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## Ideas of Reference

is the newsletter of the Minnesota Psychiatric Society, a district branch of the American Psychiatric Association.



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# Do the Right Thing: Psychiatry Pulls Together for Psychiatric Patients

*"Our biggest resource is hope that love will bring peace and justice."*

Michael O'Sullivan, MD

In the heat of the chaos and riots following the murder of George Floyd, there were an untold number of stories of community and unity. Here is one powerful story that unfolded on Saturday, May 30. Allina Health is deeply rooted in South Minneapolis with its headquarters located at the intersection of Chicago and Lake, with Abbott Northwestern Hospital (ANW) a block away. After multiple days of civil unrest in the areas surrounding Allina's facilities, leadership at Abbott Northwestern Hospital (ANW) made the decision to transfer some patients to different facilities as a safety precaution. As a result, a call went out to other sites for assistance in receiving patients and Abbott Northwestern staff immediately got to work making connections and finding compatible resources for each patient. Several staff even stayed on past their shifts or returned

back to work to assist in this process. A fleet of ambulances from multiple healthcare systems arrived at ANW to assist with patient transfers to other Allina facilities or to other facilities who had stepped up to receive patients. This incredible outcome was only accomplished with careful leadership, coordination, and community wide partnership. In just eight hours, every patient that needed to be transferred was moved to safety without disrupting their care.

Great lengths were taken to comfort and care for patients during an incredibly difficult time. However, it is no surprise that Minnesota's psychiatric community stepped up to put patients first. Adult In-Patient Lead Psychiatrist, Michael O'Sullivan, MD, captured

the effort, saying, "the spirit of cooperation within our system, state and communities is truly Minnesotan." The process used to coordinate child and adolescent patient transfers



was a coordinated, real-time, and beautiful group experience including providers from both Allina Health and PrairieCare. The cooperation did not end at the transfer of the patient with Allina Child Adolescent

Lead psychiatrist Diana Pandey, MD, making herself available to her patients and the receiving staff at PrairieCare throughout the night.

*In just eight hours, every patient that needed to be transferred was moved to safety without disrupting their care.*

In an internal announcement, Allina Health, Vice President, Mental Health and

Addiction Services, Joe Clubb, MSW, LICSW, captured the magnitude of the situation

"We stood up our Mental Health and Addiction Incident Command and you all responded swiftly and with compassion. Thanks to your leadership, by the end of the evening shift you had helped us safely transfer 39 patients to New Ulm, Owatonna, Mercy Hospital/Unity campus, United, and Cambridge. In addition, our partners at Prairie Care accepted 8 of our children.

You came forward volunteering help with beds and the transfer of clinical information. This work took the partnership of social workers, Assessment & Referral (A&R) clinicians and leaders, A&R patient

*Continued on page 3)*



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MN Psychiatric Society  
2233 Hamline Ave No, #217  
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**Editors**  
Matt Kruse, MD  
Jimmy Wang, MD  
  
**Managing Editor**  
Linda Vukelich

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## Paying Attention – Gratitude and Wakening

Linda Vukelich  
MPS Executive Director

It's amazing to me how much I have been busy missing. I mean that literally, I have been so busy with daily tasks and to-do lists, that I somehow lost track of the big picture – what really matters.

The pandemic was (and is) my primary teacher. Through the course of the pandemic so far, I have grown to understand how important leadership is and how much we all need it. I have a new respect for the office of Governor and for Governor Walz in particular. I find myself reviewing his announcements along with CDC information to try to keep up on the latest findings as much as any lay person can and every citizen should. There is a lot of conflicting information, so I feel obligated to pay attention, especially considering the impact. I have also stopped to more purposefully connect with family and friends by planning and participating in virtual or physically distanced get-togethers. I make a point to be careful and protect myself in order to protect my family.

The events following the murder of George Floyd have more fully opened my eyes to my personal role and responsibility in our society's situation. Again, I need to be aware, to study. I am open to learning where I have contributed either by commission, omission, or ignorance. I can honestly say that I have a deeper understanding and even more questions. I will keep studying and asking questions – especially of myself.

