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**Ideas of Reference**  
 is the newsletter of the Minnesota Psychiatric Society, a District Branch of the American Psychiatric Association.



## MINNESOTA PSYCHIATRIC SOCIETY

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

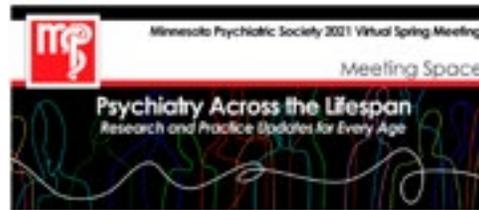
Our vision is physician leadership creating the nation's highest quality, most affordable, and accessible system of mental health care.

[www.mnpsychsoc.org](http://www.mnpsychsoc.org)

# MPS Spring Meeting a "Virtual" Success!

Linda Vukelich, Executive Director

On Saturday, March 27, MPS marked a historic achievement – our first full-day virtual CME



program – and it was a success! Thanks in large part to our vigilant and determined Program Committee Chair Sheila Specker, MD, DFAPA, the event drew rave reviews. One participant volunteered the following assessment, "It was flawless and one of the best Zoom conferences I have attended." We were also pleased with our virtual venue vendor who created an experience that was definitely the next best thing to being there. It was great to see so many familiar faces!



Benita Dieperink, MD

Our program offered timely updates and information of importance to psychiatry. Tracking updates along the lifespan, participants heard from outstanding speakers to whom we are grateful for journeying forward with us. We started the day with Benita Dieperink, MD, presenting, "Psychiatric Care for the Perinatal Woman". Dr. Dieperink covered the clinical presentation of the psychiatrically ill perinatal woman, guiding principles in medical decision making and offered high-quality resources.

Suma Jacob, MD, PhD, followed with a timely review of neurodevelopmental disorders. Her review included clinical and research adaptations during the pandemic which was immediately helpful to attendees caring for patients with autism. We followed with another timely topic – cannabis use in



Suma Jacob, MD, PhD

youth. University of Minnesota Pediatrician and Addiction Medicine Specialist Lucien Gonzalez, MD, MS, FAAP delivered current research findings about the risks of cannabis use in youth, the impact of marijuana on the de-

veloping brain, and current screening guidelines and substance use in clinical and cultural context. He also reviewed appropriate ways to start cannabis use discussions with parents as well as youth. The morning concluded with an early psychosis update from Piper Meyer-Kalos, PhD, who described the components of coordinated specialty care for the treatment of early psychosis and explained the role of EPINET in expanding treatment for people with early psychosis.



Lucien Gonzalez, MD, MS



Piper Meyer Kalos, PhD, LP

After the lunch break, the program resumed with our keynote presentation by Patrice A. Harris, MD, MA. A Child and Adolescent Psychiatrist and Forensic Psychiatrist, Dr. Harris is the Immediate Past President of the American Medical Association. As the first African-American woman to hold this position, she is a trailblazer. She is also a voice for psychiatry in medical leadership. She presented, "Collaborative Leadership: The Path Forward for an Equitable Mental Health System" leaving attendees with much to consider and even more to do. Every engaged psychiatrist who uses their voice can be part of



Patrice Harris, MD, MA

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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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### Executive Council

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- President Elect**  
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- Past President**  
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Laura Sloan, MD  
Allison Beito, MD
- Executive Director**  
Linda Vukelich

### Constitutional Committees

- Constitution/Bylaws**  
Bill Clapp, MD, DLFAPA
- Ethics**  
Mary Beth Lardizabal, DO
- Membership/Fellowship**  
Helen Wood, MD, DFAPA
- Nominating**  
Sheila Specker, MD, DFAPA
- Program**  
Sheila Specker, MD, DFAPA

### Standing Committees

- Legislative**  
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- Private Practice**  
Helen Wood, MD, DFAPA
- Awards/Research**  
John Vuchetich, MD, DFAPA
- Women Psychiatrists**  
Karen Dickson, MD, DLFAPA  
Judith Kashtan, MD, DLFAPA
- Senior Psychiatrists**  
Bill Clapp, MD, DLFAPA
- Health Equity & Racial Justice**  
Jim Curry, MD, MPH

**Legislative Affairs**  
Bill Amberg

## MPS—Your Member Organization



Linda Vukelich  
MPS Executive Director

MPS was, is, and will be, with you and for you. As the MPS executive director, I'm proud to say that this organization works hard for its members. Every. Single. Day. During the past difficult year, MPS has journeyed with you along the winding pathways of COVID's challenges, changing demands and the reality of everyday life in the stress lane. While each member's experience has been unique, your collective needs, concerns, and interests have been at the center of our work. I'm using the word, "our" deliberately, because MPS members, committees, and staff have consistently pitched in along with the national APA. There has been a lot of heavy lifting and it could only have been done with many hands. Thank you! If you're interested in serving your professional community as an MPS volunteer, please consider joining a committee that interests you, serving on a special project, or if you're already on a committee, co-chairing.

