

APA Council Reports

At the fall component meetings of the American Psychiatric Association in Washington, D.C., on Sept. 9–12, 2004, the APA councils heard reports from their components. Following are summaries of the activities of the councils and their components.

The Council on Addiction Psychiatry

Shelly F. Greenfield, M.D., Chairperson

The Council on Addiction Psychiatry and its subcomponents have a strong commitment to providing psychiatric leadership in the study, prevention, and treatment of addictive disorders. The council will continue to provide recommendations to APA on issues related to public policy, research, training, treatment, and reimbursement in the field.

The 2004 annual meeting featured the fourth research track initiated by the Council on Addiction Psychiatry. "Integrating the Science of Addiction Into Psychiatric Practice" was planned in collaboration with the National Institute on Drug Abuse (NIDA) and featured the world's leading drug abuse researchers. The topics of the approximately 40 sessions included stress, trauma, and drug abuse; obesity and addiction; smoking and comorbid mental disorders; and attention deficit hyperactivity disorder and drug abuse. The sessions were extremely well attended and highly evaluated. A future issue of *The American Journal of Psychiatry* will feature the papers of some of the speakers.

The council looks forward to working with the National Institute on Alcohol Abuse and Alcoholism (NIAAA) to plan a research track for the 2006 APA annual meeting.

Significant attention continues to be focused on issues regarding office-based treatment of opiate addiction with buprenorphine. Introducing this new treatment modality into practice, enlisting sufficient interest in it as part of psychiatric practice, training enough physicians to meet the treatment demand, and providing sufficient support to those who have begun to use buprenorphine in their practices are ongoing challenges. The council and its staff maintain ongoing communication with the federal Center for Substance Abuse Treatment and other relevant medical societies to identify and implement strategies to address these issues.

APA members are provided opportunities to receive buprenorphine training through courses offered in partnership with selected district branches, as well as at the annual meeting. These courses have been well received, and a significant percentage of attendees have applied for the federal waiver needed to use buprenorphine in their offices. The council looks forward to increasing the number of APA-sponsored courses in 2005.

In early 2005, the World Health Organization is slated to consider more restrictive scheduling of buprenorphine. The council believes that adoption of these proposed changes would result in an inappropriate increase in the level of control of buprenorphine in the United States and the consequent elimination of the availability of treatment of opioid-dependent patients in an office-based setting, as envisioned under the Drug Addiction Treatment Act of 2000. It developed a resolution stating that the imposition of such additional control is unnecessary and would impose certain harm to patients suffering from addiction and the public health. The resolution was approved by the Board of Trustees and provided to the appropriate officials at the World Health Organization, as well as the U.S. Department of Health and Human Services.

To address a provision in federal law that limits group practices to treatment of just 30 patients with buprenorphine at any one time, the council is working closely with the APA Department of Government Relations and a number of other organizations to educate key members of Congress and seek legislative change.

Throughout 2004 the council continued its practice of inviting representatives of the NIAAA, NIDA, and the Center for Substance Abuse Treatment to attend its meetings. Concerns regarding sup-

port for education, services, and research were conveyed to the leadership of all these federal entities, and council assistance was offered in a variety of ways.

The *Corresponding Committee on Treatment Services for Patients With Addictive Disorders*, Marianne Guschwan, M.D., chairperson, continued its support of a members-only listserv, DetoxDoc, an online forum for members to ask questions, discuss clinical challenges, and receive information and advice. It also examined issues regarding the inclusion of ethanol in the formularies of some teaching hospitals and the increasing problem of patients' obtaining prescriptions on the Internet. The committee intends to develop additional media advisories on substance use and dependence topics.

The *Corresponding Committee on Training and Education in Addiction Psychiatry*, John Renner, Jr., M.D., chairperson, is designing a mechanism to determine what factors influence a resident to seek additional training in addiction psychiatry or to forgo such training. Data gleaned will be helpful in designing approaches to encourage subspecialty training. Additionally, the committee reviewed the general requirements for residency training and made recommendations for improvement, and it is considering the development of training modules that will assist general psychiatrists treating patients with a co-occurring substance use disorder.

The Council on Advocacy and Public Policy

Jeremy Lazarus, M.D., Chairperson

The Council on Advocacy and Public Policy was established in May 2002, as part of the reorganization of APA councils and components. It consists of the council and the Committee on Advocacy and Litigation Funding, the Committee on Government Relations, and the Committee on Public Affairs. The annual report of APA's political action committee, APAPAC, is also included herein.

APA faces many policy challenges in the federal and state legislative and regulatory arenas. These include the myriad problems challenging the infrastructure of America's public and private psychiatric health care systems, the impact of federal and state payment policy on psychiatrists, the struggle to eliminate discriminatory insurance coverage of mental illness treatment in the private sector and in Medicare, Medicaid, and other public programs, and aggressive efforts by nonphysician mental health practitioners to expand their scope of practice. The field faces significant policy changes in the near future, including implementation of the Medicare Modernization Act, which provides, for the first time, prescription drug coverage to Medicare beneficiaries, and implementation of a new prospective payment system for psychiatric inpatient treatment, which constitutes a fundamental change in the way in which hospitals will be paid for inpatient care. APA efforts have been focused on preserving access to appropriate medications and inpatient treatment.

The mission of the Council on Advocacy and Public Policy is to facilitate coordination of APA's public policy advocacy, including federal and state legislative and regulatory matters, litigation, and the advocacy aspects of APA public affairs, drawing on the expert staff support of APA's Department of Government Relations. In addition to providing support to psychiatrists in the field, the council and its committees advise the Board of Trustees on pressing public policy advocacy matters, and they help to ensure that the Assembly is informed of major public policy initiatives. The

council also informs the APA membership of the many priorities competing for APA attention and support, and it assists in the development of sustainable, sensible public policy advocacy priorities that reflect the interests and needs of the members. Members of the council and particularly the Committee on Government Relations also serve as coordinators for APA direct grassroots lobbying activities.

In 2004, as in recent years, much of the work of the council has been focused on supporting APA members "in the field" in their own efforts to halt legislative expansion of scope of practice by clinical psychologists and other nonphysician mental health practitioners. To that end, the council each year initiates outreach to identified "at risk" district branches and state associations to better understand their needs and to offer appropriate assistance. In January 2004, the council arranged for and funded the participation of several district branch/state association presidents in a meeting with the American Medical Association (AMA) and state medical societies focused on scope of practice issues. The meeting was highly successful. Dr. Lazarus also hosted a meeting of psychiatrist members of the Federation of State Medical Boards before its spring meeting to discuss APA concerns about the approach taken by that organization to scope of practice issues. Dr. Lazarus also made a major presentation to the Board of Trustees on psychologist prescribing issues in June. That presentation led to the establishment of a presidential task force on scope of practice that was expected to issue a report to the Board in December 2004.

Reflecting ongoing concern about the need to facilitate direct member involvement in the legislative process, in 2003 the council and its committees recommended, and the Board of Trustees ultimately approved, funding for an "Advocacy Day" in Washington, D.C., in March 2004. This was a resounding success. APA targeted four key House of Representatives and Senate health policy committees that have direct jurisdiction over a host of APA legislative priorities. Altogether, some 50 APA legislative representatives and local and national elected officers traveled to Washington, where they received behind-the-scenes briefings from key House and Senate health policy staff, as well as workshops on grassroots lobbying and messaging skill building conducted by Department of Government Relations staff. APA members then put their knowledge and skills to good use by visiting some 150 Capitol Hill offices. Highlights included a congressional reception honoring Representatives Grace Napolitano and Tim Murphy, co-chairpersons of the House Mental Health Caucus, and a keynote address by House Majority Whip Roy Blunt, the third-highest-ranking Republican in the House leadership. Plans are already well underway for an expanded 2005 Advocacy Day in March and for an Assembly Advocacy Day in November.

Here is a brief summary of the activities of the committees of the Council on Advocacy and Public Policy:

Established by the Board of Trustees in 2002 as the successor to the Commission on Public Policy, Litigation, and Advocacy, the **Committee on Advocacy and Litigation Funding**, chaired by Jeffrey Janofsky, M.D., serves as a mechanism to evaluate requests for financial assistance to district branches and state associations for special projects related to public policy and advocacy. The committee is charged with reviewing requests, usually from district branches and state associations, for financial support of projects involving legislation, litigation, and advocacy and with making recommendations regarding funding through the Council on Advocacy and Public Policy and the Joint Reference Committee to the Board of Trustees. The committee operates within a set of guidelines, approved by the Board, that provide criteria for evaluating proposals and making recommendations for their disposition to the Board.

Funding support provided by the APA Board of Trustees through the committee consideration process is of direct and major importance to the APA district branches and state associations as they respond to pressing legislative and regulatory matters of importance to their own members. In 2004, the Committee on Advocacy and Litigation Funding evaluated requests for support from 13 district branches/state associations. The total amount of grant funding requests approved or under consideration as of the writing of this report was well in excess of \$500,000. In formulating its recommendations, the committee considers the national

significance of the proposed activity to psychiatric patients and the practice of psychiatry and the relevance of the issue as measured against APA's strategic plan and priorities. It also evaluates the extent and nature of the involvement of the district branch/state association or APA component in addressing the issue, as well as the involvement of the AMA or its state or medical specialty society entities, other mental health professionals, and patient advocacy groups regarding the activity contemplated. When the request before the committee involves litigation, additional matters to be considered are the clarity of the issue and the possible national precedence of the proposed litigation; the availability, in lieu of litigation, of other options and the liability of those options; the likelihood of success of the litigation; and the costs of litigation, both financial and nonfinancial.

The **Committee on Government Relations** is composed of seven Area representatives and is chaired by Tom Noyes, M.D. The committee met in 2004 at the APA annual meeting in New York and during the fall components meeting in Washington, D.C., in September. The Committee on Government Relations serves as APA's coordinating body for all legislative activities for the council and facilitates the interaction of other components with the federal legislative and regulatory process. The committee is also responsible for maintaining interest in APA's grassroots infrastructure and plays a key role in outreach to the district branches and state associations on matters involving APA's legislative and regulatory activities.

Committee members provided invaluable insights into the impact of federal matters on the states to staff of the Department of Government Relations throughout the year. These issues included scope of practice, legislation to end discrimination against treatment of mental illnesses, patient privacy, electronic medical records, Medicare, Medicaid, and Food and Drug Administration regulations. Committee members were also significantly involved in the planning and implementation of the 2004 Advocacy Day, as they will be in 2005. The Committee on Government Relations also awarded the 2004 Jacob K. Javits Public Service Award to U.S. Senator Harry Reid (D-Nev.) in recognition of his support for suicide prevention and mental illness advocacy.

