West Hudson Psychiatric Society
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eSynapse

October 2019

Editor's Comments

James Flax, MD, MPH, DLFAPA

In this issue of eSynapse you will find a multitude of announcements and tidbits of useful local information. There is a new contribution to the "resident's column" from ORMC and a third column in a series by your new WHPS president, Laura Antar, MD. 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. (If the links in eSynapse don't work, copy and paste into your browser).

FIND A PSYCHIATRIST is a wonderful public service and can be a source of referrals to your practice. I recently checked and there are now 5 psychiatrists listed in Rockland County, one of whom has relocated, 3 within 20 miles of Middletown and none within 20 miles of Liberty. This level of participation makes the list virtually useless for patients searching for care. **Please join APA's FREE** "Find a Psychiatrist" database by signing in to psychiatry.org, under the Psychiatrist menu go to Search Directories and Databases, scroll down to Find a Psychiatrist Database and "opt-in". Doing so could be of benefit to your practice and will be of benefit to prospective patients searching for care. Our website is now operational. The content will be updated over the next few months, thanks to the efforts of Liz Burnich. We prominently include a link to the APA "**Find A Psychiatrist**" database.

As I've said and written many times, I **will** publish anything you'd like published if it's suitable for the eSynapse newsletter by being of relevance to our profession, our patients or about a member's life, such as – professional opinion, recipes, personal announcements, travelogues, etc.

I want to underline the importance of the NYState Psychiatric PAC. However much we may dislike it, this is the way American politics works. **More important than the amount of money contributed is the number and percentage of members who contribute.** Politicians want to know how many people feel strongly enough about the issue to give to the PAC. If you haven't contributed, please consider doing so. Even $1 adds your name to the list and the number of donors. **See the form appended to the last page of this eSynapse**. I make a point of giving every year because it is the NYSPA PAC that advocates for my interests as a psychiatrist better than any other organization.

Pictured above are Laura Antar, MD - President of WHPS, Eric Jarmon, DO – recent graduate of Orange Regional Psychiaric Residency & WHPS member, Vivan Pender, MD, Bruce Schwartz, MD – President APA, Ullrich Vieux, DO – President Elect WHPS. Dr. Pender spoke with us about the APA's involvement in the UN that she directs. Dr. Schwartz gave a sobering lecture about the severity of psychiatric illness, it's impact on health, function and disability and the dramatic shortages of manpower to care for the ill that are going to get worse. For a summary of his lecture by psychiatric resident and WHPS member Giselle Plata, DO, MPH, please scroll down. And note the image of the residents from Orange County who attended the meeting. Their enthusiasm and interest is welcome. I'll repeat a very important part of Dr. Schwartz's message: GET INVOLVED. One of the best ways to do so is to contribute to the APA and the NYSPA PACs. They act on our behalf. More important than the amount you give, is the fact of your giving and being counted as a contributor.

In this issue of eSynapse you will also find a summary of our Executive Council meeting so all readers will have an idea of district branch business. But, it's only a summary. Please **come** to one of our friendly meetings to appreciate the rich discussions and enjoy a tasty lunch at Il Fresco.

Executive Council Meeting
Il Fresco Restaurant, Orangeburg, NY
Friday, November 1, 2019, PROMPTLY at 12:30
Please contact Liz Burnich (westhudsonpsych@gmail.com) if you are planning to attend.
IT'S A FREE LUNCH

Nigel Bark, MD

The WHPS probably does more for its members and for psychiatry, proportionately (considering the number of members), than any other district branch, as was recognized by the APA in awarding it the Best Practice Award in 2018. **For our members**: twice yearly educational dinner meetings with high quality speakers; open executive committee meetings that all members can attend with a journal club or presentation from local leaders of psychiatric services or organizations; a mentoring program for residents at Orange Regional Medical Center; a women's group of female psychiatrists that meets every six weeks. For psychiatry and the community: the Mental Health Coalition of Rockland County organized by Lois Kroplick 22 years ago, with about 20 local mental health organizations, has been perhaps the most active and successful undertaking by WHPS, with its highly successful annual Forum, attended by 500 or so people, its educational programs in local Colleges, elementary schools, high schools, its presentations to groups of clergy, police, Rotary clubs, PTAs; many members have been involved in these programs. eSynapse, (with news of psychiatric and WHPS activities in our area, a summary of the executive committee meeting, original articles, advertisements for jobs and offices etc) has been recognized with awards by the APA for its quality and interest. Of course if you don't read it you wouldn't know and you may not know what the WHPS does. We are involved with representing our members and patients at NYSPA and its committees and the APA on the Assembly and its committees. If you don't think we are doing enough, please join us and contribute.

