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, events and NYSPA 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 January 17th @ 12 Noon** for the Executive Council meeting open to all.

Dr. Tobe has written of local issues of interest to all member. Dr. Abdullah has again sent us a new article in his long line of historical articles and erudite observations on aging. There are a variety of ads at the end of this issue 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](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, January 17th @ 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:
With respect to our expansion and growth as a district branch, current times are exciting for WHPS for two primary reasons. First, we have allocated significant effort (in no small order from our Executive Director) to increase funding through grants in infrastructure and educational support. This has positioned us as one of the more financially sound district branches regionally and amongst the most sound (if not so) in our history. Second, we have revitalized our efforts to reach all members across the district. These efforts have reestablished longtime professional relationships while developing new collaborations. Our fall educational forum was an exemplar of this positive advance. The meeting was superbly attended, without an empty seat, and, sadly, with a need to turn people away due to space limitations. The audience included new faces, many of whom are energetic younger psychiatrists looking to forge professional contacts while contributing to and benefitting from APA initiatives including education, advocacy, and mentorship. This has now spilled over into our Executive Council meetings bringing fresh perspectives and desire for involvement. Senior colleagues have also been responsive and generous in advising and guidance. In a year where the APA is scheduled to be in New York City, the opportunity for further expansion and adaptation of our branch is ripe.

So for all of you out there who may be on the sidelines after years of prior involvement or for those of you who have never had an active part within the branch, there will be no better time (in
my estimation) than now to become involved. The next Council meeting is January 17th and all members or prospective members are welcome to attend.

Now down to business. Please note that though details including DSM 5 topic and venue are still in the works, we will be hosting a DSM 5 educational meeting with dinner on February 7, 2014. Because this dinner is supported by grants obtained by and allocated to the branch, there will be no financial cost to members. But there is no such thing as a free dinner. In this case, the cost is suggestion of DSM topics by December 9, 2013 through emailing westhudsonpsych@gmail.com. If topics are not suggested, Dr. Bark and I may be forced to talk at length about the difference between DSM 5’s “Other Specified Schizophrenia Spectrum and Other Psychotic Disorder: Delusional Symptoms in Partner of Individual with Delusional Disorder” and DSM-IV’s “Shared Psychotic Disorder.”

With respect to the educational forum, those who attended were generally quite pleased. Dr. Leventhal deftly navigated Autism Spectrum Disorders, from epidemiology through neurobiology into treatment. The lecture was entertaining, interactive, and highly educational. Dr. Leventhal was incredibly gracious, staying late into the night to answer specific research and clinical questions. For those who missed, we have included a synopsis, kindly reviewed and approved by Dr. Leventhal, that outlines the main points of the lecture. So, as usual, 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 DSM 5 dinner.

Summary from Executive Council Meeting
Friday, November 15, 2013

Attendees Present: Russ Tobe, Raj Mehta, Jim Flax, Nigel Bark, Mona Begum, Dom Ferro, Lois Kroplick, John Fogelman, Scott Weiner and Liz Burnich. Also joining us was Kris Lampon Torres, M.D., Geopsychiatry fellow from Columbia University, rotation thru RPC.

Journal Club – Dr. Russ Tobe presented an interesting study on Oxytocin and Reduction of Social Threat Hypersensitivity in Women with Borderline Personality Disorder.

Fall Educational Meeting Recap – All agreed that our fall educational meeting with Bennett Leventhal, M.D. on the topic of Autism Spectrum Disorders was a great success. The speaker was dynamic, the topic interesting and the meeting was well attended. We are grateful to Dr. Leventhal for sharing his time and knowledge.

Mental Health Coalition Update – Dr. Lois Kroplick updated everyone on the Nov 7th Coalition meeting. The next General Meeting is scheduled for January 2, 2014 at the Robert Yeager Health Center Conference Room in Building F at 12noon.

Spring Educational Meeting – Dr. Nigel Bark has invited Ann Sullivan, M.D. to be the speaker for our Spring Meeting. He tentatively discussed some dates in April with her but she cannot confirm the date until she officially takes the OMH Commissioner position in January. We will need a bigger room for this meeting also.

DSM-5 Workshop – We will have an additional educational dinner in 2014 – scheduled
for Friday, February 7, 2014. The topic will be DSM-5 and Drs. Tobe and Bark agreed to be our presenters. We will not charge members to attend this meeting. We discussed some different venues – possibly in Orange County. Some venue names were suggested and Liz will look into them.

**Women’s Group** – Dr. Lois Kroplick advised that the Women’s Group met at her office on November 8th with 8 attendees. The next meeting is scheduled for Dec 13th at Tovah Feldhammer’s office.

**NYSPA Fall Meeting** – Dr. Nigel Bark and Dr. Lois Kroplick attended the NYSPA Fall Meeting in October. Lois attended the Public Affairs meeting and met Dr. Vivian Pender – who in turn attended our recent dinner meeting to introduce us to the UN initiative that she is spearheading. Nigel will submit a recap of the NYSPA meeting in an article for the upcoming issue of our newsletter, eSynapse.

**APA Annual Meeting** – The next APA Annual Meeting will take place in New York City in May 2014. This is a good opportunity to try and recruit new members who may want to take advantage of the member discounts for attending the meeting. We discussed ways of obtaining lists of all psychiatrists in the area and doing a joint marketing campaign with the APA to recruit new members. Jim suggested that we include the Private Practice form in the mailing as an added benefit. Liz will work on this project.

