

Texas Psychiatrist

Collaboration with Legislative Partners Facilitates Improved Health Care for Foster Children

Texas children in foster care will soon see real improvements in the health care they receive while in state conservatorship, thanks to new legislation passed by the Texas Legislature and extensively shaped by Texas psychiatry.

Senate Bill 6 by Senator Jane Nelson (R-Lewisville) and Representative Suzanna Gratia Hupp (R-Lampasas) comprises the most extensive overhaul of the Texas foster care system in decades. Senator Nelson chairs the Health and Human Services Committee and Representative Hupp chairs the Committee on Human Services. The legislation followed years of media coverage of failures and abuses in the foster care system and resulted from months of study by Senate and House Committees, as well the Comptroller of Public Accounts.

"We achieved an extraordinary legislative success due to the medical profession's close collaboration with Governor Rick Perry's office and the sponsors," said Federation lobbyist Steve Bresnen. "Texans should especially appreciate the work of Senator Kyle Janek, who brought his medical expertise to bear on these critical issues, and, in the House, Representative Eliot Naishtat, whose background as a lawyer and social worker strengthened the informed consent provisions of the bill."

Senator Nelson delegated oversight of the health care portion of the legislation to Senator Janek (R-Houston), who is an anesthesiologist. Representative Hupp relied on Representative Naishtat (D-Austin) to hone the crucial elements related to informed consent.

"Nora Cox of the Governor's Office worked night and day with us and brought about the right compromises when we needed it. She's one of those behind-the-scenes people without whom nothing gets done, and she is due a great deal of credit for this model legislation," Bresnen added.

The Federation of Texas Psychiatry includ-

ing the Texas Society of Psychiatric Physicians, the Texas Academy of Psychiatry and the Texas Society of Child and Adolescent Psychiatry, the Texas Pediatric Society, the Texas Academy of Family Physicians and the Texas Medical Association worked extensively with the bill's sponsors to define a comprehensive system of health care for foster children that is now being implemented by Texas executive branch agencies, including the Health and Human Services Commission, Department of Family and Protective Services and Department of State Health Services.

The outcome was not always certain, according to Bresnen. "The Citizens Commission on Human Rights tried to whip up anti-psychiatry hysteria over psychotropic medications and the Comptroller's report suggested rampant abuses of medications. Fortunately, the Legislature and Governor Perry understood that mental health care is medical care and addressed the reforms in the bill to ensuring comprehensive medical care for every child using neutral principles that do not stigmatize mental illness."

"It made a crucial difference that Richard Lavallo of Advocacy Incorporated valued the comprehensive health care approach and his expertise went a long way toward shaping the final product," added Bresnen.

Critical to the success of the legislative effort was the testimony and input of members of Federation organizations, including George Santos, MD, Cindy Santos, MD, Joan Hebel, MD, Alex Kudisch, MD, Brigitte Bailey, MD, Emilie Becker, MD, Joseph Burkett, MD, Claire Friedman, MD, Sandra Gilfillan, DO, James Hageman, MD, Debra Kowalski, MD, William Patrick Moore, MD, Steven Pliszka, MD, Sonja Randle, MD, Harry Rauch, MD, Linda Rhodes, MD, Jane Ripperger-Suhler, MD, Valerie Robinson, MD, Fernando Torres, MD, and Mitch Young, MD.

In summary, Senate Bill 6 requires:

- Designation in the court files of the individual who has the responsibility and duty to provide informed consent to care.
- Identification of "medical home" that will be responsible for oversight of a foster child's health care.
- Creation of "medical passport," so that health care providers will have the medical background information they need to provide appropriate care to children as they move through the system.
- New management information systems to track the care of foster care children, who are moved frequently among placements, often long distances around the state and far from their homes.
- Training in health care decision making for caseworkers and foster care providers.
- Medical advisory committees and review teams to establish treatment guidelines and identify criteria for flagging specific cases for in-depth review.

- Frequent periodic review by the courts of each child's medical needs and treatment based on reports of the child's health care.
- Procedures for doctors and other medical personnel, caseworkers and foster care providers to make the courts aware of inadequate or improper health care decisions affecting foster care children.

Perhaps the most important provisions of Senate Bill 6 are those directed to informed consent. During legislative study of the system, it became clear that people involved in foster care at every level were uncertain, at best, regarding whose responsibility it is to act on the child's behalf in making health care decisions. In addition, those in charge of the child frequently failed to participate in health care appointments.

After Senate Bill 6, there should be no uncertainty and the participation of care givers is required:

- For every child in foster care, the name of the individual with the duty and responsibility to provide informed consent will be included in the court records. Eligibility to be a consenter will depend on the person's relationship to the child and the type of facility in which the child is placed.
- The designated consenter will be required to "participate" in the medical care appointments of each child in foster care. The level and form of participation is being defined by the Department of Family and Protective Services (DFPS) with input from the Federation and the other medical organizations that shaped the legislation.
- Each medical provider may communicate directly to the court that have jurisdiction of the child's case regarding the child's medical care, if the provider has concerns. DFPS is devising a consent form to be given medical personnel that will identify the designated consenter, the location of the court and the name of the judge.
- Emergency care may be provided without consent under statutory language that gives the health care providers broad discretion to determine what constitutes an emergency.

- Children 16 and older may ask the court for permission to make health care decisions for themselves. If the court determines the child has the capacity to consent, it may allow the child to make decisions regarding all or part of his health care. If the child refuses care contrary to the opinions of caseworkers, care givers or medical personnel, they may ask the court to override the child's decision.

Senate Bill 6 is now being implemented by the responsible state agencies, and Bresnen cautions that the work is just beginning.

"These new statutes contain the requirements, procedures and directives to cause major changes in the system. But, real progress for these vulnerable kids will require the day-to-day diligence of the agencies and people responsible for their care. We'll continue working with the agencies and we won't hesitate to ask them to make changes as needed to do the job envisioned by the new laws," Bresnen said.

Psychiatrists are encouraged to let the Federation office know of any questions they have regarding the new laws and any problems they are experiencing with treatment of children in foster care. ■

Federation Membership Update

The Federation of Texas Psychiatry is pleased to announce that the Federation's Delegate Assembly has approved an application for Associate Membership from the Texas Osteopathic Medical Association. The Federation welcomes TOMA and its 2,655 members as the latest organization to join forces with Federation member organizations in the mission of uniting professional organizations to strengthen advocacy for quality psychiatric care in Texas. Voting members of the Federation include the Texas Society of Psychiatric Physicians, the Texas Academy of Psychiatry and the Texas Society of Child and Adolescent Psychiatry. Associate members, in addition to the Texas Osteopathic Medical Association include the Texas Foundation for Psychiatric Education and Research and the Texas Medical Association.

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The 2005 TSPP Annual Convention and Scientific Program conducted in Austin on November 4-6 was a big success with almost 300 members and guests in attendance, including Residents and Training Directors pictured above. For more Scenes from the Annual Convention, see page 8.



It Takes a Psychiatrist...

