



*Newsletter of the
Association of Women Psychiatrists*

AWP March 2022

PRESIDENT'S MESSAGE



Dear AWP Family,

As Black History Month comes to a close and Women's History Month begins, I would like to call on our membership to mark these important commemorations not just during these specific times but all year round. In the last century, we have come a long way in the areas of women's rights and civil rights, but we are seeing some of those basic human rights challenged and even rolled back in parts of the country. We have so much farther to go to achieve equity and justice for all people regardless of race, gender, or background. As Past President Dr. Nada Stotland calls for in this issue, we must continue to use the power of our professional voices to uphold rights for women – and for all human beings.

During the pandemic, I have found myself in virtual group spaces where it can be hard to talk about social justice issues. Do you remember those side conversations one could have before or after an in-person meeting, where you can broach sensitive topics in dyads or in small groups, topics such as race and politics, and really get to share opinions and reflections? Those conversations are harder to come by in virtual spaces where everyone is in the same “room.”

I am pleased to announce two upcoming opportunities for connection and real conversations we'd like to pilot within the AWP.

1. A monthly drop-in hour with members of the AWP Executive Committee – a space to meet our leaders, share thoughts and concerns, and consider joining some of our efforts to advance wellbeing for women.
2. A monthly networking hour for the membership – a space to share experiences and find both traditional and peer mentorship - and fellowship among our community of professionals who are passionate about women's mental health.

More details about these opportunities will be shared on the listserv. I invite you to stop in and say hello! Help us to create the community that in many ways has been lacking during this time of isolation.

With gratitude and appreciation,
Christina Tara Khan, MD, PhD

EDITOR'S MESSAGE

Thank you to all who contributed to this newsletter for your time, thought, and energy.

In this newsletter, AWP Executive Committee members share pearls of wisdom on their leadership philosophy. The section closes with an inspirational poem by Past President Silvia Olarte. On the Dr. Leah J. Dickstein page, AWP members contribute their ideas of what makes a good mentee, reminding us of the bi-directional nature of the mentor-mentee relationship. In the Wellness Corner, there is an opportunity to join a virtual yoga class “Promoting Self-compassion” on Monday, April 4th from 8-8:30 p.m. ET. This builds on the theme of community and connection highlighted in the new AWP pilot programs. You will also find an educational piece on “Food as Medicine,” a commentary, book review, and podcast recommendation. Lastly, there is an interview with Frances Bell, our amazing Executive Director who provides compassion, organization and continuity year after year. #gratitude.

Hope you enjoy reading this March edition and I look forward to seeing you at some of the AWP community-building activities this spring!

Anjali Gupta, M.D.



AWP Executive Committee members share thoughts on their leadership philosophy:

Rashi Aggarwal, MD, FACLP, DFAPA
Treasurer, AWP

The most important aha moment for me as a woman physician was the observation that I had internalized gender bias and was limiting myself in what roles I could expect to take on because of the fact that I was a young mother. Being a woman leader is as simple as embracing the identities we value, taking stock of our skills, recognizing the power within ourselves and bringing them all to bear. We are women and we are physicians. We don't have to choose one over the other. We are powerful because of both.

Amy Alexander, MD
President Elect, AWP

- Find a way to engage everyone you are leading. Help find active roles, especially for those who are more junior, as they are often in roles that are more passive or involve listening to those who are more senior. They will often feel more engaged and a part of things if so.
- Lead by being a good example.
- The best leaders command respect, not demand respect. (I.e. People WANT to follow them, not HAVE to follow them)

Nikole Benders-Hadi, MD
Councilor at Large, AWP

I really lean into a democratic leadership style, where my focus is on making my team members feel that they are valuable contributors. Special attention to diverse personality types is really important, since an extrovert and an introvert may contribute in very different ways. Making sure there are multiple communication channels open at all times helps. By no means do I have all the answers, and by ensuring my team feels comfortable contributing ideas and problem-solving, we ultimately get to better outcomes.