**Informational Booklet** – We have received approximately 20-25 responses from private practice psychiatrists to be included in our information booklet. Liz will follow up with the members who have not responded to see if they are interested in being included. Liz has compiled a list of the facilities in Rockland but needs to complete the listings for Orange, Sullivan and Delaware counties. The next step is the text of the booklet needs to be reviewed for possible revisions. Jim volunteered to look it over and distribute to the Executive Council for feedback. We hope to be able to go to print with this late January.

**Website** – Liz has weekly updates with the web developer to fine tune the website. Liz has also been trained on content management and is now able to make modifications to text, etc. The APA twitter feed is up on our website and they are working on getting the Facebook feed up. We also discussed posting periodic articles on the website as an added member benefit – such as Sunshine Act/ PQRS measures. When content like that is added, we can send a blast to the membership to drive them to the site. A discussion was held about the WHPS logo. Some members would like it redesigned while others are happy with the current logo. Scott mentioned an inexpensive service that would design several logos and we could pick the one we want. It was decided that we would see what our web developer comes up with before we decide any further.

**DB Execls Leadership Conference Update** – prior to this meeting, Liz emailed a recap of the main points from the DB Execls Leadership Conference that she attended in DC in early November. Some items that we discussed further at this meeting include:

- Financial Policy/Reserves – we will make sure that we discuss the state of our bank account every month to ensure that we are and will remain financially stable.
- Sharing meetings among other district branches – it was suggested that we jointly
sponsor meeting with our neighboring DBs such as Westchester, New Jersey and Mid-Hudson to share costs in the future.

- Disaster Psychiatry – with the recent disasters such as Superstorm Sandy and the Newtown shooting, the need for disaster planning was discussed and we agreed that it would be nice to have a group of trained psychiatrists in our area. Liz will call the American Red Cross and look into what is involved in setting up and training a team.

Other items – a recent request was made by a member who is interested in participating in the Executive Council meetings but is not always able to attend due to scheduling conflicts and distance. We discussed the pros and cons of attending the meeting via phone conference. Jim will look into some possible equipment (such as a speaker for the phone) to see if this is a workable solution.

Next Executive Council Meeting - Friday, January 17, 2013 at 12 noon at Il Fresco, Orangeburg, NY. Dr. Nigel Bark will present for our Journal Club.

Summary from General Membership Meeting
Friday, November 1, 2013

Executive Council Present: Russ Tobe, Raj Mehta, Mary Mavromatis, James Flax, Nigel Bark, Mona Begum, Dom Ferro, Lois Kroplick, and Marc Tarle.

Past-President Introduction – Dr. Mary Mavromatis opened the 2013 General Membership Meeting and Fall Educational Dinner with the introduction to the West Hudson Psychiatric Society’s new President, Dr. Russell Tobe.

President’s Update – Dr. Russell Tobe acknowledged Dr. Mary Mavromatis for the impressive list of projects that she successfully undertook during her two-year term as President, most notably for rewriting the WHPS Bylaws and for continuing her important role in the community by successfully running our Depression Screening Event each year. He also thanked Dr. Mavromatis for her mentorship.

Committee Updates:

- **Dr. Lois Kroplick: Mental Health Coalition** – the annual Public Forum took place in October and was a great success with over 500 attendees at the packed auditorium in Rockland Community College. Dr. Kroplick acknowledged all the WHPS members who volunteered at the event this year. The next MHC General Meeting is scheduled for November 7 at 12 noon at the Robert Yeager Health Center Conference Room in Building F at 12noon. All psychiatrists are welcome and encouraged to attend.

- **Dr. Lois Kroplick: Women’s Group** – co-chaired with Dr. Jane Kelman, female doctors meet periodically to discuss women’s issues and current events at rotating locations. The next meeting is scheduled for Friday, November 8 at 12:30pm at Dr. Kroplick’s office.

- **Dr. James Flax: Private Practice** – our referral phone service continues to get about 3 calls/week. We are updating our Information Brochure and all members were mailed a form to complete so we can make this information available to the
community. The information will also be included on our new website.

- **Dr. James Flax: e Synapse Newsletter** - usually publish a few weeks after our Executive Council meeting (approximately every 6 weeks). Emailed to members and all others on our email list. ALL articles submitted will be published and everyone is welcome to submit an article.

- **Dr. Mary Mavromatis: Depression Screening** – took place this October at the Nyack Street Fair. Dr. Mavromatis acknowledged the many WHPS psychiatrists who volunteered their time to screen participants. In future years, we hope to coordinate booths with NAMI & DBSA.

- **Dr. Marc Tarle: Ethics Committee** – in the past year, has only fielded one complaint about scheduling.

- **Dr. Dominic Ferro: Membership Committee** – total members for 2013 is 106 of which 22 are life members. For the first time ever, our Early Career Psychiatrists have hit double digits with a total of 10 members – up from just 3 members two years ago. Our membership outreach project this year involved visiting the Orange Regional Medical Center in Orange County in September where we met the Chair of Psychiatry, Dr. Carlos Rueda and some of the psychiatrists from the area. We hope to coordinate more events in Orange County in the future.

