THE
MARYLAND PSYCHIATRIST
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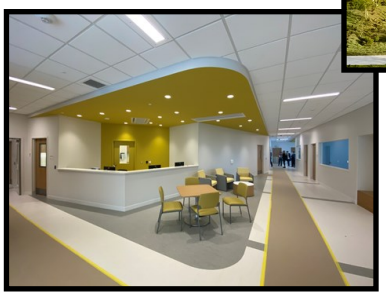
New Sheppard Pratt Campus to Provide Greater Access to Care

by Todd Peters, MD


Todd Peters, MD

On June 17th, Sheppard Pratt—the largest provider of mental health services in the state—celebrated the opening of a new, state-of-the-art hospital campus in Elkridge (approximately 15 minutes from BWI). Set on 50 acres, the Sheppard Pratt – Baltimore/Washington Campus includes 85 beds—5 more than its previous hospital in Ellicott City, which closed at the end of June. With more square footage—156,000—and more private rooms, the new hospital will increase Sheppard Pratt's bed capacity, programs, and services. The five patient care units incorporate the latest in effective treatments for adults, adolescents, and for those with "co-occurring" conditions. The new hospital also includes a young adult patient care unit, which was designed to meet an increased need for this population. The Baltimore/Washington Campus also features four specialized outpatient programs, including eating disorders, thought disorders and mood disorders, a Psychiatric Urgent Care, and so much more.



The new Psychiatric Urgent Care is an expansion of services from Towson and a new program for the area. It provides urgent assessments and triage to appropriate care for individuals experiencing mental health and/or addiction crises.

Dr. Harsh Trivedi, Sheppard Pratt's CEO, commented, "Even before the COVID-19 pandemic, we were seeing an urgent need for increased access to high-quality, compassionate mental health care…this campus is the first bold step in a number of key initiatives."

As the need for more behavioral and mental health treatment options increases and as psychiatric bed capacity remains almost full, the new hospital campus will provide much needed access for patients of different ages, as well as critical crisis services. Said Dr. Trivedi, "As we take steps towards recovery and reopening from COVID-19, the Baltimore/Washington Campus will redefine the standard of excellence in mental health care and help us broaden our impact to serve more people."

Sheppard Pratt continues to recruit new psychiatrists, psychologists, and other behavioral health professionals. Anyone interested in joining our team is encouraged to contact us.

In This Issue

MARYLAND
PSYCHIATRIC SOCIETY

A District Branch of the American Psychiatric Association

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Our New President

by Jessica Merkel-Keller MD

Virginia Ashley, MD

Let's welcome Ginger Ashley, MD as the newly elected MPS president! She comes from a long line of Oklahoma physicians. Her father was a psychiatrist and her mother was a therapist. She moved to Maryland for training at Sheppard Pratt after graduating from Oklahoma State University and receiving her medical degree from the University of Oklahoma.

After training, she briefly practiced at Sheppard Pratt before beginning a 25-year career in consultation liaison psychiatry, first at Montebello (a converted TB hospital that eventually became Kernan and is now the University of Maryland Rehabilitation & Orthopedic Institute). Since retiring from consultation liaison psychiatry, she has devoted her efforts to serving her patients in private practice.

She has been a member of the MPS for over 30 years and has been elected to its Council. In recent years, she chaired the book club before joining the executive committee.

When she is not engaged in clinical practice, our new president is out waterskiing on her boat and enjoying the company of her children and grandchildren!

Diversity of MPS Part 1: Inside Out

by: Chad Lennon, MD
Member, MPS Community Psychiatry & Diversity Coalition

Chad Lennon, MD

"Looking to your left and right and noticing the number of people of color at the next MPS event ….one of you will not make it past this year." This was seen as a signal of who was going to fail to survive the first year of medical school and a way to challenge individuals to consider if they belong there. Even further, if they deserve the greater title of being a physician. Now, take this adage and consider the membership of MPS – Look to your left…look to your right…how many people of color do you see? If one was to perform this experiment in a room of MPS members, most people would not see a person of color. Each time I combed through the MPS listing looking for colleagues of color, it became more evident that I did not totally belong. As an organization, we must ask ourselves if this is ok – I believe that this is a devastating disservice to the present and future of our organization. The APA has seen this same ugly truth and has started to work to change. Recommendations for change have been discussed since 1970 and then reiterated by Dr. Shim in her opinion piece last year (Shim, R. "Structural Racism is Why I'm Leaving Organized Psychiatry." STAT, June 2020). The recommendations of this article are repetitive, but are worth repeating. If history has taught us anything, one rule is true, as author Chimamanda Ngozi Adichie stated – "We do not just risk repeating history if we sweep it under the carpet, we also risk being myopic about our present." This article is not just an exercise in summer reading, but, instead, is an exercise in action of how to be the catalyst for change in the MPS. That action does not start with the organization as a whole, but with its members.

Step 1: Self Learning

Dr. Jeffrey Geller, former president of APA, made the first charge of the APA Presidential *Task Force to Address Structural Racism Throughout Psychiatry* (Geller, J. "Structural Racism in American Psychiatry and APA: Part 1." *Psychiatric News.* 23 June 2020)--to "[provide] education and resources on APA's and psychiatry's history regarding structural racism." To that endeavor, he wrote two separate articles in the *Psychiatric News* educating its readers on the history of racism in psychiatry. If we want to change our organization, we must start with educating ourselves. As an action plan, every member of our organization should start doing some reading. As stated above, Dr. Geller has created a task force which led to collecting many resources of articles, journals, and webinars that discuss how racism is imbedded into psychiatry. You should not stop there!

