



AGLP
Opening Minds

VOLUME XLI (4) • DECEMBER 2015

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Atlanta, GA, site of the 2016 APA/AGLP Annual Meeting

Annual Meeting 2016 - Atlanta, Georgia

FRIDAY, MAY 13 TO WEDNESDAY MAY 18, 2016

AGLP Host Hotel

Westin Peachtree Plaza • 210 Peachtree St. NW, Atlanta, GA, 30303

The Westin Peachtree Plaza has been selected for the AGLP Host Hotel site. AGLP Meetings and the AGLP Hospitality Suite will be located in this hotel. To book a room with your fellow AGLP members in this hotel it is recommended you book as soon as possible. Room rates are \$219.00/night (single occupancy) for a four-day minimum stay. Outside of those parameters, average room rates will be \$228.00/night.



Make your Reservation now! Call (855) 992-3353 or visit the APA website ([click here](#)) to get the group rate. You will need your APA username and password to enter the registration area.



View all up-to-date AGLP schedule information on our website at www.AGLP.org by scanning this QR code.

The Candidates respond. Interviews begin on page 6

The Newsletter of AGLP

Co-Editors,
Kevin Donnelly-Boylen, M.D.
and Gaddy Noy, D.O.

Published quarterly from 4514 Chester Avenue,
Philadelphia, PA 19143-3707.

The views expressed in the *Newsletter* are those of the writer and do not necessarily represent the opinions of AGLP. The sexual orientation of any writer or any person mentioned in the *Newsletter* should not be inferred unless specifically stated. Mailing lists for the *Newsletter* are confidential, to be used only by AGLP, and do not imply sexual orientation.

INFORMATION FOR AUTHORS

Persons wishing to submit articles for publication should send them to the National Office, 4514 Chester Avenue, Philadelphia, PA 19143; phone 215-222-2800; Fax: 215-222-3881; E-mail: AGLPeditors@aglp.org. Submissions should be clearly readable. Submissions on electronic media are preferred. Submissions become the property of AGLP and will not be returned unless requested and accompanied by a self-addressed and stamped envelope. The *Newsletter* reserves the right to make editorial changes and to shorten articles to fit space limitations. Name, address, daytime telephone number, and a short biographical statement about the author should accompany the submission even if the author requests anonymity in publication (which is discouraged). The deadline for inclusion in the next issue is March 15, 2015.

ADVERTISING RATES

The Newsletter of AGLP accepts limited advertising depending upon space and applicability to issues affecting psychiatrists who either are gay or lesbian or treat gay and lesbian patients. The mailing lists for AGLP are confidential and never sold or provided to any vendor.

Full Page Ad	\$350
Half-Page Ad	\$250
Business Card	\$125

Community service announcements are printed without charge, but are accepted only on a limited basis depending upon space limitations and applicability.



View this and all AGLP Newsletters by visiting our website at www.AGLP.org. Scan the QR Code to the left to visit the entire archive.

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Editorial Column

Kevin Donnelly-Boylen, M.D. and Gaddy Noy, D.O.

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Kevin Donnelly-Boylen, M.D.



Gaddy Noy, D.O.

As 2015 comes to an end, it's a time to reflect back on all of the events that have taken place in the past year while looking forward to all of what the future holds in store including the APA National Elections beginning January 4th, 2016. In May of 2015 the APA celebrated its 165th Annual Meeting in Toronto, Canada bringing together an international group of psychiatrists to discuss the latest advances in mental health. This past October, the APA's Institute of Psychiatric Services (IPS) had its 67th gathering in New York City to discuss clinical issues and community mental health regarding people with severe mental illness. In addition to all of the incredible programs offered at IPS, we would like to acknowledge some AGLP-sponsored and related programming put on by AGLP-members and others such as "My True Masculinity: Views from Professional Transmen," "Sexual Orientation, Gender Identity, and Sex Development: Competencies in Medical Education: Implications for Public Psychiatry," "HIV Positive Needle Users, Gay and Bisexual Men," "Emotional Attachment and Satisfaction with Relationship among Gay Men," and "Improving Inpatient Care of LGBT Patients: A Residents Challenge."

