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Save the Date

MENTAL HEALTH MATTERS

A Preliminary Survey of the Views of Patients with Mental Illness on The Washington Psychiatric Society's Plan to Develop Online Lectures on Mental Health Issues for the General Public

By JEAN TUBRIDY, PhD
AND JAMES DEE, MD, DFAPA

Background: Washington Psychiatric Society (WPS) is planning to develop an online lecture series to educate the general public about mental health issues.

Aims: To seek the opinions of patients with mental illness on this proposed development and to gather information about their use of the internet to seek information about mental health matters.

Method: Survey of patients with mental illness. Questionnaire administered by psychiatrist to 23 respondents.

Results: Twenty-two of the 23 respondents in favor of the WPS plan. Twenty of the 23 respondents had used the Internet to seek information on mental health issues. Respondents ranked the Internet relatively highly as a source of information on mental health. The most problematic aspect of Internet use for mental health issues emerged as perceived reliability of information available. The mental health patients proved themselves to be very capable of providing opinions and ideas relevant to the Plan and the process of gathering the information gave the psychiatrist useful insights into individual patients which will be therapeutically beneficial.

Conclusion: These preliminary findings suggest that the WPS Plan to develop online education on mental health for the general public has strong support from patients with mental health issues. Further research is necessary to confirm these results.

INTRODUCTION

This paper presents the findings of a preliminary study which was carried out on behalf of the Washington Psychiatric Society (WPS) to gather information to inform decision-making about the possibility of setting up online lectures about mental health issues for the general public. The study focused on people with mental health issues who were attending a

Very little research has been undertaken on the subject of use of the Internet to access mental health information. A UK-based survey, conducted by Powell and Clarke (2006), provided a comparison and is considered by them to be the first study to investigate the prevalence of mental-health related Internet use among the general population and among people with mental health problems in the community. Using a sample drawn from a data base of general practice patients, Powell and Clarke found that 18% of all Internet users had used the Internet for information related to mental health. The prevalence, 32%, was found to be higher among those with a history of mental health problems. They concluded that while the Internet has a significant role in mental health information-seeking, with 24% of people saying that it was one of the three sources they would use, only 12% of their respondents selected the Internet as one of the three most accurate sources of information.

The whole issue of trust in what scientists say has recently been investigated in an online poll of 21,000 scientifically literate people by Scientific American(2010) in partnership with Nature. When asked how much people trust what scientists say about a range of 15 topics, it emerged that what they say about drugs for depression was ranked second lowest with only Flu pandemics getting a lower ranking. Trust about information regarding pesticides was ranked higher than that about drugs for depression.

METHODOLOGY

A questionnaire comprised of ten questions, eight of which were closed

and two open, was administered to consecutive mental health patients by a psychiatrist at the end of their consultations. Several patients were removed from the study because they were too ill to participate. The questionnaire took approximately 5 minutes to complete.

A total of 23 respondents were included: twenty-two were patients and one was the mother of a patient with schizophrenia. Three of the respondents had never consulted a psychiatrist before, while the others had experience, some of it extensive.

RESULTS

Use of Internet to Look up Information about Mental Health Issues

Twenty of the twenty-three respondents said that they used the Internet to look up information about mental health issues. The reasons given by the three who did not use the Internet for this purpose were as follows:

- *I don't need to. I talk to the doctor or pharmacist*
- *I never wanted to use the Internet. I would never think of using it.*
- *I don't use the computer or the Internet.*

Context in which Internet was Sought on Mental Health Issues

Respondents were asked about the context in which they had looked up information on mental health issues on the Internet. Table 1 sets out the responses given by the twenty people for whom this was applicable. Some respondents picked more than one category:

Continued on page 7.



THE PRESIDENT'S COLUMN

BY ELIZABETH MORRISON, MD, DFAPA

NOTES FROM THE PRESIDENT



Much of this newsletter edition is by, about or a tribute to Jim Dee and his legacy. Our debt is large and our loss great. His daughter Julie said, "My Dad loved WPS." I was honored to represent WPS at his funeral. Jim's wife Debra gave us a wooden plaque

inscribed with the words: Washington Psychiatric Society. It was carved recently by Jim and will be on display March 19th at my President's Event, along with other examples of Jim's artistry.

March 19: I am celebrating my service to WPS with Richard Kogan, MD presenting and performing George Gershwin. Please register soon, as we have opened this event to the larger mental health and medical community. I am dedicating the evening to Jim. He, like Gershwin, lived a packed, productive life caught short.

Filling the void: The Northern Virginia Chapter has responded to the call: Valerie Buyse, MD has stepped in to fill the remainder of Jim's tenure as Chapter President. Also, the WPS Board has nominated Michael Knable, DO to serve out the remainder of Jim's term as WPS Treasurer, which expires May, 2012.