The **Committee on Public Affairs**, chaired by Marc Graff, M.D., is charged to develop and encourage public affairs initiatives that support APA's public policy advocacy agenda and enhance coalition building. The members of the committee emphasize the importance of preserving the traditional public affairs activities established by the former Joint Commission on Public Affairs at the state level, by sustaining and encouraging ongoing development of public education and advocacy initiatives with an emphasis on coalition building and the establishment of local/national grassroots networks. The committee recognizes local APA public affairs networks as valuable components for local and grassroots public affairs activities and a significant implementation resource for coalition and public education campaigns.

In 2004, the committee was heartened by a revitalized APA commitment to in-house public affairs, as embodied by the hiring of a new Director of Communications and the full staffing of the Office of Communications and Public Affairs. The committee has been working with the Director of Communications and staff in reviewing a major new communications strategy for APA. Other significant activities include ongoing efforts to revive and reinvigorate the APA public affairs networks. To that end, committee members are working in partnership with Office of Communications and Public Affairs staff to design and implement a series of training sessions for public affairs representatives in the APA Areas. Other activities include review of current media. In 2004, the Committee on Public Affairs conducted a workshop, "Leadership Skills for Public Advocacy," at the APA annual meeting, which focused on public policy and advocacy and the role of district branch presidents and executives, and explored ways to energize members at the local level.

The **APA Political Action Committee** (APAPAC), chaired by John J. Wernert III, M.D., is an integral part of APA's overall advocacy activities. Activity undertaken by the APAPAC to support APA's legislative activities increased substantially in 2004. During the 2003–2004 election cycle, the APAPAC contributed \$365,000 to 144 candidates for Congress (representing 43 states) and to

other party-affiliated political committees, and the APAPAC directly hosted events for 65 members of Congress. The APAPAC enabled APA members to meet personally with 71 Senators and Representatives to deliver approved contributions. The APAPAC has also supported and met with each member of the Senate's Subcommittee on Mental Health Services and Substance Abuse, which has jurisdiction over many APA priority issues. Working through the APAPAC, Department of Government Relations staff met with the chiefs of staff for all 51 Republican Senators in order to educate them about psychiatric issues and to voice APA concerns about pending legislation before the U.S. Senate. The November national elections highlighted the strong success of the APAPAC, when 112 (94%) of the 119 candidates supported by contributions from APA members delivered through the APAPAC won their races for national elective office.

The Council on Aging

Josepha Cheong, M.D., Chairperson

The Council on Aging consists of the council and its reporting committees—the Committee on Access and Effectiveness of Psychiatric Services for the Elderly, the Committee on Ethnic Minority Elderly, and the Corresponding Committee on Long-Term Care and Treatment for the Elderly. The Task Force on Senior Psychiatrists was disbanded by action of the Board of Trustees in June 2004 because it had accomplished its goal of surveying senior APA members and their spouses regarding retirement issues. Since the decision as to whether or not to pursue the dissemination of the retirement survey rests with APA administration, the task force was disbanded with thanks from APA President Michelle Riba, M.D., to Hugh Hendrie, M.D. (chairperson), Jean Pierre Loebel, M.D., David Starrett, M.D., and Hugo Van Dooren, M.D.

The council believes more should be done in this area since there are approximately 15,000 psychiatrists who are APA members over the age of 60 years old and 3,000 Life Members or Life Fellows of APA. Likewise, the Corresponding Committee on Long-Term Care and Treatment for the Elderly also has been engaged in a number of complex and interesting work products to ensure that long-term mental health care for the elderly is reevaluated, reformed, and restored—not refused. Following the committee's 2003 recommendations, the council once again proposed in 2004 that the Task Force on Senior Psychiatrists and the Corresponding Committee on Long-Term Care and Treatment for the Elderly be reconstituted as standing committees of the council because of the importance of their mission and their perceived difficulty in carrying out that mission on a "virtual meeting" basis. The council's recommendations are pending review.

The council and its components continue to be active in carrying out their ongoing charges and main missions: serving as a source of expertise in geriatric psychiatry for general psychiatrists and providing general information on geropsychiatric issues to nonpsychiatric physicians and other health professionals. In addition to serving as the primary policy body for geropsychiatric matters within APA, council and component members hold workshops on issues in geriatric psychiatry at APA annual meetings, lend their expertise to APA projects such as practice guidelines and public resource materials, maintain active liaison with numerous APA components and outside organizations, provide support for the development of guidelines for geriatric psychiatry curricula, and produce articles and policy statements on geriatric psychiatry for publication by APA.

In 2004, for instance, the council appointed Istvan Boksay, M.D., Ph.D., to serve as liaison to a new American Geriatrics Society initiative to develop a clinical pathway on the diagnosis and treatment of dementia for primary care physicians. The council also has selected Helen Kyomen, M.D., and David Hodo, M.D., to assist the Committee on Family Violence and Abuse by reviewing materials and writing comments on elder abuse to include in its manuals.

The Council on Aging and its components continue to be a major resource for APA, particularly for the Department of Government Relations in its legislative and regulatory activities con-

cerning Medicare and Medicaid coverage and reimbursement policies. Members are providing expert technical comments on the implementation of the Medicare Modernization Act, particularly in regard to ensuring access to medically necessary prescription drugs for dual-eligible beneficiaries with mental illness. Similarly, the council is supplying valuable input to the development of the U.S. Pharmacopeia model guidelines for drug formularies under the Medicare Modernization Act. The council is working with the Department of Government Relations and the APA Office of Healthcare Systems and Financing to guarantee that access to newer, more effective medications for mental illnesses is not restricted for senior citizens.

The council also has supported efforts to bolster research funding on geriatric health and mental health issues through the endorsement of legislation, such as the Positive Aging Act (S. 2572) and the Ronald Reagan Alzheimer's Breakthrough Act of 2004 (S. 2533). Among their many provisions, these measures would establish an Office of Older Adult Mental Health Services within the Administration on Aging to develop and implement initiatives to address the mental health needs of older individuals, would create demonstration projects to be administered by the Substance Abuse and Mental Health Services Administration that would support the integration of mental health services by geriatric mental health specialists in primary care settings, and would provide critical financial, emotional, and social support to family caregivers of individuals with Alzheimer's disease and other loved ones, including young and adult children, spouses, and aging family members with varying mental and/or physical disabilities and chronic health conditions.

Here is a brief summary of the activities of the committees of the Council on Aging:

The *Committee on Access and Effectiveness of Psychiatric Services for the Elderly*, Allan Anderson, M.D., chairperson, conducted a well-attended presentation titled "Is There a Standard of Care for the Management of Dementia?" at the APA annual meeting and has developed plans for a 2005 workshop, "Benzodiazepine and Opiates in the Elderly: Use, Misuse, and Abuse." The committee also will undertake an editorial review of the differences in patient access to care between the Canadian and U.S. health care delivery systems. In particular, the committee will consider the Canadian reimbursement model, which provides higher reimbursement rates for treating geriatric psychiatric patients. Other topics under discussion include the role of telepsychiatry as it applies to rural America and the role of geriatric psychiatrists as liaisons to primary care providers.

In addition, the committee has spent a considerable amount of time reviewing its charges. At the 2004 fall components meeting, the Council on Aging decided to postpone making changes to existing committee charges but has sought approval from the Joint Reference Committee to add two additional charges to the Committee on Access and Effectiveness of Psychiatric Services for the Elderly for exploring 1) alternative advocacy efforts to encourage repeal of the discrimination in Medicare reimbursement that adversely affects access and 2) new avenues for increasing the number of geriatric psychiatrists.

The *Committee on Ethnic Minority Elderly*, Iqbal Ahmed, M.D., chairperson, continues to consider progress reports from the conference "Genetics, Response, and Cognitive Enhancers: Implications for Alzheimer's Disease" (the "GRACE conference") and to work on its report "Potential Ethnic Modifiers in the Assessment and Treatment of Alzheimer's Disease: Challenges for the Future," which has been submitted for publication to *The American Journal of Geriatric Psychiatry*. In collaboration with the Corresponding Committee on Long-Term Care and Treatment for the Elderly and under the direction of Ronald Brenner, M.D., and Warachal Faison, M.D., the committee also submitted a pilot study, "Clinical Issues of Ethnic Diversity in Long-Term Care Facilities," for publication and continues to develop a related survey to disseminate to long-term care facilities. The committee ultimately plans to use this information to provide recommendations for culturally sensitive care at nursing homes.

Additionally, the committee is drafting a new curriculum, "Cultural Competence in Geriatric Psychiatry," for the evaluation and treatment of the elderly. It stems from a previous workshop,

"How to Teach Cultural Competence in Geriatric Psychiatry," which was presented at the APA annual meeting. Committee members also gave a workshop on cultural psychiatry and care of the elderly at the Institute on Psychiatric Services in October. A workshop titled "Suicide in Ethnic Elders" is under development for the 2005 annual meeting.

The *Corresponding Committee on Long-Term Care and Treatment for the Elderly*, Helen Kyomen, M.D., chairperson, conducted a well-attended symposium at the 2004 APA annual meeting, "Overcoming Barriers to Long-Term Care and Treatment of the Elderly." This presentation is the basis of a manuscript being developed for publication and distribution to the general membership to inform them of the current state of geropsychiatric care in the continuum of long-term care. Another symposium, "Overcoming Barriers to the Long-Term Care and Treatment of Elderly Patients With Schizophrenia," is being developed for the 2005 APA annual meeting.

The committee plans two new investigations in the upcoming months on the discriminatory practices by insurers of denying long-term care insurance to people with prior histories of psychiatric illness and reports that, in some areas, nursing homes and other long-term care facilities increasingly have become targets of personal injury litigation and that physicians are being sued on the basis of allegations of personal injury rather than malpractice. The committee also is monitoring the effects of psychiatric diagnosis-related groups on long-term care facilities. There is concern that patients may be discharged from hospitals to long-term care facilities more rapidly because of limited coverage policies. Another project will involve analyzing state formulary restrictions on psychotropic medications for the elderly in long-term care settings within the Medicaid program.

The Council on Aging and its components will next meet at the 2005 APA annual meeting.