A new year brings in a new President-Elect of the American Psychiatric Association. The AGLP had the opportunity to interview both Dr. Anita Everett and Dr. Frank W. Brown regarding their candidacy for the next president of the APA on issues specific to the LGBTQ community. Please be sure to read their responses in this newsletter and don't forget to vote in the APA National Election (January 4th – February 1st, 2016).

As Editors of your AGLP newsletter, there is a lot we are looking forward to this next year. We are excited to introduce a new section within the AGLP newsletter called "Member's Corner" in which we will highlight underrepresented LGBTQ providers and/or communities. We hope to increase the visibility of groups that may have been overlooked within the AGLP. We hope to portray experiences of providers in settings that are typically not portrayed in AGLP newsletters so that we can increase awareness of the diversity of our members. The Member's Corner section will have its first submission in the next AGLP newsletter. It will consist of a 500-750 word piece about who the provider is, what aspect of psychiatry they practice, the unique challenges and opportunities their environment harbors and how they feel AGLP can help support them and their practice as well as those that share similar settings. We are actively soliciting contributions from our membership to help ensure representation of all corners of our organization in future issues. We encourage individuals from underrepresented communities and locations to get in touch with us so we can highlight your work in future publications. You can reach us at AGLPeditors@aglp.org.

"We are actively soliciting contributions from our membership to help ensure representation of all corners of our organization in future issues."

To further increase the voice of our members, we are hoping to start a Resident Column in which we can have a different psychiatric resident featured in each upcoming AGLP newsletter contributing a column of approximately 500 words. AGLP is growing and we want to hear from our rising members as well as more seasoned professionals. If you are interested in submitting a Resident Column piece for a future AGLP newsletter, please do so by emailing us at AGLPeditors@aglp.org. What a great way to become involved in your AGLP!

There has never been a more exciting time to be a part of AGLP. With a New Year right around the corner brings new conferences, continuing collaboration among members, the APA national election as well as the United States presidential election that will impact mental health services in the United States and beyond. We are thrilled to be your AGLP editors and we wish you, your family and your loved ones a Happy Holiday Season and a very Happy New Year!

President's Column

Eric Yarbrough, M.D.

EYarbrough@aglp.org



Eric Yarbrough, M.D.

The clock just hit 8pm and it's my late night in the office. Well, one of my late nights. All the patients are leaving and I've just got my dwindling note list and the occasional shouts of disgruntled New Yorkers out my window to keep me company. It's dark outside and that, along with holiday decorations and preparations for the New Year under way, I'm now regularly reminded of what season it is and our location in space as we continue our travels around the sun.

Time slips by quickly and our perception of it speeds up the older we get. When focused on a busy work schedule, the calendar pages rip off and weeks and months can fly by with little notice. That project I said I would do last month turns into the one I said I'd do last year. Staying focused and productive requires energy, persistence, and sweat.

AGLP, now with our new name, is full of hardworking psychiatrists. So many of our members are leaders in their institutions, are regularly published, and carry large case-loads of patients who tend to be in the most need of help from a real bio-psycho-social perspective. The work is emotionally draining and finding time to accomplish other tasks at the end of the day can easily be replaced with a relaxing book, an entertaining television program, or fun with friends over dinner and drinks.

It's important to maintain perspective. How much have we accomplished as an organization? Because of the presence of our members, how many patients have gotten treatment, families have been educated, and societies been shifted? How much further do we have to go? It's hard to see sometimes how we affect the overall picture.

I continue to have conversations with psychiatrists, internists, surgeons, nurses, case managers, and other health care providers who have little to no experience with the LGBTQ population. Sometimes we get in places and make assumptions because we are educated on the subject, others must be as well. Just because it's on TV doesn't mean family members know how to cope and be supportive nor do some patients know what appropriate and affirming treatment is. People are still being harmed by a world that is hell-bent on keeping the status quo and not shifting perceptions. Like a young child, the world doesn't like the taste of flavors it isn't used to.