America and its people are coming to a reckoning on dealing with its racist past. We must also look at resources outside of psychiatric organizations to truly understand the plight and celebration of people of color. In order to fully embrace diversity in an organization, the people in the organization must understand why the diversity is so important. Do your research and learn more about people who don't look like you! Check a list that I personally created (MPS News. "The CBT of Racism." Volume 34 (3). July 2020.) -- listen to a webcast, read a book or article, watch a video or movie. Find a way to learn about the cultures of people of color. People typically take the months of July and August and do some "summer reading." Do some summer *learning* instead. **ACTION STEP 1: READ!**

Step 2: Communication with Others

Now that you have taken the time to learn new, and, hopefully eye-opening pieces of information - start talking. Don't just talk to your friends and family…talk to people of different races, religions, sexual orientations, etc. In psychiatry, we talk a lot about the correlation between how one speaks and how one thinks. The definition of the infamous Freudian slip is "a slip of the tongue that is motivated by and reveals some unconscious aspect of the mind." One may be accidentally saying things to people of color that show unconscious racist thoughts. Don't just talk to people who are different than you, listen and become aware of how you talk to them. One does not have to be an outright racist in order to do or say things that have racist undertones. Dr. Shim's article referred to this: "I have also experienced countless microaggressions. APA leaders have confused me with other Black women psychiatrists bearing no resemblance to me, interrupted one-on-one conversations I was engaged in without acknowledging my presence to speak with the white man I was conversing with, and have 'accidentally forgotten' to acknowledge me when publicly recognizing members for their service to the organization. In each instance, I remained silent. I did not want to make a big deal out of something that seemed so small."
Andrew Limbong (Limbong, A. "Microaggressions Are A Big Deal: How To Talk Them Out And When To Walk Away." NPR.org. 9 June 2020) describes microaggressions as "thinly

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MPS Diversity
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veiled, everyday instances of racism, homophobia, sexism (and more) that you see in the world. Sometimes it's an insult, other times it's an errant comment or gesture." These "small" insulting instances can cause a person of a different culture to be unwilling to have an open discussion. Therefore, these microaggressions can get in the way of real honest dialogue. The open dialogue with people who are similar AND different from you will allow you to learn more about your own beliefs and be able to truly examine them. Some may find unconscious bias training beneficial in order to talk with professionals about those unconscious beliefs. Talking is not to be done in an effort of condemnation, but instead, in an effort to assess your own values and learn from each other. **ACTION STEP 2: TALK!**

Step 3: Observations

Now that you have taken time to teach yourself about different cultures and examine your own values, the next step is to assess whether your core values are exuded in your workplace. After all of the learning that has taken place, one of your values is hopefully to be a part of groups with people of different cultures and backgrounds. You must then question whether that is truly happening- - listen for microaggressions in your inner circle of friends and family and look for people of diverse cultures in your workplace. If celebrating diversity has become an important PERSONAL value, this value should now motivate and guide decisions. There should be a need rising within you to make significant changes to your surroundings such as creating space to talk about race and racism, build a library of resources that discuss these issues, and even make changes as to how people of color enter into your workspaces. For example, if 90% of the janitorial staff are people of color and only 9% of your colleagues at work are of color, does that fit alongside the newly acquired value? If people flippantly say "that's so gay", does that fit with the newly formulated mindset? **ACTION STEP 3: LOOK!**

Only when we become personally invested in making a change, can changes truly happen. The Maryland Psychiatric Society is not just a random group of people – it is an organization of educated psychiatrists! Psychiatrists are researchers, communicators, and avid observers and therefore, are prime to do this work. We, as individuals, have to "be the change". This three-step process is only part one, but it will lead to the necessary work of improving ourselves and then, next, the diversity of the entire organization.

MPS Annual Meeting

by John Buckley MD

John Buckley, MD

Spring is the season for ceremonies. These include graduations, weddings, and annual meetings of organizations. Typically, attendance at these events is important to a few participants and endured by many who are there because showing up is semi- mandatory. But this MPS annual meeting was enjoyable for all. The speeches were short, concise and full of information. The agenda was well-planned and was kept on schedule.

At 7pm on Earth Day, the 90 members-attendees were introduced to the current activities of MPS. Neil Warres gave the Foundation award to the parents of their son who had committed suicide--for their outstanding efforts at public education/ awareness. A somber moment honored the victims of the pandemic. The meeting brightened with a slideshow of pix submitted by members ("life during the year of isolation"). There were lots of cats and cute kids, a few dogs, and quite a few masked members and their families. The annual report included how we are doing with money (down only 3 K), awards to young members for scientific papers and posters, and the welcome suggestion to look on the website and read the newsletter for detailed committee reports.

Geetha Jayaram was honored for her lifetime of service. A presidential award went to Annette Hanson. Both accepted with grace. A new feature for this year's get-together was a 5 minute "break out session", where small groups of attendees were joined for a group chat--a chance to get to know what peers look like and how they practice. Outgoing president Mark Ehrenreich discussed plans for now (collaborating with the WPS for legislative lobbying) and the future (including medical students as members). Incoming president Virginia Ashley reviewed the challenges facing us in the next year. Door prizes were drawn, and the official meeting was over by 8:10.

The backdrop screen images of Ann Hanson and Mark Komrad were spectacular.

The Zoom connection was left open so colleagues and friends could reconnect. In this new era of virtual communication, the potential for useful interaction knows no limit. With such clever planning, any topic can be broadcast to an interested audience with no need for travel, parking, and "doctor costumes". Marketing the concept will be an issue, but with meetings like this, there is no reason we can't reach large audiences and encourage them to actively participate.

How One West Was Won

The Founding & Rescue of St. Joseph's Psychiatric Unit

by: John Buckley, MD

1983: It was the worst of times. The previous year had been bad enough, when a pall of gloom had settled on the psych unit at St. Joseph's. The official word had arrived: the psychiatric unit--"One West--would close its doors for good.