Gary L. Etter, MD, President, Texas Society of Psychiatric Physicians



Gary L. Etter, MD

The 2005 TSPP Annual Meeting and Convention in Austin has come and gone, and was a tremendous success. I want to thank everyone who was involved in the planning of the meeting, particularly Debbie Sundberg, and also Dr. Bud Holcomb, who was our Scientific Program Chair this year. I have told several that I felt that it was one of the most interesting, timely, and informative CME meetings that I have attended. The issues of the use of psychotropic agents in the treatment of child and adolescent depression, their use in pregnancy and lactation, current treatment of Lewy Body Dementia, psychoimmunology, and dosing of anti-psychotics were all well presented. In addition, an excellent program on ethics that focused on assessing patients' decision making capacity was presented followed by a lively question and answer session. The Annual Meeting illustrated very well the four core values of TSPP Membership:

Professional Education

I have heard colleagues comment that it is relatively easy these days to collect CME credits. However, I would encourage physicians to look at the QUALITY of the CME. TSPP has consistently provided objective, live programs throughout the years that are free of pharmaceutical industry bias. The educational value of a live program that is independent of the control of industry, and which allows for active questions and dialogue with peers is extremely high, and unfortunately, quite rare. There has been an active focus recently on the APA District Branch list serving lamenting the poor quality, or complete lack of CME programs at the local level. We are truly fortunate to continue to be able to enjoy and benefit from the high quality CME programs through

TSPP, the only medical specialty organization in Texas accredited by TMA to offer CME programs from 1988 through 2005. I have said it before, but it bears repeating again, that it is because of the efforts of our staff, John Bush and Debbie Sundberg, and the dedicated efforts of our CME committee that we are still consistently presenting these high quality programs. CME has always been provided at the Annual Meeting, but more recently, we have provided a short CME program at the Spring meeting, and have always been actively involved in the planning of the Psychiatry Section Program at the annual TMA Meeting.

In addition, all of the Practice Guidelines adopted by TSPP have been posted on the website: www.txpsych.org. These will also be distributed to residency training directors and members. This represents literally years of work by the TSPP Professional Practices Committee. Your work is very much appreciated.

Fellowship with Colleagues

The opportunity to see colleagues from around the state is also something that is enjoyed at the Annual Meeting. The Welcome Reception was a success as it afforded an opportunity to see "old faces" as well as meet new members. I want to thank especially our exhibitors this year for their support and attendance. The night culminated with the TSPP Annual Awards banquet. I want to again congratulate this year's awardees: Bernard Gerber, MD, presented with the TSPP Distinguished Service Award; Robert Hirschfeld, MD, presented with the TSPP Psychiatric Excellence Award; and Steve Bresnen, presented with the TSPP Special Service Award. It was a real pleasure to have Dr. Jodie Holloway, President of the

Louisiana Psychiatric Medical Association and her colleagues in attendance at the meeting.

In keeping with this core value of fellowship, the 50th Anniversary Planning Committee met for the initial time under the leadership of Dr. Spencer Bayles. The 50th Anniversary of TSPP will occur next year, and the committee is charged with planning a special banquet to be held at our 2006 Annual Meeting in Dallas. In addition, the committee is planning to print stories in upcoming issues of the Texas Psychiatrist dealing with our history and 50 years of service to Texas psychiatrists and patients. I would ask that if you have any pictures or other items dealing with our history to please contact the TSPP office, and I hope everyone is making plans now to attend this

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very special event celebrating our history in Dallas on November 3-5, 2006 at the Westin Galleria Hotel. It is fitting that our 50th Anniversary Annual Meeting and Convention be conducted in Dallas because Dallas was the site of TSPP's first Annual Meeting in April, 1956.

Advocacy for Patients and Psychiatry

This core value is illustrated on an almost daily basis in addition to the focused work that is done in the scheduled committee meetings. Currently, members of the newly formed Physician Advocacy Committee, as well as the Forensic and Ethics Committees are providing input related to the Texas Medical Board's proposed new rule changes with respect to guidelines for forensic psychiatric evaluations. The guidelines would establish MDD Clinical Indicators for possible request for an IPE, and also establish impairment indicators. TSPP initially submitted a report in 2004 to the Sunset Commission when the then TSBME came under Sunset Review. This was entitled "Recommendations for the Texas State Board of Medical Examiners." In that document, it was emphasized that most state

medical boards were moving from a focus on diagnosis to one of a question of impairment. It is at least encouraging to see the Texas Medical Board moving in that direction. If you would like to review that full report, please go to our web site, www.txpsych.org, and go to the August/September 2004 TSPP Newsletter.

Another ongoing area of focus has to do with the provision of psychiatric care to foster children in Texas. This continues to be addressed by the Government Affairs Committee and Steve Bresnen our lobbyist in particular. Foster Care reform is addressed in another area of this edition of the Texas Psychiatrist. In particular, we are asking for input from any practitioner who has experienced difficulty in providing care to this segment of patients.

There has also been growing concern expressed related to funding of residency programs in the state. The Academic Psychiatry and Government Affairs Committees have both asked for an emphasis on increased lobbying efforts in this area.

Service to Community

This core value was illustrated in a tremendous way in TSPP's response to the plight of the hurricane evacuees. Working with Dr. Steve Shon's office at DSHS, and in coordination with the TMA, our members responded quickly and efficiently in providing emergency psychiatric care to the evacuees. In addition, as stated before, TSPP provided administrative services to the Louisiana Psychiatric Medical Association when they were unable to access their offices and data bases.

APA Relations

On October 28 2005, Dr. Steve Sharfstein, President of the APA, sent a proposed Joint Statement from the APA Board of Trustees as a suggested resolution to the conflict they have had with TSPP, as follows:

1. APA and TSPP each want to continue a collegial relationship in order to serve the interests of their members, their patients and the psychiatric profession.
2. Both the APA and TSPP agree that an APA district branch should not support membership in an organization that competes with the APA or its District Branch for membership. This does not mean that District Branches should not participate fully in coalitions that

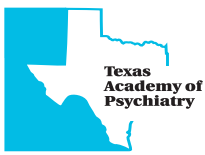
Congratulations....

The annual meetings of the Texas Society of Psychiatric Physicians and the Texas Foundation for Psychiatric Education and Research were conducted in Austin on November 5, 2005. The results of elections conducted by both organizations follow:

TSPP Elections: President-Elect 2006-2007: **Bill Reid, MD** (Horseshoe Bay); Secretary/Treasurer 2006-2007: **George Santos, MD** (Houston); APA Representative 2006-2009: **Priscilla Ray, MD** (Houston); Representative to the APA Division of Government Relations 2006-2009: **Leslie Secrest, MD** (Dallas); Representative to the APA Division of Public Affairs 2006-2009: **Debra Kowalski, MD** (Fort Worth) succeeding Tim Wolff, MD. It was announced that **Clay Sawyer, MD** (Waco) was appointed Vice President and Scientific Program Chair for 2006-2007 by the Executive Council.