President's Column

Part III—Who are We in the Community? Who and what defines us?

Laura Antar, MD

The scope of practice of the psychiatrist seems to be in the process of re-definition, and these changes sometimes seem externally imposed. This new characterization of our role worries me and I have heard similar concern from my colleagues. I look forward, then, to our coming APA president's (Bruce Schwartz) dinner lecture and hope that he can help us to visualize our future. (Editor's note: This column was authored prior to the lecture of 10/11. Please see the summary below of Dr. Schwartz' lecture)

We have all experienced a patient ask us the difference between a psychologist and a psychiatrist or heard a patient state they thought psychiatrists prescribe but don't do therapy. At times we are lumped together into a class of "mental health professionals" or "mental health clinicians" that encompasses psychiatrists, psychologists, nurse practitioners, physician assistants, social workers, mental health counselors, peer counselors, and many others who

also provide mental health care, but, who while sharing an ability to provide mental health services, have vastly different levels of training. Why is it that there are so many interpretations and mis-interpretations of what psychiatrists do in their scope of practice? From the time of Freud, originally a neurologist, there have been questions about where the field of psychiatry begins and ends. I recall in my own residency being told, I had "better prepare" for a career where the majority of what I did was writing prescriptions. So many questions of identity at all stages of our training and practice! At times it feels as if psychiatrists are being pushed into a narrower and narrower scope of practice. I wonder at times, can the specialty be disappearing?

Emerging research can influence the future of the practice. In the integrated medicine model, can pairing a social worker or psychologist with an internist create a "pseudopsychiatrist?" Is the psychiatrist rendered unnecessary except for extreme cases? Perhaps this new collaboration benefits patients. Is this the best way to battle stigma and simplify and reduce costs of patient care? Is there an alternative model that does not sacrifice years of practice and skill and still delivers excellent health care to enough of our patients at affordable prices? I hope the APA asks these questions and helps us find a way to make high quality psychiatric care available to our patients. If the new models are truly more effective, it may be that our field needs to continue to make innovative changes that keep us providing care that is not reproducible by less trained, and therefore, less expensive counterparts. As therapies become more common, it may be good that less skilled clinicians begin to offer their benefits. Psychiatrists should stay ahead of this curve, not restrict access to care if others can provide a similar quality.

There are many frontiers uniquely open to psychiatrists who are a breed of clinicians, scientists and therapists. The humanities and social science bent in our field has preserved our capacity to spend time with our patients and provide care through listening, interpreting and suggesting. This must remain non-negotiable in our profession. Listening is the basic building block of the field of psychiatry. And the frontier of personalized medicine awaits us. What is gene therapy going to teach us about which medications will benefit which patient? Just as we utilize different treatments for different presentations of bipolar disorder: mixed episodes vs. manic or depressed bipolar episodes, we will also be at the forefront of recognizing the genetic applications to different forms of depression. Perhaps DSM VI will provide the imaging applications we had hoped for in DSM V. This is not the job for other therapists. This is psychiatry's frontier.

Several of our colleagues at WHPS and I had the recent pleasure of visiting Orange Regional Medical (ORM) Center where WHPS members met with the ORM psychiatry residents and shared their multifarious career paths, and in turn heard about the clinical research and aspirations of some of them. While it was pleasant to show emerging members of the field many examples of how we can currently practice, It was equally exhilarating to see younger people visualizing different directions for their profession: from using virtual reality to try to alleviate pain (expanding psychiatry's role into pain management), to experimenting with using touch and manipulation to heal patients using a combination of psychiatric a and

osteopathic techniques, among others. Touch has been banned from psychiatry for some time. Could it be time to reconsider? Perhaps some of these ideas will not survive, yet others might thrive. Our residents re-define and expand our profession. What will the role of artificial intelligence be in psychiatry? There are already apps being integrated into mindfulness practices. These are supplements, not threats. It is important in this changing world of psychiatric care to realize that our colleagues entering the profession have both opportunity and obligation to expand the practice of psychiatry.

