussed the deep impact of his sister’s mental illness on his family, and how this may have been different had she received treatment earlier.

Honorable Kennedy commented on the impact of the films depiction of a broken system and the impoverished effectiveness of the current system thus far. He emphasized the real challenge to be alignment of the government with the budget, and expressed hope with the new change of the U.S President, while acknowledging individual differences and the multiplicity of pressures. Felicia Jones shared lessons learned and spoke about the stigma and criminalization of the mentally ill, and with minorities of color in particular. She stressed the necessity of “inclusion of community and lived experience at the table”, and cited engagement and services to lower recidivism and hospital readmission rates. She pointed out the increased prevalence of injustices in minority communities over the past year, and posed the following question: How do you educate and equalize power?

Dr. Sherin spoke about the LA County Department of Mental Health and the need for more services, the importance of connection, and stressed the critical need for purpose in ones life. Los Angeles D.A George Gascon noted the reach of adverse childhood experiences in those held within the criminal justice system, and emphasized the criminal justice system to be part of the problem “steeped in tradition”, which translated as insightful and refreshingly progressive. He pointed out the reality of political and monetary interests and the historical defunding and shift to prisons. Judge Amsted talked about pragmatic realities and the scope of difficulty. She encouraged creativity and noted resources to be invested in the wrong places. She discussed future plans in the midst of current COVID challenges, and areas of specific focus, including programs and partnerships, and plans for execution. The role of first responders and police were discussed by DA Gascon and Dr. Rosenberg.

The final quintessential question posed was: Is there a call to action, and what is a simple thing one could do?

Honorable Kennedy stressed early intervention and appropriate use of monies; he referenced ACE/Adverse Childhood Events studies and encouraged problem solving in elementary schools to fend off stress, and repeated the need for alignment of government systems. Felicia Jones stressed the importance of advocacy, the need to bridge voices across the spectrum, mobilization to reduce stigma, and the need for a cohesive plan without punity. D.A. Gascon encouraged audience members to speak out, support action, get engaged and participate in forums. Judge Amsted encouraged a focus on trauma, the need to avoid denial, and encouraged the public to check in with others during this isolating and stressful time. Dr. Sherin encouraged connection, the need to recognize interdependence and noted the need for insurance companies to be involved as collaborators - he stressed mental health to be a human right.

Having worked in California Corrections for over 15 years, the film content felt very familiar, but was additionally informative and touching, as it revealed the inner aspects and struggles of patients, their families and the doc-

tors who treat them. The panel discussion was also an interesting collaboration – panelists expressed informed opinions, integrated efforts and necessary collaborations. The 2 hour webinar held on January 19, 2021 is available on youtube.

Nomadland – Film Review

by Tim Thelen



Homelessness, one of society’s most prevalent disasters is at the heart of Chloe Zhao’s new film, **Nomadland** – a portrait of one woman’s attempt to survive the great recession of 2008 while living out of her van. Francis McDormand is Fern, an aging widow whose place of residence: Empire, Nevada has virtually been wiped off the map due to the closing of the sheetrock manufacturing plant, U.S. Gypsum. Fern has now taken to the road in her van (which she’s named, “vanguard”) and claims, she’s not really “homeless,” just “house-less.” Traveling through deserts and rural towns, her lonely existence is somewhat brightened by her interior van-decorating skills and occasional human contact. She is able to find occasional employment, including a winter stint at an Amazon fulfillment center, but we wonder if Fern has chosen her nomadic lifestyle, and if she is avoiding a life of permanence and conventional relationships.

Along the way, Fern and her fellow nomads gather in RV parks and bond in their alternative lifestyle. Zhao’s use of non-professional actors and real-life nomads add such realism, that if it weren’t for Francis McDormand’s recognizable presence, one might think this film is a documentary. Fern’s friends include the elderly but strong-willed, “Linda May”; the cancer victim, ‘Swankie’ who appears to have lived on the road for ages; and Bob Wells, who has practically founded nomadism as a science, and conducts workshops on the lifestyle. These veterans of the road lend credence to the idea that a “nomadland” is an established and acceptable way of life.



Primarily a loner, Fern’s compassion for her fellow wanderers manifest in simple ways such as giving away sandwiches and other small gifts. She’s an optimist, who despite the loneliness of her existence and an environment where suicide is often considered, her strength and determination seem to prevail. Soon, Fern encounters Dave - estranged from his family and the typical home life. Played by professional actor, David Strathairn, Dave takes more than a passing interest in Fern, and their companionship is soon tested.