- **Dr. Nigel Bark: Assembly Rep of the APA** – attended the APA Annual Meeting in May where DSM-5 was the hot topic. Just attended NYSPA Fall meeting – NYSPA has been instrumental in training sessions and webinars over the past year with coding changes, parity, I-STOP and the SAFE Act. Dr. Bark advised that he is willing to bring any concerns to the Assembly of the APA so please feel free to discuss them with him.

**President-Elect Vote** – Dr. Russell Tobe informed everyone that Dr. Mona Begum has agreed to take on the role of President-Elect and assume the role of Presidency when his 2-year term is completed. Dr. Begum was approved by all members present.

**DSM-5 Training** – Dr. Russell Tobe acknowledged Dr. Bark for his collaboration in DSM-5 training that took place at RPC this past July. We will have another training session on Feb 7, 2014.

**Website** – The WHPS website is live. While it is still being enhanced, we welcome any and all feedback to make this a useful and informative site for all members and our community.

Dr. Lois Kroplick introduced Dr. Vivian Pender from the NY County District Branch who updated everyone about a new project to link the APA with the UN.

Dr. James Flax acknowledged Dr. Alan Tuckman who is leaving the area after over 35 years with the WHPS in Rockland County. Dr. Tuckman was instrumental and invaluable with helping the WHPS organization to be as successful as it is now.

Dr. Russell Tobe then introduced our main speaker, Dr. Bennett Leventhal, Deputy Director to the Nathan Kline Institute who gave an extremely informative and very interesting presentation on our educational topic: *Autism Spectrum Disorders: What’s Hot & What’s Not*. We are very grateful to Dr. Leventhal for taking time out of his busy
Dr. Leventhal, Deputy Director of the Nathan Kline Institute for Psychiatric Research, presented *Autism Spectrum Disorders (ASD): What’s new? What’s not?* on Friday November 1. Below are some key points made during the talk:

- Autism is a syndrome like most medical disorders
  - The exact etiologies are not fully understood
- Dimensional phenotypic characterization is best applied to ASD
  - Individuals can have variable amounts of social responsiveness, repetitive behaviors, compulsivity, joint attention, theory of mind, etc.
- ASD symptoms can improve and change over time
- Prognosis is better with language by age 5, higher intelligence, and lower levels of symptom severity
- While prevalence seems to be increasing, incidence is likely quite stable
  - This may be attributed to improved diagnostic characterization and awareness
  - Environmental theories for increased prevalence (vaccinations for example) have been consistently disproven
    - If anything, lack of vaccination increases chances for infectious encephalopathy and, therefore, autism
- Prevalence of ASD seems to likely be around 2.5% as opposed to 1%, as previously thought
  - Many individuals do not seek medical care or other specialized care
  - Methodology of epidemiologic sampling matters
    - Discussed Korean epidemiology studies where sampling was superb
- **DSM 5**
  - Removal of language delay criteria
  - Inclusion of sensory criteria
  - Move from 3 categories to 2
  - Addition of Social Communication Disorder (SCD)
    - Despite early concerns, the vast majority of individuals with DSM IV PDD diagnosis continue to have an ASD diagnosis in DSM 5.
      - Some high-functioning Asperger’s may end up with SCD
- **Etiology**
  - Complex
    - High concordance with monozygotic twins (77%+)
  - Many genes implicated
    - Finding rare variants seem to be the best approach
    - Genes likely interact in complex ways with each other and the environment
    - Some genetic variants associated with ASD are also found in other psychiatric disorders such as schizophrenia and ADHD
      - Copy number variation is involved with numerous ASD genes
  - Advanced paternal and maternal age are risk factors
  - Smoking is a risk factor (both maternal and paternal)
  - Maternal gestational alcohol use is a risk factor
  - Imaging studies have not been generally fruitful
Good evidence that facial scanning is different in ASD
  ▪ ASD patients still observe and queue to the face

Treatments
  ▪ Based on symptom reduction and supporting other therapeutic activity
  ▪ Treatments targeting social skills and speech are particularly important
  ▪ Second generation mood stabilizing antipsychotics clearly treat irritability in autism
    ▪ Side effects are a significant consideration, particularly weight gain
  ▪ Serotonin Reuptake inhibitors may help with restrictive, repetitive behaviors
  ▪ ASD individuals often cannot communicate side effects
    ▪ More of a medication that is effective is not always better
  ▪ Studies showing group effects of a medication may not always directly translate into benefit for the individual patient
  ▪ Some statistical findings (such as IQ improvement of 4 points) with fenfluramine (from 42-46) may not have clinical implication
  ▪ Some treatments are harmful (chelation for instance) and without an evidence base
    ▪ We must counsel families and patients appropriately in these instances
  ▪ Pathophysiology-based, targeted treatments (developed with scientific understanding of ASD neurobiology) have not YET been developed
  ▪ No medication treatments developed to assist with core symptoms of ASD, such as social deficit
  ▪ Discussed investigational study at the Nathan Kline Institute looking at a Vasopressin 1A receptor antagonist with modulatory activity in this symptom, which has been implicated in social behavior.
    ▪ Rat and Vole data support sex-specific response
      • Male prairie voles become aggressive after mating
      • Males become less aggressive/more prosocial following mating when given a Vasopression 1A blocker
    ▪ Safety and tolerability data so far are reassuring
  ▪ Clinical trial
    ▪ Multisite
    ▪ Double Blinded, 12 week placebo controlled
  ▪ Participants needed (contact 845-398-2184)
    • Males
    • ASD
    • No intellectual disability
    • Someone who knows individual well and willing to help with some questionnaires