It had not always been "One West". When the hospital moved from East Baltimore in the mid-'60s, the Sisters of St. Francis had boldly decided to admit psychiatric patients to the general hospital. A staff of office-based psychiatrists was recruited as attending physicians. Patients, often from the ER, were admitted to a medical unit, where a team of nurses—some with psych training—worked with them. A half-time medical director, Gordon Grau, MD, supervised them and reported to the department Chair, Dr. Richard Pembroke. He was an analyst whose office was next to the hospital. He had been a consultant at the old hospital and was friendly with a group of doctors –most of them surgeons—who had lobbied for the move from downtown. Like other department Chairs, he volunteered in the role—until he retired many years later.

The medical unit on the 7th floor was to last until a separate wing was completed on the ground floor. It was designed to house a 17-bed "open" psych unit. This was considered a daring move---reducing the stigma connected to a free-standing psych hospital or a separate wing. It needed support from all sides. Sister Pierre came to be recognized as the leader of the new hospital. There were no ID badges in those days. She might be at the door of the cafeteria at lunchtime, greeting everyone by name (while checking out the length of the women's skirts and the men's hair).

A 17-bed unit was not ideal for financial and staffing, but it did remain busy for many years. The beds stayed full and the length of stay shorter than in other places.

But the early '80s brought new initiatives and a growing gap between the "C" wing and the front-line patient care floors. The next bold move was to cardiac surgery. Its new team was treated like royalty and the hospital's reputation and operating revenue increased. The medical staff meetings were still pleasant, but now included not-so-subtle encouragement to order any test that might be useful.

The Department of Psychiatry was notified in 1981 that construction of Two West would begin. The space was needed for a revamped nuclear medicine area and some labs. Of course, this might cause some minor inconvenience to the ambience of One West—one floor below.

I had replaced Gordon Grau in 1976 as the half-time director of inpatient services, so I spent some part of each day monitoring the hospital's pulse.

The construction began and the inconveniences mounted. At times, they literally poured in, with buckets shifting location as the flat-roofed wing was breached for the new floor above it. Tall stepladders occupied the hallways and patient rooms so wiring and pipes could be adjusted. The number of patient rooms available changed on a daily basis. We were limited in the types of patients we could admit. The waiting list disappeared and the occupancy rate dropped. The staff's "family" teamwork now included some testy exchanges. I met with the hospital's CMO. I suggested that they close One West and then reopen it once the construction was finished. He pointed out that this would result in the state regulators decertifying the program, with little chance it would ever reopen.

A pair of sub-plots threatened the survival of One West. The hospital welcomed its team of cardiac surgeons and granted their requests quickly. One West was one floor above the operating suites, and an elevator connected the two floors. A step-up unit for cardiac recovery patients could offer a convenient and profitable replacement. Second, the CEO of a well-known, nearby psychiatric hospital was asking how it could help. That hospital had plenty of experience and plenty of confidence in how it could handle additional patients.

A study was undertaken to review the usefulness and needs of the psychiatric unit. The consultants noted the poor occupancy rate and the high costs. The statistics were all negative. It concluded that all inpatient psychiatric services should be discontinued.

The staff was understandably opposed. The medical staff, other than the new surgeons, was generally in favor of keeping it open—many of them because Dick Pembroke was so popular. I admitted private patients there and got along well with many of the doctors. I did not want to be a traitor.

The administrators announced they would defer a decision to the Board of Trustees, which would be meeting in a couple of months. We forged a plan. Dick would lobby the department heads and I would produce and direct a show for the trustees.

The unsung hero was, and is, Joe Molyneaux—a trusted Timonium neighbor and friend. He was a salesman. Every year, he won bonus vacation trips from IBM by selling business systems to federal agencies. He sold concepts of improved efficiency,

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St. Joseph's Psychiatry Unit

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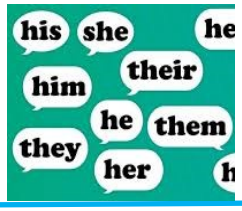
with the latest ideas IBM could offer. I showed him the study. Then he gave me an important education. The most important advertisers of the day—Coke ("the pause that refreshes"), Kodak ("capturing memorable moments"), Allstate ("safety, protection") did not include prices or statistics in their messages. To save One West, we had to convince the trustees of the value of the services we were giving to the hospital and the community.

Dick Pembroke would address them and speak of the support of the department heads. John Cowl, (who represented the community-based psychiatrists) who had a great voice and stage presence, would be our spokesperson. He would show how the attending psychiatric staff were contributing to the over-all medical staff and to the community. Glyne Williams (who represented the nursing staff) who was well-spoken and had a slight British accent, would use a flip chart to demonstrate the support we were giving to other areas of the hospital. No-one would try to refute the "study" or its statistics.

Dick concluded by saying that One West had helped so many over so many years. Neighbors, family members, and even members of the clergy. What would it be like if a priest or nun needed a place to recover? Would it be fair for one of them to have to go to a psychiatric hospital that had no Catholic environment—no crucifix on the wall?

The show lasted less than 20 minutes. One West stayed open. I moved on. The construction was completed and the cardiac surgery program thrived. Admissions filled the 17 beds, though low-tech care and high usage of staff time continued to cause it to lag behind in revenues. The C wing and the psych unit maintained an uneasy co-existence—for the time being.



Choosing Pronouns

by Ann Hanson, MD

Annette Hanson, MD

I grew up in an era when schoolchildren were expected to stand by our desks, put our hands over our hearts, and say the Pledge of Allegiance every day before class. This was supposed to be an expression of patriotism and to show respect for the American flag that stood in every classroom.

In 1943 the US Supreme Court found this requirement to be an unconstitutional infringement on free speech because it required the children who were Jehovah's Witnesses to salute the flag. Similarly, in 1977, Chief Justice Warren Burger referred to the right to refrain from speaking as part of the First Amendment's right to "individual freedom of mind."

This topic has been on my mind lately because of a question an anonymous physician posed on Twitter: "Why should you not have your pronouns listed in your email signature?" My instinctive response—which I thought was stating the obvious—was "because for some people gender identity and orientation are private matters and they have the freedom to choose not to disclose." This prompted a spirited but polite debate about the use, and declaration of, gender pronouns.

