



AGLP

The Association of LGBTQ Psychiatrists

VOLUME XLIII(1) • JANUARY 2017

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San Diego Bay

San Diego 2017 Roy Harker, Executive Director

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Welcome to San Diego, California's second largest city, where blue skies keep watch on 70 miles of beaches and a gentle Mediterranean climate begs for a day of everything and nothing. Bordered by Mexico, the Pacific Ocean, the Anza-Borrego Desert and the Laguna Mountains, San Diego offers a great setting for the APA Annual meeting and superb tourism opportunities. Hillcrest, the gay 'hood' is a charming collection of shops, eateries, and bars, many of which will be featured in the upcoming AGLP Guide to San Diego.



Hilton San Diego Bayfront
111 W Harbor Drive, San Diego, CA 92101

All of this provides the backdrop to the AGLP and APA Annual Meeting, May 20 to 24, 2017. Our Hospitality Suite and all meeting spaces are located in the Hilton San Diego Bayfront (111 W Harbor Drive, San Diego, CA 92101; 619-525-5000), directly across from the San Diego Convention Center. The Suite is open Monday, May 22, 8:30am to 6:00pm and will house most of the AGLP-scheduled events for the meeting. Rooms are available in the Hilton San Diego Bayfront at \$249 single/double occupancy, \$269 triple. Executive Suites are also available for additional costs. This being the hotel closest to the convention center will probably mean it will be the first to fill. Make your reservations now by clicking [here](#) or visiting the aglp.org website for more details.



**The Newsletter of
AGLP**

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

Published quarterly from 4514 Chester Avenue,
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The views expressed in the Newsletter are those of the writer and do not necessarily represent the opinions of AGLP. The sexual orientation of any writer or any person mentioned in the Newsletter should not be inferred unless specifically stated. Mailing lists for the Newsletter are confidential, to be used only by AGLP, and do not imply sexual orientation.

INFORMATION FOR AUTHORS

Persons wishing to submit articles for publication should send them to the National Office, 4514 Chester Avenue, Philadelphia, PA 19143; phone 215-222-2800; Fax: 215-222-3881; E-mail: AGLPEditors@aglp.org. Submissions should be clearly readable. Submissions on electronic media are preferred. Submissions become the property of AGLP and will not be returned unless requested and accompanied by a self-addressed and stamped envelope. The Newsletter reserves the right to make editorial changes and to shorten articles to fit space limitations. Name, address, daytime telephone number, and a short biographical statement about the author should accompany the submission even if the author requests anonymity in publication (which is discouraged). The deadline for inclusion in the next issue is March 15, 2017.

ADVERTISING RATES

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

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

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



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

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Editorial Column
Gaddy Noy, D.O. & Kevin Donnelly-Boylen, M.D.

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Kevin Donnelly-Boylen, M.D.



Gaddy Noy, D.O.

Recent and ongoing politics represent a common theme in this issue. Clearly, it is at the top of everyone’s mind, regardless of one’s background or political inclination. All of us have, at some point, struggled in our lives. Our shared struggles as members of the LGBTQ community feel especially relevant in this current climate. Perhaps this struggle will be amplified in the coming years; perhaps it will be a time when people find common ground and heal.

Efforts to engage with our communities, to advocate on behalf of our patients and ourselves, are as important as ever. Many of those reading this issue may live on the Coasts, or in more progressive enclaves. However, some of us are either from or practice now in areas where discrimination feels as if it has never abated. We can use this time to bring our community together, ever stronger, crossing geography, specialty, and role to stand as a single voice advocating for LGBTQ people.

There are a plethora of ways in which AGLP provides a voice for LGBTQ patients and a safe environment for practitioners to provide care. Despite the disappointment many of us feel after a dramatic change in political course this fall, we look forward to 2017. We have a chance to continue to be advocates, educators, and providers that can contribute to a safe and forward-looking future.

“ All of us have, at some point, struggled in our lives. Our shared struggles as members of the LGBTQ community feel especially relevant in this current climate. ”

As we have done each year, AGLP looks forward to contributing to the national and international conversations. Our members will be participating in conferences, educational institutions, and community events across the spectrum of psychiatry. We will have a significant presence at the annual APA meeting in San Diego (more details to come in upcoming issues!). Most importantly, our members will continue to provide care to patients throughout our society. We could not be prouder of your contributions to society, and we appreciate your support and participation going forward. If anyone would like to know more about any events or opportunities in the organization itself, please feel free to contact us or any of the Board members for more information.



Roy Harker, Executive Director

AGLP Newsletter Archive
Roy Harker, Executive Director

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A new project underway at the National Office is the digitization and archiving of our entire body of newsletters. Inspired by Jim Krajewski, M.D., who digitized a large cache of newsletters in his possession dating from June of 1978 through December of 1991, I have begun digitizing the rest of the body of newsletters that predate the direct-to-digital versions we currently use and uploading them to our website. As of this publication, AGLP Newsletters dating from the present issue to January of 1998, and issues dating from June of 1978 through December of 1991 are currently available. The remaining gap should be in place by the end of the month.

Continued on page 6

President's Column
Eric Yarbrough, M.D.

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Eric Yarbrough, M.D.

Another one of my favorite shops closed down. One thing that is certain in life is change. New York magnifies this certainty. The city can literally change around you from week-to-week, month-to-month, and year-to-year. Buildings go down and taller ones go up. Shops close their doors and are replaced in weeks. F. Scott Fitzgerald would complain about the constant inconsistency of the city. My experience living here is that New Yorkers, for as long as there have and will be New Yorkers, complain about the changes.

Lately I've been feeling like one particularly famous fictional New Yorker, Rip Van Winkle, who fell asleep only to wake and find his world had changed around him. The past month has felt more like a dream and many of us are waking up in a reality very different from what we had become accustomed.

I've been avoiding writing this article. Kevin and Gaddy, our newsletter editors have just about had enough of my procrastination so I'm forcing myself to write something now. The impossible has happened and the direction our country has taken will be altered for, at the very least, our lifetime. Branches of government and laws may be put in place that will affect our lives and the lives of those to follow.

“As a psychiatrist, working with patients to process reality can be one of the more painful interventions we use. It's difficult to see what's directly in front of us and being present and honest with ourselves is a daily discipline.

I think one of the reasons I've been avoiding this article so much is that it forces me to process reality. As a psychiatrist, working with patients to process reality can be one of the more painful interventions we use. It's difficult to see what's directly in front of us and being present and honest with ourselves is a daily discipline.

The reality of what happened with our political leadership is painful. The elected party has found a way to connect with a portion of the American public and we have witnessed large masses of people be swayed by non-factional rhetoric. Some of you may think that the civil rights of the LGBTQ population are not at jeopardy. The president-elect has said himself that he, in his own particular way, supports LGBTQ rights. His cabinet, on the other hand, has expressed dangerous views and the man one step away from the presidency has supported reparative therapy.

AGLP membership over the past eight years has been declining. One of the most common reasons we hear the reason for this decline is that many people believe the need for an LGBTQ specific organization is no longer needed. With the legalization of same-sex marriage, many believe the fight for our liberties to be over. This was already far from the truth, especially regarding the civil rights of transgender and gender non-conforming individuals.

Our new leaders have decided to continue to focus on removing a woman's right to choose in matters of abortion. They have declared that any Supreme Court judges that are confirmed would oppose abortion rights. I'm not sure in what world a judge who is anti-choice would be pro-LGBTQ rights.