Ludmila De Faria, MD, DFAPA
Councilor at Large, AWP

I have always believed in leadership as service. It is a philosophy embodied by my mother, who was a quiet but outspoken leader. She never sought the spotlight, but whenever she found herself in a position to nudge change and help others, she would seize the opportunity. Colleagues and patients still remember her fearlessness and compassion, relentlessly advocating and speaking up, even during delicate political times in Brazil. For me, advocacy and promoting a better, more just world for everyone became a way (the only way) to live a full life. Wherever I am, from elementary school to now, my thought has always been: how can I help? I want to lend my wits, my loud voice, my strength, my legs to help make it a little better henceforth. Leadership is opening the door so others can go farther. It is listening, providing a different perspective, inspiring and encouraging others to achieve. Leadership is being the tide that lifts all boats.

Jessica K. Hairston, MD, FAPA
Councilor at Large, AWP

Leadership, in my opinion, is a synergy between empathy, wisdom, and integrity -in one's actions. When a person speaks and lives their truth it naturally inspires others to do the same. It requires courage and strength of character to stand up for what you believe. If a person develops wisdom that is centered around having compassion and empathy for others, they can use their wisdom to make decisions in the best interest of the people and their integrity to press for justice and for all beings. Life is sacred and I believe that we are called to protect and provide for every individual with reverence and compassionate care."

Christina Tara Khan, MD, PhD, FAPA
President, AWP

Inclusivity is central to my leadership philosophy. I come from a family of multiple cultures and religions where people of diverse backgrounds were welcome. After my parents immigrated to the U.S., I grew up as a brown, second generation Caribbean American girl in a dominantly White town. I was less aware of social status at the time, but as I grew older, I became more attuned to elements of my status and privilege and the potential for my voice to be valued or excluded in group spaces. Now, as a professional and a leader, I try diligently to create welcoming environments for my students, patients, and peers. This requires stepping out of my own insecurities and being present in the here and now. It requires attention to interpersonal dynamics in the room and some knowledge of the historical trauma that may be impacting those interactions. I try to establish a culture that is inclusive and conducive to a sense of belonging, a space where everyone can have a voice.

Mary Kay Smith, M.D., DFAPA
Past President, AWP

Leadership, at its core, is the art of inspiring others to believe in and work collaboratively toward common goals. Effective leaders often share certain characteristics that I will pass by here. What makes great leaders, however, is their ability to listen, understand, and reflect the values and core beliefs of those they lead. Great leaders excel in their ability to inspire others, creating a culture that is grounded in truth, moral integrity, transparency, and compassion as they transform organizations and systems. Inspire originates from the Latin inspirare, 'to breathe or blow into'. It was used in Middle English when speaking of divine or supernatural beings, who breathed, or imparted, truth and ideas to others. Truly exceptional leaders serve those they lead with humility and empathy, 'breathing' truth and ideas into them, guiding them as they bring their aspirations to life, and inspiring them to reach far beyond what they previously deemed possible to achieve the improbable ... together.

THOUGHTS ON LEADERSHIP

**Silvia W. Olarte, MD
Past President, AWP**

Leadership is inspirational,
Selfless
Serving others
Guiding strong
Is listening to learn
Talking to unite
Determining to protect
Choosing to better the whole

Leading is compromising
While holding one's own
Is arriving first and leaving last
Is being patient instilling hope
Holding reality dear yet dreaming big
Knowing when to fight
When to negotiate
When to loose yet holding our soul

Leading is loving the other as much as oneself
Learning to be alone to protect
Building consensus to decide for all
Assuming failures
Sharing success
Being humble yet strong

To share power is to hold power



The Dr. Leah J. Dickstein Mentorship Page

Thank you to all the members who contributed their thoughts for this page.

WHAT MAKES A GOOD MENTEE?

