

Everyone,

There are 74 district branches of the American Psychiatric Association. For the last 43 years, the Washington Psychiatric Society district branch has been setting the APA's agenda far more than any other DB.

Each District Branch has delegation in the APA representative body, its Assembly, and WPS has a very strong delegation -- Connie Dunlap, Beth Morrison, and Eliot Sorel. So, let us know of any wish you have as to APA policies, procedures or products.

As to products, WPS has had major roles in the development of a] the APA Practice Guidelines and b] the development of the DSMs, e.g., removing the multi-axial system from the DSM and adding Hoarding Disorder.

One condition we are already supporting, adding F63.89 Screen Use Disorder. We need to remember that this would only apply to those whose screen use is causing clinically significant distress or disability.

Of course, in most settings, one can already use "F63.89 Screen Use Disorder."

Last Thursday, Tom Wise, preeminent psychiatrist in the Northern Virginia psychiatric community and a major leader of the national C&L community gave a grand rounds at

George Washington U. reviewing the history of C&L. Among his points was that “consultation and liaison” was preferable to “psychosomatic” for several reasons including:

1] Very difficult to arrive at a definition of “psychosomatic” to which all would agree.

2] Even if we had an adequate definition of “psychosomatic,” the rest of medicine will continue to use “consultation” or “liaison,” not “psychosomatic.”

The recent suicides of some very prominent people have led to comments that the solution is more available mental health treatment, but I suspect we need to be careful not to mislead the public that we yet know how to prevent suicides.

Washington-based psychiatrist and columnist Charles Krauthammer has written that “my life is over” as wants his many many fans to know that he believes he will soon die from cancer.

June’s AJP:

1] Editorial “Anxiety About Antidepressants” reminds us of Peter Kramer’s thought in 1993 that if a medication makes a patient feel good, unfortunately it may be seen as “morally bad.” The editorial goes on to say that the increasing number of people receiving depression treatment represents the

success of a substantial public health effort. Editorial says we need more information about long-term impact of these medications.

2] “Continuation of Atypical Antipsychotic Medication During Early Pregnancy and Risk of Gestational Diabetes” concludes that women who continued with olanzapine or quetiapine had increased risk of gestational diabetes compared to those who discontinued those medications before the start of pregnancy.

The book **AIQ** by Polson and Scott suggests that artificial intelligence systems and automation will eventually take over most human jobs. Today, the book says, we still need technology experts to program the computers that increasingly automate our lives. Even the most powerful AI systems are still based on algorithms designed by humans, software written by humans and datasets curated and customized by humans. However, as AI eventually reaches the singularity point and can program itself, while it designs and manufactures the robots needed to expand its physical computing infrastructure, what role will humans play in this brave new world?

I suggest we can say AIQ will not replace the need for mental health professionals because:

1] The explosion of AI is dependent on data, and data is dependent on empirically defined entities, which we lack as to capturing what takes place in psychotherapy. Various screening tools have data, but not the data needed to capture what takes place in psychotherapy.

2] Even if meaningful data were available, there is no adequate structure to place the data, i.e., no agreed upon structure of the mind.

3] Rather than being replaced, there will be an increase need of psychotherapists to treat AI Anxiety Disorder.

Roger