If you are reading this article you already support AGLP. Thank you for being a member. Our members continue to educate both in the medical and public realm. We continue to focus on destigmatizing homosexuality and gender

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International Psychiatrists' Column

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Gene Nakajima, MD

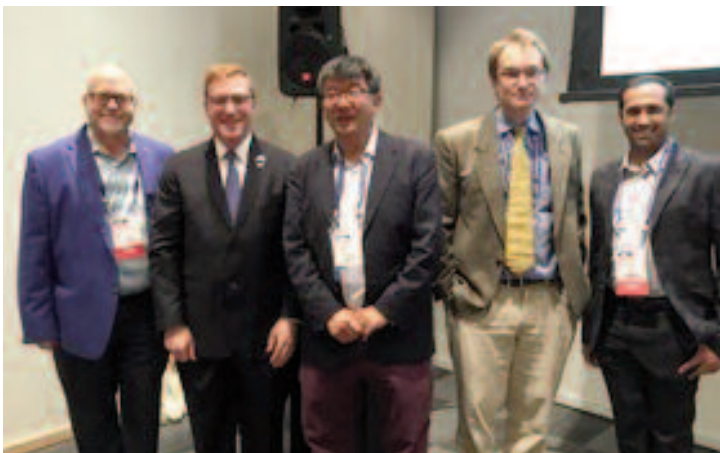
WPA Symposium in Cape Town-- A Success; Royal College of Psychiatrist Conference in Edinburgh session accepted; Submission deadline in January for WPA meeting in Berlin

The symposium that AGLP organized at the World Psychiatric Association (WPA) meeting in Cape Town was a great success. We crammed over 60 people into a space that was only meant to fit about 30. Unfortunately, many people could not get into the symposium. Dinesh Bhugra, MD president of the WPA gave a few remarks and stayed for the entire symposium. Saul Levin, MD, currently the CEO and medical director of the APA

gave his perspective on LGBT equality as a South African immigrating to the United States. Simon Pickstone-Taylor, MD a South African psychiatrist spoke about his work at the Gender Identity Development Service based at the University of Cape Town. He was very helpful in giving a wonderful welcome to our members. Amir Ahuja, MD and Richard Pleak, MD rounded out the program.

Chris McIntosh, MD has organized a session that has been accepted for the Royal College of Psychiatrists meeting in Edinburgh, June 26-30, 2017. The session will take place on Wed June 28 at 9:40 am. This session also involves both Dinesh Bhugra, MD and Saul Levin, MD. I hope some people in AGLP will be able to come to Edinburgh to support this session. <http://www.rcpsych.ac.uk/trainingspsychiatry/conferencetraining/international-congress2017.aspx>

The next WPA Congress (the major every-3-year conference that WPA organizes) will take place in Berlin on October 8-12, 2017. The submission deadline is on January 16, 2017. If you are interested in being part of a symposium or workshop, please send me a title and a 40-75 word description of your talk by December 23, 2016. <http://www.wpaberlin2017.com/>



From Left to Right,

Richard Pleak, MD, Saul Levin, MD, MPA, Gene Nakajima, MD, Simon Pickstone-Taylor, MD, and Amir Ahuja, MD

Vice-President's Column

Amir Ahuja, M.D.

AAhuja@aglp.org



Amir Ahuja, MD

Agents of Change

I am writing this column from the World Psychiatric Association (WPA) conference in Cape Town, South Africa. I am blessed to be here, surrounded and inspired by mental health professionals from all corners of the globe. I am also lucky to be presenting with other AGLP members about the issues that are important to our community. This conference has very few sessions on these topics, so it is important for us to provide education and resources. The room is overflowing as we speak about the guidelines for treating transgender adolescents, a gay man's journey in psychiatry and the bullying of LGBT adolescents and its relation to depression and suicide. We are also honored to be joined by Dr. Saul Levin, the CEO and Medical Director of the APA, and Dr. Dinesh Bhugra, the president of the WPA.

“ The audience is clearly interested and is starved for information on these topics. They have a lot of good questions for all of us.

The audience is clearly interested and is starved for information on these topics. They have a lot of good questions for all of us. I am excited and humbled by their enthusiasm. All of the guidelines are so important, but I leave the session with a renewed belief in our

ability to make a difference. We do this every day by being out and proud about who we are. That is an amazing and powerful start, but we have so many opportunities to bring about changes in our patients, our facilities and institutions, and our communities, not to mention our countries and society as a whole. It does not take much to make a difference. You just have to want to bring about a more equal and accepting world for all.

As psychiatrists, we are in a powerful position both in society and our communities. We belong to a financial elite and are very well educated. We are well respected as physicians and often run multidisciplinary teams, and often whole departments. Due to our qualifications, our local institutions give credence to what we say and do. I have many examples in my talk about bullying and suicide of how we can influence our schools both locally and nationwide to take action to make LGBT youth feel safer and be treated equally. This is just one topic, and every issue has similar steps that we can take to make a difference.

If we all make equality for us and our patients a major priority, we can make a massive impact. After all, if not us, then who?



Journal of Gay and Lesbian Mental Health – Update
Chris McIntosh, M.D.

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Chris McIntosh, M.D.

A new year brings change to the Editorial Board of the Journal of Gay and Lesbian Mental Health: For 2017 we say goodbye to two longtime editorial board members who are retiring, Ralph Roughton and Ann D’Ercole, and we welcome new editorial board members Lourdes Follins, Carey Roth Bayer, Timothy McCajor Hall, Richard Montoro and Martin Plöderl. These new members expand the diversity of expertise of our board in the areas of social work, nursing, addictions, family medicine, anthropology, suicidology and education. With the addition of an Austrian psychologist and a Canadian psychiatrist, we are also expanding the international scope of the board. Joining our editors’ team as well is an Associate Editor, child and adolescent psychiatrist Lorraine Lothwell. Welcome to all!

“These new members expand the diversity of expertise of our board in the areas of social work, nursing, addictions, family medicine, anthropology, suicidology and education.”

The 2016 US Election result has brought much consternation and fear to members of many marginalized groups, the targets of inflammatory rhetoric from the winning candidate. Many commentators have described the result, in which the candidate most prone to falsehood prevailed, as evidence that we are now living in a “post-truth” world. In

fact “post-truth” was picked as the Oxford English Dictionary’s Word of the Year, with the following definition: “Relating to or denoting circumstances in which objective facts are less influential in shaping public opinion than appeals to emotion and personal belief.”

To my mind, this trend in civil discourse is worrisome and all the more reason why support for the kind of peer-reviewed research that JGLMH publishes is crucial. Please continue to support AGLP and the Journal with your member fees and donations, and reach out to colleagues who have been past members and encourage them to rejoin.

If you or your colleagues have had clinical experiences of dealing with patients’ anxiety over this election cycle, please send Phil Bialer and me a Letter to the Editors describing these cases.

As well, please see a number of excellent articles in our first issue of Volume 21. A thorough review article by Russell Toomey, Virginia Huynh, Samantha Jones, Sophia Lee and Michelle Revels-Macalinao analyzes the current state of the literature on LGBTQ youth of color. We also have a number of original research articles addressing depression in the LGBTQ community.



John E. Fryer, M.D. Award Legacy Fund

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TRANSFORMATIONAL GIFTS

American Psychiatric Foundation
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Jack Drescher, M.D.

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CURRENT BALANCE: \$73,520

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Secretary's Column
Sarah Noble, D.O.

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Sarah Noble, D.O.

If you're anything like me, I imagine the shock of recent political events hasn't worn off yet. That stomach-turning when you wake up in the morning and realize that, for the next four years, we'll be saying "President Trump" and "Vice President Pence." If you're anything like me, you're also feeling a lot of despair at the prospect of Supreme Court nominees like William Pryor and Don Willett, both of whom have actively ruled against LGBT rights. Like me, you may find it difficult to believe President-elect Trump will protect our rights when his vice president supports conversion therapy and actively prevented Ryan White funding for

folks who needed HIV/ AIDS treatment.

With this, I hope you will join me in redoubling efforts to fight bigotry and hate. This is a time to contribute to organizations like AGLP, GLSEN, Southern Poverty Law Center, etc. It's time to write Congress and the Senate. It's time to speak out at work. We may have limited effect at the federal level, but we can make sure our clinics and hospitals are treating our LGBT patients, colleagues, and ourselves equally. Join or create a committee to set up LGBT competent practices. If you're not sure what to do or how to do it, AGLP can help.