- Is Committed
- Asks questions
- Has Curiosity
- Demonstrates Flexibility
- Able to receive feedback
- Is proactive
- Shows interest and initiative
- Learns and shares knowledge and experience with the mentor
- Knows what one wants and expects
- Takes steps to know what she wants to be mentored in
- Communicates with the mentor
- Understands the commonalities in the dyad and works to enhance them by learning from the experience of the mentor
- Meets with the mentor consistently as per the time frames worked out by the pair
- Is eager to learn
- Demonstrates understanding
- Values the mentor's input and time
- Is receptive and flexible as a mentee
- Imbibes anything new or make changes where appropriate
- Is extra receptive to inculcate modifications discussed with the mentor
- Is able to put suggestions to a trial of action for better outcomes
- Gets back to the mentor to give feedback on the discussions and actions taken, which worked out and which did not
- Participates in passing on information and experiences bi-directionally
- Is a good fit with the mentor
- Demonstrates open-mindedness
- Takes initiative
- Identifies areas to learn more or explore more
- Comes to meetings prepared
- Values the mentor's time
- Works hard
- Has a level of seriousness
- Keeps appointments and shows up on time
- Does regular work towards goals set
- Has good follow-up on assignments
- Contacts mentor regularly
- Engages with questions about their career
- Shows genuine interest in the mentor
- Asks specific, realistic, substantive questions and requests
- Has the ability to find mutually agreeable times and places
- Engages in thoughtful discussions
- Follows up on the mentor's suggestions and reports back
- Acknowledges strengths and weaknesses
- Accepts constructive feedback
- Understands that no question is too dumb
- Follows up on recommendations for websites, journal articles, films

WELLNESS CORNER

The Association of Women Psychiatrists

Invite You to Attend

A VIRTUAL YOGA CLASS

Carve out some time for yourself and join us for 30 minutes of yoga to rejuvenate yourself in the evening. Whether you are a regular yogi or a brand new one, come be part of this Vinyasa class for women in medicine with Anjali Gupta, Adjunct Assistant Professor in the Department of Psychiatry and a certified RYT-200 yoga teacher. As a community, we will move seamlessly through postures using our breath as we flow.

All levels are welcome. See you on your mat!

Promoting Self-Compassion

**Monday, April 4th
8-8:30 p.m. Eastern Time**

R.S.V. P. to francesrotonbell@gmail.com for a Zoom link to join

FOOD AS MEDICINE

By Harita Raja, M.D.

“You are what you eat.” As a child, I remember laughing when I heard this phrase. I would tease my mom, “I must be really sweet.” The concept of food affecting my physical and mental health was foreign that time. As I have focused on nutritional psychiatry, my understanding of food as medicine has taken on a new perspective.

When we look at the human body, it is astonishing to see how intimately the gut and brain are physically connected. The vagus nerve modulates the brain-gut axis in a bilateral fashion. In fact, the gut has hundreds of millions of neurons, deeming it the second brain. It also serves a multitude of vital functions, including heart rate and speech. The gut microbiome is essential for functioning and has its “good guys and bad guys.” When in balance, we thrive. With imbalance, we can experience negative changes to our mood.

Pharmaceuticals are not our only source of medicine; food can also be effectively used as medicine. There are many benefits to this modality of treatment. Food can have similar outcomes to medication for some patients, generally those with mild symptoms. It is cheaper overall and has less side effects. In this article, we will focus on three avenues for improving mood using food: probiotics, omega 3s and sugar.

Probiotics are live bacteria that help to break down food. As they break down food, they can help to reduce gut inflammation and provide the milieu to support healthy cell growth. These mechanisms have shown to have a positive effect on mood. Examples of probiotic-rich foods include yogurt, aged cheeses, fermented vegetables and kombucha. Messaoudi et al studied the impact of a daily probiotic formula on healthy men and women. Those given the formula, as compared to placebo, reported less depressive symptoms. Interestingly, there were also found to have less cortisol in their urine samples.