Essentially a road film, **Nomadland** was shot in Nevada, California, Arizona, Nebraska and South Dakota. The back-to-nature experience which the nomads cherish is enhanced by Zhao and her cinematographer, Joshua James Richards, who shoot many scenes against an inspiring desert sunset. However, one can’t help feeling that this view of America in circa 2010 is a sad one – and a grim foreshadowing of our current situation - as thousands lose their jobs (and homes) to the pandemic.

What Nomadland may lack in traditional plot developments, it makes up for with authentic and sweet portrayals of its protagonists. Zhao’s characters share a common sadness of loss, but they gain their strength through camaraderie and altruistic attempts to help one another. The film won the top prize at last year’s Venice Film Festival and has been acquired by Fox Searchlight Pictures for wider release over the next few months. Due to the challenges inherent in filmmaking and theatrical film-viewing during the pandemic, 2020 was a somewhat weaker year for films. However, **Nomadland** stands out as one of the best. It premieres February 19th on Hulu.



The Displaced

Edited By Viet Thanh Nguyen

Publisher: Harry N. Abrams

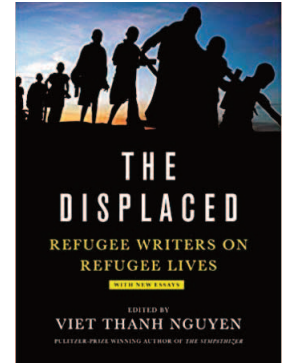
2019 Reprint Edition

192 pages

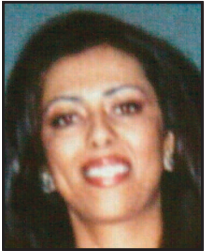
\$11.49 Paperback

ISBN-13: 978-1419735110

Book Reviewed by Kavita Khajuria, MD
SCPS Diversity and Culture Committee



“Most of the time we do not see the other or see right through them...”



The Displaced is a collection of 20 essays authored by refugee writers from around the globe – with origins including Mexico, Chile, Afghanistan, Iran, Bosnia, Soviet Ukraine, Hungary and Ethiopia. The stories are diverse, but the themes contain common threads including struggle, survival, vulnerability and a lack of belonging. Some question name and identity, while others share concepts of connected origins, a sense of dislocation, objectification, and ‘untethered phantoms’. According to recent estimates, over 68.5 million people flee persecution and conflict worldwide.

The stories contain both heartbreak and heart warmth, and vary in scope and depth. ‘The parent who stays’ describes the emotional costs of family separation despite physical reunification – the trauma of loss and suffering, as well as anger, resentment, shame and pain. The impact of trauma on children’s performance and their learning ability is noted, given the additional stress of assimilation and acculturation on post-traumatic stress. ‘To walk in their shoes’ retraces the refugee journey, both physically and psychologically. ‘God fate’ explores the reason for refugee storytelling emphasizing the importance of individual narrative. ‘Second country’ discusses the ‘otherness’ problem, the search for national identity, and the quest for hope. ‘Thirteen ways of being an immigrant’ expresses the experience of a child immigrant – and includes concepts of race, discrimination, identity, and loss of the self - questioning what it is to be American. ‘This is what the journey does’ describes the emotional scars of trafficking, detention centers and makeshift prisons. ‘The ungrateful refugee’ references community that openly takes credit for the migrant survival, but discards their past. ‘A refugee again’ questions the definition of a refugee, and addresses projections, acculturation, transformation, and the pursuit for wholeness. ‘New lands, new selves’ notes the pursuit of exceptionalism in order to escape the price of mediocrity for being denied entry into the host country. And finally, ‘Refugee children’ compellingly describe the sacrifice and courage of refugee children.

In sum, many recall the flight into the unknown, the struggle for safety and community– but also the kindness of strangers.