People who choose to post their preferred gender pronouns in emails or on social media do so because they believe that, in that way, they express solidarity with the transgendered and non-binary community and they are freeing people from "outdated societal gender norms." The intent appears to be humane, but the implications concern me. By this reasoning, those who exercise a right to personal privacy by withholding pronouns are, by definition, unsupportive or intolerant of a vulnerable group of people.

I draw a distinction between an individual's freedom to correct a mistaken gender identification and a duty to announce one's own. The group pressure to declare certain beliefs or to express solidarity has done little to correct the ills of society-- but a lot to create division. In the majority of cases, pronoun declaration is simply unnecessary. When I appear at work in a dress, wearing women's shoes, carrying a

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Pronouns

(Continued from page 5)

purse, and bearing a clearly feminine name, I trust my colleagues have no problem recognizing my gender. I wouldn't insult them by suggesting they need pronouns to guide them.

In other contexts, compelled speech has more ominous implications. Imagine
a world in which certain groups, employers, or officials require you to disclose your marital status, religion, child-bearing status or plans, political affiliation, or other personal information? The ability to resist group pressure, to claim the right to *refrain* from speaking, is also a core feature of our democracy. In 1776 Quakers were imprisoned for refusing to take oaths of loyalty to the United States, which led James Madison to explicitly protect negative speech rights in the First Amendment. Expressions of loyalty and solidarity can help the vulnerable, but can also be used to discriminate and exclude others.

I respect those who choose to post "her/him, she/he, they/their" words in their communications. I encourage the freedom to do so. I will keep my pronouns to myself.

The Maryland Psychiatric Society presents

Impact of Racism in Maryland Psychiatry

September 22, 2021
6:30-8:30 PM
A virtual CME meeting

Featuring Presentations By:

- Ayah Nuriddin, MA, MLS, PhD

  Psychiatric Jim Crow: The History and Legacy of Racism in Psychiatry in Maryland

- Kimberly Gordon-Achebe, MD:

  Structural Racism from Both a Patient and Physician Perspective

FREE for MPS Members!

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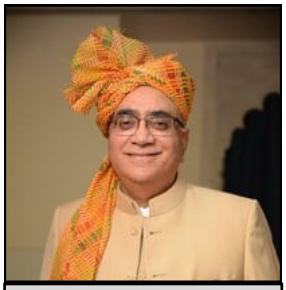
Thank you to the Maryland Foundation for Psychiatry for financial support for this event.

IN MEMORIAM : Niranjan Jani, MD

by Bruce Hershfield, MD



Niranjan Jani, MD

Dr. Niranjan "Niru" Jani, an MPS member and the husband of Dr. Sushma Jani and the father of Dr. Suni Jani, died on January 16th.

Originally from Tanzania, where his father was Appointed Physician to the President, he moved to England as an adolescent. He went to Indiana University and then to medical school in Mexico. He trained in Psychiatry in Indiana, did a Consultation Liaison fellowship at Georgetown, then trained in Child & Adolescent Psychiatry at Johns Hopkins. He then did a neurology residency at Georgetown and became a Sleep Medicine specialist.

He worked at Maple Shade Youth & Family Services, Community Behavioral Health, George Washington University, and Howard County Community Hospital and was Chief Administrator at two successful organizations. He was pleased to work together with both his wife and daughter.

Many people expressed admiration for him. Here are three comments:

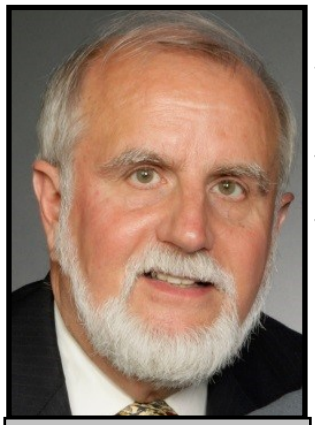
"The death of Niru Jani is a great loss to the psychiatric community on the Eastern Shore. He was a gifted clinician whose legacy is carried on by his daughter Suni Jani MD and his wife Sushma Jani MD ,both child psychiatrists. I was fortunate to have him as a fellow with us at the INOVA Consultation Liaison fellowship, then as a teacher in our program and finally as a good friend. He will be missed by many." (Thomas Wise, MD)

"Such a kind soul, who brought positivity, kindness, and warmth to everyone he met. ..He cared deeply for his patients and in his ability to help them." (Christine Nickerson)

"There are few people I have encountered who strike me as completely selfless and kind. That is exactly how I see Dr. Jani." (Carolyn IL Grande).

In Memoriam: James C. Harris (1940-2021)

by: James B. Potash, MD & John V. Campo, MD



James C. Harris, MD

Adapted from: *Neuropsychopharmacology*, 2021 May 4. Online ahead of print.

James C. Harris, MD, passed away in April after 50 years at Johns Hopkins as a distinguished clinician, educator, scholar, investigator, and advocate. Jim was Professor of Psychiatry and Behavioral Sciences, and of Pediatrics, former Director of Child and Adolescent Psychiatry, founding director of the Developmental Neuropsychiatry Program at Hopkins and Kennedy Krieger Institute, and a beloved mentor to many of today's leaders in pediatric psychiatry.

While psychiatry director at Kennedy Krieger, Jim championed specialty clinics in developmental neuropsychiatry, and conducted research on self-injury among patients with Lesch-Nyhan syndrome and other disorders. His many contributions to the field include serving as lead author of the DSM-5 criteria for intellectual disability. He was a passionate and inspiring advocate for people with developmental disabilities, and his many roles included serving on the President's Committee for People with Intellectual Disabilities during the Clinton administration.

He started his training as an undergraduate at the University of Maryland, attended medical school at George Washington, and followed that with an internship at Children's Hospital of Los Angeles. He rounded out his training at the University of Rochester, Hopkins, and Kennedy Krieger. Like one of us (JBP), he was a Peace Corps doctor early in his career, serving in Thailand. Jim would go on to take an active interest in neighboring Burma—now, Myanmar-- eventually becoming a professor in a school of medicine and helping to train mental health professionals there.