Omega-3 fatty acids are a vital component of our cell membranes and play an important role in our metabolism. Like probiotics, omega-3 fatty acids lower inflammation within the body. These fatty acids are not produced within the human body and have to be ingested in our diet. There are three main types of fatty acids, alpha-linoleic acid, eicosapentaenoic acid (EPA) and docosahexaenoic acid (DHA). Both EPA and DHA have been shown to be associated with mood. Omega-3 fatty acids are most prevalent in fish, specifically salmon, mackerel, tuna and sardines. Thankfully, other common foods in our diet are fortified with omega-3 fatty acids. We often find fortification in eggs, milk and yogurt.

Sugar, mannitol, cane juice, rice syrup, galactose, maltose, fructose... there are over fifty different words for sugar. No wonder the concept of added sugar can get confusing! When we eat something with sugar (including carbohydrates and simple sugars), our blood sugar levels increase. Ideally, our pancreas then releases insulin to remove this glucose from your bloodstream and redistribute it to our muscles, liver and fat cells for energy storage. If blood sugar levels come down too quickly, we can experience depressive-like symptoms and fatigue. In order to rebalance, our body signals for the release of cortisol. Again, for some, this can lead to a feeling similar to anxiety.

Glycemic index is a numeric value (0-100) that is assigned to foods based on how drastically food makes our blood sugar rise. Food with high glycemic index cause our bodies to have extreme peaks and crashes in blood sugar, leading to significant mood and anxiety implications. For example, soda has one of the highest glycemic indexes (90+). A meta-analysis showed people who drank beverages with sugar were at a higher risk of depression versus people who did not. Increased sugar has also been shown to increase inflammation in the brain.

There is a lot of great information within the realm of nutritional psychiatry. This was just a glimpse into the field. There are simple ways to apply the above knowledge to improve our general wellbeing and have a positive impact on our mood. Find one thing today that you can change in your diet. Maybe you want to cut out soda or add fish once a week. Simple changes can lead to significant consequences.

As Hippocrates said, “let food be thy medicine and medicine be thy food.”

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Our Obligations in the Current Crisis: A Commentary

Laws restricting abortion are being enacted all over the United States. At the present time, over 1/4 of the women in our country have an abortion during their lifetimes: women of every religion, race, and socioeconomic status, many already struggling to care for existing children. The impact of these laws fall heavily on every pregnant person without resources far greater than the average American, including our patients. We have an obligation to discuss these realities with every patient of childbearing capacity and to help them develop strategies to effectively contracept and prepare for the possibility of an unacceptable pregnancy. I want my patients to have 'morning after' medication tucked away, to recognize pregnancy at the earliest possible stage. and to know how to get abortion medication and/or access help getting to some place for abortion services. Abortion is safe both physically and mentally Abortion has, always and everywhere, been a reality and a necessity.

Nada Stotland, MD, MPH
Past President, AWP and APA

Podcast Recommendation: Were You Raised by Wolves?

By Layne Gritti, M.D.

Are you looking for something delightful and away from all the drama of the pandemic? "Were you raised by wolves?" aims to make the world a kinder, more empathetic place. With compassion, hosts Nick and Leah answer questions about being polite to others, giving people the benefit of the doubt, and being a good hostess or guest. Though our connections have been altered and reduced during the pandemic, this podcast reminds me of the reasons why manners and treating others well are important. It made me reflect, and perhaps your interactions may benefit too?

BOOK REVIEW:

By Reid Mergler, M.D.
Symonds Fellow, 2021

Inferno: A Memoir of Motherhood and Madness by Catherine Cho

One way I've learned to connect with others during the COVID-19 pandemic is to lead and participate in virtual book clubs. I started the National Trainee Reproductive Psychiatry Interest Group at the end of 2021 with Dr. Amanda Koire PGY2 at the Brigham, and we thought of a book club as a fun first event. With trainees involved from across the country, it was a success! We chose *Inferno: A Memoir of Motherhood and Madness* by Catherine Cho, an incredible, eye-opening view on postpartum psychosis from a patient's perspective.

