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Essential information for decision-makers

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Report calls for transformation of South Carolina's behavioral health system

Citing a vision in which all South Carolina residents will have equal access to quality services for crisis stabilization services and chronic care regardless of their individual means or where they live in the state, a behavioral health task force has contributed to a report calling for a transformation of the way mental health and substance abuse services are provided in the state.

The South Carolina Institute of Medicine & Public Health on May 6 released the report, "Hope for Tomorrow: The Collective Approach for Transforming South Carolina's Behavioral Health Systems," featuring 20 actionable recommendations that outline a collective approach that addresses the need for expanded services and supports in a number of environments.

Bottom Line...
The development of an implementation advisory council and process will help track progress toward the established recommendations.

The 74-page report represents the work of more than 60 public and private behavioral health providers, researchers and advocates. The institute convened the stakeholders to identify the most significant challenges in the state's behavioral health systems and provide actionable, evidence-based and cost-effective strategies to provide better care and access for residents.

Among its recommendations, the

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Suicides increasing in black children, decreasing in white children

Black children commit suicide at significantly higher rates than white children, suggesting an emerging racial disparity in the epidemiology of childhood suicide, according to the authors of a new study published online May 18 in *JAMA Pediatrics*.

The study, "Suicide Trends Among Elementary School–Aged Children in the United States From 1993 to 2012," is the first national study to observe higher suicide rates among black children compared to white children.

Youth suicide is a major public health concern in the United States, according to the study. In 2012, suicide was the second-leading cause of death in adolescents aged 12 to 19 years, accounting for more deaths in this age group than cancer, heart disease, influenza, pneumonia, diabetes mellitus, human immunodeficiency virus and stroke combined.

Bottom Line...
Researchers are currently working on a follow-up study to compare precipitating circumstances of suicide that distinguish children under the age of 12 from early adolescents.

Historically, the suicide rate among U.S. black individuals has been lower than that of white individuals across age groups, although the gap between black and white boys aged 10 to 19 years narrowed from 1980 to 1995, according to the

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report calls for the development of a statewide care coordination model for adults with serious behavioral health issues that offers home and community care options and minimizes unnecessary emergency room visits, law enforcement interventions and inpatient hospitalizations.

The recommendations also include developing a network of mobile crisis units around the state, and increasing the number of behavioral health professionals in all settings who are bilingual and can meet the needs of the state's non-English-speaking population.

"The most important thing about the report is that it's not just a report for research [purposes]," Maya H. Pack, MS, MPA, associate director of research and strategic initiatives at the South Carolina Institute of Medicine & Public Health, told *MHW*. "Stakeholders say this is where we start — it's a call to action. The most important work is yet to be done."

South Carolina's general fund public mental health budget had been cut by 40 percent during the recession from 2009–2012, said Pack, also the report's lead author. "We ranked number one in how much was cut — more than every other state." The substance use disorder system fared slightly better, having received quite a bit of federal funding, she said.

Access issues

In South Carolina, access to behavioral health services appears to be even more difficult than national indicators reflect, the report stated.

'The most important thing about the report is that it's not just a report for research [purposes]. Stakeholders say this is where we start — it's a call to action. The most important work is yet to be done.'

Maya H. Pack, MS, MPA

One indicator of access is the "penetration rate" — the extent to which the public mental health system reaches people who need mental health services. South Carolina's penetration rate is lower than the national average, according to the report.

"Access is a huge piece to mental health and substance use services like detoxification and rehabilitation," said Pack. One of the recommendations calls for the establishment of crisis stabilization centers — facilities where people who may be suicidal or are experiencing a mental health crisis can go to detox and be stabilized, Pack said.

Charleston used to have two crisis stabilization centers, which have since closed, she noted. "They're trying to reopen these centers, which involved a partnership between CMHCs [community mental health centers] and hospitals in the area," said Pack. "Many states have these types of partnerships. It serves a great purpose for patients."

