



West Hudson Psychiatric Society
of the American Psychiatric Association
serving Rockland, Orange, Sullivan & Delaware Counties



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www.rfmh.org/whps

eSynapse

October 2013

Editor's Comments

James Flax, MD, MPH, DFAPA

THANK YOU to all those who have contributed to this issue of eSynapse! Please scroll through everything below as there are many items you will find interesting and useful throughout.

You will find a synopsis of our meetings so all readers will have an idea of district branch business. But, it's only a synopsis. You have **got to come** to a meeting to appreciate the rich discussions. **PLEASE JOIN US November 15th @ 12 Noon.**

Dr. Tobe has written of state and nationwide issues and Dr. Abdullah has again sent us a new article in his long line of historical articles and erudite observations on aging. There are ads for jobs, offices for rent in Rockland, Depression Support Groups, research subjects at NKI, and malpractice insurance that may interest you. Please scroll all the way to the end to see it all. And, if you are not receiving the MSSNY eNews, here's a link where you can read about issues of interest to all of medicine in New York State: <http://www.mssny.org>.

LIST-SERV

I have written in previous issues about the creation of a **list-serv** where a member can notify the entire list of a patient needing care, their requirements (location, insurance, expertise, etc) and any one who is a member of the list can reply (on or off list) if they have an opening. Ivan Goldberg, MD (of Psycho-Pharm listserv fame) graciously agreed to host this list at Psycho-pharm.com and we are going to try it out but need enough of our clinicians (private practice and clinics) to participate to make it work. This list-serv could work for other communication as well. So far 12 have indicated an interest. We don't have a "critical mass" for this list-serv to work well. If you want to be included in this listserv and keep this project alive, please email me at drflax@aol.com.

IT'S A FREE LUNCH!

Next Executive Council Meeting
Il Fresco Restaurant, Orangeburg, NY
Journal Club (15 minutes) **PROMPTLY** at 12 Noon
Followed immediately by Business Agenda
Friday, November 15th, 2013 @ 12 Noon at Il Fresco in Orangeburg, NY.

Please contact Dr. Russell Tobe, MD (rtobe@NKI.RFMH.org) (845) 398-6556 if you are planning to attend.

If you speak to your colleagues who are not members of the APA, remind them to become members. If members, tell them you've received your eSynapse and ask if they received theirs. If not, tell them to email Liz Burnich at westhudsonpsych@gmail.com with their email address so they can be added to the list.

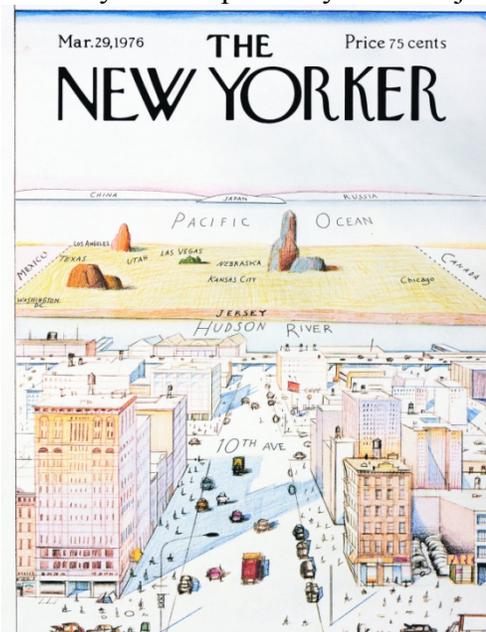
While some have indicated it is too costly to join the APA, the link below will remind you of the many benefits. The West Hudson Psychiatric Society Membership is one of the least costly in the nation and we hope to keep it that way. The benefits are numerous. <http://www.psychiatry.org/join-participate/member-benefits>

PRESIDENT'S COLUMN

Russell H. Tobe, Russell.Tobe@gmail.com

Dear West Hudson Psychiatric Society (WHPS) membership, colleagues, and friends:
There are numerous events on the horizon. Firstly, our fall educational forum will take place November 1st at La Terrazza. Dr. Bennett Leventhal is Deputy Director at the Nathan Kline Institute and a world-renowned expert in Autism Spectrum Disorders. His broad title of "Autism Spectrum Disorders: What is New and What is Not" should not deceive us. It speaks to his varied expertise in this field, not only as a clinician but as a tenacious researcher. He has been involved in studies of epidemiology, natural history, evaluation, genetics, biologic treatment, and psychotherapy treatment of Autism Spectrum Disorders. He is also a charismatic and superb speaker. I am confident it will be a wonderful opportunity for the membership. Secondly, the Mental Health Coalition *Breaking the Silence* Symposium will be this Wednesday 10/16. Historically it is a widely attended event with a broad audience of consumers, providers, students, families, and advocates. Because of this, it is a forum for education but also remaining connected to our community, both professionally and more broadly. The topic this year is Major Depressive Disorder with the physician speaker (Dr. James Murrough), an expert in treatment resistant depression including use of ketamine. Visit www.namirockland.org for more information. Finally, keep posted for further DSM meetings; the next being scheduled for February 7th. We continue to be open to ideas for areas of DSM discussion. Please contact westhudsonpsych@gmail.com with suggestions and requests.