I am a mid-career psychiatrist. I completed my formal training about a decade ago. I continue to expand my knowledge base past my training to maintain relevance and to try to provide cutting edge care. I feel the threat of change for the first time in my career; previously I had been the wave of change. I work to welcome the opportunity progress can provide; I feel skeptical about what may be lost. It is this tension between fear and courage that allows us to place some breaks on progress while we simultaneously reach out to new possibility. I try to practice the same mindfulness I offer to my patients as I try to avoid rumination about the past and its security and paralysis about what the future will bring. I try to make the obstacle the means for my greatest growth. Let us make "change and adaptation" our psychiatric motto.

MINUTES: WHPS Executive Council Meeting
Friday, September 6, 2019
12:30pm - Il Fresco

Attendees Present: Laura Antar, Nigel Bark, Mona Begum, Raj Mehta, Jim Flax, Russ Tobe, Ulrick Vieux, Madhu Ahluwalia, Giselle Plata, Susan Hoerter and Liz Burnich

1. Guest Presenter: Susan Hoerter, the Medical Director for the Rockland County Department of Mental Health, oversees the child and adolescent mental health services for the county and presented on the various county services.
    a. She advised that the county's only clinic is in Pomona and will close at the end of the year. RCPC will take acute cases but referrals must be made thru the ER. MHA Rockland does have child and adolescent services but do not operate a clinic. MHA Westchester is moving some sites to Rockland County.
    b. There are also no partial hospitalization programs in Rockland so they refer to programs in Westchester or High Focus in New Jersey. VCS also treats children ages 10 and up and has a clinic at West Haverstraw Elementary.
    c. The Rockland County Department of Mental Health is also partnering with Rockland Boces, Rockland County DSS, Rockland County Department of Probation and the Rockland County DA's Office on the Partnership for Safe & Healthy Youth which provides behavioral health, social services and educational support for county children and teens who are struggling academically, socially and emotionally. It is also an alternative for incarceration for children and adolescents.
    d. The county is developing an 800 line that will serve as an information and referral line where callers will be given options and resources to find appropriate help.
2. Fall 2019 Meeting Planning:

a. Raj has arranged for Bruce Schwartz, MD (the current APA President) to be the speaker at our fall 2019 Educational Dinner meeting.
b. The meeting is scheduled for Friday, October 11 at 6pm at La Terrazza. Liz will be away so Russ has volunteered to be the point person that day.
c. Liz will coordinate the details with Dr. Schwartz's assistant and send out the announcement to our mailing list.
d. There was discussion about changing the time to accommodate a conflicting meeting in Orange County. There was also discussion of using teleconferencing technology for this meeting for those Orange County attendees because of the conflict but since our EC meeting, it has come to light that the meeting in Orange County will be rescheduled so we will proceed with this meeting as originally planned.