Bill Lawson, MD is chairing a committee to establish an educational fund in Jim's memory.

Other WPS matters demand our attention and excite our interest. Catherine May, MD

has overseen revamping our ethics and grievance procedures to conform to new APA ethics policies. Kayla Pope, JD, MD has shepherded the Board through the nine month gestation of rewriting our Bylaws. Avram Mack, MD is overseeing the project of reviewing our overall communications strategy in this electronic-facebook-twitter age. (By the way: we are still looking for committee members. If interested, contact Avram Mack at avram2mack@hotmail.com). Jane Jackson, MD and Darryl Smith, MD are the energizer bunnies behind all the action by the Membership Committee. And my apologies for those I've neglected to recognize this go-round.

The 2012 Bruno Lima Award for Excellence in Disaster Psychiatry: APA has invited District Branches to recognize up to two members who have made significant contributions in this field. WPS is sponsoring Kent Ravenscroft, MD for his work in and writing about Haiti. If you have done work in this area, or know someone who has, please contact Pat Troy. April 15, 2011 is the deadline for submission.

REPORT FROM BRIAN CROWLEY, MD, DLFAPA, APA AREA 3 TRUSTEE

Five important areas receiving attention by the APA Board of Trustees at its December 2010 meetings were:

1. Electronic Health Records. Active work on several fronts is ongoing in this important and complex area with the goal to formulate recommendations for members.
2. Maintenance of Certification. Concerns regarding the growing requirements and costs in the area from members are being taken seriously, and a BOT Work Group was appointed. A ballot referendum is on the current ballot.
3. Healthcare Reform/Parity. Hard work continues to maximize the benefits to psychiatric patients under the new federal law, and to ensure that the parity law is implemented properly.
4. Restoring essential functions of eliminated components continues.
5. A proposal from the Membership Committee to make Fellowship automatic after five years of membership unless the DB raises ethical concerns was submitted for grassroots consideration through the Area Trustees. I polled the Area 3 Council; all comments received agreed with my suggestion that Fellowship should continue to require outstanding attainment as required under current rules; I voted no on the proposal for Area 3. The Area 3 Council will meet next in March and may further consider the issue.

On a personal note, I find the Board of Trustees meetings and processes convivial, serious, and interesting, and I am enjoying my service.

WPS LAUNCHES EDUCATIONAL FUND DONATIONS IN MEMORY OF JAMES DEE, MD, NOW ACCEPTED

Spurred by the untimely death of James Dee, MD, an active WPS Board leader, and WPS's ongoing interest in promoting educational and professional experiences for MITs, WPS has established a special educational fund. The fund will be used to support MIT attendance at CME events, as well as other WPS activities that might be too costly for MITs to afford. The fund may also be used to provide activities just for MITs.

Many members have asked if WPS would be having a Fund where they might make donations in memory of Dr. Dee. The new Educational Fund is now open and accepting donations.

Please remember that WPS is a 501(c)6 professional organization and donations are not considered to be deductible as charitable donations.

Please make checks payable to **Washington Psychiatric Society** and mail to the **WPS Business Office** at:
550M Ritchie Highway, #271
Severna Park, MD 21146.



APA IN THE NEWS

PREPARE NOW TO USE VERSION 5010 HIPAA TRANSACTIONS

If you are a physician who files Health Insurance Portability and Accountability Act (HIPAA) claims electronically, will you be ready for Jan. 1, 2012? That is when you must be using the new HIPAA electronic transaction standard, known as version 5010, for all HIPAA electronic transactions. If you're not using version 5010 by Jan. 1, your electronic claims will be rejected—and you won't be paid for the claims you submit.

Transactions covered by the federal requirement to use version 5010 include submitting claims, receiving a remittance advice and checking a patient's eligibility. If you are a physician who sends electronic data to a billing service or clearinghouse that then submits transactions on your behalf, you need to make sure the billing service or clearinghouse is ready.

Transitioning to version 5010 takes many steps—conducting an impact analysis, installing system upgrades and testing your system. Then you need to test transactions with your trading partners. If you're not already testing with your trading partners, you need to get to that point—and soon.

The AMA can help, and offers various resources to make sure you are ready for the January 1 deadline. In addition, Get Ready 5010, a national effort aimed at helping doctors transition to version 5010, has a three-part webinar series that spells out what you need to do to prepare.

Version 5010 is not the only new HIPAA requirement for physicians. The Health Information Technology for Economic and Clinical Health Act significantly increased enforcement and civil fines for not complying with HIPAA policies and procedures. Make sure you are prepared for these new rules and regulations as well by enrolling in AMA HIPAA School, a new online training resource. HIPAA School provides an administratively convenient way for you and your employees to be aware of and understand HIPAA policies and procedures and to fulfill the HIPAA work force training requirements for compliance.

