## Introduction and Guest Welcome

taking time for your health. The African American Wellness Watch. Trusted information for us, by us. Dr. Mike Lenore and other experts from around the country and around world have the latest on how you and your family can get healthy and stay well.

Welcome to today's edition of the Wellness We are indeed fortunate to have as our guest Dr. Ron Kennedy Bailey. Dr Bailey is a psychiatrist and the president-elect of the American Psychiatric Association.

He was the 113th president of The National Medical Association He is currently assistant dean of health equity at Louisiana State University Health Center.

and psychiatric medical director at Orleans Parish Criminal Justice Center. I could go on and on about Dr. Bailey, but that won't give us much time to discuss all the things that I think we need to in the time that we have.

Welcome to today's edition of the Wellness Watch, Dr Bailey. And congratulations on your recent election as a president of American Psychiatric Association.

Quite an accomplishment. We are very proud. It just so happens that you're the first African American president, black president of that association. Is that correct or have there been others before you?

No, I am the first black male to be president.

## Dr. Baileyu2019s Background and Firsts

I'm also the First Louisiana based person. It's pretty much been an issue for the coast, a lot of doctors from New York and California. And I think I was also first who identifies as a forensic correctional psychiatrist.

So definitely a lotta firsts, but the bottom line is the challenges that we have remain the same. Okay, let's start with what are some of the biggest challenges, that you think you face, not only as an organization, I think as an organization, first I'd say that we need to be better understood in the house of medicine.

The reality is psychiatry is a medical subspecialty. I was on the phone with someone yesterday and they were asking me what's the difference between a psychiatrist and a psychologist.

It's our responsibility to articulate that message very, very well. Psychiatrists are medical physicians who are trained in their medical model to treat brain related illnesses.

I've been confused over the years, because neurologists often also treat brain-related illnesses that we consider to be a bit more tangible, having a stroke or a bleed or hemorrhage.

Our problems of the brain are a little bit intangible. Issues like clinical depression, anxiety, psychotic diagnoses like schizophrenia, schizoaffective disorder, Those are the areas, I think, of psychiatry.

## Psychiatryu2019s Role and Core Challenges

But the four key themes that psychiatrists are responsible for are how you feel, depression, how do you act behaviorally, like violence or fighting, or how to think cognitively, can you function at work and at school, and of course, process information, whether you're psychotic or the like.

Those four are key areas that often cause people problems in life, that's our responsibility to manage. I think that's

become more important after the pandemic.

I we're starting to see many, many more people challenged by a number of things. certainly the current environment that we have politically and internationally, but also because of the time that people had to reflect and didn't have so many busy things to do.

A lot of them just took that time up to become anxious and depressed. And I think psychiatry has a big role to play. Well, what are some of those strengths that psychiatrists brings as you face those challenges?

Well, psychiatry, I think, brings three primary strengths, to the house of medicine and to take care of persons in our society that we should be responsible for and take umbrage in promoting.

First and foremost, good quality communication between a doctor and a patient, so-called therapeutic alliance, is the hallmark of good psychiatrhy. There's a lot to be said in that space, but the big issue is that, we shouldn't be good listeners as well as any other position.

And often we can actually help patients articulate the message of what their problems are, not only to us, but also other positions within, I think, their level of care.

That has to be, again, one of our strengths going forward. Secondly, also the triangular consideration in medicine between doctors and patients and hospital staff.

Psychiatrists often in the area what's called consultation psychiatry work to bridge that gap. Early in my career of over a decade ago, or maybe two decades ago now, I was the consultation liaison psychiatrist, and liaison is a key term, at Hermann Hospital, a big private hospital in downtown Houston, for the transplant service.

And also often the only reason, the main reason why there'll be difficulties or challenges in having a successful surgery and successful results after the surgery of a transplant were communication between patients, their families, doctors and staff.

