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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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Improving Minnesota's mental health care through education, advocacy and sound psychiatric practice.

Our vision is physician leadership creating the nation's highest quality, most affordable, and accessible system of mental health care.

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# This is an uprising to save our lives

Dionne Hart, MD, DFAPA

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Monday, May 25, 2020, 9:25 pm: Do you remember where you were at that moment? I recall retiring early in preparation for a hectic week. As I slept, I had no idea I would wake up to a changed world.

On Tuesday, May 26, 2020, I watched in shock and horror a viral video documenting the murder of Mr. George Floyd. I recall quickly sending a text to my three children warning them not to watch a video that was circulating. They responded, "It is too late, Mom."

The four of us were among the millions of people who collectively witnessed Mr. Floyd's last moments. We were now forever bonded as witnesses to a traumatic event. Per Wikipedia, "Col-

lective trauma is a traumatic psychological effect shared by a group of people of any sizing, up to and including an entire society."

As people of color, we have experienced similar losses over 400 years. Through social media, we have repeatedly, collectively grieved for so many people of color, those familiar to us and those unknown to us personally.

As a psychiatrist, I listen each day to people sharing their stories, often involving trauma. My training prepared me to function and to offer appropriate treatment to these patients. But as a mother, I was never prepared to worry about my child's life being threatened or their life lost by performing mundane acts like driving to work, playing in the park, having a broken tail light, birdwatching, or exercising.

My fears are shared by every mother and father of color and each individual of color. We worry that we or someone we love will be the next person memorialized in a hashtag.

I remember the first time I heard the name

Trayvon Martin. When I learned more details about his murder, I worried about my own sons, particularly my eldest son who has a habit of wearing a hoodie low, obstructing his eyes.

When there was no justice for Trayvon, I blamed the Florida justice system. I told myself the outcome would have been different in a different region of the country, but that was a lie I told myself to protect my perception of American life.

I have cried myself to sleep countless nights after learning about another Black life lost. Someone once asked me why I cry over strangers and why my posts on social media are often dark. I never met George Floyd, but when I saw that disturbing video, he

wasn't a stranger—he was my son, my nephew, my friend, and my brother.

I saw every Black man I loved lying on the ground dying for simply being Black. While watching that video, I experienced a surge of so many complicated emotions flooding my body at once. How could I intelligently express to a therapist what I am feeling? How would I explain to my primary care provider why my blood pressure does not improve?

Emotional stress has been associated with the development and progression of several chronic medical and mental conditions including coronary heart disease, obesity, headaches, clinical depression, anxiety disorders, and dementia. As people of color, racism affects our daily lives, our health outcomes, and our life expectancy. It is most definitely a public health crisis.

I am no longer able to cry and move on until the next hashtag appears in my social media

(Continued on page 6)





## 2 Ideas of Reference

The newsletter of the Minnesota Psychiatric Society is published bi-monthly: Jan-Feb, Mar-April, May-June, July-Aug, Sept-Oct and Nov-Dec for members of MPS and others on request. Signed articles express the opinion of the author and do not necessarily reflect policies of MPS. Articles submitted are subject to review by the editors.

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## Heroes Work Here

Linda Vukelich  
MPS Executive Director

It sounds simplistic, and maybe a little superficial, but whenever I see one of those yard signs, I really do feel grateful. I have served MPS for over 20 years, and because my job is to help you do what you do, I have often felt part of something greater along the way. Today's profoundly unsettling times reaffirm that sense of meaning.

As you are well-aware, long after the media reports on PPEs and ICUs subside, the pandemic's impact is, and will be, experienced in terms of mental health. We are already seeing its effects. Mental Health Minnesota's report on the increase in their site's screening numbers is also printed on page 5. Calls to the COVID Cares Line have increased and my fellow organizers and I are asking volunteers to extend their commitment to November 30. If you can spare an hour a week, we would love to have your help! Please contact me (L.Vukelich@comcast.net / 651-278-4241) or go to the COVID Cares page on the MPS website and click the VOLUNTEER link.

