



The Capital Building, Washington, DC.

Welcome to Washington! Roy Harker, Executive Director



GLP meets next in Washington, DC, during the American Psychiatric Association IPS, October 6 - 9, at the Washington Hilton. AGLP will be here for their annual business meeting and we will greet any AGLP members in town with a welcome reception on Friday evening.

The Hotel for all IPS events and the AGLP business meeting is the Washington Hilton Hotel (1919 Connecticut Avenue, NW, Washington, D.C. 20009, 202-483-3000). AGLP-scheduled events are as follows:

Friday, October 7, 2016

5:00pm to 7:00pm AGLP Welcome Reception Number Nine 1435 P St NW, directly across from Whole Foods on P St. http://numberninedc.com

Saturday, October 8, 2016

8:30am to 12:30pm AGLP Annual Business Meeting Washington Hilton Hotel Northwest, Lobby Level

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The Newsletter of AGLP

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

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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 November 15, 2016.

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
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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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Gaddy Noy, D.O.

he month that summer begins, the time of year that flowers are fully bloomed, skies are bright blue, sunglasses are on and all around the world rainbow flags are waving in the wind and songs fill

the air with energy to help celebrate the month dedicated to Gay Pride. Gay Pride month has been a collective stance of individuals, organizations, communities and nations to stand up for LGBT people and their rights around this globe. Every year Pride events get larger and expand to more and more cities. What started as a pivotal revolt against the hateful police

raid on the Stonewall Inn, a gay bar in New York City in 1969, the uprising of the LGBT and Civil Rights movement in the early 1970s created a space for people to "come out" of the shadows and onto the front stage of society. Gay Pride events occur on small scales in cities such as Spencer, Indiana, and then involve tens of thousands of individuals such as Tel Aviv Pride in Israel.

Yet with all of the happiness and celebrations allowing people to just be, Pride has a very different meaning now. During the early morning hours of June 12, 2016, a man entered a gay nightclub in Orlando, Florida. Pulse was hosting a Latin night at the club that night. What started as a night for LGBT identified individuals and their allied to celebrate, ended as the deadliest incident of violence against LGBT people in United States history. The stark contrast between the joy and celebration of people dancing to top hits smiling at each other, ended in a scene of

> Yet with all of the happiness and celebrations allowing people to just be, Pride has a very different meaning now.

cing to top hits smiling at each other, ended in a scene of complete carnage. The night was devastating and, while over 50 individuals were murdered that night and many others critically injured, LGBT individuals, allies, and those who are not active in the community across the globe were subsequently impacted by the events. It was as if the air detonated from the gun of the shooter created ripples in the air that were amplified in intensity the greater the distance they traveled. The currents they made pushed people down and caused them to question what it means to be a minority in this country, to be LGBT. This event has caused further debates about gun control, it prompted a public speech by our President as well as the Presidential candidates for the upcoming election. It prompted a sit-in by Democrats in Congress. Individuals who had no relation to those in Florida found themselves crying at random

hours in the day, it made people question their own safety and wonder what could cause someone to commit such a heinous crime.

Yet with all of the hate, the sadness and the morning, there became a sense of belonging, a sense of community and a sense of hope that as a collective stance, LGBT individuals will not be cowered to those trying to oppress us, trying to kill us. Just as the dark, cold months of the winter can seem to bury the sun, June will come again and bring with it a sense of belonging, a meaning and a purpose for those who may not feel it. As psychiatrists, we will undoubtedly work with members of the LGBT community facing discrimination overtly or subtly. As clinicians, we may struggle with our own openness to share our own sexuality for fear of judgment, stigma, or even ridicule by our patients or the medical community. While Gay Pride will forever be scarred by June 2016's Orlando shooting, one thing that we have learned is that love, compassion, and honesty are what continue to bring the LGBT movement together.

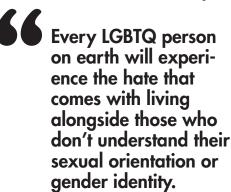
President's Column

Eric Yarbrough, M.D.

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Eric Yarbrough, M.D.



ast year I wrote about the corner bodega, a place I visit daily. It is one of the places in my life that I go to feel special and cared for. As silly as it might sound, having that person to see every morning, to exchange pleasantries with, and who knows exactly what I want, gives me enough positive energy to get my day started and to tackle the stressful day of being a psychiatrist.

Just last week I was in that bodega chatting with the young man who runs the store. His father, the store owner, had died unexpectedly. The lease ran up and he's going to move out of the city and close up the shop. No more smile, no more coffee, no more innocent flirtations. What am I to do?

You get used to things in your life and start to depend on them to be there and provide you with a sense of comfort, regularity, and stability. Nothing is permanent - we all know that — but having those stabilizing forces shifted in our lives bring us into a new reality.