Democracy is a government of the people and for the people, and we have a lot of work to do to make sure ours represents us all.



AGLP Elections

Kenn Ashley, M.D., Immediate-Past President

KAshley@aglp.org

Dear AGLP members please note that this year we will be holding elections for the President-elect. I am hoping for a brief and less contentious election season than what we recently experienced in our national election. At least in our system each person has one vote; no need for an electoral college. Please see the included job description for the President, included below.

The President of AGLP is responsible for policy decisions and planning and oversight of the administration of the organization; S/he is head of the Executive Board and Advisory Committees of the organization, appoints a Nomination Committee each year at least six months before the annual meeting, appoints an awards committee, in conjunction with the Immediate-Past President, to address each of the AGLP-sponsored awards given at each annual meeting, and writes an article for each issue of the newsletter. The term of office for all Officers shall be for two years. The President shall not hold office for more than two consecutive terms.

Anyone interested in running for the office should let me know by Friday 10 February. Feel free to contact me with any questions.



AGLP Newsletter Archives
Continued on page 2

The issues include those before the Association of Gay and Lesbian Psychiatrists adopted their formal name in June of 1985 [we were known before that time as the Caucus of GLB Members of the APA (CGLBMAPA.)] It's interesting to note how we continue to deal with some of the stubborn and intractable issues of those times. Jack Drescher's 1999 article *Love the Sinner: The Marketing of Heterosexuality*, seems newly relevant given the recent blogs of HGTV-star Chip Gaines. Margie Sved's *Caucus Report of January 1999* brings to light the continued struggle against the proponents of "reparative therapy." Petros Levounis' "Petros Factor" – a homophobia index he developed while still a resident in 1998 – could certainly be applied today. There is so much to be learned from this extensive record of our history. The entirety of these issues brings to light the people, the struggles, the advances, and the disappointments that have ultimately defined this organization. I hope you will have a look!

You can view this archive by visiting the AGLP website or by clicking directly on this link. I've also included a history of all AGLP editors of the newsletter on the web page.



**NEWSLETTER OF THE
GAY CAUCUS**
of Members of the American Psychiatric Association

Whereas homosexuality per se implies no impairment in judgment, stability, reliability, or general social or vocational capabilities, therefore, be it resolved that the American Psychiatric Association deplors all public and private discrimination against homosexuals in such areas as employment, housing, public accommodation, and licensing and declares that no burden of proof of such judgment, capacity, or reliability shall be placed upon homosexuals greater than that imposed on any other persons. Further, the American Psychiatric Association supports and urges the enactment of civil rights legislation at the local, state, and federal level that would offer homosexual citizens the same protections now guaranteed to others on the basis of race, creed, color, etc. Further, the American Psychiatric Association supports and urges the repeal of all discriminatory legislation singling out homosexual acts by consenting adults in private. ---resolution adopted by the APA Board of Trustees

President's Column

Continued from page 3

variance. Our organization has continued to research, present, and advocate. We need continued support to do so.

As psychiatrists who are LGBTQ-identified, it is our job to educate the public on matters pertaining to the mental health of the LGBTQ population. Many of you might be called to speak or comment on laws that will be proposed. Should you need help, advice, or encouragement feel free to utilize both the Board and other members. Our voice needs to be strengthened in the coming years because none of the rights we have fought so many years for are safe. If we remain complacent and detached we may find ourselves just like Rip Van Winkle, awake in a whole new place and, perhaps, for the worse.



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

AGLPeditors@aglp.org

Voting Begins
January 3, 2017 at 5:00 a.m. (ET)

Voting Deadline
February 1, 2017 at 11:59 p.m. (ET)



Rahn K. Bailey, MD

President-Elect: Rahn K. Bailey, MD

What has you interested in running for APA's President-Elect position?

Over the course of a 22-year career, I have grown to love the APA for its representative value. I believe it has its strong positive impact on improving psychiatric practice and providing quality clinical care for all those in need of mental health care. If I become APA President, I am interested in implementing changes to enhance APA membership – locally and internationally, – to regulate the scope of practice, and to enhance reimbursement for psychiatrists. I believe these factors will add to the quality of the practice of psychiatry.

What is/are the biggest health concern(s) of the LGBTQ and transgender communities today?

The Substance Abuse and Mental Health Services Administration (SAMHSA) published a valuable information and resource kit* in 2012 specifically on this topic. It is a good summary of the biggest health concerns for the LGBTQ population, although we still need much more research effort in this direction. I encourage all healthcare professionals, and mental health care professionals in particular, to review this publication. A summary of those health concerns would include the following topics: lesbians, gays, bisexual men & women, transgender individuals, heart disease, cancers, fitness, obesity, testing behavior, injury/violence, mental health, suicide, substance abuse, STIs, HIV/AIDS.

* Substance Abuse and Mental Health Services Administration, Top Health Issues for LGBT Populations Information & Resource Kit. HHS Publication No. (SMA) 12-4684. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2012.

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

Building a safe environment for individuals to share sensitive information, such as sexual orientation and/or sexual behaviors, could lead to more opportunities for the screening and monitoring of critical behavioral health indicators such as smoking status, alcohol use, and mental health. Training psychiatrists should use all forms of media to change healthcare professionals perceive of issues pertaining to the LGBTQ community. Cultural competence is an emerging issue in the practice of psychiatry, and its scope includes LGBTQ issues. Of note is Wake Forest's LGBTQ Center (<http://lgbtq.wfu.edu/>), committed to fostering a safe, equitable and inclusive experience for all. The LGBTQ Center is the campus location where students, faculty, staff and alumni connect for resources,

services, education and leadership programs related to gender identity and sexual orientation.

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

Barriers to treatment services often include discrimination, provider hostility and insensitivity, strict binary gender (male/female) segregation within programs, and lack of acceptance in gender-appropriate recovery groups. Providing access to culturally-sensitive mental healthcare resources and supportive services for the LGBTQ population remains a critical priority. Providers should routinely assess all clients for any history of domestic violence and/or victimization. Providers should encourage all clients to seek routine health assessments. Providers should be aware of how to counsel their patients to support the maintenance of safer sex practices.



Altha J. Stewart, MD

President-Elect: Altha J. Stewart, MD

What has you interested in running for the position of APA President-Elect?

I am running for APA President to use my leadership experience to help APA address the continuing changes in and challenges to psychiatry, as well as to make sure the APA remains relevant and in the forefront as upcoming reforms are implemented. As the current Secretary of the APA Board of Trustees (BOT) and member of APA BOT Executive Committee, I chair the APA Conflict of Interest Committee, and serve on the Council on Advocacy and Government Relations and PsychNews Editorial Advisory Board. I served a 3 year term as President of the American Psychiatric Foundation following my 4-year term as an appointed board member, and was elected president of the Association of Women

Psychiatrists and the Black Psychiatrists of America. My career spans over 3 decades and I've led large public mental health organizations in three states – Pennsylvania, New York and Michigan – dealing with issues related to clinical treatment programs, managing an increasingly diverse psychiatric workforce and patient population, advocating for improved service access and reimbursement systems, and incorporating consumer and community members into our systems of care. I believe that I possess the experience and skills needed to lead the APA as we navigate the next organizational transition and as President would work tirelessly to improve communication with members, expand mentoring and leadership opportunities for our trainee and early career members, and involve our diverse membership at all levels of the organization. I will work to make our organization more relevant to our increasingly diverse membership (MUR groups, RFMs and ECPs), and lead efforts to expand mentoring and leadership opportunities for them. We must increase our membership if we are to be an even stronger voice in the mental health reform debates ahead. I will also look for opportunities to improve communication with our members and strengthen the professional relationships with our medical colleagues and other health care professionals to expand service capacity through a collaborative care model. I believe that by doing these

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things we can increase member involvement at all levels and improve the image of psychiatry to members, our patients and the public.