Foundation Elections: The following members were approved as Elected Directors for three year terms, 2006-2009: **Shirley Marks, MD** (McKinney); **Clay Sawyer, MD** (Waco); **Mohsen Mirabi, MD** (Houston); **Conway McDanald, MD** (Dallas); **Hal Haralson** (Austin); and **Ed Nace, MD** (Dallas) succeeding Stella Mullins.

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Why Texas?

R. Sanford Kiser, MD, President, Texas Academy of Psychiatry

Texas is a nowhere place. At least that's what I thought when I was growing up. As a youngster, I was disappointed that Texas had no skyscrapers, no snow capped mountains, no forests blazing with gorgeous autumn colors, no symphony orchestras, no ballet companies, no operas, no nothing.

As I grew older, I began realizing that something about Texas was extraordinary.

A recent example has been the remarkable ability of Texas psychiatry to conceive and create a new configuration to better serve the needs of our profession and our patients. In that configuration, the Federation of Texas Psychiatry, by serving as an umbrella organization, facilitates and coordinates the activities of other organizations, such as TSPP, the Texas Academy of Psychiatry, the Texas Society of Child and Adolescent Psychiatry, the Texas Foundation for Psychiatric Education Research, and the Texas Medical Association. The result has been a synergy and efficiency that has amplified our efforts in advocating for psychiatry and psychiatric patients, advancing knowledge, and reducing the stigma of mental illness.

In that synergy, the Texas Academy of Psychiatry has filled a niche that previously had been void. By offering greater flexibility of choice, the Academy has been able to reach out to Texas psychiatrists who had

previously not been involved in organized psychiatry. Approximately 85% of the members of the Academy had been in this category. As Academy members, they now have a new voice and a new role in shaping the future of psychiatry in Texas. The Academy works in collaboration with, not in competition with, the other members of the Federation to accomplish our common goals.

To accomplish this reorganization, Texas psychiatry had to demonstrate amazing creativity, vigor, determination, and courage. Where did this come from? Why Texas?

As I have grown older and discovered more, I have realized that Texas is anything but a nowhere place. Texas is special. Texans are known for bragging, especially about Texas. Please pardon me, for I am about to brag about Texas.

Texas is big. In its east to west dimension, Texas spans one third of the distance from the Atlantic to the Pacific. Texas contains an amazing variety of ecosystems, ranging from sandy deserts, to fertile plains, to rugged mountains, to beautiful beaches, to deep verdant pine forests.

With this vast and varied geography, Texas presented a major challenge to the early settlers.

We typically think of the United States as being settled from the East to the West, with the English, French, and Dutch settlers first

arriving in the 1600's. We forget that Texas was not far behind. The Spanish settlers first began the mission system of settlements in the 1700's. The development of civilization and the refinement of culture in the United States did not begin exclusively along the East Coast. It also began and grew at about the same time along the Gulf Coast – in Texas.

With its vast variety of terrain and climates, Texas was difficult to settle. Its "wide-open spaces" created large distances between settlements, thus making travel and communication difficult. Only tough people could survive in this environment.

As the United States grew to the west, eventually the cultures of the two civilizations – Anglo and Mexican – met and merged and created a rich, new, culture – Tex-Mex.

We all know the story of the American Revolution and the remarkable vision and courage of the American colonists that eventually led to independence and the creation of a new nation. Only in Texas have those events been replicated by the group of men and women who created the Republic of Texas. In its creation, Texas was forged in the furnace of courage, vision, and human dignity.

In the early years, Texas towns and settlements were confined to the east piney woods and the coastal regions. The rest of Texas was wild and untamed. The native



R. Sanford Kiser, MD

Indian tribes living there strongly resisted the incursions of the new settlers.

Nevertheless, these vast spaces were eventually settled by people who had the capacity for determination, self-reliance, and a dedication for a new life different from the old life.

In some way and in some fashion, this historical combination of geography, people, and events has generated a culture and a mindset in Texas characterized by confidence, courage, creativity, and character.

It doesn't seem to matter whether a person was born and raised in Texas, or whether that person has lived in Texas for only a short time, because that culture and that mindset soaks into them and permeates them through and through until they become as Texan as the soil itself.

As a result, when a difficult problem or a new need arises and the solution comes from a group of Texans, the appropriate response is not "Why Texas?" The only response that even remotely makes sense is "Texas? Of course Texas!" ■

It Takes a Psychiatrist...

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promote the interests of psychiatry.
3. Both the APA and TSPP agree that by signing this joint agreement neither is conceding that its legal position was or is incorrect; agreeing or acknowledging in any way that its conduct was legally or otherwise wrongful or that it is legally culpable; conceding any disputed factual or

legal conclusions including whether the Academy competes for members with APA and TSPP and whether it is supported by TSPP; or waiving any rights that it may not be exercising now or in the future. The Strategic Planning and Coordinating Committee reviewed and discussed the proposal and recommended to the Executive Council that the Council endorse a revised Joint Statement with essentially a one word change. The revised Statement changed the word "support" to "recruit" in item 2 above and added a positive statement about supporting the advantages of APA and TSPP membership. The primary concern of members was the problem of agreeing to a statement that prohibits a District Branch from supporting other professional organizations that may compete with the APA or its District Branch for membership. Two prime examples of organizations that compete for members but are enthusiastically supported by TSPP are the Texas Medical Association and the Texas Society of Child and Adolescent Psychiatry. Certainly, the TMA could be considered one of our strongest "competitors." Many psychiatrists elect to belong to

the TMA instead of a specialty organization, and yet, TSPP and the TMA have a history of a collegial relationship over many years. The same can be said for TSCAP. Some psychiatrists choose to be members of a subspecialty professional organization instead of the specialty organization. Yet, TSPP and TSCAP have a close relationship, each supporting each other, while competing for members. The Executive Council, after a thorough discussion, voted unanimously to endorse the Joint Statement proposed by the Strategic Planning Committee with the one word change to avoid adversely affecting important relations with other medical professional organizations in Texas. The full text of TSPP's proposed Joint Statement for resolving the APA Board's conflict with TSPP is located in this newsletter under TSPP Executive Council Actions. Unfortunately, the APA Board refused to agree to the revision. However, they also agreed to "take no action" against TSPP and to "monitor the APA-TSPP relationship." Dr. Sharfstein acknowledged that "our patients and profession are best served by strong district branches united by a strong national organization."

Therefore, this is taken as "agreeing to disagree" and it is my desire to move forward representing TSPP and the APA. I would also like to thank Dr. Sharfstein for his time and efforts in the negotiations.

The Membership Committee requested that the President Elect, President, or Past-President visit each residency program to advocate for membership and participation in TSPP and the APA. Drs. Sawyer, Secrest, and I plan to try to meet with each residency program in the state within the next two months promoting the advantages of both organizations. It is my desire to move forward working with the APA in providing the best care for our patients and the best practice environment for our members.