We are all very aware of the increase in physician suicides. MPS members have been actively working with MPS and APA staff and others to address concerns that some Minnesota Board of Medical Practice's licensure questions may hinder applicants from seeking essential care. Read more on page 5.

In addition, MPS has been approached to be a resource for medical staff seeking psychiatric care, and we are looking for volunteers to address the very real and immediate need for psychiatric care for fellow medical professionals. We also continue to need volunteers to serve the larger medical community as part of the COVID Cares phone support line.

Recently, an action alert went out urging members to reach out to their legislators to fight for continued support for telehealth services. In an isolating year, telehealth has been a lifeline for your patients and your insights are valuable to your representatives as both constituents and experts. It takes just a few minutes but means so much when many take action.

Finally, we need to hear from you. What can MPS do for you? Your success is our success. This professional community is here for each other, and MPS wants to be your connection point – now and in the future. ■

## Election Results—Congratulations & thank you!

- President Elect Matt Kruse, MD**
- Secretary-Treasurer Lonnie Widmer, MD**
- Councilors**  
Eduardo Colon, MD; Monica Taylor-Desir, MD, DFAPA;  
Mary Beth Lardizabal, DO, DFAPA
- Assembly Representatives**  
Dionne Hart, MD, DFAPA & Maria Lapid, MD, DFAPA
- ECP Representative Josh Stein, MD**

## New Ways of Thinking and Behaving



Allison Holt, MD, FAPA  
MPS President

If there is one thing that hasn't changed in medicine, it's that there aren't enough psychiatrists in the world. This was true when I was a medical student and I'll bet money that it will still be true when I retire. So, the question is: what are we going to do about it? Wringing our hands and wishing it were different won't help. Enticing more medical students to go into psychiatry won't do it either because the shortage dwarfs the available learners. We need to adopt new ways of practicing psychiatry.

Through COVID, the consequences of poor access to psychiatry have been accentuated – more domestic abuse, more overdoses, extremely high levels of distress, and an increase in health disparities that is already too large. Less than 27 psychiatrists per 100,000 population is considered a severe shortage, and MN has approximately 5-8 psychiatrists per 100,000 population. Recently, I read that 40% of Minnesota children with a mental health diagnosis are not being treated by any type of mental health professional. We wouldn't accept that for a cancer diagnosis and it is time that we, as the professionals in this field, figure out a way to treat those who need us.

As I've begun to embrace new models of care, I have had to change what I view as "best care". I have always appreciated having longer appointments with patients, feeling that I will have a better alliance with them and therefore a better outcome. However, that model is only going to benefit the 15 patients that I can see in a day and that leaves too many people untreated. I've become more comfortable with being the "medication provider" rather than therapist. Only we, as psychiatrists (or APPs), can provide medical and medication treatment, so let's make sure we do that and rely on our colleagues to do what they've been trained to do.

Mental health care is still fractured and siloed, which is provider-centered rather than patient-centered. If we really put the patient at the center of our care, we would coordinate services and providers around the patient's needs, which means we would collaborate and communicate with a multi-disciplinary team much more than we do now. We know that the majority of mental health care is not provided by a psychiatrist, but instead is provided by an interdisciplinary team that helps patients obtain stable housing, financial assistance, healthy food, access to medications, therapy, and even child and respite care.

There are new models of care that will allow us to expand our reach to serve populations who are now getting very little, if any, mental health care. For example, a model studied in Canada in-

cludes group medical visits and email communication in lieu of in-person follow up appointments. Now is the time to be brave and innovative. The status quo is inadequate and I know we can do better than this... and who knows, we might even enjoy the change and decrease our own burnout. ■

## Legislative Update

MPS Lobbyist William J. Amberg, MA, JD

The 2021 Session of the Minnesota Legislature is heading into its last four weeks. There are four Health and Human Services omnibus bills moving forward and possibly all four could be passed by the House and Senate by the end of this week, but certainly by next week. Since these bills are different, they will go to a conference committee between five House and five Senate members to resolve the differences between the bills. This usually takes many days of negotiations and typically, the HHS Finance bill is the last budget bill to be agreed to. Given the policy and political differences between the House and Senate and the slower pace of drafting amendments during a virtual Legislature, I'm sure that they will use every minute allotted them right up to the constitutionally mandated adjournment of midnight May 17th. Hopefully, the budget negotiations are easier due to the \$4.2 billion of state and federal one-time surplus money.

