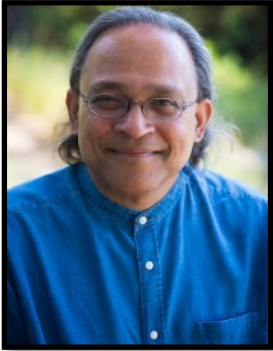


MUSINGS...



Thoughts from the Chair.



All Mental Health is Cultural Mental Health ~ By Ravi Chandra, MD, DFAPA

I'm writing this exactly seven weeks, 49 days, after the mass murder in Atlanta in which eight people, six of them Asian American women, were killed by a gunman allegedly seeking to cleanse himself of those who sparked his sexual desire, which his church taught him was 'evil.'

Forty-nine days is the traditional mourning period for the deceased in many Buddhist traditions, after which the deceased person's consciousness enters a new life. This afternoon, I attended a virtual Buddhist ceremony (maywegather.org) for all Asian American ancestors killed in racist incidents over our history in the United States. On April 22nd, I attended a multid denominational memorial organized by members of the Sikh community, honoring those who were slaughtered at a FedEx facility in Indianapolis just a week before, four of them Sikh (solidarityvigil.com). A few hours spent grieving and uniting with thousands of others, all of us affected by our collective trauma, made a difference. But on my mind were some of the most recent attacks, including an Asian woman who was beaten with a hammer in New York City just yesterday. There have been over 4000 documented verbal and physical incidents of hate against Asians in the last year, and 16 Asian Americans have been killed, by my count. Asian American women, elders and youth have been disproportionately affected, and Asian Americans around the country fear violence against themselves, their elderly parents, or other loved ones. But violence and the threat of violence affects all of us. This country was not exactly founded on nonviolence and respect for diverse identities. No, this continent was colonized in pursuit of safety, wealth, and power for Whites. I know White people, like all peoples, have had a running dialogue between power and compassion. Personally, I'd like to get out of that dialogue which has killed and harmed so many (Whites included) and create a new narrative not centered on White people and their needs, but on our common humanity and the necessity of safety and nurture for our collective survival. A narrative based on cooperation, mutuality, and interdependence as opposed to self-centered individualism, tribalism, greed, antagonism, and competition. To get there, we have to amplify our activity as engaged citizens and psychiatrists. We have to break out of the cycles of self- and other- judgment, denial, alienation, suppression, and repression to affirm and see ourselves and each other as fully human.

We are all on journeys of identity, belonging and wellness, and as psychiatrists, we help others on their journeys as well. Our journeys are connected. I'm grateful to be a member of the Committee on Asian American issues of the NCPS chaired by Dr. Jacquelyn Chang, which has fostered the individual and collective journeys of Asian American psychiatrists for 22 years. Over the last six months, we've grown even closer. We've had two modified healing circles on racial justice, hatred, and violence, during which members have shared intensely personal accounts of how racism has impacted us personally. I learned about healing circles from Psychologist Satsuki Ina, who is known for her work on trauma, particularly the intergenerational trauma of Japanese Americans. Her film Children of the Camps (available on Kanopy and Amazon Prime) is a must-see. From her description of Healing Circles for Change, "Talking circles, peacemaking circles, or healing circles, though practiced in many cultures across the world, are deeply rooted in the traditional practices of indigenous people. In North America, they are widely used among the many tribes of Native Americans in the US. Healing circles are often called 'hocokah' in the Lakota language, which means a sacred circle, consisting of people who, sit together in a talking circle, in prayer, in ceremony, and are committed to each other's

[Continued on page 27](#)

healing.” Our modified healing circles centered on the practice of weaving, or each speaker resonating with the previous speaker’s account. This circle of compassionate listening and resonance creates what I call ‘an island of connection in a sea of suffering.’

All mental health is cultural mental health. I am because you are. People become people through other people. We are who happens to us and what we make of the happening. Or as Dr. King wrote in his Letter from a Birmingham Jail:

“In a real sense all life is inter-related. All men are caught in an inescapable network of mutuality, tied in a single garment of destiny. Whatever affects one directly, affects all indirectly. I can never be what I ought to be until you are what you ought to be, and you can never be what you ought to be until I am what I ought to be... This is the inter-related structure of reality.”