3. Committee Updates:
   a. Orange Regional Medical Center: Ulrick advised that ORMC is officially an ACGME program and that the name will be changed to Garnett Health. It will encompass both ORMC as well as Catskill Regional Medical Center in Sullivan County. They are exploring setting up telepsychiatry to better service the Sullivan County's outpatient mental health community because of the limited resources in that area.
      i. Ulrick also advised that ORMC is actively recruiting attending physicians for psychiatry.
      ii. He reported that all 3 residents who graduated from their residency program this June are doing well in their fellowships.
   b. 2nd Annual Update in Psychiatry is confirmed for Thursday, October 24 at ORMC. West Hudson will serve as a co-sponsor and the keynote speaker is Dr. Francis Lu who will present on Cultural Psychiatry. There will be 3 sessions:
      i. 12 noon – topic is Diversity Inclusion – presentation is geared towards the faculty
      ii. 2:30pm – topic is Cultural Formulation – presentation is geared towards the residents
      iii. 5:30pm – movie presentation and discussion – Akira Kurosawa's Seven Samurai
      iv. ALL WHPS members are welcome to attend any or all of these sessions.
   c. Public Forum: Lois was unable to attend but asked Liz to share that this year's Public Forum will take place on Wednesday, October 23, 2019 at RCC with Marianne Goodman, MD as the speaker on the topic of Suicide & Resiliency.
      i. The next Planning Committee meeting is scheduled for Wed, Sept 25 at 12pm at the Lois' office.
      ii. Volunteers are needed and requested to arrive at 5:30pm.
   d. DBSA donation: Mona motioned that WHPS make a donation to the Rockland County chapter of the Depression and Bipolar Support Alliance where she serves as a medical advisor on their board. Russ seconded the motion and everyone present approved the donation. Liz will send a check to them.
   e. Women's Group: the next meeting is scheduled for Sept 12 at 12:30pm at Jane Kelman's home.
   f. NAMI Run/Walk: Sunday, September 15, 2019. This is NAMI's only major fundraising event this year. Anyone interested in participating and joining Rena Finkelstein's group "Rena's Rangers" should contact Lois Kroplick at drkroplick@aol.com.
   g. Mentorship Program: we have enough mentors and are just waiting for one more resident to sign up for membership and then the mentors will be assigned.
   h. Laura, Russ, Dom and Liz participated at the Senior Fair sponsored by Senator Carlucci on Wednesday, August 28.
   i. NYSPA Fall Meeting – the date is changed to Saturday, October 26 ******Mark your***

*calendars with this date change****

4. Miscellaneous Items:
    a. Speakerphone Unit – we discussed purchasing a speakerphone/teleconferencing unit so that more Executive Council members can join our EC meetings. Jim motioned that we can spend up to $1,000 on this equipment, Nigel seconded the motion and all present approved this motion.
5. Next EC Meeting is scheduled for Friday, November 1.
    a. We will invite Brigid Pigott to present on adult mental health services in Rockland County.
6. RECAP of UPCOMING WHPS EVENTS:
    a. October 3-6 – IPS 2019, The Mental Health Services Conference, Sheraton New York Times Square Hotel. Register at: https://www.psychiatry.org/ips
    b. Friday, October 11 – Fall Educational Dinner Meeting with Speaker Bruce Schwartz, MD at 6pm at La Terrazza. Topic TBA.
    c. Wednesday, October 23 – Annual Public Forum at RCC Cultural Arts Theater at 6pm
    d. Thursday, October 24 – ORMC 2nd Annual Update in Psychiatry featuring speaker Francis Lu, MD on the topic of Cultural Psychiatry. We are a sponsor for this event and all WHPS members are welcome to attend at Orange Regional Medical Center in Middletown, NY.
    e. Saturday, October 26 - NYSPA/Area II Fall Meeting at the LaGuardia Marriott at 9am **NOTE – this is a NEW date**
    f. Friday, November 1 – WHPS EC Meeting at 12:30pm at Il Fresco, Orangeburg

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Call for Experience with Nyack Hospital and Acute Stabilization Services

Russ Tobe, MD, Legislative Chair

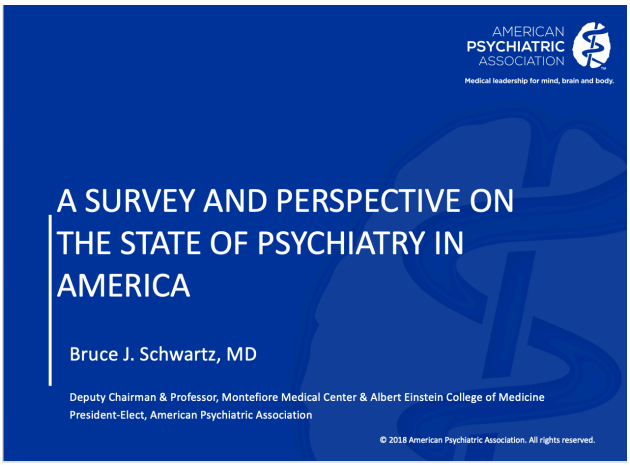
We had a productive meeting with Senator Carlucci on May 31st. During this meeting, we extended our dialogue and began to integrate local member concerns into a larger NYSPA agenda. Feedback from the membership was quite helpful in this process and, though our agenda was broad as a result, we touched upon several areas of significant importance.

