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By Pat McNees



Left to Right: Bruce Taylor, M.D., Anthony Lehman, M.D., Irving Taylor, M.D., Richard Taylor, M.D., Ronald Taylor, M.D.

Gala Celebrates Psychiatry's Past, Present and Future

By Constance N. Lacap, D.O.



On September 16, 2010, The University of Maryland School of Medicine Department of Psychiatry celebrated their 60th Anniversary at the Marriott Inner Harbor Hotel. Department Chair, Dr. Anthony Lehman, hosted the gala and was joined by current and former faculty and trainees, as well as prominent figures from the local psychiatric community. More than 500 guests were on hand to pay tribute to the department's past, present and future.

The night kicked off with the unveiling of "Changing Times, Changing Minds", a book chronicling the department's storied 60-year history. In the book, author Pat McNees draws from the memories and insights from the people involved in the unusual history of psychiatry at the University of Maryland School of Medicine.

The department recognized individuals from its past that have made significant contributions to Psychiatry through the years. A special tribute was made to Dr. Walter Weintraub, founder of the Combined Accelerated Program in Psychiatry and former Director of Residency Training. Professor and former chair, Dr. John Talbott, was also honored for his years of service to the department and his national and international contributions to the field of Psychiatry. In honor of both Dr. Weintraub and Dr. Talbott, two new endowment funds were created to support education and research in Psychiatry.

The department also acknowledged the work that is being done for the youth of Baltimore. Child & Adolescent Psychiatry Director, Dr. David Pruitt, recognized several children's mental health pioneers: Dr. Taghi Modarressi, a pioneer in infant and toddler mental health, Dr. Richard Sarles, a teacher of generations of child psychiatrists and Ms. Carole Norris-Shortle, a social worker who supports a preschool mental health program out of a homeless shelter. The Children's Mental Health program was honored for its unique and progressive approach toward meeting the needs of children in Baltimore City and the state of Maryland.

CONTACT US

For more information about the University of Maryland Department of Psychiatry, call *Robert White, LCPC, Director of Behavioral Health*, at 410-328-8549

Letter from the Chairman



In 2010 the Department of Psychiatry at the University of Maryland School of Medicine is celebrated its 60th Anniversary! This celebratory year culminated in a scientific symposium and gala and the publication of a major book, *Changing Times, Changing Minds: 100 Years of Psychiatry at the University of Maryland School of Medicine*. We are pleased to share the highlights of these events in this issue.

The Department is dedicated to providing excellence in biomedical education, basic and clinical research, quality patient care and service to improve the health of the citizens of Maryland and beyond. In conjunction with The University of Maryland Medical

System, the Department operates a large clinical service program. Major divisions of this program include general adult psychiatry, child and adolescent psychiatry, geriatric psychiatry, and community psychiatry.

The Department has long been a center of excellence in the education of psychiatrists and patient care. Our training program is nationally recognized for its enduring partnership with the State of Maryland, developing and sustaining a workforce of psychiatrists who serve throughout the State. In recent years, we have partnered with the Sheppard Pratt Health System, creating one of the premier psychiatric training programs in the country. Our Department is actively involved in the education of medical students, promoting a comprehensive approach to patient care, including our Combined Accelerated Program in Psychiatry (CAPP) that attracts the best and brightest students.

The Department has well established and highly productive programs of research. Our current research, which is focused heavily in the area of severe mental illnesses (in particular, schizophrenia), is conducted at the Maryland Psychiatric Research Center (MPRC), the VA Mental Illness Research, Education and Clinical Center, and the Division of Services Research. In addition, in recent years we have initiated new research programs in child and adolescent disorders, addictions, mood disorders and geriatrics.

I hope that you enjoy reading about our celebration and history book.

ANTHONY F. LEHMAN, MD, MSPH
Professor and Chair,
Department of Psychiatry,
University of Maryland School of Medicine

...continued Gala Celebrates Psychiatry's Past, Present and Future

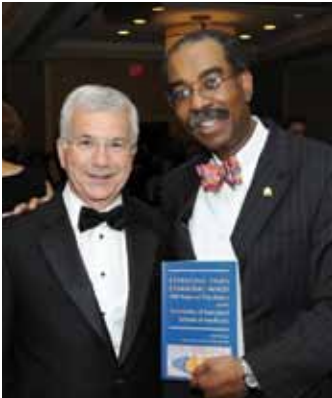
While the department looked at past and present contributions, the gala's program ended with a look to what lies ahead. Dr. Gloria Reeves and Dr. Ikwunga Wonodi gave the crowd an insightful look into the future of Psychiatry and some sound advice to future attendings.