WPS E-NEWS BULLETIN ELECTRONIC PRESCRIBING ALERT

As you may already be aware, Medicare currently has an incentive program in place for physicians who do electronic prescribing (e-prescribing, or eRx), which means transmitting a prescription electronically directly to a pharmacy. Besides earning you some extra money, and saving you some money down the line (see below), e-prescribing has some real advantages in making prescribing more efficient and safer: Calls from pharmacists to clarify prescriptions should be significantly reduced, it's less likely scripts will be filled incorrectly, and you should receive

notifications at the point of care of potential problematic interactions with medications prescribed by other physicians.

The denominator codes on which the e-prescribing initiative is based include most of the psychiatry and evaluation and management codes. All you have to do to participate in the incentive program is to include the code G8553 when you fill out a claim for a Medicare beneficiary for whom you've e-prescribed when you have used one of the denominator codes. A minimum of 25 claims with the G-code in 2010 will earn you a 2% incentive for 2010, which is based on the value of your total Part B claims for the year. In 2011 and 2012 the incentive will be 1%, in 2013 it will be 0.5%, and thereafter there will just be a penalty in place for those who don't e-prescribe. The only exemptions to this penalty are for physicians who live in an area where there is limited internet access or who live in an area where there is no pharmacy that can receive electronic prescriptions. This means that psychiatrists in small practices who are currently exempt from filing electronic claims, and exempt from Health Insurance Portability and Accountability (HIPAA) regulations if they did not do any other electronic patient communications, will soon be obligated to do electronic transactions if they wish to avoid the penalty, and, hence, will be covered by HIPAA regulations.

In fact, if you do not e-prescribe starting in 2012 and if in the first six months of 2011 you had at least 100 encounters using any of the designated denominator codes, you will not get the 1% incentive and you will be hit with a 1% penalty on all of your Medicare claims for that year. And it's a little more pressing than that, since currently it is the intention of the Centers for Medicare and Medicaid Services (CMS) to determine whether or not to apply the 1% penalty on whether or not you e-prescribed at least 10 times during the first six months of 2011. (It should be noted here that the APA has joined the AMA in protesting this plan, requesting, at a minimum, that the penalty be based on claims for the first ten months of 2011 rather than just the first six months.)

E-prescribing can be accomplished either with freestanding software or it can be done using part of an overall electronic health records (EHR) system. An e-prescribing system is cheaper than an EHR system, and because of its more limited functionality is comparatively easier to learn how to use. However, it's important to take into account that as of 2015 there will be a penalty if physicians are not using an EHR system, and there is an incentive program for using EHR if you begin by October 2012 (although another factor to take into account is that, if you receive the EHR incentive, you cannot also receive the eRx incentive).

What to Do?

Unfortunately, there is no simple advice we can offer you on how to proceed in this confusing new world. As things stand now, you cannot avoid the 1% penalty if you do not have e-prescribing software system in place well before the end of 2011. But in

purchasing this software, you run the risk of wasting money on a system that will become unnecessary when you put an EHR system in place for your practice sometime before 2015. The easy answer might seem to be to purchase an EHR system now, but that also might not be the most economically sound decision since EHR technology is relatively new and the EHR market is still evolving. It is not unreasonable to think that the cost and sophistication of EHR systems will be moving targets over the next few years.

Physicians who are already using or who are close to adopting electronic prescribing are best positioned to take advantage of the eRx incentive and to avoid the penalties that begin in 2012. Others will need to weigh factors such as the size of their Medicare caseload; immediate or long term plans to adopt an EHR; and the relatively small size of the reimbursement reduction to guide their decision on whether or not to participate at this time.

For information on the incentive program from CMS: <http://www.cms.gov/ERXincentive>

For information on e-prescribing programs from the AMA: <http://www.ama-assn.org/go/eprescribing>

For information about the software systems available today: <http://www.surescripts.com/connect-to-surescripts/prescribers-connect.aspx>