The Telehealth Act bill (SF1160/HF1412) language is included in both the House and Senate HHS omnibus finance bills, but the language is not identical. Both bills limit audio only coverage. The Telehealth Act stakeholders (MPS, MN Medical Association, Hospital Association, etc.) will be reviewing the difference in the telehealth language between the House and Senate version in a meeting on Wednesday. The Telehealth Act stakeholder group will advise the Telehealth Act bill authors on strategies for passing the bill.

After a month of negotiations with the proponents of changing the laws governing uniform service standards for community mental health clinics (SF1028/HF1495), MPS was able to come up with an amendment for 0625 paragraph (b) that was agreeable to

*Continued on page 6*



## HERJ Committee

# MPS Vaccine Equity Advocacy Action

Dionne Hart, MD, DFAPA, MPS Health Equity Racial Justice Committee Member, Assembly Representative to APA  
Monica Taylor-Desir, MD, MPS Health Equity Racial Justice Committee Member, DFAPA, MPS Councilor,

Recently, the life of 20-year-old Daunte Wright was lost. His life mattered to his son, parents, siblings, relatives, friends, and community. His death was preventable and tragic not only because a young man died but also because the way he died traumatized people of color and their allies throughout the metro area, Minnesota, and the nation. The leaders of the Minnesota Psychiatric Society send our deepest condolences to his family.

As an organization of psychiatric physicians, we specialize in managing mood, anxiety, and thought disorders as well as trauma and the manifestations of stress. Typically, we respond after the condition warrants clinical intervention. In the last year, through the vision of Dr. James Curry, we pledged to engage in prevention of trauma, specifically trauma related to systemic racism and microaggressions, stigma related to living with a mental illness; and to address the social determinants of mental health. Members of a new committee, the Health Equity and Racial Justice Committee (HERJ), will lead these efforts.

Our first act as a committee was to address inequitable vaccine access for people living with schizophrenia. Persons with schizophrenia spectrum disorders have a three-fold higher likelihood of dying from COVID-19 than their counterparts without mental illness and is second only to age as the most potent risk factor of dying from COVID-19, ahead of cardiovascular disease and diabetes. Even before COVID-19, persons with mental illness had a 10-20 year lower life expectancy than the general population. The bulk of this disparity comes from associated medical conditions, which are more prevalent and more impactful when comorbid with mental illness. In addition, there are known associations

between severe mental illness and environmental risk factors for COVID-19 infection including congregate living facilities and homelessness. Treatment seeking, appropriate diagnosis and treatment adherence are also impacted by mental illness.

For these reasons, we advocated for the Minnesota Department of Health to immediately take the following actions regarding vaccine indication and allocation to promote equitable distribution:

- Mental health clinics, inpatient psychiatric hospitals, and Assertive Community Treatment Teams should be authorized to distribute and/or administer COVID-19 vaccinations.
- At least 1% of each county's vaccination doses should be allocated to persons living with severe mental illness.
- Minnesota and its partners in vaccination continue to collect and release data in a consistent manner to assist in the tracking and accountability of health equity targets.

In addition, the Minnesota Representatives to the American Psychiatric Association Assembly submitted three policy proposals in April. They addressed implicit and conscious bias among law enforcement personnel and correctional staff, the value of community engagement diversity among law enforcement staff, and mandates for physicians to carry less lethal weapons when employed by law enforcement agencies. All three proposals were supported in the reference committees.

The Minnesota Psychiatric Society is committed to treatment and prevention of mental health disorders. We invite you to consider serving on this committee or contributing your ideas and feedback. ■

## Membership Column

# Stay in touch

Helen Wood, MD, DFAPA, MPS Membership Committee Chair; George Realmuto, MD, DLFAPA, Committee Member

From time to time, people change jobs or their contact information. Often this results in a disruption of MPS members communications. This is totally understandable and happens quite a bit actually. As members of the APA and MPS, you can request an update whenever it is needed. In anticipation of a transition, please consider contacting either of the following and update your contact information. We will be happy to help you stay in touch and avoid any disruption from MPS and APA.

- APA - Call Angelic Proctor - 202-459-9753, or email [AProctor@psych.org](mailto:AProctor@psych.org)
- MPS - Call Linda Vukelich - 651-278-4241, or email [L.Vukelich@comcast.net](mailto:L.Vukelich@comcast.net)

Thank you for being a valued member and for staying in touch! We wish you the best in the next step in your career. ■



Ethics Column

# Physician Heal Thyself

Mary Beth Lardizabal, DO, DFAPA  
Ethics Committee Chair

There has been much discussion since the onset of the COVID pandemic about the increasing mental health needs of healthcare providers. Also for providers in Minnesota and beyond, the trial of a police officer for the killing of George Floyd and other deaths such as Dante Wrights', has been heart breaking and added to our stress and worry. Data shows there has been an increase in the mental health needs among our physicians during the pandemic. There also have been recent tragedies in our own physician communities. There have been deaths by suicide of an experienced physician and of our medical trainees. Many organizations have been working to create mental health and addiction services for clinicians but sadly many physicians do not reach out or seek help.