What is/are the biggest health concern(s) of the LGBTQ and transgender communities today?

Members of the LGBTQ and transgender communities still face significant challenges to receiving culturally appropriate and relevant health and behavioral health services. There continues to be lack of understanding about specific health concerns and misperceptions regarding help-seeking behavior by many in the provider community. Specifically, in working with adolescents and young adults all providers should be aware of the incidence of bullying and intimate partner violence/domestic violence and inquire about these during evaluation and assessment interviews. Many transgender individuals suffer now and many more may suffer in the future as more intrusive legislative barriers and challenges are enacted that create openly hostile, traumatic and often dangerous environments for them as they seek to go about their daily lives. These issues create a type of 'toxic stress' that affects individuals immediately as well as having long term effects on their overall health and wellbeing. We must improve our skills regarding taking sexual histories, discussing gender identity and sexual orientation with our patients, and learning about available resources in our area if we are to provide truly culturally competent services to these communities.

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

There is an existing and growing literature regarding the unique health and behavioral health concerns and needs of the LGBTQ community. As an organization the APA must promote education for its members and the field regarding best practices and evidence based treatments and interventions for use when working with individuals from the LGBTQ community. We must ensure that this education be included as part our scientific programs, CME courses and ongoing instruction through all available communication tools within the APA. Members should be encouraged to make recommendations directly as well as through the MUR Trustee whose responsibilities include representation of LGBTQ member concerns as to other things APA can and should be doing to bridge the significant gap in understanding and meeting the needs of this community, whether as members or patients. While APA does not legislate what members must learn we should make clear our organizational expectations for all members to equip themselves with the necessary skills and knowledge to appropriately treat any individual in need of our services. I know there are several groups within the APA looking at these matters and also that groups like WPATH are working to promote standards of care for work with this population. I would look to this work and that of the experts in this area such as Drs. Jack Drescher, Daena Petersen and others for models as to how we educate the profession about these issues.

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

A model used by some MUR groups has been to create a referral system that allows individual practitioners to self-identify as being specifically trained and sensitive to specific populations of focus. While there might be reluctance on the part of some, as we as a profession become better educated in the specific issues and challenges facing the LGBTQ community with respect to mental health hopefully we can begin to see a decrease in the reluctance of providers

to so identify and an increase in the ability of LGBTQ patients to find psychiatrists and other MH professionals to provide needed services. This might be a project to work with in collaboration with AGLP if this has not already been done. And having such a resource available on-line via the internet or a smart-phone app would probably be most appreciated by today's tech savvy generation.



Brian Crowley, MD

Secretary:
Brian Crowley, MD

What has you interested in running for APA's Secretary?

I served 6 years as APA 3 Trustee from 2010 to 2016, and learned how to get things done on the Board.

What is/are the biggest health concern(s) of the LGBTQ and transgender communities today?

Acceptance, especially with recent untoward national political happenings. During my six years as Area 3 Trustee, I was always supportive of the LGBT community's issues. Ask Drs. David Scasta or Dan Hicks. These really are basic human rights issues.

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

More information items in Psych News and presentation at APA meetings.

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

DBs could develop directories with special interest and expertise.



Philip R. Muskin, MD, MA

Secretary:
Philip R. Muskin, MD, MA

What has you interested in running for APA's Secretary?

I have spent many years as a clinician/educator planning the APA annual meeting. My goals have been to provide the best and most broad education for psychiatrists. I believe that education is crucial to give our patients the finest care; however, there are too many external forces that control our ability to accomplish that goal. Insurance companies control what medications we can prescribe, what doses we can use, and what types of, and the frequency of, psychotherapies we can offer. The role of Secretary is to 'work with the Board to set Association priorities and with the Board and the chief executive officer to formulate policy and develop initiatives to advance those priorities.' I want to work with the

Board in order that APA actively advocate against therapeutic substitution as well as other insurance company ploys that limit care to patients. Equally impor-

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tant is the interference entities outside of psychiatry have on the training of residents/fellows and on MOC. Lifelong learning, which is something in which we all participate, has become divorced from MOC. MOC is now an expensive undertaking that no longer fulfills the original mission of lifelong learning. APA is the only organization that can change this. My experience as an exam writer for ABPN, and my experience as an author/editor for American Psychiatric Publishing compel me to get APA actively engaged in changing the entire MOC process.

What is/are the biggest health concern(s) of the LGBTQ and transgender communities today?

I see stigma and prejudice as the biggest concerns and thus limiting health care in LGBTQ and transgender individuals. Education is needed for the public, medical professionals, religious leaders, and individuals themselves about the variety of human experience and choice. This is especially true for psychiatrists and non-psychiatric physicians who treat these patients. As is it now most physicians, including psychiatrists, have little to zero knowledge about these issues, don't know how to ask about lifestyle in an empathic manner, and are judgmental even if they think they are not. All of these factors contribute to inadequate mental and physical health care.

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

This is where the APA can play a leadership role by providing education via the Learning Center, which offers a broad range of training free to APA members. Programs can be presented at the two APA meetings but we have more than 30,000 APA members and many cannot attend the meetings. The education does not need to be limited to APA members. Using the expertise of our membership we can prepare a variety of high quality and engaging educational modules for all psychiatrists and non-psychiatric physicians.

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

The APA could offer the public access to psychiatrists with expertise on LGBTQ health via "Find a Psychiatrist," which is currently available on the psychiatry.org website. That said, the current site lists "Gay and Lesbian Issues" under the Disorders tab, which pathologizes the individual seeking help. Being gay, lesbian, bisexual, trans or queer are not disorders and our website lists them as such! There should be an option under the Patient Population Served tab that includes LGBTQ in the same way it includes Couples or Geriatric Adults. APA can, and should, partner with advocacy groups to advertise this feature as well as solicit members with the expertise to list themselves on our website.

Secretary:
Gail Erlick Robinson, MD

What has you interested in running for APA's Secretary?

I am interested in being Secretary of the APA because, as someone with a strong history of advocacy, I believe I can continue to be involved in important APA policies and initiatives such as: promoting diversity within the organization and understanding the needs of different populations in the community; ensuring that insurance companies do not find ways of denying parity for mental health; having the APA play a central role in the development of mental health policies; supporting training in integrative care; educating our patients

about their health needs to make them more informed consumers; and advocating for the medical students and resident/fellows who are becoming our colleagues.

What is/are the biggest health concern(s) of the LGBTQ and transgender communities today?



Gail Erlick Robinson, MD

The LGBT community has many, often unrecognized health needs. Mental health issues, substance abuse and tobacco use disproportionately affect sexual minorities. Depression and anxiety are of significant concern, especially in those who encounter discrimination. This can be especially an issue for transgender individuals. Gay men have higher rates of eating disorders than heterosexuals while lesbian women have higher rates of obesity. Certain cancers or cancer risks may go unnoticed; there is a higher incidence of HIV, HPV and anal cancers which may go undetected. The three great obstacles to proper health care for LGBT individuals are lack of access, stigma and lack of training of health care staff. All of these are linked. Lack of access may be due to LGBT individuals avoiding seeing physicians for fear of being judged or physicians not wanting to deal with this population. Finances can also be a problem in the US. While in Canada

everyone is covered under our health care plan, in the US many cannot afford insurance or insurance may not cover the partners in LGBT couples. Sadly, this may get worse if Trump carries out his plan to repeal the Affordable Care Act. Even if individuals attend health clinics, they may never be asked about or hesitate to disclose their sexual identities, thereby leaving the medical staff to be unaware of looking at specific health needs. And, even if they do disclose, the medical team may be unaware of specific concerns for this population. Other issues may also come into play including failure to recognize the position of the partner and treat him/her as someone who can visit or be involved in health care information. Specifically, for psychiatric problems, LGBT individuals may still encounter outdated attitudes in which homosexuality or gender identity issues are viewed as pathological. Depression or anxiety may be viewed as caused by the homosexuality instead of the consequence of dealing with stigma and rejection.