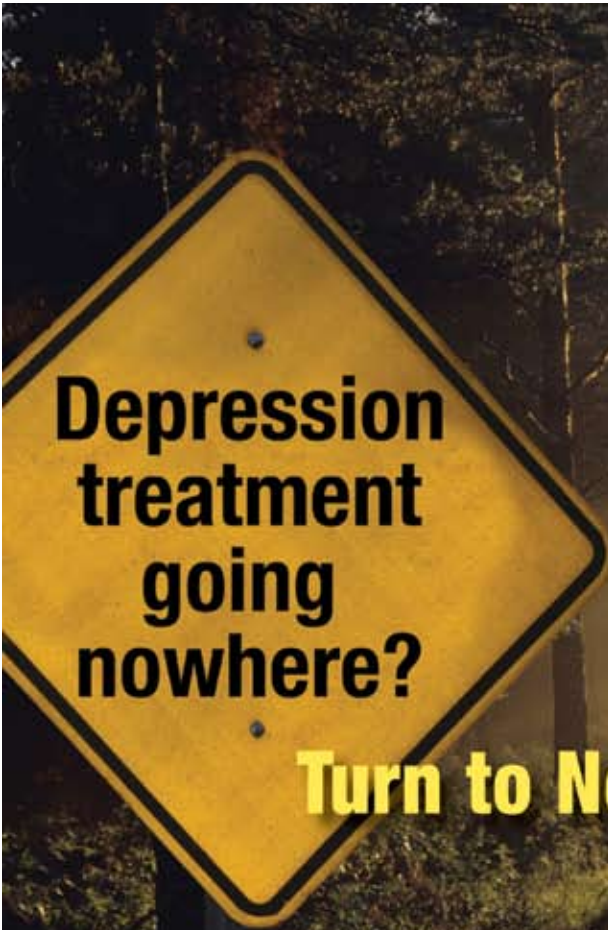
Or call the APA's Practice Management Help Line at **800-343-4671**.

WPS CLINICAL ISSUES LISTSERVE IS ACTIVE!

All members are invited to join the Clinical Issues Listserve. This listserve is designed to provide an outlet for discussion among clinicians in the Washington Psychiatric Society. If you would like to take part in this listserve, please subscribe yourself by logging into the Members Only area of the WPS website.

1. Go to: Members Login
2. Login with your username and password.
3. Click on My Profile in the blue bar at the top.
4. Click on "View E-lists" tab.
5. Find the Clinical Issues E-list and click "Subscribe" next to it.
6. Enter in your email address, click the "Email Delivery" box and Click "save"
7. To send messages to the listserve, send an email to: clinic@dcpsych.org.

If you decide you want to unsubscribe, you can repeat the steps above and click "Unsubscribe" next to the Clinical Issues E-list in the View E-lists tab.



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APA FELLOW & DISTINGUISHED FELLOW

APA FELLOW

Fellow status is an honor that reflects a dedication to the work of the APA and signifies a member's allegiance to the psychiatric profession.

During the 1990s, the WPS, through its Assembly Representatives—Larry Kline, Roger Peele and Larry Sack—advocated that the APA's Fellowship criteria be consistent with the Fellowship designations of other Medical Specialties; namely that the basic requirement for Fellowship be passage of the specialty board exam. This change in the APA's Bylaws was finally achieved when the honorary designation of Fellow was created in March 2002, by the APA's Membership Committee and Board of Trustees.

MEMBERS WHO PURSUE FELLOW STATUS PERCEIVE IT AS ONE OF THE FIRST STEPS TO ENHANCEMENT OF THEIR PROFESSIONAL CREDENTIALS.

1. Fellows are recognized by their colleagues in the Association as a member of a very select group, inasmuch as members are identified by their member class at all APA functions.
2. Fellows are permitted the use of the FAPA designation on all of their professional documentation.
3. All newly appointed Fellows are publicly recognized at the Convocation of Fellows and Distinguished Fellows, which is held every year during the APA's Annual Meeting.
4. Fellows receive a lapel pin as a symbol of their status and an embossed Fellow certificate to display with pride in their office.
5. Annual dues rates for General Members and Fellows are the same.

TO BE ELIGIBLE FOR FELLOWSHIP, A MEMBER MUST:

1. Be a General Member for five consecutive years.
2. Have board certification (Certification by the American Board of Psychiatry and Neurology, the Royal College of Physicians and Surgeons of Canada, or the American Osteopathic Association).
3. Submit two letters of reference from Fellows or Distinguished Fellows with your application (WPS will be happy to provide these letters of reference—please request this when submitting your application).

TO APPLY: APA will provide WPS with a list of qualifying members in late February/early March, 2011. WPS will then contact these members to invite them to apply for APA Fellowship. To apply, a qualifying member will need to complete the APA Fellow application and provide two (2) letters of reference from current Fellows or Distinguished Fellows. **NOTE: WPS can provide these letters of reference upon request.**

**QUESTIONS – CONTACT JANE MARTIN • DIRECT: 410-626-1182
EMAIL: JANEMARTINSO@YAHOO.COM**

APA DISTINGUISHED FELLOW

Excellence, Not Mere Competence, is the Hallmark of an APA Distinguished Fellow.