I have never been so proud and honored to be your executive director. The work you do and the importance of the comfort you bring cannot be overstated. Your efforts to balance immediate needs as part of an effective overall campaign to save lives due to COVID19 while advocating for essential hospital services for psychiatric patients is critical. The immediate impact of the recent riots was felt firsthand, and this community responded (pg 1). We know that your work will continue long after public attention fades. MPS is committed to supporting you. We are working on creating interactive, virtual CME to fit into your schedules and we continue to post CME opportunities on the MPS website's Events page. Please email me or complete the survey in the MPS Update and tell us how we can help.

Although it has been a hardship and a struggle for all of us to take a step back and protect each other by being physically distant, it has made us all slow down. I, for one, am learning something new, recognizing I misunderstood something or realizing how much I have to be grateful for on a daily basis. What an amazing time to be alive. ■



# The time is always right to do what is right – Martin Luther King, Jr.



Allison Holt, MD, FAPA  
MPS President

When I first started to think about this column a few weeks ago, I thought it was a slam dunk that I would write my first column as president of MPS about COVID. At the time, many people spoke of COVID as the most important

health care crisis we've lived through since the Spanish Flu. However, a silent epidemic has been occurring for centuries: racism and inequitable health care and outcomes for people of color.

The health care disparity between people of color and people who are white is significant. The disparity gap decreased from 33% in 1999 to 15% in 2015 <sup>(1)</sup>. People of color have a higher rate of traumatic experiences <sup>(2)</sup>, and the rate of violence towards African Americans is higher than in those who are white <sup>(3) (4)</sup>. African Americans are dying of COVID-19 at six times the rate of people who are white <sup>(5)</sup>. The impact of social determinants of health fall disproportionately on people of color <sup>(6)</sup>.

On June 6th I went to the White Coats for Black Lives silent sit-in. As a person who identifies as a white woman, I came away from that peaceful protest with a new determination to speak up against racism. It is my responsibility as a white person of privilege as well as a physician to fight this scourge. For me, it is not easy to speak (or write) publicly about a controversial topic. However, there is no justifiable reason that the topics of racism and health care inequality be considered controversial. This injustice is simply a fact, and we, as physicians, are compelled by science which is compelled by facts.

Speaking up against racism and inequity is not enough. It is time that we look at our systems of care, whether that is a large system, a private practice, the government, or our own MPS society, and dismantle the structures that continue to promote racial inequality.

MPS will have an open forum on this topic in the next month. My hope is that we can learn about our own racial biases, listen to each other's life experience, and ask ourselves and each other how we can amplify and name these issues as well as bring hope and healing to those who are affected.

Racism and health care inequity is not a silent epidemic – we just haven't been listening hard enough. ■

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## Membership Update

It's official – MPS has its first Group Membership in our history! Thank you, PrairieCare, for leading the way. We invite other system leaders to consider group membership. Group memberships are available for systems of employed psychiatrists and for self-defined groups of 4 or more.

If you are a current member, whether part of a system or not, and are not already included in a group membership, you can take advantage of group membership too. Individuals can form their own group when they either pay for three years in advance or encourage 3 new members to join to form a small group. Either way, you will get a 10% dues reduction for that period. So, reach out to your journal club, your coverage partners, or your clinical neighbors. If you have any questions or need additional information, please email Linda Vukelich. ■

## Do the Right Thing (Continued from page 1)

placement, nurses, charge nurses, administrative nursing supervisors, physicians, Allina Transportation, EVS and many more team members."

The staff and leadership at Abbott Northwestern Hospital extend gratitude to their colleagues across the community, especially PrairieCare, for providing patient care, and to Fairview, Regions, CentraCare, Hennepin Health, Health-East, Northfield, Mayo, and North Memorial for patient transfer support. ■



# Racism: An Ethical Perspective

Bill Clapp, MD, DLFAPA  
Ethics Committee Member

As the world witnessed the murder of George Floyd, we were forced to confront the evil specter of police brutality and racism. We collectively recoiled in horror at the image of life being pressed out of a black man under the knee of a white police officer for 8 minutes and 46 seconds, until he stopped breathing. My own fury over the cruel indifference to the taking of a man's life was interpreted by the Reverend Al Sharpton, who looked directly at us as he addressed white America: "You have kept your knee on our neck". He was talking directly to me.

For decades, we have debated the need to confront racism in all its forms, as it has permeated every level of our society. As psychiatrists, many of us have spent countless hours, in formal and informal settings, confronting racism at the institutional and community level. We have tried to deal with the "bad apples" in our own profession, often through the work of MPS. Despite all our good intentions, racism continues to flourish in all our educational and cultural settings, the justice system, work settings, housing and sadly, our health care system. Young black males often receive the majority of their mental health care in jail.