One of the main insights of Relational Cultural Theory, pioneered by Jean Baker Miller, is that suffering is a crisis in connection, and the opposite of suffering is belonging. We have hardly seen the apogee of belonging yet, but we know what it feels like. It feels good, unforgettably good. I hope we as a psychiatric community can further our commitments to the deepest causes of alleviating suffering and creating islands of belonging that may one day be a continent and even a world.

Ravi Chandra, MD, DFAPA is a psychiatrist and writer in San Francisco. You can find more of his writing, including articles for Psychology Today and East Wind Ezine through his website ravichandramd.com.

To respond to this article, [CLICK HERE](#).



NCPS
NORTHERN CALIFORNIA
PSYCHIATRIC SOCIETY
WEBINAR

**Risk Management
in Practice
Fact vs Fiction**

Tuesday, June 15, 2021
5:30 - 6:30 pm PDT
1 Hour of CME

Webinar Pricing
NCPS Member - FREE
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Brought to you by
PRMS
Professional Risk Management Services

Psychiatrists work hard to stay on top of clinical and risk management issues involved in the practice of psychiatry. But with all of the information available – some of which is conflicting – it is sometimes hard to distinguish fact from fiction. In this program, we will look at topics in which there is often the most confusion and discuss common misconceptions. Using polling technology, we will test participants’ knowledge by asking them to determine whether a particular statement is fact or fiction. Our speaker will then reveal the correct answer and provide analysis from both a risk management and legal perspective. Topics will include: establishment and termination of the physician-patient relationship, treating suicidal patients, prescribing controlled substances, HIPAA, and telepsychiatry.

At the conclusion of this program, attendees will be able to:

- Identify actions by a psychiatrist that may inadvertently establish a physician-patient relationship.
- Describe the appropriate procedure for terminating the physician-patient relationship.
- Explain how suicide risk assessment tool may decrease professional liability exposure when assessing patient at risk of suicide.
- Describe the legal and clinical hurdles faced in telepsychiatry practice.

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NORTHERN CALIFORNIA PSYCHIATRIC SOCIETY



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**EVOKING CHANGE IN CALIFORNIA:
Why Legislators Need to Hear from Psychiatrists**

JUNE 3, 2021 • 6:00 PM TO 7:30 PM • VIRTUAL

Develop an understanding of the legislative process and become advocates for psychiatry and patients in need at CSAP’s advocacy training workshop. As state policymakers work to address the mental health impact of the COVID-19 pandemic, it is critical that they hear from psychiatrists to fully understand how their legislative proposals can impact how patients get care. This workshop is intended to provide psychiatrists with an overview of the legislative process, effective advocacy strategies, and the resources available to APA members. Attendees will be equipped and empowered to engage their policymakers and serve as effective advocates for California’s psychiatry and patients in need of treatment.

6:00 PM: **INTRODUCTIONS**

Dr. Henry Koh, Chair, Government Affairs Committee, CSAP
Dr. Ilse Wiechers, Vice Chair, Government Affairs Committee, CSAP

REGISTER HERE TODAY

6:05 PM: **OVERVIEW OF CSAP ADVOCACY STRUCTURE**
Engagement with CSAP, Role of DB Advocacy Committees & Forecast of 2021 priorities

Paul Yoder, Legislative Advocate, CSAP

6:20 PM: **MEETING WITH A LEGISLATOR / TBD**
Best practices for building relationships with legislators

TBD speaker

6:40 PM: **DEVELOPING YOUR ELEVATOR SPEECH**
*Outlining Your Elevator Speech: Problems, Solutions & Patient Stories
Calls to Action, Lending Expertise & Delivering Testimony*

Erin Philip, Director of State Government Relations, American Psychiatric Association

6:55 PM: **PUBLIC AFFAIRS & ADVOCACY**
Talking to the Media, Writing Op-Eds and LTEs, Leveraging Social Media

Ginnie Titterton, Director of Corporate Communications & Public Affairs, American Psychiatric Association

Please reference op-ed by Dr. Raffle-Yuan, a psychiatrist and legislative director of the San Diego Psychiatric Society: “As a psychiatrist, I have seen how the current emergency response system fails my patients”

7:25 PM: **WRAP-UP**
Identify DB Advocacy Chairs and Eds

Dr. Henry Koh and Dr. Wiechers

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