"When you finish your training and you spend time with students, it is important to feed them. Do this with some regularity. They will pay attention better and you never really know when someone really could use a brownie," said Dr. Wonodi quoting Dr. Ann Hackman.

But the fun didn't end there. The band "The Mood Swings" brought the crowd to its feet and to the dance floor with musical entertainment. Dr. Lehman even joined the band on his trombone for a rousing rendition of "When the Saints Go Marching In".

The crowd was on hand to reconnect and reminisce with colleagues and friends but also to bridge the Department of Psychiatry's past, present and future. Here's looking forward to the next 60 years!

Gala Celebration





Left to Right: Brian Hepburn, M.D., Lisa Dixon, M.D., MPH, Howard Goldberg, M.D., Ph.D., Anthony Lehaman, M.D., David Mallott, M.D.

Department of Psychiatry 60th Anniversary Scientific Symposium Public Policy

Public-Academic Partnerships: Public Policy

How is “health care reform,” also known as the Patient Protection and Affordable Care Act, likely to affect treatment for mental and substance use disorders (MH/SA)? In the year before health reform passed, the Mental Health Parity and Addictions Equity Act became law, requiring coverage for MH/SA disorders on par with other medical conditions. Currently, about 11% of the population without a MH/SA lack health insurance, and the rate nearly doubles among those with MH/SA. Additionally, one-third of those with severe mental disorders (SMD) have private insurance compared to two-thirds of the general population, and about 1 in 6 persons with SMD are covered under Medicaid, compared to about 1 in 50 among the general population. This is according to Richard G. Frank, PhD, Professor of Health Economics at Harvard Medical School and Deputy Assistant Secretary for Planning and Evaluation at the U.S. Department of Health and Human Services.

Dr. Frank also notes that major provisions of the new reform law that will have the most impact on MH/SA services are the expansions

in Medicaid coverage and the mandate to maintain “minimum essential coverage.” The latter includes MH/SA services. The Department of Health and Human Services (DHHS) estimates that of the 9.5 million non-elderly adults with MH/SA who currently lack health insurance, 5.4 million will gain coverage. In short, many more persons with MH/SA will have access to health insurance, and these insurance plans will be required to provide parity MH/SA coverage.

Howard H. Goldman, MD, PhD, Professor of Psychiatry at the University of Maryland, adds that other services currently funded by Medicaid are not included in the “essential benefits package,” for example certain rehabilitation and housing services for those with disabilities. Continuation of these services will rely upon state and local funding and block grants. The new law encourages integration of MH/SA treatment with general health care. Grants will support co-location of primary and specialty care in community behavioral health centers. Medicare and Medicaid will provide better coverage with no cost-sharing by patients for such preventive services as depression screening. Education and training grants and loan repayment programs will be targeted to mental health and addiction treatment providers.

Public-Academic Interface: Research in the Community

Lisa B. Dixon, MD, MPH, Professor of Psychiatry and Director of the Division of Services Research, as well as Deputy Director of the VA Capital Health Network MIRECC, believes that these ventures require a mutual commitment to share both the risks and benefits by the researcher and the public entity partner. For the public partner (e.g., DHMH), such research provides opportunities to examine impacts of services, access to federal and other research funding streams and opportunities for dissemination after evaluation. The academic partner sees improved access to settings for research, access to local and state funding to augment research, and increased long-term impacts.

As an example, Dr. Dixon notes past research collaborations with the Maryland Mental Hygiene Administration, including the Maryland Psychiatric Research Center and the McKinney Study of Assertive Community Treatment. These projects stimulated MHA's decision to establish the Evidence Based Practice Center to promote statewide adoption of evidence-based practices. In addition, Dr. Dixon's new project, Recovery After Initial Schizophrenia Episode (RAISE), is an example recent collaborations. RAISE, funded by NIMH, seeks to optimize treatment for person experiencing their first episode of psychosis. The Maryland-based component involves a close partnership among MHA, the Department's Divisions of Services Research and Community Psychiatry, the Center for Behavioral Treatment of Schizophrenia, and the Maryland Psychiatric Research Center.

Dr. Dixon concludes that such academic-public partnerships have been at the heart

of many of our department's most enduring successes. They have traversed multiple generations of department faculty and public leaders and remain a core value for us.