Pack added, "It can also end up saving lots of money. It's a win-win for the patient and the CMHC service system and providers and public hospitals."

Recommendations

Among the recommendations called for in the report are:

1. Create a formal, neutral resource to support communities across South Carolina in defining their plan for care

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coordination among behavioral health providers and adoption of integrated behavioral and primary care services.
2. Increase bed capacity at existing psychiatric hospitals (both public and private).
3. Develop permanent supportive housing units for persons with behavioral health illnesses and their families in integrated settings.
4. Create a new, separate task force to ensure adequate school-based behavioral health services are available in South Carolina schools.
5. Put into place a system whereby incarcerated adults have their Medicaid benefits suspended rather than eliminated.
6. Establish a South Carolina Behavioral Health Workforce Development Consortium to ensure a sufficient workforce of behavioral health professionals in order to support the vision of providing all-hours access to behavioral health services.

DMH support

Mark Binkley, deputy director of administrative services at the Department of Mental Health, noted that a number of department officials participated in different sections of the task force's work. "We're supportive of the recommendations [some of which boil down to] replicating or increasing what we're already doing," he said.

One such example is the Charleston Dorchester Mental Health Center's mobile crisis program, which diverted people from the ER and jail, resulting, in some cases, in going to treatment (see sidebar, above right). "It's one of the services that generate very little resources so it has to be supported by state and local funds," he said. Binkley noted that there are other good practices in some parts of the state with fairly robust resources.

The recommendation to create a task force to ensure adequate school-based mental health services are available is a promising early-intervention strategy for the state to use, he said. Currently, mental health counselors are in about 40 percent of the state's 1,200 public schools. The state General Assembly is very supportive of an expansion of counselors in the schools, he said.

"We're also looking at having more resources [available] for housing, a point of emphasis for us," he said. "People need a safe place to live and also service supports so no one goes into crisis." State officials are working with Medicaid to discuss reimbursements for housing supports. "We need to make sure that people in need of housing stay engaged in the right kinds of treatment," Binkley said.

Binkley noted that the state recently began using telepsychiatry to provide psychiatric treatment in some of the state's rural CMHCs, particularly since many are unable

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Charleston's award-winning crisis program

Maya H.Pack, MS, MPA pointed to one program in South Carolina that she would like to see replicated across the state. The Charleston Dorchester Mental Health Center, a facility of the South Carolina Department of Mental Health, last December received the Connect 4 Mental Health (C4MH) Community Innovation Award for 2014.

The award program highlighted the center's Assessment/Mobile Crisis program, which offers the only 24/7 psychiatric emergency response in South Carolina. The program prevented more than 2,000 emergency room admissions between July 2013 and July 2014. The center was honored in the Continuity of Care category, for the provision of emergency services, case management, and evidence-based outpatient counseling and psychiatric treatment for children, adolescents, adults and families.

The National Alliance on Mental Health and the National Council for Behavioral Health on May 11 announced the launch of the 2015 C4MH program (see *MHW*, May 18).

The Assessment/Mobile Crisis program has mental health clinicians who are on call 24/7, said Pack. "It increases service access to have expanded hours," she said. "Our vision is that ultimately every area of the state is covered by these types of services."

The Charleston Dorchester Mental Health Center's award-winning mobile crisis program has had its roots in the community since 1987, Deborah Blalock, executive director of the center, told *MHW*. Key to the program's success, she said, is the relationship and support of law enforcement, she said.

Charleston County's therapeutic transportation team is responsible for bringing people experiencing a mental health crisis to an inpatient unit if needed or an emergency room to be evaluated, Blalock said.

"Ensuring that patients have continuous access to services is important," said Blalock. The center's mental health clinicians are available to meet with patients until 6 p.m. on Mondays in Charleston and until 7 p.m. on Tuesdays and Wednesdays in Dorchester. The center is also open on Saturdays.

