

industry. We must aid our members to reexamine their own roles with the drug industry and address and develop new standards for these interactions.

2. We must underline that of all mental health practitioners we are the ones best equipped to apply the biopsychosocial model. We must not present ourselves as just mental health practitioners who can prescribe medications. We must resist psychologist prescriptive authority while presenting a clear image of our unique integrative skills.

3. We must be the premier mental health professional association in fighting to resist reductions in funding for mental health in the public and private sectors.

These are of course not the only issues that we will need to attend. I believe that they will need special attention in the next few years.

Our success with these issues and the others we must confront will relate to the leadership skills of our president. My past performance reveals that I have the requisite skills.

I would appreciate your vote for APA President-elect for a strong unified APA.

## APA DOINGS

by R.A. Ratner, MD

Last November I again attended the fall Assembly meetings of the American Psychiatric Association on behalf of ASAP. We are one of several constituent societies which now have a vote in the Assembly and are collectively known as the AAOL (Assembly Affiliated Organizations Liaisons). Ideally, most of our members are informed by their APA district branch reps of the details of action papers passed and issues joined, so I feel free to give a more impressionistic and ASAP-oriented summary.

A major trend underlying all the proceedings this year was frustration over the powerlessness of the APA in general and the Assembly in particular in achieving the political objectives of the organization. The trigger for all the anger is the continuing issue of psychologists gaining prescribing privileges, which has now happened in New Mexico and Louisiana and could happen in others as psychologist lobbying becomes more intense. The main argument psychologists have used has been the relative absence of psychiatrists from rural areas and the potential use of psychologists to fill in these gaps. Not mentioned is that for the most part psychologists are also poorly distributed in rural areas, but this is an appealing argument to legislators who see a vote in favor as a means of bringing more and better services to their constituents.

While the APA has turned most of its resources in this direction, and while we are unlikely to be blindsided by this as we were in those two states. Some of this anger is voiced directly, but some of it has emerged as the motivation for a number of other developments.

### The Texas Issue

Chief among these has been the push by the Texas State Society to figure out a way to capture psychiatrists in the state who are not, and refuse to become, members of the APA for their local societies. As things stand, one cannot be a member of a local DB without also having APA membership, and Texas has been trying to find a way around that. Unfortunately this has generated a good deal of hostility, miscommunication, and misunderstanding between Texas and the national body, most of which played out during the Assembly meeting. Just possibly some

kind of solution is being worked out as you read this, but until now considerable inflammatory rhetoric on both sides is present.

Other manifestations of the feeling of powerlessness have included numerous action papers concentrating on making changes in Assembly procedures and representation. This has gotten to the point where one action paper suggested placing a limit on the number of motions dealing with procedures so that other business could be considered. It got voted down but I think the underlying point is a good one: there is so much out there we feel is out of control, that Assembly members start trying to over-control.

### ASAP Concerns

Jim Nininger, the current Assembly Speaker, chose me to chair one of the reference committees. These committees serve as a clearinghouse/gatekeeper for the many action papers submitted to the Assembly for consideration and vote. The committees each review several of the papers and either support, support with changes, or decline to recommend. (The author can still "move the paper" from the floor without our support). It was lots of fun to work together with colleagues from all over, and I tried to make the most of my opportunity to let people know about ASAP. Our issues were only indirectly linked to adolescents as such, but we passed both with modifications, accepted by the authors, and both were later passed by the Assembly.

Medical Director Jay Scully and President of the APA Steve Sharfstein met with the AAOL members at a breakfast meeting on the Sunday of the meeting. Among other things, we discussed the status of our various groups in their relationship to the APA. Both men were strongly in favor of continuing these relationships. Since one theme was what the APA could do for our groups (and vice versa), my own comments dealt with our long relationship with the Academy and how events have changed our relationship over the past 10-15 years. Much of the history was not really known to either man, and I think our profile with both of them was raised a bit.

The Academy (and the APA) are both concerned, among other things, with workforce issues. There appears to be a noticeable shortage of child psychiatrists,