He received virtually every important national award that honors contributions to the psychiatric care of youth with neurodevelopmental disorders. A prolific writer, he authored several important books. He was keenly aware of the power of writing and of the long-term impact of an academic medical career. He worked doggedly to burnish the legacy of Dr. Leo Kanner, penning wonderful appreciations of his one-time Hopkins professor, the discoverer of autism.

Most notably, his award-winning *Developmental Neuropsychiatry* text helped establish that field as a specialty. Jim was intensely devoted to the academic enterprise, and when he called one of us (JBP) to say he was gravely ill, he also conveyed his fervent desire to continue to be productive. His unflagging commitment to his life's mission was deeply moving.

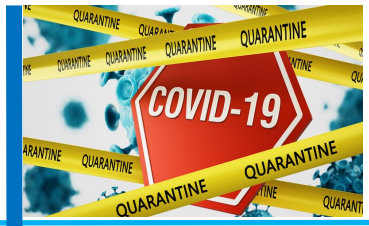
He did, in fact, succeed in completing the second edition of *Developmental Neuropsychiatry* in just the last week of his life.

Described as a polymath by his longtime friend and colleague Dr. Joseph Coyle, Jim served as section editor for the *Archives of General Psychiatry*'s Arts and Images in Psychiatry, where his contributions were nothing short of sublime. In this role, he chose paintings for the cover of the journal and wrote erudite essays that wove insight into the art with reflections on the mind and mental illness. In one, he focused on a painting and its connection to Shakespeare's *The Tempest*. This play, written near the end of the Bard's career, includes these lines:

Our revels now are ended. These our actors,
As I foretold you, were all spirits and
Are melted into air, into thin air:
...We are such stuff
As dreams are made on, and our little life
Is rounded with a sleep.

There is irony here, as the speech describes the evanescence of a theatrical production, which might metaphorically be extended to a career, and a life. But, of course, we are reading this work 400 years later, proving there is nothing little about some lives, and that spirits do not melt away, but continue to reverberate through time.

All of us will certainly remember Dr. Harris, whose revels may have ended, though his spirit remains vital.



My Time During COVID

by: Sue E. Kim, MD

Sue E. Kim, MD

COVID came, and all abruptly stopped. The last day I saw a patient in my office was Saturday, 3/14/2020. She vomited; thankfully, she used a plastic bag. That did it. I moved all the active charts to my home, and telehealth sessions began. By then, I knew how to do telehealth, thanks to MPS colleagues who had helped me to prepare for it in such a short time.

Following an adjustment period, I have grown to like telehealth, as have the patients. Mutually, we appreciated the comfort of meeting without having to deal with traffic. Patients enjoy other advantages-- such as showing off their surroundings, their family and pets. In a way, telehealth practice feels like returning to the good old days. You live upstairs and have a shop downstairs. Work is what you do, and life is when you are not at work. My friend, Betty Lou, who would have been about 95 years old if still alive, told me years ago, "Sue, I hate to tell you how much my kids hate their jobs. For us, work was life."

The dining room became my telehealth office. I picked it because it has large windows, bright with natural light. I can see trees and the sky. I keep windows open a little for fresh air. What patients see is me and a large window behind me.

I had my office since 2003. Patients came to see me there in good times and not-so-good times. I closed the office on 3/14 *this* year. By then, I was comfortable with that decision, particularly after hearing stories from other psychiatrists and therapists. I met with them regularly via Zoom meetings, hosted by the American Psychoanalytic Association (APSA). One psychiatrist said that she would begin in-person meeting on the deck if necessary, before returning to indoors. Many others wanted to go back to the office as soon as it feels safe to do so. One psychologist was planning on retiring before COVID came, then decided to continue to work in telehealth. Also helpful were reports on regulations: in Massachusetts, telehealth was approved in perpetuity, while it looks like in Maryland, telehealth is OK till the end of 2022, and possibly will be extended. If I want an office, I can always rent another one or consider opening one at home

During COVID lockdown, various new opportunities opened up. For instance, the Jewish Film Festival: only this year was I able to "attend", since it had always sold out when it had been shown at the theater. I attended the MPS Zoom Social, which Dr. Laura Gaffney hosted. It was delightful to meet up with fellow psychiatrists and talk about ordinary fun stuff. It made me feel so good to belong to the MPS! Also nice were the MPS annual meeting and the Zoom meeting with our Surgeon General regarding how to help our patients get the vaccine. Members of the analytic association opened up their Grand Rounds and webinars to all of us. I attended many of them and found them to be enriching and helpful. In February, it held its winter meeting, on three weekends instead of during one full week. It was announced that 1400 people were attending from 75 countries.

When family and friends came to visit, we maintained social distancing, and wore masks. Virtually, I attended a birthday party in Massachusetts, a funeral in Australia, and a memorial service in India. I attended many virtual tours offered by travel companies. Youtube provided beautiful concerts. Most satisfying was joining a chorus and singing in Beethoven's 9th and Mahler's 2nd symphonies. During the holiday season, I sang *The Messiah* in its entirety with renowned choral groups.

I was busily satisfying my curiosity about attending Zoom meetings as often as I could. One day I got an e-mail from the company--"You attend many Zoom meetings, and we think you can have your own Zoom meeting; here is your number."

My family was safe and protected, thanks to people who worked the frontlines. Many people died because of work and some were doctors. An ER doctor in New York said that it was like "Apocalypse" for months, and now it feels like a "usual" ER. Too many people died alone and lonely. Friends and family were separated. Some people continue to have symptoms after recovering from the acute stage of the infection. A lot of people lost jobs and suffered financial devastation. Children lost school time, learning time and play time. None of us has been completely spared.

