



MICHELLE RIBA, M.D., M.S.

Presidential Address

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First, let me thank Dr. John Greden for that very kind introduction and, more importantly, for his friendship and strong support of me and my work for so many years.

I owe very special thanks and appreciation to my husband, Dr. Arthur Riba; our daughters Alissa and Erica; family and friends; and my colleagues at the University of Michigan, especially Linda Gacioch.

I am indebted to APA Medical Director Dr. Jay Scully; President-Elect Dr. Steven Sharfstein, who will make a wonderful APA President; Assembly Speaker Dr. James Nininger; and the entire Board of Trustees and Assembly.

It has been a true team effort.

I want to also acknowledge and thank my patients—so incredibly flexible and encouraging. A week ago, I made a home visit to one of my patients who is in hospice care. I didn't think she was keeping track of my comings and goings, given her declining medical condition, and we had never previously talked about APA. When I was leaving her home, she told me that she was glad that her psychiatrist was the APA President...but glad that I wouldn't be traveling so much.

It was a reminder that ultimately what we do is about how to best serve our patients. Toward that goal, in the past year, I'm pleased to report that we've made great progress in many areas, but I would like to share with you five specific initiatives that will improve how we care for our patients: mental health on college campuses, education in psychiatry, government relations, psychosomatic medicine, and communications.

Let me summarize:

In terms of mental health on college campuses, we realized that there was an important task before us—to better serve the needs of our students with quality and competent mental health services. In fact, the need for mental health services on college and university campuses is increasing because 1) more students enter college already taking psychiatric medications, 2) most colleges report increases in medications being prescribed at their mental health services, 3) most colleges report seeing increases in students with severe psychopathology and comorbidity, and 4) suicide is the second leading cause of death in college students.

I gained greater insight into the issues faced by students during our annual Depression on College Campuses conference at the University of Michigan. We heard from students from around the country. They talked about their

difficulties with a range of psychiatric problems, including eating disorders, alcohol, suicide, and depression.

The students told us how hard it was to see a qualified mental health professional and to receive continuity of care. The increased pressures of examinations, being away from home, sleep deprivation, loneliness, availability of drugs and alcohol, loss of privacy, large lecture halls, and lack of structure make for obvious problems.

During my presidency, we decided to begin confronting these issues. We established the APA Presidential Task Force on Mental Health on College Campuses. It is co-chaired by Drs. David Fassler and Rachel Glick. The task force is working on an initiative to increase awareness of the challenges and risks faced during the college years and where students can turn for help and assistance.

It's some relief to know that we have a number of allies to help address the problem: public policy and coalitions can complement and support our clinical work.

An encouraging development was President Bush's recent signing of the Garrett Lee Smith Memorial Act. I had the opportunity to be at the White House last fall when this key measure became law. But I also heard firsthand about the tragic incident that prompted the federal government's new suicide prevention effort: the September 2003 suicide of Senator Gordon Smith's 21-year-old son.

Indeed, suicide is a very real problem that can touch anyone. I'm thankful that APA is strongly positioned to continue leading on this front. We sincerely appreciate the Smith family's willingness to turn this tragedy into a positive action for our nation.

So mental health on college campuses has been our first major focus.

The second area of attention has been psychiatric education.

This includes recognizing our teachers, determining what medical students should be learning, and finding ways to encourage and fund research training in medical student and residency education to ensure more attractiveness to the career choice of becoming a physician scientist.

Last month, APA brought together some of our leading educators for a presidential summit to frame the issues for medical student education in psychiatry. The summit provided a forum to develop strategic, new undergraduate medical education curricula in psychiatry. These will incorporate the latest advances in psychiatry content and teaching methods. My appreciation to Dr. Deborah Hales, Director of the APA Division of Education, and to the Association of Directors of Medical Student Education in Psychiatry for its support of this successful summit.

Earlier today, APA's Council on Medical Education and Lifelong Learning, chaired by Dr. Richard Balon, presented

the first Irma Bland Awards for Excellence in Teaching Residents to 57 APA members—both full-time and voluntary faculty. It is so important that we recognize members who have made outstanding and sustained contributions to resident education in psychiatry. This adds to APA's strong history of support of medical student education, which includes the Nancy Roeske award, which has been presented for the past 13 years to recognize teachers of medical students.

We also are making progress in recruiting medical students into psychiatry. Match Day 2005 was an exciting day for medical students and the field of psychiatry. We saw a continued upward trend of students selecting psychiatry for their residency.

We are also making progress in training patient-oriented psychiatrist-investigators, in adult and child psychiatry. Just over 1 year ago, the Director of the National Institute of Mental Health (NIMH), Dr. Thomas Insel, convened the National Psychiatry Training Council. This is a group of 15 psychiatrists representing the full complement of academic organizations necessary for training and credentialing future psychiatric practitioners and researchers. I am most honored to have the opportunity to serve on this council, chaired by Dr. John Greden and Dr. James Leckman.