The Council on Children, Adolescents, and Their Families

Lois T. Flaherty, M.D., Chairperson

The council's work for 2004 centered on development of projects to address issues coming from both internal and external sources. The U.S. Food and Drug Administration and Congressional hearings about selective serotonin reuptake inhibitors (SSRIs) for children and adolescents were a major topic of discussion. We are working on some guidelines for monitoring patients who are taking SSRIs. In addition, the council members are working to continue to strengthen relationships with other medical and mental health organizations in order to make APA efforts and activities on behalf of children and families more effective. Some of the major activities included the following:

- The council proposed that the statement concerning the use of single photon emission computed tomography (SPECT) scans in diagnosis for children and adolescents be adopted by APA as either a resource document or a position statement. The statement is a sound, considered summary of existing research and advises against the use of SPECT scans for diagnosis.
- The council has asked APA to endorse the following statement: "Health, and especially mental health, is a fundamental cornerstone for ensuring that all youth have an equal opportunity to succeed at school and that no child is left behind." It addresses both mental health in schools and teaching about mental illnesses in health classes.
- The council continued supervision of the American Psychiatric Association (APA)/Shire Child and Adolescent Psychiatry Fellowship Program. The inaugural group of four fellows came to the annual meeting in New York City, and two presented component workshops. A second class of five fellows also came to New York, met their mentors and the first class of fellows, and has submitted program proposals for the 2005 annual meeting. The fellowships' goal is to promote interest among general psychiatry residents in pursuing careers in child and adolescent psychiatry and to build future leaders in

this arena by providing residents with specialized educational opportunities that would be unavailable to them otherwise. All four residents of the first group have begun work in child and adolescent programs.

- The National Prevention Coalition, organized by the National Mental Health Association and the National Association of School Psychologists, continues to meet four times a year to trade ideas and information about dealing with the prevention of youth violence. This coalition includes a broad range of national organizations and representatives from government agencies.
- The council continues to meet regularly with representatives from the National Alliance for the Mentally Ill, the Federation of Families for Children's Mental Health, and the National Mental Health Association.

Ms. Lizbet Boroughs in the APA Department of Government Relations and Ms. Mary Crosby of the American Academy of Child and Adolescent Psychiatry keep the council members informed about legislative issues, including the funding of agencies and clinical programs dealing with the mental health of children and adolescents.

The council receives reports from representatives to numerous allied organizations, including Michael Fishman, M.D., who is APA's representative to the National Coalition on Adolescent Health of the American Medical Association (AMA) and to the National Consortium for Child and Adolescent Mental Health Services, and Sandra Kaplan, M.D., who serves on the AMA's National Advisory Council on Family Violence.

The two committees and three corresponding committees of the council deal with a number of issues concerning children and adolescents. Following are some of the projects they are pursuing.

The *Committee on Developmental Disabilities*, Roxanne Dryden-Edwards, M.D., chairperson, is concerned with the ongoing treatment needs of developmentally challenged children, adolescents, and adults. The committee presented a workshop at the 2004 annual meeting about advocacy. At the invitation of a prominent medical publisher, it is preparing to write a book on developmental disabilities through the life cycle.

The *Committee on Family Violence and Abuse*, Yvonne Ferguson, M.D., chairperson, is finishing its work on a videotape series to sensitize residents and fellows in training programs to issues of abuse and family violence. Additional money will be sought to convert this to DVD format and to produce reference material to go with its distribution.

The *Corresponding Committee on Juvenile Justice Issues*, William Arroyo, M.D., chairperson, continues to focus its efforts on the growing practice of placing juveniles in adult correctional facilities and on increasing awareness about the number of adolescents in the juvenile correctional system who have serious psychiatric problems. In addition, committee members are concerned about the training of child/adolescent forensic psychiatrists.

The *Corresponding Committee on Infancy and Early Childhood*, Irene Chatoor, M.D., chairperson, continues to work on issues of infant diagnosis. It will hold a meeting in March 2005 concerning diagnostic issues, where committee members will identify specific problems that need additional research.

The *Corresponding Committee on Mental Health and Schools*, Eugenio Rothe, M.D., chairperson, works with issues concerning violence in schools, the teaching of mental health concerns in the general health curriculum, and methods of removing the stigma of mental illness. An update of the "Directory of Psychiatrists Who Work in Schools" has been put on the APA web site, under "Public Information" (http://www.psych.org/psych_pract/clin_issues/populations/children/schools/index.cfm).

Myron Beller, M.D., is chairperson of the *Agnes Purcell McGavin Award Committee*. For 2004, the Agnes Purcell McGavin Award for Distinguished Career Achievement in Child and Adolescent Psychiatry was presented to Clarice Kestenbaum, M.D., for her career devoted to teaching and mentoring medical students and residents and for her 20 years as training director at Columbia University. The award for prevention of mental disorders in children was not presented in 2004.

Peter S. Jensen, M.D., is chairperson of the *Blanche E. Ittleson Award Committee*. The 2004 award was presented to Laurence Greenhill, M.D., for his research concerning pediatric psychopharmacology, including findings about drug safety and efficacy.

The Council on Global Psychiatry

Rodrigo A. Muñoz, M.D., Chairperson

The Council on Global Psychiatry and its reporting committees, the Corresponding Committee on Misuse and Abuse of Psychiatry and the Committee on Psychiatric Dimensions of Disaster, continue to achieve their intertwined missions of expanding horizons on the international front through the enhancement of communication and understanding between APA and international psychiatric communities.

Numerous workshops and symposia from the Council on Global Psychiatry's members and invited associates have been accepted for presentation at the 2005 annual meeting. The first is a component workshop, "USA Research and Services: Bridge With Latin America," co-chaired by Dr. Muñoz and Dr. Pedro Ruiz. The second is a component symposium, "Soviet Russian Psychiatry: A 15-Year Evolution—David Lozovsky Memorial," co-chaired by Dr. Muñoz and Dr. Darrel Regier. The last component symposium by the council is "Cultural Aspects of Cultural Diagnosis: Toward a New Classification," co-chaired by Dr. Renato Alarcon and Dr. Muñoz. Additional presentations include the symposium "Psychotherapy Is Universally Future-Oriented," co-chaired by Dr. Muñoz and Dr. Carol Nadelson; the workshop "Clinical Decisions: Guidelines-Indicators-Algorithms," co-chaired by Dr. Muñoz and Dr. Jack McIntyre; and the workshop "Penal Justice and Injustice," co-chaired by Dr. Muñoz and Dr. Igor Koutsenok.

During the 2004 APA annual meeting, the council sponsored multiple international discussion groups. These groups, each chaired by a member of the council, focused on South Asia, Africa, the Middle East, Latin America, and Europe; each examined the current issues in psychiatry pertinent to its respective region. Once again, the Council on Global Psychiatry will hold regional discussion groups at the annual meeting in Atlanta in 2005, now the fourth year of this successful tradition.

Also during the 2004 annual meeting, the APA/World Psychiatric Association (WPA) International Leadership in Psychiatry Dinner occurred at the Metropolitan Club in New York. The attendees enjoyed an elegant and relaxing evening while celebrating the past year's accomplishments in psychiatry and forging liaisons for future activities. Additionally, the APA/WPA leadership meeting also occurred, as it does every year. Its purpose is to promote collaboration and cooperation between APA and the WPA through shared interests.

The council voted on the nominees for the 2005 Bruno Lima Award. The winners are Ira Brenner, M.D., from the Pennsylvania Psychiatric Society; Elspeth Ritchie, M.D., from the Society of Uniformed Services Psychiatrists; Victor Fornari, M.D., from the Greater Long Island Psychiatric Society; Margaret Tompsett, M.D., from the New Jersey Psychiatric Association; and Allan Rabin, M.D., from the San Diego Psychiatric Society. Each candidate is accomplished in the field of disaster psychiatry.

Because of the Board of Trustees' approval of the restructuring of International Membership dues and meeting registration fees, proposed by the Council on Global Psychiatry, the council continues its work with APA's Membership Department to formulate avenues for increasing the number of International Members.

The *Corresponding Committee on Misuse and Abuse of Psychiatry*, chaired by Dr. Elissa Benedek, continues its work on human rights throughout the world with international psychiatric colleagues, as well as focusing on the internal structure of the committee to ensure its activities are advantageous to APA.

The *Committee on Psychiatric Dimensions of Disaster*, chaired by Dr. Anthony Ng, continues to promote its web site, www.psych.org/disasterpsych, and "Disaster Psychiatry Handbook," located on the web site.

During the past year, the committee has been active in working with district branches to designate disaster chairpersons. Once

appointed, these chairpersons become part of the District Branch Disaster List Serve, administered by the committee. During times of disaster, the list serve provides a vehicle for exchanging materials, recruiting volunteers and resources, and communicating with areas in need.

The committee has been very active in relation to recent disasters in the United States, as well as internationally, and works closely with the American Red Cross and Federal Emergency Management Agency, as well as many other organizations focused on disaster response.

At this year's annual meeting, the Committee on Psychiatric Dimensions of Disaster will host its annual course in disaster psychiatry, "Psychiatric Interventions in Disasters and Public Health Emergencies: Theory to Practice," and will also present its component workshop, "Disaster Psychiatry: Challenges and Novel Strategies for Residency Training." Last, the committee recently established two subcommittees on resident education and external relations to expand its outreach.

As the council and its two committees continue to promote APA throughout the world, it should prove to be another productive year.

The Council on Healthcare Systems and Financing

Barry F. Chaitin, M.D., Chairperson

Access, reimbursement, and financing issues continue to dominate the work of the Council on Healthcare Systems and Financing. Issues over the past year have ranged from documentation of care for inpatient care under Medicare as well as for outpatient care under private payers; access to medically necessary medications under Medicare, Medicaid, and commercial plans; and expansion of APA's outreach to decision makers in business and industry regarding insurance coverage.

In addition to interfacing with its related committees, the council has focused on providing input to the Office of Healthcare Systems and Financing on issues relating to overly prescriptive Medicare local coverage determinations for inpatient psychiatric care, APA's comments on the physician fee schedule for 2005, and comments on the Medicare Modernization Act. In addition, there was follow-up on a number of issues coming from the Assembly and the Joint Reference Committee, including a vigorous discussion of the Medicaid exclusion of institutions for mental diseases, a plan to look at the level of spending for mental health care as it relates to the overall burden of disease, and continued discussions about how best to resolve reimbursement problems facing many APA members.

The *Committee on APA/Business Relations*, Norman A. Clemens, M.D., chairperson, continues to expand its outreach to the business community through both ongoing projects and programs and new initiatives. In all of these activities the committee closely collaborates with the American Psychiatric Foundation's National Partnership for Workplace Mental Health.