This book compelled me to reflect on the experiences of the ‘displaced’ I’ve encountered – which have included those primarily from Mexico, South America, Cuba, Africa and the Middle East. There’s been no single story - some eagerly called America ‘home’, while others implied it. Other reactions were mixed. Some referred to their roots as though they were current, and they tended to congregate primarily with those of the original culture. From professional experience in corrections - most striking wasn’t a ‘displaced’ patient’s depression, despite the clinical diagnosis. In fact, most of these individuals neither stated nor admitted to having depression - many didn’t have the words to express their experience. It was as though something had left their spirit – a state of quiet melancholy, as though they were hollow. I can recall some of those faces and vibrations 15 years later. Of those who did mention their experience - some referred to family separation, isolation, and the price paid for ‘freedom’. And for those who didn’t lose themselves entirely, what they seemed to need most was hope. Some of these experiences resonated with stories contained in this book. All stories additionally underscored the importance of storytelling - described by many as crucial for history and humanity.

This book could promote professional growth, as it shares the emotional world and complexities of the refugee experience, including social barriers to integration. It also encourages awareness and understanding, as post-settlement factors are the most powerful determinants of mental health in this population.

Council Highlights

November 12, 2020

Eric Wagreich, M.D. *Secretary*



Outline of Notable Meeting Events and Discussion

Conflict Resolution

Dr. Red provided an introduction laying the groundwork for space for all of Council to move forward with a shared goal and vision with an eye toward cohesion. There was an overwhelming agreement to move forward in this manner without any more formal motions to do so to guide that process.

Meeting Minutes

The minutes from the October Council meeting were unanimously approved.

President's Report

PPAC Contract Report

Dr. Fouras presented that there is an upcoming need for various formalities moving forward with PPAC and our agreement/contract with them for upcoming advocacy. Further discussion was tabled until the GA discussion later on the agenda.

APA Membership Procedures

Mindi shared concern regarding APA's notice that SCPS will be left out of the DB window for 2021 since we did not agree to APA's contract, and the development that they have moved forward with doing so and upcoming changes to the approval and declination of new and existing members despite our concerns and understood legal rights. Other district branches that utilize non-centralized billing include Texas, Maryland, and Long Island.

Office Lease

Mindi provided an update regarding the option of subleasing our office space, and that this is a possibility moving forward with one noted concern by Legal Counsel Mr. Willick. Mindi also provided some context that at least one other tenant appears to have left their lease and inquired as to whether any other possibilities may exist moving forward to reduce our total remaining dues, including whether a buy-out option exists. It was agreed upon that we would attempt to sublease the office for one-to-two months, and if not successful then we would attempt to approach the option of a buy-out.

Executive Director Review

Executive Director Mindi Thelen left the meeting during this portion of the meeting. Dr. Fouras led the discussion and shared Mindi's self-ratings and the composite ratings from Council. A discussion was held regarding renewal of her employment contract for 2021. A motion was made to give Mindi a 3% raise for cost of living adjustment and a \$5,000 bonus. The motion was divided into cost of living and the bonus. The cost of living motion passed unanimously. The motion to give Mindi a \$5,000 bonus passed unanimously.

December Council Hiatus

Dr. Fouras proposed a meeting hiatus occur in December, which was unanimously agreed upon.

President-Elect's Report

Nominating Committee

Dr. Ijeaku thanked the members of the nominating committee, and Mindi shared the committee's nominations for Council. Dr. Ijeaku shared the passage of the MURR and DMURR Councilor positions and the process for first year of the position, being that the first year we will have just one position – a Deputy MURR position for which Dr. Rahn Bailey was nominated. The slate was approved unanimously.

Grassroots Advocacy

Dr. Ijeaku shared an update regarding grassroots advocacy, including reaching out to some of the more geographically distant regions and how to engage them in future efforts and moving forward for SCPS. She also shared a recommendation that SCPS should consider continuing to hold at virtual meetings, for at least part of the year, even post-COVID-19. A general goal was set to hold at least 50% of post-COVID-

19 Council meetings virtually.

Zoom Meetings Post-COVID-19

Diversity and Culture Committee

Dr. Ijeaku shared the results of the special election that the creation of the MURR and DMURR position passed. She also provided an update regarding the current diversity projects underway within the committee.

Disaster Relief Committee

Red Cross Training

Dr. Chang shared that the Red Cross training occurred, which was part 1 of 2 and that several members have continued their certification and training, and invited any interested members and any known possible speakers for future efforts.

Newsletter Committee Report

Dr. Goldenberg provided an update from the newsletter and encouraged submissions for future newsletters.