AGLP continues, and will continue, to be a driving force and play our part in making the world a safer and more welcoming place for the LGBTQ population. Every member provides us with the funding and support to carry out seminars, award ceremonies and outreach to the community. Every year you are a member, we are able to accomplish more.

We currently have around 270 members in AGLP. To function well we need at least 300. How do we get those members in or having those who have dropped out to rejoin? These are questions the board is always asking, and we could use your help to tell us how.

I truly hope that all of you have had a good year and are looking forward to the next. As the clocks turn and the seasons change it's important for us to stop, think, and realize where we are. It will give us insight into where we should go.

It's been a long day in the office and I'm about ready to

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“It’s important to maintain perspective. How much have we accomplished as an organization? Because of the presence of our members, how many patients have gotten treatment, families have been educated, and societies been shifted? ”

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Amir Ahuja, MD

Vice-President's Column Amir Ahuja, M.D.

AAhuja@aglp.org

Many of us have been inundated these past few months with issues related to the 2016 election. There is one issue that our community could do more to push to the forefront. The issue is that of women's reproductive and health rights. Since conservatives have taken over the Congress, not only nationally, but in many states, these rights have been under attack. Planned Parenthood has been demonized, and the shocking shortage of access for women to their care should be a wake-up call to all of us.

Why should our community be concerned? Well, I recently went to a fundraiser for the Los Angeles LGBT Center and Jane Fonda received an award. In accepting her award, she talked about how the LGBT movement and the women's health movement have a lot to learn from, and contribute to, each other. She discussed how we face resistance from the right, who would restrict the freedoms we have, and a woman's freedom to control her own health. Many of the key proponents of women's health care access are also LGBT activists and promote our struggle to a broader audience.

It has been shown time and again that, when women's rights are elevated, LGBT rights are also improved. This is partly because, as women are more valued, men are less stigmatized for being effeminate and women are given more choice to live their lives without a male partner. Health care improves for LGBT people, as access to reproductive services and hormone treatments takes on a higher priority for society. Also, as women gain more positions of power, there is an increased emphasis placed on the importance of family and community, extending to the legal recognition of the LGBT community itself.

This shift is especially important abroad, where many countries restrict both women's rights and LGBT rights. So, while we may focus on our freedoms and civil rights, let us not forget the women (both LGBT and heterosexual) who have stood with us and continue to advance our cause. We owe it to them to use our increased visibility, economic power, and enfranchisement to advance their cause. As history has shown, we stand to benefit as well.

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Sarah Noble, D.O.

Secretary's Column Sarah Noble, D.O.

SNoble@aglp.org

Recently, two of my patients and two of my colleagues spoke at our monthly Schwartz Rounds here at Albert Einstein. The topic was LGBT Healthcare where both positive and negative experiences were expressed. On the one hand, my colleague talked about being able to come out while working here as a nurse, feeling his Einstein Family was supportive of him throughout. In addition, one of my transpatients talked about his positive experiences at our

newly formed Pride OB/GYN clinic where we've put a lot of effort into creating a queer-friendly environment. On the other hand, one of the transwomen who I treat recounted the multiple times she's been misgendered and called her given legal, not chosen, name. We explored her frustration with a system which continues to grapple with opposing notions of gender and sexual spectra versus a binary insurance and medical documentation process.

I think for many it was a powerful experience of recognizing the biases and prejudices inherent in our system. For some it created an opportunity to share their own experiences of bias, providing a face to the less visible and, perhaps, unconscious biases we carry.

As an AGLP member, I am proud to be part of the education and growth of my hospital system. Still, there is a great distance to be covered for true equality in healthcare, and we can all be part of this change.

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Chris McIntosh, M.D.

Journal Column Chris McIntosh, M.D.

Editors@aglp.org

Issue 19(4) is online now with print copies arriving in the mailboxes of AGLP members! Take note of these articles:

How Ya Gonna Keep 'Em Down on the Farm? Challenges in Rural Living for LGBT People, by Christopher McIntosh and Philip Bialer.