It was my job, my role then, to bridge that gap and enhance I think a better level of communication so that better outcomes could occur for a patient who needed optimized coordination of care, and it's our effort to kind of put that forward.

And the third and final point I mentioned is psychiatry also has to be responsible, I think, for emphasizing that empathy and resourcefulness and resilience are not just issues of themes within psychiaty, but the entirety of medicine.

We have to, think be leaders in focusing on that aspect of Medicine. It's not all just machines and biology and technology, it is also about people. That's out space.

Could you explain that last one in a little bit more clearer language? So I didn't quite understand what that third pillar was. Well, the idea is that in medicine, even in my career, I finished medical school in Texas in 1990, 35 years ago, there were fewer machines, it was less technology, There was let's risk, think of AI and chat GPT, how you communicate.

There were less other vectors between the doctor speaking to with the patient to push the process forward.

## Communication, Empathy, and Collaborative Care

And some would argue that we've lost some of the valuable attributes of the doctor-patient relationship in all of medicine in part due to many of gains we've made over the last one or two or three decades in the advancement and enhancement of use of technology and technological spheres, I think, in our practice.

So psychiatry has to not just focus on these concerns in regards to what we're doing in mental health, but also, I

think, to be leaders in the entirety of the medical practice as we engage with the other practitioners of medicine.

We're not only patient with their families as well. Also, after you speak to companies and third-party payers to focus on this process. So the concept of empathy and resourcefulness, and I use the term resilience, must remain, think prominent in a doctor-patient relationship.

That has to an area that psychiatry promotes. Do you think, just from my own perspective, that the public has a different impression of psychiatry as a tool in wellness?

I mean, most of the time when you see psychiatrists, they're talking to some serial killer that they just got, or they've been interviewing a prisoner somewhere, are they planning some kind of half-crazed scheme, and you don't see much in the media.

uh on psychiatry as a contribution to wellness can you change some of that well said i i think that you said a bit of an idea the reality is most of what we're doing and i don't mean 51 but i mean 90 plus percent is uh standard uh day-to-day uh normative and kind of routine care.

And all too often in that setting, that's lost with those cases that are one in 10 or one or a hundred when it's extreme, you know, jails and prisons and violence and serial killers.

As you mentioned, those issues are important and demand the time that they require, but they probably, the media consideration of such allows many persons in regular society to misunderstand much of the nuts and bolts and the boots on the ground, so to speak, of the regular day-to-day interaction of psychiatric medicine and psychiatric mental health providers with our patients and families and our communities.

Yeah, I think that that's an important piece, that people need to start to see psychiatry more as a component of wellness rather than simply when they're I've seen a variety of different programs where the psychiatrist is always brought in to talk to somebody who is probably unable to appreciate anything that you're talking about.

And so I think seeing psychiatry as a wellness issue I think it's very important from my perspective and I know you to be that kind of psychiatrist and you can feed that into the fabric of the American Psychiatric Association.

I'd like to simply add by something that would just speak to, I think very articulately, is the issue of proactive, you know, health care. We talk a lot in medicine now about not only mental health, when you combine it with primary care, this idea of collaborative care that that's really, the theory.

And I actually like take a little bit further. I had a colleague, Dr.

## Public Misconceptions and Proactive Wellness

Elliot Sorrell on the East Coast in the DC area for years, who like to describe what he called total care, psychiatric quality care primary quality, care and a public health, you know, within a when you do all of those issues and think about them much more globally, I think you'll address many of the long term challenges that we've had in medicine for some time that are more difficult to manage and treat singularly or with short term vector approaches.

So your description of wellness, which is proactive, is preventative, it occurs further up the chain before the tertiary level problems come into play, that is exactly right.

That's where our focus should be. I remember when you were the 113th president of the National Medical Association. I asked you what was going to be your biggest focus, and you said stigma.

And I kind of laughed at that, because first of all, I didn't know what it was like. You know, after I mixed it up with something like smegma. But I mean, what you're talking about.