Treasurer's Report

November Financials and Cash On Hand Report

Dr. Goldenberg provided a summary of the current financials. Overall income we are over budget by about \$22,329 for the year-to-date; overall expenses we are over budget by about \$7,927 for the month and \$6,338 for the year; and we are about \$32,151 over for cash on hand compared with last year, although Dr. Goldenberg noted that this is likely a misleading figure and that we are most likely under about \$49,000 for cash on hand compared with last year due to going into our reserves in 2020. The report was approved unanimously.

Membership Report:

Dr. Ijeaku provided the membership report and recommended we accept the new members, whom were approved unanimously.

Dr. Ijeaku and the membership committee moved to pre-emptively approve members as their applications are received, understanding that they will continue the same standards upheld during the Summer break, then to be ratified once the Council resumes at the next following meeting. The motion passed unanimously.

Legislative Report

GA Committee

Dr. Shaner shared recommendations and goals for the committee, and how it can provide future guidance on legislative actions and guidance to various organizations and components of SCPS, and some possible guidelines for what positions and members would be involved. He also recommended a short-term work group be established to help guide committee membership and leadership among other endeavors. A brief discussion was held about the logistics of such a group.

Dr. Goldenberg moved that we proceed with the recommendations from the GA committee as noted, with the exception that Ron Thurston not serve as co-chair but remain involved due to his existing service as president of PPAC. Dr. Goenjian made a recommendation that the motion be revised to reflect that all existing officers of PPAC or any advocacy group cannot serve as co-chair, but not to preclude their involvement in the committee. The amendment was approved unanimously, as was the first order amendment.

Dr. Fogelson made a motion, which was voiced by Dr. Shaner, that Council accept the proposed redesign of the GA committee including its ex-officio membership and direct it to commence its activities. The motion passed unanimously.

Program Report

Mindi provided a brief program report for upcoming programs.

Assembly Report

Assembly Reps provided updates regarding the recent APA Assembly meeting.

New Business:

Dr. Fouras provided news regarding the new chair of the LGBTQ committee.

Old Business:

There was no old business.

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**** CANDIDATE STATEMENTS ****

Deadlines for Nominations by Petition February 22, 2021

In this special section, the candidates nominated for your representation discuss their views.

Please read the statements carefully before voting.

Ballots will be mailed on or around March 9, 2021

Zeb Little M.D.
President-elect



I am honored to be nominated for the position of President-Elect of the Southern California Psychiatric Society (SCPS). As such, I will endeavor to promote the mission of the SCPS, increase involvement of our membership in professional development and advocacy efforts, and find ways to connect with non-members to understand their needs and encourage their involvement with our organization.

The future of the SCPS depends on the organization remaining relevant to its membership. As President-Elect I will work with our administration to find ways to connect with current members to discuss ways to better serve their needs. I will also work with our membership to identify and connect with Psychiatrists who are not part of our organization with the goal of educating them about our organization, discussing how SCPS can be more useful to them, and increasing their involvement.

For many reasons the demand for mental health care and resources is greater than our nation's healthcare system can meet. One way to increase access to mental health information and resources is through collaboration with established community organizations. During my tenure, I would like to work with the SCPS on developing partnerships with these organizations in order to increase our understanding of mental health needs in the community and to develop resources and outreach programs tailored to the populations they serve.

I also am looking forward to working with the SCPS on opportunities for communication and collaboration with other mental health professionals. Such efforts may include working with allied professions who are being asked to play a more active role in delivering mental health care. By developing opportunities for dialogue and programs of mutual interest both within and outside the Psychiatric community, we can increase our membership's understanding of topics important to our profession and the health of our patients. Thank you for the opportunity to play a larger role in this dynamic organization.

Reba Bindra, M.D
Treasurer-elect



I am honored to be nominated for the SCPS treasurer-elect position. I am a Fellow of the APA and have served the last 2 years as Councilor for the Inland Empire region. Although I am relatively new to the SCPS, I was involved in the Westchester County district branch of the APA in New York for 10 years. I served first as MIT then ECP representative and was ready to serve in other positions but then made the choice to move back to my home of Los Angeles.

I feel strongly about advocacy for both psychiatric patients as well as psychiatrists themselves. Even prior to COVID-19, many psychiatrists had been progressively feeling discouraged, fatigued and isolated. With the advent of the pandemic however, these feelings have intensified as we face monumental changes to our professional and personal lives. SCPS has an important role in providing support to our physician community through advocacy for both patients and our colleagues. I take it as a personal responsibility to contribute to this platform.

