APA Speech 2014

ARE WE READY

OUR FUTURE IS NOW:

Are We Ready for Change ?

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Are We ready for change

What does this mean to change

How can we do this

Andrew, thank you for those kind and inspiring words. It’s an honor to be introduced by you and always a pleasure to hear your eloquent oration. Your literary works, such as the *Noon Day Demon* and*, Far from the Tree--and your most recent New Yorker Article about Adam Lanza --*are amazing contributions to the field of psychiatry and to our society. You are a unique and much-needed voice in American Letters, and I’m proud to call you a friend. Let’s give Andrew Solomon a big hand.

WAIT FOR APPLAUSE

Dear Friends, Colleagues and Distinguished Guests,

You may find what I am about to say shocking. It was certainly a shock to me. But, I have to confess that I really have enjoyed being president of APA during this past tumultuous year. This is not to say that I enjoyed the crush of extra work, travel, in-person meetings and teleconferences from every imaginable location, and some unimaginable. But I have been gratified by the APA’s performance and what we have been able to accomplish together. At this time last year, we were facing daunting challenges and uncertainty. DSM-5 was about to be launched and after a development process so roiled by controversy that we wondered how the book, and the future of psychiatry, would be received. We were also in the midst of a search process for the new CEO and Medical Director. And health care reform was inexorably wending its way forward with the Final Rule of the Mental Health Parity and Addictions Equity Act and the implementation of the Affordable Care Act both looming. And the continuous cycle of incidents of mass violent involving persons with mental illness kept us, our patients and our treatments, or lack thereof, in the harsh glare of the national spotlight. A year later our problems have hardly declined, but I am encouraged that we are up to the task.

I wonder how many of you know what I mean when I say up to the task.

can honestly say that, as a field, we are learning to recognize and manage our challenges much more effectively.

 I ran for President of the APA out of sheer frustration …… frustration over what was happening to the field of psychiatry, and frankly, frustration over our responses to the insults, assaults and disregard of mental illness and psychiatry. It seemed to me that we were doing everything we try to help our patients stop doing—we were lamenting, we were wallowing, we were rationalizing the present and denying the future.

So, my overriding goal was to foster, foment, facilitate and, if necessary, even force CHANGE. For this reason I chose *“Changing the Practice and Perception of Psychiatry”*  as the theme of this year’s annual meeting, and from the moment you made me your president-elect nearly two-and-a-half years ago, I committed myself to finding—by all means possible—what those changes needed to be, and how we would attain them. I was well aware of the long odds for success and believed that in all likelihood, my run at this lofty goal would appear to have been quixotic or masochistic. Of course I kept those doubts to myself, although my wife did not. When I told her I was thinking of running for APA President, I remember her saying “YOU ARE GOING TO DO *WHAT*?” But eventually, like everything else that I have tried in my professional life, she went along with it and supported me.

The one thing I had going for me, besides my own persistence, was that, as Bob Dylan sang during the height of the Civil Rights movement in the 60s, “The Times” were going to be “A-Changing” no matter what I did as president.

I was going to start my presidency on the day the new DSM-5 was published. I was going to be president during the biggest legal change in American mental health in our lifetimes, even bigger than the Community Mental Health Act of 1963. The Mental Health Parity and Addictions Equity Act of 2008 was finally going to be made operational, as was the Affordable Care Act, the first US health law in which all diseases of the brain were viewed the same as all other medical problems. The only real surprise was that, in October, the Institute of Medicine would announce an 18-month project to study the efficacy of all psychosocial interventions for mental disorders.

To my delight and I must confess surprise we have acquitted ourselves well. But our success has spawned a new fear that gnaws at my hopes and awakens me in the night, Are We Ready for Change. Do we have the courage, commitment, or as my wife would say “cojones”.

Last year at this time, I discussed what worried me most about psychiatry’s plight in health care and society-- the relentless persistence of what we have always diplomatically called “stigma,” but we all know really is nothing but discrimination and prejudice. Discrimination against mental illness and mental health care services, prejudice against psychiatry as a scientific discipline of medicine.

Nothing could have better symbolized this sorry state of affairs than the controversies—many of them completely invented--surrounding DSM-5. I can admit now what we were all too afraid to admit then: DSM-5 was a near-death experience for the APA, and for the future of evidence-based mental health care. The level of brinksmanship with our enemies and detractors—and even some of our longtime friends—was stunning and sometimes a little horrifying. Luckily, we were able to rise to the occasion, complete and launch the book successfully. And, just in the past weeks, we have finalized the process by which APA will remain in the forefront of scientific diagnosis for generations to come.

I am continually amazed at the disregard for mental illness, mental health care and psychiatry, despite the growing awareness of the economic and social burden of mental illness, the astonishing scientific progress in understanding the brain and behavior, and the repeated social tragedies played out in the media, whether it's the mass killings, or jails stuffed with the mentally ill and the homeless. The fact that we still have to debate the existence of mental illness instead of expending all our energies on treating it is a testament to the mass delusion and denial of our government and society.