Next, I want to again congratulate and thank our team of representatives who spent yesterday in the overcast and chilled weather reaching out to our community at



the Nyack Street Fair offering depression screening. Though I have not yet had the opportunity for updates from Dr. Mavromatis and others who were involved, I am sure the effort continued to produce ongoing psychoeducation and linkage to care in our community as it has done for so many years to date. Thank you again to all who volunteered.

Finally, I wanted to highlight a recent trip to Orange Regional Medical Center (ORMC), which is objectively by any measure a beautiful medical center. One challenge for WHPS is our broad geographic area (four counties) with the vast majority of members located in Rockland (the smallest county in New York). It reminds me of the famous *View of the World from 9th Avenue* cover in the New Yorker. However, as with the cover, it is irrational and illogical. It was simply wonderful to meet with a growing and robust department of psychiatry at ORMC. Most ORMC department members are also WHPS members including several early-career psychiatrists. The meeting was useful in exploring both ways in which WHPS can better service our entire regional area and members farther away can continue to have representation in our district branch. We are most grateful to Dr. Carlos Rueda for facilitating the gathering and his ongoing collaboration. So we will leave this column short and sweet. Please remember to stay involved and reach out with suggestions and requests. I am looking forward to seeing you all at the educational forum. Please make sure to register as soon as possible.

Summary from Executive Council Meeting Friday, September 27, 2013

Attendees Present: Russ Tobe, Raj Mehta, Nigel Bark, Mona Begum, Dom Ferro, Lois Kroplick, Nnamdi Madeukwe and Liz Burnich.

Journal Club – Dr. Raj Mehta presented an interesting study by James Morrough, M.D. on Antidepressant Efficacy of Ketamine in Treatment Resistant Major Depression; A two site randomized controlled trial. 64 percent in Ketamine group as against 28 percent in Midazolam group showed response in 24 hours. It appears to be rapidly acting promising treatment that needs further study and confirmation.

Mental Health Coalition Update – Dr. Lois Kroplick updated everyone on the busy fall events with MHC of Rockland County:

- She presented details on the Public Forum scheduled for October 16 at the Rockland Community College Cultural Arts Theatre at 7pm. The topic is Managing Depression: Mind, Body & Spirit and the presenters this year are James Murrough, M.D., James Rye and Jeffrey Rudolph, PSY.D, ABPP. Lois asked Liz to forward the flyer to our mailing list. Everyone is welcome and encouraged to attend by sending in their registration with \$10 suggested donation. Lois distributed flyers and brochures to everyone present and has more if anyone needs them.
- The MHC General Meeting is scheduled for November 7 at the Robert Yeager Health Center Conference Room in Building F at 12noon. All are highly encouraged to attend.
- Our yearly MHC dues \$300 is due. Lois will email information on where the payment should be sent to Liz.

Treasurer – Dr. Mary Mavromatis notified the Executive Council that she was unable to take on the role of Treasurer at this time. It was decided that Dr. Dom Ferro would continue as treasurer for the time being while we continue to see if another WHPS member would be interested in taking on this role and becoming more involved. It was also decided that we would add our new president, Dr. Russ Tobe as a signor on our

checking account. Russ will coordinate a date and time with Liz to go to Citibank.

ORMC Meeting Recap – Dr. Russ Tobe, Dr. Dom Ferro, Dr. Jim Flax and Liz Burnich attended the Orange Regional Medical Center’s monthly Psychiatric Department Staff meeting on Friday, September 20. They have a beautiful facility and it was nice to make the acquaintance of the staff there as well as meet with some of our members from Orange County. We gave them an overview of how our district branch operates, informed them of some of the programs that we run and we discussed ways of collaborating with them in the future. All are welcome to attend our Executive Council Meetings and they said they would try to have one or two psychiatrists attend our meetings quarterly. They expressed interest in us doing a DSM-5 Grand Rounds in May 2014. We are excited to for the opportunity to work more closely with our members from Orange County and hope that they consider taking on more leadership roles on our Executive Council.

