

## ENHANCING THE SCIENTIFIC BASIS OF PSYCHIATRIC CARE

APA has a major commitment to supporting research and education and enhancing the scientific basis of psychiatric care. On the national scene, APA has played an important role in the recent discussions about ethics in research, the involvement of consumers in NIMH study sections and institutional review boards, and the response to the report of the National Bioethics Advisory Commission. These issues will be an important focus of debate in the coming year.

APA efforts to obtain federal, foundation, and industry grants for research and education were greatly enhanced in 1998 by the creation of the American Psychiatric Institute for Research and Education, a wholly owned corporate affiliate of APA. I serve as chairperson and work with a distinguished Board of Directors to oversee almost \$13 million in grants and contracts.

Staff of the new institute will be working closely with the leadership of the American Psychiatric Foundation, which will serve as its major fund-raising arm. In preparing to assume this role, the foundation's board has reviewed its mission and is recruiting an Executive Director to oversee the foundation's fund-raising efforts.

## EDUCATION, TRAINING, AND CAREER DEVELOPMENT

APA's Office of Education has developed a plan to guide APA's initiatives in education, training, and career development on behalf of our members. Psychiatrists who need board certification (or recertification) and continuing medical education should have these needs met through their association. Younger Members-in-Training and members who are starting practices or careers in education or research should look to APA for the information they need to be successful.

Publication of professional books and journals is another important part of our educational mission. I am working with Dr. Carol Nadelson, Chief Executive Officer and Editor-in-Chief of the American Psychiatric Press, Inc. (APPI), to integrate the operational and business aspects of APA and APPI publications, expand our efforts in electronic publishing, and increase international distribution of our books and journals.

## CONCLUSION

Clearly, as we prepare for the next millennium, APA faces many challenges. Meeting the needs of our members and achieving our strategic goals and priorities will require focus, direction, and the willingness to change, in the Central Office and throughout the Association. This change is well under way.

The complete Report of the Medical Director is available from my office by contacting Ms. Adriane Evans by telephone at 202-682-6110 or by e-mail at [aevans@psych.org](mailto:aevans@psych.org).

### Report of the Speaker

*Donna M. Norris, M.D.*

Our meeting this year in Washington, D.C., came at an important time for all patients and for medicine. Critical issues related to health care and patient privacy are scheduled for hearings during this Congressional session. Congress must act by August 1999, the deadline set by the Health Insurance Portability and Accountability Act, or the Secretary of Health and Human Services must issue health privacy regulations by January 2000 (1). Threats to the confidentiality of medical records have united all of medicine in a call to action to protect our patients' rights to medical privacy. We must recognize that the best protections and health care for all patients must come from a strong coalition of the public, the health care industry, business, medical professionals, and government. Otherwise, the struggle among these various groups will continue as we watch the numbers of the uninsured soar beyond the 43 million of today (2). Many

among the public, advocacy groups, and professional organizations will continue to monitor the Congressional debates related to the Patients' Bill of Rights and managed care organizations. During this next week members of the Assembly, the Board of Trustees, the district branch presidents-elect, and members of the Association will meet with their Congresspersons to discuss these and other critical health care issues.

In the APA Assembly our principal mandate as psychiatric physicians is to advocate for the medical needs of our patients. Recently I had a special opportunity to review the Assembly's many achievements through the years (3). Advocating for improved access to and delivery of mental health services to psychiatric patients and enhancing the ethical and scientific practice of the psychiatric profession continues to be the motivating impetus of our work.

## STRATEGIC FOCUS

During this past year we have been planning for the future. The Board of Trustees and Assembly are committed to the following strategic priorities:

1. Advocating for patients.
2. Advocating for the profession.
3. Supporting education, training, and career development.
4. Defining and supporting professional values.
5. Enhancing the scientific basis of psychiatric care.