Public-Academic Partnerships: Impact on the Public Mental Health System in Maryland

Brian Hepburn, MD, Executive Director of the Maryland Mental Hygiene Administration has a long-term perspective on this issue, as he trained at the University of Maryland and now occupies the highest level within Maryland's public mental health system.

Dr. Hepburn notes the expansion of the partnership with the creation of the Mental Health Systems Improvement Collaborative designed to evaluate and improve the public mental health system. This collaborative model was extended to child and adolescent services with the establishment of the Maryland Child and Adolescent Mental Health and Innovations Institutes to improve child and adolescent services statewide through training, research and dissemination of evidence-based practices.

Dr. Hepburn believes that the new health care reform law will have a significant impact on the system. He estimates that approximately 359,000 uninsured Marylanders will get insurance coverage, translating into an additional 50,000 - 70,000 who will access the public mental health system. This possible surge in utilization will strain both the public and private mental health systems. Our current strong academic-public partnership will prove invaluable as we adapt to these major challenges, meeting service and workforce needs and promoting best practices.

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Advances in Neuroscience

Deconstructing Schizophrenia on the Road to DSM-V

The syndrome schizophrenia likely represents multiple domains or diseases, but precise answers about the nature of schizophrenia continue to elude us. William T. Carpenter, Jr., MD, University of Maryland Professor of Psychiatry and Director of the Maryland Psychiatric Research Center for over three decades, has played a significant role on how schizophrenia research has evolved.

By the time that the DSM-III was published in 1980, there was general consensus about the “positive” symptoms of schizophrenia – delusions, hallucinations, disorganized speech and disorganized or catatonic behavior – that often substantially improve with available medications. Despite these diagnostic and treatment advances, schizophrenia remains a typically disabling illness.

Dr. Carpenter and his colleagues have sought to define aspects of the syndrome that account for its disability burden and to identify new therapeutic targets. Dr. Carpenter is conducting on-going research into the “deficit” or negative symptoms of schizophrenia, including diminished expression, diminished verbal output, anhedonia, diminished interest, and diminished social engagement. These symptoms as well as cognitive impairments account for much of the disabling effects of schizophrenia and remain largely resistant to current therapeutic interventions. During the symposium, he presented exciting new work linking these symptoms to underlying genetic and environmental risk factors that may identify clues to new therapeutics.

Mood Disorders

Mood disorders are one of the leading causes of disability worldwide, according to Francis J. McMahon, MD, Chief of Genetics for the NIMH Intramural Mood and Anxiety Disorders Program. Major mood disorders have a strong genetic basis with heritability in the range of 80% for bipolar disorder and 50% for major depression. Polymorphisms in several genes have been found to be linked to a mood disorder diagnosis, and recent genome-wide association studies suggest that many genes acting either individually or in concert may pose risks.

Dr. McMahon argues that new genetic discoveries will lead to better methods for diagnosis and treatment planning, offer new insights into the causes of mood disorders, permit identification of high-risk individuals who might benefit from primary prevention efforts and lead to novel, even curative therapies. Improved treatment planning based upon understanding this genetic heterogeneity (i.e., pharmacogenetics) may lead to more predictable responses to existing treatments and provide opportunities for development of novel drugs as well as to prevention efforts among high risk individuals.

Dr. McMahon provides a cautionary note that advances in genetics, even for such genetically straightforward disorders as Huntington’s Disease, take a long time to translate into new treatments. Nonetheless the long-term yields from such advances are likely to dramatically alter treatment success.





Left to right: Francis McMahon, M.D., Peter Kalivas, Ph.D., Daniel Pine, M.D., Anthony Lehman, M.D., William T. Carpenter, Jr. M.D., David Mallott, M.D.

Using Neuroplasticity to Treat Addiction

According to Peter Kalivas, PhD, Professor and Chair of the Department of Neurosciences at the Medical University of South Carolina, substance use disorders are a prevalent public health problem in need of more effective treatments. Dr. Kalivas focuses on the apparent “high-jacking” of fundamental behavioral circuitry by the addictive process. Humans, and animals more generally, are able to learn adaptive behaviors that are essential for such basic needs as obtaining food, and short-term and long-term changes occur in the brain that render these essential behaviors more automatic.