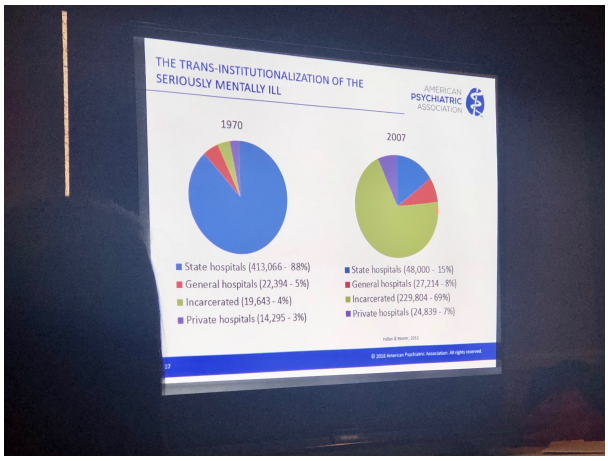
Of most importance to Senator Carlucci was gleaning a thorough understanding of (1) gaps in community services for acute stabilization and, along these lines, (2) member experience in collaboration and coordination with Nyack Hospital and other acute stabilization services. During this meeting and in subsequent exchanges, the Senator and his staff requested WHPS formally highlight both positive and challenging experiences with Nyack Hospital and other acute stabilization services in Rockland County and, with this information, propose next steps in better improving community acute stabilization services. Towards this goal, please provide anecdotes and other experience (positive and challenging) with Nyack hospital and other acute stabilization services in the county. These anecdotes may end up in the summary report to Senator Carlucci, so please notify us if you are comfortable having your name associated with the anecdote. If not, it will be de-identified.

WHPS Fall Education Dinner Recap

Giselle Plata, DO, MPH

This year's Fall Education Dinner featured a presentation by special guest Dr. Bruce Schwartz, esteemed President of the American Psychiatric Association. Dr. Schwartz's informative presentation provided an update on the state of psychiatry in America, focusing on clinical issues, psychiatric research, and the psychiatric work force.