Distinguished Fellowship is awarded to outstanding psychiatrists who have met the nomination requirements listed below. Distinguished Fellow is the highest membership honor the APA bestows upon members. New Distinguished Fellows are honored each year at the APA Annual Meeting during the Convocation of Distinguished Fellows. Each Distinguished Fellow receives the following Medallion:

NOMINATION REQUIREMENTS

1. Not less than eight consecutive years as a General Member or Fellow of the APA.
2. Primary identification must be psychiatry for those in combined fields (e.g., psychiatry and pediatrics).
3. Nomination is initiated by your local District Branch/State Association - WPS.
4. Three letters supporting your nomination must be received from current Distinguished Fellows or Distinguished Life Fellows.
5. The General Member or Fellow should be an outstanding psychiatrist who has made significant contributions in at least five of the areas listed below:

- *Certification by the American Board of Psychiatry & Neurology, the Royal College of Physicians & Surgeons of Canada, the American Osteopathic Association or equivalent certifying board*
- *Involvement in the work of the district branch, chapter, and state association activities*
- *Involvement in other components and activities of APA*
- *Involvement in other medical and professional organizations*
- *Participation in non-compensated mental health and medical activities of social significance*
- *Participation in non-medical, non-income-producing community activities*
- *Clinical contributions*
- *Administrative contributions*
- *Teaching contributions*
- *Scientific and scholarly publications*

TO APPLY: APA will provide WPS with a list of qualifying members in late February/early March, 2011. WPS will then contact these members to invite them to apply for APA Distinguished Fellow. To apply, a qualifying member will need to complete the APA Distinguished Fellow nomination form and provide three (3) letters of recommendation from current Distinguished Fellows or Distinguished Life Fellows.

**QUESTIONS – CONTACT JANE MARTIN • DIRECT: 410-626-1182
EMAIL: JANEMARTINSO@YAHOO.COM**



Jeffrey S Akman, MD, DFAPA Appointed Interim Dean at GWU James L. Griffith, MD, FAPA named Interim Chair of Psychiatry

President Steven Knapp and Provost Steve Lerman of George Washington University announced the University Medical Center's new interim leadership team on December 16, 2010. Jeffrey S. Akman, Chair of the Department of Psychiatry and Behavioral

Sciences, will serve as Interim Dean of the School of Medicine and Health Sciences and Vice Provost for Health Affairs until a national search is completed to fill this position permanently.

In addition to being a graduate of the George Washington University School of Medicine and Health Sciences in 1981, Dr. Akman completed his Psychiatric Residency at GW and has chaired the Department of Psychiatry and Behavioral Sciences for the past 10 years. A recipient of the school's Distinguished Teacher Award, he has directed and taught all the major psychiatric and behavioral sciences courses, serving as a mentor for hundreds of students and residents. He has won the Physician Humanism Award from the GW Chapter of the Association of American Medical Colleges and was inducted in 1998 into the school's Society of Distinguished Teachers.

Dr. Akman has stepped down temporarily from the chairmanship of the Department of Psychiatry and Behavioral Sciences. He states that: "James L. Griffith, MD, Associate Chair and Director of Psychiatry Residency Training has graciously and generously agreed to assume the position of Interim Chair. We are truly fortunate to have a nationally recognized, highly respected academic psychiatrist in the department to take on this responsibility."

Appointing Griff the Interim Chair while he continues as Residency Training Director was also intended to send a message to our current and future residents that the residency program and the department remain stable. "I express my sincere and deep gratitude to Griff for agreeing to assume the Interim Chairmanship on such short notice."

Obituaries

Francis N. Waldrop, MD, DLFAPA



Dr. Francis Neil Waldrop died at age 83 on April 12, 2010. He was born in Ashville, NC to Troy and Emma Ballard Waldrop who moved to the Washington area in the early 1930's looking for new opportunities during the Great Depression. Neil spent much of his childhood in Silver Spring, MD and attended Montgomery Blair High School. He graduated with a BA from the University of Minnesota and returned to Washington where he studied medicine at George Washington University and graduated in 1950.

Dr. Waldrop began his career at St. Elizabeths Hospital in clinical care, teaching, and research and then moved to the National Institute of Mental Health as Director of Professional Training and Education. A diplomate of the American Board of Psychiatry and Neurology, he was awarded the Distinguished Service Medal of the Department of Health, Education, and Welfare in 1964. He received the prestigious Seymour Vestermark Award for outstanding contributions to medical education. Neil retired in 1979 as Deputy Administrator of the Alcohol, Drug Abuse and Mental Health Administration.

An accomplished amateur photographer, many of his photographs reflect the love of the water that led him to spend much time walking the Atlantic beaches and exploring the eastern shore of the Chesapeake.

Neil met his wife to be, Eleanor Dorothy Wickes, at Blair High School, where alphabetical seating placed them together at the back of the room. They married on June 10, 1950.

Along with Eleanor, Neil is survived by a son Mark and his partner Patrick Parker of New York; a daughter, Barbara and her husband Mark Linnehan of Camp

Hill, PA; two grandsons, Matthew and John Linnehan; a sister Bette Jo Lowrey of Ashville, NC; four nieces, three nephews, and a large extended family.