Among ongoing projects, the *Mental HealthWorks* quarterly newsletter, received by 26,000 businesspeople who make health care decisions and by APA members, has become a well-regarded publication, garnering much praise, and is a highly effective vehicle for getting our message out. Also, the committee continues to consult on the Community Initiative on Depression spearheaded by the Mid-America Coalition on Health Care, providing content, clinical expertise, and other contributions. In March 2005, the coalition, along with APA, will hold a national invitational conference, bringing together business and health care representatives from around the country to educate and inform them about replicating this program in their own communities.

New initiatives in 2004 included joining with the U.S. Chamber of Commerce and other organizations to launch the "depression calculator," an exciting new online tool to help business quantify the bottom-line impact of depression in their workforce. How much is depression costing your company? How much would you save if your employees got treatment? The depression calculator enables employers to estimate the costs and savings they could

reap if employees suffering from depression receive effective treatment. Also new is the recently published brochure on depression, designed for employees and their families. This is the first in what will be a series of brochures for both employees and employers, with the next focusing on anxiety disorders. These educational materials will be broadly distributed in both print and electronic formats. Finally, the committee is collaborating with the *Wall Street Journal* and the World Health Care Congress on the "Leadership Summit on Innovation in the Cost-Appropriateness of Behavioral Health & Wellness," to be held in May 2005 in Baltimore. This conference, in which APA will have a prominent role, will bring together leaders from business, health care, government, and academia to address, among other topics, mental health issues in the workplace.

The **Committee on Managed Care** is chaired by Lawrence B. Lurie, M.D. As a follow-up to the committee's "Alternatives to Managed Care," now an official APA resource document (http://www.psych.org/edu/other_res/lib_archives/archives/200403.pdf), Dr. Lurie and committee member Dr. Kevin Smith prepared "Evaluating Healthcare Systems," an abridged version that focuses on a model for evaluating health care systems. It has been submitted to *Psychiatric Services* as a potential "Economic Grand Rounds" column. The questions raised will be considered by the National Business Coalition on Health for incorporation into eValue8, a standardized survey questionnaire, or request-for-information tool, that was developed by the National Business Coalition on Health, a membership organization of 90 employer-led coalitions across the United States.

In continuing its focus on patient access to psychiatric care, the committee also 1) developed questions (printed in *Mental HealthWorks*) for employers to ask pharmacy benefit managers to determine how psychiatric medication formularies are set up; 2) surveyed major managed behavioral health care organizations about preauthorization policies (preliminary responses indicated that there is a trend away from preauthorization for routine outpatient care); 3) queried four state associations about interest in APA development of a "super-messenger" model to help members communicate with insurance companies in developing contracts (no interest indicated); 4) provided input to the American Psychiatric Institute on Research and Education regarding questions for its upcoming resurvey of psychiatrists in the Washington, D.C., area; 5) co-chaired meetings with the Steering Committee on Practice Guidelines and representatives of major managed behavioral health care organizations regarding how better integration of APA guidelines into their procedures can be obtained; 6) closely monitored APA's efforts to improve care through influencing the selection by the National Committee for Quality Assurance of performance measures and standard requirements; 7) engaged in continuous dialogue through APA with the top officials at Magellan Health Services concerning the "hold harmless" clause in Magellan's contracts and how its far-reaching implications can be mitigated; 8) continued to support the Managed Care Help Line, which receives about 1,000 inquiries a year and consistently resolves individual members' problems with managed behavioral health care organizations; and 9) met with representatives of the National Business Coalition on Health and the Pacific Business Group on Health to discuss the employer's perspective on mental health benefits and purchasing strategies.

The **Committee on Public Funding for Psychiatric Services**, Selby Jacobs, M.D., chairperson, continues its work on issues related to the funding of public psychiatric services, in particular Medicaid. It produced a background paper, "The IMD [Institutions for Mental Diseases] Exclusion Under Medicaid: Background, Discussion, and Recommendation of an Advocacy Position for the APA," as follow-up to an Assembly request for more information on this issue. The paper highlights the history of the exclusion, notes the discriminatory nature of the requirement, and recommends that APA advocate termination of the exclusion. This paper was one of the background documents referenced in the discussion of this issue at the November Assembly. The Assembly passed a motion made by its Committee on Public and Community Psychiatry for APA to work toward terminating the exclusion. This will now move forward to the Board of Trustees. In addition, the committee continues to monitor issues relating to disability determina-

tions and their impact on the seriously mentally ill population, and it has begun to work with the Medicare Advisory Group in conjunction with the Assembly Committee on Public and Community Psychiatry in an effort to address Medicaid issues.

The **Committee on Reimbursement for Psychiatric Care**, Joseph T. English, M.D., chairperson, continues to monitor the development of a new federally mandated Medicare prospective payment system for inpatient care. APA's comments on the proposed rule, which were submitted in spring 2004, were a result of the analysis done in collaboration with other organizations. The comments urged the Centers for Medicare and Medicaid Services to make some alterations to the proposed rule, including modifications to the payment methods, in an effort to see a fair allocation of resources. APA also asked for continued adherence to DSM-IV, which currently the proposed rule would eliminate. The final rule was published Nov. 15, 2004, and incorporated several of APA's recommended changes. The new payment system was to go into effect Jan. 1, 2005. As of this writing, an analysis of the final rule is being undertaken by the committee in conjunction with the Health Economics and Outcomes Research Institute to evaluate the implications for patients, physicians, and hospitals. The committee will also work with the Medicare Payment Advisory Commission and hospital industry groups to monitor and evaluate the implementation of the new rule. A key issue for psychiatrists is the fact that the actual payment amount under the prospective payment system is in part determined by the patient's psychiatric diagnosis and the presence of certain medical comorbidities. There are a number of diagnostic coding and documentation issues under review, with anticipated guidance to APA members forthcoming.

The **Committee on RBRVS, Codes, and Reimbursements**, Chester W. Schmidt, Jr., M.D., chairperson, continues its advocacy efforts on behalf of psychiatry in the highly technical area of *Current Procedural Terminology* (CPT) coding and reimbursement. The committee supported the efforts of APA and the New York State Psychiatric Association to resolve a major issue involving Oxford Health Plans' audit of medical records. As a result of this effort, the audits were halted and monies returned. Oxford, in collaboration with major organizations of mental health professionals, developed a new policy limiting the scope of clinical information required for documentation reviews of psychotherapy services. The committee continues to monitor and comment on proposals made to the American Medical Association (AMA) CPT Editorial Panel and the AMA Relative Value Update Committee as well as policies put forward by the Centers for Medicare and Medicaid Services. Educational efforts continue through the CPT Coding Network and have been enhanced by the publication in May of the *CPT Handbook for Psychiatrists, 3rd ed.* A business plan for a CPT educational consultation program has been submitted and is currently under review; it would expand the reach of the educational opportunities beyond the APA annual meeting.

The **Corresponding Committee on Private Practice**, Fred Parris, M.D., chairperson, continues to provide support for private practitioners. In addition to serving as mentors to those entering private practice and fielding queries from the Managed Care Help Line, committee members continue to evaluate APA resources of potential interest to private practitioners.

The **Corresponding Committee on Psychiatry in the Workplace**, Steven E. Pflanz, M.D., chairperson, continues to use its expertise on work to educate colleagues about the importance of work in the therapeutic process, to assist them in developing new skills in this area, and to highlight the roles for psychiatrists in the work arena. The committee continues to conduct an annual course or workshop on the core competencies needed to work with organizations and the knowledge base to cope with the issues that arise in treatment when patients are affected by organizational policies. Committee members, in coordination at times with APA staff, have written articles that have appeared in *Psychiatric News* and the *Mental HealthWorks* newsletter on related subjects. The committee also provides technical support to the Committee on APA/Business Relations and continues to respond to member questions related to disability, insurance, and employment through the APA Managed Care Help Line.

The *Medicare Advisory Corresponding Committee*, Edward Gordon, M.D., chairperson, has continued its work to ensure that there is adequate access to and reimbursement for psychiatric physician services under Medicare and that Medicare is being administered consistently throughout the country. The committee comprises the psychiatric representatives to each state's Medicare Carrier Advisory Committee. The group is a valuable resource to APA district branches and state societies when questions over Medicare policy arise. This year a major concern has been the issuance by Medicare fiscal intermediaries of local coverage determinations for inpatient psychiatric care. Committee members have worked with APA staff and local representatives from other stakeholder groups to counter these local coverage determinations, which are prohibitively proscriptive and, it is feared, would result in loss of access to necessary inpatient care for Medicare patients. The committee continues to assist individual APA members in resolving Medicare-related problems through responding to queries from the Managed Care Help Line and through education provided at workshops during the APA annual meeting.

The Council on Medical Education and Lifelong Learning

Richard Balon, M.D., Chairperson

The Council on Medical Education and Lifelong Learning is responsible for the entire spectrum of medical education, from undergraduate education and graduate education to continuing medical education (CME) for all psychiatrists. During the past year, the council examined a number of issues, which included the psychiatric workforce, the Institute of Medicine's initiative to address the shortage of clinical researchers, changes in undergraduate medical education, the revision of the Program Requirements in Psychiatry Residency Training, the American Board of Psychiatry and Neurology (ABPN) recertification examination, competency definition and evaluation, clinical teaching in psychiatry, and avenues to increase membership in APA. The council has developed a plan to address the issue of assisting APA members with preparation for their board examinations. This was done through the creation of a 1-day pilot program to assess the performance of candidates who failed part 2 of the ABPN board examination two or more times.

The council was instrumental in the creation of the Irma Bland Award for Excellence in Teaching Psychiatry Residents, which will be conferred to excellent salaried and voluntary faculty during the May 2005 annual meeting. The council was also involved in the planning and development of the APA President's educational summit on undergraduate education, titled "Educating a New Generation of Physicians in Psychiatry." Modeled on other small conferences, this summit is intended to produce useful published work products, stimulate further discussion in the field, and begin building a consensus on how best to rethink and reorganize medical student education in a time of change on many fronts for medical schools. This summit is scheduled for April 2005. A similar conference focusing on residency education is planned for 2006.

