EDITORIAL

Continuing Our Organizational Mission: A New Name for a New Time

Deborah Klein Walker, President, Ryan P. Kilmer, President-Elect, and Mary I. Armstrong, Past President
American Orthopsychiatric Association

Since its founding in 1923 by a small group of psychiatrists, the American Orthopsychiatric Association (ORTHO) has advocated for a multidisciplinary and social justice approach to mental health. The founders blended the prefix ortho (from the Greek “to straighten”) with psychiatry to convey the belief that thinking in the field of psychiatry needed to change by considering the impact of societal problems on the well-being of individuals. They believed that the “key to prevention and effective treatment was fundamental change in the environment” (Musto, 1975, p. 6). The founders considered themselves to be “social psychiatrists” and built an organization around the concept that mental health was part of and influenced by the social context (Shore & Mannino, 1975). Their vision was to launch a professional association that would be a common meeting ground for those engaged in interdisciplinary research on human behavior and functioning and their relationship to practice and the broader mental health service delivery system.

Throughout the organization’s history, its leaders and members have advocated for several basic yet progressive ideas. First, prevention of mental health disorders is as important as treatment and intervention to remediate symptoms of mental health conditions. Second, it is critical to attend to the needs and rights—and to hear the voices—of those who have been marginalized, disenfranchised, and disempowered in communities throughout the world. Third, there needs to be equal attention to the behavioral health needs of all age groups. Fourth, the effects of social determinants of health (e.g., racism, violence, poverty, oppression, war) on the behavioral health of individuals cannot be ignored. And, finally, the mental health and well-being of individuals depend on their family, community, and social environment. It is critical to recognize the influence of the broader context (e.g., schools, faith communities, recreational settings, the family, and other institutional settings) on the behavioral health of children, youth, and adults.

The complex nature of the issues we address, the questions we tackle, and the efforts we initiate require the complementary perspectives, skill sets, expertise, and experience bases of diverse professionals. Therefore, we continue to believe in and support interdisciplinary collaboration, acknowledging the essential role(s) of all disciplines (e.g., social workers, psychologists, psychiatrists, sociologists, educators, public health professionals, and others) in the delivery of behavioral health services, the conduct of research related to behavioral health issues, system and community change efforts, and the development of sound policy regarding behavioral health.

As the editors of Mental Health and Social Change: 50 Years of Orthopsychiatry (Shore & Mannino, 1975) noted, “professional associations themselves are shaped by social forces” (p. 3). This has certainly been true for ORTHO over nearly a century since its founding. Our activities and actions, particularly around policy, have been influenced by such forces and, as with other professional organizations, our membership rolls have been impacted by the economic shifts of the last few decades. Moreover, given changes in professionals’ approaches to membership organizations, we have been challenged to effectively engage professionals at all points in their careers. In light of rapidly evolving forms of communication, we have sought to adapt and connect with members and nonmembers alike. We especially want to reach students and early career professionals and encourage their active participation; they are essential to our longer term sustainability.

We believe that we provide a needed perspective and contribute meaningfully to addressing issues and goals of interest to our members in advocating for prevention and promotion strategies to support behavior health and well-being, coordinating applied research and other efforts to enhance communities, facilitating training and professional development opportunities, and championing effective practices and policies. It is notable that students and early career professionals reported to us in recent focus groups that our work resonates with them. They expressed an interest in and excitement about our mission and values, our activities to inform practice and policy, and our task forces and working groups, especially as they focus on integration of social justice principles into strategies to effect change and improve behavioral health across settings and contexts. In more recent years, it was clear that we needed to consider a change in our name and brand to communicate who we are, what we believe, and what we do in today’s social context.

We are proud of our legacy as pioneers for socially concerned practice, interdisciplinary training, and scholarship in the mental health field.
As we continue this work in the 21st century, we want to better reflect our global membership and focus, our increasing number of partnerships with individuals and organizations, and our commitment to a just society. Therefore, we are changing our name to the Global Alliance for Behavioral Health and Social Justice. We believe that our organization has a vital role to play, and we want to continue to build on the legacy of our first 93 years as an organization that “pushes the boundaries” to improve research, policy, and practice related to behavioral health and social justice.

Although we are changing the name of our organization, the name of our journal will remain the same—American Journal of Orthopsychiatry (AJO). We are committed to the legacy of the journal in the context of our organization. Although the organization’s original name appeared to serve as a barrier to engaging new members, communicating with diverse stakeholders, and disseminating our work, AJO’s name has not faced the same challenges. Instead, its name is linked to its history and carries weight by evoking its reputation, its status, and its unique niche in the global scientific community. We are dedicated to the journal and will continue to foster its contribution and status in the years to come. We thank all of those who have contributed to the journal in the past and continue to encourage manuscripts which reflect research, practice, and policy related to behavioral health and social justice concerns.

It is crucial to underscore that, although we are changing our name, the values and principles that inform our work will remain the same. The mission statement of the Global Alliance for Behavioral Health and Social Justice is “to inform policy, practice, and research to prevent behavioral health disorders and to promote conditions to ensure that people with disorders can be full participants in society.” Our work is guided by several key values and guiding principles (as articulated on our website www.bhjustice.org):

- Analyzing concerns using a life span approach to development and a social determinants framework to understand the bidirectional influences between individuals’ development and their surrounding environment
- Focusing on populations that are vulnerable or marginalized by policies, practices, attitudes, and institutional structures
- Emphasizing effective strategies for promotion of health and prevention of behavioral disorders as well as intervention and treatment
- Embedding our work in principles of human rights, including nondiscrimination, respect and dignity, and fairness
- Applying principles of social justice to policy development, community action, systems change, and clinical practice
- Partnering with organizations and individuals globally to achieve the greatest impact in accomplishing our mission

We look forward to continuing our organization’s important work, and we invite the readers of AJO to explore our new website (www.bhjustice.org) and follow us on Twitter @all4bhjustice and LinkedIn to learn more about our organization and become a member as we address behavioral health challenges in the future.

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References