Dr. Waldrop's funeral was held at the Christ Congregational Church, 9525 Colesville Road, Silver Spring, MD 20901 and donations may be made to the Christ Congregational Church for Waldrop Memorial Fund.

James F. Dee, MD, DFAPA



Dr. James F. Dee, 63, who practiced psychiatry in the Washington area for nearly 30 years, has passed away. He died on January 28, 2011 at his home in Fredericksburg, VA.

Dr. Dee was born on November 3, 1947 in Los Angeles, California. He served in the United States Navy during Vietnam from 1965 to 1968. While serving his country he was honored with the Vietnam Service Medal with Bronze Star and the National Defense Service Medal. He received his Bachelor of Science from the University of California at Los Angeles in 1973 and his Pharm.D. from the University of the Pacific in 1976. Jim returned to school to study medicine and obtained his medical degree in 1983. He completed his Psychiatric Residency at St. Elizabeth's Hospital in Washington, DC.

Dr. Dee had a private practice in Alexandria and was affiliated with INOVA Mount Vernon Hospital. At INOVA Mount Vernon Hospital he had served as a past chair of the Psychiatric Department and was currently serving on the Physicians Advisory Council for INOVA.

Jim was an active member of the Washington Psychiatric Society, serving as its Treasurer when he died. He had a long history of esteemed service to our society and held many offices which included President of WPS and of the Northern Virginia Chapter of WPS.

Dr. Dee was a Physician Team Leader for the Bioterrorism Medical Action team for Fairfax County. In May 2010, he was recognized as a Distinguished Fellow by the American Psychiatric Association.

Additional affiliations included the American Pharmacists Association, American Medical Association, the Virginia Medical Society, the American Society of Cell Biologists, and the American Association for the Advancement of Science. He was also honored as a Top Doctor by the Washingtonian Magazine and was listed by Washington Consumer's Checkbook as one the "Area's Outstanding Physician Specialists".

In his private life, Jim had a life-long love of learning, was passionate about art, and was an avid freshwater and saltwater fisherman. He was a devoted family man.

Dr. Dee is survived by his wife of 39 years, Debra; his daughter Diana, her husband Ross Willoughby and two grandchildren; his daughter Julie, her husband Christopher Lee and two granddaughters; his brothers Daniel Dee and Scotty Motto and their families. He is preceded in death by his father Vincent Dee and his mother Doris Dee.

Jim's funeral service was held on February 5, 2011 and what follows is the address of Dr. Beth Morrison.

My name is Beth Morrison. I am President of the Washington Psychiatric Society, a professional organization of about a thousand psychiatrists. Jim served WPS in many leadership capacities for many years. He was our President in 2001. At his death, he was both Treasurer of WPS and President of its Northern Virginia Chapter. We owe Jim an enormous debt for his dedication and leadership.

My comments echo, from a professional perspective, what his daughters Diana and Julie so movingly described about their father from a personal perspective.

Jim came from a long line of psychiatrists trained in the public sector at St Elizabeths Hospital. He was schooled in the notion that service is honorable, including service to one's patients and service to one's profession. Jim had enormous personal and professional integrity and a dogged loyalty. He did whatever was asked of him, serving as treasurer time and time again, driving countless miles out of his way to attend meetings. His service was solid and resolute, humble and unassuming. When Jim was given the President's Award for his service to

WPS, his acceptance speech was spare and elegant. I will quote it in its entirety: "Thank You." That was quintessential Jim. No frills.

A colleague who is familiar with Jim's style as a physician described him as "having a deliberateness and openness about him which allowed people who would not otherwise be able to seek psychiatric help to come to him, not as a patient to a doctor but as one human being to another." Especially for members of the armed services who often feared that their struggle would not be understood or that asking for help would be interpreted as a sign of weakness, Jim was able to offer them an accepting and non-judgmental space in which to attend to their suffering and affirm their inner strength.

Jim was a practical guy, with a wry sense of humor. For example, we at WPS have been hard at work revising our bylaws, a dry topic. Last November, we held an annual meeting as part of the process of vetting and adopting our revisions and I, as President, was sweating bullets, worried if we would have enough members present to assure a quorum. Just before I was to begin the meeting, Jim approached me and said he had some advice. Yes? "The first rule is do not count." I had to laugh.

One last example. Jim was asked once what type of patients he saw. I am told that, giving a somewhat sideways smile, he said, "I have an obstetrical practice." Being asked what on earth he meant by that, he said, "Basically, I treat the presenting part," meaning that if you were his patient, he dealt with whatever was foremost on your mind. He did not try to pigeon hole you into a specific diagnosis, he took whatever was the presenting issue in your life and helped you deal with it and delivered you to a point where you could find the strength and will to lead your life in a full and productive way. He showed you that accepting his help was not a sign of weakness but a sign of the strength you had to take charge of your life.