The *Committee on CME/Lifelong Learning*, David Bruce Malcott, M.D., chairperson, continued its ongoing review of the Association's overall CME programs and its compliance with all standards and regulations of the Accreditation Council for Continuing Medical Education. Data on needs assessment, from a variety of sources, were presented to APA components for use in their CME program planning. The committee's strategic planning was refined in light of new criteria adopted by the ABPN for maintenance of certification. APA encouraged development of educational programs that assist members in their pursuit of self-assessment and lifelong learning, as well as help prepare them for the recertification examination and related requirements for maintenance of certification. The programs include 1) *FOCUS: The Journal for Lifelong Learning in Psychiatry*, produced in collaboration with American Psychiatric Publishing, Inc. (APPI), which provides journal-based CME and an annual self-assessment examination; 2) Grand Rounds Online, a case-based discus-

sion format that resides on the member listserv; 3) 10 APA practice guideline courses on the CME web site; and 4) a number of APPI self-assessment study guides (with CME credit). All of these programs received approval from the ABPN as "part of a comprehensive lifelong learning and self-assessment program."

The *Committee on Commercial Support*, David McDowell, M.D., chairperson, met during the APA May annual meeting in New York and in October in Arlington, Va., after the Scientific Program Committee planning meeting. The committee members discussed issues related to the presentation of authors at New Research Poster sessions at APA annual meetings, and they clarified the committee's guidelines for presenters, Scientific Program Committee monitors, and attendees at poster sessions. The updated standards for commercial support from the Accreditation Council for Continuing Medical Education were discussed, and suggestions for resolution of conflicts of interest by the committee and presenters were considered. Product bias and lapses in disclosure of commercial support by speakers were determined by the committee. Warnings and sanction letters to these presenters were reviewed and upheld. The committee members also repeated, for the fifth year in a row, their forum "The Pharmaceutical Industry and the APA: Controversies and Approaches" during the meeting. Dr. Stephen Goldfinger chaired the forum, and Dr. Charles Goldman and Dr. McDowell served as panelists.

The *Committee of Residents and Fellows*, William C. Wood, M.D., chairperson, continues to function as a forum for representation by residents from the seven APA geographical regions. In the past year, the council communicated with residents, medical students, training directors, and APA staff to identify issues of greatest concern to and impact on psychiatric trainees. The committee developed and distributed a survey to the chief residents present at the APA/Eli Lilly Executive Leadership Program in October, to empirically assess which issues are perceived as most salient in the professional development of psychiatry trainees. For the first time in 2 years, the committee published the *Psychiatry Residents' Newsletter*, whose goal is to inform residents of issues pertinent to their training. The committee sponsored a workshop at the 2004 annual meeting, "Dollars: The Pharmaceutical Industry in Psychiatric Training," which tied into the theme of the spring 2004 issue of the *Psychiatry Residents' Newsletter*. The committee also sponsored a workshop and a resident summit at the 2004 Institute on Psychiatric Services. The topics were as follows: "Resident as Advocate: Community, State, National, and International Arenas" and "Informational Overview of the Psychiatry Boards." Preparations have begun for the committee's 2005 annual meeting workshop, which will offer residents strategies for working with the media.

The *Corresponding Committee on Medical Student Education*, Carl Greiner, M.D., chairperson, continues to be active in its third year as a corresponding committee. The members reviewed the nominees for the Nancy C.A. Roeske, M.D., Certificate of Recognition for Excellence in Medical Student Education (one full-time and one volunteer faculty member from each medical school are eligible) and are pleased to honor outstanding educators. The awards will be given at the annual meeting in Atlanta. The *Medical Student Newsletter* continues to be produced twice yearly; distribution by departmental chairpersons and directors of medical student education is promoted. It is one step in encouraging medical students to join APA and increase the receptivity of all medical students to the use of psychiatric knowledge. In the past year, the committee worked to introduce medical students to the APA national meeting by organizing events and sessions, such as the question-and-answer program at the 2004 annual meeting wherein medical students were able to ask psychiatrists questions about training, applying for residency, etc.

The Council on Member and District Branch Relations

Michael J. Vergare, M.D., Chairperson

The Council on Member and District Branch Relations, in conjunction with its committees, seeks to strengthen the relationship

between district branches and APA, develop recruitment and retention plans and materials, develop and evaluate initiatives for new member products and services, and oversee member opinion research.

This past year the Council on Member and District Branch Relations has been working on the following projects:

- *District branch/state association executive staff leadership conference.* Acting on a recommendation of the council, the Board of Trustees funded the first-ever conference for district branch and state association leaders, which was held Nov. 3–5, 2004, in Washington, D.C. Its purposes were education and skill building, and for the 47 district branch/state association executive staff registered it was also a networking opportunity. It also provided opportunities for interaction between the district branch/state association staff and members of the APA central office staff, particularly the staff of the membership department.
- *District branch financial assistance.* The Board of Trustees work group on district branch financial assistance recommended to the Board that the \$280,000 set aside for financial assistance to district branches be awarded on a competitive grant basis and that the Council on Member and District Branch Relations be the body to “administer” this process. The Board of Trustees asked the council to develop a mechanism for distribution of these funds. The council has prepared a competitive grant application process (based on the guidelines of the Committee on Advocacy and Litigation Funding) and presented it to the Board of Trustees for approval. Since it was so late in the year, the council recommended that the grant process be effective in 2005 and that for 2004 the money be distributed to the branches on the basis of an earlier Assembly-approved method of equal distribution to the district branches/state associations. The Board of Trustees approved an amended motion that, for 2004, \$2,500 be distributed to each district branch of the Association with the exception of those in California, New York, and Missouri. For California and New York, \$2,500 was to be distributed to the state associations. In Missouri, \$2,500 was to be distributed in three equal parts to the three district branches. The remainder of the \$280,000 was then to be distributed to the district branches (including California, New York, Missouri) according to the number of voting members in the branch. The Board of Trustees also earmarked \$100,000 for infrastructure assistance to district branches in need. The approval for disbursement of these funds fell to the Medical Director. To assist him in these decisions, the District Branch Advisory Corresponding Committee identified elements required for a “model district branch.”
- *Membership Committee.* The council has been working with the Membership Committee on the following projects: membership dues billing rules, centralized membership processing, an affiliate membership category, a retired members’ dues category, and quick-track membership sign-up at the annual meeting.

The *Corresponding Committee on Physician Health, Illness, and Impairment*, John Fromson, M.D., chairperson, presented a workshop at the 2004 annual meeting titled “Fitness to Practice Medicine: The Roles of the Evaluating Psychiatrist.” This workshop elaborated on the guidelines for fitness for duty developed by the committee and the Council on Psychiatry and Law. The committee is currently working with the executive staff of district branches and state associations to develop a procedure to assist in closing a practice. A workshop titled “Closing a Practice: What Every Psychiatrist’s Office and Their Family Should Know” will be held at the 2005 annual meeting.

The *Distinguished Service Awards Corresponding Committee*, Michelle Riba, M.D., M.S., chairperson, has recommended Thomas N. Wise, M.D., as the recipient of the 2005 Distinguished Service Award and the American Foundation for Suicide Prevention as the recipient of the 2005 organizational Distinguished Service Award.

The *Newsletter of the Year Corresponding Committee*, Mark Samuel Fettman, M.D., chairperson, solicited entries for the News-

letter of the Year Award and planned to select winners during early 2005. These awards honor APA and district branch newsletters and their editors who have most effectively communicated with district branch and Area membership and other grassroots audiences.

The council will meet next at the APA annual meeting in May 2005.

The Council on Minority Mental Health and Health Disparities

Francis Lu, M.D., Chairperson

The Council on Minority Mental Health and Health Disparities is responsible for the representation of and advocacy for minority and underserved populations and for psychiatrists from minority and underrepresented groups. In the past year, the council and its components continued to focus on the recruitment of psychiatrists in APA and within the profession, development of skills in cultural competence, cultural diversity, and outreach to allied organizations. Some of the major activities include the following:

- The council and its reporting committees are formulating ways to implement aspects of three very critical reports that recommend means to improve the quality of care for racial and ethnic minorities: the Institute of Medicine’s *In the Nation’s Compelling Interest: Ensuring Diversity in the Health Care Workforce* and *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care* and the APA Action Plan to Reduce Disparities for Racial and Ethnic Minorities.
- The council submitted names of psychiatrist researchers with expertise in diagnostic issues that intersect with ethnicity, race, and culture to participate in one of the 11 DSM-V planning conferences, to ensure the inclusion of cultural issues consistently and systematically in the conference process and in development of DSM-V. Suggestions for other conferences will follow.
- The council prepared comments to present through the Board of Trustees to the Residency Review Committee during the current revision of accreditation standards for psychiatry residency training programs. The council strongly recommended that mental health care disparities be included in the didactic curricula and that programs support diversity and nondiscrimination. The council supported its case with passages from the Institute of Medicine report *In the Nation’s Compelling Interest: Ensuring Diversity in the Health Care Workforce*.
- The council is assisting the APA Department of Minority/National Affairs in developing content for the APA web site that will be devoted to diversity and cultural issues.
- Pursuant to APA’s efforts to link with allied organizations, the council recommended to the Board of Trustees the appointment of representatives from the American Society of Hispanic Psychiatrists and the Association of Gay and Lesbian Psychiatrists as corresponding members of the relevant APA committees under the council.

The *Committee of American Indian, Alaska Native, and Native Hawaiian Psychiatrists*, Frank Brown, M.D., chairperson, sponsored the medical student luncheon at the annual meeting of the Association of American Indian Physicians in August 2004, as it has for the past few years. Funding is being sought to continue sponsorship of this very important avenue for reaching American Indian medical students. Dr. Brown represented APA at the Indian Health Summit in Washington in September on a panel on “Health Professionals Partnering to Make a Difference.”

The *Committee of Asian American Psychiatrists*, John Luo, M.D., chairperson, is involved in a number of projects—implementation of the annual Kun-Po Soo Award, facilitation of communication with allied Asian psychiatric groups, and outreach to Asian American psychiatrists, residents, and medical students at the annual meeting through the component workshop and the networking/recruitment reception.

The *Committee of Black Psychiatrists*, Michelle Clark, M.D., chairperson, expanded its charge to reflect the committee's aim of promoting public awareness of mental health in the black community. Consequently, the committee, in coordination with the APA Department of Minority/National Affairs and Department of Communications, is developing a public information radio campaign targeting the African American community in order to educate listeners about mental health in the black community and the root causes of disparities.

The *Committee on Gay, Lesbian, and Bisexual Issues*, Jack Drescher, M.D., chairperson, proposed expanding language in the APA position statement on same-sex unions by explicitly stating APA's opposition to restrictions on the rights, benefits, and responsibilities of legally recognized same-sex unions. (The proposal was submitted to the Board of Trustees in December 2004.) Other issues addressed by the committee this year included the DSM-V research white paper on gay-lesbian-bisexual-transsexual issues, an APA position statement on same-sex marriage, collection of demographic information on sexual orientation from APA members, and health disparities related to gay-lesbian-bisexual people. A new APA award and a resident fellowship program related to issues of this committee are in process.