Social Milieu and Mediators of Loneliness Among Gay and Bisexual Men in Rural Indiana, by Michael Li, Randolph Hubach and Brian Dodge.

Psychological Distress and Perceived Barriers to Care for Rural Lesbians, by Nikki Barefoot, Bryant Smalley and Jacob Warren.

On Psychotherapy, LGBT Identity, and Cultural Visibility: In Conversation with Alison Bechdel, by Adam Critchfield and Jack Pula.

JGLMH Outstanding Resident Paper Award: We are seeking outstanding resident papers on LGBTQ mental health; these can be original research papers, case series and detailed case reports, or review articles. The award includes \$500, publication in JGLMH, and assistance with travel to the AGLP annual meeting (held concurrently with the APA) in Atlanta, GA, in May 2016 where the recipient can present the individual's work. The deadline to be considered for the award is March 1, 2016. Co-authored papers are eligible as well, but the resident must be the first author. Entries can be submitted to editors@aglp.org.

Next Issue is Special! Our first issue of 2016 will be a special issue on Pre-Exposure Prophylaxis (PrEP) for HIV, look for it soon! If you have an idea for a future special issue of JGLMH, pitch it to us at editors@aglp.org.

We love mail! Send us some!

Did you read something in the Journal that inspired you to have something to say? Send us a Letter to the Editors! Let's get some conversations going about the great articles we are publishing.

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WELCOME TO OUR NEW MEMBERS

Pratik Bahekar, M.D.
Jersey City, NJ

Murad Khan
New York, NY

Laurence Dopkin, M.D.
New York, NY

Christopher Nemes, M.D.
Philadelphia, PA

Truc-Vi Duong
Portland, OR

Paul Poulakos
Glenview, IL

Melvin Gilbert, M.D.
Hoboken, NJ

Lisa Schimmel, Ph.D.
Portland, OR

Fadi Josef, M.D.
Chicago, IL

Darya Terekhova, Ph.D.
New York, N.Y.

ANNOUNCEMENT...

Central Park South / Columbus Circle Office To Rent

This newly constructed suite of four offices in a beautifully maintained, land-marked building overlooking Central Park is convenient to all transportation. The attractive 24 hour-attended lobby and the building's other amenities are additional perks. Long term leases are available.

The office is bright and spacious (12' x 16.7') with a large windowed view of Central Park. Perfect for psychotherapists and psychopharmacologists. Suitable for groups. It has an individually controlled heating and air conditioning system, nice sized closet, hardwood floors and plenty of sunshine.

The suite has a shared waiting room, interior bathroom, hardwood floors throughout, refrigerator, microwave, coffee maker, and security system. The environment is warm and friendly. \$3200. If interested, please contact Caryn or Sharyn at cpsoffice2@gmail.com.

Planned availability: March 15, 2016.



JOHN E. FRYER, M.D. AWARD LEGACY FUND

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The Candidates Respond: AGLP Q & A Session Gaddy Noy, D.O.

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Voting Begins
January 4, 2016 at 5:00 a.m. (ET)

Voting Deadline
February 1, 2016 at 11:59 p.m. (ET)



Dr. Frank W. Brown

Dr. Frank W. Brown

1. How did you get involved in being Treasurer of the APA?

- The American College of Psychiatrists had some significant financial issues that occurred about 10 years ago; at that time I went to the treasurer and asked if there was anything I could do to assist. The board appointed me to be the chair of the finance committee of the College and I did that for several years. I then became treasurer of the College. As I was finishing up my term as treasurer of the College there were some APA members that were requesting me to be on the APA Finance & Budget committee. I was chair of that committee for several years and eventually got interested in running for treasurer of the APA.

2. You speak about how being one of a few Native American Psychiatrists helps you understand the importance of diversity within the APA. How has this impacted your involvement in the Minority Affairs program within the APA?

