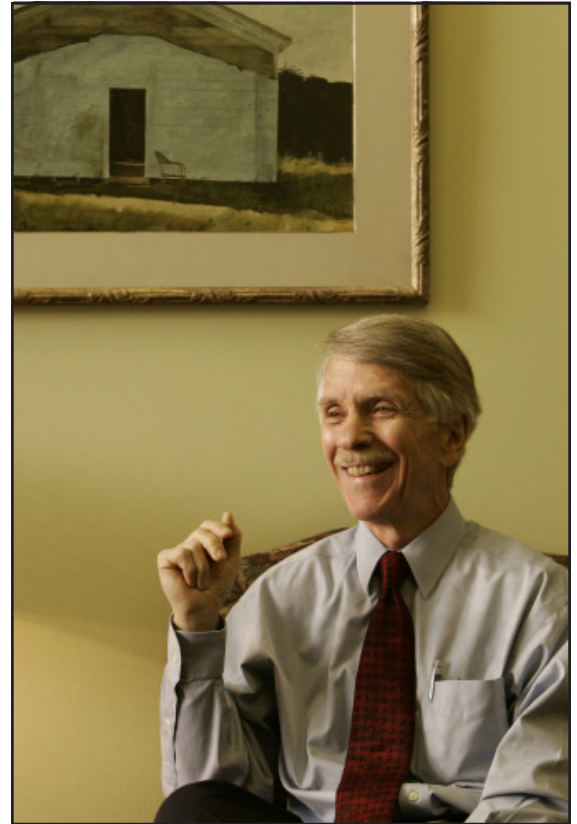


John M. Oldham, M.D., M.S.

Candidate for President-Elect American Psychiatric Association

Personal Statement

It is a privilege to be nominated for President-Elect of the American Psychiatric Association. I have been fortunate in my career to have had many leadership opportunities in the field of psychiatry, which I believe have provided broad experience and sound preparation for this important role in the APA. From my earliest days in psychiatry, I have always been interested in what makes us tick—all of us, from those who get along pretty well in life yet keep tripping themselves up, to those who are profoundly disabled by psychiatric illness. After my residency training, I spent two unique and unforgettable years in the Air Force, as a psychiatrist, evaluating returning prisoners of war from Vietnam and serving as the psychiatric consultant for the National Security Agency. After returning to New York, my first job was as Director of the psychiatric emergency service at Roosevelt Hospital, located in the pre-gentrified west side of Manhattan where desperate people arrived daily. Several years later, after completing psychoanalytic training at Columbia, I became director of a new acute inpatient unit, and subsequently an acute care division, at New York Hospital. For me, these two very different worlds—intensive psychodynamic psychotherapy, and 24/7 hospital treatment—have always informed each other in important ways. Psychoanalytic training gave me a deep respect for the regressive potential within us all, and it helped me look for the person behind the psychosis in patients needing hospitalization. In turn, working with profoundly disturbed inpatients required psychopharmacological expertise, and it helped me sustain a biopsychosocial framework during my almost 30 years of private practice.



Dr. John Oldham

In 1984, I was recruited by Herb Pardes to join the faculty at Columbia, where after a few years I had the privilege to serve for over 10 years as director of the New York State Psychiatric Institute (NYPI) and Vice Chair and then Acting Chair of the Department of Psychiatry at Columbia. In 1988, Commissioner Richard Surles asked me also to serve as Chief Medical Officer (CMO) for the New York State Office of Mental Health (OMH), the largest state mental health system in the country, as a brief, part-time arrangement while a full-time psychiatrist was recruited; this turned into 14 years in the role, years that I wouldn't trade for anything. These were turbulent years of change—with about 25,000 inpatient state hospital beds in 1988 and about 4,500 when I left in 2002. Reinvestment legislation was passed to shift funding from inpatient beds to community-based alternatives; new legislation allowed creation of Comprehensive Psychiatric Emergency Programs, helping dislodge emergency room “gridlock;” and many improvements in care were accomplished, such as the introduction of a careful protocol to facilitate use of clozapine, new emphasis on the “personhood” of patients, treating patients with respect and dignity, minimization of the use of seclusion and restraint, and many more. As others, however, argued to change the word “patient” to “recipient,” to “ex-patient,” to “survivor,” to “consumer,” to “customer,” I persistently used the “P” word, insisting that we are in the world of medicine, that we are all patients, and that one “right” that often gets lost is the right to good treatment. When the New York's leadership changed from the Cuomo to the Pataki administration, huge budget challenges loomed, with a request that OMH reduce its budget by \$200 million. Nonetheless, we were able to preserve essential clinical services, and even gain approval for a \$113 million new facility for NYPI, which was completed and dedicated in 1996. There were plenty of discouraging moments working in this large, public system, inevitably shaped by politics, but every moment I wondered what difference one person's voice made was vastly outnumbered by the many achievements by all. Perhaps the most crucial challenge for OMH was to guide the mental and emotional recovery process for New Yorkers after 9/11, and as CMO I was centrally involved in that effort—an experience I shall never forget. I was honored to receive a one-of-a-kind citation of appreciation from Governor Pataki for these years of service.