Of course I've learned over the period of last several years that that is one of biggest problems, not only for you,

but particularly in communities of color.

What do you intend to do? And now that you have a much broader brush, how do your intent to paint that issue stigma across the landscape? Look at a timely point.

And I think my opportunity will be very unique because as you point out, I don't think very correctly. I am an African-American psychiatrist. And I think both areas, healthcare for African-Americans in our country, now currently as in the distant past, as well as healthcare, for those of all ethnic backgrounds and racial backgrounds who have primary brain related illnesses or psychiatric concerns.

Both areas have been unfortunate recipients of the scourge or stigma. A, many people don't understand it, so they don' give it the attention it deserves.

B, we've had very practical and pragmatic approaches at the governmental level and the private industry level that has been costly. It's actually cost fiscal concerns by trying to cut budgets and have increasing impediments to care.

Very often psych patients with a brain illness have higher co-pays to see the doctor. You're less likely to go for preventative care, they have a lower lifetime cap.

So you're a lot more likely run out of all your resources at some point. And very often, there's just more and more challenges. Early in my career, we spent a lot of time fighting when somebody was needed to get into the hospital to either get them into hospital or put them to stay several so many days.

Based on what the empirical data said, they need to be there to actually get better.

## Stigma, Racism, and Access to Care

There's always a big push to take psychiatric patients out of the hospitals earlier. For all three of those reasons and more, we've struggled with stigma.

That's why it's important for us to use educational messages like we're trying to do today. So I thank you for the opportunity on your show to get the point across to all in society, especially those who I think press the button of finances, that psychiatric care is beneficial to the whole society when it is done in a best-in-class, empirically-based, performative way.

I think that's been one of the big issues in the communities. I know that you have a particular interest in communities that don't have adequate resources in psychiatry.

That's those poor communities, homeless communities and ethnic communities as well. The whole issue around racism as a major psychiatric underpinning of a lot of problems, not only for African-Americans, but for poor Americans, and not racism, let's say.

That's kind of stigma issue, racism has become one of those issues that they're talking a little bit more about as major factor in the development of African Americans and Latinos and other people color.

Yeah, clearly, I think that, uh, ethnic issues, issues of race and discriminatory bias. Always see these issues. I thinking gender now increasingly their efforts by many groups by different groups, they should say to block progress and access to care for women.

Uh, if women can't get quality health care, they, by definition, a lot more likely to be at a higher risk of psychiatric complications, clinical depression, long-term joints, anxiety problems, and others, post-traumatic stress disorder come to mind.

So I think that we have to have an active and a vibrant response mechanism. We in the, um, National Medical Association where you write out 113 president just like yourself and moving forward as a future president of the

American Psychiatric Association.

Been involved since it's been organizations 1850, you know, almost 20 years and I've been involved for 30 years And the group has worked consistently with incremental growth to address these challenges, I think, over time.

The election of myself, hopefully, will do several things. And one is to bring to forbearance some of these concerns of stigma, of issues regarding fairness and care for many.

Also, think of concerns regarding what we call global mental health. I've been involved in these issues internationally, and often I make the argument that some in urban areas right here in the U. S.

So there's a lot of work to do and we need to get started. You know it sounds like there is a pretty big agenda. What are your priorities and all the things that we're talking about?

I think that there are three, well, four. The first issue, of course, is to make sure that we capture and galvanize the current strategic plan and move forward in that regard.

And that has to be our priority. um as you point out stigma issues treatment issues and uh global health issues such as trauma a on fiscal issues a lot to be said for organizations bringing in funds from external sources but i'm very interested in the active psychiatric provider as uh i came here as chairman of psychiatry at lsu in june new orleans in in June of 21 I was shoving away forest before that for four years, and in Meharry before, that I've noticed over the course of what's now 15 years pretty much in these roles as a chairman, how more of our young doctors can't simply get a clinical practice in one area and see it grow all too often they have to fragment and space the practice out because you have to work in one place where you enjoy doing their work, some other place we can assure you earn enough income to pay all of the necessary bills.