The *Committee of Hispanic Psychiatrists*, Ana Campo, M.D., chairperson, is concerned with fostering involvement of Hispanic psychiatrists in APA scientific activities to increase awareness, sensitivity, and responsiveness of colleagues to cross-cultural issues relevant to psychiatric care. The committee presented the 2004 Simon Bolivar Award to Andres Pumariega, M.D.

The *Committee on International Medical Graduates*, Sanjay Dube, M.D., continues to keep international medical graduates (IMGs) and their achievements in the limelight of American psychiatry by facilitating coverage about prominent IMGs and IMG concerns in *Psychiatric News*. In 2004, the committee presented Norma Panahon, M.D., with the George Tarjan Award, which honors medical doctors who have contributed significantly to IMG issues.

The major focus of the *Committee on Women*, Kathy Vincent, M.D., chairperson, was the inclusion of gender issues in the research agenda for DSM-V and the inclusion of gender experts in the planning committees and conferences addressing the development of DSM-V. Other issues addressed by the committee this year included the development of committees on women in APA district branches, professional advancement of APA women members, and networking with allied women's organizations. Committee members served as mentors for the APA/Aventis Women Residents Leadership program.

The *Corresponding Committee on Religion, Spirituality, and Psychiatry*, John Peteet, M.D., chairperson, continued to encourage the formation of local district branch committees to focus in this area and offered practical help to district branches in dealing with religious and spiritual issues. The committee is also developing a fact sheet that demonstrates how religious and spiritual beliefs can contribute to disparities in access to mental health care and a proposal for a research agenda work group on religious/spiritual issues of DSM-V.

The Council on Psychiatry and Law

Paul Appelbaum, M.D., Chairperson

The Council on Psychiatry and Law has had an active year evaluating and participating in developments pertaining to issues affecting the interface of psychiatry and the law. Most recently, the council met at the APA fall component meetings in Washington, D.C. As in years past, the council and the Committee on Judicial Action held a joint meeting on an issue of current importance in law and psychiatry. This year, the council and committee held a panel discussion on the operational and ethical difficulties psychiatrists encounter in working for the Department of Defense or other national security organizations, in the environment following September 11. This topic is particularly germane given that psychiatrists are sometimes asked to engage in covert professional activities and there do not exist standards to provide

meaningful practice guidance on ethical issues, particularly regarding intelligence operations related to U.S. counterterrorism efforts. The council also agreed that this topic will be an issue of further consideration and possible action.

The council's *Work Group on Cybermedicine Issues*, Patricia Recupero, M.D., J.D., chairperson, continues to educate members on matters pertaining to the use of electronic media with patients. The work group has developed, and the council has approved, two sets of frequently asked questions (FAQs) addressing 1) the use of e-mail in psychiatry and 2) medical practice web sites. These FAQs will soon be posted to the APA web site in order to assist members in their dealings with electronic practice issues. The work group is next tackling a set of FAQs related to Internet-based psychotherapy ("e-therapy"). The council's intent is that the FAQs will be living documents, with easy incorporation of additions and revisions in this rapidly changing and growing area. Future foci for the work group may include electronic medical records and online prescribing.

In light of the current scientific literature on the subject and the recent Center for Medicare and Medicaid Services regulations governing the use of seclusion and restraints in various circumstances, another work group within the council is revising and updating the 1985 APA task force report on seclusion and restraint. Dr. Kenneth Tardiff, chairperson of the work group, has been communicating with the council, and a final draft of the report will be ready for circulation to relevant councils and committees for input by the 2005 annual meeting. New topic areas within the area of seclusion and restraint include their use in correctional facilities and the availability of additional quantitative studies of their use. Also being added to the revised report is a section on alternatives to seclusion and restraint, although the report will continue to focus on how seclusion and restraint are used. In effect, the recommendations of the report are intended as a "floor," outlining a minimum standard of care.

The council this year has produced two new documents. The first document is the resource document "Guidelines for Psychiatric 'Fitness for Duty' Evaluations of Physicians" (http://www.psych.org/edu/other_res/lib_archives/archives/200405.pdf). Since psychiatrists are often called on to evaluate a physician's fitness for duty, specific questions may center on the presence of psychiatric or neuropsychiatric impairment. This resource document provides standards and guidelines for physicians called on to perform such reviews, and it has been approved for publication. The second document is an APA position statement on consideration of diminished responsibility in capital sentencing, which is currently in the approval process. The position statement focuses on the use of the death penalty for severely mentally ill defendants. The position statement endorses extending the preclusion of *Atkins v. Virginia* to mental disabilities other than mental retardation that result in specified functional impairments. This document will also be available on the APA web site.

A component workshop that will provide a panel of experts on legal issues of importance to psychiatry is scheduled for the 2005 annual meeting in Atlanta. The workshop will bring members up to date on some of the complex legal issues that have been brought to the attention of the council and the Committee on Judicial Action. Panelists will discuss topics related to diminished responsibility in capital cases, such as *Atkins*; ethical and national security issues (based on the joint meeting in September); work of the cybermedicine work group; and brain development issues as they relate to the moral culpability of teenagers in capital cases, such as *Roper v. Simmons*. Panelists will include Drs. Appelbaum and Recupero, Dr. Jeffrey Metzner, Dr. Howard Zonana, and Richard J. Bonnie, L.L.B., consultant to the council.

The *Committee on Judicial Action*, Jeffrey Metzner, M.D., chairperson, recently reviewed an amicus brief to the Supreme Court authored by the American Medical Association in support of respondent Christopher Simmons in the Supreme Court case of *Roper v. Simmons*, number 03-633. The amicus brief, which was joined by APA on the committee's recommendation, argues that the Constitution's ban on cruel and unusual punishment should be read to forbid the execution of offenders who committed their crimes at the age of 16 or 17. The brief raises the question of the moral culpability of a certain category of defendants, here,

older teenagers, who, the scientific data suggest, lack fully developed brains and can react impulsively, and therefore may lack full moral culpability.

The *Corresponding Committee on Confidentiality*, Jerome Rogoff, M.D., chairperson, has remained very active on issues pertaining to privacy and psychiatry. The committee has been tracking specific legislation within the scope of its charge. APA continues to strongly support the Stop Taking Our Health Privacy Act (H.R. 1709), which was introduced by Representative Edward Markey (D-Mass.). This act would require that covered entities obtain patient consent before releasing medical records and would close a marketing loophole in the Health Insurance Portability and Accountability Act (HIPAA). APA is working to secure additional cosponsors. APA also supports the Safeguarding Americans From Exporting Identification Data Act (S. 2471) and the Personal Data Offshoring Protection Act of 2004 (H.R. 4366), introduced by Senator Hillary Clinton (D-N.Y.) and Representative Markey. The legislation prohibits the transfer of personal information to any person outside the United States without notice and consent.

The Bush Administration has announced plans to establish a national health information infrastructure in 10 years, part of which includes providing every patient with electronic health records. The goals of this joint public-private initiative are to inform clinical practice, interconnect clinicians, personalize care, and improve Americans' health. Representative Patrick Kennedy (D-R.I.) introduced the Josie King Act of 2004 (H.R. 4880), which would create a series of interconnected regional health information networks, establish and finance public-private partnerships, and enable patient-provider information sharing. Senator Judd Gregg, chairperson of the Senate Health, Education, Labor, and Pensions Committee, introduced S. 2710, legislation that would establish an Office of Health Information Technology within the Office of the Secretary of Health and Human Services and would require the adoption of federal electronic standards within 2 years of enactment. The bill would also provide federal funding to create local health information infrastructures by using federal interoperable systems and federal loan guarantees for purchasing interoperable health information technology systems, including software and training. The Corresponding Committee on Confidentiality will work closely with a newly appointed APA task force on electronic medical records to develop a proposal for an APA policy on this issue. A key concern of the committee has been and will remain the privacy and security of medical records.

The council has also focused on determining potential future areas of activity pertaining to psychiatry and law. New areas for exploration include, but are not limited to, the elderly and the law, the impact of the President's Commission on Mental Health, juvenile justice issues, development of community-based forensic treatment systems, and legal and ethical aspects of psychiatric genetics. The council will continue to seek new areas of expertise and study as technology and society advance and expand the relationship between psychiatry and the law.

The Council on Psychosomatic Medicine

Philip R. Muskin, M.D., Chairperson

The Council on Psychosomatic Medicine was created in May 2004 to address issues critical to the field of psychiatry at its interface with the rest of medicine. These issues include clinical care, reimbursement, education of psychiatrists and nonpsychiatrists, and research. The charges to the council areas follow:

1. Evaluation and diagnosis of psychiatric illness in medically ill populations, especially complex medically ill populations.
2. Addressing the need to build a comprehensive research platform and infrastructure in psychosomatic medicine covering the spectrum of basic, clinical, and service research activities. This will include participation and input in the DSM-V work group.
3. Training of psychiatrists and other medical and mental health professionals in the provision of care and treatment

of psychiatric illness in the medical setting, including the propagation of skills and the dissemination of knowledge.

4. Evaluation of the existing services and third-party funding mechanisms for psychiatric treatment of medically ill patients and the design of new and/or additional funding mechanisms.
5. Providing information for general psychiatrists in managing psychiatric illness in complex medically ill patients in both inpatient and outpatient settings.

The council will meet three times a year—at the APA annual meeting in May, at the APA fall components meeting in September, and at the Academy of Psychosomatic Medicine annual meeting in November.

APA, along with the federal Center for Mental Health Services, the Academy of Psychosomatic Medicine, and the Treatment Effectiveness Now (TEN) Project, met on Sept. 1, 2004, to explore the issue of access to and reimbursement for psychiatric care in the medical setting. As a result of that meeting, several efforts will be initiated in APA this year, spearheaded by the council and supported by the expertise and contributions of Irwin (Sam) Muszynski, J.D., and Rebecca Yowell in the APA Office for Healthcare Services and Financing. The council and this office will work to document the extent to which psychiatrists are reimbursed for "psychosomatic" care. The council will work on how to understand what is key regarding psychosomatic care (e.g., clinical value, cost-effectiveness), which is important for policy makers and key decision makers in health plans. This will enable APA to decide what to address in reducing the known barriers to access and reimbursement for these services.