- I grew up in very rural Arkansas. Prior to entering medical school, I had no idea about college or the steps to become a physician. There was very limited education in my family; no one in my family had gone to college before me. In residency we had the good fortune of having Dr. Jane Preston do a Grand Rounds presentation in Little Rock, Arkansas. She was the chair of the APA telepsychiatry committee. Dr. Preston helped me become a member of the Telepsychiatry committee. Attending the fall components Telepsychiatry committee meetings allowed me to be aware of the Native American/Native Alaskan/Native Hawaiian committee. This provided my initial exposure to APA minority affairs. Later on I became the chair of this committee serving for several years. I was also a member of the Committee on Ethnic Minority Elderly and later was a member of the Council on Minority Mental Health and Health Disparities.

3. You have been a long-time member and participant in the APA. What leads you to want to run for APA president?

- The practice of medicine is very gratifying. There have been a lot of organizations, non-profits that I've been involved with over the years. I've enjoyed my affiliation with APA and have volunteered to serve on many committees over the years with the goal of having a good work product and outcome with the belief that it will benefit others. I know the APA's organizational structure,

its history and have a good understanding of what a president can and cannot do. The APA president can influence people and impact policies. With this knowledge base, I can make a difference within the APA. I've enjoyed being on the Board and being the APA treasurer. I believe that my prior service has provided me the necessary skill set needed.

4. You can be married on Sunday and fired on Monday in states that do not have job protection on the basis of gender and sexuality. What work is the APA doing on a national legislative level in order to prevent job discrimination on the basis of gender or sexual orientation?

- One of the basic premises is that there needs to always be equal rights and opportunities and where there are non-equal rights and opportunities, that imbalance has to be corrected. APA has made public statements supporting such things as the Supreme Court decision supporting same-sex marriage. As far as any specific policy that APA has, I'm not aware. The APA should support balanced and fair interpretation of the law. Discrimination is inappropriate and we have to be able to stand together and be able to correct those imbalances.

5. Can you provide information on the ability of APA members to be able to join more than one APA minority caucus?

- This has come up before and I've always been a little surprised by this. We really should encourage people to be members of caucuses. This is very important in order to get people involved and keep them engaged. I can understand that some may feel that people in multiple caucuses can have a greater voice; however, we would benefit from the greater engagement. The more willing people are to participate in a committee or caucus, the better that benefits us. We really need to hear our members. From my standpoint, I have no problem with people being in more than one caucus.

6. What suggestions do you have in helping those in the LGBT community find easier access to psychiatrists with specific focus on LGBT mental health?

- There are two items that occur to me. One is that the APA directory can be expanded to include more metadata that would incorporate an array of practice areas that would be searchable. The second is the expanded use of LGBT list serves and existing networks that would provide this information. Ultimately, this is about the dissemination of information and methods to do so most effectively.

7. Do you feel that the mental health needs of the LGBT community are different than others?

- I suppose that we can make a distinction, but pretty much every minority group can say that they have special characteristics for which their group is a little bit different. For example, Native Americans used to make these arguments based on a lot of environmental changes that happened in the last 50 years with the increase in alcoholism and poverty levels that were throughout the reservations. The LGBT community especially from the 1940s-1960s, experienced intense discrimination and stigmatization. The statement that the mental health needs of the LGBT community being different than others is a valid statement

8. What is the biggest health concern of the LGBT and transgender community today?

- LGBT:

- From my stand point it goes to equal rights and equal opportunities, specifically to the issue of insurance coverage. There has been historically a struggle for a significant other being covered by health insurance. While

Continued on page 7

The Candidates Respond

Continued from page 6

this is a better now it continues to be an issue. When we look at insurance coverage availability for any couple, we want to ensure they're treated just as any other married couple would.

- The Supreme Court decision about same sex marriage nationally, will provide continued pressure for equal insurance coverage and acceptability; however, gaps still exist.
- Transgender Community:
 - One of the biggest health concerns for this community is insurance coverage and insurance cost. Insurance providers do not want to pay. These issues have occurred in prisons/jails. We have transgender individuals that desire to have the appropriate surgeries done. Advocacy is one of the biggest things we can do. It goes back to looking at equal rights and opportunities. It has to be balanced and fair. We cannot segregate one group for one thing and deny opportunities for someone else.