It is crucial to the life of our nation, that we continue to confront elements of systemic racism. We must identify and face our own personal racism, and root it out. Our individual prejudices, bias, stereotyping and insensitivity to racial issues may be the

*Genuine change will occur only if we continue to examine our own racial demons.*

most important fuel for continued racial injustice. Change on a personal level can multiply to change society.

A personal vignette from my own past illustrates this point. As much as I loved my dad, he was unmistakably a racist. He always referred to blacks using the "N" word, and strongly felt that his economic fortunes were diminished by blacks and other minority groups. Despite his deep rooted prejudices, he otherwise was a civic minded person. He served as mayor of our small Wyoming town, founded the volunteer fire

department, and regularly was called upon to break up drunken brawls.

He also provided me with an introduction to systemic racism. When I was 7 years old, I witnessed a meeting in our living room where Dad was holding a special city council meeting. The sole agenda was how to keep a black family from moving into our neighborhood. Even then, I remember thinking, "This is not right".

Years later, I spent the summer after my first year of college in the entirely black Woodlawn neighborhood of Southside Chicago. I made

a wonderful friend in the person of a young black preacher from Mississippi. I hesitantly invited him to come back to Wyoming with me for a visit. My father shocked me by inviting my friend to sit down with him and talk about their shared experience growing up in poverty on family farms. My friend, at my dad's urging, extended his visit to 6 weeks, during which time he and my dad talked every day. After that time, my dad never uttered another racist comment, to my knowledge. Shortly before his death, he let me know how

*We all need to work to become our better selves.*

disappointed he was that I lost track of my friend over the years and never invited him back for another visit.

My experience with my dad illustrates for me that we must vigorously confront the imbedded racial inequities that we see in society and in ourselves. Genuine change will occur only if we continue to examine our own racial demons. Recently on a late night stroll, I saw a tall black man walking toward me. I involuntarily tensed up. As he drew nearer, he flashed a big smile and commented on what a beautiful evening it was. I immediately felt shame at my initial response, but took comfort in the fact that we all need to work to become our better selves. ■



# Legislative Challenges and Possibilities

Tara Erickson  
MPS Lobbyist

These have been very trying times for Minnesotans due to COVID-19, the George Floyd tragedy and then protests and riots that destroyed many businesses. Communities all around the world are now talking about police reform strategies and how mental health systems could be developed to work more closely with community partners including police departments. I am reminded of a quote by Margaret Mead, "Never doubt that a small group of thoughtful, committed, citizens can change the world. Indeed, it is the only thing that ever has." Despite the sadness that people feel from the protests, real change has never occurred without some major discomfort. I am hopeful that this tragedy opens up the possibility of real change to better our country.

Lawmakers who make up the People of Color and Indigenous (POCI) Caucus announced their proposed legislative responses to the murder of George Floyd at a press conference on June 2nd. Proposals they wanted considered during a coming up special session included the following:

## Reform the investigation and prosecution of officer-involved deaths and wrongful actions

- Move primary investigation and prosecution of officer-involved deaths to the Attorney General's Office
- Modify use-of-force laws to prevent wrongful deaths
- Create a new crime for unjustified use of force that results in death or great bodily harm
- Strengthen independence of the Bureau of Criminal Apprehension (BCA) and design an alternative independent body to their jurisdiction
- Conduct a review of Medical Examiners to ensure independence and timely action
- Change civil liability statute of limitations for families of individuals killed by police

## Increase police accountability and transparency

- Collect and centralize for public access, real-time data on deadly-force encounters
- Establish law enforcement-citizen oversight councils to provide needed community involvement in policing
- Establish a Critical Incident Review process for officer-involved deaths to inform policy change and prevention

## Raise standards of conduct and support officer excellence

- Change the laws governing agreements that impede discipline of officers seriously betraying the public trust
- Reform the Peace Officer Standards and Training (POST) Board to increase oversight of officer licensure and training
- Expand the POST Licensing Board with more public membership and racial diversity
- Create a legal duty for officers to intervene in the wrongful use of force by fellow officers
- Create a POST Board Community Policing Rulemaking Council
- Expand training in de-escalation, mental health crisis intervention, and responding to people with disabilities
- Prohibit use of "Bullet-Proof Warrior" style use of force training
- Offer peer-to-peer counseling for peace officers and establish privacy-protections for officers in counseling