> I remember my first gay bars. There were only two in Birmingham when I came out of the closet. One was a dancing bar full of dancing, drugs, reckless abandon. The other was more of a leather-like bar with an older crowd and music not so loud, allowing you to have a real conversation with the person on the next bar stool.

These bars were safe and friendly on the inside, but somewhat dangerous on the outside. There were plenty of drunk, homophobic college students late at night looking for a way to prove their masculinity. Every once in a while, an attack would happen and, on the rare occasion someone would be killed. All this simply for going to and walking out of a gay bar. One of the reasons I was so happy to move to New York

was that danger seemed to have lifted. In Manhattan, for the most part, nobody cares who you are, what you do, just so long as you leave them alone. With the political debates over gay rights, random violent acts have happened on occasion. They seem to be almost a specific personification of the overall homophobia that was, is, and will be present at least in our lifetime.

I don't know what I would have done without those gay bars back in Birmingham. I can't overstate the importance of having a community of people who you know you can relate to. Every LGBTQ person in Alabama was dealt their share of hostility. Every LGBTQ person on earth will experience the hate that comes with living alongside those who don't understand their sexual orientation or gender identity. If something had happened inside those gay bars, my safe space, when I was coming out of the closet, I can very well say that I wouldn't probably be here writing down this history now.

It's important that we support each other. Don't be fooled into thinking the world is a changed place. While we've been fighting to get upstream against a current of resistance we have made significant progress. That current continues, and will try to regress us back decades if we aren't vigilant. We must remain active, vocal, and together as a community.

Change will continue to take place. With each day we wake up and the positives and negatives of life approach us with no rhyme or reason. We have witnessed the removal of a safe space. There are more changes to come. I hope we use tragedy to invigorate our further fight for liberty. I hope that we can prevent homophobia from breaking down our community. Lastly, I hope in a way that may only hold significance for me, that I can find a new place to visit every morning that will provide me the pleasure of receiving a small iced coffee, cream and no sugar.

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APA COMMITTEE ON GLB ISSUES Anand Pandya, M.D.

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International Psychiatric Meeting in Capetown November 18-22, 2016, Edinburgh June 26-29, 2017 and Berlin October 8-12, 2017



nlike the APA meetings, many international psychiatric meetings do not have many sessions on LGBTQ issues, unless AGLP organizes them.

WPA (World Psychiatric Association) International Meeting is a smaller WPA meeting done in between the triannual World Congress. The next WPA international meeting is in Cape Town 18-22 November, 2016.

www.wpacapetown2016.org.za/ AGLP has organized a symposium in this session featuring Dinesh Bhugra, President of the WPA, and Saul Levin, CEO of the APA. We are organizing some social events in conjunction with this conference. Please contact us if you are planning to go.

The next International Congress of the Royal College of Psychiatrists will be in Edinburgh from June 26-29, 2017. The deadline for submission is September 16, 2016. If you are interested in participating in a LGBT session, please contact us soon.

www.rcpsych.ac.uk/traininpsychiatry/conferencestraining/internationalcongress2017.aspx

Berlin World Congress of Psychiatry. The next World Congress of Psychiatry will be in conjunction with the following DGPNN (German Psychiatric Association annual meeting) from October 8-12, 2017. Deadline for speakers should be sometime in September 2016. http://www.wpaberlin2017.com This is the large conference the WPA organizes every 3 years.

If you have any interest in these conferences please contact Gene Nakajima gnakajima@aglp.org.

Amir Ahuja, M.D.

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Vice-President's Column

Homelessness and Mental Health

n this newsletter, I would like to take the

opportunity to discuss the vital issue of

homelessness & mental health, which

affects our country and many of our patients. I have worked for several years

in Community Mental Health Clinics, which can



Amir Ahuja, MD

trace their formation to the Community Mental Health Act of 1963. This was part of deinstitutionalization, as there had been many abuses in state institutions and asylums. Also, personal freedom was paramount and this allowed patients to have more autonomy over their own lives.

As many of our members know, this Act has had a mixed effect. While it is important to promote the agency and independence of our patients, the lack of structure and available resources has been devastating for many of the mentally ill in the United States. I work in LA where Skid Row has now become an ersatz housing complex of tents and sleeping bags. It is completely inadequate and inhumane. Studies suggest 20-25% of the homeless are mentally ill, and many of these patients of ours would have been in institutions, instead of living on the street. This exposes them to potential assaults and attacks, as well as the constant pull of illegal substances and alcohol. Many of them turn to sex work or dealing drugs just to survive, which means they are much more likely to be in incarcerated than involved in mental healthcare.