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Our careers are shaped by our own interests and skills, but also by opportunities that chance to come along. One of these was an invitation early in my career, from Otto Kernberg, to join a research team studying borderline personality disorder, which fueled an enduring interest in the severe personality disorders. Several years later, the opportunity to serve as President of the US-based Association for Research on Personality Disorders and later as President of the International Society for the Study of Personality Disorders brought me into contact with colleagues from around the world generating new knowledge about these prevalent and disabling conditions. A multi-site consortium of these colleagues has carried out the Collaborative Longitudinal Personality Disorders Study, funded by NIMH for 13 continuous years, which has produced findings that will influence how we think about personality disorders in DSM 5.0—an APA Workgroup I am pleased to be currently part of.

Meantime, through the years I have become involved in the APA, an organization I admire and value. I served as President of the New York County District Branch and later as President of the South Carolina Psychiatric Association. I was invited by Joe English to serve as chair of APA's Scientific Program Committee, and I chaired the Committee for 3 years. I was asked by Rod Munoz to chair a new Task Force on Quality Indicators, which led to a framework for clinician-derived performance measurement, and I later chaired the Committee on Quality Indicators and then the Council on Quality Care. Serving for years on the Steering Committee for Practice Guidelines, I was asked by Jack McIntyre to chair the Work Group to develop a practice guideline for borderline personality disorder, which was completed and published in *AJP* in 2001. I was asked by Jay Scully to chair the selection committee for a new editor of *AJP*, leading to the recommendation of Bob Freedman, who, in my opinion, is doing a superb job. I have served on the Council on Research, the Council on Healthcare Systems and Financing, the Joint Reference Committee, and I have been on the Board of Directors of APIRE. Also, I have represented the APA as a member of the Physicians Consortium for Performance Improvement of the AMA since 2001 and in a permanent seat on its Executive Committee since 2006. All of these activities have been personally gratifying and major contributions to my “lifelong learning” and, I hope, to the APA and its membership.

Throughout all of these years, I have been actively involved in education and training. I served as Director of Residency Training at Roosevelt early in my career, as a Training and Supervising Psychoanalyst at Columbia, as an Examiner for ABPN, and as a regular faculty teacher and supervisor. For the last 12 years, I have served as Editor of the *Journal of Psychiatric Practice*, a peer-reviewed journal bringing practical updates to practicing psychiatrists. I have published extensively, and from 1993 to 2005 I served as Senior Editor or Coeditor of the APPI Annual Review of Psychiatry. I am Senior Editor of the APPI *Textbook of Personality Disorders* and the recently-published *Essentials of Personality Disorders*. I also serve as an Associate Book Editor for APPI and as a member of the APPI Board of Directors and its Executive Committee. I have enjoyed participating actively as a Fellow of the American College of Psychiatrists, a wonderful educational organization and the home of the PRITE, where I have served on the Board of Regents and am currently President-Elect.

In 2002, after many years in New York, I was recruited to become Chair of the Department of Psychiatry and Behavioral Sciences at the Medical University of South Carolina in Charleston, a gracious and very special city. One of my challenges was to bring fiscal stability to the Department after a prolonged period of deficit, which we accomplished rapidly and solidly. My plan had been to remain there for a longer period of time, but Stuart Yudofsky, a longtime friend and colleague, asked me to be a consultant in the strategic planning process for The Menninger Clinic, a landmark institution that had relocated to Houston in 2003 to become a fully affiliated teaching hospital of the Menninger Department of Psychiatry and Behavioral Sciences of Baylor College of Medicine, my alma mater. In the course of these discussions, I was persuaded to become the Senior Vice President and Chief of Staff of Menninger, and Executive Vice Chair of Psychiatry, an unplanned but remarkable opportunity to get back to the business of leading intensive hospital-based treatment within an academic environment. My departmental role includes overseeing clinical care, including our public psychiatry division of Harris County Hospital District, and The Baylor Psychiatry Clinic led by Glen Gabbard. In addition, I provide mentorship for the clinical leaders of our large psychiatry service at the Michael E. DeBakey Veterans Administration Center.

Years ago, when Gellhorn was leading a debate on the selection of specialties to be designated as primary care, I argued that psychiatry should be on the primary care list or, at a minimum, public sector psychiatry should. We are the physicians for many patients with serious and persistent psychiatric illness. As the APA participates actively in the dialogue of healthcare reform, the mainstream medical nature of psychiatric illness should emerge more clearly. Articulate arguments already made by the APA for full parity implementation must be sustained, and parity is needed not just for our patients but for psychiatry itself. We must provide performance measurement tools for our members that are nonburdensome but facilitate demonstration of improvement in care, while providing “performance in practice” qualification for maintenance of certification and maintenance of licensure. Working side by side with the AMA and with partners of many specialties, we must advocate for well-coordinated, comprehensive, evidence-based treatment—treatment that works.

I have no conflicts of interest to report.