

## COUNCIL ON SOCIAL ISSUES AND PUBLIC PSYCHIATRY

**History:** Established as Council on Psychiatric Services; reorganized December 1995; restructured & renamed May 2002; charge revised June 2003.

**Composition:** Standard council composition.

**Charge:** The charge of the Council on Social Issues and Public Psychiatry is to assist the association to bring to fruition resolutions of issues critical to patients and psychiatrists traditionally functioning within public sector psychiatry, and keep the association abreast of emergent public psychiatric issues and next generation issues. To that end, the council will:

1. develop programmatic activities and products that will be relevant to those working in the public sector;
2. develop strategies to address issues that impact funding, access, and quality of services to those seeking care in the public sector;
3. actively collaborate with allied groups with shared goals to progressively move towards improved quality of care and treatment;
4. develop new models using population-based approach relating to underserved groups in the areas of quality of care, outcome measures, and accessibility;
5. promote residents' multifaceted exposure to adults with serious and persistent mental illness and children with serious emotional disturbances and to the psychiatrists who work with them during residency training;
6. work closely with the APA Department of Government Relations and the Office of Healthcare Systems and Financing and their respective components on policy issues related to funding, access and quality of psychiatric services to produce products that benefit our colleagues and patients;
7. work with agencies that set policy on funding, access and quality of psychiatric services at the federal, state, and local level to affect legislation, regulations, and guidelines;
8. promote improved studies of efficacy that actually use study populations representing those served in the public sector; and
9. develop mechanisms to address and alleviate the workforce shortage in public psychiatry.

The council also administers the Menolascino Award.

### **Frank J. Menolascino Award for Psychiatric Services for Persons with Mental Retardation/Development Disabilities**

(Established 1997) This award recognizes an American Psychiatric Association member who has made significant contributions to psychiatric services for persons with mental retardation, through direct clinical services and/or dissemination of knowledge in this field through teaching or research. Honorarium: \$500 and a plaque. When possible, the award will be associated with an educational event at the annual APA Institute on Psychiatric Services. Submission: Four copies each of

- 1) a nominating letter from an APA member describing the nominee's contribution to the field;
- 2) a curriculum vitae or biographic sketch;
- 3) two letters of endorsement of the nomination. Deadline: December 29.

Component: Council on Social Issues and Public Psychiatry. Funding: \$20,000 gift from the University of Nebraska.

### **Subcomponents**

- Committee on Mental Healthcare for Veterans & Military Personnel and Their Families
- Corresponding Committee on Poverty, Homelessness and Psychiatric Disorders
- Caucus of Psychiatrists Treating Persons with Eating Disorders
- Caucus of VA Psychiatrists
- Caucus of Rural Psychiatrists
- Caucus of State Hospital Psychiatrists
- Caucus of Psychiatrists Working in Correctional Settings
- Caucus of Psychiatrists Treating Persons with Mental Retardation/ Developmental Disabilities
- Psychiatric Services Achievement Awards Corresponding Committee

For more information, email [abondurant@psych.org](mailto:abondurant@psych.org)

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**Corresponding Committee on Poverty,  
Homelessness, and Psychiatric Disorders**

**History:** Established as a task force on the homeless mentally ill in 1983 and developed a report and recommendations that called for a comprehensive and integrated system of care for this vulnerable population of the mentally ill. Disbanded 1984. Because the problems and numbers of mentally ill among the homeless population had become even greater, in 1989, the second task force was established under the Council on Psychiatric Services, which developed two interim reports and a book. Disbanded as task force and established as committee under Council on National Affairs [formerly Council on Professional Values and Human Dignity], December 1992; name and charge changed 1994; restructured as corresponding committee under Council on Social Issues & Public Psychiatry May 2002.

**Composition:** Standard corresponding committee composition.

**Charge:** The APA has an ongoing obligation to the mentally ill among the homeless population. Homelessness encompasses many factors: mental illness, substance abuse, HIV/AIDS, special populations, service delivery organization, evaluation and treatment methods, legal and social issues. In 1994, the committee reviewed and revised its name and charge to better reflect the complex relationships between homelessness, poverty, and psychiatric disorders, and the importance of psychiatry and the role APA should play with respect to the differing subsets of the impoverished, homeless population. The committee is charged to:

1. encourage scholarly exploration of the relationships between poverty, homelessness and psychiatric disorder and how current policies and practices address, or fail to address, the poverty of our patients;
2. advocate within the APA for greater attention to these issues by the Association;
3. encourage public education in relation to mental illness, poverty and stigma;
4. foster the development of psychiatric methods for better addressing the needs of impoverished and homeless people;
5. influence the development of educational curricula related to poverty and homelessness and to
6. stimulate the involvement of students and trainees to pursue careers in these areas;
7. encourage advocacy for policies at federal and state levels which would ensure equitable access to mental health services for impoverished and homeless people; and
8. collaborate with other professional or advocacy organizations who have similar objectives.

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**Psychiatric Services Achievement Awards Corresponding Committee**

**History:** Established 1949; restructured as corresponding committee under Council on Social Issues & Public Psychiatry May 2002; award description revised November 2002.

**Composition:** Standard corresponding committee composition.

**Charge:** select recipients of the Psychiatric Services Achievement Awards.

**Psychiatric Services Achievement Awards** - Established: 1949. These awards recognize outstanding programs that deliver services to the mentally ill or disabled, that have overcome obstacles, and that can serve as models for other programs. Honorarium: Two first place or Gold Award winners are selected. Applications are grouped and rated by the Awards Committee under the following two categories: (1) large, academically or institutionally sponsored programs, and (2) smaller community-based programs. Each winner will receive a plaque and a \$10,000 grant. Second and third place winners also may be selected as recipients of Silver and Bronze Awards, respectively. Awards are presented at the Institute on Psychiatric Services. Eligibility: Any hospital, clinic, school, or community program is eligible if it has been in full operation for at least two years. Submissions: Six copies of the application form, program description, and supporting materials. Appropriate district branches are asked to make site visits to the top ranked programs and submit an evaluation to the Awards Committee. Deadline: mid-January. Component: Psychiatric Services Achievement Awards Corresponding Committee, under Council on Social Issues and Public Psychiatry. Funding: annually by Pfizer.

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## Corresponding Committee on Jails and Prisons

**History:** Established June 2002.

**Composition:** Standard corresponding committee composition.

**Charge:** The corresponding committee is charged to:

1. develop a plan of action for the APA to coordinate its advocacy efforts on behalf of the large correctional population in need of psychiatric services in jails and prisons;
2. review and report on the current and emerging data on pre-booking evaluation and diversion programs;
3. develop a model of liaison of correctional psychiatrists with the primary care physicians who treat patients in jails and prisons;
4. closely coordinate with the Council on Children, Adolescents, and Their Families in identifying the unmet needs in juvenile detention and correctional facilities;
5. revise and update the APA Position Statement on Psychiatric Services in Jails and Prisons (1989).