Center staff is available to meet in the field in a patient's home or place of employment if they prefer, she said. Patients typically need not wait for more than 15 minutes to be seen. Additionally, they can receive services within seven days of intake, Blalock said. "We want to make sure we're available when the folks that we serve are available."

Continued from previous page

to hire full-time psychiatrists. Psychiatrists are able to prescribe medication or change the dosage and talk to patients in real time, he said.

"If we can get payers, such as TRICARE, Blue Cross Blue Shield and Medicaid, to provide reimbursement, we can use the same technology with therapists," said Binkley. "This isn't just a behavioral health issue; this is an issue between rural America and urban America. The health care workforce shortage exists in all of America."

"There are a lot of recommendations that will require time and money; consequently, we need to be realistic, be patient and be persistent," Binkley said.

Pack said plans going forward will include forming an Implementation Advisory Council to oversee the 20 recommendations outlined in the report. "We're just starting to put this together," she said. A key job of the council will be to identify where new resources can come from, Pack added. "We have a five-year time horizon we're working on." •

Federal ban on conversion therapy legislation introduced

New legislation representing the first federal ban of gay conversion therapy introduced May 19 would prohibit the practice of providing "conversion therapy" to any person in exchange for monetary compensation or advertising such services. The practice, which advocates consider an "unfair" or "deceptive" act, would give the Federal Trade Commission the duty to enforce this provision in accordance with existing law.

Bottom Line…
Groundbreaking lawsuit against a conversion therapy provider heads to trial on June 2.

'We're proud to work alongside Congressman [Ted] Lieu and our partners to send a different message — a message of hope, acceptance, and love where such a demeaning and destructive practice isn't promoted as useful therapy.'

David Stacy

The Therapeutic Fraud Prevention Act was introduced by Rep. Ted W. Lieu (D-Calif.) during a press conference last week. The bill provides congressional recognition that being LGBT (lesbian, gay, bisexual and transgender) cannot be and does not need to be "cured," according to a fact sheet about the legislation, which has not been assigned a number yet.

California banned conversion therapy in 2012, New Jersey banned the practice in 2013 and Washington, D.C., followed suit in 2014. Oregon Governor Kate Brown is expected to sign a recently passed ban, the fact sheet stated.

The national community of professionals in mental health, education, social work, health and counseling has determined that there is no scientifically valid evidence for attempting to prevent a person from being lesbian, gay, bisexual, transgender or gender nonconforming, according to a discussion draft of the bill. Such professionals have determined that there is no evidence that conversion therapy is effective or that an individual's sexual orientation or gender identity can be changed through conversion therapy, according to the draft.

Conversion therapy

"Conversion therapy" is defined as seeking to change an individual's sexual orientation or gender identity. Practitioners of conversion therapy charge large sums of money for services that are completely ineffective and have caused serious side effects, such as depression, self-harm and family rejection, according to a press release.

"This vitally important legislation has the potential to save countless lives across this country by helping to end a practice that uses fear and shame to tell LGBT people the only way to find love or acceptance is to change the nature of who they are," David Stacy, director of government affairs for the Human Rights Campaign (HRC), the nation's largest LGBT civil rights organization, said in a press release.

Stacy added, "We're proud to work alongside Congressman Lieu and our partners to send a different message — a message of hope, acceptance, and love where such a demeaning and destructive practice isn't promoted as useful therapy."

HRC and the Southern Poverty Law Center (SPLC) are urging congressional support for the federal ban on conversion therapy. Conversion therapy has been discredited or highly criticized by virtually all major

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American medical, psychiatric, psychological and professional counseling organizations. People who have undergone conversion therapy have reported increased anxiety, depression and, in some cases, suicidal ideation, according to SPLC officials.

Lawsuit ties

The bill's creation has strong ties to a case in SPLC's pending lawsuit against gay conversion therapy provider JONAH (Jews Offering New Alternatives for Healing), noted David Dinielli, deputy legal director of SPLC. The SPLC case is the first of its kind against gay conversion therapy providers tied to fraud under New Jersey's consumer fraud act, according to Dinielli. The proposed federal legislation takes this approach to a national level under the Federal Trade Commission Act, he said.