So I think we should be much more pragmatic on our approach that we shall protect our doctors the best we could so they can practice in the optimal way that they have been trained and whether their heart pushes them towards their passion in psychiatry.

Next, I'll take on the issue of stigma. Or the switch or bias of the entire consideration comes into play that we have to educate others as your earlier question.

Give me a chance to of who we are and what we can do.

## Leadership Priorities and Unified Care

That's because of access and access to care. There should be adequate and optimal funding at the highest level of government level. for what we do because we have to take care of persons who can't take of themselves.

They're often in state hospitals. There are often children in counter facilities. they sometimes may be in jails or prisons. So often they don't have private instruments, but they need to require as individuals and we as a society need for them to receive optimized care that's empirically based, based on what the data says is best in class so they can get better and at some point get remission for the illness, not move to alcohol and drugs, which people often will do to self-medicate or try to address the problems that they're not having addressed appropriately by a trained psychiatric provider.

And the final point is this regarding global mental health, and really that weasels its way for me to the issue of trauma. Way too much trauma, Too much unknown trauma.

Trauma against young people, trauma against the young girls in our society. We should speak out against that. we should make sure the person get into care early.

Without a person to have a long life of psychiatric sequela and hurdles and difficulty because they had trauma earlier. Physically, there was an addressed emotion psychiatrically and psychologically with good quality psychiatric

intervention.

Well, you know, that's a pretty big agenda. And any time you are president of association, You're kind of leading an army, and everybody didn't vote for you, obviously.

What do you say? I will cry. I can't use that when I talk to Skyfresh. What is your agenda as it relates to your fellow, your fellowships? What are you, what are your saying to them that makes them excited about your leadership?

I think my theme is going to be that there's more that binds us together than separates us apart. And I know it may be a previously used theme, but it means a lot to me.

It means lot me and my prior work like with yourself in groups like the National Medical Association where I've learned the value of camaraderie and teamwork and collaborative working together as a team to accomplish a certain objective.

I can also say that what binds us together is important because all too often various aspects of medicine will be fragmented. And I think the psychiatry is an area of Medicine, as we've spoken of earlier, that has a tremendous opportunity to find ways to blend and merge and galvanize, I think, co different areas of think when our patients come t have more than one medical have psychiatric problems, anxiety, but they also h may also have asthma, may degree of having had a prior stroke.

So they're thinking about their medical problem and a psychiatric problem. They shouldn't have to make a choice between the two. We should have the figure out ways to combine the considerations, understand the data points, and find ways together one clear trajectory moving forward to help them find recovery for further problems.

And the third point, I think, is also just so, so true. This idea that more of it binds us together is important because we probably have this three-headed consideration of care, government, and private enterprise.

And I the American Psychiatric Association has done a good job in the past. We want to do a better job going forward of linking these three primary theme objects to find ways to not work against each other, but to found ways work in a coordinated fashion that's effortless and more efficient for those in American society.

Dr. Ron Kennedy Bailey, thank you very much, I'm sure. With my experience with you and leadership of the American Psychiatric Association has made a very good choice.

And you are the right man with the job at the time. So thank so much for joining us on today's edition of Wellness Watch. We look forward to your leadership and your continuous involvement.

with the Wellness Watch, keeping us abreast of what's important in the areas that we're concerned about in psychiatry.

## Closing Remarks and Program Sign-Off

Thank you so much. Really enjoyed it, Eleanor. Well, that ends today's edition of the Wellness Watch sponsored by the African-American Wellness Project.

Stay with us every week. We have not only the wellness watch, but the Black Doctors Speak podcast and a variety of publications in the social media space.

But as we always say as, we end our program, health is your biggest asset, so protect it.