

In my plenary address, I set three priorities for my term: expand the workforce, reduce stigma, and promote advocacy. In my last AACAP News article I described both my trepidations and my sense of satisfaction surrounding my trek “to the Hill” on behalf of advocacy. Now, I would like to share another attempt to push the initiatives of increased advocacy and decreased stigma ahead. In March, your executive committee (**Bob Hendren, D.O., Greg Fritz, M.D., James McIntyre, M.D., David Fassler, M.D.,** and me), Ginger Anthony, and several senior AACAP staff members participated in an exciting summit with senior executives of key parent advocacy organizations.

I was gratified that all four invited organizations joined us for a full afternoon at our AACAP office in Washington. Our colleagues included E. Clarke Ross, D.P.A., and Anne Teeter-Ellison, Ed.D., CEO and president, respectively, of Children and Adolescents with Attention-Deficit/Hyperactivity Disorder (**CHADD**); Darcy Gruttadaro, J.D., director of NAMI’s Child and Adolescent Center, and Carol Caruso, board member of the National Alliance on Mental Illness (**NAMI**); Cynthia Wainscott and Raymond Crowell, Ph.D., interim president and vice president, respectively, of Children’s Mental Health Services of the National Mental Health Association (**NMHA**); Shiela McDonald, vice president of the Child and Adolescent Bipolar Foundation (**CABF**); and Sandra Spencer, executive vice president, and Elaine Slaton, director of training and education, of the Federation of Families for Children’s Mental Health (**FFCMH**). A special guest, Suzanne Golden, a businesswoman from New York City, joined the group as an active participant with a fresh outsider’s perspective.

To summarize the excitement and enthusiasm that prevailed is difficult. Everyone participated actively. We listened and learned from each other. We shared our unique and common challenges, concerns, hopes, and fears. There was an ever-present respect for each other’s goals and objectives, and recognition that all of our organizations have the mental health of children and

PRESIDENT’S MESSAGE

Reducing Stigma, Promoting Advocacy



There was an ever-present respect for each other’s goals and objectives, and recognition that all of our organizations have the mental health of children and the wellbeing of their families as our highest priority.

■ Thomas F. Anders, M.D.

the wellbeing of their families as our highest priority. Moreover, we all concluded that partnering around specific areas of interest provides a depth and breadth of purpose that, as a whole, is greater than the sum of its parts. At the end of the meeting, I asked the group whether or not we should meet again. There was immediate and enthusiastic support for another meeting, hopefully, by this summer or early fall, before the AACAP’s 53rd Annual Meeting in October.

A number of potential collaborative projects and joint efforts were discussed and my plan is to have some of them underway before our next meeting. Let me describe some of the ideas that emerged. It is possible this article, written for our AACAP News, will be jointly published in the newsletter of our collaborating organizations, and leaders of those organizations will submit articles to our AACAP News. AACAP will provide five enrollments for our 53rd Annual Meeting in San Diego to each of the organizations. Those who attend will be invited to participate in our Advocacy

Committee meeting and attend the President’s Reception.

Some potentially larger and more complex projects discussed included a project whereby our local regional organizations (ROCAPs) could establish alliances with local regional parent advocacy groups for local and national advocacy and joint education of professional students, trainees, and the public. Perhaps, the current AACAP Campaign for Kids’ Access Initiative could provide funding for such joint efforts, particularly when a project is submitted by both the AACAP ROCAP and the local advocacy group(s). The “parent” national leadership alliance could monitor, evaluate,

continued on page 130



Summit attendees included (back row from left to right) E. Clarke Ross, D.P.A. and Anne Teeter-Ellison, Ed.D., CHADD, Cynthia Wainscott, NMHA, Darcy Gruttadaro, J.D., NAMI, David Fassler, M.D., James MacIntyre, II, M.D., Robert Hendren, D.O., Sandra Spencer, FFCMH, Jim Wood, Raymond Crowell, Ph.D., NMHA, (front row from left to right) Carol Caruso, NAMI, Ginger Anthony, Suzanne Golden, Thomas Anders, M.D., Shiela McDonald, CABF, Kristin Kroeger Ptakowski and Sandra Spencer, FFCMH.

and disseminate the outcomes of these projects.