The lawsuit alleges that JONAH; its founder, Arthur Goldberg; and counselor Alan Downing violated New Jersey's Consumer Fraud Act by claiming that their counseling services could cure clients of being gay.

In prepared comments for the May 19 press conference, Dinielli wrote, "The entire conversion therapy industry is built upon a single, central lie — that being gay or transgender is an illness or disorder that can and should be cured. This is a lie, and it is a lie that conversion therapists regurgitate over and over again in their attempt to sell their snake-oil treatments to vulnerable families across this country."

The lawsuit is represented by co-counsel Cleary, Gottlieb, Steen & Hamilton LLP, an international law firm; and Lite DePalma Greenberg LLC. A New Jersey Superior Court judge ruled on February 10 that misrepresenting that homosexuality is a disorder in marketing conversion therapy services violates the state's consumer protection laws — a devastating ruling for the conversion therapy industry, which claims to "convert" people from gay to straight, Cleary, Gottlieb, Steen & Hamilton stated in a press release.

The ruling marks the first time a court in the United States has found that homosexuality is not a disease or a disorder and that it is fraudulent for conversion therapists to make such a claim, they said. The case heads to trial June 2. •

New screening tool for adults with binge eating disorder

A clinical screener with primary care and general psychiatry settings in mind has been developed to appropriately identify and screen for binge eating disorder (BED) in adults. The tool, developed by Shire US Inc., is intended for screening use only and should not be used as a diagnostic tool, said officials.

A poster on the development of the Binge Eating Disorder Screener was presented by Barry K. Herman, M.D., DLFAPA, Global Medical Team Lead, and Neuroscience Global Medical Affairs for Shire during the American Psychiatric Association (APA) annual meeting on May 18 in Toronto, Ontario, Canada.

"BEDS-7 may be an important addition to help clinicians quickly and simply screen adults whom they suspect may have BED for further evaluation or referral to an eating disorder specialist," Herman told *MHW.*

Binge eating disorder is defined as recurring episodes (on average, at least once weekly for three months) of consuming a large amount of food in a short time, compared with what others would consume under the same or similar circumstances, according to officials from Shire, a global pharmaceutical company.

'To our knowledge, BEDS-7 is the first patient-reported screening tool developed and validated using input from adult patients and incorporating the *DSM-5* criteria.'

Barry K. Herman, M.D.

The screener asks for responses to patients' questions about eating patterns and behaviors within the last three months, such as "Do you feel distressed about your episodes of excessive overeating?" or "During your episodes of excessive overeating, how often did you feel like you had no control over your eating (e.g., not being able to stop eating, feeling compelled to eat or going back and forth for more food)?"

Binge eating is the most common eating disorder in U.S. adults and is more prevalent than anorexia and bulimia combined, according to Shire officials. BED occurs in both men and women, is seen across racial and ethnic groups, and can occur in normal weight, overweight and obese adults. Medication is not appropriate for all adults with BED, officials said.

Unlike people with other eating disorders, adults with BED don't routinely try to "undo" their excessive eating with extreme actions like purging or over-exercising, officials said.

BED is a distinct medical condition formally recognized by the APA in the *Diagnostic and Statistical Manual of Mental Disorders* (*DSM-5*), said Herman. "To our knowledge, BEDS-7 is the first patient-reported screening tool developed and validated using input from adult patients and incorporating the *DSM-5* criteria," he said.

The BEDS-7 is not a diagnostic

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tool, Herman emphasized. "BED must be diagnosed by a licensed health care professional using the diagnostic criteria presented in the *DSM-5* as part of a full medical evaluation," he said. Adult patients who think they may have symptoms of BED should talk to their health care provider, he said. Herman noted that to his knowledge there are no screening tools for children and adolescents specifically for BED.