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

Training and exposure to LGBT patients' needs to start in medical school where knowledge can be imparted and biases addressed. This, of course, needs to be continued during psychiatric residency. Fellowships in LGBT psychiatry should be offered. The APA could continue to play a role in many ways. A symposium on LGBT issues could be included during every annual meeting. As for other minorities, the APA Diversity office needs to assemble and publish information designed to inform about general LGBT cultural issues as well as specific mental health concerns and approaches to treatment. Webinars can also be designed to supply education about LGBT issues an offered for CME credits on the APA website.

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

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In some few cities in the US and Canada, specific LGBT health centers have been set up. Patients know they will not be judged and medical staff have been educated about the possible health issues. There are many Gay and Lesbian Community Centers across the country which can serve as a resource. The National LGBT Health Education Center will provide consultation and updates to medical centers and physicians to help them provide better service for the LGBT population. AGLP itself has a referral directory which can be helpful. As well, the Gay and Lesbian Medical Association (GLMA) has a referral directory.



Robert P. Roca, MD,
MPH, MBA

Secretary:
Robert P. Roca, MD, MPH, MBA

What has you interested in running for APA's Secretary?

At root I am a clinician, trained and certified in internal medicine, psychiatry and geriatric psychiatry, and I have practiced the art and science of psychiatry in office, inpatient, and community settings for many years. But I have always been interested in systems of care and how to improve them. That's why I pursued public health and business degrees. That's why my current day job is serving as Vice President and Medical Director of Sheppard Pratt Health System in Baltimore. And that's why I have been a laborer and leader in organized psychiatry for many years. I've been a District Branch President, have served in the APA Assembly for 9 years, and am currently Chair of the APA Council

on Geriatric Psychiatry. I am very excited now about the opportunity to serve the APA on the Board of Trustees. This is a critical moment in psychiatry. We are the experts in treating the conditions with the greatest impact on disability and population health, and we must seize the opportunity to be a leader in creating the health care system of the future. It should be our aspiration that all Americans have access to high quality mental health services. To this end, we need to be even stronger advocates for our patients and APA members, and this requires that we work in solidarity with our subspecialty societies, embrace and leverage our diversity, and find new vehicles of engagement for our younger members. I would love to offer my energy and experience to the service of the APA as Secretary. Email me at rroca@sheppardpratt.org if you'd like to hear more about my vision.

What is/are the biggest health concern(s) of the LGBTQ and transgender communities today?

High on the list of health care needs are services for persons - particularly youth - in the transgender community. There is a dearth of physicians, particularly endocrinologists, and therapists who are well versed in the issues and able to provide nonjudgmental guidance regarding options. The health consequences of bullying - powerfully depicted in the recently released film "Moonlight" - are very significant and often overlooked or minimized. HIV remains an important concern; rates of new infection in the gay and bisexual communities are still high. Recent progress in antiretroviral therapies may have

led to relaxed vigilance regarding safe sexual practices, and education is critical.

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

The APA should advocate for increased educational content about these issues in the medical school curriculum and in residency training. Residents must be comfortable inquiring about patients' sexual preferences rather than assuming that patients are heterosexual. Gay residents should be made to feel accepted fully in their programs and allowed to self-reveal comfortably. Opportunities to work in community clinics or non-profit programs that target LGBTQ populations should be explored. Looking at means of exposing trainees to the issue of bullying in schools might be considered. CME opportunities aimed at educating current psychiatrists of developments in this field should be offered by District Branches and the APA.

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

As you know, AGLP provides a directory of its members, including those accepting new referrals. District branches should consider affording their members the opportunity to express their interest in treating persons in LGBTQ community in District Branch membership directories and on their websites. District Branches should also consider taking steps to ensure that their members are aware of specialized treatment resources available through local non-profit organizations or health clinics. As an example, Chase Brexton Health Services in Baltimore provides an LGBT Health Resource Center and also has a psychiatrist who specializes in transgender issues.



David L. Scasta, MD

**Minority/Underrepresented
Representative (M/UR) Trustee:**
David L. Scasta, MD

What has you interested in running for APA's Minority/Underrepresented Trustee?

I have been involved in LGBTQ rights for over 30 years. For nearly a decade I served as AGLP's Newsletter editor and did much of the work that Roy Harker, our current National Director did. I have further served as President of AGLP and was the founding editor of AGLP's Journal. For the last 10 years, I have served as AGLP's representative to the Assembly of the APA and for the last four years chaired the committee of all of the subspecialty representatives in the Assembly. One of my proudest accomplishments is the finalization of the APA's overall position statement on same sex relationships and needs - which I believe is as affirmative to our communities as

any statement can ever be. I wrote the position statement and shepherded it through the APA labyrinth for two years. I have been nominated two times for Speaker of the Assembly and once for Recorder. In that process I have learned the inner workings of the APA. As a trustee on the Board, I would be in a position to keep the APA focused on diversity which will be especially critical in the coming years with the new political environment which gives permission to blatantly bigoted views about minority groups.

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The GLBT Caucus is one of the smallest caucuses among the minority caucuses. I will need every AGLP member of the Caucus to "get out and vote" to be able to meet that duty to foster diversity in the APA.

What is/are the biggest health concern(s) of the LGBTQ and transgender communities today?

The prohibitive costs of HIV Prep and the trend of avoiding the use of condoms puts gay and bisexual males at risk of increased penetration of the virus in our communities. My brother died of AIDS and I well remember when HIV was a death sentence. Even with current treatment protocols, the virus is still brutal and profoundly affects the lives of those who contract HIV. We need to do more towards eliminating this virus permanently from our communities.

Transgender people still struggle with ignorance, neglect, and outright hostility to the medical and surgical interventions which are needed to make transition in gender. The costs are only now beginning to be covered and accepted by some insurance. The new political environment does not bode well for continuing this trend. The APA needs to be at the forefront of public enlightenment about these issues.

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

AGLP is working on a program to provide experts to medical schools to provide the expertise to train psychiatric residents about the unique characteristics of caring for LGBTQ patients. (I annually teach a short seminar on such to resident fellows at the Temple University Medical School as a clinical associate professor of psychiatry.) I have long advocated that AGLP needs to be less internally focused and more of an LGBTQ advocate through educational programs and position statements. To that end, this year I was able to get AGLP to endorse a position condemning the use of so called "religious liberty" arguments that allow legal discrimination against LGBTQ people. The Board of Trustees took that position statement and endorsed a similar statement as APA policy.

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

To be quite frank, I am concerned about all people having access to fully trained psychiatrists. There is a shortage of psychiatrists and the pool is aging, with many looking at retirement. We need to be more supportive of medical students entering the field of psychiatry. The more psychiatrists who are themselves LGBTQ identified, the easier it will be for patients to find sympathetic clinicians who will be committed to their care. AGLP can help by mentoring LGBTQ medical students and making sure that they are exposed to comprehensive educational programs about psychiatry and LGBTQ needs.

**Minority/Underrepresented Representative (M/UR) Trustee:
Ramaswamy Viswanathan, MD, DMS**

What has you interested in running for APA's Minority/Underrepresented Representative Trustee?

Issues of minorities, women and marginalized groups have been on the forefront of my clinical, educational and research career. I work in an inner city academic medical center, with considerable diversity in our patient population and our faculty and staff. I am also well aware of the importance of advocacy in our system. A seat on the APA BOT will give me more opportunity for advo-

cacy of clinical, educational and research needs of the minority and under-represented (MUR) patient and healthcare professional groups. It will also provide me with opportunities to work with the APA in developing mechanisms to meet these needs.

What is/are the biggest health concern(s) of the LGBTQ and transgender communities today?



*Ramaswamy Viswanathan,
MD, DMS*

The LGBTQ community continues to be at higher risk for HIV, viral hepatitis, and other sexually transmitted diseases. They are also at higher risk for substance use, suicide and depression.