Jim was revered by his colleagues and deeply admired. He will be greatly missed.

Table 1: Context in which Information was sought on the Internet

Context	No.
Specific to my own mental health	12
Specific to mental health of family or friends	12
General Interest	7
Work-related	3

Importance of Internet as a Source of Information on Mental Health Issues

Those who used the Internet to access information on mental health issues were asked if they would describe it as an important source for them. Twelve of the 20 said that they would describe it as an important source, while 8 said that they would not.

Last Mental Health Topic on which Information was sought on the Internet

Respondents were asked to identify the last topic for which they sought information on the Internet. As Table 2 shows, specific disease categories and symptoms and medications were the most frequently mentioned topics, being listed by 12 and 8 respondents respectively.

Table 2: Last Mental Health Topic on which Information was sought on the Internet

Topic	Frequency of Mention
Specific Diseases/Symptoms	12
Medication	8
Suicide	2
Grieving	1
Other	2

The two topics categories under 'Other' were DSM Codes and Mental Status Exam.

Overall Assessment of Experiences in Accessing Information on Mental Health on the Internet

In order to get information on the respondents' experiences accessing information on the Internet, three key statements were identified and respondents were asked the extent to which they agreed with them.

Statement 1: The Internet provides reliable information on mental health issues

Table 3 sets out the responses to a statement relating to perceptions about the reliability of the information provided by the Internet on mental health issues.

Table 3: The Internet provides reliable Information on Mental Health Issues

Responses	No.
Strongly Agree	1
Agree	11
Strongly Disagree	5
Don't Know	3

Statement 2: I have identified sites relating to mental health on the Internet that are useful to me

The responses to this statement concerning specific sites are presented in Table 4.

Table 4: I have identified sites relating to Mental Health on the Internet that are useful to me

Responses	No.
Strongly Agree	3
Agree	7
Strongly Disagree	5
Don't Know	4

Statement 3: It is difficult to understand much of the mental health information on the Internet

Table 5 shows the distribution of responses to this statement about difficulty in understanding information about mental health on the Internet.

Table 5: It is Difficult to Understand much of the Mental Health information on the Internet

Responses	No.
Strongly Agree	3
Agree	5
Strongly Disagree	7
Don't know	4

Ranking Usefulness of Sources of Information on Mental Health Issues

All 23 respondents were asked to rank a set list of sources in terms of their usefulness in providing information on mental health issues. Table 6 presents the list and the order in which they were deemed to be useful.

Table 6: Ranking of Sources of Information on Mental Health Issues in terms of their usefulness:

1. Psychiatrist
2. Family Doctor
3. Other Health Professionals
4. Internet
5. Support Groups
6. Friends
7. Family
8. Books
9. Magazines

Opinions about WPS's Proposed Online Lecture Series on Mental Health Issues

All 23 respondents were asked if they thought it would be useful for the Washington Psychiatric Society to develop a series of lectures about mental health issues. Twenty-two of the 23 said they felt it would be useful.

Topics for Possible Lectures

The 22 respondents who said they thought it would be useful for WPS to develop a series of online lectures on mental health issues were asked to identify topics which they would like to see covered. They were as follows with the number of mentions placed in brackets:

- Depression (7)
- Bipolar (3)

- Grieving (3)
- Anxiety (2)
- PTSD (2)
- Latest on Medications (2)
- Asperger's Syndrome (1)
- Personality Disorders (1)
- Stress (1)
- Sleep Issues (1)

In addition, some of the respondents gave more specific topics which included:

- *Mental Health and Ageing: forgetting things, senior moments and confusion.*
- *Does Suicide get passed along in heredity?*
- *How can a parent protect a child from getting mental illness?*
- *Causes of illness, contributing factors, and impact of illness on life.*
- *Early intervention for addictive behaviors.*
- *Identify unhealthy behaviors.*

Suggested Words of Wisdom, Advice or Inspiration for Inclusion in Proposed WPS Online Education Program

The respondents were asked to list any words of wisdom, advice, or inspiration which their experience suggested should be highlighted in the proposed WPS Program. They responded:

- *You can't do it alone.*
- *There will be times when things will be complicated and you will have to deal with it. Don't try to do it all at once.*
- *You (the psychiatrist) are the 'come to guy' - like an anchor.*
- *I'm okay and not a freak of nature.*
- *Find a good doctor and hold on.*
- *Read Words of Wisdom—it's filled with one-liners.*

DISCUSSION

The aim of this preliminary study was to begin a dialogue with patients about the proposed plan of the Washington Psychiatric Society to develop an online public education program about mental health. The findings, although based on interviews with a small sample, are exciting and support expanding this research to include a much larger sample.