In closing, I want to thank each member for your work in our organization. I feel that it is without a doubt the strongest and best run District Branch in the nation. This is due to the tireless work of our Executive Staff, John Bush and Debbie Sundberg, and each and every member. During this holiday season, I would like to wish each and every one of you a very happy and safe holiday. I thank you for allowing me this opportunity to serve such a great organization. ■

JOB BANK

Psychiatrist Wanted in Austin

Psychiatrist wanted for growing Long Term Care practice in the Austin, Tx area. Travel is required on a daily basis. Position offers competitive salary and good benefits for full time employees who are looking for an opportunity to work with an established company. Position requires initial evaluations, follow-up visits for medication management and re-evals as needed. Position also may require delegation of prescriptive authority and supervision of APNs.

Contact Malcolm Duncan –
512-470-5600
email md@aambinc.com

Application for Distinguished Fellowship in the APA

Patrick Holden, MD, Chairman, Fellowship Committee



Patrick Holden, MD

Psychiatrists who have been members of the American Psychiatric Association for eight years or longer may be eligible for the Distinguished Fellow award by the APA. (This differs from the regular Fellowship award). Please pay special attention to criterion #2.

The criteria are:

1. **Board Certification by ABPN**
2. **Activities in District Branch(es) or other components of the APA.** Since Distinguished Fellowship is an APA honor, the Committee feels very strongly that participation in this category is extremely important. Length and quality of service, as documented by the supporting letters, are taken into consideration. No credit is given for membership alone in the APA and its district branches and chapters. Elected offices, appointments as chairs or members of national or district branch/chapter components, and special projects earn credit. *Without activity here, the APA will not approve the award even if the applicant has a wonderful record otherwise.*
3. **Activities in other medical and professional organizations**
4. **Participation in non-compensated mental health and medical activities of social significance**

5. **Participation in community activities unrelated to income-producing activities**
6. **Clinical contributions**
7. **Administrative contributions**
8. **Teaching contributions**
9. **Scientific and scholarly publications.** Append list of titles of articles or books, publishers and dates.

The application for this award starts at the local level. After reviewing the above criteria, you may feel that you meet the criteria. If you are interested in pursuing this further or just discussing it, please contact a member of your local chapter executive committee for the name of the Chapter Fellowship committee representative. He or she can help you decide if you do meet the criteria and can help

walk you through the process. The deadline for starting the process is the second week in January so let your Chapter representative know by then. ■

TSPP Practice Guidelines

Since 1990, TSPP has adopted 14 Practice Guidelines for Texas psychiatrists as developed by TSPP's Professional Practices Committee:

1. Guidelines of Practice for Inpatient Psychiatric Care
2. Guidelines of Practice for Medical Psychiatric Partial Hospitalization
3. Guidelines of Practice for Psychiatric Consultants Providing Psychiatric Services to Patients in Nursing Homes and Convalescent Facilities
4. Admission Guideline for Crisis Facilities
5. Guidelines of Practice for Documentation of Inpatient Care
6. Recommendations to Managed Behavioral Healthcare Organizations
7. Guidelines of Practice for Medication Management in Psychiatry
8. Guidelines of Practice for Adult Outpatient Psychiatric Services
9. Office-Based Outpatient Withdrawal Techniques: A Guide- Alcohol
10. Office-Based Outpatient Withdrawal Techniques: A Guide - Anxiolytic/Sedative/Hypnotic Drugs
11. Office-Based Outpatient Withdrawal Techniques: A Guide - Opiates
12. Office-Based Treatment Guideline for Cannabis Withdrawal
13. Office-Based Treatment Guideline for Cocaine and Amphetamine Withdrawal
14. Office-Based Treatment Guideline for

GHB (gamma-hydroxybutyrate) Withdrawal

Practice Guidelines adopted by TSPP are not considered to be Standards or to be prescriptive for all patients due to the wide variety of circumstances associated with the presentation of patients for psychiatric care.

The Practice Guidelines are posted on the Federation's website (www.txpsych.org) and members may request hard copies of the Guidelines from the TSPP Office.

Any comments about the Guidelines, including suggestions for changes, should be directed to the Professional Practice Committee in care of TSPP.

TSPP Executive Council Actions...

The TSPP Executive Council met on November 5, 2005 and approved the following actions:

- ★ The Council approved a recommendation of the Academic Psychiatry Committee for the Government Affairs Committee to be proactive on the issue regarding lobbying for Federal and State funding for all psychiatric training programs in Texas.
- ★ Upon the recommendation of the Budget Committee, the Council approved dues waivers and change in membership status for three members.
- ★ The Council adopted the TSPP CME Mission Statement as follows:
The mission of the TSPP accredited CME program is to provide information available in the field of psychiatry to psychiatric physicians so that they may be kept up to date with medical developments in research, economics, legislation, ethics and other issues pertinent to their practice and be better able to serve their patients and practice their profession. Selected information is presented in one major conference annually using a lecture/discussion format, small group discussions and poster sessions. The CME Committee develops a monitoring process, in compliance with the ACCME guidelines, and generates outcome measures as a result of its' CME activities. Other educational presentations are used from time to time. In addition to the annual conference, other CME presentations may be developed by the CME Committee. The CME Committee facilitates the development of other accredited CME conferences for benefit to the membership.
- ★ At the request of the CME Committee, the Council will refer to the Constitution and Bylaws Committee a request to consider modifying the Bylaws to specify that the Vice President of TSPP will be recommended by the Nominating Committee and that the Scientific Program Chair will be appointed by the President upon recommendation of the CME Committee.
- ★ The Council approved a recommendation of the Forensic Psychiatry Committee to have the Executive Committee evaluate the feasibility of the publication of a book entitled, Texas Mental Health Law for Psychiatrists, as a service to the profession. The Executive Committee is to consider making a \$5,000 deposit for the production of the book based on a proposed contract proposal to achieve publication, sale and distribution of the book.
- ★ Upon the recommendation of the Government Affairs Committee, the Council authorized Steve Bresnen to research a case involving the Texas Medical Board and a physician who provides testimony as an expert in a court of law.
- ★ The Council approved a request of the Government Affairs Committee to appoint a subcommittee to examine funding issues involving the treatment of Katrina evacuees.
- ★ The Council accepted a recommendation of the Membership Committee to recommend that the TSPP officers visit each residency training program and contact each Chapter President about the advantages of membership and the work of the organization.
- ★ Upon a recommendation of the Membership Committee, the Council authorized the Budget Committee to study possible membership incentives for residents.
- ★ The Council approved a recommendation of the Membership Committee to decline APA's invitation to participate in APA's central membership processing pilot program.
- ★ Upon the recommendation of the Nominating Committee, the Council appointed Clay Sawyer, MD as Vice President and Scientific Program Chair for 2006-2007.