Authorities seem to be recognizing today's mental health imperative and the pandemic's short- and long-term impact on public health. The individual work is being, and has been, done, quietly and consistently by heroes like you in places like Minnesota for a very long time.

Hopefully, MPS helps you do just that, and offers a contact to avoid social isolation as well. In this issue, you will find several opportunities to connect, earn CME, get involved, advocate, contribute, and even focus on your own wellness. To learn more, or for updates between newsletters, please contact me or check our website. Please know you have an open invitation to contact MPS staff or leadership. All ideas and input are welcome as we all work together to support one another. ■



## **MPS Interactive Virtual Fall Educational Series**

Convening Minnesota's professional community around important issues impacting life & psychiatric practice in 2020.



All mental health and medical professionals are welcome to join the discussion to share, learn, build!

6 weekly events: Tuesdays at 7pm, Sept 15 – Oct 20!



# MPS responds to challenges



Allison Holt, MD, FAPA  
MPS President

This fall will be like none we have experienced in the past. We always live with ambiguity, but this year we are called to take life "one day at a time" as COVID and the racial uprisings have disrupted our lives and we are searching for a new normal. Many of the things we take for granted,

like children returning to school in the fall, are suddenly uncertain. We have the added stress of the collective trauma we are recognizing in our patients, our colleagues, and ourselves since the murder of George Floyd and the ensuing uprisings, layered on top of COVID. The outrage at the injustice of the racist system we've allowed to exist and from which many of us have benefited has led to action with a determination to fight racism, rather than silently accept and condone it, as we have for too long.

Our MPS response to this challenge includes hosting a dialog about race in our psychiatric community. We know this isn't enough, but it is the place to start to build a solid foundation upon which we can develop a strategy to disassemble racism in our psychiatric community. The first forum is Tuesday evening, September 15. The onus is on the white community to break down our racist system since we are the group with the power to do so.

To prepare for the forum, I recommend reading a column written by Ruth S. Shim, MD, in which she discusses the racism that is embedded in our own APA. She is quitting the APA after years of trying to make changes to break down racism. ("Structural racism is why I'm leaving organized psychiatry", STAT, First-Opinion, July 1, 2020). This 1970 white paper regarding racism in the APA

is also an important read. (Dimensions of Institutional Racism in Psychiatry) Finally, I strongly recommend reading an article Dionne Hart, MD, a long-time, extremely active member of MPS, MMA, and APA, wrote regarding her and her family's experience with racism. ("This is an uprising to save our lives", Minnesota Spokesman-Recorder, June 20, 2020) Reprinted on page 1.

Please come to this discussion with humility, openness to listening, and stamina to evaluate and not withdraw from or become defensive about our comfort with the advantage that being white brings us (those of us who are white). White people typically do not have to talk about race or even think about race because being white gives us an ease to move through life without bumping into barriers that are caused by our skin color. People of color have never enjoyed that privilege.

We will also host five other virtual forums this fall on Tuesday evenings on the topics of community trauma and secondary trauma; MinnRapp and the Buddy system, and several telemedicine topics. You can earn CME at all our forums and this will take the place of our fall conference. I hope you will join us on this endeavor to see ourselves, our practice, and our community through a new lens.

Our future is uncertain; it always is. We will shape our social landscape by our actions or inaction right now. Let's not resist because we are too busy or unaffected. The future of our society depends on it. It is time to use this crisis because it affects all of us: our patients, our colleagues, and the humanity we will leave to those who come after us. ■

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6 weekly events: Tuesday Evenings at 7pm, Sept 15 – Oct 20!

September 15, 7-8:30pm – *Interactive Town Hall – "Antiracism: Catalyzing a Moment to a Movement"*

September 22, 7-8pm – *Community Trauma and Secondary Trauma*

September 29, 7-8pm – *Minnesota Resilience Action Plan (MinnRAP) / The Buddy System*

October 6, 7-8:30pm – *Telemed Fundamentals & Support: From Policy to Practice*

October 13, 7-8pm – *Telemedicine for Addiction Treatment*

October 20, 7-8pm – *Teleconsultation / Tele-psychotherapy*

Register online at [www.MnPsychSoc.org](http://www.MnPsychSoc.org)!