I see victims of the system every day. It is a complex issue without easy solutions. Some states have implemented "Housing First" programs to some success. Others have increased funding to cash-strapped mental health centers to provide more Assertive Community Treatment (ACT) teams and to meet patients where they are. Some have also increased social work funding and housing and substance use resource funding to some success. In addition, there is Assisted Outpatient Treatment (AOT), which is court-ordered, and according to the Treatment Advocacy Project, reduces hospitalizations in multiple studies by over 50% and length of stay in hospitals by over 20%.

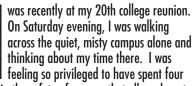
All of these are issues that need to be investigated. When I see the many homeless patients who come to me, who struggle daily with severe stressors due to their unstable living situation, I feel we have failed them as a society. Their psychosocial stressors are preventing their recovery and full integration allowing them to be productive members of society. Their gifts are being wasted and their potential contributions are lost. If we really believe in a Recovery model of health, we must do better by them. It is our duty to advocate for reform and treat the homeless mentally ill with the respect they deserve.





Secretary's Column Sarah Noble, D.O.

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Sarah Noble, D.O.

years in the safety of a space that allowed me to explore my sexuality, sexual orientation, and gender identity with no judgment. I was wished that privilege upon everyone because it felt so special and unique.

I woke up on Sunday morning and realized that, at the same time I was feeling safe and protected, there were 49 young men and women being killed, and many more traumatized, in Orlando.

I suspect that we're all still reeling from this tragedy and trying to cope in a variety of ways. I hope that you've been able to attend one of the many memorial services that have sprung up spontaneously across the country and that indicated the resilience of our community and the support of our allies.

But, as the shock and sadness begins to wear off, we need to look at the harsh reality that there are those in the world, those in our country, perhaps even in our own city or neighborhood, who cannot accept that love comes in many varieties and that gender isn't a binary. We are gaining huge victories but with each move forward more hatred is fueled in those who can't stand to see us as equals.

We are the privileged, and it is our duty to heal our patients and educate our community. Only then will we defeat hate.



Medical Student Recap Robby Fuchs, MD-PhD Candidate, LSUHSC – New Orleans School of Medicine

Literature dedicated to LGBT advocacy within medicine has become prolific. Physicians from all specialties (not least psychiatry) regularly receive continuing education, publications, and newsletters describing a need to expand their sensitivity to issues of sexual behaviors within their patient populations. Despite the pervasiveness of this material, anecdotes of apathy or even ignorance among physicians remain abundant. As examples, previous AGLP newsletters have described lesbian patients uncomfortable with OB/GYN clinics for fear of physician hostility and transgender patients who reported difficulty obtaining required hormones from their primary providers. Why do these challenges persist in the face of such strong efforts from LGBT advocates?

One explanation is that physicians were not historically taught the value of respecting the sexual behaviors of patients during undergraduate medical training. Five years ago, the Journal of the American Medical Association took a step towards establishing more LGBT-sensitive education by publishing an article¹ summarizing the state of LGBT curricula nationwide. The results showed that schools dedicated a median of five hours to gay- and/or transgender-related issues throughout the four-year degree. From an optimist's standpoint, this is evidence that medical trainees receive at least some exposure to LGBT issues; however, others have cited this as proof of a need for more thorough training.

Due to the need for increased physician fluency with LGBT populations, more steps have recently been taken to renovate clinical education on the national level. Since the above JAMA article, the Liaison Committee on Medical Education (LCME, the major accrediting body of US medical schools) released a new set of standards² for allopathic curricula. All schools are now required to train their students in "cultural competence", an umbrella term denoting physician ability to deal effectively and respectfully with patients of diverse backgrounds. Separately, the Association of American Medical Colleges (AAMC) published a set of guidelines³ in 2014 with specific recommendations for medical curricula. These changes reflect a desire on the national level to better accommodate LGBT issues and produce physicians with better ability to interact with patients.

Medical school administrators have been highly receptive to these suggestions. Many allopathic programs now employ standardized patients and clinical vignettes to familiarize their students with LGBT issues and incorporate these approaches with course material throughout the year. Anecdotally, the author of this column attends a small state school in the southeastern USA and (despite the politically conservative nature of the surrounding area) has found the school progressive and eager to engrain cultural competency in their medical students. These changes may mark the beginning of a shift in the way that LGBT education is administered: rather than requiring practicing physicians to view LGBT education as just another feature of continuing education, medical students and residents from all specialties will be formally educated on ways to work effectively with diverse patient populations. If implemented carefully, these new features of curricula should improve patientcare nationwide.

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Listings of Upcoming Subspecialty Meetings of Interests to Members

Kenn Ashley, MD

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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.aagpgpa.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/

> 2016 IPS: The Mental Health Services Conference Washington, DC • October 6-9, 2016

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

2017 IPS: The Mental Health Services Conference New Orlean, 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/



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.



The Washington Hilton Hotel, Washington, DC

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