9. How do we educate psychiatrists of these unique concerns/needs?

- While educating psychiatrists is important we need to have better educational opportunities in medical school covering these topics. While it's there to some degree now, it's obviously not enough. We also have opportunities in residency training.

10. The APA removed homosexuality as a mental health illness from the DSM only as recently as 1973. Given the unique mental health concerns of the LGBT community, how do we recognize these without further pathologizing these individuals?

- All populations are subject to mental illness. Gay and lesbians will end up with having mental illness just as Native Americans and Caucasians will. There will always be individuals that equate illness with lifestyle, and it's hard sometimes to change people's impressions. One thing the APA can do is maintain certain positions. For example the APA having a strong stance saying, "this is wrong" to reparative therapy. It is important to state a position against discrimination. Our society is rich with differences, but what we need to be able to do is speak with one voice, be consistent and clear that we do not attribute lifestyle with having or being associated with mental illness.

11. If you could add anything regarding your campaign:

- It's important to look at my past history. It's one thing to say, "When I become elected, I'll do 'so and so'" versus looking at an individual's past performance. Diversity is something that is very near to my heart. I'm the President Elect of the American College of Psychiatrists and this last summer I had an opportunity to appoint committee members to College committees. One of the things I was doing was looking at diversity. For my College annual program in February 2017, the program theme will center on advances in psychiatry, what will be important in the next decade. Jack Drescher was asked to be a member of the program committee. I have a history of engaging different groups; I will maintain awareness and opportunities as APA President for diversification.



Dr. Anita Everett

Dr. Anita Everett

1. How did you get involved in Community Psychiatry and what led you to your position at Johns Hopkins?

- I trained at the University of Virginia and stayed on faculty for two years. After looking for a position with family friendly hours I took a position at a community mental health center near the university and turned out to love this work and the role the center had in a small community. One budgetary exercise we were asked to send to the state office was a projection regarding funding cuts of various levels. What would happen (who would not be served and what programs would be cut) if the state budget was cut. This felt like gaming with patients that I cared about being put at stake in a state with limited community mental health resources at best. That "exercise" resulted in my needing to learn how funds worked for what services, and in the need for strong advocacy, particularly at the state level. The role of being an advocate and understanding how things are funded has been an enduring thread in my career.

2. You have been a long-time member and participant in the APA. What leads you to want to run for APA president?

- Through being president of the APA, I would be able to use that as a platform to advocate for more access to better services for patients. The Affordable Care Act has done a great deal to create a foundation for access for mental health treatment (psychiatrists, psychotherapy, and community mental health centers). Provisions such as parity, expansion of Medicaid, health insurance exchanges and the elimination of pre-existing conditions as a reason to deny insurance coverage are important elements for psychiatric conditions that we need to continue to support.

3. You can be married on Sunday and fired on Monday in states that do not have job protection on the basis of gender and sexuality. What work is the APA doing on a national legislative level in order to prevent job discrimination on the basis of gender or sexual orientation?

- I would support the APA taking a strong position on this kind of inequity. Enduring committed relationships as manifested by marriage are an important foundation and protective factor for many psychiatric conditions. Our culture needs to support all families and choice for people in loving relationships as an important foundation of health and wellbeing.

4. Can you provide information on the ability of APA members to be able to join more than one APA minority caucus?

- There is a long-standing rule in APA that a person can't be in two caucuses. I would prefer that this changed. My position on this is that people should be allowed to be in more than one caucus. An APA member can be a woman, GLBT and geriatric psychiatrist simultaneously, diversity in membership makes us stronger.

5. What suggestions do you have in helping those in the community find easier access to psychiatrists with specific focus on LGBT mental health?

Continued on page 8

The Candidates Respond

Continued from page 7

- APA has a new project called "Find a Psychiatrist." This is a national directory designed for the public that could include populations psychiatrists have expertise and interest in practicing with. An idea would be to make sure that "Find a Psychiatrist" would include a person being able to identify as being interested in serving the LGBT population.

- When you join or renew your membership with APA and choose your areas of clinical expertise such as geriatrics, women's mental health, family psychiatry, community psychiatry, and/or child psychiatry. I'm not sure LGBT is always an option. This could be a place to add an option for letting the general public know of professionals that have LGBT expertise and interests.