All work in the association must be focused to meet these strategic priorities while maintaining fiscal responsibility. Recognizing that neither our members nor our economic resources are unlimited, we are encouraged that strategic alliances and the sharing of professional expertise with our medical colleagues have met with an enthusiastic response. The ultimate goals of these collaborations are the improvement of medical services for patients and increased advocacy for the mentally ill. Toward this end, the Assembly has been designated as the seat of the liaison project. And today the Assembly membership is enriched professionally and personally by new alliances with these allied psychiatric groups that have joined us in our advocacy work for psychiatric patients, their families, and the profession.

## CHALLENGES—OLD AND NEW

In May 1998 I identified four important challenges for psychiatry to meet to maintain its leadership in the field of mental health (4). Providing advocacy for patients and compassionate and competent psychiatric care remains a cornerstone of our professional efforts. Maintaining an unwavering lobby for improved health care for our patients is resulting in change at the state and national levels. In this past year regulatory, judicial, and legislative bodies are questioning the business practices of large for-profit health care management companies and any resultant injury to patients (5-7).

There have been opportunities this year to discuss the ethical challenges and responsibilities that many face in taking care of patients in an environment of outside management. Health economists and researchers are documenting their ideas, plans, and hypotheses about the future of health care, but clinicians, actively involved with patients, must also include their experiences in the scientific literature. The Practice Research Network is one avenue by which practicing psychiatrists' clinical work with patients can be included in studies and further debates regarding the management of care.

## THE UNDERINSURED, UNINSURED, AND "UNINSURABLES"

In 1996 we thought that a national parity law—requiring equal coverage for mental and physical health—had been passed and would be effective in January 1998, until the dollar limits for mental health coverage were replaced by numerical limits. For most, this served to offer greater restrictions on mental health care than had previously existed (8). "If they would only curb their use of cell

phones and cigarettes” was offered as part of one state’s explanation for the probable retrenchment of health care benefits for the poor (9). The challenge that remains is the development of a comprehensive health plan for all Americans.

## RACE AND VIOLENCE

Catastrophic events in recent months have reemphasized violence as one of the most significant challenges to the cohesiveness of our society. It has invaded our streets, our homes, and our schools (10). As psychiatrists, we are seeing a crisis that has affected many children and their families’ sense of safety. Violence and the upsurge in racist theories and practices are social issues that are destructive to the spirit of all individuals and negatively affect mental health and well-being. With the projected changes in minority populations in this country in the new century, many are concerned that these problems will escalate significantly unless there is major progress in racial tolerance and understanding.

The issue of racial discrimination in medicine and its impact on medical care offers another challenge that we must face by maintaining our sensitivity to the patient’s unique medical needs and cultural identity and by engaging the patient in planning for treatment (11).

This year I had an opportunity to participate in the meetings of two national medical associations, the American Medical Association and the National Medical Association. The disparities in disease and health care among peoples in this country are among the core priorities of both medical organizations.

How prepared are we, as psychiatrists, to offer leadership in this area? The Assembly identified improvements of cultural competence in psychiatry and in residency training as important initiatives needing further study. This work has been completed by APA’s component committees, and the teaching curricula are ready for distribution and use. With respect to violence, the American Academy of Child and Adolescent Psychiatry and APA have formed a joint task force to study violence and its effects on children and adolescents.

## CONCLUSION

We have a wonderful staff in Michael Murphy, Christine Dale-Elbridge, and Ardell Lockerman—who help us to carry our tasks through to completion. My role as Speaker and my personal friendship with President Muñoz have offered a marvelous vantage point from which to share his vision for the Association. This has been a working partnership, which I have truly valued.

The Assembly has evidenced wisdom in choosing a strong leader in Alfred Herzog, who demonstrates compassion and warmth in his relationships. I am very pleased to pass the gavel into his capable hands.

I calculated that in a year’s tenure, Assembly members provide more than 200 hours of volunteer services as representatives for their districts. Many of you have given even more time to the Association through your work on committees and task forces. I am greatly appreciative of each of you for your responsiveness to my requests.