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COVID

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On top of COVID, George Floyd and January 6th came. They all seem related---one big pot, chock-full of problems.

I wanted to witness as much as possible. I would like to be courageous, and have a heart full of compassion, like Darnella Frazier, the girl who videotaped the horrendous death of Mr. Floyd. I would like to be like those people who took the witness stand for justice.

Now I understand that life is not to be taken for granted, democracy is not to be taken for granted, and I am responsible to do my part in shaping our country.

Jim Harris Was My Friend & Mentor

by Margaret Chisolm, MD

Margaret Chisolm, MD

Remarks by Dr. Margaret Chisolm at the May 21, 2021 Memorial Service for James C. Harris, MD

I'm grateful to have been given the opportunity to reflect on Dr Harris's role in my life, as that reflective process made me realize how much of an impact Jim had on me, personally and professionally. We first met during my residency about 30 years ago.

We shared a deep interest in the visual arts, including film – and, in particular, Ingmar Bergman's masterpiece, "Wild Strawberries". Its protagonist is a 76-year-old professor and medical scientist who is traveling by car with his daughter-in-law to receive his honorary doctorate. On the 400-mile trip through the beautiful and timeless countryside of Sweden, he reflects on his life. The film opens with a dream sequence featuring a clock with no hands, and a hearse. A coffin falls out of the hearse, and the corpse's hand tries to pull the Professor inside. One of Wild Strawberries' themes is how life can become atrophied and sterile, but it offers the alternative possibility of reconciliation and redemption. Well, Jim Harris' life never became atrophied or sterile.

As an example of how thoroughly full of intellectual curiosity Jim was, I'll point to the JAMA Psychiatry "Art and Images in Psychiatry" collection. The second year Cathy Deangelis (who was his wife) was Editor in Chief of JAMA, she decided to bring the Archives journals more into the JAMA family with one logo and look. The art images on the cover of JAMA were so popular that a lot of other journals were emulating this idea, and at an annual meeting of the Archives editors she asked them to put an image of something relevant to their specialty on the cover of the journal. The image would need to be specific to specialty but didn't have to be "art" as that was expensive. Cathy had named Dr. Joe Coyle editor of the Archives of Psychiatry and he really liked the idea of art on the cover and was willing to pay the fees for reprint permission, If Jim would select the images and write the essays. (Joe and Jim had been friends forever and so Joe knew what a great photographer Jim was-- and how much he loved photography and art in general.) Jim agreed to select the art for each cover and write the accompanying essay. His first cover essay was Van Gogh's "Starry Night", but that was just the beginning. Jim spent a week every month working on the essays: outlining, researching, and writing. He started with Van Gogh because he knew about the artist, and then he learned and wrote about everything in between. In total, he wrote 140 essays over 12 years.

You can now access the entire "Art and Images in Psychiatry " collection via the JAMA Psychiatry landing page, which features the collection prominently. Jim chose works of art from all over the world. He had to see the piece in person to get a feeling for the artist. Wherever he and Cathy traveled for work and pleasure, they'd go to the museums and other locations. For instance, in France they visited Vincent Van Gogh and his brother Theo's gravesite. At the small, nearby museum he had a personal tour from the curator. He was always very polite, but when the curator skipped over one work, he stopped her. Turns out she didn't know much about it, and so he started educating the curator about that painting, as well as some of the others….and she feverishly took notes trying to keep up with him! Evidently, the same thing happened in Norway at the Munch museum – where he and Cathy had a specially arranged viewing after closing hours, and – again - notes were taken by the museum staff!

When I casually mentioned to Jim that I was wondering how to use the Arts and Images essay collection as an educational resource, he immediately suggested we go to the National Gallery in DC, where we could view in person three of the paintings he'd written about. So off we went to see Rembrandt's painting of Lucretia. Lucretia was a heroine

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of ancient Rome. In his essay , Jim described her as "the quintessence of virtue, the beautiful wife of a nobleman...." However, another man – a prince – who "seized with desire for her, not only for her beauty, but also for her chastity" raped Lucretia in her own bedroom. In his essays, Jim would share his knowledge of history and other humanities to illuminate truths about human experience. In this essay he quoted Shakespeare's poem about what happened to Lucretia:

"Imagine her as one in dead of night/. . . That thinks she has beheld some ghastly sprite/ . . . What terror 'tis! . . . From sleep disturbed, heedfully doth view/The sight that makes supposed terror true."

Jim also showed me the painting by Henry Fuseli called *Oedipus Cursing His Son, Polynices.* In his essay , Jim reminded us of the story of Oedipus and the dramatic moment captured here by the artist: "Oedipus, remorseful and blind, is shown with blood-red eyes as Polynices kneels before him. Outraged at his unfaithful sons, Oedipus condemns Polynices and utters his fateful curse. Polynices recoils while Antigone seeks their reconciliation and her weeping sister, Ismene, is shown profoundly sorrowful..."

But Jim's essays also reflected his deep knowledge of science, medicine and even marriage! The painting (also at the National Gallery) by Martin Johnson Heade, entitled *Of a Cattleya Orchid and Three Brazilian Hummingbirds*, prompted him to write an essay for the occasion of the 200th anniversary of the birth of Charles Darwin. He used the painting as a jumping-off point to discuss both the scientific impact of T*he Origin of Species,* as well as Darwin's own mental and physical health. He wrote that Darwin "often was ill himself and suffered for more than 40 years from long bouts of vomiting, abdominal pain, headaches, fatigue, skin problems (eczema), and anxiety. He underwent many rest cures and took the baths at hydropathic centers. Many of his friends thought he had hypochondriasis or an anxiety disorder." He also wrote of the "creative love" in Darwin's marriage. In his autobiography, Darwin wrote lovingly about his wife, Emma, and marveled "at my good fortune that she, so infinitely my superior in every single moral quality, consented to be my wife...She has been my wise advisor and cheerful comforter throughout life." Jim added, "...she nursed him through his lifelong illnesses and comforted him in his bereavement, providing the support that made his creative work possible."