Fall Educational Meeting – Our Fall Educational Meeting will take place on Friday, November 1, 2013 at La Terrazza in New City. Bennett Leventhal, M.D. will be our speaker on the topic of Autism. We discussed the fees for the dinner meeting and everyone present agreed that we should keep our fees the same as we have in the past - \$20/member and \$30/non-member. Liz will send out emails and flyers to our membership and community in the next week.

Spring Educational Meeting – Nigel has had email conversations with Dr. Ann Sullivan and invited her to speak at our Spring meeting. He discussed a tentative date of Friday, April 25th and will try and confirm the date with her shortly.

Additional Educational Dinner Meeting – the topic of having more than 2 dinner meetings per year was discussed and it was decided that we would host an additional meeting in 2014. The topic will be DSM-5 and Drs. Tobe and Bark agreed to be our presenters. The date will be Friday, February 7, 2014.

Depression Screening Day – We will hold our Depression Screening Day at the Nyack Street Fair on Sunday, October 13. This year, our booth will be located in front of 80 Main Street, near the corner of Main Street and Broadway. We are still looking for more volunteers, especially from 2-4pm.

Women’s Group – Dr. Mona Begum advised that the next Women’s Group will take place on Friday, November 8th, 2013 at 12:30pm at Lois Kroplick’s office.

Informational Booklet – Liz advised that the mailing for the informational booklet is ready to go and that we can add it to the Fall Dinner Meeting Flyer meeting or do another mailing separately. It was agreed that we will combine the mailing and send it out within the next week.

Next Executive Council Meeting - Friday, November 15, 2013 at 12 noon at Il Fresco, Orangeburg, NY. Dr. Russ Tobe will present for our Journal Club.

CORRESPONDENCE

(Editors note: I vowed when I started this publication to publish anything sent to me. Please send me announcements, news, notices, rumor, recipes, innuendo, ads etc).

Dr. Roger Marc Baretz was one of the psychiatrist's I first met in the late 70's who had been practicing in Rockland for many years prior to my arrival and was one of the attendings at the inpatient unit at Good Samaritan Hospital and a member of our district branch who regularly came to the meetings and was always a delight. I was saddened to read of his death.

JW Flax, MD, MPH, DLFAPA

Obituary - Dr. Roger Marc Baretz passed away on September 24, 2013. He was 82 years old. Born in Brooklyn, Dr. Baretz graduated from Poly Prep Country Day School, [Yale University](#) and University of Buffalo Medical School. He completed his residency in psychiatry at Kings County Hospital in Brooklyn, NY and served as a Captain in the US Army, where he served in Germany for three years as head of psychiatry for the Fourth Armored Division. He moved to Valley Cottage with his family in 1964 and practiced psychiatry at Good Samaritan Hospital, Helen Hayes Hospital, and privately in New City until his retirement in 2012. He is survived by his younger brother Harley, his three children Julie, Lewis and Billy and six grandchildren.

See more at:

<http://www.legacy.com/obituaries/lohud/obituary.aspx?pid=167138949#fbLoggedOut>

From Asylum To Homelessness

Syed Abdullah, M.D.

In the article, 'From Bedlam To Asylum', I had talked about the noble intentions of those who wanted to provide the poor and the disenfranchised the same level of psychiatric care, which was available to the rich and the well-born. The private institutions were claiming that the introduction of humane & moral treatment was producing miraculous cures. While these claims later proved to be exaggerated, there was no doubt that they had improved the quality of life for those mentally ill who could afford to get into these well appointed private asylums. As a result of the out cry of the champions of the less fortunate patients, who were languishing in the almshouses and prisons, the States were persuaded to build huge institutions called the State Asylums for the Insane, later named State Hospitals and presently known as State Psychiatric Centers.

The need for such asylums was so acute, that they filled up faster than they could be built. As the cure of the major mental illnesses remained illusive, these institutions became gigantic human warehouses. Much of their limited resources went into the perpetuation of a growing bureaucracy. On the positive side, these institutions became a haven of last resort to the destitute, homeless and indigent population. It also became a testing ground for new treatment modalities as they became available. Many research institutes arose within the confines of these sprawling mental hospitals. Nathan Kline Institute on the grounds of Rockland State Hospital was a prime example of this trend. Innovative programs like child guidance clinics, alcoholism treatment centers, care of those retarded persons who also suffered from mental illness, and psycho-educational programs, originated in the State hospitals. Then there were special programs like the ones for geriatric patients. At Rockland Psychiatric Center, the first State wide comprehensive program for the mentally ill deaf and deaf/blind patients was established. Special hospitals were built for the criminally insane, who were provided psychiatric services while they served their prison terms. State institutions, run without a profit motive, were the only resource left for individuals in the above categories.