Validated screener

Since the BEDS-7 is used as a validated patient-reported screener and does not require an interview by a health care practitioner, it should be able to be used in any clinical setting with the understanding that it is not a diagnostic instrument, said Herman. "Patients with a positive screen on the BEDS-7 who are suspected of having BED should undergo a full diagnostic evaluation," Herman said.

Regarding treatment, Vyvanse (lisdexamfetamine dimesylate) is a prescription medicine used for the treatment of attention deficit hyperactivity disorder in patients six years and above and for the treatment of moderate to severe binge eating disorder, said Herman. "Vyvanse is not for weight loss," he said. "It is not known if Vyvanse is safe and effective for the treatment of obesity.

Herman's poster on the Binge Eating Disorder Screener was one of five presented by Shire at the APA meeting related to the treatment and management of psychiatric disorders. Herman noted that he is developing a manuscript for submission to a peer-reviewed journal. •

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study authors.

Overall suicide rates in children younger than 12 years have remained steady for the past 20 years, but the new study reveals higher suicide rates among black children compared to white children. "Little is known about the epidemiology of suicide in this age group," Jeff Bridge, Ph.D., lead researcher of the study and principal investigator at the Center for Innovation in Pediatric Practice at the Research Institute at Nationwide Children's Hospital, said in a press release.

"Parents and health care providers need to be aware that children under the age of 12 can and sometimes do think about suicide," said Bridge. "It is important to ask children directly about suicide if you are concerned about a child: Are you having thoughts about killing yourself?"

Bridge added that research has refuted the notion that asking children about suicide may trigger subsequent suicidal thinking or behavior. "It does not hurt to ask," he said.

Study method

Researchers used the Web-based Injury Statistics Query and Reporting System suicide mortality data from four five-year periods starting with 1993 to 1997 and ending with 2008 to 2012 to ensure stable rate estimates for analyses. Because suicide is never coded as a cause of death for children aged 4 years or younger, the lower age limit in this study was 5 years, and the upper age limit of 11 years marked the end of middle childhood and the beginning of adolescence, the study stated.

'If a child has a broken foot, [he or she] would be seen by a doctor immediately. You need that same kind of attention with mental health. We're not there yet.'

Jill M. Harkavy-Friedman, Ph.D.

Results

The overall suicide rate among 657 children aged 5 to 11 years remained stable between 1993 to 1997 and 2008 to 2012 (from 1.18 to 1.09 per 1 million). However, the suicide rate increased significantly in black children (from 1.36 to 2.54 per 1 million) and decreased in white children (from 1.14 to 0.77 per 1 million). The overall firearm suicide rate and firearm suicide rate among white boys decreased significantly during the study. The rate of suicide by hanging/suffocation increased significantly in black boys, although the overall change in suicide rates by hanging/suffocation or other suicide methods did not change during the study.

Suicide ranked 14th as a cause of death among 5- to 11-year old black children in 1993-1997 but rose to 9th in 2008-2012. For white children suicide ranked 12th in 1993-1997 and 11th in 2008-2012. Rates have remained stable in Hispanic and non-Hispanic children.

"Our findings suggest questions about what factors might influence increasing suicide rates among young black children," the researchers stated. Black children may experience disproportionate exposure to violence and traumatic stress and aggressive school discipline, according to the study. Black children are also more likely to experience an early onset of puberty, which increases the risk of suicide, most likely owing to the greater liability to depression and impulsive aggression.

According to the study, black youth are also less likely to seek help for depression, suicidal ideation and suicide attempts. Nevertheless, it

remains unclear if any of these factors are related to increasing suicide rates. "Other potential influences include differential changes in social support and religiosity, two factors that have traditionally been hypothesized to protect black youth from suicide but shifted significantly during the two decades in our study," researchers stated.

Bridge noted that he is working on a follow-up study to investigate precipitants of suicide that distinguish children under the age of 12 from early adolescents. "We may need to tailor suicide prevention interventions for younger children if we find that the factors contributing to child suicide are different than those associated with adolescent suicide," said Bridge.