Conclusions
  ▪ Need for development of targeted treatments
  ▪ Medications support other interventions
  ▪ Speech and social skills training are most important
  ▪ Several areas are rapidly advancing and may prove helpful (proteomic, genomics, animal models, neuroimaging, neurophysiology)
Report on New York State Psychiatric Association Fall meeting, October 26, 2013

Nigel Bark, West Hudson Psychiatric Society Assembly Representative

“The benefits of membership”
Seth Stein, Executive Director of NYSPA, was rightly irked by someone at the meeting saying they were not sure of the value of the APA so rather than his formal report to the meeting he listed these ten or so things NYSPA has done for members this year. I have added others that were reported at the meeting:

1. Training in the new CPT codes; this training reached one third of all members in New York State. It was free for members ($250 for non-members) and the new CPT codes (that come from the AMA with significant input from the APA) resulted in increased reimbursement from Medicare and insurance companies. NYSPA prepared sample office notes that are available to members.
2. The new website has vital information for psychiatrists about two very important new laws in New York State that we are mandated to follow: I-Stop (mandating we check on the Prescription Monitoring Program registry before prescribing any benzodiazepines, stimulants or painkillers). This page (for members only) has had 6,700 hits. The Safe Act (mandating reporting of dangerous or suicidal patients as not being eligible to own firearms) page has had 3,700 hits. The CPT page had 1,600 hits.
3. NYSPA prepared Webinars on these subjects, and the new Justice Center that requires reporting of any abuse and incidents, and Medicare’s Physician Quality Reporting System (PQRS) which will affect the reimbursement of every Medicare provider; four webinars in the last three months of this year – free to members, charge for others.
4. NYSPA with APA was successful in reversing improper denials of claims by members for psychotherapy using the new CPT E/M (evaluation and management) codes submitted to United Behavioral Health /Optum. (Please contact NYSPA if you or your patients have any improper denials).
5. Letters written to Blue Cross/Blue Shield, GHI, Cigna and Aetna regarding improper reimbursement of new CPT codes and related issues.
6. United Health Care was made to send out corrected instructions for E/M codes.
7. NYSPA is working with legislators to make changes in the Safe Act (because of civil rights issues and lack of confidentiality of the reporter: patients can find out who put them on the list) to authorize reporting, not mandate it. NYSPA had given testimony at legislative hearings in Albany on this and also worked to improve the I-Stop law.
8. NYSPA’s e-bulletin which alerts members and keeps them up to date on these new laws and anything else of vital interest to psychiatrists.
9. NYSPA is working on responses to a new New York City law mandating reporting of first break psychosis: Orwellian or a link to better comprehensive services?
10. NYSPA has a very active Government Relations Advocate in Albany, Richard Gallo, with long experience and great skill in advocating for our patients and our profession (and making sure no bills affecting us are sneaked through). He along with Dr Barry Perlman, Chair of the Committee on Legislation, presented the Legislative report to the meeting which included NYSPA’s success in thwarting several onerous legislative proposals such as equating nurses with physicians to involuntarily admit patients; extending the scope of practice of various mental health practitioners (including art therapists) to diagnose or assess fitness to stand trial; licensing
naturapaths to practice medicine; making the DSM IV definition of autism statutory in New York; and eliminating the Medicaid “prescriber prevails” provision in the law now.

11. Legislative issues for next year include: NYSPA has a grant of $165,000 for Veterans Mental Health – Primary Care Initiative ‘working its way through the system’ due to start in January to teach primary care physicians about combat-specific mental health problems (PTSD, TBI, suicide risk etc); amendments to the Safe Act remedying NYSPA’s concerns will be reintroduced; psychology prescribing; conversion therapy legislation; implementation of Medicaid Prescriber Preva; raising the age of criminal responsibility from 16 to 18. (New York is one of only two States that prosecute 16-18 year olds as adults.)

12. Other issues that NYSPA is addressing are: the Health Information Exchanges where no consent is needed to put information in but there is to extract information. Who gives consent for a 16 year old’s reproduction record?

And the Justice Center: with all its good intentions is it a monster? For example a court retained patient becomes the victim; a medical student on a six week rotation has to fill out a detailed form including everywhere they have lived since birth and wait to be approved.

13. The Office of Mental Health has a major reorganization plan that will affect psychiatrists and patients, with many hospital closures and establishment of Regional Centers of Excellence. NYSPA has been named as a Stakeholder and our President, Glenn Martin, is on the steering committee for reorganization but there is concern that there is not regional input from psychiatrists or patients or other mental health professionals. The planning needs to be transparent and accountable. This was discussed at the Public Psychiatry Committee meeting and Dr Martin asked that committee and the Child Psychiatry Committee for recommendations. Child Psychiatry’s major concern is the distance families would have to travel if facilities are closed. There is no doubt that some facilities can be closed: of course there must be community services available and NYSPA must press for the money saved by closing facilities to be used to provide community services. And there is not a surplus of beds everywhere. Dr Seeth Vivek reported that in Jamaica Hospital’s 50 bed unit there are always 10% of patients awaiting admission to Creedmore. The situation is the same in the Bronx. One more suggestion is to put all State Hospital patients into Medicaid Managed Care and then there would be an incentive to find alternatives rather than ‘dump’ patients in hospital.