The Mental Health Associations, and a variety of other volunteer organizations, came into existence as an effort of the concerned families and friends of patients in the State Institutions. The National Mental health movement, initiated by a former patient, gradually became a driving force in the reform and improvement of psychiatric services. The shortcomings and promise of psychiatric care, thereby came to occupy the political agenda at the national and state levels. The introduction of the anti-psychotic medications, reserpine followed by chlorpromazine and lithium, brought new hope and a surge of optimism, to the halls of state psychiatric institutions. The use of these drugs resulted in the reversal of the demographics of the state hospitals. Many long-term patients started leaving the hospital, and the length of stay of the first admissions showed a downward trend. As the hospital population declined, challenges in psycho-social rehabilitation were handled by the newly rejuvenated departments of social services and outreach programs. Halfway houses, community and hospital based workshops mushroomed and provided needed support to the newly discharged patients. At Rockland Psychiatric Center by the early 60s the patient population had declined from 9,000 to less than 5,000 and was steadily going down, despite an increase in the state's population. Today that population is at a record low of well below a thousand!

Despite this dramatic decline in the inpatient population, there was something not quite right with the system. For one thing, the top-heavy administrative and bureaucratic build up continued. For example, Rockland Psychiatric Center used to have one Director when the hospital was crowded with 9,000+ patients. Now, in spite of the declining population, the hospital was broken up into four free-standing institutions, each with its own administrative staff. Therefore there were now four directors and an equal number of deputy directors, administrative directors, business officers, personnel officers etc. Every department in each of the newly created hospitals had its own heads and deputy heads in every discipline. Likewise the central office was broken up into separate offices of Mental Health, Drug and Alcohol Divisions, Children and Youth Division and Mental Retardation Division. To top all this, by an executive decision, a number of regional offices were created to manage the affairs of the shrinking (no pun intended) state institution. Now the state hospitals could not communicate with the central office directly. The chain of commands had one added link, which had its own cadre of directors and deputy directors, who performed no clinical service but had the authority to filter and stall the decision-making process. The providers of direct patient services had the least say in the way things were being managed. New buildings were still being built, renovated, boarded up and demolished with

very little clinical rationale. Consider the following “case history”:

One of the mid-rise building at RPC, building 57, has had a checkered history. Some time in the 70's an executive decision was made at Albany to renovate this building. Its heating system was revamped from the old fashioned radiators to running boards, the lighting system was changed from incandescent to fluorescent, the entire vinyl flooring was ripped up and replaced with new tiles, two fire escape towers were built at the two ends of this stately edifice. Soon after all these renovations were completed, another executive decision was made to close this building, board it up, and disperse the patients to the low rise buildings on the grounds. This was completed in the 80's. Soon thereafter it was decided to completely gut building 57 and turn it into a modern, centrally air conditioned building to house the elderly and infirm patients. To achieve this, all the wards in the building were installed with beautifully padded railings for the elderly to hold on to as they meandered around. This building was thus , “reincarnated” and an impressive ribbon cutting ceremony was held in 1995 to mark its grand opening. Soon thereafter it was decided the hospital will phase out its psychiatric services for the geriatric patients. Today this building is being used primarily for administrative offices with only a handful of wards occupied by patients. Gone are the elderly for whom this building was earmarked, mostly assigned to nursing homes and private group homes.

The public and the press have questioned the ever-increasing mental health budget at a time when the inpatient population has declined! Very little attention was paid to the horrendous build up of the multiple administrative, bureaucratic, and regulatory cadre of officers and inspectors who were breathing down the necks of those who were engaged in direct patient care. This made the system expensive and inefficient, run by a demoralized direct care staff. In the midst of all this, we are witnessing the creeping advent of the HMOs, a profit seeking bureaucracy that is slated to take over the operation of the system.

At this crucial time new challenges face the system. There has been a precipitous rise in the number of dually diagnosed patients, the difficult to manage violent patients, many of them recently released from prisons, and an emerging group of treatment resistant patients who do not lend themselves to easy short term fixes.

The orderly decline in census that had started in the late 50s and 60s, was accelerated into a near stampede by executive orders, coming from those who had little direct contact with clinical realities. As a result, patients were discharged without sufficient provision of services in the community, resulting in the reappearance of the mentally ill homeless roaming the city streets. The almshouses of yesteryears had a ‘reincarnation’ in the shelters for the homeless in the cities. In summary, the State Asylums, that started on the highest principles of public good, have become victims of a short sighted, top heavy bureaucratic system, that is largely insensitive to the needs of the indigent mentally ill. The providers of direct services have little or no say in the future planning of the system. The frequent downsizing and layoffs have left a dispirited, discouraged and intimidated cadre of staff who, nevertheless, are doing an admirable job of providing the best possible care to those who are still coming in to find refuge and healing, from the torments of mental illness.