## Partner officers with the communities they serve

- Create powerful incentives for officers to live in the communities they serve by lifting the state ban on local-residence requirements
- Provide new resources to increase diversity in police forces

## Repair and build community trust and create community-centered public safety

- Provide state funding for programs for community-based intervenors and problem-solvers that can partner with local peace officers
- Increase investment in community-based mental health and trauma-informed services
- Direct POST board to develop model policy on use of force in responding to peaceful protests

MPS will be engaged in proposals regarding sending mental health providers out on 911 calls or dispatched to help police officers. We will send out updates to legislative committee members and post important information and legislative proposals on the website. ■



## Calling all MPS members!



## SUPPORT OUR COMMUNITY

### Volunteer an Hour of Your Time

**Individuals on the front lines of COVID-19 are experiencing unparalleled levels of stress.**

In their seminal paper on AIDS and occupational risk for physicians, Zuger and Miles wrote,

**“Medicine is an inherently moral enterprise, the success and future of which depend to a great extent on the integrity of individual professionals as they face the duties the calling of healer entails.”**

Zuger A, Miles SH. Physicians, AIDS, and occupational risk: historic traditions and ethical obligations. JAMA 1987;258:1924-1928.

We\* are looking for mental health professionals who are willing to set aside specific times to be available to talk with individuals on the front lines and provide them with support over the telephone. We are asking for licensed mental health professionals who are willing to set aside at least one hour a week until the end of August. We do not know how frequently the time will be utilized or what the demand for the service might be. We just feel it is important to offer trained support to our community at this time. You may volunteer for as many hours as you have available, but we ask that you at least be available for one consistent hour each week. If you are unavailable at the usual time one week, that can be accommodated. If you are interested, you can complete some basic information and capture your availability to volunteer at <https://www.signupgenius.com/go/805084AA8AA2FA1FD0-covid19>

**Go to [www.MnPsychSoc.org](http://www.MnPsychSoc.org) to get to the COVID Cares Volunteer Sign-Up Site & COVID Cares Schedule**

**Resource & Referral Tools are available at:**

<https://www.mnpsychsoc.org/covid-care-support-services.html> & <https://fasttrackermn.org>

**Questions?** Contact [vukelich@comcast.net](mailto:vukelich@comcast.net), [trishas@trishastarkphd.com](mailto:trishas@trishastarkphd.com), or [wilgarrett@comcast.net](mailto:wilgarrett@comcast.net).

Thank you for your willingness to support our community during this difficult time.

\*(Minnesota Psychiatric Society, Minnesota Psychological Association, Minnesota Association of Black Psychologists, and Mental Health Minnesota, along with Fasttrackermn.org)

**Spread the word! Post the enclosed flyer in your clinic.**

## Dr. Laura Sloan awarded Rappeport Fellowship

Congratulations go to Laura Sloan, MD, PGY-4 at the University of Minnesota Psychiatry Residency Program, for her latest accolade – the American Academy of Psychiatry and the Law (AAPL) 2020 Rappeport Fellowship. The Rappeport Fellowship is named in honor of AAPL's founding president, Jonas R. Rappeport, MD, and offers outstanding residents with interests in psychiatry and the law an opportunity to develop their knowledge and skills.

Dr. Sloan became a psychiatrist because of her third-year psychiatry rotation at a state psychiatric hospital in Massachusetts. By the end of that rotation, she knew she wanted to continue treating individuals with severe persistent mental illness for the rest of her career. That rotation also introduced her to correctional psychiatry. She knew then that she enjoyed the work and would continue pursuing it in residency.

In residency, she spent her elective time at a Minnesota state psychiatric hospital expanding her skills in treating individuals with severe persistent mental illness and learning some of the differences between Minnesota and Massachusetts laws regarding mental illness. To understand the spectrum of care for justice-involved individuals, she spent half a year at a clinic that serves patients who have discharged from prison as well as those who have discharged from a state psychiatric hospital. Through these electives, she learned that her clinical interests fell under the field of forensic psychiatry, so she sought out the forensic psychiatry fellowship director to broaden my understanding of forensic psychiatry.