At the September meeting, the council examined a number of issues, with a particular focus on implementation of the recommendations contained in the President's *New Freedom Commission Report on Mental Health*. The council discussed issues regarding research and the numerous barriers to access to care for patients with comorbid medical and psychiatric disorders. The council will work closely with the Center for Mental Health Services, APA, and the Academy of Psychosomatic Medicine to address these issues. Additionally, the council will sponsor a workshop on Wednesday, May 25, at the 2005 APA annual meeting in Atlanta. The workshop is titled "Psychosomatic Medicine: An Update on a New Subspecialty." It will focus on reimbursement, training, and subspecialty certification in psychosomatic medicine.

The Council on Quality Care

John O. Oldham, M.D., Chairperson

The Council on Quality Care steadily pursued its objective of embedding psychiatry's perspectives and contributions in national quality improvement initiatives. Advocating the promotion of evidence-based practices and delivery of effective care, the council and its components focused on practice guidelines, performance measures, quality indicators, standards for care, and training. Without expectation of public acknowledgment, council and committee members volunteered many hours to improve drafted positions, recommendations, and educational tools and to serve as representatives of APA at national meetings. Their generosity and dedication to advancing the major issues and best practices of psychiatry are greatly appreciated by the association.

The *Committee on Quality Indicators*, G. Richard Smith, Jr., M.D., chairperson, became increasingly involved in the rapidly expanding contingent of national programs that develop and use performance measures or quality indicators. These programs are emerging in the form of criteria for accreditation of facilities, managed care organizations, and public mental health systems; for maintenance of certification of individual physicians; and for pay-for-performance plans initiated by the federal Center for Medicaid and Medicare Services, insurers, and employer groups that purchase health benefits. Medicine has moved into an era that calls for documentation of quality and performance, a major shift in emphasis that physicians remain concerned could be burdensome and of questionable value (see *Psychiatric News*, Oct. 15, 2004, p. 1). Council and committee activities in relation to these

programs are guided by several principles: 1) performance measures/quality indicators that relate to activity of the psychiatrist must be meaningful to the clinician and based on science, 2) programs incorporating performance measures or quality indicators must be clearly directed toward improving the quality of care and must not be used in a punitive manner, and 3) the burden of data collection and reporting on psychiatrists, facilities, and systems must be minimized. The council and its committees are representing APA in performance measure discussions and activities with the National Quality Forum, the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), the American Medical Association (AMA) Physician Consortium on Performance Improvement, the American Board of Psychiatry and Neurology, and others.

In 2003, noting advances of other industries that have broadly adopted use of electronic technology to expand and improve services, an Institute of Medicine report urged the development of electronic health record systems. The report recommended that electronic health records technology should incorporate the following elements: health information and data, result management, order management, decision support, electronic communication and connectivity, patient support, and administrative processes and reporting. The current Administration has called for achievement of electronic health records for most Americans within a decade. In July 2004, the Secretary of the U.S. Department of Health and Human Services released the first outline of a 10-year plan to build a national electronic health information infrastructure in the United States. The government plans to develop a framework for the infrastructure and is challenging the private sector to steer development of standards, protocols, and content for programs and products.

Simultaneously, APA, the AMA, the American Academy of Family Physicians, and other medical specialty organizations founded the Physicians Electronic Health Record Coalition. The coalition will focus on small and medium-size medical practices for patients receiving ambulatory care. Its mission is to provide practical information to educate physicians about the value and best use of electronic health records, to assist doctors in the selection of systems, and to focus the market on high-quality and affordable products. The Physicians Electronic Health Record Coalition will emphasize to the commercial and regulatory interests the importance of affordable, standards-based electronic health records and other health information technology to improve quality, enhance patient safety, and increase efficiency. On the recommendation of the council, the APA Board of Trustees established the Corresponding Committee on Electronic Health Records to develop APA positions and recommendations on the subject, to advise APA's representatives to the Physicians Electronic Health Record Coalition, to maintain an awareness of emerging legislative and regulatory initiatives and provide input for APA testimony and comment, to maintain communication with APA committees that address relevant issues such as confidentiality, and to educate APA members about the intent, uses, and safeguards of the emerging electronic health record infrastructure.

The *Executive Committee for Practice Guidelines* and the *Steering Committee on Practice Guidelines*, both chaired by John S. McIntyre, M.D., continue their high level of productivity. After receiving approval from the APA Board of Trustees and Assembly, the "Practice Guideline for Treatment of Patients With Schizophrenia, Second Edition" was published as a supplement to the February 2004 issue of *The American Journal of Psychiatry*, and the "Practice Guideline for the Treatment of Patients With Acute Stress Disorder and Posttraumatic Stress Disorder" was published as a supplement to the November issue. Consistent with the current publication approach, only the treatment recommendations and discussion (part A) were published in the *Journal*. Both part A and part B (which lays out the evidence base on which the treatment recommendations are formulated) appear on the APA web site (http://www.psych.org/psych_pract/treatg/pg/prac_guide.cfm) and will be included in subsequently published biennial compendiums of the guidelines. Publication of new guidelines and revisions of existing guidelines are anticipated as follows: substance use disorders, second edition, spring 2006;

Alzheimer's and other dementias of late life, second edition, spring 2006; eating disorders, third edition, spring 2006; psychiatric evaluation of adults, second edition, spring 2006; and obsessive-compulsive disorder, new, fall 2006.

The program has developed quick reference guides and online continuing medical education courses from each guideline. The latter have been approved by the American Board of Psychiatry and Neurology as applicable to its requirement for a comprehensive lifelong learning program. In August 2004, the program posted three guideline "watches," which focus on Alzheimer's disease, psychiatric evaluation, and delirium, and one on major depressive disorder was posted later. Watches are intended to expedite the dissemination of important new information when a complete revision is unnecessary or not feasible. They briefly describe major developments since publication of a guideline that could lead a psychiatrist to treat patients in a manner different from what is recommended in the guideline. They are authored by experts, reviewed by the Steering Committee on Practice Guidelines, and approved by the Executive Committee for Practice Guidelines. They are considered the work of the individual authors and not official APA publications. Watches appear on the practice guideline page of the APA web site and in the biennial compendiums.

Sales reports for American Psychiatric Publishing, Inc., suggest that the quick reference guides are very popular, and APA web site statistics indicate that the practice guidelines and quick reference guides are among the most frequently downloaded documents on the web site.

The *Committee on Patient Safety*, Alfred Herzog, M.D., chairperson, authored a number of informative articles and viewpoints that were published in *Psychiatric News* over the past year. At the invitation of the journal *Psychiatric Services*, a committee member serves as editor of an ongoing series of patient safety articles. These and many other resources for psychiatrists have been organized on APA's web site (http://www.psych.org/psych_pract/patient_safety/index.cfm). At the 2004 APA annual meeting, the committee sponsored a workshop that dramatized two attitudes toward examination of a medical error—first, the traditional approach of finding the culprit responsible and assigning blame, and second, a more constructive approach of reviewing the elements of the system in which the error occurred and building in safeguards to prevent recurrence. In 2005, the committee will offer a workshop that highlights the delivery of safe patient care by using the method of root-cause analysis of an actual adverse medical event with a psychiatric patient. Participants will review aspects of care, including communication among caregivers, administration, and the patient's family; monitoring of the patient; transcription of orders; administration of medications; and national safety standards.

Members of the committee represented APA at the National Summit on Medical Abbreviations, jointly convened by the JCAHO, its parent organizations, the American Society of Health-System Pharmacists, the Institute for Safe Medical Practices, and U.S. Pharmacopeia. Discussion and recommendations focused on misuse and misinterpretation of abbreviations, acronyms, and symbols as they relate to medical errors. The committee chairperson, Dr. Herzog, represents APA on the Patient Safety Taxonomy Task Force of the National Quality Forum.

The *Committee on Standards and Survey Procedures*, Steven I. Altchuler, Ph.D., M.D., chairperson, comprises APA's representatives to a variety of voluntary accrediting organizations. Ongoing communication is maintained with the JCAHO, the Utilization Review Accreditation Committee, and the Commission on Accreditation of Rehabilitation Facilities. Through their active participation in these organizations, committee members provide a psychiatric perspective and advocate standards to benefit patients and to facilitate the ability of health care facilities and programs to deliver the highest-quality behavioral health care possible.

Of particular interest in the past year were standards governing the medical staff in health care facilities, appropriate staffing, youth and child services, and resolution of disputes between participating providers and health care organizations.

The committee's annual meeting workshop highlighted the role a health care facility must play when a serious or sentinel

event occurs. The participants were guided through the process of analyzing the root cause of an event, examining the tool of failure mode and effects analysis, and developing system improvements that will assure that a similar event will not recur.

The **Committee on Psychotherapy by Psychiatrists**, Lisa A. Mellman, M.D., chairperson, focused on the pending revision of the Special Requirements for Psychiatric Residency Training, a document that specifies training elements. The Residency Review Committee for Psychiatry, a unit of the American Council for Graduate Medical Education, is determining revisions to requirements that will be implemented in 2006. Like many other APA components, the Committee on Psychotherapy by Psychiatrists made recommendations concerning its area of expertise to the APA Council on Medical Education and Lifelong Learning, which was charged to prepare a comprehensive communication from APA to the Resident Review Committee for Psychiatry. The Committee on Psychotherapy by Psychiatrists recommended that the requirements continue to include training to competency in psychotherapy, that the number of psychotherapies in which each program must provide training be reduced from five to three, and that those three be supportive psychotherapy, cognitive behavior therapy, and psychodynamic psychotherapy. The committee recommended that brief psychotherapy and combined psychotherapy and psychopharmacology competencies be embedded within the three psychotherapy modes just noted. Finally, the committee recommended that the Resident Review Committee for Psychiatry encourage training in group, family, interpersonal, and dialectical behavior therapy but not require competency in these modes at completion of training.

The members of the committee reviewed different models of psychotherapy to identify common fundamental elements that could be concurrently addressed in training. To advance this line of thinking and obtain input from APA members, the committee will sponsor a workshop at the 2005 APA annual meeting: "Y Psychotherapy: An Integrated, Evidence-Based Psychotherapy Competency Model."

The **Committee on AIDS**, Francine Cournos, M.D., chairperson, has responsibility for development of policy concerning the treatment of AIDS and assists its counterpart committee within the American Psychiatric Institute for Research and Education in designing and delivering training to health professionals—more than 23,000 since the beginning of the program in 1987. Recent training programs include a program for residents at the University of South Carolina, for nurses in Flint, Mich., and for allied professionals at the National Association of Social Workers annual meeting, the Institute on Psychiatric Services, the World Organization of Family Doctors annual meeting, the U.S. Conference on AIDS, and the Academy of Psychosomatic Medicine annual meeting. APA is refining its capacity to offer distance learning programs by using two-way audio and visual communication in real time. Interested parties may contact the APA Office of AIDS/HIV, by telephone at 703-907-8668 or by e-mail at AIDS@psych.org.