# “Do you need an interpreter?”

*Ethical issues that arise when caring for patients with limited English proficiency*

Rachel Kay, MD  
Ethics Committee Member

As a psychiatry resident training in Minneapolis, I have the honor of serving individuals from a variety of cultures and backgrounds. One way in which this diversity manifests itself is through the variety of languages our patients speak, including Spanish, Hmong, Somali, and Oromo. An ethical dilemma arises, however, when the treatment team seeks interpreter services which a patient subsequently declines. This dilemma can be analyzed within the framework of the four core principles of clinical ethics: autonomy, beneficence, non-maleficence, and justice.

With regards to autonomy, a patient has the right to make decisions for themselves. However, one must understand the information they are being presented with in order to make an informed decision. Yet we routinely offer our patients interpreter services using English, assuming the individual can comprehend and knowingly respond to the offer. In addition, there is an inherent power differential between doctors and patients, and the manner in which we offer interpreter services (e.g. appearing rushed) may inadvertently dissuade patients from requesting a necessary service. Therefore, we must be cognizant of how our behavior and language surrounding discussions of interpreters may be perceived and possibly influence patient decisions.

The issues of civil commitment and decision-making capacity further complicate the issue. If we can decide that a patient requires involuntary psychiatric treatment, should we also be allowed to disagree when a patient declines an interpreter? Although communication difficulties commonly arise from primary language barriers, psychiatric symptoms (e.g. disorganization of thought) could also contribute. One could argue that the principle of beneficence compels us to have a clear understanding of why a patient is presenting in a certain manner, and proactive use of an interpreter may be imperative and possibly diagnostic. Furthermore, attempts to communicate with interpreter assistance may be necessary before firmly concluding that a patient lacks decision-making capacity regarding their care.

In a similar manner, we strive to avoid causing harm to patients. While the public conversation about mental health has increased, stigma persists. Even in a relatively large metropolitan area, patients may be concerned about their privacy and confidentiality, especially if they are part of a small community. Further, overriding a patient's request not to use an interpreter could threaten his or her therapeutic alliance with the treatment team.

Finally, the principle of justice suggests that one's primary

language should not be a barrier to receiving equitable healthcare. All patients should be able to comfortably and clearly communicate what they are experiencing to their treatment team and in turn understand the team's care recommendations and the associated risks and benefits. Meanwhile, as one of my mentors highlighted, we must be careful to avoid assumptions about who will and will not need an interpreter, especially when based on problematic conscious or unconscious biases. Finally, there may be a limited number of interpreters and we should be mindful of how and when we are asking for their involvement in patient care. For example, requesting the daily presence of an interpreter while a patient consistently declines this service may not be an optimal allocation of scarce resources.

The above principles suggest some approaches to the use of interpretation services in the inpatient psychiatric setting. First, if a patient's chart explicitly states that an interpreter is required, an interpreter should be present at your first meeting. This communicates that the team values the ability to communicate with the patient and ensures that patients will understand the question about working with an interpreter. Second, if a patient declines an interpreter despite clues that an interpreter could be helpful, consider exploring reasons for the patient's refusal. There might be concerns about such services that the team can allay. Alternatively, a patient may have sufficient grasp of English to only require an interpreter for more technical or specialized discussions, such as reviewing medications and side effects. Third, all members of the treatment team should undergo training for best practices when working with interpreters. While this is by no means a thorough exploration of the topic, I hope it provides a base for future conversations and exploration of how we care for patients with limited English proficiency on inpatient psychiatric units. ■

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



**We are seeking mental health professionals willing to volunteer their time to help provide them with support and a listening ear.**

**Sign up to help today.**



# MPS 2020 Legislative Session Review

Tara Erickson  
MPS Lobbyist

Despite the fact that COVID-19 drastically transformed the 2020 legislative session, a number of issues pertinent to MPS were addressed, including prior authorization reform, limitations on scope of practice battles, and the loosening of telehealth regulations.

The pandemic opened up new opportunities for telemedicine and MPS is working with other professional associations and advocacy groups such as the Mental Health Legislative Network, NAMI and Minnesota Psychological Association to ensure that waiver changes that allowed for increased use of telehealth services in Medicaid are made permanent. These services have helped patients who have challenges getting to appointments because of housing instability, transportation or child-care issues.