The first half of my career has been working in county and forensic settings as well as in academia. Now I work in more diverse settings--from corrections and private practice to the developmentally disabled population. I am a clinical associate-level faculty at UCR and have been teaching for over 15 years. The diversity of my professional background makes me uniquely qualified to see first-hand the struggles of psychiatrists in a variety of settings and the glaring deficits in our mental health care system. My mission is to be a part of the solution to help fill in these gaps and inspire others to do the same. I would appreciate your support for my candidacy as Treasurer-elect so that I may continue to advocate for our psychiatric community.

Haig Goenjian, M.D.
Secretary



Currently serving as SCPS Councilor, I am honored to be nominated for SCPS Secretary. Currently in my fourth year serving council, I have become experienced in both the role SCPS has for the mental health community, as well as it's internal functioning and operations. I believe these qualities are what best positions me to excel in the position of Secretary.

The past few years have been marked with numerous challenges for psychiatrists and particularly for those in Southern California. These issues include the changing landscape of how psychiatric services are delivered such as telepsych, the awareness of the need for diversification, and tantamount to these, the compromising of our state advocacy arm.

Should I be elected as Secretary, I will use my experience and leadership to help guide our council and membership. Psychiatry is a field which reflects a refined society, utilizing our profound medical sciences to deliver care to individuals and communities that can in turn help better humanity. Should psychiatry fall out of the hands of psychiatrists, and into the hands of the many external forces competing with us, both psychiatrists and patients will suffer. I promise to uphold SCPS to the value of psychiatry.

Gillian Friedman, M.D.
Inland Region Councillor



I wish to thank the nominating committee for the opportunity to run for Inland Region Councillor. I came to the greater Los Angeles area in 2002, spending my career treating patients with severe and persistent mental illness and with addiction. As an APA member since my first year of residency, I highly value the opportunity to serve.

When I came to San Bernardino in 2007, I fell in love with the Inland Empire. I became involved in SCPS's Inland Region Group, where I met devoted and caring psychiatrists, some working in areas that (despite effort and ingenuity by San Bernardino and Riverside counties) remain underserved in regard to mental health resources. 2020 amplified these stressors with the pandemic, and also with legislation that may fundamentally alter the role of physicians in California healthcare (with possibly magnified effects for vulnerable psychiatric patients). At this critical time, I hope to help expand APA/SCPS membership here (both with experienced psychiatrists as well as residents/early career psychiatrists), conveying the unique concerns of the Inland Empire to the SCPS Council, and also advocating how membership in APA/SCPS remains fundamental in giving us all a voice both within psychiatry and within medicine as a whole.

Aaron Gilmore, D.O.
Inland Region Councillor



It has been an honor to serve as the Inland Region Councilor to SCPS this past year and I am delighted to be nominated again.

I completed my Psychiatry Residency at Loma Linda University and fast tracked to take an active role in developing our new Child and Adolescent Psychiatry Fellowship as Chief Fellow; a position for which I was re-elected this past year. As a native to the Inland Empire, in addition to completing most of my training and education here, I feel that I have a unique insight into the aspirations of both Patients and Psychiatrists. This attachment to my community has driven me to become involved in both SCPS and SCSCAP to further the access and safety of mental health care in the region.

As Inland Region Councilor, I served on the membership committee as we looked to revitalize and engage our membership while advocacy changed in California. Policy continues to evolve and I am committed to promoting my values of patient safety and Physician-led care. It would be my pleasure to help organize the voices in our region, and all of APA, to help champion these important and timely issues. Thank you for your consideration.

Naser Ahmadi, M.D.
San Fernando Valley Region Councillor



I am honored and delighted to be nominated for the San Fernando Valley (SFV) Councilor position. As a positive psychiatrist, I have been actively involved in clinical and research initiatives in the local and national psychiatric organizations. My expertise and commitment to advocating for psychiatrists in various levels, from initiatives on novel community preventive early interventions, and integrated national collaboration, facilitate me to support our SFV region's needs. I provide comprehensive care to youth, caregivers, and adults through my current clinical work at the Olive View UCLA Psychiatric ER and Stress Resilience Clinic. Their needs are at the highest; it gives me an in-depth understanding of urgent issues patients and mental health providers face. My connection to UCLA, as an Assistant Clinical Professor at UCLA Semel Child and Adolescent Psychiatry Division, and my close ties to SFV through my private practice and Olive-View UCLA, allow me to maintain a strong connection to patients, their families, and multi-disciplinary practitioners in this field. It would be my distinct pleasure to represent our wonderful SFV region to the SCPS executive committee and the APA. Thank you very much in advance for your continued valuable work in the psychiatric community and your consideration.