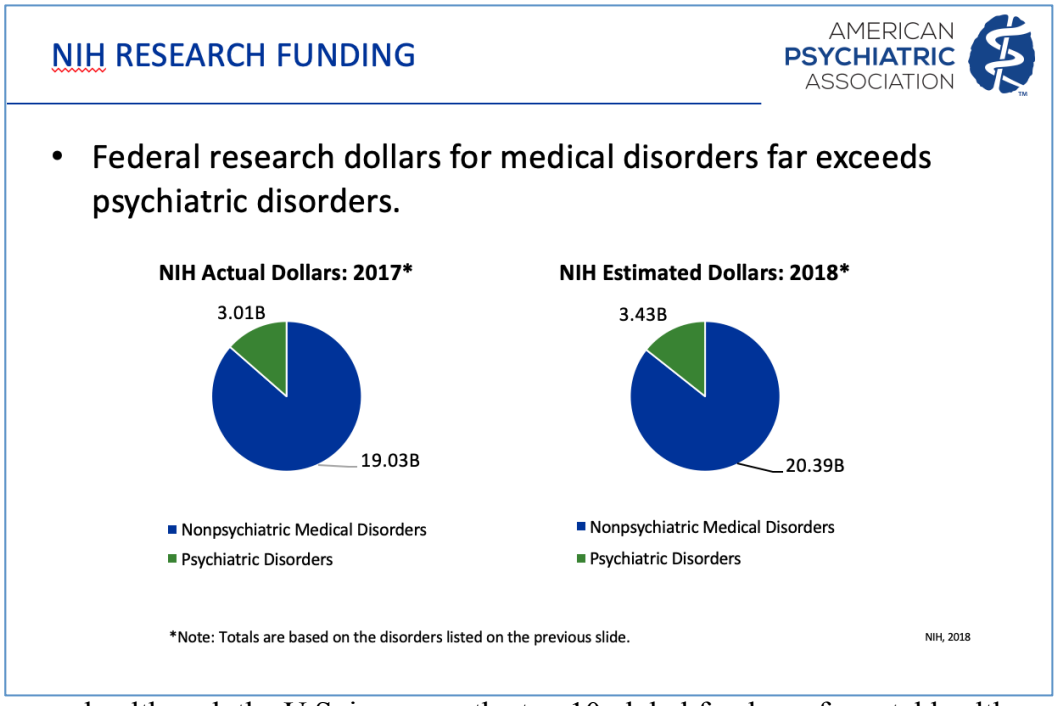




According to the Center for

Behavioral Health Statistics and Quality as of 2017, the prevalence of mental disorders in the U.S. is highest among young adults at 22.1%. Youth prevalence of mental disorders also outweighs prevalence of medical conditions such as asthma (8%) and Type 1 Diabetes (0.3%). Among the adult population, a quarter have two or more chronic medical disorders, compared to 18.3% who have a mental disorder. Psychiatric disorders are among the leading causes of disability in the U.S., accounting for 13% of disability-adjusted life years. In 2015, the associated costs exceeded combined costs of diabetes, respiratory disorders and cancer.

The epidemic of suicide was also discussed, as it is a top-10 leading cause of death and the second leading cause of death among individuals age 10-34 years. These rates have been increasing by more than 30% over the past twenty years. Compared to decreasing mortality rates from medical disorders like heart disease, stroke, diabetes and cancer, the mortality rate from suicide is up 17% as of 2014. Socioeconomic factors associated with mental illness were also described. Having a serious mental illness increases the risk of becoming homeless up to 10-20 times compared to the general population. More than 50% of individuals with serious mental illness are chronically homeless in the states of California, New York, and Florida. Along with a decline in psychiatric beds, trans-institutionalization toward incarceration, and co-occurring substance use disorders, it's not surprising that the unmet need for mental health services is high. Approaches to addressing unmet behavioral health needs include improving access to behavioral health services and training PCPs and others to screen patients for behavioral health needs. Per SAMHSA's 2017 National Survey on Drug Use and Health, one in five adults with mental illness reported they were unable to obtain treatment because of barriers to getting help they need.



With regard to research, although the U.S. is among the top 10 global funders of mental health research and the largest producer of mental health research at 36%, federal research dollars (NIH) for medical disorders still far exceeds that of psychiatric disorders.

Then there is the other major issue of the U.S. psychiatric workforce shortage, which is predicted to continue to worsen through 2024. Per the AAMC 2019 Update, starting in 2025, the workforce is projected to expand with estimates of a shortage of between 3,400 to 17,705 psychiatrists in 2032. Despite more medical schools opening in the U.S. and more residency programs forming through non-CMS funding, the magnitude of the workforce shortage cannot be addressed until a much larger number of psychiatric residency slots are created.

More graduating medical students are choosing to pursue psychiatry, and in 2018, we saw the highest number of U.S. graduates going into psychiatry since the late 1980s.

Although much of these statistics and trends are certainly dismal and can be discouraging, there has been some real progress. Dr. Schwartz's presentation noted the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act (MHPAEA) passed in 2008 to correct discriminatory health care practices against those both with a mental illness and/or addiction. In 2008, the Medicare Improvements for Patients and Providers Act was also passed, eliminating Medicare's discriminatory copayments for mental and physical health. Most recently, signed in 2016 with bipartisan support, was the 21st Century Cures Act. This Act established $1.5 billion for the BRAIN Initiative, as well as $1 billion for fighting the opioid epidemic with grants for prevention, treatment, training and access to opioid treatment and recovery programs. It also established a new Assistant Secretary for Mental Health and Substance Use. Access to mental health services for children is also being expanded through Medicaid and parity enforcement. Additionally, among many other initiatives, the Interdepartmental SMI Coordinating Committee was established to report on research, evaluate federal programs, and recommend actions to better coordinate administration of mental health services.