That fellowship director was Chinmoy Gulrajani, MD, DFAPA, and he introduced her to the academic side of forensic psychiatry. As a second-year resident, she learned to read case law and authored a legal digest for JAAPL, "Habeas Relief After Failure to Order a Competency Hearing." She authored several posters for AAPL conferences and started to become known as the forensics resident for her forensic psychiatry lectures for the residency on topics from mental health treatment in jails to the history of a controversial Minnesota mental health law.

In his letter of recommendation, Dr. Gulrajani detailed her commitment and promise:

*Dr. Sloan presented a poster at the 2019 meeting of the American Psychiatric Association that reported on a class action lawsuit brought by the kin of intellectually disabled individuals in Minnesota that led to wide spread systemic changes in the delivery of care to this vulnerable population. Throughout 2019, Dr. Sloan relentlessly researched this difficult subject and subsequently authored an Editorial piece for the Journal of AAPL under my guidance. This Editorial traces the progress made and challenges faced by states in the last two decades towards reintegration of the intellectually disabled into their communities under the aegis of Olm-*

*stead v. LC. In the last quarter of 2019, while working on this editorial, Dr. Sloan also authored a brief for the Legal Digest section of JAAPL under faculty supervision.*

*I will note that Dr. Sloan accomplished all this in 2019 while she was carrying her first child. This year, she has not one but two submissions to the annual meeting of AAPL.*

*Dr. Sloan has remained a robust advocate and leader both at the state and national level throughout her residency. A successful career in Forensic Psychiatry requires a strong desire for social justice, empathy for the most vulnerable and a natural ability to lead. I can state with no hesitation that Dr. Sloan has all of those attributes in abundance. For the last three years it has been my privilege to mentor her on her single-minded pursuit of a career in Forensic Psychiatry*

She described that deeper dive into forensic psychiatry research which led her to investigate a class action lawsuit in Minnesota concerning the treatment of individuals with developmental disabilities in least restrictive settings. Reading the available records on the lawsuit seemed insufficient to understand the complex issue, so she met with experts at the Minnesota Department of Human Services (DHS). Through her reading, she learned that the lawsuit fell under the purview of the U.S. Supreme Court Case, *Olmstead v. L.C.* She presented her research at Grand Rounds in her residency, at a Grand Rounds for the Minnesota DHS, with a poster at the APA annual meeting, and in an editorial in JAAPL: "Where We are on the Twentieth Anniversary of *Olmstead v. L.C.*"

She also sought to expand her exposure to forensic psychiatry beyond her institution by applying for the APA Public Psychiatry Fellowship. As part of this program, she has spoken with forensic psychiatrists across the country about their career paths and the various career opportunities within forensic psychiatry. Also as a fellow, she has been part of the workgroup for the APA Foundation's Justice and Behavioral Health Tool.

Since her third year of medical school, she has pursued clinical and scholarly experiences in forensic psychiatry. She will continue to seek out similar opportunities through her forensic psychiatry fellowship and beyond to help her develop into a leader in the field. The Rappeport Fellowship is one such opportunity that will be integral to her development as a future leader in forensic psychiatry.

Congratulations, Dr. Sloan! ■



Laura Sloan, MD

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SCAN ME

This service is provided by a group of mental health professionals, through a partnership of the Minnesota Psychiatric Society, the Minnesota Psychological Association, the Minnesota Association of Black Psychologists and Mental Health Minnesota.

Tuesday, July 21, 2020, 6:30-8:30pm

***MPS Outdoor, physically-distanced In-person Social Event*** Look for us near the Bread & Pickle across the road from the Lake Harriett Bandshell. Bring your own chair and treats or pick-up your choice of refreshments from Bread & Pickle, contact Linda Vukelich - L.Vukelich@comcast.net 651-278-4241.

*For more calendar updates, go to [mnpsychsoc.org](http://mnpsychsoc.org)*

## Looking for CME?

**Check the MPS website Events page**  
([www.MnPsychSoc.org/events.html](http://www.MnPsychSoc.org/events.html))

MPS is collating local and national webinars and training resources to keep you up-to-date. Information changes quickly so check the site often.

We have also compiled a list of CME - CE Providers and posted it there as well. Check those sources for updates:

- SMI Advisor (SAMHSA-supported Clinical Support System for Serious Mental Illness)
- Mayo Clinic Psychiatry and Psychology CME
- APA Learning Center
- University of Minnesota Psychiatry & Behavioral Health Grand Rounds