But, if we want change, we can’t just ask everyone else to change. Mahatma Ghandi said “you must be the change you wish to see in the world”. Vikto Frankl said “when you are not able to change a situation you must be willing to change yourself”. Leo Tolstoi said “Everyone thinks of changing the world, but no one thinks of changing themselves”. We have to be willing to change ourselves, to lead change, not just demand it of others so we can remain as close to the same as possible. And that’s what I want to talk to you about today.

As you know, this has been a year of change for the APA and for Psychiatry. Our longtime medical director and CEO retired, and after a national search we hired a vigorous new leader, Saul Levin, who has hit the ground running in this challenging year for all health care, but especially mental health. We also recently reorganized the way we will oversee the DSM effort moving forward, and announced a new committee to run that led by Paul Appelbaum. Being involved in these internal changes has been very gratifying for me. I was able to truly get to know the APA as an organization, the staff members of the Central Office, and the members who contribute their time and effort at the national and local level in the various components of the APA, and in doing so appreciate the people who I had never met who were doing so many things to make mental health care and psychiatry better and more contributory to society. And for the most part, they motivated to do this, if not by altruism than socially beneficial motives. We are in a profession whose sole purpose is to help people through science and humanism. Of course we are paid for our efforts—or, at least, we should be, and fairly. But we are not just in this for the pursuit of money. Our success comes from alleviating human suffering.

But what I want us all to be thinking about during this meeting, and during the coming year, is the bigger picture of change—and how we can be part of it, to improve the lives of patients, and the future prospects of our profession. I cannot say to you today that I know exactly how these changes will play out: nobody does, and to some degree we will either get to decide, or watch someone else decide for us. But, trust me, the times will absolutely be “a-changing” in a way we have never experienced in our lives. And we need to rethink a lot of the decisions we have made in our profession, and in our personal practices, which were based—quite logically at the time—on the notion that, for us, change would never come.

First, we need to think about changes in the way we practice and are going to practice. If all the legal efforts made possible by mental health parity and the affordable care act are successful—and we must support them vigorously, and be patient and cooperative as we work to assure that the courts interpret and uphold our new laws and protections—mental health providers should be paid more fairly for the first time in our lives. Will all or most of the caregivers who left the system of insurance for justifiable reasons during the years of discrimination consider rejoining now? Because, if they do not, there will not be enough caregivers in the system to treat those who need the treatment—and now find themselves fairly covered.

Second, we need to think about changes in the way we view our place in the world, and the place of our patients and their families. As I mentioned earlier, the idea of “stigma” is one I think we need to get rid of. We are fighting discrimination and prejudice—much from the outside world, but also some from within. We need to aggressively oppose discrimination from without, but we also need to address it within our own ranks of psychiatrists, and in the larger ranks of any caregivers involved in what my friend Patrick Kennedy refers to as “the community of mental health.”

So, we need to change the way psychiatrists interact with the rest of the treatment community. Are we willing to risk putting aside—or at least turning down the volume on—our historic guild battles with psychology, primary care docs and other caregivers to truly help create the new system we all worked so hard to enable? It’s really important. And, honestly, it is the one area where I have seen some backsliding since the fall.

In October, when we saw the final rule on Mental Health parity get published, and we celebrated the 50th anniversary of the signing of the Community Mental Health Act with a rousing inaugural meeting at the JFK Library in Boston of the Kennedy Forum, there seemed to be a clear idea of where stakeholders could combine efforts for the common good. This was followed in early December with a historic meeting we helped organize in Washington with all the major stakeholders in parity—the first time both APAs, the AMA, all the advocacy groups and all the groups overseeing facilities—where there seemed to a powerful idea of common purpose, and a clear understanding of how we might try to put aside guild differences. We seemed to be getting organized against a common enemy of medical discrimination, instead of fighting each other.

Then the Murphy Bill was introduced, and, honestly, we have all been backsliding a bit into our age-old arguments about who is really sick enough to care about, and which diseases and human suffering matters more. These are the arguments for a pre-parity world, where there is no law protecting us. Even on the points of disagreement, we need to change the discussion, to a new one that embraces the protections of parity, and uses them as a new weapon to get what our patients need.

Recently, someone asked me how would I like my presidency to be remembered. I replied that I hoped people would see this as the **year APA found its MOJO**. We stopped denying change, and started accepting and embracing it. Bob Dylan sang:

If your time to you is worth savin’
Then you better start swimmin’ or you’ll sink like a stone
For the times they are a-changin’

This is the year that the APA, and all of mental health care, stopped treading water and started swimming again. I am proud to have played a role in that, and am proud to have served as your president.

You miss 100 percent of the shots you never take.” -Wayne Gretzky –

 “All our dreams can come true – if we have the courage to pursue them.” –Walt Disney

"I know God will not give me anything I can't handle. I just wish that He didn't trust me so much." ~Mother Teresa

Now this is not the end. It is not even the beginning of the end. But it is, perhaps, the end of the beginning.

[Winston Churchill](http://www.brainyquote.com/quotes/authors/w/winston_churchill.html)

**THANK YOU VERY MUCH FOR YOUR ATTENTION**

**AND FOR YOUR SUPPORT OF THE APA**