The council was formed with an explicit mandate from NIMH: to develop proposals for implementing recommendations contained in the highly regarded Institute of Medicine report *Research Training in Psychiatry Residency: Strategies for Reform* (1). The recommendations encompass a variety of goals tailored to residency training in our age of evidence-based medicine. These goals range from assuring research literacy at one end of the spectrum to increasing the number of residents who choose careers in patient-oriented psychiatric research.

Clearly, this is a comprehensive, long-term endeavor. It has the full support of APA leadership. Please join me in expressing appreciation to Dr. Herbert Pardes, President of the Board of Directors of the American Psychiatric Institute for Research and Education (APIRE); Dr. Darrel Regier, Director of the APA Division of Research and APIRE; and Dr. Jay Scully, for placing the full support and resources of APA behind this critical initiative for the field of psychiatry.

We look forward to working in collaboration with NIMH, the National Institute on Drug Abuse, the National Institute on Alcohol Abuse and Alcoholism, and other institutes to train more residents choosing a career in patient-oriented psychiatric research.

So education has been our second important focus.

The third area of concentration during my tenure as President has been advocacy.

This includes scope of practice, specifically psychologist prescribing. Over the past year, many of our members and professional staff have continued to actively engage in advocating for our profession. They have worked diligently

to educate and lobby for important issues that impact on patient care.

Let me highlight some of these wonderful advocates and their work.

When the 2005 Hawaii psychologist prescribing legislation appeared likely to pass, given the strong push by two Senate committees, Dr. Jeffrey Akaka and his team didn't give up their fight to defeat this bill. The bill did fail during a full Senate floor vote. How was it defeated? With the strong and enduring leadership of Dr. Akaka, who labeled the bill as "crash course prescribing." And he led members of the Hawaii Psychiatric Medical Association, the local chapter of the National Alliance for the Mentally Ill, and the University of Hawaii Department of Psychiatry attendings and residents to educate the legislature through phone calls, testimony, and face-to-face visits in their offices on numerous occasions. More than a dozen members of this psychiatry delegation submitted testimony in writing and in person.

I'd like to highlight several other outstanding examples of advocacy.

Dr. Joan Anzia, President of the Illinois Psychiatric Society, led a group of 12 attending psychiatrists and residents from Chicago to Springfield, where she testified before a state senate committee on psychologist prescribing legislation. The committee members were very impressed by the testimony. Thanks to Dr. Anzia and her colleagues, the bill was defeated.

Dr. George Greer has worked tirelessly as the Legislative Representative of the Psychiatric Medical Association of New Mexico. Along with many colleagues, Dr. Greer led an effort to defeat outrageous formulary expansion legislation. Dr. Greer's relentless efforts to defeat the bill sometimes called for trekking through rain and snow—make that blizzards. The hard work of Dr. Greer and his colleagues ultimately paid off with a legislative victory.

Barbara Gard is the longtime Executive Director of the California Psychiatric Association. She is an example of APA's invaluable resources to other district branch and state association executives. She has generously shared with them her time, legislative experience, and resource materials. Most recently, she served as a member of my Presidential Task Force on Psychologist Prescribing.

Working in full partnership with our district branches and state associations, APA's Department of Government Relations, under the direction of Nick Meyers and Gene Cassel, and our Council on Advocacy and Public Policy, chaired by Dr. Jeremy Lazarus, continue to provide key support in struggles with efforts by psychologists to secure prescribing privileges. To underscore our continuing commitment to this issue, I appointed a task force, chaired by APA past President Dr. Allan Tasman. The task force received more than 500 e-mails and other helpful comments. The task force report was received by the Board of Trustees in March. As a result, we continue to strengthen our com-

prehensive national strategy to better equip our district branches to fight this threat to patient care and safety.

APA's core values include advocacy for patients and patient-focused treatment decisions. Typical of this is the work of APA Trustee-at-Large Dr. David Fassler, who is a child psychiatrist. David is a true advocate for quality patient care. Over the past year, he has provided enormous leadership and insight on issues ranging from the Task Force for the FDA Black Box Warnings to the recent Supreme Court juvenile death penalty case.

When the Food and Drug Administration (FDA) began scrutinizing selective serotonin reuptake inhibitor (SSRI) antidepressants last year, Dr. Fassler ably represented APA at the hearings and in the media. But it's just as accurate to say he ably represented children with depression and their parents. Before the FDA's black box warning, Dr. Fassler voiced deep concerns over whether kids in need of medication would continue to have appropriate access to it. The FDA proceeded and, indeed, prescriptions declined. Dr. Fassler responded by working with colleagues and more than a dozen allied organizations to create an information web site. It has helped hundreds of thousands of parents and physicians make informed treatment decisions.