14. We were delighted to hear from Ann Sullivan, the new Commissioner of the Office of Mental Health in New York State, the first psychiatrist in 30 years to hold that position. She has always been very active in the APA, Speaker of the Assembly, Trustee etc. Though she seems too nice to be Commissioner, she is very experienced in managing psychiatric and health & hospital organizations. She emphasized that with Managed Medicaid and Integrated care the money must be there for mental health services; including recovery, peer services, supported housing which aren’t paid for by insurance. On the OMH re-organization she pointed out that New York still has 24 State Hospitals. (Texas is the next nearest with eight.) She pointed out that there will never be enough psychiatrists to do all the treatment. As with the Veterans grant mentioned above, primary care practitioners will be doing most of the treatment of depression and maybe chronic care of the severely mentally ill. We must help train them.

15. Health Care Reform – a mess? Fortunately the APA has in its Director of Healthcare Systems and Financing, Sam Muszynski, an expert who understands it and its implications. He spoke to the meeting and it is complicated. There will be major changes in practice and payment. The APA must be (and is) working constantly with the all branches of government to make sure psychiatry and psychiatric patients are appropriately represented (and reimbursed).

16. Paul Summergrad, President - Elect of the APA, also addressed the meeting. We were very wise to have elected him at this time as he is an expert on Health Services and will be an excellent advocate for psychiatrists and our patients with the government and the public in these times of great change.
17. The APA’s new CEO (formerly called Medical Director), Saul Levin, also spoke at this meeting. He comes from being Medical Director of DC’s Department of Health and previously head of Behavioral Health and Substance Abuse in the AMA. He noted that APA and NYSPA are businesses that must know what their members want and give them that! He emphasized the need for long range planning anticipating how psychiatrists will be practicing; the need to increase membership and improve communications with members and others.

18. DSM 5, launched at the APA meeting in May, sixth on Amazon’s bestseller list three days later, has since sold far more than expected, translated into 20 languages so far, is a great credit to the APA and a service to all psychiatrists and patients. The criticisms, though loud, were of no great substance. But the changes were modest. We heard from Jim Nininger, New York’s representative on the Board of trustees, of the proposal to make the DSM and the Practice Guidelines “living documents” updated as evidence comes in, rather than a new edition every couple of decades.

19. And we heard from Melinda (Mindy) Young, the Speaker of the Assembly of District Branches, on how the Assembly produces Action Papers and Position Papers in response to members’ wishes and feelings expressed through their representatives. The examples she gave were: the Position Paper on “Firearm Access, Acts of Violence and Relationship to Mental Illness and Mental Health Services” which I described in my report of the May Assembly; the Action Paper passed in May that the APA should have the status of NGO at the United Nations, approved by the Board of Trustees at their May meeting, and the application completed by Vivien Pender, New York County Representative, in June, and admission as an NGO expected in January 2014; and Action Papers on Maintenance of Certification that led to some modification of ABPN’s requirements from patients and an Assembly member being on the Board.

There was a lot more at this meeting to make one appreciate NYSPA and the APA and make one proud to be a psychiatrist and to be a member.

I encourage everyone who reads this to be active and involved in helping our profession and our patients. If not in time and activity, in contributions to the New York State PAC which helps get our voice heard in Albany, to the APA PAC which makes sure our opinions are heard in Washington and to the APA’s Psychiatric Foundation which helps all those with mental illness through education and research.

**Depression Screening**

Mary Mavromatis

We had a very successful depression screening event at the Nyack Street Fair held on Sunday October 13th. This is the third year we have held this event during World Mental Health Week and the same week as National Depression Screening Day. We were at a great location (given to us gratis as a non-profit) near the center of Nyack-Main Street and Broadway. We were very visible and although we only screened 17 people, many others stopped for informational brochures and to talk to us about concerns regarding relatives and friends. Of note, out of 40 WHPS informational brochures listing many of our private practitioners and providing helpful information about psychiatry, only 3 were left! Of the people we did screen, 3 screened positive for depression, 2 for GAD, 1 for bipolar disorder and 2 for PTSD. Those individuals received personal informational consultations with one of our volunteer psychiatrists and were given appropriate referral information. Special thanks to our volunteers-Mona Begum, Suma Srishaila, Dom Ferro, Alexandra Berger, Laura Antar and a special shout out to Rick Brand and Jane Kelman who stayed late to help me pack up and my husband Mark Hirsch who did all the schlepping.
THE 2013 PUBLIC FORUM A GREAT SUCCESS

Dr. Lois Kroplick
Founder of the Mental Health Coalition of Rockland County

Almost 500 people packed the auditorium at RCC on October 16, 2013 at the Public Forum sponsored by the Mental Health Coalition of Rockland County along with its partners NAMI FAMILYA, DBSA and Rockland County Department of Mental Health. This year’s topic was Managing Depression: Mind, Body and Spirit. The three speakers were inspirational in discussing how depression is treatable.

Dr. James Murrough, an Assistant Professor of Psychiatry and Neuroscience and Associate Director of the Mood and Anxiety Disorders Program at Mt. Sinai was the first speaker.