Over the next year – thanks to Jim's teaching and mentorship - I returned to the National Gallery a half dozen times with psychiatry interns to view with them the same three paintings, using the Visual Thinking Strategies approach to close looking –- a technique in which I later became certified. None of this would have happened without Jim. My professional journey to integrate the arts into medical education all started with him. He inspired me to explore the ways that art could support the wellbeing of psychiatry residents and other medical learners. Jim and I returned to DC to visit the Phillips Collection, which has a deep connection between art and wellness. Its founder, Duncan Phillips, sought to create a collection of art for the community and designed the museum as a place of solace. Jim arranged for us to take a guided contemplation tour –- led just for us by two of the museum's curators. The tour includes the Rothko room, which is the only museum gallery that Rothko himself designed. And just like at the little Van Gogh museum and the Munch museum, Jim shared his knowledge of Rothko-- with the curators taking notes!

It is because of Jim that I (along with Susan Lehmann) created an app that brings visual art and poetry to busy clinicians so that they better understand their patients' human experience of illness. And it's because of him that I now use art to explore professional identity formation with premed and medical students. I really owe the entire focus of my professional work directly to Jim. He was my teacher, mentor, sponsor, colleague, and friend and he remained actively engaged in this role-- and with an immense sense of wonder-- to the very end. Just a couple of weeks before he passed, Jim reached out to share his reflections on Remedios Varo's painting, *The Creation of the Birds,* that I'd presented at Grand Rounds. About this painting, he said, "I saw a shaman reading an incantation as he/she stirred a caldron with ethereal music playing in the background. The shaman's actions lead to the weaving of a fabric creating new worlds."

Indeed. "The shaman's actions lead to the weaving of a fabric creating new worlds."

Dr. Harris, through the weaving together of his love of art and his skill at deriving meaning from it, his sense of curiosity and wonder, and his incredible generosity, not only created a new world, but a better one –- for everyone who had the pleasure of learning from him.

Geetha Jayaram: 2021 Lifetime of Service Awardee

by: Elizabeth Wise, MD

Elizabeth Wise, MD

On April 22, Dr. Geetha Jayaram, Professor of Psychiatry and Behavioral Sciences at Johns Hopkins, received the 2021 MPS Lifetime of Service Award. She was recognized for her leadership, clinical dedication, and scholarly contributions to global mental health, community psychiatry, and patient safety. Dr. Jayaram inspires "others to join her in her passion for helping those whose opportunities and quality of life are diminished by mental illness," Dr. Kenneth Stoller, Associate Professor of Psychiatry and Behavioral Sciences at Johns Hopkins, asserted.

She first became involved with the MPS when she was chief resident at Hopkins. She credits her psychotherapy supervisor, the late Dr. Lex Smith (the 2000 recipient of MPS Lifetime of Service Award), for doing the most to encourage her participation. "The MPS gives us a breadth of experience in community and social issues regarding our profession, concerns related to the laws governing our practices, clinical advancements, the ethical practice of psychiatry and peer review, as well as fellowship," Jayaram explained. She added that the MPS "provides a basis for development of long-term relationships and friendships that I have greatly enjoyed in my professional life."

Geetha Jayaram, M.D.

As a young psychiatrist, she made her commitment to community health, serving as medical director for five CMHC's in Prince George's County. During her 6-year tenure as director, she established a successful psychiatric network for the county and worked with the police to improve their recognition of mental illnesses. She then returned to Hopkins, where she continued to work with the seriously mentally ill, both in her outpatient work – as director of the Community Psychiatry Program – and in her inpatient duties as co-director of the Short-Stay Unit with Dr. Jeffrey Janofsky, for 21 years. While she was its director, the Community Psychiatry Program received the Gold Award from the Hospital and Community Psychiatry Institute.

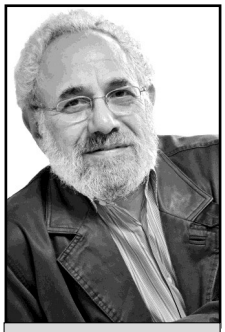
Her treatment of individuals with chronic mental illness has extended beyond inner-city Baltimore to global work, particularly in India, Lithuania, and Kenya. Her leadership within the Rotary Foundation has paved the way for her international work. She established a low-cost model of treatment of mental illness in rural areas of low and middle-income countries that the WHO recognized as a model worthy of emulation in 1997. For example, the Maanasi Clinic in India has been in existence since 1997 and serves nearly 2,000 active patients. It remained open during COVID, and served as a model for similar efforts in Lithuania and Kenya. About 18 months ago, Dr. Jayaram and three Hopkins nurses traveled to Bungoma County, Kenya, to train 12 caseworkers in the recognition of depression, anxiety, and alcohol abuse, enabling them to expand their psychiatric treatment.

She has also devoted her career to teaching about patient safety concerns. She authored *Practicing Patient Safety in Psychiatry*, chaired the APA's Patient Safety committee for 17 years, and established and led Patient Safety Rounds at Hopkins. Moreover, she was the first woman to be named Physician Advisor for the Department of Psychiatry at Hopkins, and psychiatry residents granted her the Paul McHugh Excellence in Teaching award in 2016, as she is a favorite among Hopkins attendings, known for her eloquence, commanding presence, and fierce dedication to her work.

"Dr. Jayaram was probably my most memorable inpatient Attending during residency," Dr. Stoller remarked. "She modeled patient care with a focus on patient centeredness and a clarity of style and communication. She held the highest of expectations of performance for all team members, including trainees. This translated into a message that our work is sacred--that those we treat deserve our utmost effort--and that a team only functions well when everyone works together."

Becoming an Adult During the Pandemic: Hope or Despair

by: Michael B. Friedman, MSW
Chair, The Brain and Behavioral Health Advocacy Team of AARP Maryland



Michael Friedman, MSW

"This essay is adapted from a similar one published in the Summer 2021 issue of *Behavioral Health News."*

Will older teenagers and young adults be psychologically damaged by their experience during the pandemic?