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

Significant factors contributing to above health problems are stigma, discrimination, and lack of cultural awareness. The needs of the LGBTQ community should be incorporated in the regular curriculum of residency training just like other cultural competence training. They need to be periodically addressed in CME programs. I have been fortunate to work with eminent LGBT colleagues both in psychiatry, and in an HIV Clinic. Our trainees and faculty have immensely benefited by exposure to these people.

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

I fortunately am friends with a few leaders in the LGBTQ community who specialize in LGBT mental health. I recommend utilizing the AGLP website referral resource. More psychiatrists need to be trained in LGBTQ mental health. Training programs and professional organizations need to develop mechanisms to provide such training.



Vivian B. Pender, MD

**Area 2 Trustee:
Vivian B. Pender, MD**

What has you interested in running for APA's Area 2 Trustee?

I believe in the profound value of Psychiatry. It is a domain that provides a unique service that must be recognized with policies that promote and advance Psychiatry. Our patients and their families deserve nothing less. All of our patients, regardless of stigma and discrimination, particularly LGBTQ patients deserve the APA's support for fair and just treatment. I believe our LGBTQ members have much to teach. However, we are living in a changing environment in which Psychiatry is evolving. Moving towards biology and neurology, Psychiatry is now more integrated with other medical specialties, and in the process psychotherapy is sometimes marginalized. Technology and social media are providing addi-

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tional sources of information and misinformation to all stakeholders. The APA must work to ground Psychiatry on a solid foundation of science through research, teaching and clinical practice. I have worked in APA governance for 25 years to promote and protect any disenfranchised group, including the LGBTQ community, advocating for human and civil rights, for example, supporting and donating to GLAAD.

What is/are the biggest health concern(s) of the LGBTQ and transgender communities today?

There are insidious government forces that would seek to overturn Section 3 of DOMA and to strengthen state laws. Our professional organizations must be vigilant and proactive to protect LGBTQ members and their children. Family benefits, tax categories, healthcare and surviving spousal benefits are at risk of not being applied to LGBTQ married couples.

It's more than about marriage. Homeless youth are composed of almost half LGBTQ members. Queer and trans youth also have a high incidence of childhood sexual abuse, criminalization, and mental health issues such as suicide. It is even worse for people of color. Discrimination and violence are experienced twice as much in LGBTQ people of color. Finally, health disparities in the LGBTQ community are an injustice that should not be tolerated. These are well documented and further compounded by economic and immigrant issues.

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

The APA must use its considerable resources to inform, educate and train its members about these unique concerns. Special training programs can help psychiatrists to identify and help LGBTQ individuals. Those suffering from depression and anxiety must be treated with a special complex approach. We must convey empathy, compassion, and interest in the non-LGBTQ community. Just because it isn't an issue for them doesn't mean it isn't an issue. Adequate treatment of HIV must be ensured. The APA can lobby governments to approve funding for treatment. In addition, the APA must adhere to professional concerns and strongly condemn conversion therapy. This is a topic that should be regulated by professional organizations, not the government.

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

Since the APA is actively developing a medical registry, specialty psychiatrists and treatments must be included. LGBTQ mental health is a unique area and we must be sure that patients are treated by psychiatrists with special training. The APA can support this educational priority. According to a recent Huffington Post report, insurance carriers have denied reimbursement and coverage based on having a transgender medical history as a pre-existing condition. Transgender youth are at particular risk for stigma and discrimination, physical and sexual violence. Cases of denial of care and being blamed for their health status or concerns have been documented, further traumatizing patients. Psychiatrists must be sought who provide easy access to treatment and insurance coverage.

Area 2 Trustee:**Ravi N. Shah, MD, MBA**

What has you interested in running for APA's Area 2 Trustee?

I am running because I want to represent the diverse voices of New York psychi-

atrists as we look to the future. Serving on the Board of Trustees of the APA for 2 years opened my eyes to the tremendous ability of the APA to effect important change in our field for our members and for our patients. At the same time, it quickly became clear to me that we need more progressive, more diverse, and more youthful voices to represent our field in a more modern way. As a practicing clinician and ethnic minority who understands healthcare reform, business, and technology, I believe I can provide a fresh perspective to the Board and help move our field, and our patients, forward.

What is/are the biggest health concern(s) of the LGBTQ and transgender communities today?



*Ramaswamy Viswanathan,
MD, DMS*

Given the 2016 election, I think the largest concerns of the LGBTQ communities are related to new policies, which may unfairly discriminate against LGBTQ people. In particular, Vice President Mike Pence has a track record for enacting legislation to misappropriate HIV spending towards conversion therapy and supporting "religious liberty" laws that allow people to discriminate against others on the basis of their sexual orientation and/or gender identity. These regressive policies threaten Title IX, same sex marriage, and other advances for the LGBTQ community in recent years, and in so doing, they threaten the very fabric of our society. Discriminatory policies like these may also increase the risk for housing instability, unemployment, and violence directed at LGBTQ

people. In this way, such federal policies threaten a variety of social determinates of mental and physical health in the LGBTQ community. Finally, as a psychiatrist, I am aware that these policies create an environment which puts LGBTQ people, particularly young people, at higher risk for depression and suicide.

On a related note, I believe there is a concern that conversion therapies will see a resurgence given the results of the 2016 election. I stated in my letter to this group in 2013 that I personally oppose any treatment that purports to alter sexual orientation or assumes that any sexual orientation is pathological. Therapies aimed at changing one's sexual orientation or gender identity are not legitimate forms of mental health treatment, and I believe they should be banned for minors given the significant risk of harm and trauma. The APA's position statement on issues related to homosexuality states that "The APA does not believe that same-sex orientation should or needs to be changed, and efforts to do so represent significant risk of harm by subjecting individuals to forms of treatment which have not been scientifically validated and by undermining self-esteem when sexual orientation fails to change." If regressive policies come to the forefront, I would advocate that the APA voice its position on this issue on the national scale loudly and clearly.

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

The APA plays a critical role in advancing education on topics of relevance to LGBTQ providers and patients. For example, the APA Division of Diversity and Health Equity will soon be releasing an online Toolkit on Transgender Health for generalist psychiatrists. However, we can do more. The APA plays a critical role in responding to discriminatory legislation and advocating for measures that promote equality when those policies impact on mental health. We also need to

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continue to work with leaders in medical student and residency education to ensure that the next generation of psychiatrists and physicians in general are equipped with the knowledge and skills to deliver competent care to LGBTQ people. Partnering with regional LGBT Community Health Centers (Fenway, Callen-Lorde, Whitman-Walker, Howard Brown) who are already creating educational resources and have established community connections for effective dissemination is one method to help achieve this goal.

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

The AGLP is a terrific place to start with their referral system, and the Gay and Lesbian Medical Association also maintains a provider directory. That said, I think the APA can help here as well. The APA already has a "find a psychiatrist" database. The APA could create "areas of expertise" which would allow psychiatrists the opportunity to share that they have special training, knowledge, and/or experience in LGBTQ Mental Health.



R. Scott Benson, MD

**Area 5 Trustee:
R. Scott Benson, MD**

What has you interested in running for APA's Area 5 Trustee?

I have always believed that we are stronger when speaking with a shared voice on important issues. I saw a way to amplify our voice through public affairs at the Florida Psychiatric Society and on the APA Council on Communication. Others pushed me to accept other leadership opportunities knowing I would seek opportunities for their message to be heard. I served in the APA Assembly for Florida, then as Speaker. I have continued my advocacy efforts for members and our professional organization during my service on the Board of Trustees.

What is/are the biggest health concern(s) of the LGBTQ and transgender communities today?

I suspect there are many health concerns of the LGBTQ and transgender communities. As a member of the Board of APA I have to ask how do these concerns fit with the role and mission of the APA. As psychiatrists we have much to learn about how to deal with the persistence of discrimination against our patients, the stigmatization of our profession, and the barriers to getting care. A measure of our success against the discrimination is getting adequate reimbursement for the work we do.