Dr. Murrough gave a comprehensive overview of the causes and treatments of depression. He spoke about his research on ketamine, a novel drug for treatment resistant depression. This medication is not yet FDA approved but the idea that new treatments are being explored that will produce quicker results to decrease a person’s depression is so exciting! He ended his lecture by stating that with research there is always hope!

James Rye, who is the Executive Director of the Empowerment Center for fifteen years, spoke eloquently about his own struggles with depression. He is now an activist, organizer & advocate and strives to help his peers with depression and other mental and emotional challenges. His story about his own resiliency and never giving up were inspirational.

Finally, Jeffrey Rudolph, PSY.D, ABPP, a Clinical Psychologist and a Diplomate in Cognitive Behavioral Therapy spoke about his multimodal approach to treatment. He has a private practice in Ridgewood, NJ and New York City. He tries to identify each patient’s situation and emotions that trigger depression and make lifestyle changes. He uses a collaborative approach emphasizing the positive attributes that his clients bring to therapy.

I would like to thank the Coalition members along with its partners from NAMI FAMILYA, DBSA and Rockland County Department of Mental Health who volunteered at the forum. The steering committee for the forum worked several months to create this program. The members of this steering committee in addition to myself included: Jennifer Clark, Leslie Davis, Leslie Barnett, Craig Caliciotti, Sherry Glickman, Michelle Katz, Marsha Saffran, Carol Olori and Rena Finkelstein.

I want to encourage all psychiatrists to join the Coalition! The general meeting is every other month on the first or second Thursday of the month at Robert Yeager Health Center Building F conference room at 12 noon to 1pm. We are meeting November 7 at 12 noon and the next general meeting will be in January. (either Jan 2 or Jan 9, 2014)
Please contact me if you want to know more information about the Coalition at (845) 641-1770. It is a great group of people and a wonderful way to network and give back to the community! I look forward to having more psychiatrists join me at the Coalition meetings as we continue our work in destigmatizing mental illness and promoting mental health!

The American Psychiatric Association and the United Nations

Vivian Pender, MD

In May 2013, Dr. Pender in her role as Area 2 Assembly representative presented an Action Paper that was passed by the APA Assembly and authorized by the Board of Trustees. Within days she initiated the process for the American Psychiatric Association to gain special consultative status as a nongovernmental organization (NGO) at the United Nations. As of December, the application to become accredited is moving through the administrative process and UN approval is expected early next year.

Accredited NGO status offers many benefits to professional organizations particularly collaboration with all UN agencies and 193 Member States. Direct oral and written statements may be made to the Secretary General, the General Assembly, UNICEF, UNODC (UN Office of Drugs and Crime), UN Women, World Health Organization as well as all governments. Such privileged access tends to explain why there are over 3500 nongovernmental organizations representing all sectors of civil society that hold such consultative status with the United Nations.

This relationship with the UN is a reciprocal one, with NGOs often being consulted on UN policy, programs and resolutions especially in a world that is increasingly influenced by civil society. NGO observers regularly contribute scientific background papers on a variety of topics that the UN has under consideration. Mental health concerns are a critical part of many international issues and, in this regard, the American Psychiatric Association as an NGO can become a critical voice for psychiatry internationally.

Dr Pender is well qualified to take a leading role in this effort. For the past fifteen years, she has been involved at the UN in numerous roles as both psychiatrist and psychoanalyst. In 1998, the International Psychoanalytical Association became accredited as an NGO. Since 2006 Dr. Pender has served as a Consultant Psychiatrist to the United Nations. Since 2009, she has been the Chair of the UN Committee of the International Psychoanalytical Association and the Main Representative of the IPA to the UN. Dr. Pender chaired the NGO Committee on the Status of Women from 2007-2011. A coalition of 80 NGOs, it is host every year to thousands of women and girls around the world supporting their human rights, protection from violence, education, health care, economic security and leadership opportunities. Interventions have been made on such topics as the mental health effects of these as well as racism, genocide, violence, immigration and child development.

Preparations for American Psychiatric Association – United Nations collaboration have begun. Recently, the APA Board of Trustees at its October meeting in Philadelphia approved formation of a revived Global Psychiatry Council. According to the APA Psychiatric News the Council will be devoted to give more prominence to international psychiatry.

At the May 2014 annual APA meeting in New York City there will be a UN/Global Psychiatry booth in the Exhibit area, a luncheon at the United Nations with psychiatrists and UN leaders,
and an open invitation to all UN member states and UN agencies to register and attend the annual APA meeting. Dr. Pender will be chairing a symposium with six presenters on International Psychiatry and a Workshop on Human Trafficking: Identification, Reporting, and Treatment. UN leaders will be invited to participate.

As an active participant at the United Nations, Dr. Pender invites APA members interested in attending conferences at UN Headquarters in NYC to contact her. Temporary passes may be available for the UN Commission on the Status of Women and the UN Commission on Social Development, both currently open for pre-registration. Please go to www.vivianpendermd.com for further information.

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).

Dorothea Dix: The Compassionate Visionary

Syed Abdullah, M.D.

When vision is filtered through the prism of compassion it comes from the essence of the person. It is unfailing in its humanitarian drive. Such was the drive that propelled Dorothea Dix’s mission in life: the cause of the indigent mentally ill. They were too poor to benefit from the revolutionary mental health concepts of the times: the humane treatment of the insane.