In the past year, the committee developed or revised position statements that focus on HIV and inpatient psychiatric units, HIV and outpatient psychiatric services, occupational exposure, HIV-infected psychiatrists, HIV and hepatitis C, comorbid substance use disorders and HIV, and HIV and children. These statements can be found on the APA web site, in the AIDS Resource Center (<http://www.psych.org/aids/>).

The committee developed a specialized elective rotation in HIV psychiatry for third- and fourth-year minority medical students that provides intense training in HIV mental health, including neuropsychiatry, a clinical or research experience, and participation with the committee. Six committee members have served as on-site mentors. The committee also produced training materials and resources, including an updated curriculum, a training manual for nonphysician HIV care providers, and online material.

The Council on Research

John F. Greden, M.D., Chairperson

The Council on Research carries out activities to ensure that the substance and significance of research on mental illness remain integral parts of the APA mission and in the forefront of the national health agenda. The council embodies the Association's commitment to advancing psychiatric knowledge through the conduct of research by physician scientists across a broad range of research fields and issues. The council works in close cooperation with the APA American Psychiatric Institute for Research and Education (APIRE) to accomplish goals and carry out activities of preeminent importance to the mental health field at large.

Chairpersons of the committees reporting to the Council on Research constitute the council membership, as follows. Alan J. Gelenberg, M.D., **Corresponding Committee on Research on Psychiatric Treatments**; Wayne J. Katon, M.D., **Corresponding Committee on Health Services Research**; David J. Kupfer, M.D., **Committee on Psychiatric Diagnosis and Assessment**; Sarah H. Lisanby, M.D., **Corresponding Committee on Electroconvulsive Therapy and Other Electromagnetic Therapies**; Michele T. Pato, M.D., **Corresponding Committee on Research Training**; Alan F. Schatzberg, M.D., **Corresponding Committee on Research Awards**; David Reiss, M.D., and William Beardslee, M.D. (co-chairpersons), **Task Force on Prevention of Mental Disorders and Promotion of Mental Health**.

The committee chairpersons are active and important links to national organizations and constituencies outside APA, and in this capacity they carry out some of the council's most important work. Thus, the council played a key role in the Institute of Medicine study that culminated in October 2003 with the publication of a 272-page Institute of Medicine report, *Research Training in Psychiatry Residency: Strategies for Reform*. Similarly, throughout 2004, council members assumed leadership positions on the National Psychiatry Training Council, a national coordinating body sponsored by the National Institute of Mental Health and formed to implement the Institute of Medicine recommendations. Nine task forces under the aegis of the National Psychiatry Training Council were formed to define and address the full range of research training issues critical for 21st-century psychiatry residency programs. In 2005, the task forces continue to work on model training programs, pipeline extension, recruitment and retention, regulatory recommendations, mentorship, and financial incentives, as well as on methods for monitoring and disseminating the outcome of research training initiatives.

Council members are an integral part of the research planning effort for the next editions of DSM and ICD, with Dr. Kupfer representing the Council on Research and APA on the DSM-ICD steering committee. The steering committee is responsible for implementing a series of 11 research planning conferences between 2004 and 2007. A scientific prologue to the next DSM and ICD revisions, the conferences are focused on an array of nosological topics deemed to be either particularly problematic in the current classification or most likely to benefit from new and emerging research capabilities or methodologic techniques. The first conference, the series launch and methods conference, was host to 65 investigators on the campus of the National Institutes of Health, in Bethesda, Md., in February 2004, and in December APA hosted a second conference, "Dimensional Models of Personality Disorders." Three additional conferences are scheduled for 2005 on substance abuse, stress-induced and fear-circuitry disorders, and dementia.

Also implemented in 2004 was the DSM-V Prelude Project, a web site (www.dsm5.org) designed to keep APA members up to date on progress in the DSM-ICD revision process and to invite feedback from the APA community. The site offers the following links: "DSM-V Timeline," "DSM-V Research Planning Activities," "Comments on DSM-IV/Suggestions for DSM-V," "Register for DSM-V Newsletter," and "DSM-IV-TR Web Page."

The Council on Research credits the members of its components with a number of other significant achievements during the past year.

The APA Board of Trustees approved the new APA Research Mentorship Award, proposed by the council. Selection criteria

are being formulated by the Corresponding Committee on Research Awards, and the first award will be given at the 2006 APA annual meeting. Also approved by the Board of Trustees was formation of the *APA Caucus on Complementary and Alternative Medicine*, under the Council on Research.

The *American Journal of Psychiatry* published two articles in 2004 submitted by work groups formed under committees of the Council on Research. "Management of Bipolar Disorder During Pregnancy and the Postpartum Period" (Kimberly A. Yonkers et al.) appeared in the April issue of the *Journal* and was prepared under the auspices of the Corresponding Committee on Research on Psychiatric Treatments. The June 2004 issue of the *Journal* featured "Clinical Utility as a Criterion for Revising Psychiatric Diagnoses" (Michael B. First et al.), an article prepared at the request of the Committee on Psychiatric Diagnosis and Assessment.

Two major research awards sponsored by the Corresponding Committee on Research Awards were presented at the 2004 APA annual meeting in New York City. The APA Award for Research in Psychiatry was presented jointly to Drs. Jack D. Barchas and J. Christian Gillin (posthumously). The Judd Marmor Award was presented to Dr. David Spiegel. Each award is accompanied by an award lecture; Dr. Barchas reviewed his career as a psychiatric researcher in the lecture "Adventures in Psychiatric Research: Neurobiology to Public Policy," and Dr. Spiegel presented his work on "Feeling and Healing: Biopsychosocial Treatments and Their Effects on Mental Illness."

The 2004 APA annual meeting also featured the Ninth Annual Colloquium for Early Career Investigators. The colloquium was a day-long meeting, held this year in conjunction with Mt. Sinai Hospital, during which research trainees met with senior investigators, serving as mentors, in small group sessions to present and discuss the trainees' individual research projects. In response to requests from former participants for an opportunity to return to the colloquium for another "dose" of mentoring, the colloquium in New York included for the first time an Advanced Track. Eligible candidates for the track were former participants who had already gained significant funding (for example, a K Award from the National Institutes of Health) or had achieved other significant career advancements. Nine Advanced Track participants joined the customary 45 early-career trainees at the 2004 colloquium.

During the course of the year, council components and committee-commissioned study groups responded to a number of requests, from APA governance, federal agencies, and other constituency groups, for expert opinion on a range of substantive issues. Ongoing work groups continue to address both policy and research questions referred to the Council on Research for review.

The Council on Social Issues and Public Psychiatry

Robert Cabaj, M.D., Chairperson

The charge of the council is to assist APA in bringing to fruition resolution of issues critical to patients and psychiatrists traditionally functioning within public sector psychiatry and to keep the Association abreast of emergent public psychiatry issues. Over the past year, the council lent its expertise on several policy development projects related to the public sector. Among them was to draft a policy statement on recovery, the intent being for APA to continue to exert leadership in community and public psychiatry by recognizing and encouraging the use of the recovery model in all community-based and other public mental health/behavioral health systems. The council was also invited to be involved in the APA Medicaid Advisory Group, a network to facilitate collection of data, dissemination of information, and development of strat-

egies in addressing Medicaid issues that have an impact on the practice of psychiatry.

The council has regularized biannual meetings with personnel from the Substance Abuse and Mental Health Services Administration (SAMHSA). Last year, the council was visited by two SAMHSA representatives, Anita Everett, M.D., Senior Medical Advisor, and Melvin Haas, M.D., Associate Director for Medical Affairs. Concerns regarding the need for funding for community psychiatry in psychiatry residency programs, the paucity of community psychiatrists in academia, and activities that target homeless populations, particularly older adolescents, were conveyed to the agency representatives.

The council continues to collaborate with APA components with overlapping interests. Ties with the Council on Minority Mental Health and Health Disparities are being strengthened through regular conference calls between the chairpersons and council staff. In 2005 the council will hold a strategy meeting with the Committee on Family Violence and Abuse to plan a joint symposium in 2006 on abuse and domestic violence as a public health issue.

In 2005 the council's agenda will focus on developing a model system of care, issues related to J1 visas, and the need to fund training in public sector psychiatry.

The *Corresponding Committee on Poverty, Homelessness, and Psychiatric Disorders*, Hunter McQuiston, M.D., chairperson, proposed a working conference with the goal of creating a set of best clinical and programmatic practices in the engagement, intensive care, and ongoing rehabilitation of people with mental illness and homelessness. These "best practices" can be used as a reference in policy making, program planning, and defining competencies in residency education. The plans call for this multidisciplinary conference to occur in contiguity with the 2006 Institute on Psychiatric Services. The committee awaits approval to seek outside funding for this program.

At the request of then APA President Marcia Goin, M.D., the chairperson of the *Corresponding Committee on Jails and Prisons*, Henry Weinstein, M.D., initiated a project to examine the fiscal implications of the involvement of people with serious mental illness in the criminal justice system. In February 2004, an expert invitational conference brought together some of the noted experts in the field. The purpose of this conference was to create an overview of the mentally ill in the criminal justice system, discuss their inappropriate placement in jails and prisons, explore the fallout of counterproductive public policy, begin to build a model for resource allocation, communicate the need for change, and lay out an action plan to address the issues. The proceedings of this conference will be made available on APA's web site. In undertaking this work, the committee is collaborating with the Council on State Governments and its Criminal Justice/Mental Health Consensus Project, the National GAINS Center for People with Co-Occurring Disorders in Contact With the Justice System, the Center for Mental Health Services, the National Alliance for the Mentally Ill, and others.

The *Psychiatric Services Achievement Awards Corresponding Committee*, Cheryl Al-Mateen, M.D., chairperson, honored six outstanding mental health programs at the 2004 Institute on Psychiatric Services in Atlanta: Skyland Trail, Atlanta, won the Gold Award in the category of community-based programs, and The Bridge of Central Massachusetts's Grove Street Residence, Worcester, Mass., won in the category of academically or institutionally sponsored programs. Two programs—Thresholds Graiss Apartments, Chicago, and Tennessee's TennCare Centers of Excellence for Children in State Custody—were selected for the Silver Award. The Bronze Award went to the New York Service Program for Older People, New York, and the Youth and Family Centers, Dallas Independent School District, Dallas.