Addictive substances alter this basic brain circuitry, generating habitual drug-seeking rather than adaptive behaviors. In humans, these alterations occur in the cortico-striatal region. The brain changes observed in association with addiction are dependent upon the active behavioral participation of the animal. Addiction includes both a pathological strengthening of drug-seeking habits as well as cognitive changes that reduce the ability to control these drug-seeking habits. Addictive substances alter glutamate release from the prefrontal cortex, which modifies circuits governing habitual behaviors. These changes in glutamate in turn impart neuroplastic changes in dendrites leading to structural alterations in the brain. These scientific advances are opening paths for new treatment development. For example, Dr. Kavitas showed early data that N-acetylcystein (NAC), which restores glutamine homeostasis, decreases measured addiction in patients addicted to cocaine, nicotine, and marijuana.

Research on Childhood Anxiety Disorders

According to Daniel S. Pine, MD, Chief of the Section on Development and Affective Neuroscience in the NIMH Intramural Program, adolescent anxiety disorder is clearly a risk factor for adult mood and anxiety disorders. Approximately one-third of adolescents will meet criteria at some point, and of these, about 25% will have a mood or anxiety disorder in adulthood. However, among adults with a mood or anxiety disorder, about two-thirds had an anxiety disorder during adolescence.

Research finds that combining cognitive behavior therapy with an SSRI medication is more effective than either treatment alone, which is consistent with research on adults. Many practitioners, parents and patients are concerned about the reported risk of increased suicidal ideation association with anti-depressants. A recent FDA analysis found that this risk decreases with age, such that the odds ratio for increase in suicidal ideation is 2.2 among children under age 18, 1.55 among 18-24 year olds, about 1.0 among adults between ages 25-64 and actually lower, 0.39, among those 65 and older.

Attention needs to be given to this possible risk when prescribing anti-depressants to adolescents. Certain epigenetic changes associated with early children experiences can alter stress-sensitivity pathways in the brain and lead to anxiety disorders. Dr. Pine stresses that translational developmental neuroscience can unlock doors to better diagnosis and treatment.

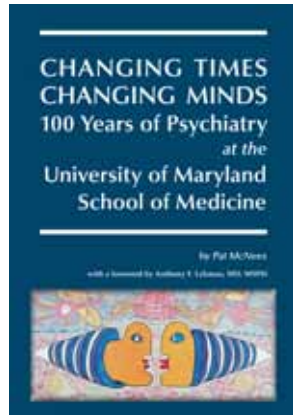
To purchase **Changing Times, Changing Minds: 100 Years of Psychiatry at the University of Maryland School of Medicine**, download order form from our website <http://medschool.umaryland.edu/psychiatry/anniversary.asp>

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To learn more about the *60th Anniversary Funds honoring Walter Weintraub, MD, John Talbott, MD, and Children's Mental Health*, contact Karen Hussey at 410-704-0419.

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Changing Times, Changing Minds: 100 Years of Psychiatry at the University of Maryland School of Medicine

By Pat McNeese



Drawing on dozens of interviews, mounds of correspondence and documents, and an unpublished memoir, award-winning science writer Pat McNeese brings to life the unusual history of psychiatry at the University of Maryland School of Medicine. This is history as storytelling – frank and compelling narrative based largely on the memories and insights of those who participated, with more than a few quirky details (including the delivery to one puzzled academic of a filing cabinet filled with LSD, a flood that swept furniture down the hall, and a medical school dean who rode a motorcycle to graduation as part of his deal with a student protestor).

The state of Maryland funded development of the department of psychiatry and its first home, the Psychiatric Institute, after a 1949 expose in the Baltimore Sun made public the appalling conditions in Maryland's state mental hospitals. After two decades

of emphasis on psychoanalytical and psychodynamic therapy, and an explosion of new approaches in the sixties and seventies (including group and family therapy), the department arrived finally at an emphasis on evidence-based practices.

When deinstitutionalization emptied state hospitals elsewhere, idealistic members of the department initiated a state-university collaboration (the Maryland Plan) that serves as a model for training in public psychiatry. CAPP, the accelerated track in psychiatry, provided psychiatric training for selected medical students, many of whom become leaders in their field. The Maryland Psychiatric Research Center, which joined the department in 1977, became a world center for research in severe mental illnesses, especially schizophrenia. With strong psychosocial rehabilitation and community psychiatry downtown, where services research is centered, today the department helps individuals (some of them homeless) live in the community, dealing with mental illness - but not defined by it.



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