Cho's narrative is as fractured as the events she describes. The book does not have chapters, but rather oscillates between her descent into psychosis and her present involuntary stay in a mental institution. She writes beautifully about her experiences with other patients on the inpatient ward, expressing her confusion and her feeling of being trapped. Through evocative language and imagery, she brings us inside her mind as it warps her perception of her newborn into a terrifying demon.

The book allowed me to reflect as a psychiatrist on the experiences of the patients we take care of on a daily basis. At one point during the memoir, Cho recalls only meeting a doctor once during her inpatient stay; although this is likely not true in a psychiatric inpatient ward, it begs the question of whether patients really remember who we are after they recover from psychosis. Moreover, she remembers fine details of certain techs and nurses in the ED, both the kind and the cold, demonstrating how critical every healthcare worker's role is in patients' lives.

Throughout the memoir, she shares her traumatic relationships with her father and ex-boyfriend, implying a link between her past abuse and her current psychosis. These memories also highlight the role of trauma in the perinatal period, as it has been cited that 9% of child-bearing people have PTSD and another 18% are at high-risk. The perinatal period is a time of profound emotional, physical, social and interpersonal transformation for a woman.

Her descriptions of cultural perspectives on birth and motherhood delineate her stress over appeasing her family's values while attending to her personal needs. She describes the beliefs of eating seaweed soup postpartum and how she felt guilty when she ate sushi instead; on a larger level, she notes that "happiness can only tempt fate and that any happiness must be bought with sorrow. As for love, it is thought of as an unfortunate passion, irrational and destructive... My psychosis for all its destruction and wrath was a love story." These past and present stressors weigh on Cho until she breaks, a harsh reminder of the impact of dangers new mothers face.

Through her detailed writing, the reader feels the fear that Cho experienced while psychotic, seeing her baby's eyes alight in flame and devils behind every corner. At other times, the reader will feel touched by the unconditional love that her partner, James, has for Catherine throughout her psychosis. The non-chaptered style allows the reading to flow and for Cho's story to unfold.

During the book club, twenty psychiatry trainees gathered to discuss postpartum psychosis and the approach to treatment. We all felt moved and captivated by the book, giving us insight into what our patients feel. I am grateful to Catherine Cho for providing that unique perspective in *Inferno: A Memoir of Motherhood and Madness*.

Interview with AWP Executive Director Frances Bell

By Anjali Gupta, M.D.

How long have you worked with AWP?

I have worked for AWP since January 1998.

How was AWP started?

The AWP was founded in 1983 by Alexandra Symonds, MD and a group of pioneer women psychiatrists to encourage recognition and opportunities for all women psychiatrists.

What is the mission of AWP?

To mobilize women psychiatrists to work together for quality mental health care of all persons, particularly women. AWP promotes inclusive leadership, professional development, and networking among women psychiatrists. AWP advocates for women psychiatrists and patients alike, supporting mental health treatment and prevention through research, education and clinical care, informed by gender.

Over the years, what have been some of your favorite AWP moments?

Executive Committee Meetings in the President's hotel room at the Annual Meeting with everybody sitting on the floor!

The walks to benefit charity

Sitting around a conference table for a retreat all in animal print robes!

What are your hopes for AWP over the next few years?

As I think about the future, I hope by 2025 we have every woman psychiatrist in the US as a member of AWP. I would love to get a grant to offer a free membership for one year.

What are opportunities for AWP members to connect and engage?

The opportunities to engage have been limited to a Zoom meeting as our Annual Meeting, I hope for the future we can continue to grow opportunities to connect in more ways and more often.

What do you envision for the 2022 meeting?

For the 2022 Meeting, I hope members will be able to connect in-person for the first time in two years. The virtual meetings are productive, but connection and touch are important missing pieces.