- ★ The Council accepted a recommendation of the Professional Practices Committee to have posted in the newsletter and website a reminder of the existence of TSPP's Practice Guidelines and to provide a means for member responses regarding revisions and updates.
- ★ The Council approved a recommendation of the Professional Practices Committee to inform all Training Directors and Residents of the existence of TSPP's Practice Guidelines posted on the website.
- ★ Upon recommendation of the Professional Practices Committee, the Council authorized the appointment of a subcommittee composed of members of the Professional Practices Committee and the Physician Advocacy Committee to study the possibility of developing a Remedial Ethics Course for physicians in Texas.
- ★ The Council approved a recommendation of the Public Mental Health Services Committee to establish a workgroup composed of members from the Socioeconomics, Public Mental Health Services and Government Affairs committees to coordinate a meeting involving representatives of TMA to meet with the Texas Health and Human Services Commissioner to discuss quality of service and access to care for Medicaid recipients.
- ★ Upon recommendation of the Public Mental Health Services Committee, the Council approved a position that the public mental health system, due to underfunding, is in crisis and that TSPP continue to advocate for increased funding.
- ★ The Council approved a recommendation of the Strategic Planning Committee to send a letter to the APA Board proposing a joint statement as a means of resolving the APA Board's dispute with TSPP, as follows:

JOINT STATEMENT

The American Psychiatric Association (APA) and the Texas Society of Psychiatric Physicians (TSPP) have ended their dispute with the following understanding:

1. APA and TSPP each want to continue a collegial relationship in order to serve the interests of their members, their patients and the psychiatric profession.
 2. Both the APA and TSPP agree that an APA district branch should not recruit membership in an organization that competes with the APA or its District Branch for membership. This does not mean that District Branches should not participate fully in coalitions that promote the interests of psychiatry.
 3. TSPP agrees to continue to support and promote the advantages of membership in the APA and TSPP.
 4. Both the APA and TSPP agree that by signing this joint agreement neither is conceding that its legal position was or is incorrect; agreeing or acknowledging in any way that its conduct was legally or otherwise wrongful or that it is legally culpable; conceding any disputed factual or legal conclusions including whether the Academy competes for members with APA and TSPP and whether it is supported by TSPP; or waiving any rights that it may not be exercising now or in the future.
- ★ The Executive Committee announced that bonuses had been approved for Executive Director John Bush and Assistant Director Debbie Sundberg.

Beginnings of Community Mental Health

Spencer Bayles, M.D.

In June 2003 I made a few comments to the annual convention of the Texas Council of Community Mental Health and Mental Retardation Centers. I summarized the progress in treating persons with severe and chronic mental illness since I was first involved in providing psychiatric care. Following my comments, several persons from the audience asked me to write down my remarks so they might be made available to new board members.

It has been my privilege to have been present during the most spectacular period of progress in the treatment of persons with severe mental illness in the history of the world. I would like to share my recollections with current participants in this remarkable transformation to help them realize how far we have come in such a short time. This sharing may be helpful at a moment when we can see all too well how far we have yet to go.

I do not mean to ignore the contributions of Sigmund Freud to the understanding and treatment of the neuroses and personality disorders using the "talking therapy" of psychoanalysis. Neuroses and personality disorders undoubtedly cause enormous suffering and some disability. But these disorders have been called the minor mental illnesses because they rarely cause the severe disability and symptoms of psychosis. Psychoses or major mental illnesses in the past nearly always required hospital care. The average length of stay was about two years and it was sometimes even for a lifetime.

In 1938, the year I entered college, insulin shock therapy and electroconvulsive therapy (ECT) were discovered in Austria and Italy respectively. These were the first treatments in the history of the world that specifically improved the mental state of persons suffering from the severe mental illnesses.

By 1944, ECT was already being used in private and public settings. During my internship I assisted in the administration of ECT to private patients in the medical wards of a medical school hospital, using an electronic machine built by one of my medical school classmates.

During my psychiatric residency from 1947 to 1950, insulin therapy was regularly used for treating persons with schizophrenia, although with limited success. The risks were becoming better recognized and soon led to the conclusions that the limited benefits did not justify the significant risks of harm. Improving methods of administering ECT were achieving results of 70% to 90% complete relief of the symptoms of severe depression.

During the decade of the 50's, the treatment of schizophrenia was revolutionized. A drug called Largactil was tested in France as an anti emetic and antihistamine. It was ineffective. Fortunately someone noticed Largactil had a calming effect in some patients. Trials showed it had profound effects on the symptoms of schizophrenia. Patients that had been hopelessly hospitalized for years suddenly were able to converse sanely, act appropriately, recognize and respond lovingly to family members, and in effect became able to rejoin the human race. The medication was introduced to the United States as Thorazine and was rapidly being used in private and public hospitals, and soon thereafter given to outpatients.

In 1955 the population of U.S. mental hos-

pitals reached its peak at over 700,000 patients. There were more patients hospitalized with schizophrenia than with any other illness in any type of hospital. The mental hospital population has steadily declined since then to about 100,000. In Texas the peak population was near 30,000 and has now declined to less than 3,000. This transition has been called "deinstitutionalization." The implication has been that this was a major nationwide policy decision to get patients out of hospitals. The more likely reality was that with Thorazine many patients improved so much that in one individual case after another it became impossible to justify continued hospital confinement.

The locus of treatment changed. Persons that had been locked up in hospitals for years were suddenly home with their families. Many others had been so long in hospitals that they had no family or other human connection. Homelessness as a result of mental illness began to become a nationwide problem. All of these persons needed outpatient medical care to continue the management of the near magical change that the new medicines had created. The congress responded by funding a study; The Joint Commission on Mental Illness and Health. Directed by a former Texan, Jack Ewalt MD, the Commission recommended a range of new mental health services to deal with outpatients and persons who needed only partial residential help. In the final report, "Action for Mental Health", a nationwide network of community based centers was proposed where persons could receive diagnosis and consultation, emergency care, outpatient treatment, short term inpatient care, evaluation to determine if there was a need for longer term inpatient care. In addition, educational programs were expected where citizens of the community could learn about mental illness and what could now be done about it. Federal funds were appropriated to help such Community Mental Health Centers get started.

Another exciting development around 1960 was the Congress decision to provide funds for each state to study its own needs and resources for dealing with mental illness

in the new era of available effective treatment. Texas responded with the establishment of an Office of Mental Health Planning which I was assigned to set up. Judge Abernethy of Plainview agreed to be the Chairman. Bob Sutherland, Director of the Hogg Foundation, and Cy Ruilmann, Commissioner of the Texas Department of Hospitals and Special Schools were his cochairmen. A hundred or so distinguished Texans accepted our invitations to serve on a dozen task forces to look at all aspects of our problems and our means of dealing with them. The group was one third experts in the many aspects of mental illness, one third politicians, and one third citizen advocates. The result of their year of work was that in January of 1965 House Bill 3 was presented to and passed by the Legislature with minimal modifications. House Bill 3 has been the basis for the development of our network of 42 community based, publicly supported mental health and mental retardation centers, now serving patients in all areas of the state.

Another exciting development of the early 1960s was the introduction of Parnate, Tofranil, and their relatives of antidepressant medications. Suddenly there was an effective alternative to electroconvulsive therapy. Even more patients could be treated successfully with medications. Hospitals became less central.

1970 brought another breakthrough. Lithium Carbonate finally became available in the US. Now we had a medication that seemed to be specifically beneficial for persons with Bipolar Disorder, then usually called by its older name of Manic-Depressive Psychosis. Psychiatrists now had medications that benefited the three major mental illnesses. Schizophrenia, Major Depression and Bipolar Disorder.

