

All,

Not guilty by reason of insanity goes back forever. New, however, is not guilty by reason of side effects of antidepressant medication.

This week in Massachusetts, a 20-year-old woman is being charged with manslaughter because it is alleged that she encouraged a boyfriend to suicide Talking over the phone to him. Her defense includes that she was “impaired by the side effects of an antidepressant.” [NY Times 7 June, page A12]

There are 74 District Branches [DB] in the American Psychiatric Association [APA]. For more than four decades, the most influential [I don't say best liked] DB has been the Washington Metropolitan DB, which includes Montgomery County.

The democratic component of the APA is its Assembly, which meets twice a year to consider motions from many sources, including DBs. Over the past four decades, WPS has sent about 175 motions to the Assembly, many focused on the importance of psychotherapy.

When I joined the County in 2001, I sat next to a local NAMI leader who told me she hated the APA, which surprised me since I thought we should be loved. She said she hated us because we had evolved a DSM that not only gave her daughter an unfortunate label, “Borderline Personality Disorder,” but segregated her from most of the rest of psychiatric patients by placing personality disorders on Axis II along with Mental Retardation.

So, WPS sent a motion to the Assembly in 2001 to have the multiaxial system removed for five reasons, the most persuasive being that a multiaxial system separated us from the rest of medicine. It took a while, but the removal was finally achieved in DSM-5, 2013.

As for the name change, we could get a majority of the key committee to agree it should be changed, but never could get a majority as to what to change it to. So it remains, but we have been championing the use of symptoms rather than syndromes in making diagnoses, because the latter are much more inexact (e.g., there are 254 varieties of borderline personality disorder and more than a million varieties of bipolar, mixed).

The County also wanted to see Hoarding Disorder added to DSM-5. That was easy to achieve once we persuaded DSM-5 leaders that it poorly served people

with hoarding issues to be seen as part of Obsessive-Compulsive Disorder, the prior thinking.

One can even argue, as two NIMH Directors have, that the lack of progress in psychiatry in recent decades can be blamed on the DSMs. Maybe a shift from syndrome to symptom will help the field become unstuck..

The reason for this long lead-up is to ask County clinicians to bring to our attention any changes in clinical practice that they would like to see WPS champion. Some efforts may take years to achieve; others may be done rapidly.

For example, a WPS motion by Eliot Sorel called on the adoption of the principle that “Health Care, including Mental Health Care, is a Human Right” has not only been adopted by the APA Assembly, but also by the World Health Organization in Switzerland recently. This motion was launched less than a year ago.

So, please, what position not already promoted by the APA would you like to see WPS pursue as to clinical practice in this country?

Roger