6. *Do you feel that the mental health needs of the LGBT community are different than others?*

- The needs of members of the LGBT can be different, I don't necessarily feel that they always automatically are. There has clearly been discrimination of a collective nature that increases the risk factors for mental illnesses in some individuals within the LGBT community. It's useful to know about a person's whole experience so that you can treat them in the whole context. I would hope sexual preference would be one of many factors in someone's identity, such as how being a female is a factor or being of a particular religion may or may not be a factor. All of these are important components in understanding the whole patient. Many great strides have been made in generalized receptiveness and sensitivity to LGBT issues. And we still have many to go.

7. *What is the biggest health concern of the transgender community today?*

- An important barrier to transgender individuals receiving healthcare today is discrimination by healthcare providers. Transgender individuals often report a history of being ignored, talked over, mocked and treated less well than other patients. What this results in is these individuals waiting until very late to come in for help. Often preventive health procedures and examinations are overlooked. Outreach, health equity and taking the time to listen to and understand of transgender health needs is important.

8. *How do we educate psychiatrists of these unique concerns/needs?*

- I would be interested in meeting with AGLP and LGBT APA members to create a multi-faceted strategy. This would begin with a more detailed understanding of what is currently available, and where the gaps are. There are many venues through which the APA could support increased education on Transgender issues.

9. *The APA removed homosexuality as a mental health illness from the DSM only as recently as 1973. Given the unique mental health concerns of the LGBT community, how do we recognize these without further pathologizing these individuals?*

- We are all humans, which is a more important element than sorting out categories because they're different as though there were pathologies involved. Ethically, it's our job to treat all patients who are seeking help well and be sensitive to their needs. In recent history, the APA has been hesitant to focus on LGBT individuals. However that means as a demographic group we may have missed important factors which might help us provide better treatment to LGBT individuals.

10. *If you could add anything regarding your campaign:*

- Support of involvement:

- Having a sense of involvement in something greater than oneself is important in life and as a professional. Being an active member of the APA has been an important thread in my career for many years. I am very interested in what we can do so that psychiatrists have a sense of belonging within the APA to a group of peers. For me, involvement in the APA has enabled countless career network connections and friends and has provided me with a much greater knowledge of the rich depth, breadth and traditions of American psychiatry.

- I've outlined 3 things that are important to me:

- Access: Ensuring we continue to increase access to psychiatrists and psychotherapy. The Accountable Care Act has done a lot to promote this, and there are several bills before congress right now that are promoting different aspects of this. We need psychiatry leadership that knows what's going on federally with these legislative activities. Our profession and the patients we represent is not one that's always been of interest to legislators. APA needs a president that knows how policy can be developed and put into practice for practicing psychiatrists and our patients.
- Modernizing APA Benefits: I am interested in modernizing APA member benefits so that every member has a very useful home page on the APA website. This would make APA the "go to" place that would be accessible throughout a career wherever a member is employed or practices. Members could store all CMEs, state-specific licensure details, hospital credential details, Maintenance of Certification for Boards, APA account information, maybe even a place to upload transcripts from medical schools or other documents that are needed throughout a career as psychiatrists move around, etc.
- Showcasing some sort of community psychiatry program: I would love to highlight the work that's being done in community mental health centers, maybe particularly for first episode psychosis. All states have recently received federal funding to develop programs for first episode psychosis. I'd like to put a spotlight on this.. There are often 8 or more years of delay between a first episode of psychosis and treatment. "First Episode" programs demonstrate effective community psychiatry and team based interventions to know about, advocate for and maybe even practice in.

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President's Column

Continued from page 3

put my feet up and relax before the next long day ahead. The holidays are upon us, and baking is in order. Eggs, milk, ginger, and nutmeg and I'll have myself a festive pie. Oh, and a teaspoon of cloves. Never forget the cloves in a pie. Their warm flavor when added to other bland ingredients really diversifies and spices up the pie, making a world of difference.

•••

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