Special Sessions have largely been working towards police reform following George Floyd's murder, and the House passed HR1 - a resolution declaring racism a public health crisis. Minority members of both caucuses formed the People of Color & Indigenous (POCI) caucus and they plan to introduce legislation focusing on helping minorities thrive in Minnesota. Recently the House and Senate

DFL revealed the Minnesota Values Project which will include a variety of proposals for the 2021 Legislative Session. Areas of focus include transforming healthcare, fully funding education, additional criminal justice reform, protection for Minnesota workers, infrastructure projects, and the environment. Expanding the current MinnesotaCare plan to allow anyone to buy into it is an initiative they hope would ensure people's access to healthcare wouldn't be based on employment but would rather follow the individual.

Lastly, Minnesota Management and Budget (MMB) announced that the state's budget deficit is estimated to be \$4.7 billion moving into the 2022-2023 biennium. The February forecast projected a surplus of \$1.513 billion, prior to COVID-19. Under Minnesota's constitution, lawmakers must balance the budget so major budgetary cuts or tax increases will be proposed in the months ahead. MPS will keep you updated about potential cuts to health and human services programs. ■

## Telehealth Surges

Out of necessity, mental health treatment began being delivered by telehealth. While it opened up access for some, especially people who lacked transportation, there were certainly barriers such as limited minutes, no or unreliable internet, no computer or smartphone, and some people didn't even have a landline or a simple flip phone.

A recent survey by the Minnesota Psychological Association found a variety of services being provided by telehealth including diagnostic assessment, therapy, day treatment, etc.

Over 76% of their clients were using telehealth the 1st three months, and about 17% of the respondents said that 50% or more of their clients were using audio-only telehealth. Interestingly, over 70% said that telehealth increased access to care and that there were fewer "no shows" to treatment.

One question asked if telephone services were no longer reimbursable, what would be the result. Sixty-three percent stated that clients would no longer be able to access services and 53% said there would be more missed sessions.

Other entities are conducting surveys as well including clients. We are learning a lot from the use of telehealth and will be addressing some for these issues during the next legislative session. If you have thoughts about telehealth, look for our survey at [namimn.org](http://namimn.org). ■

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## Mental Health MN Reports 140% increase in online screenings

Mental Health Minnesota offers online screenings for a number of mental health conditions on its website. On average, 700-800 people complete a screening each month. However, we saw a 140% increase in the number of screenings in both May and June, with approximately 1,700 screenings completed in both May and June.

The most common conditions people screen for are anxiety and depression, which have both more than doubled (567 depression screenings and 334 anxiety screenings completed in June). Approximately two-thirds of those who complete a screening are under the age of 25, and most have never received a diagnosis or treatment before.

Go to the MPS website to see the press release from MHA National for a national view.: <https://mhanational.org/more-169000-people-screen-positive-depression-or-anxiety-start-pandemic>. ■



# MPS Membership Committee *Comments on Furlough*

Helen Wood, MD, DFAPA  
Membership Committee Member

Furlough. We have seen this word a lot in the news. Not working? Ok. Mandatory time off without pay? That sounds rough, especially when so many are living with inadequate resources. As one who is lucky enough to have a profession that easily converts to virtual meetings, I am grateful that I can continue to meet and connect with my patients. Yet this is a trauma we are all experiencing together.

How often does this happen, that a psychiatrist experiences the same trauma concurrently with their patients? We are reacting to it differently - given our difference in history, training, current social supports, and resources. But it is a shared experience, a shared trauma.

And in Minnesota, another shared trauma added to our tally—a grave injustice and the unrest that followed. The world has watched us all react to this one. We are all trying to figure out how to respond, once again, to this trauma that has directly impacted so many of us and our patients. We are reflecting on the economic and social variables that led to this. We are engaging in solution-oriented thinking and hoping to be part of a future that looks more equitable.