Michael Feldmeier, M.D.
San Fernando Valley Region Councillor



It is an honor to be nominated for SCPS Councilor for the San Fernando Valley (SFV) region. I have completed my training in general psychiatry at the UCLA Olive View Medical Center Psychiatry Residency Program and my Child and Adolescent training through the West Los Angeles VA Child and Adolescent Program. My special interest in psychiatry lie in teaching psychiatrists to go beyond the standard psychiatric assessment and to explore each patient's digital life. As the average person's daily screen use continues to climb, the importance of its impact on mental health is becoming clearer. I feel that current technology allows us as physicians to have a greater reach to provide psychoeducation and network with one another. I currently maintain a blog focusing on mental health issues related to technology use as well as a YouTube channel on the same topic.

I currently work in my outpatient private practice in Pasadena, CA and also work part-time at Olive View Medical Center inpatient. I continue to serve as volunteer teaching faculty at OVMC.

Thank you for your consideration.

Hanumantha Damerla, M.D.
San Gabriel/East LA Region Councillor



I am quadruple board certified in Psychiatry, Child and Adolescent Psychiatry, Forensic Psychiatry and Addiction Medicine. I have been involved organizational psychiatry for several years and am passionate about advocacy in order to serve our patient population and represent their best interests and mental health needs. I am a recent (1/2017-12/2018) Past-President of California Academy of Child and Adolescent Psychiatry (CALACAP). I also serve as the Chair of the CALACAP Political Action Committee (PAC) and the Co-Chair of CALACAP Government Affairs and Advocacy Committee (GAA). I have several academic affiliations and enjoy teaching and supervision of medical students, residents

and fellows.

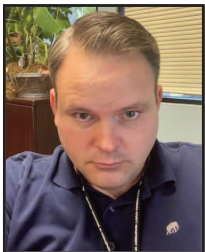
Eric Wagreich, M.D.
San Gabriel/East LA Region Councillor



I am proud to receive a nomination for the San Gabriel Valley and East Los Angeles Councilor of the Southern California Psychiatric Society (SCPS). I am a graduate of the Pennsylvania State University College of Medicine and am the chief resident of inpatient psychiatry at the USC/LAC + USC Adult Psychiatry Residency Program. I will be receiving my fellowship training in forensic psychiatry at USC next year.

I have been consistently involved within Council for three years now, have served as RFM Representative and Liaison to USC, and am the sitting secretary of SCPS. My ongoing involvement on SCPS council and committees, and concurrent work as the APA Area 6 RFM Rep have helped to cultivate within me a growing familiarity with the functions of organized psychiatry and a duty to advocate for our profession and our patients. It would be a great honor to serve as a regional councilor for our wonderful organization, and to continue the incredibly important work we are doing at such a pivotal time.

Jonah Shull, M.D.
Santa Barbara RegionRegion Councillor



I am a child and adolescent psychiatrist, and I have been in practice since I graduated from my fellowship in Reno in 2009. I am currently working in a children's outpatient clinic in Santa Maria, CA. I was heavily involved in the APA during my residency and as an early career psychiatrist. I participated in advocacy days in DC on three separate occasions and served on the assembly. I really enjoyed my time working with the APA and got disconnected with it when I moved to the central coast around 6 years ago. I really would like to be involved again in the governance and representation that the APA does. I am a UAPD union rep and understand the importance of unity in these challenging times. I am a team player and really strive to have a good working relationship with those that I work with and represent. I really hope to help our local branch of the APA with advocacy and promote psychiatry in the greater house of medicine. I would be honored to represent all of you in the Santa Barbara area.