To the Assembly, I thank you for this opportunity to serve as your Speaker-Elect and Speaker. The last 2 years have been the most hard working and memorable of my professional career. I have gotten to know you and many of your families personally, and we have developed friendships that will last a lifetime. As I traveled throughout the country, there were many opportunities to view psychiatry in diverse settings, from rural Alaska and Maine to urban San Francisco and then south to Charleston, S.C. These areas have medical practice concerns unique to their communities, but a common unifying factor is dedication to serving patients.

As psychiatrists, we have chosen a noble calling, the practice of medicine, focused on providing psychiatric care for our patients, whose symptoms and illnesses are frequently misunderstood and stigmatized by many in our society. While the future will always present new challenges, we must be ready to use these as opportunities to enhance our advocacy for our patients and our commitment to our beloved profession.

## REFERENCES

1. Goldman J: Protecting privacy to improve health care. *Health Aff (Millwood)* 1998; 17:47–60
2. Who pays for new rights? (editorial). *Wall Street J*, Feb 24, 1999, p A18
3. Norris DM: APA’s Assembly has helped make major gains for members, patients. *Psychiatr News*, May 7, 1999, pp 26, 39
4. Norris D: Report of the Speaker-Elect (APA official actions). *Am J Psychiatry* 1998; 155:1470–1472
5. Page L: Patient death prompts first use of Texas’ new HMO law. *Am Med News*, Nov 9, 1998, pp 1, 38
6. Smothers R: Failed HMO Is to Be Shut in New Jersey. *New York Times*, Feb 10, 1999, pp B1, B5
7. Aston G: Flight of HMOs from Medicare sparks federal reaction. *Am Med News*, Oct 26, 1998, pp 1, 35, 38
8. Pear R: Insurance plans skirt requirement on mental health. *New York Times*, Dec 26, 1998, pp A1, A20
9. Kilborn PT: Tennessee talks of paring plan for “uninsurables.” *New York Times*, May 1, 1999, pp A1, A11
10. McFadden RD: Violence, real and imagined, sweeps through the schools. *New York Times*, April 30, 1999, pp A1, A28
11. Lowe M, Kerridge IH, Mitchell KR: “These sorts of people don’t do very well”: race and allocation of health care resources. *J Med Ethics* 1995; 21:356–360

## Report of the Speaker-Elect

*Al Herzog, M.D.*

## INTRODUCTION

The Assembly and APA governance assign some specific jobs to the Speaker-Elect. However, his or her primary task is to assist the Speaker in carrying out the senior leadership functions of the Assembly and to learn from the Speaker how to do that job well the following year. Only time will tell whether I have been a good “student,” but I have the highest admiration for the “teacher” I have had. It has been a special treat for me to work closely with Donna Norris, M.D., the Assembly’s first female and African American Speaker. It has been a privilege to work with her, plan for the Assembly with her, and stand with her in support of the principles and strong leadership she has given the Assembly during the past year. The two of us were good friends in our work together in Area 1. During the past year we have become even closer friends, and it is my hope that the Assembly has already benefited, and will benefit some more, from that.

## REFLECTIONS ON THE PAST YEAR

### *Overall*

Each and every one of us realizes that the profession of psychiatry is, on one hand, on the threshold of exciting new discoveries in neuroscience and psychopharmacology and, at the same time, undergoing an ever-increasing attack from managed care “behavioral health” oligopsonies. (On my desk this morning is an offer from one of those to join its employee assistance program’s “provider” network for \$50 an hour.) I have observed closely our APA President, Rodrigo Muñoz, deal with these seemingly contradictory issues this past year and much like what I have seen. We are all fortunate to have had Dr. Muñoz as our leader. He has been determined to move APA into the new millennium with a clear vision of our priorities, lots of new ideas, and a restless energy that has pushed APA to be more action oriented.

I particularly appreciate his emphasis of the quality indicators initiative, the creation of the American Psychiatric Institute for Research and Education, starting the process of APA restructuring, and building alliances with the business community. He understands well the needs of practicing psychiatrists and the common and unique needs of both American-born and non-American-born colleagues.