'Rare phenomenon'

Suicide in the age group of children ages 5 to 11 is very unusual, said Jill M. Harkavy-Friedman, Ph.D., vice president of research for the American Foundation for Suicide Prevention. "Where we usually talk death by the hundreds of thousands, this study is talking about millions," she told *MHW*. "It's a relatively rare phenomenon. Whatever the child's race or ethnicity, if we're talking about suicide, we should be concerned."

The current study also speaks to addressing the mental health of children and being aware of issues like depression and substance abuse and access to lethal means, Harkavy-Friedman said. "If you have lethal means in your home and a person living in that home is distressed, take that person out of the home temporarily until that person recovers," she said.

Safety planning helps in the reduction of suicides, said Harkavy-Friedman. "If you have suicidal ideation, you can make a plan for how to handle it," she said. "Figure out what the warning signs are." If you observe signs of distress in someone, create a distraction such as exercise or video games, she said. "Be willing to reach out."

If that doesn't work, find someone to talk to, such as a guidance counselor or therapist, she added. If necessary, call a crisis hotline or go to a hospital. Younger children should talk to their mom or dad or a grandparent, she noted.

"The takeaway is that it's very rare for children to commit suicide in general," said Harkavy-Friedman. "If a child is talking about suicide or showing signs of depression, anxiety or substance use, pay attention and get treatment early."

Access issues

While good treatment is available for children and their families, access remains a problem, said Harkavy-Friedman. "If a child has a broken foot, [he or she] would be seen by a doctor immediately. You need that same kind of attention with mental health," she said. "We're not there yet."

"For years we have wondered why the suicide rates for Afro-Americans (adults and children) were lower," Michael Houston, M.D., associate clinical professor of psychiatry and pediatrics at the George Washington University School of Medicine, told *MHW*.

The study clearly indicates the importance of adequate screening for mental health issues in pediatricians' offices, said Houston, who is not affiliated with the study. "There has been an increased effort to screen adolescents — that needs to be expanded to children of all ages," he said. "Not just for depression but for all types of mental illness."

"Treatment is more difficult because of the tremendous deficits in our mental health workforce," he said. The integration of mental health services in pediatricians' offices and in schools would go a long way toward helping, Houston added. "Some speculated that [the increased suicide rate] was due to strong religious ties but no one really knew," he said.

Houston added, "To find now that the rates among African-American children have been increasing is a change that I don't think we were anticipating." •

Briefly Noted

National Council issues action alert for MH First Aid support

The National Council for Behavioral Health, in partnership with the Maryland Department of Health and Mental Hygiene and the Missouri Department of Mental Health, on May 20 announced the release of Mental Health First Aid for Older Adults, a Mental Health First Aid training supplement that addresses the unique needs of that population. Meanwhile, the National Council hosted a briefing on Capitol Hill May 19 to educate congressional staff about the benefits of Mental Health First Aid. The organization is urging the public to contact their legislators to co-sponsor the bill. The bipartisan Mental Health First Aid Act (S. 711/H.R. 1877) was introduced by Sens. Kelly Ayotte (R-N.H.) and Richard Blumenthal (D-Conn.), with Reps. Lynn Jenkins (R-Kansas) and Doris Matsui (D-Calif.). Funding would be used to train emergency services personnel, police officers, teachers/school administrators and other audiences in Mental Health First Aid. For more information, visit www.thenationalcouncil.org/policy-action/take-action/?vvsrc=%2fCampaigns%2f40935%2fRespond.