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

Our challenge today is to find our common voice as an organization and focus our limited resources. Every year in the Assembly there is a call to put another education element in the medical school and residency curriculum. Adding more education is not the answer. We do need continued attention to any barriers within our organization that interfere with the full participation of every member in our core efforts.

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

The APA has had a continuing focus on getting access for every patient with every need. The financial barriers to care are felt by all seeking help, but these financial barriers are often invisible. And if the APA is going to promote treatments that are somehow different we need to define the quality measures that will be used so the consumer knows they are getting the right care.



Jenny L. Boyer, MD

**Area 5 Trustee:
Jenny L. Boyer, MD**

What has you interested in running for APA's Area 5 Trustee?

I am running for the Area 5 position on the APA Board of Trustees not to maintain the status quo but to make members' needs the priority. Too often the APA Board votes in the best interest of the establishment and is frequently out of touch with the members who pay significant dues. I believe that I can represent all interests at the board level while bringing a diverse viewpoint and representation of all member categories. I promise to solicit your opinions and obtain feedback on a regular basis, and become the voice of the silent majority, when board decisions are

made or being discussed. I will work to ensure you are reaping the maximum benefit from your dues investment and continue to champion changes on issues of great concern and importance, which I began addressing while serving on the Board in the capacity as Speaker of the APA Assembly. Together we can make a difference on the APA Board and support from the AGLP would be greatly appreciated. When I was Speaker on the Board of Trustees and when I was in the Assembly, I worked closely with LGBT and supported their concerns. I believe strongly that is the responsibility of every physician to speak up against bullying, including cyber bullying. The time to be silent is over.

What is/are the biggest health concern(s) of the LGBTQ and transgender communities today?

As a clinician, it is not possible to fully encompass all the health issues that the LGBTQ and transgender communities face in one short paragraph but I would like to mention some things that are most concerning for me which include: social inclusion and reducing discrimination; preventing suicides and suicide attempts among LGBT youth; developing culturally relevant materials related to trauma and military service; and reducing disparities in access to—and quality of—behavioral healthcare services. Research suggests that LGBT individuals face health disparities linked to societal stigma, discrimination, and denial of their civil and human rights. Discrimination against LGBT persons has been associated with high rates of psychiatric disorders, substance abuse, and suicide. Experiences of violence and victimization are frequent for LGBT individuals, and have long-lasting effects on the individual and the community; personal, family, and social acceptance of sexual orientation and gender identity affects the mental health and personal safety of LGBT individuals.

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

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I think it is very important for psychiatrists to properly understand all the terminology associated with gender identity & gender expression as well as those of sexual orientation and sexual identity, in order to properly communicate with our patients. We as behavioral health providers need to consider one's total body and mind. We should consider physical health including fitness, behavioral health issues and risks associated with lifestyle. Eliminating LGBT health disparities and enhancing efforts to improve LGBT health are necessary to ensure that LGBT individuals can lead long, healthy lives. This includes the reduction in disease transmission and progression, increased mental and physical well-being, reduced health care costs and increased longevity.

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

A number of issues will need to continue to be evaluated and addressed over the coming decade especially by the APA including: prevention of violence and homicide toward the LGBTQ community; LGBT parenting issues throughout the life course; elder health and well-being; exploration of sexual/gender identity among youth; need for a LGBT wellness model and recognition of transgender health needs as medically necessary. Until all of those things come to fruition, APA needs to set policy and model training specific to the needs of LGBTQ community. We must be a viable resource for patients looking to find docs with special skills and training dedicated to these patients. But, it is my feeling that we as psychiatrists need to familiarize ourselves with the terminology to reduce barriers to care and communicate better in the future. I would look to the AGLP for guiding the APA board in this task.



Tanuja Gandhi, MD

**Resident-Fellow Member Trustee-Elect:
Tanuja Gandhi, MD**

What has you interested in running for APA's Resident-Fellow Member Trustee-Elect?

My involvement with the APA began during residency, when I served as the resident representative to the Philadelphia Psychiatric Society, then, as a Diversity Leadership Fellow of the APA and a fellow on the APA Council on Psychiatry and the Law. With each of these experiences, I realized that I felt passionate about mental health advocacy and enjoyed working in an organizational setting. I also realized that there is a wealth of opportunities available for trainees to serve as advocates for their patients and hone the skills necessary to become leaders in our field. Thus,

with my experience of working in leadership positions both during residency and within the APA, I decided to apply for the APA's RFMTE position as I felt ready to take on greater responsibility and felt passionate about advocating for my colleagues and our profession. To me, the role of an RFM representative on the Board of Trustees is to serve as the voice for all the trainees on the APA leadership.

What is/are the biggest health concern(s) of the LGBTQ and transgender communities today?

We are in interesting times for psychiatry. While there is increased awareness about mental health issues, there is still the basic problem of access to care. I believe that access to and availability of healthcare, sensitive to the specific concerns of the LGBTQ population is a significant health concern in today's times. While we struggle with problems of discrimination, parity and equal access to care, there is also the challenge of training healthcare staff in providing equitable and appropriate care for LGBTQ patients across the country.

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

I think one of the most important steps would be to provide LGBTQ health specific education for providers including practicing clinicians to develop a better understanding about the specific health-care needs and risks for this population. Training modules or courses that specifically address competency in addressing the health-care needs of LGBTQ patients can also be included during psychiatry residency training. It would be important to include such education for non-clinical and support staff as well to foster an open, safe and friendly environment in our healthcare facilities. Further, it is essential to encourage collaboration across specialties including primary care and psychiatry to facilitate treatment referrals and thus enhance access to care.

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

One of the ways to increase access to psychiatrists with specific focus on LGBTQ mental health is by encouraging clinicians to include their area of expertise on their websites, APA member page and also through the AGLP membership. It is also essential to build on collaborative and integrated care models to improve access through referral by primary care providers. Utilizing social media to create a common platform for clinicians who provide care for LGBTQ patients would be another way to build an easily accessible network of supporting and referring clinicians.



Sarah Kauffman, MD

**Resident-Fellow Member Trustee-Elect:
Sarah Kauffman, MD**

What has you interested in running for APA's Resident-Fellow Member Trustee-Elect?

I chose to run for the position of RFMTE because of my passion for advocacy and my desire to facilitate education about advocacy for my fellow trainees. Initially, my interest in advocacy sprang from my personal experience when my brother was diagnosed with schizophrenia and I saw firsthand the pivotal role advocacy groups such as NAMI played in my family's life. My interest in advocacy then expanded to other vulnerable populations such as those affected by mass incarceration and homelessness. As RFMTE I will work to teach my fellow trainees how to champion

both their patients and members of other vulnerable populations. Please visit my website at www.sarahforapa.com to learn more about my background and my interest in advocacy.

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

I believe the biggest health concern for the LGBTQ and transgender communi-

The Candidates Respond: AGLP Q & A Session

Continued from page 14

ties remains physician education. Many physicians, including psychiatrists, are not well versed about the health concerns of these communities and consequently may not provide comprehensive care. Additionally, physicians may have existing biases towards members of the LGBTQ community that can affect their ability to form a therapeutic alliance with their patients and can cause additional trauma to communities that are often stigmatized. As RFMTE, I will work to expand residency training regarding the unique needs facing members of the LGBTQ community to enhance knowledge and expel biases. I believe effective training in the area requires not only further understanding of the literature, but exposure to working with diverse patient populations, including members of the LGBTQ community themselves. As RFMTE, I will also emphasize the importance of continuing education for all psychiatrists regarding health concerns of the LGBTQ community and expand opportunities for advocacy for this population.

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

It is an increasingly common occurrence for psychiatrists to focus their practice within a certain area. Whether it be advertising their completion of a fellowship, such as a transgender psychiatry fellowship program, or emphasizing their particular experience with a population, such as LGBTQ youth, it is essential for psychiatrists to make their expertise in the area of LGBTQ health clear to both their colleagues and their potential patients. With my position as RFMTE, I will emphasize to training programs and to psychiatrists as a whole how to reach out to patients in particular communities, such as the LGBTQ community, so they are aware of the diverse resources available to them.