Tatjana Josic, D.O.
West LA Region Councillor

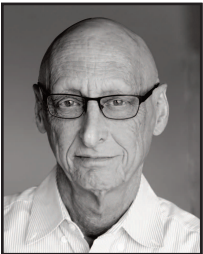


I am honored to be nominated for the position of West Los Angeles Councillor. It is gratifying to be part of an organization that has such a consequential voice in our community and in our profession.

I have served as West LA Councillor since September 2020, and I would like to further contribute in meaningful ways to the SCPS Council and newly approved SUD committee. Through my clinical work in DMH Edelman Westside MHS, I have become familiar with challenges patients with co-occurring mental health disorders face. Incessant community involvement continues to be my goal; I am committed to decreasing stigma, creating new resources, and learning about and meeting the needs of community members. Using an SCPS framework of collaboration, and mentorship, we can provide leadership in creating and implementing strategies to reduce substance-use disorders and associated mental illnesses across all demographics in the Los Angeles area.

Thank you for your consideration.

Roderick Shaner, M.D.
West LA Region Councillor



I'm honored to be nominated for West LA Region Councilor. Through my experience as a past councilor, past SCPS president, State legislative representative, and APA assembly representative, I've seen firsthand the importance of strengthening ties among our members. A strong SCPS Council can improve care for our patients, advocate for clinically sound legislation, and deepen our professional experiences. Recent changes in organized psychiatry at a State level only serve to make SCPS actions even more important in accomplishing our goals.

Now more than ever, SCPS must continuously engage the forces that surround us, playing an effective and proactive role in shaping relevant regulations and structures. As West LA psychiatrists, whether we are residents, private practitioners, employees of private or public healthcare systems, or academics and researchers, we must work together to support fair medical insurance, good residency training, rational LPS rules, and intelligent legislation. We can best do this in the atmosphere of collegiality and friendship that is the hallmark of SCPS and West LA psychiatry. I would greatly appreciate your vote and the opportunity to serve as a West LA Region Councilor.

Emily Wood, M.D.
Early Career Psychiatrist Deputy Representative



I'm excited to be nominated to represent early career psychiatrists in SCPS. Currently, I am a research post-doc at UCLA-Semel where I utilize functional MRI and transcranial magnetic stimulation methods to uncover neurobiological mechanisms of sensory over-responsivity and early adversity/trauma in youth with Autism Spectrum Disorder. My primary clinical interests are in working with individuals with ASD and/or childhood trauma and their families.

While I paid dues and remotely observed SCPS during residency, this year I emerged from clinical training and connected with the SCPS Diversity and Culture Committee. Here, I found a collegial network of like minds to champion equitable, diverse and inclusive mental health care and delivery. As physicians, especially psychiatrists, we are afforded great privilege to both witness and alleviate suffering in our community. Our professional strength comes through supporting each other and holding ourselves accountable for shaping our health care systems to meet the needs of all patients.

On SCPS council, I will advocate for mental health parity and equitable, high quality patient care in Southern California. A key role for an ECP representative is to ensure that SCPS continues to listen carefully to early career psychiatrists and create a welcoming environment for them in organized psychiatry.

Troy Kurz, M.D.
Resident-Fellow Representative



As member of the Southern California Psychiatric Society (SCPS), I am privileged to be nominated for the Resident-Fellow Member (RFM) Representative. Being a PGY4 fellow, at UC Riverside Child and Adolescent fellowship, I am thankful for the opportunity to work with children and adolescents in the surrounding community. I particularly enjoy working in the community psychiatry realm and helping find ways to improve the services and care for my underserved population. I am also passionate about the role of data, information, and technology within healthcare, as well as how they can be utilized to improve mental health. Therefore, I am currently pursuing a master's degree in Clinical Informatics from Vanderbilt

University.

This year has been a struggle for many and has shown the importance of mental health within our communities. As the RFM representative, I hope to represent and advocate for resident and fellow psychiatrists, as well as train any young physician leaders desiring further leadership roles. I will also use my leadership and advocacy skills to help expand awareness about SCPS among the local residents and fellows. It would be a great honor to serve my fellow colleagues as the RFM representative.

Weei LoAllen, M.D.

Resident-Fellow Representative



I am honored and grateful to be nominated for the Resident Fellow Member Representative position. I am currently in my third year of residency at UCLA / VA Greater Los Angeles. I completed my medical education at Albany Medical College. As a current APA public psychiatry fellow serving on the APA Council on Minority Mental Health and Health Disparities, I strive to take an active role in promoting diversity and inclusion in residency and fellowship training. As a program chief resident, I honed my communication and organizational skills advocating for our residents within a large organization. I believe these leadership roles give me a unique perspective and understanding of our residents and fellow members.