NEWS FROM THE APA

Participate in AJP's Journal Club

The goal of the Journal Club is to facilitate the study of a major article in an APA scholarly journal and discuss it with other psychiatrists. A series of questions following a description of the article will help readers focus on its main points.



<http://ajp.psychiatryonline.org/article.aspx?articleid=115979>

ASSOCIATION OF PREDEPLOYMENT GAZE BIAS FOR EMOTION STIMULI WITH LATER SYMPTOMS OF PTSD AND DEPRESSION IN SOLDIERS DEPLOYED IN IRAQ

Christopher G. Beevers, Ph.D., et al. American Journal of Psychiatry, July 2011

The authors examined the relationship between predeployment gaze bias for emotion stimuli and later symptoms of posttraumatic stress disorder (PTSD) and depression in soldiers deployed to Iraq.

Discussion questions:

- Which eye gaze indices predicted increased PTSD symptoms in the context of war zone stress?
- Which eye gaze indices predicted increased depression symptoms in the context of war zone stress?
- Why might attentional avoidance of threat-related stimuli be associated with vulnerability to PTSD?

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Depression Support Group

Depression support group meets 2 times a month in Pomona, NY. We are inviting new members at this time. We are moderated by a clinical social worker. This is not a

therapy group but social support for people fighting depression. Call Kathy for more information (914) 714- 2837.

Rockland County Depression and Bipolar Support Alliance

peer-to-peer run support group for people with depression, bipolar disorder, anxiety disorder or any related mood disorder & their friends & family. The support group meets every Thursday night from 6:30 - 8:30 at St. John's Episcopal Church, located at 365 Strawtown Road in New City. Reservations are not required. There is no fee for attending the support group meetings. This is a very warm and welcoming group run by people who have been there and can help. Any questions please call Leslie or Leonard at 845-837-1182.

Please Join Us

Rockland Jewish Family Service and State Senator David Carlucci present a screening of **"Someday Melissa,"** a documentary about a young woman and her struggles with an eating disorder. The event will begin with remarks by Judy Avrin, Melissa's mother. Panel discussion to follow.



Tuesday, October 22 at 6:30 PM

SUNY Rockland Community College • Student Union Multipurpose Room
145 College Road, Suffern, NY 10901 • Suggested donation: \$5

All are welcome.
Register online:
www.rjfs.org/melissa



845-354-2121 • www.rjfs.org



Managing Depression: Mind, Body & Spirit!

**Breaking the Silence
A Public Forum**

**Wednesday Evening
October 16, 2013**

**Rockland
Community College
Cultural Arts Theatre**

145 College Road, Suffern, NY

**Registration
6:30 pm to 7 pm**

**Program begins
promptly at 7pm**

**For tickets and information
Call the NAMI-FAMILYA
office (845) 359-8787
or online at
www.namirockland.org**

**ASL Interpreters available
upon request to
clarkj@co.rockland.ny.us**

**Suggested
Donation: \$10 per person**



About the presenters

James W. Murrough, M.D. is Assistant Professor of Psychiatry and Neuroscience and Associate Director of the Mood and Anxiety Disorders Program at the Icahn School of Medicine at Mount Sinai. His research, focusing on medications and brain imaging, is aimed at understanding the underlying biology and identifying novel and more effective treatments for treatment resistant depression and PTSD.

James Rye has served as Executive Director of the Empowerment Center for fifteen years. He has successfully changed the paradigm of his own life from pain and despair to joy. As an activist, organizer and advocate, he strives to help peers with depression and other mental and emotional challenges find hope, happiness and fulfillment and to preserve and protect their rights.

Jeffrey A. Rudolph, PSY.D, ABPP is a Clinical Psychologist, a Diplomate in Cognitive Behavioral Therapy (CBT) and Assistant Professor at Weill Cornell Medical Center with private practices in Ridgewood, NJ and Manhattan. Using a multimodal approach, his treatment focuses on the interlocking mosaic of problems in the individual's social, personal and family systems to identify situations and emotions that trigger depression and make lifestyle changes.

Sponsored by the Mental Health Coalition of Rockland County

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**NAMI-FAMILYA (National Alliance on Mental Illness of Rockland)
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Rockland County Department of Mental Health**

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