In the years since, there has been steady progress in pharmacological studies improving the effectiveness and decreasing the side effects of the three major groups of medications. There has also been progress in the development, growth, and improved effectiveness of community centers where patients, professionals, and



Spencer Bayles, MD

medications come together.

The wonderful advances of these last sixty years have not solved all problems derived from mental illness. We still have much to do. Some problems are of our own making. We have converted standard treatments for severe mental illness from years long confinement in dreadful mental asylums to an obligation to take outpatient medications. This has led to a radically increased demand for treatment. Not surprisingly, more patients are asking for treatment. Medications still have side effects that some patients dislike, so medication refusal can be a problem. Families see how effective medications can be, often demanding medication treatments that their sick family members avoid.

The costs of all medical care are unsolved for many persons. Health insurance is predominately a benefit of employment. Mental illness often impairs a person's ability to work. Therefore a disproportionate number of persons with mental illness are unable to afford private care. Since we do not have universal health insurance, mentally ill persons must turn to public providers. But we citizens say, through our legislators, that we cannot afford to treat all those that are sick and unable to afford care. The result is that we do a pretty good job of treating a third to a fifth of persons with major mental illness, but the remaining two thirds to four fifths are left to their own devices, which are often simply tragic.

We still have far to go, but the changes that I have observed in my professional lifetime give me hope that we will continue to improve. ■

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TSPP: A New Organization – the 1950's

Introduction

In 2006, the Texas Society of Psychiatric Physicians will celebrate its 50th Anniversary. This is the first of a series of articles which will highlight TSPP's growth, development and service to patients and the profession of psychiatry.

It is interesting to note how TSPP was first established in 1956, known at that time as the Texas District Branch Society of the American Psychiatric Association.

On April 22, 1956, the Society was formed and psychiatrists residing in Texas petitioned the APA Assembly of District Branches to be recognized as a District Branch. Accompanying the petition was a Constitution for the new organization and a membership roster listing 29 Texas members. On May 1, 1956, the APA Assembly of District Branches, meeting in Chicago, approved the petition, thus recognizing the Texas District Branch Society of the American Psychiatric Association.

An APA document approved in 1956 entitled "Organization and Function of District Branches of the American Psychiatric Association" provided the following requirements: PURPOSE OF THE DISTRICT BRANCH- The purpose of a District Branch of the APA is to represent the local psychiatric profession in the American Psychiatric Association through its delegates to the Assembly of District

Branches. The District Branch will foster the progress of psychiatry, represent psychiatry in the designated local area and assist the American Psychiatric Association in promoting its aims and objectives; PURPOSE OF THE ASSEMBLY OF DISTRICT BRANCHES- The purpose of the Assembly is to represent and serve the needs of the District Branches in their relationship to the governing bodies of the APA and to represent the governing bodies of the APA in their relationship to the District Branches.

Names of members appearing on the application for Texas District Branch recognition included: James R. Blair, MD (San Antonio); Charles H. Brown, MD (Wichita Falls); E. Ivan Bruce, Jr., MD (Galveston); Dorothy A. Cato, MD (Houston); Irvin M. Cohen, MD (Galveston); Melbourne J. Cooper, MD (San Antonio); Giles W. Day, MD (Fort Worth); F.T. Harrington, MD (Dallas); Titus H. Harris, MD (Galveston); Abe Hauser, MD (Houston); Clarence S. Hoekstra, MD (Dallas); R.B. Holmgren, MD (Fort Worth); Grace K. Jameson, MD (Galveston); Vernon Kinross-Wright, MD (Houston); Brooks W. Mullen, MD (San Antonio); Grady Niblo, Jr., MD (Dallas); John L. Otto, MD (Galveston); Alex D. Pokorny, MD (Houston); Howard C. Reid, MD (Amarillo); Marion B. Richmond, MD (Dallas); Roy C.

Sloan, MD (Big Spring); I. Ronald Sonenthal, MD (Houston); P.C. Talkington, MD (Dallas); Harry Leaffer, MD (Fort Worth); Martin L. Towler, MD (Galveston); David Wade, MD (Austin); E.C. Winkelmann, MD (San Angelo); Bruce H. Beard, MD (Wichita Falls); Stephen Weisz, MD (Dallas); Hamilton Ford, MD (Galveston); Charles L. Bloss, MD (Dallas); Howard M. Burkett, MD (Dallas); James K. Peden, MD (Dallas); Edgar S. Ezell, MD (Fort Worth); E. James McCranie, MD (Dallas); Thomas W. McDaniel, Jr., MD (Fort Worth); Alonzo J. Beavers, MD (Fort Worth); Claude Uhler, MD (Dallas); Lazard S. Brener, MD (Houston); and W.S. Williamson, MD (Galveston).

The first Officers of the new organization were:

President

John L. Otto, MD

President-Elect

Bruce Beard, MD

Secretary/Treasurer

C.S. Hoekstra, MD

APA Delegate

Hamilton Ford, MD

APA Alt. Delegate

Edgar Ezell, MD

Each of the petitioning psychiatrists was also a member of the Texas Neuropsychiatric Association. The earliest record located of the Texas Neuropsychiatric Association is May 5, 1947. The membership roster listed 80 members. On May 2, 1949, the Texas Neuropsychiatric Association amended its Bylaws regarding eligibility for membership at the request of the American Psychiatric Association, as follows: "this society shall consist of physicians who are eligible for membership in the American Medical Association; who confine their practice strictly to neurology and/or psychiatry, neurosurgery, neuroanatomy, or neurophysiology." The amendment substituted "American Medical Association" for "Texas Medical Association." Fulfilling this request, it was announced at the Annual Meeting of the Texas Neuropsychiatric Association on May 2, 1949 that the American Psychiatric Association had accepted the Texas Neuropsychiatric Association as an Affiliate Society. During their Annual Meeting conducted on April 24, 1955, the Texas Neuropsychiatric Association voted to contribute \$100 to the American Psychiatric Association Building Fund. The Association's cash balance as of April 1, 1955 was \$392.98.

During the Annual Meeting of the Texas Neuropsychiatric Association on April 22, 1956, the Minutes address the creation of a District Branch of the American Psychiatric Association (later to become known as the Texas Society of Psychiatric Physicians): "Dr. Hamilton Ford reported on the progress made towards the creation of a Texas District Branch of the American

Psychiatric Association. He stated that the application for this District Branch was now complete with twenty-eight signatures affixed and that the application was being mailed on April 22, 1956 to the Council of the American Psychiatric Association. He stated that the application complied with all of the requirements of the American Psychiatric Association and that a proposed Constitution for the Texas District Branch had been patterned after suggestions supplied by the American Psychiatric Association. Dues for the Texas District Branch had been tentatively set at two dollars (\$2.00) per year and it had been further proposed that the Annual meetings of the Texas District Branch be held on the same or adjacent day and in the same city as the Annual Spring meeting of the Texas Neuropsychiatric Association."