This is a time to reflect on our response to the shared trauma. How are we feeling? How are we coping? What is our path for-

ward through this “new normal” and are we ok? If we’re not ok, how are we going to increase our supports and self-care to get healthier?

Doubling down on our own health and wellness is essential, now more than ever. We owe it to ourselves, our families, and our patients. They are watching us,

***This is a time to reflect on our response to the shared trauma.***

and how we respond shapes their responses. There is evidence that sharing our own approaches to being healthy can motivate our patients.

Yet it is challenging to stay connected and continue to build community when working remotely. I have not seen my colleagues for months, though they may be a phone call, text, or e-message away in the EMR. Virtual meetings help us connect with patients, but they seem insufficient for the collaboration and team building

that we all need right now to buffer stress and enhance our own resiliency. It takes courage and effort to reach out to others, yet we must know when to ask for what

***Trying to stay connected will benefit us and be a way to support each other.***

we need. Trying to stay connected will benefit us and be a way to support each other. This will also help us seem authentic with our patients, as we support and coach them into healthy behavior. We are grateful for MPS and how it helps us to build and maintain community with each other. ■

## **This is an uprising to save our lives** *(Continued from page 1)*

feed. I want justice for my community. As a nation, are we really so collectively naive that we don't see a connection between the dehumanizing of young Black men and the number of young men lost to suicide and homicide?

Do we really believe that an early campaign to devalue young Black men is not playing a role in the deaths of so many Black youth? How would it be possible that lacking access to good education and work opportunities and even basic needs does not erode away your sense of self-worth?

How many young Black men grow up feeling their early death or incarceration is inevitable? As a nation, we should all be outraged because this public health crisis has been killing Black men, women, and children for decades, yet we have examined each case separately. But no more.

The current uprising is our community's effort to save our

lives, our families, and yes, our community. I long for a single day without experiencing a micro-aggression or having to justify my experience of being a Black woman.

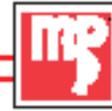
***We all have dreams about changing the world, but Mr. George Perry Floyd did.***

I want elected public officials to stand up for all Americans and denounce the ongoing mistreatment and public executions of Black and Brown people. I want major change in how the media responds to these deaths. I want to be able to sleep without reliving another trauma.

***I want justice for my community.***

And most importantly, I want my children and granddaughter to be free to live their lives while engaging in the most mundane tasks, to celebrate major events without the fear of becoming the next person immortalized by a hashtag.

*(Continued on page 8)*



# MPS 2020 Interactive Virtual Fall Educational Series

## Convening Minnesota's professional community around important issues impacting life & practice in 2020



### Nothing about 2020 has been predictable.

From a global pandemic to racial unrest, we are all suddenly involved in a world actively experiencing and reacting to new challenges. This series will bring together Minnesota experts to share tools and information to facilitate active learning and problem solving. Participants will identify challenges, learn about new tools and successful approaches, and adapt resulting strategies. The series starts focused on society's and medicine's role in historic and institutional racism and where to go from here as medical professionals. We will look at the psychological impact of the pandemic and hear about effective approaches to community and secondary trauma, and learn about models to proactively stem its impact. Telemedicine has emerged as an effective tool to safely deliver medical care. We will learn more about how it has been used historically and what the future holds for its long-term use in all aspects of mental health care.

**REGISTER TODAY: [www.MnPsychSoc.org](http://www.MnPsychSoc.org)!**

Thanks to our generous speakers and our event sponsor, PRMS, MPS members and trainees are invited to attend at no cost. There is a fee for CME acquisition.