Another complicated area is the importance of continuing research to better understand the causes of childhood mental illnesses. On the one hand, everyone acknowledged the significant advances and present importance of basic biological studies and carefully controlled clinical trials. From another perspective, many felt that clinical trials do not reflect the “real world” of a disorder, and that research studies might be improved if parent perspectives could be discussed and included where feasible. Parent partners in the research enterprise were deemed important. I will work with **Larry Greenhill, M.D.**, chair of our Workgroup on Research, to see how parent advocates might be involved in future studies.

Finally, another longer-term project focuses on the concept of common messaging. Although each organization focuses on its own agenda and issues, the broader area of children’s mental illnesses has not been adequately appreciated by the general public, our lawmakers, or our corporations. Although our diversity and individuality are important to maintain for our respective membership bases, our messages need to be better organized and articulated. Since the recent reviews by the FDA and the concerns about possible harmful effects of medication, we need to respond affirmatively with the facts about the benefits of our treatments. We need to use science as the basis of our response, but we need to respond clearly, simply, and with a common voice. In other words, we need to sharpen our message and public image, perhaps using costly professional consultation. Suzanne Golden’s views on this issue were particularly poignant and relevant.

So, I am especially gratified by the outcome of this first summit of AACAP leadership and executives from allied parent advocacy groups. I am committed to seeing this activity continue and mature. A single meeting, albeit exciting and gratifying, will not do it. Together, we have a big job to undertake. We are

embarking on a huge public campaign, but neither naively nor with unbounded optimism. I do not want us to reinvent yet another well-meaning consortium that ultimately fails. We need to proceed

slowly, cautiously, understanding each others needs, building trust among our organizations and constituencies, and establishing small, manageable successes, one project and day at a time. ■

John Schowalter, M.D., Endows Second Resident Representative to Council

John Schowalter, M.D., AACAP past president, has endowed a second resident member on the AACAP Council. The new resident member will be known as the John M. Schowalter Resident Member. Dr. Schowalter’s contribution will support the education of the public on issues related to developmental, behavioral, emotional and mental disorders affecting children and adolescents.



Photo by Paul Glass, M.D.

President Anders, M.D., and John Schowalter, M.D., with a future child and adolescent psychiatrist at the AACAP’s 51st Annual Meeting in Washington, D.C.

Meg Corrigan, M.D., will be the first John E. Schowalter Resident Member.

Jerry M. Weiner, M.D., established the first fund to support the participation of a resident member to the AACAP Council. The Jerry M. Weiner Resident Fund has proven to be very successful, not only in giving the AACAP a healthy perspective of the needs and ideas of the incoming generation of child and adolescent psychiatrists, but also in informing our future leaders about the opportunities and responsibilities of the AACAP.

Last year, Council authorized the addition of the participation of another resident to each component to a total of two. AACAP also offers resident travel scholarships to its Psychopharmacology Update Institute, its Annual Review Course, and its Annual Meetings.

Susan Milam Miller, M.D., the current Jerry M. Wiener Resident has spoken positively of her work as a representative to Council. “I have found my work with AACAP to be very rewarding both for the experience in working within a professional organization, contact with other trainees across the country, and for the mentorship relationships that I have found. I look forward to continued advocacy work with AACAP during my career and feel that my service to AACAP as a trainee has been an important aspect of my own professional development.”

Resident **Khareem Ghalib, M.D.**, has said, of his experience as the resident member of the Work Group on Consumer Issues, “Though I’ve only been to one meeting, I’ve enjoyed the experience tremendously. I was warmly welcomed and immediately treated as part of the team. I found all of the members genuinely open to and eager for my perspective as a resident. I’m looking forward to learning more about not only the issues the group deals with, but also the process by which they deal with them. It promises to be a wonderful opportunity to represent residents and grow professionally. I’m very grateful for it.”