Please join me in applauding the tremendous work of all our members who advocate for our profession and quality patient care.

The fourth area of focus is nurturing our new field of psychosomatic medicine, which is why we chose this theme for our annual meeting. As the largest gathering in the world of the psychiatric profession, our meeting offers the optimal platform for thoughtful discussion and discoveries in clinical research and education in psychosomatic medicine. I hope you will attend as many of the numerous sessions as possible to learn more about this exciting area.

Our new APA Council on Psychosomatic Medicine, chaired by Dr. Phil Muskin, was created a year ago to address issues critical to psychiatry at its interface with the rest of medicine. These concerns include clinical care, reimbursement, education of psychiatrists and nonpsychiatrists, and research.

The council is exploring the issues of access and reimbursement for psychiatric care in the medical setting, as well as barriers to care, and is developing a research agenda.

Our fifth area of focus has been the all-important job of getting our messages across to the public.

At our April 12 Academic Consortium, Representative Patrick Kennedy noted the impact of federally funded research on mental illness. As he put it, "Today, thanks to that research, patients who would otherwise be consigned to a lifetime of inpatient treatment are fully functioning in their communities and at home with their loved ones."

Representative Kennedy said this is one of our brightest success stories. Yet, he said, stigma of mental health issues still remains in the general population and particularly in

minority communities. Their members are undertreated and underrepresented in clinical research.

So while APA's Capitol Hill visits are one way to bring the good news of our success stories to Congress, we also need to energize the public and reach out to minority and underserved groups.

This year we have strengthened our efforts to reach out to the public. We have changed APA's message to one of hope and determination: "Healthy Minds, Healthy Lives."

We need to get across the difference between what physicians do and what nonphysicians do—to focus on the greatest benefit we, as psychiatrists, can offer patients. This new public information campaign is designed to achieve this goal. At the same time, it puts a fresh, new face on patient care, APA, and our profession; it addresses stigma associated with mental illness; and it highlights the importance of seeking treatment from psychiatric physicians.

This awareness campaign is a step forward in strengthening APA as the leading voice on mental health. And it's a step forward in promoting our members as the leading providers of psychiatric care. Let us thank the APA communications team, led by Lydia Sermons-Ward, and the Division of Advocacy in helping us reach the public with these important messages.

APA has made great strides in diversifying its staff and programs to better connect with people from many walks of life. Our understanding of and ability to treat multiethnic and multicultural populations is an important part of our efforts in advocating for the scientific basis of psychiatry.

Our work with the World Psychiatric Association and its leaders, under the direction of Dr. Ahmed Okasha, has helped us better understand and appreciate psychiatric issues across the globe.

And thanks to the work of Dr. Annette Primm, Director of APA Office of Minority and National Affairs, we are expanding our reach into, and improving understanding of the needs of, minority communities. APA is developing programs and events that focus on the interests and recruitment of minority psychiatrists, as well as the elimination of mental health disparities in underserved ethnic and racial groups.

All the colleagues I have mentioned today, and so many more, have helped us achieve progress this year on 1) mental health on colleges campuses, 2) education in psychiatry, 3) government relations, 4) psychosomatic medicine, and 5) communications.

Finally, I want to share with you what a deep honor and privilege it has been to serve you as your President. We, as psychiatrists, are fortunate to be leaders in many efforts to intervene in support of our fellow citizens and their well-being. Our clinical work, research, teaching, advocacy, and our efforts across specialties are interrelated—each part is vital to safeguarding mental health, always putting patients first.

We owe our patients a debt of gratitude. They are our highest priority, and it is a privilege to be their physicians.

In addition, we owe our colleagues in medicine and mental health many thanks. Our colleagues challenge us and support us. Through allied organizations and advocacy groups, we are able to collaborate to achieve the best results for our patients and their families.

Most important—I want to express to you my admiration and sincere appreciation. This is your association and your profession. I am grateful to all of you for your confidence in me to lead the American Psychiatric Association. Your support, your ideas, your energy—these are the elements that have made for a spectacular year as your President, and I thank you.

Presented at the 158th Annual Meeting of the American Psychiatric Association, Atlanta, May 21–26, 2005. Dr. Riba, 131st President of the American Psychiatric Association, is Associate Chair for Integrated Medicine and Psychiatry Services and Clinical Professor, Department of Psychiatry, University of Michigan, and Director of the Psycho-Oncology Program, University of Michigan Comprehensive Cancer Center. Address correspondence and reprint requests to Dr. Riba, Rm. F6236, MCHC, Box 0295, Department of Psychiatry, University of Michigan, 1500 East Medical Center Dr., Ann Arbor, MI 48109-0295; mriba@umich.edu (e-mail).

Reference

1. Abrams MT, Patchan K, Boat TF (eds): Research Training in Psychiatry Residency: Strategies for Reform. Washington, DC, National Academy Press, 2003