One of the most common (and legitimate) concerns among clinicians is that seeking treatment may affect their licensing and credentialing in the state of Minnesota. MPS has been working with a number of other organizations including the Minnesota Medical Association and the Minnesota Hospital Association to change the Minnesota Board of Medical Practice's (BMP) current credentialing process that includes questions about physicians' mental health and substance use history. MPS and these other organizations attended a meeting of the BMP to present the evidence of physicians being reluctant to seek care due to these inquiries, and that the current questions asked do not correlate with improved care for patients. Dr. Sheila Specker, physicians from other institutions such as the Mayo Clinic, and I presented additional compelling evidence that these practices should be amended, including the fact that the current BMP questions do not meet recommendations for approved ADA language regarding mental health and substance use disorders.

The BMP agreed that the matter should be further discussed and scheduled this topic to be on the agenda for the National Federation Board of Medical Practice meeting. Members of our group also attended this follow-up meeting, and our concerns were again heard. This question has now passed to a subcommittee to review the language. There is still work to be done but we will continue until there is these biases and barriers – both harmful to clinicians and irrelevant to the practice of medicine - are eliminated. ■

## Spring Meeting *Continued from page 1*

a brighter, more collaborative and equitable future.

Taymy Josefa Caso, PhD, described strategies for providing culturally responsive psychiatric care for transgender, nonbinary, and LGBTQ+ patients. Dr. Caso, the Randi and Fred Ettner Postdoctoral Fellow in Transgender Health at the University of Minnesota Medical School's



Taymy Josefa Caso, PhD



Roger Kathol, MD, DLFAPA

Program in Human Sexuality, presented an insightful review and described effective strategies for participants to use. MPS member Roger Kathol, MD, DLFAPA, followed with a discussion about co-occurring chronic medical and mental illness. He reviewed the impact on individual patients and the systems of care that serve them. Participants joined Dr. Kathol in a best-practices discussion on integration and treatment planning.

William Orr, MD, PhD, DFAPA, engaged the audience with his presentation on the impact of social isolation and use of telemed in geriatric patients. He reviewed COVID pandemic effects on the elderly, including increased susceptibility to illness, death, and social isolation. He noted the increased need and use of telemedicine, as well as strategies for its successful utilization in elderly with cognitive and sensory impairment. University of Minnesota psychiatry resident Rachel Kay, MD, capped the day with a discussion of current practices and ethical considerations of physician-assisted dying and euthanasia in patients with psychiatric disorders.



William Orr, PhD, MD, DFAPA



Rachel Kay, MD

Dr. Kay is a member of both the MPS Ethics and Health Equity and Racial Justice Committees. Her talk gave participants much to consider starting with how euthanasia and physician-assisted death are different. She described current practices and notable cases as well as various ethical considerations.

During breaks participants explored exhibitor spaces and engaged with exhibitors. We greatly appreciate our exhibitors: American Professional Agency, Inc., GeneSight, Intra-Cellular Therapies, Minnesota Mental Health Community Foundation & FastTrackerMN.org, Professional Risk Management Services, Inc.

MPS thanks our dedicated planning committee, brilliant speakers, amazing participants and gracious exhibitors for the role each played in this event's success. ■

**Did you know?**

There is a monthly credit card payment option for APA/MPS dues payments. Call 1-800-35PSYCH or go to [www.psych.org](http://www.psych.org).



### Legislative Update *Continued from page 3*

all parties at the table. MPS efforts resulted in more clarity about the role of psychiatrists in leadership and clinical administration in community mental health centers and helps to pave the way for further development of the better funded and more robust Certified Community Behavioral Health Centers (CCBHC) model.

The recreational marijuana bill (HF600) has been progressing through several committee hearings in the House of Representatives and will be heard in the State Government Finance and Elections Committee this week. All committee votes on the bill have been party-line -- all DFLers voting yea, and all GOPers voting nay. The Republican controlled Senate opposes legalizing recreational marijuana and the Senate version of the bill (SF757) has not even had one hearing. ■



### CALENDAR

**Saturday, May 8, 2021, 9-11am**

**MPS Member Forum and Council Meeting**

Email [L.Vukelich@comcast.net](mailto:L.Vukelich@comcast.net) for links to virtually participate. Open to all MPS members. Join to connect and participate!

**Saturday, June 19, 2021, 9:30-12pm**

**MPS Women Psychiatrists Brunch**

Hosted by Judith Kashtan, MD, DLFAPA. RSVP to [Kasht002@umn.edu](mailto:Kasht002@umn.edu) or call 952-922-9323. Join this informal group of MPS women psychiatrists to connect. Kids welcome! Babysitting available. RSVP for babysitting too please.

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

## Mindfulness-Based Cognitive Therapy

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