### MPS 2020 Fall Interactive Virtual Series Schedule of Events

Sept 15 7-8:30pm	<b>Town Hall – “Antiracism: Catalyzing a Moment to a Movement”</b> Host: <b>MPS President Allison Holt, MD, FAPA</b> ; Facilitator: <b>Nusheen Ameenuddin, MD, MPH, MPA, FAAP</b> ; Panelists: <b>Monica Taylor-Desir, MD, DFAPA</b> , Mayo; MN Doctors for Health Equity President <b>Mike Aylward, MD</b> ; Advisor MN Assoc of African American Physicians President <b>Dionne Hart, MD, DFAPA</b>
Sept 22 7-8pm	<b>Community Trauma and Secondary Trauma</b> <b>Sophia Albott, MD</b> , University of Minnesota
Sept 29 7-8pm	<b>Minnesota Resilience Action Plan (MinnRAP) / The Buddy System</b> <b>University of Minnesota Team:</b> Department Head <b>Sophia Vinogradov, MD</b> ; <b>Jeffrey Wozniak, PhD</b> ; <b>Annie Walsh, Sophia Albott, MD</b>
Oct 6 7-8:30pm	<b>Teled Fundamentals &amp; Support: From Policy to Practice</b> Presenters: Telehealth Consultant and Telepsychiatry practice founder <b>Michael Farnsworth, MD, DFAPA</b> ; Minnesota State Legislator and policy expert <b>Senator Julie Rosen</b> , HCMC Department Chair <b>Eduardo Colon, MD</b> , on the FQHC patient & funding perspectives on equity/efficacy
Oct 13 7-8pm	<b>Teled for Substance Use Disorder Treatment</b> Presenters: University of Minnesota Addiction Psychiatrist, Addiction Medicine Fellowship Program Director <b>Sheila Specker, MD, DFAPA</b>
Oct 20 7-8pm	<b>Teleconsultation / Tele-psychotherapy</b> Presenters: Minnesota Society of Child and Adolescent Psychiatry President and Consulting Child and Adolescent Psychiatrist for the Psychiatric Assistance Line (PAL) <b>Josh Stein, MD, PAL</b> ; Psychiatrist <b>Svetlana Simovic, MD, MPSI</b>

Jointly sponsored by the American Psychiatric Association and the Minnesota Psychiatric Society  
**Accreditation**

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education through the joint providership of the American Psychiatric Association (APA) and Minnesota Psychiatric Society. The APA is accredited by the ACCME to provide continuing medical education for physicians.

Designation The APA designates this live activity for a maximum of 7.0 AMA PRA Category 1 Credits <sup>(TMA)</sup>. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

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**MPS Council Meeting** Email L.Vukelich@comcast.net

**MPS Interactive Virtual Fall Educational Series**

Registration open at [www.MnPsychSoc.org](http://www.MnPsychSoc.org)

Saturday, Sept 15, 2020, 7am-8:30pm

**MPS Interactive Town Hall on Racism**

Saturday, Sept 22, 2020, 7am-8pm

**Community & Secondary Trauma**

Saturday, Sept 29, 2020, 7am-8pm

**MN Resilience Action Plan / The Buddy System**

Saturday, Oct 6, 2020, 7am-8:30pm

**Telemed Fundamentals & Support**

Saturday, Oct 13, 2020, 7am-8pm

**Telemed for Addiction Treatment**

Saturday, Oct 6, 2020, 7am-8pm

**Teleconsultation / Telepsychotherapy**

Saturday, Oct 17, 2020, 9-11am **MPS Women  
Psychiatrists Virtual Brunch** L.Vukelich@comcast.net

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

### This is an uprising to save our lives (Continued from page 6)

We all have dreams about changing the world, but Mr. George Perry Floyd did. Because of George Floyd, people all over the world are rising up and demanding sustainable changes in law enforcement policy, public health, and leadership.

Thank you, Mr. Floyd. You changed the world. ■

*My name is Dr. Dionne Hart. I'm a proud mother, nana, and aunt. I'm a female physician, and above all I am a human being. #SayMyName #George-Floyd #EndRacism #RacismIsAPublicHealthCrisis*

*Dr. Dionne Hart is a graduate of the Mayo Clinic College of Graduate Medicine. She is board certified in psychiatry and addiction medicine. She practices community and public psychiatry at multiple sites. She's held multiple leadership positions in national, state, and local medical organizations including serving as the first chair of the American Medical Association's Minority Affairs Section. She currently serves as the vice president and president of the Minnesota Association of African American Physicians, a future statewide chapter of the National Medical Association.*

*Dr. Hart serves MPS Assembly Representative, and is an active MPS member. She has been an advisor for the September 15 Interactive Town Hall, Antiracism: Catalyzing a Moment to a Movement.*