**Resident-Fellow Member Trustee-Elect:
Benjamin Solomon, MD, MBA**

What has you interested in running for APA's Resident-Fellow Member Trustee-Elect?

I've had a long-standing interest in healthcare systems. My most memorable, and fun, professional experiences have all been in places where I have worked with a team to drive systemic change. In college, I interned at WHO in the department of Mental Health and Substance Abuse working on global alcohol policy. Then, in medical school, I did a rotation at CDC where I had an amazing opportunity to work on an epidemiological field investigation to identify the source of an infectious outbreak. I was also the chair of the LGBT People in Medicine group and worked on an LGBT curriculum when I was a medical student. All of these experiences shared three major activities: 1) processing and

analyzing a large amount of data, 2) working with experts (both widely respected leaders and less recognized people in local communities who frequently understood their systems better than anyone else) and 3) effectively communicating findings to generate a positive impact. I'm looking forward to the chance to do this type of work again as RFMTE.

I should also mention that my parents are both psychiatrists and seeing their successes and the roadblocks they have encountered has left me with a strong motivation to advocate for our profession and patients.

What is/are the biggest health concern(s) of the LGBTQ and transgender communities today?

The 2-6x increased rate of attempted suicide among LGBTQ youth and associated mood and anxiety disorders. There are a large number of sociocultural factors that go into this that need to be addressed including bullying, a persistent poor understanding of what it means to be LGBTQ in many parts of the country and a national rhetoric that has been influenced by ongoing attempts to delegitimize LGBTQ people for political purposes. As clinical psychiatrists, we can treat individuals' symptoms that may have roots in these societal issues, but we need to push for continuing broader societal change that the APA can influence. It is critical that the APA reinforce the value of evidenced based thought and vigorously oppose pseudoscience that can lead to things like conversion therapy. The APA has done a good job with this so far (i.e. endorsing the positive impact of same-sex marriage as early as 2000 and continually speaking out against conversion therapy), but I think there is some room for improvement by making many of the APA's positions more accessible. I really like the way AGLP clearly publishes positions on its website and I think the APA should do something similar.

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

Great question! Education on LGBTQ issues is something that should start in medical school and continue up through CME. In medical school at NYU, I worked on developing a certificate program in LGBT health that was eventually integrated into the general curriculum. I think the AAMC initiative to integrate LGBTQ health issues into the standard medical school curriculum is a huge step towards addressing discrimination in our field. The APA also has an extensive list of online courses but needs more on LGBTQ issues for CME credit. As more and more psychiatrists develop facility with LGBTQ issues, we should also think about how we can be a resource for our other medical colleagues and then how we can use our psychoeducation skills to work with other groups that have historically had more difficulty accepting LGBTQ individuals.

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

First of all, I think all psychiatrists should be experts in working with LGBTQ patients, but I realize this is a more long-term solution that needs to happen through professional education. I think the biggest present challenge is addressing the geographic disparity in availability of psychiatrists focusing on LGBTQ health. The best short-term solution is using telepsychiatry to provide more access to patients in shortage areas, which also requires training. Of course, access is also going to require marketing and efforts on the part of organizations like AGLP and AMA provide information about available providers with expertise in LGBTQ health.

You can learn more about my candidacy by visiting my website at benjamin-solomonmd.com.

•••

THANKS TO THE FOLLOWING WHO HAVE GENEROUSLY SUPPORTED AGLP FOR 2016-2017

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Listings of Upcoming Subspecialty Meetings of Interests to Members

Kenn Ashley, MD

KAshley@aglp.org

Many AGLP-ers are members of other organization such as the ones listed here. As a way to increase the visibility and effectiveness of AGLP, members that participate in other organizations are encouraged to hold gatherings at these meetings to increase networking potentials. In the past these have ranged from a hosted get together at a members home to more formal presentations combining the issues central to AGLP and the primary meeting issue. If you are interested in improving communications between the subspecialties and AGLP, contact our Past-President, Kenneth Ashley, MD, at KAshley@aglp.org for more details and suggestions.

American Academy of Psychiatry and the Law (AAPL)
<http://www.aapl.org/>

American Academy of Psychoanalysis and Dynamic Psychiatry
<http://www.aapdp.org/>

American Association for Emergency Psychiatry
<https://www.emergencypsychiatry.org/>

American Association for Geriatric Psychiatry (AAGP)
<http://www.aagppa.org/>

American Association of Directors of Psychiatric Residency Training (AADPRT)
<http://www.aadprt.org/>

American College of Psychiatrists
<http://www.acpsych.org/>

American Psychiatric Association (APA)
<http://www.psych.org/>

2017 APA Annual Meeting • San Diego, CA • May 20-24, 2017

2017 IPS: The Mental Health Services Conference
New Orleans, LA • October 19-22, 2017

2018 APA Annual Meeting • New York, NY • May 5-9, 2018

2018 IPS: The Mental Health Services Conference
Chicago, IL • May 5-9, 2018

2019 APA Annual Meeting • San Francisco, CA • May 18-22, 2019

2019 IPS: The Mental Health Services Conference
New York, NY • Oct 3-6, 2019

2020 APA Annual Meeting • Philadelphia, PA • April 25-29, 2020

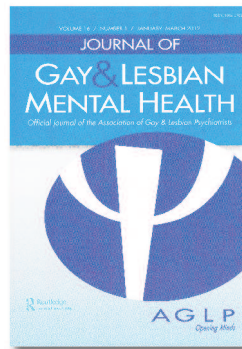
2021 APA Annual Meeting • Honolulu, HI • May 1-5, 2021

Association of Women Psychiatrists
<http://www.associationofwomenpsychiatrists.com/index.php>
Meetings have been in conjunction with the Annual APA Convention

Black Psychiatrists of America (BPA)
<http://www.blackpsych.org/>

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JGLMH available online FREE to AGLP Members



The *Journal of Gay and Lesbian Mental Health*, the official journal of the Association of Gay and Lesbian Psychiatrists, is now available for viewing online free to all AGLP Members. The content is searchable with search words and phrases, and you can even download and print particular articles if you like.

The IT and production editors at Taylor & Francis have developed a new and streamlined way to access all of the content for articles published in the *Journal of Gay and Lesbian Mental Health*. AGLP members with valid and current memberships can now access the Journal directly through the AGLP website free of charge as a member benefit. Go to www.aglp.org, click on the Members Area link (upper right hand of the screen) and once you are logged in, a box will appear on the right side of the blue banner to access the content.

You should find this new streamlined approach to access more user friendly. If you have any questions at all, or need to be reminded of your username, please contact the National Office at rharker@aglp.org.

Online help is available for any problems you may encounter. We hope that this new method will provide greater ease and dependability to the entire process.

■ ■ ■

JGLMH Resident Paper Award 2017

The *Journal of Gay and Lesbian Mental Health* (JGLMH) is a quarterly, peer-reviewed journal indexed by PsychInfo. JGLMH is the official journal of AGLP (www.aglp.org). We are seeking outstanding resident papers on LGBTQ mental health; these can be original research papers, case series and detailed case reports, or review articles. The award includes \$500, publication in JGLMH, and assistance with travel to the AGLP annual meeting, to present the resident's work. The AGLP Annual Meeting is held concurrently with the APA, this year in San Diego, CA, May 19-24, 2017.

The deadline to be considered for a 2017 award is March 1, 2017. Co-authored papers are eligible as well, but the resident must be the first author. Entries can be submitted to editors@aglp.org.

■ ■ ■

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(CLGBTP is the official APA minority caucus for lesbian, gay and bisexual psychiatrists. Membership lists are maintained by the APA; confidentiality is not assured. Membership is free.)

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**APA/AGLP Annual Meeting: San Diego, CA
 May 20 to 24, 2017**