The Texas District Branch's formation under the auspices of the Texas Neuropsychiatric Association is reflected in a letter of March 30, 1956 from Hamilton Ford, MD to Steven Weisz, MD, President of the Texas Neuropsychiatric Association: "In Dr. Blain's [Medical Director of the American Psychiatric Association] letter to me he indicated that there should be no conflict with the Texas Neuropsychiatric Association and merely asked that we not mention the Texas N.P. when applying for formation of the District Branch. For that reason, it would seem better not to have material going forward to them on Texas N.P. stationary or indicating that it would be under the auspices of that organization. Bruce's circularized letter of January 16, to the membership was certainly specific in describing the purpose of the District Branch; also, that it would in no way interfere with the Texas Neuropsychiatric Association as a State organization and that the Texas N.P. would remain as an affiliate society of the American Psychiatric."

For many years, through the 1960's, the Texas Neuropsychiatric Association and the newly formed Texas District Branch of the American Psychiatric Association conducted joint meetings and often shared the same officers.

The following are bits and pieces of the history of TSPP from newsletter articles and Minutes of meetings:

1956

Correspondence of November 26, 1956 from Hamilton Ford, MD:

Dr. Mathew Ross, Speaker of the Assembly, wishes to secure the attitude of the Texas District Branch relative to releasing members from the El Paso area in order that they can become members of a proposed new District Branch, The Intermountain Psychiatric Society. This is for the convenience of the members in West Texas who are more closely allied to the Intermountain area.



The Michael E. DeBakey VA Medical Center's Charles Wilson VA Outpatient Clinic, located in Lufkin, Texas, is currently recruiting for a Staff Psychiatrist to work in their outpatient community-based VA clinic, to join a multidisciplinary mental health team treating veterans with a full range of diagnoses including mood disorders, PTSD, anxiety disorders, psychotic disorders, and substance abuse. Duties include psychiatric evaluations, psychiatric medication management, supervision of a nurse practitioner, and coordination of the veteran's overall mental health care (including referrals for psychotherapy and monitoring therapy progress).

Candidate must have a current, full, and unrestricted license to practice medicine in a State, Territory or commonwealth of the United States or in the District of Columbia. Board eligibility or certification and experience in working with veterans preferred. The VA offers competitive salaries and an excellent benefit package including malpractice coverage, health insurance, life insurance, and full retirement benefits.

The Mental Health Clinic of the Charles Wilson VA Clinic provides state-of-the-art mental health care to veterans from a large, rural catchment area. The multidisciplinary staff includes a psychiatrist, psychologist, nurse practitioners, psychiatric social workers, and an addiction therapist. It is located in the town of Lufkin, TX, in the beautiful setting of the Piney Woods, with close access to major metropolitan areas including Houston and Dallas. Lufkin is a rapidly growing community with excellent school systems and extensive medical facilities, serving as a tertiary medical care center for much of East Texas.

Contact person:

Teresa Timmons, M.D.

Director of Mental Health Clinic
Charles Wilson VA Outpatient Clinic
Phone: 936-633-2725
Fax: 936-637-2478
e-mail: teresa.timmons3@med.va.gov

1957

From April 28, 1957 Minutes of the First Annual Business Meeting of the Texas District Branch Society of the American Psychiatric Association:

The first annual business session of the Texas District Branch Society of the American Psychiatric Association was called to order by President **John L. Otto** on April 28, 1957 following the joint scientific morning session held with the Texas Neuropsychiatric Association at the Hotel Adolphus, Dallas, Texas.

Dr. E. Ivan Bruce, Chairman of the Committee on Legislation, reported the progress of formulating, submission and movement of the New Mental Health Code to the State Legislature. **Dr. Rawley E. Chambers** reported that a few minor changes had been made by the Legislature to date, that the code as drawn up seemed to be a good one and that progress was satisfactory. Dr. Bruce further reported that House Bill 17, a bill to establish certification of psychologists was still in committee and had not been reported out. **Dr. Abe Hauser** suggested that close cooperation be maintained with the Texas Medical Association Legislative Committee for advice, guidance and maximum effectiveness of whatever decisions this Association makes.

After discussion, the Society advised the APA Delegate that: (1) The Society does not believe the extra expense of District Branch offices is warranted and that the present setup of a Central Office is preferable at this time; (2) That the official delegate and his alternate to the APA Assembly be the designated official representative of our own Society; (3) Eligibility requirements for election to Fellow in the APA be raised. It was suggested that the National Board Certification, Board eligibility or its equivalent in professional status be a prerequisite to election to Fellow; (4) A regular newsletter from the Society's secretary would be valuable but, in view of the expense, time consuming nature and duplication of service, it would not be feasible for us. It was further stated, however, that important matters should be disseminated to the membership when necessary.

Cash balance of the Texas District Branch Society as of April 1, 1957: \$465. Annual dues: \$2.00.

From October 17, 1957 Minutes of the Executive Committee Meeting of the Texas District Branch Society of the American Psychiatric Association:

Dr. Ford reported on the recent meeting of the Assembly of District Branches of the APA. Covered were the questions of assessment of a District Branch by the National Assembly, the request for funds for the Southern District meeting in Miami in December 1958 and the move to make the District Branches responsible for the processing of applicants for membership in the APA. These matters were discussed separately and it was unilaterally accepted that the Texas District Branch should do what they could within the present framework for the Assembly and that the delegate convey to the Assembly that this

Branch was not in a position at this time to take on the responsibility for processing APA applicants and felt this function should stay with the membership committee of the APA. The treasurer was also instructed to advance the Southern District meeting group the sum of \$100.

Also discussed was the nature of the inter-relationship of the Texas Neuropsychiatric Association and the District Branch. It was expressed that both organizations were of considerable individual value and that a close liaison in psychiatric matters should be maintained as long as possible for mutual benefit.

1959

From the August, 1959 Newsletter of the Texas District Branch Society of the American Psychiatric Association:

Legislation: Certain editorials critical of the Mental Health Code have appeared in the Houston Chronicle and other newspapers throughout the state, and there are indications that a large number of legislators, as well as many county judges, are unhappy with the current Mental Health Code. In order to perhaps be of future value to the legislature, any member having specific feelings or suggestions about this matter, should address their communication to **Dr. Howard Burkett**, Chairman of the Legislative Committee of the Texas District Branch Society, so that they can study the matter in advance prior to impulsively giving advice.

Membership: Many individuals are members of the American Psychiatric Association and are not members of the Texas District Branch Society. Many members of the American Psychiatric Association are not members of the Texas

Neuropsychiatric Association. All active members are encouraged to solicit their colleagues to actively engage in the affairs of this society for the mutual benefit of all. This is particularly true of doctors in the state hospital system. It would be I think of mutual benefit to all members of the society to have a closer relationship with each other.