As a member of the SCPS Disaster Relief Committee during the height of COVID-19 pandemic, I witnessed the crucial role SCPS has in supporting our colleagues and trainees in this unprecedented year. As the landscape of psychiatric practice and training continues to shift and evolve, I hope to apply the knowledge and skills cultivated through my experiences to help recruit, support, and advocate for our wonderful SCPS community. It would be a privilege to serve as your Resident Fellow Member Representative. Thank you for your consideration.

Uchenna Okoye, M.D.

Deputy Minority and Underrepresented Representative

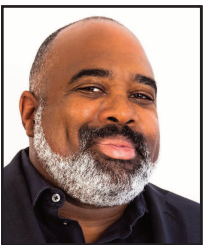


I am honored to be nominated to be the Minority and Underrepresented Groups Deputy Representative (DMURR) of the SCPS. I completed residency at the UCLA Semel Institute for Neuroscience and Human Behavior in 2018. I now work primarily in psychiatric emergency services, as well as in community outpatient and corrections settings. I have extensive experience leading efforts around justice, diversity, equity and inclusion (JEDI).

If elected, I hope to assist the SCPS in clarifying and executing goals around JEDI. These must include efforts to understand and address existing policies and practices within the SCPS that may work to maintain systemic racism, and to strengthen support of our psychiatrists belonging to racial/ethnic groups underrepresented in medicine.

Curley Bonds, M.D.

APA Assembly Representative



It is an honor to be nominated for the position of SCPS Assembly rep to the APA. I have been an active member of the APA for my entire professional career starting with residency at UCLA's Semmel Institute. I have served in various positions over the years including West LA Regional Councilor, Treasurer and President. These experiences have helped me to appreciate how important it is for members to have a voice in the legislative process so that we can advocate for our patients. I look forward to having an opportunity to represent each of you and to preserve and advance the practice of psychiatry.

I have devoted my career to academics and public service and currently I serve as the Chief Medical Officer for the Los Angeles County Department of Mental Health. I have been at the epicenter of the County's response to the havoc that the pandemic has caused. In my role I oversee programs that provide care for LA's most vulnerable residents. I have joint faculty appointments as a professor at Charles R. Drew University and as a Health Sciences Clinical Professor at the David Geffen School of Medicine at UCLA. I also maintain a small solo private practice based in Westwood. My key priorities are ensuring universal access to psychiatric care for everyone despite their financial resources. This includes reducing the bureaucratic obstacles posed by insurance and managed care companies. In addition, I want to participate in the APA's work to dismantle the systemic racism that has prevented us from accomplishing everything that we can and should. I look forward to the opportunity to serve further as an Assembly rep to communicate and advance our collective interests.

C. Freeman, M.D.
 APA Assembly Representative



I am C. Freeman. I am running for SCPS APA Assembly Representative and ask for your vote. Humbled by the great honor of having earned the respect of my peers who nominated me, I willingly offer my skillset to further the powerful presence of SCPS on the national level. A practicing adult and geriatric psychiatrist whose commitment is to create healthier lives through delivering health care of the highest quality and providing mental health education to the community, makes me a model candidate to represent the mission and ideals of SCPS. Serving as a member on the APA Investment and Oversight Committee Subcommittee of the Board of Trustees and Chair of the Population Variables Subgroup of the 2020-2021 APA Presidential Task Force on Psychiatric Beds not only allows me to build relationships across the APA, but also gives me a keen understanding of the inner workings of the APA and its drivers of decision making. My continued tenure in leadership as the Ethnic and Minority Organization Section Trustee on the Board of the California Medical Association and as Past President of the Los Angeles County Medical Association give me a rich background in organized medicine, which is characterized by my ability to hear all sides of an argument, to seek consensus, and to do so according to parliamentary procedure. Given the opportunity, my promise is to leverage my relationships and skills to serve the SCPS membership to the fullest capacity. I hope to earn your vote as the SCPS APA Assembly Representative. I thank you for your consideration.

Ballots will be mailed on or around March 9, 2021 Due Date will be April 5, 2021 Deadline to run by petition is February 22, 2021.

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