State News

Childrens' partial hospitalization program launched in NYC

New York City first lady Chirlane McCray launched a new program at Bellevue Hospital for kids struggling with mental health problems, the New York *Daily News* reported May 13. The partial hospitalization program is meant for 6-to-17-year-olds

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whose troubles are too severe for regular outpatient visits but who will be able to go home at night instead of being hospitalized. The new program will serve up to 550 children and teens a year, and they'll also take classes at a special public school co-located at Bellevue. The $1.4-million-a-year center is staffed by two psychiatrists, two nurses, two social workers, a psychologist and a nursing technician, and will treat 36 kids at a time who are seen for up to eight weeks. "Five hundred families who are going through the intensely stressful experience of watching one of their children suffer through a serious psychiatric disorder will be able to start putting their lives back together," said McCray.

Ala. program to address MH gaps in early childhood development

Multiple mental health services and resources in Tuscaloosa are partnering to promote social and emotional wellness in early childhood development through Project LAUNCH (Linking Actions for Unmet Needs in Children's Health) in an effort to address mental health gaps that, when filled, could prevent future problems. Project LAUNCH is designed to promote the wellness of young children from birth to age 8, Tuscaloosa.com reported May 16. It addresses the physical, social, emotional, cognitive and behavioral aspects of their development. The project is a partnership between the state and the federal Substance Abuse and Mental Health Services Administration. Gail Piggott, executive director of the Alabama Partnership for Children, said the program will address those issues by implementing prevention and promotion strategies, including screening and assessment in a variety of child-serving settings, enhanced home visits, mental health consultation in early care and education programs, family strengthening and parent skills training, and integration of behavioral health into primary care settings.

Coming up...

The **Psychiatric Rehabilitation Association** will host its Recovery Workforce Summit: 2015 Annual Conference **June 1–4** in **Philadelphia**. For more information, visit **www.uspra.org/events/recovery-workforce-summit-2015-annual-conference**.

Burrell Behavioral Health, the **Greene County Medical Society** and **Forest Institute** are holding their annual conference, "A Roadmap to Integrated Care," **June 3–5** in **Branson, Mo.** Visit **www.burrellcenter.com/conference** for more information.

Mental Health America will host its annual conference, "Intervention and Innovation Before Stage 4," **June 3–5** in **Alexandria, Va.** For more information, visit **www.mentalhealthamerica.net**.

The **National Alliance on Mental Illness** will host its national convention **July 6–9** in **San Francisco, Calif.** Visit **www.nami.org/Get-Involved/NAMI-National-Convention** for more information.

The **American Mental Health Counselors Association** is holding its annual conference, "Transformation in Action," **July 9–11** in **Philadelphia**. For more information, visit **www.amhca.org**.

Names in the News

Renée Binder, M.D., began her one-year term as president of the American Psychiatric Association (APA) at the conclusion of the APA annual meeting in Toronto on May 20, and **Maria A. Oquendo, M.D.,** began her term as president-elect, the APA announced in a press release May 21. Binder is associate dean of academic affairs in the School of Medicine at the University of California, San Francisco, and forensic psychiatry fellowship director. "As psychiatrists, we are the experts in mental health," Binder said during the APA annual meeting opening ceremony. "What type of practice will the psychiatrist of the future have? How will we fit into the new models of care? How will we integrate new research findings into our clinical practices? We must claim our future roles in all of this progress; otherwise, others will define our roles for us."

In case you haven't heard...

A new petition was launched May 18 to expand people's understanding of depression by asking popular dictionaries, including the *Oxford English Dictionary* and Dictionary.com to consider including major depressive disorder (MDD) and all of the symptoms associated with it in their dictionaries. The petition references symptoms from the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* (*DSM-5*). By bringing attention to the definition of MDD specifically, the petition aims to raise awareness of the complexity and seriousness of the disorder so people can seek the help they need from a doctor. "With support from the broader mental health community, we hope this petition starts a conversation to change the way people are thinking and talking about the disorder," said Jason Bradt, vice president of medical affairs for Lundbeck. To learn more about the initiative and sign the "Support Adding Definition of Major Depressive Disorder in the Dictionaries" petition, visit www.iPetitions.com/petition/DefineMDD. The petition is supported by Takeda Pharmaceuticals U.S.A. Inc. and Lundbeck U.S.