She was born on April 4, 1802 in the tiny border village of Hampden, Maine when it was still a part of Massachusetts and known as the “wilderness lands.” Her father, Joseph Dix, was an itinerant preacher and publisher of religious tracts. He was an alcoholic and was away from home much of the time on his circuit riding duties. Her mother, Mary, suffered from recurrent depression and could barely cope with her impoverished circumstances and three children. Being the oldest of the three, Dorothea had to assume many household responsibilities. She slept on the floor of the attic in their small cabin. When she was old enough to hold a needle, she had to sit all day pushing a needle through heavy folded paper stitching religious tracts for her father to sell.

Her parents moved away from Hampton to Worchester, Massachusetts, into an equally drab house. Almost the only bright spot in this part of Dorothea’s life were visits to her beloved grandfather, Dr. Elijah Dix. He was murdered when she was only seven years old. Her widowed grandmother agreed to have twelve-year-old Dorothea live with her in Boston. Stern and demanding, she developed a fondness for her granddaughter and looked into her education and training. Dorothea was an avid reader and a fast learner, traits that delighted grandmother. At the age of fourteen she opened her own little school for small children.

At age nineteen, with grandmother’s permission, she started a more formal school on the latter’s sprawling properties. Here girls from every strata of society flocked to benefit from her
educational expertise. At about this time she fell in love with a well-to-do young man who had high ambitions in life. He disapproved of Dorothea’s dedication to teaching as very “unlady-like.” They parted company on this issue and he promptly married someone else. Heart broken and crushed she remained determined to follow the dictates of her conscience to serve the outcasts of society.

Jilted in love and misunderstood by men she gradually made acquaintances throughout Boston’s religious and intellectual community. This was a time when Ralph Waldo Emerson’s transcendentalists were making waves in the intellectual environment of New England and the country. Emerson through his poetry, essays and speeches had launched his visionary mission of the search for truth in nature and in the depths of the human soul. In nearby Concord he had a circle of such outstanding individuals like Henry David Thoreau, Margaret Fuller, Elizabeth Palmer Peabody, Louisa May Alcott and many others. The women in his group had branched out in the fields of women’s education and in the assertion of women’s rights.

Although there is no record of Dorothea formally joining Emerson’s circle, the influence of their pioneering movement is reflected in her struggle to be heard and to make a difference in society. Emerson and Margaret Fuller started the publication of a newsletter Dial, in 1840. The first editor was Margaret Fuller who incorporated in her writings the concepts of women’s rights and suffrage.

Sunday March 28th 1841, a cold blistery day in Boston, Dorothea had volunteered to teach a Sunday School class of twenty women inmates at the Cambridge, Massachusetts jail. After the lesson was over, she walked through the prison despite strong objections from the jailer. She went down to the lower level of the building into the dungeon cells where the insane were kept. She saw miserable, wild and stuporous men and women chained to walls and locked into pens - naked, filthy, brutalized, underfed, given no heat, sleeping on stone floors. It was this visit that started Dorothea on her life’s work to improve conditions for the mentally ill.

At once she started a campaign to have stoves placed in the cells and to have inmates fully clothed. She found she had to fight every form of prejudice without letup, but in the end she did succeed in her objective. By that time, Dorothea had determined to study first-hand conditions for the insane throughout the entire State of Massachusetts. She traveled from county to county, gathering evidence to present to the state legislature as the basis for laws to improve conditions. From her home state she traveled on to other New England states and finally over the entire nation as it then existed.

Through the centuries, superstition, fear and a total lack of understanding of the nature of mental illnesses and of any effective methods for their treatment found the mentally ill almost universally neglected. They were locked up at home or in local prisons or poorhouses - often under conditions worse than those for the criminals who might be confined with them. The popular wisdom was that the insane had ceased to be fully human. It was broadly accepted, for instance, that they were completely unable to feel extremes of temperature, therefore it would be unnecessary to protect them from either heat or cold.

Dorothea made urgent pleas for the establishment of state-supported institutions. She would actively lobby for passage of the bill, looking for sponsors and trying to win over the often large numbers of persons who opposed such legislation. Indeed that is what happened. These reformers started petitioning the state legislators to build public asylums for those who could not afford to receive the expensive treatment provided at the private institutions. The case for moral and humane treatment was promoted on economical as well as humanitarian grounds.
In 1843 she sent a moving message to the Massachusetts legislature which read in part: “I come as an advocate of helpless, forgotten, insane, idiotic men and women; of beings sunk to a condition from which the most unconcerned would start with real horror; of beings wretched in our prisons, and more wretched in our almshouses.” This was a time when state governments spent very little on public welfare. But the force of the reform movement was such that the first public state asylum was opened at Worcester in Massachusetts. It was named the Massachusetts State Lunatic Hospital. Other states followed suit and soon there were state hospitals being founded all over the country - Augusta, Maine in 1840 and the New York State Lunatic Asylum in Utica in 1843. Thus a new era in the care of the mentally ill was ushered. Huge stately buildings were constructed when such architectures were not common in the country.

With the outbreak of the Civil War, Dorothea was nearly sixty years old and in poor health. Despite this, she volunteered to form an army Nursing Corps. Appointed the Superintendent of Nurses of the Union Army, she organized hundreds of women volunteers into the Nursing Corps, established and inspected hospitals and raised money for medical supplies. This proved to be a period of struggle and many frustrations for her. But she succeeded in getting women’s roles in medicine recognized.

