

## President's Column

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'Tis the season...for surveys and retreats.

As I look out the window at one of the first snows of the season, I feel like I can see (knock on wood) the light at the end of our three-year pandemic tunnel of trauma. We're emerging from our caves, gathering again in groups, looking at each other face to face – not screen to screen and (increasingly) not mask to mask. It's like we're asking:

"Is everyone still here? Is everyone ok?"

And, once that's established:

"Remind me what we're doing again? What's it all about?"

And so it is with the CPS and its leadership. The survey we sent out in October was our way of asking the questions above. The retreat we had in November with the Council as well as some past-Presidents considered the feedback and set a course for the future. We realized there are two primary challenges we face. The *first* is how to re-energize the CPS. While almost all APA district branches have lost some momentum and some members during the pandemic, our decline started before Covid. When I was President in 2012 our membership was in the 800s; now it's in the 500s. This not only deprives us of the collegiality, creative energy and advocacy of hundreds of talented psychiatrists as we fight for better care for our patients, it also represents an existential threat to the CPS, as the primary source of revenue is membership dues. The *second* challenge is the unprecedented crisis we face in mental health during and after the pandemic. There is no shortage of data, articles, and stories that support this. Look in one of the major papers any day – here's one from the NY Times a few days ago:

<https://www.nytimes.com/2022/12/07/opinion/nyc-paramedic-mental-health-crisis.html?smid=nytcore-ios-share&referringSource=articleShare> ("I'm an N.Y.C. Paramedic. I've Never Witnessed a Mental Health Crisis Like This One"). But we need look no further than the patients we see every day. We know from our training and our work how difficult it is in "normal" times for people to survive traumas, develop healthy selves, engage in "work and love" as Freud put it, and find some degree of happiness. These are not normal times, and our patients and our community need us more than ever. We realized at the retreat that this need drives us at the CPS to re-examine, re-form and, (quite literally) "*re-member*."

So what did you tell us in the survey? Basically this: Our organization is important. It stands for something and means something to both its members and the community. And you said our two most important functions are advocacy and providing a community for psychiatrists in CT.

Not only can this be isolating work, but we are stronger, smarter, and better together. And then there were specifics. We need to do a better job communicating – newsletter, listserv, website, etc. We need to do a better job connecting with people across geography, across ages and stage of career, across type of practice — and avoid becoming an “echo chamber.”

You’ll be glad to know that the retreat (see photo) we had on the campus of what used to be Hall-Brooke Hospital (now the Westport Campus of St. Vincent’s Medical Center), was a success. For independent validation, you might query the inquisitive wild turkeys who watched us throughout. I was amazed at the passion and engagement in every minute of those three hours on a Saturday morning. We engaged in dialogue. We had debate. And we moved in a common direction. Towards offense vs. defense, towards advocacy and mission vs. complacency, towards community and connectedness vs. isolation. We see the emergence from the worst of the pandemic as the right moment to galvanize the CPS. And to do that, there is work to be done – for both the Council and the membership.



For us:

- Re-write the mission, vision and values of the CPS
- Increase membership, particularly reaching younger members
- Improve the website, newsletter, revisit the listserv and social media
- Strengthen partnerships and coalitions with other state organizations
- Evaluate CPS’s balance sheet, including other potential revenue sources such as a conference as well as expenses like the management contract
- Organize an annual meeting that will draw widely
- Continue to improve advocacy for our patients and our profession

For you:

- Show up. Bring your ideas and your voice to:
  - The open virtual Council meeting, first Wednesday of every other month at 5:00, next one January 4<sup>th</sup> (we’re sending the planner out directly to the membership now)
  - Regional gatherings/dinners – the first was in Fairfield on November 30<sup>th</sup> and was fantastic. And for this, I *need* volunteers in other regions to help me gather a group, as a couple of Fairfield members did. Even if you’re mildly interested, just reach out: [john.santopietro@hhchealth.org](mailto:john.santopietro@hhchealth.org)

- The annual meeting which we are planning for late May or early June
- Please, reach out to non-members and get them connected
- As always, please give us feedback and suggestions. The Council is a representative body and we're only as good as our connection to the membership.

This is the second time I've had the honor to serve as your president. The last time was ten years ago when we all went through the Sandy Hook tragedy together. I've seen what this group can do in a crisis. The difference this time is the need for internal work before we can rise to the external challenge. I know we can do it. We must. The CPS represents too much of a resource to our patients, to the community, and to each other.