Findings of Particular Interest

- There was a very high level of support among those interviewed for The Washington Psychiatric Society's proposed plan.
- Use of the Internet to access information around mental health issues emerged as being very high. This contrasted significantly with the findings in the UK study of Powell and Clarke (2010) and would suggest that there may be cross-cultural differences between the US and UK or that

Classified Ads

Office Space for Rent

Office space available in Friendship Heights with 2 psychiatrists. Metro access, patient parking, fax WiFi, kitchen. Contact Joe Hochheiser at 301-657-2200.

Attractive offices in engaging townhouse on Connecticut Ave. at Woodley Pk Metro. Ideal for therapists. Beautiful wood floors, great natural light, and security door with dedicated-line telephone intercom. 202-686-7691 or email mrqwin@aol.com. \$750 to \$920 per month. Offices can be shared.

Internet usage has increased since that study was completed.

- The respondents were favorably disposed towards using the Internet to seek information on mental health.
- What limited the Internet as a resource was its perceived unreliability. This tallies with the findings of both Powell and Clarke and, at a broader level, with those reported in the Scientific American study. Given the high ranking of psychiatrists as a trusted source of information on mental health issues, the WPS Plan for online lectures provided by its members may be well received.
- The findings of the study suggest that patients with mental illness are an invaluable source of ideas for planning future mental health education. This requires further attention by policy-makers at all levels.
- We want to expand this research by asking WPS members to interview a number of their patients. Our work convinced us that such a survey helped us understand the needs of those we interviewed better and had benefits beyond the data generated for the study.

REFERENCES

Powell, B and Clarke, A. (2006) 'Internet Information-seeking in Mental Health.' *The British Journal of Psychiatry*, 189: 273-277
 Scientific American (2010) 'In Science We Trust,' October: 56-59.

2012 BRUNO LIMA AWARD FOR EXCELLENCE IN DISASTER PSYCHIATRY

Have you done work in this field in the last year? WPS is seeking members who have contributed, whether in designing disaster response plans, in providing direct service delivery in time of disaster, or in disaster consultation, education, and/or research. If so, please contact Pat Troy, WPS Executive Director. The application deadline is April 15, 2011.



Washington Psychiatric Society

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www.dcpsych.org

Save the Date

for these Upcoming WPS CME events!

THE MIND AND MUSIC OF GEORGE GERSHWIN

If you haven't already done so, be sure to register for the President's Event, *The Mind and Music of George Gershwin*. Richard Kogan, MD, a psychiatrist and concert pianist, will focus on the connections between Gershwin's psyche and his music. He will be performing selections from *Porgy and Bess* and *Rhapsody in Blue* from 5-9 PM on Saturday, March 19, at the Columbia Country Club in Chevy Chase, MD. Heavy hors d'oeuvres will be served prior to the presentation with dessert, coffee and time for additional questions following the concert. You can register for this event at WWW.DCPSYCH.ORG or by calling 202-595 9498.



Locum Tenens Experiences and Shakespeare, Freud & Implications for Psychiatry

Two informal Salons, which will be held at a member's home, have also been scheduled. You can now register for Larry Climo, MD's, salon discussion of his psychiatric *Locum Tenens Experiences*. It is scheduled for Sunday, April 10 from 4:30-6:30 PM and also includes heavy hors d'oeuvres. He will be introduced by his sister, WPS member, Ann Birk, MD. Richard Waugamam, MD, will discuss *Shakespeare, Freud and Implications for Psychiatry* at a salon on Thursday, November 3 from 6:30-8:30 PM.



The annual Medical Psychiatry Conference is scheduled for Saturday, September 24 from 8:30 AM-1 PM. Presentations are currently being finalized. **Be sure to mark this on your calendar.**

Maryland Psychiatric Political Action Committee Phonathon Possible Spring Dates

SMPS/MPS will hold their PAC Spring phonathon April 3, 2011 from 1-6 PM at Sheppard Pratt in Towson, 6501 North Charles St., Baltimore, MD, 21285. We hope that members of both societies make contributions to this effort by volunteering to make phone calls to colleagues.

NEWSLETTER EDITORSHIP

The Washington Psychiatric Society is seeking to appoint a new editor of its bimonthly newsletter. This is a role which provides leadership in communication about the profession, clinical issues, the APA and public health matters to the local psychiatric community. The editor must have the interest and capacity to inform peers about these important areas. Any WPS member in good standing is eligible to apply or to be nominated for this position. WPS' staff provide complete assistance in production of the newsletter and assistance in identifying or creating content, narrowing the editor's work to the creation or review of content.

Any and all WPS members who are interested in this position should contact the WPS as soon as possible. Please contact Dr. Avram Mack, WPS Secretary at avram2mack@hotmail.com