After the war she resumed her travels, actively aiding in the rehabilitation of facilities in the southern states which had been neglected or damaged during the war. At the age of 80 she retired to a private apartment set aside for her at the N.J. state hospital in Trenton, the first of the hospitals that she had planned from the ground up. She remained there until her death on July 17th, 1887.
Mental Health Parity: Final Rule

The Obama Administration took a significant step toward undoing barriers to care for people with mental illness by issuing a Final Rule for the Mental Health Parity Act. See comments from APA President Jeffrey Lieberman, MD and look for further analysis from APA soon. In many circumstances, federal law requires equal insurance coverage of medical/surgical services and mental health services. Learn more!

A Healthy Minds Minute with former Congressman Patrick Kennedy

The second in a series of PSAs intended to raise awareness about mental health focuses on supporting military veterans and their families. Learn more. (More PSAs & videos from APAHealthyMinds.)

APA President Jeffrey Lieberman, MD Video Series

In the sixth video series, APA President, Jeffrey Lieberman, MD addresses advances in early intervention for psychosis. Other videos examine key issues in psychiatry and mental health care including collaborative care, health care reform, federal funding, and more.
APA Offers Many Opportunities For Residents To Pursue Leadership Fellowships.

**APA Public Psychiatry Fellowship**
This 2-year fellowship provides experiences that will contribute to the professional development of residents who will play future leadership roles within the public sector of psychiatry. It will also heighten awareness of public psychiatry activities and career opportunities. [Click here for more information.](#) The deadline to apply is December 12.

**APA Child & Adolescent Psychiatry Fellowship**
This fellowship is designed to promote interest among general psychiatry residents interested in pursuing careers in child and adolescent psychiatry. Fellows will have the opportunity to attend two consecutive APA Annual Meetings with child and adolescent psychiatry tracks and to develop session submissions under the guidance of an assigned mentor. Fellows will also have the opportunity to network with leaders in the field. [Click here for more information.](#) The deadline to apply is December 12.

**Minority Fellowships Program**
The Minority Fellowship program is an innovative, comprehensive and coordinated training and leadership development program designed to increase the number of professionals in psychiatry who are committed to the mental health needs of minority patients and their communities. The three groups of MFP fellows are: Substance Abuse and Mental Health Services Administration (SAMHSA) fellows, Substance Abuse fellows, and the Diversity Leadership fellows. [Click here for more details.](#) The deadline to apply is January 30.

**American Psychiatric Leadership Fellowship Program**
The American Psychiatric Leadership Fellowship is the oldest and most prestigious fellowship program in the APA. The two-year fellowship introduces residents to organized psychiatry at the APA through service on a component within the governance structure of the association. Fellows also have the opportunity to attend the APA Annual Meeting and network with psychiatrists from around the world. Nomination guidelines and additional information about the fellowship program can be found [online.](#) The deadline to apply is December 12.
I Will Listen Campaign

The New York City Metro Chapter of the National Alliance on Mental Illness (NAMI - NYC) has launched a new anti-stigma campaign called I Will Listen. The campaign encourages people to post their own videos about mental illness, and to close with the signoff, “I will listen.” Learn more

Registration And Housing Is Now Open!

Changing the Practice and Perception of Psychiatry
Join your colleagues from across the U.S. and over 50 other countries for the psychiatry event of the year! Attend this year’s 167th Annual Meeting in New York City, the cultural capital of the world, to get insight into the tools and in-depth knowledge you need to improve your patient care. The Scientific Program will feature a variety of innovative sessions and inspiring courses with tracks focusing on changing the practice and perception of psychiatry

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• Learn from renowned thought leaders in the areas of health policy & ethics.
• Reconnect with your peers and expand your professional network.
• Explore the exhibit hall for innovative treatment options and new technologies.

View the Annual Meeting Information Guide for more information. Register now and reserve your hotel today! Go here for Group Registration.

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2014 APA Election Update

On November 14, 2013, Harold Ginzburg, M.D. withdrew as a candidate in the Area 5 Trustee race due to illness in his family.
The Nominating Committee announces the following final slate of candidates for the 2014 APA National Election. This slate is considered public, but not official, until the Board of Trustees approves it at their December 2013 meeting.

PRESIDENT-ELECT
- Renée Binder, MD
- James Nininger, MD
- Mark Rapaport, MD

TREASURER
- Frank Brown, MD
- James Greene, MD

TRUSTEE-AT-LARGE
- Anita Everett, MD
- Stephen McLeod-Bryant, MD

AREA 2 TRUSTEE
- Jack Drescher, MD
- Vivian Pender, MD

AREA 5 TRUSTEE
- R Scott Benson, MD
- Gary Weinstein, MD

Member-in-Training Trustee-Elect (MITTE)
- Vittoria DeLucia, MD
- Heather Liebherr, DO
- Ravi Shah, MD

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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.

Participate in Research
Do you take medication for schizophrenia or schizoaffective disorder?
Volunteers 18-65 years of age needed for a study of a new experimental medication to be taken in addition to your currently prescribed medication. Participants will receive study-related medical exams, study medications and laboratory tests at no cost, reimbursement for transportation and compensation for study procedures.

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