Highlights of the San Antonio Meeting:

The social affairs of the meeting held in San Antonio this year were cer-

tainly a success as judged by the consumption of bottled goods at any rate. According to **Dr. Alfred Hill**, Chairman of the Arrangements Committee of the last meeting, the Nightcap Party was attended by 170 guests and three cases of liquor established some measure of the activity of this particular party, which lasted three hours. One hundred and sixty-four were served Sunday noon luncheon. The expenses of this luncheon as well as the excellent entertainment were picked up by the Association. One hundred and sixty attended the Sunday night party and it was of some note that no one fell in the river, only a little over two cases of liquor were consumed at that particular party.

Registered attendance at the meeting was 135 which was the best attended by the society. It is our hope that **Henry Gardiner** and the Fort Worth crew can put on as good an entertainment, recreational affair as the San Antonio group did.

Items of Interest from APA Council Meeting, Affiliate Societies: **Dr. Davidson** suggested that the success of the District Branch movement has eliminated the purpose of Affiliate Societies and that the Association should discontinue such affiliation. It was pointed out that there is considerable personal feeling throughout the membership for Affiliate Societies and

much harm could be done by discarding them precipitantly. **Dr. Felix** indicated that he is desirous of having as many members as possible to observe the Council in session. With representatives of both Affiliate Societies and District Branches in attendance at such meetings, it provides an opportunity for more individuals to observe the sessions and to carry their impressions back to their local groups.

From the April 19, 1959 Minutes of the Annual Meeting:

Dr. Clarence Hoekstra, secretary-treasurer, presented the roll call of the organization. Membership as of January 1, 1959 - 144. This represents a net decrease of 6 under that of January 1, 1958. It was also announced that this gives our organization a total of seven votes at the Assembly of District Branches meeting.

Dr. Cantrell expressed his gratitude to all those who have assisted him during his term of office as President and to the Texas Neuropsychiatric Association for its continued invitation to participate in their annual sessions. He announced that the next annual meeting of this Society would be in Ft. Worth, Texas, April 10, 1960, and would be a joint meeting with the Texas Neuropsychiatric Association. He also called attention to the 115th annual meeting of our parent organization in Philadelphia. Our delegate at that meeting will be our incoming president, **Hamilton Ford** and alternate, **P.C. Talkington**, Dallas.

From the Constitution:

Article IV. The Council. The trustees [six members of the Association elected as Trustees] together with the General Officers [president, president-elect, a past president, and secretary-treasurer] shall constitute the Council, and each Trustee and each General Officer shall have one vote on the Council.

Presidents of the 1950's

John L. Otto, MD (1956); Bruce Beard, MD (1957); William Cantrell, MD (1958); and Hamilton Ford, MD (1959) ■



Guidelines to Develop a Chapter Mentorship Program

Jacqueline McGregor, MD, Chairman, TSPP Membership Committee

Because of declining participation in organized psychiatry the TSPP Membership Committee would like to offer some guidelines to help Chapters establish local mentorship programs. TSPP believes that this will benefit both the local and state organizations. The decline in membership is of particular concern in the area of Members-in-Training (MITs) and Early Career Psychiatrists (ECPs) since they are the future of our organization. We hope that each Chapter will initiate a mentorship program.

Mentorship is usually most successful at the local level because it depends on the development of relationships. The role of the mentor would be to invite new members to be active in the organization. This

would include inviting mentees to TSPP and Chapter meetings, introducing them to other members at meetings, and encouraging their active participation in the organization (e.g. joining committees). For mentors of Members-in-Training (MITs) the mentor might consider paying for the mentees registration fees or membership dues.

GOALS: RELATIONSHIPS
FELLOWSHIP
CAREER DEVELOPMENT
FEELING OF INVESTMENT IN ORGANIZED PSYCHIATRY

Establishing a mentorship program is really as easy as 1-2-3 and here are the steps local Chapters could use to get started.

STEP 1: Solicit members who are interested and willing to be mentors. It would be useful to request information about mentors (e.g. interests, specialization, etc) to create a bank of mentors to be matched with mentees. This might be accomplished through your Chapter newsletter and/or at Chapter meetings.

STEP 2: Solicit training programs and new psychiatrists in your area who might be interested in being mentored. Ask for their interest areas (e.g. private, academic, public, specialities, etc.)

STEP 3: Match mentors and mentees. For forms to assist in compiling a list of mentors and mentees in your Chapter or for additional information about the Mentorship Program, please contact the TSPP Office.

Scenes from the TSPP Annual Convention....

The TSPP Annual Convention and Scientific Program was conducted on November 4-6 in Austin at the Hyatt Regency Hotel. Almost 300 members and guests attended this very successful convention and quality continuing medical education program.

Steve Bresnen, center, recipient of the Special Service Award with Martha Leatherman, MD and Conway McDanald, MD



Two former TSPP Presidents, Spencer Bayles, MD (left) and Arthur Farley, MD



Bernard Gerber, MD (right), recipient of the Distinguished Service Award, with George Santos, MD

Psychiatric Excellence Award recipient Robert M. A. Hirschfeld, MD with Karen Wagner, MD



Robert Leon, MD (left) visits with Harris Hauser, MD



Dr. Edward Reilly with wife Mary Lou and daughter Jennifer



President-elect for 2006-2007 Bill Reid, MD (left) with Gary Miller, MD at the Welcome Reception



Dr. and Mrs. Edward Furber

CALENDAR OF MEETINGS

FEBRUARY

3-4 TMA Winter Conference
Hyatt Regency Hotel
Austin, TX

MAY

4-6 TMA TexMed
George R. Brown Convention Center and Hilton Americas
Houston, TX

JULY

27-28 Federation Leadership and Advocacy Conference
Westin La Cantera Hotel
San Antonio, TX
For more information, contact Debbie Sundberg 512/478-0605

SEPTEMBER

30-Oct 1 TMA Summit
Austin, TX

NOVEMBER

3-5 TSPP's 50th Anniversary Gala
Annual Convention & Scientific Program
Westin Galleria Hotel
Dallas, TX
For more information, contact: Debbie Sundberg 512/478-0605

3 TSPP Committee Meetings
Member Luncheon
Executive Council Meeting
Welcome Reception with Exhibitors

4 TSPP Scientific Program
Annual Business Meetings
Annual Awards Banquet

5 TSPP Scientific Program

Happy Holidays
and best Wishes for 2006

FEDERATION OF TEXAS PSYCHIATRY

The Federation was established on July 1, 2004 with the following purposes:

- to promote the common professional interests of psychiatrists;
- to facilitate the coordination of and work in concert with state professional psychiatric associations and state professional subspecialty psychiatric associations, to unify programs that advance public and professional education and advocacy for psychiatry and persons with psychiatric illnesses;
- to provide centralized services to state professional psychiatric associations and state professional subspecialty psychiatric associations;
- to make psychiatric knowledge available to other practitioners of medicine, to scientists, and to the public; and,
- to promote the best interests of patients and those actually or potentially making use of mental health services.

The TEXAS PSYCHIATRIST is published 5 times a year in February, April, June, August, and October. Members of Federation member organizations are encouraged to submit articles for possible publication. Deadline for submitting copy to the Federation Executive Office is the first day of the publication month. Copy must be edited, acceptable for publication.

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