Studies tracking psychological distress during the pandemic show that that they are struggling emotionally. But that should come as no surprise. Their lives have been disrupted just when they are making the transition from the common turmoil of adolescence to the beginnings of personal stability.

For them, the fundamental developmental tasks are building intimate relationships and finding work that will enable them to support themselves and their families, while also, hopefully, providing a source of meaning and self-esteem. The pandemic made it far more difficult to pursue relationships, complete education, and find work that is stable. So, it is little wonder that those in the transition from adolescence to adulthood are distressed and that many of them ignored public health warnings to live in relative isolation.

But that is only part of the story.

"Justine" was a junior in college when the pandemic hit. She had to leave her school on the West Coast and return to live with her parents on the East Coast. She did not want to live with them, let alone to shelter-in-place with them. She missed her friends. She missed campus life. She missed being in class with other students. She missed partying. Sometimes, she woke up in the middle of the night agitated and unable to get back to sleep. But she got a summer job helping a social advocate, volunteered with a local organization that helped homeless people, went on Black Lives Matter demonstrations, and revived a relationship with a high school boyfriend. After a while, she got an apartment with roommates who were also managing to make lives for themselves despite the pandemic.

She is just one of millions of young people who have found meaning and satisfaction in social and political activism, work, volunteerism, online education, military service, and virtual relationships. They found ways to make the best of things, and they have had experiences that will contribute to the development of their strengths and their relationships.

Of course, a great many young adults have also been experiencing symptoms of psychological distress. There has been more anxiety, more depression, more substance abuse, etc. This has been a particularly disturbing time for young people with pre-existing mental and/or substance use disorders, for those experiencing economic hardship who do not have the luxury of sheltering-in-place, for people of color who have suffered from persistent health disparities and the overt re-emergence of racism, as well as for those coping with grief earlier in life than usual.

Many who could have benefited from professional help have not been able to get it, despite the remarkably rapid expansion of tele-mental health services. America's behavioral health "system" has always been-- and, after the pandemic, will continue to be-- inadequate.

Addressing this inadequacy needs to become a priority. The American Rescue Plan includes $3 billion for expanded behavioral health services. Obviously, that's good news, but it is barely more than a 1% increase.

The pandemic has also made the power of social determinants of mental health increasingly clear. Mitigating the social and economic conditions that contribute to the development of psychiatric disorders also needs to be a priority. Some—such as increased economic hardship and social isolation—are consequences of the pandemic and the measures taken to contain it. Others--such as economic and health disparities, unsafe living conditions, racism, and community violence--are longstanding faults in our society. They will be impossible to rectify in time to help today's young people. Hopefully, the next generation will benefit.

We need to help troubled young people, and the challenge is daunting. But we should also think about "Justine" and those like her, who are making lives for themselves despite the pandemic—or perhaps because of it. They are, to quote the novelist Jay Neugeboren, "honing their character against the edge that life has given them."

Human beings are emotionally vulnerable. But we are also resilient. Will today's young people be permanently psychologically damaged by the pandemic? There is, in my opinion, more reason for hope than for despair.

(Michael B. Friedman is a retired social worker and mental health advocate. He currently is Chair of AARP of Maryland's Brain and Behavioral Health Advocacy Team. His writings are collected at www.michaelbfriedman.com).

LETTER FROM THE EDITOR
"Jim, We Hardly Knew Ye"

by: *Bruce Hershfield, MD*

Bruce Hershfield, MD

About 10 years ago, I learned that Jim Harris, a member of the Hopkins faculty, was getting an APA award for his outstanding contributions to Child Psychiatry—including his textbook on child neuropsychiatry. Although we had both been on the Hopkins faculty for about 30 years at that point, I had only talked with him once—a brief phone conversation in the 1970's.

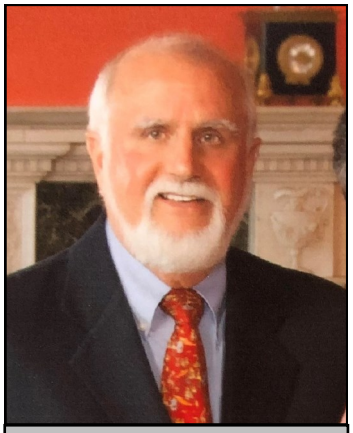
I contacted him and then interviewed him for this publication. I had to ask him if he was the same James Harris who was writing so brilliantly about art for the Archives of General Psychiatry. (He was.) He kept referring to "Cathy" and I later learned this was his wife, Cathy DeAngelis, who was the long-term editor of JAMA. He was delightful—thoughtful, informed, generous and humble. It is still the only interview that was so rich we had to publish it in two installments. I only recall talking with him once afterwards.

Now, he is gone and we are printing articles about him by Drs. Jimmy Potash (the Chair at Hopkins) and John Campo (who is in charge of Child Psychiatry there, which is the same position Jim held for many years). You can also read a version of Dr. Meg Chisolm's remarks that she delivered at the very moving memorial service that Hopkins held, virtually, on May 21st.

That same day, Dr. Potash informed the faculty in his "Cheers from the Chair" that it was the 90th birthday of Dr. Paul McHugh and the 75th for Dr. Ray DePaulo—his two predecessors.

Jim Harris, Paul McHugh, and Ray DePaulo represent the best of us, even though at times the recognition comes from outside the state. We should get to know them better, particularly during their lifetimes. We have the time—however fast it slips away—for us to meet and to watch interviews with people like Drs. McHugh and DePaulo. ("An Evening With…") I would like to see our Program Committee arrange for a couple of these events every year. Some of their accumulated wisdom is bound to rub off on us.

I'm glad I had the chance to know Jim, even a little. If only I had known him like his friends and students, who benefited from his many talents and his willingness to share them.



James C. Harris, MD