The presentation went on to describe the "dawn of a new era" in which opiate overdoses, the suicide epidemic, mass shootings, veterans mental health, excessive and costly incarceration of the mentally ill are problems in "blue" and "red" states. These problems have attracted a bipartisan political consensus and recognition that access to mental health and substance use services needs to be expanded. There is also now a growing appreciation by our non-psychiatric medical colleagues of the benefits of integrated and collaborative care. And stigma, while prevalent and problematic, is on the decline.

Resident's Column!

Dreams and Perseverance: things I wish one day to see my addiction patients discover

Zeinab Eid, M.D.

Megan Fairchild is a NYC ballet dancer who I always bought tickets to see regardless of how my bank account was severed. Well, she absolutely is a powerful and beautiful dancer--a special dancer who two years ago happened to be going through her own personal turmoil. In January 2017, I was happy that she danced so well and happy to have experienced how great she was as she has enlightened me tremendously.

Megan is 33. She joined the NYC ballet company at 17. At 19, she fell in love with Andrew Veyette, who is several years older, and they got a small efficiency apartment near Lincoln Center. Years later

when they both got promoted to soloists, they got a big apartment in Brooklyn, near where I grew up. Then when they both became principals two years ago, they got married and bought a house on the Hudson River in Westchester. Around that time, Megan's brother, who is also a principal with NYCB, left the company to take a part on Broadway in a musical. He won the Emmy for best male actor/dancer in a musical. When the play, *An American in Paris*, finished a good seven month run, the play went to London for six months, and he went with it. Broadway dancers make many times what ballet dancers make, so if an opportunity comes along to get a nice nest-egg, the dancer takes a leave and goes off to earn that money. NYCB management understands. When Robert's wife, Tyler Peck, was offered a lead in a play, she jumped at it too, and she left the company for six months.

Then opportunity came Megan's way, and she left for a leading role in *On the Town*, a British revival of a play that Balanchine had originally choreographed back in the 50's. When Megan returned from London - trauma struck. She found that her husband was involved with a 19 older dancer, Ashley Hod, who had just joined the company. There went her marriage. There went the house on the Hudson with the big backyard where Megan used to play with her dogs, since she can't afford to keep the house on her own. There went her two dogs that she had to give away. She moved into the spare bedroom in her brother's apartment and was fighting to keep her life and career together.

However, in early January of 2017, Abby Stafford was supposed to dance with Andrew, and Abby injured her back and could not dance. The director had to ask Megan to replace Abby, and she did it for the company, but very reluctantly. I can only imagine how unbearable that must have been to have the man that she is divorcing, the man who had betrayed her, put his hands on her body.

It's incredible how hard these dancers have to work; their commitment has to be all consuming. They have to be prepared to sacrifice and to work sometimes with emotional and physical pain. It's never just about the stage - it's about their dreams and what they hope to accomplish. All these dancers have gone through a crucible of sacrifice and pain to get where they are. They all have amazing human survival stories to tell - an amazing story of perseverance on how they have survived and endured to get to where they are.

Just like these dancers, I hope that one day I can help my patients discover their goals and dreams and use all the medical, social, and personal resources available to them to develop perseverance despite their emotional and physical pain.

Suicide Awareness and Resilience

Finding Hope, Healing & Health

Rockland Community College

Cultural Arts Theatre
145 College Road, Suffern, NY

Registration: 6 to 7 pm/ Program begins 7pm

WEDNESDAY
OCTOBER 23, 2019

For tickets and information
Call NAMI Rockland (845) 359-8787 or
Email: events@namirockland.org

Or visit on line at
www. namirockland.org
Suggested Donation: $15 per person
Students welcome at no charge

Sponsored by

NAMI Rockland
National Alliance on Mental Illness of Rockland County

West Hudson Psychiatric Society

Rockland County Department of Mental Health

RDBSA/ Rockland Depression & Bipolar Support Alliance

Mental Health Association of Rockland County

Rockland Community College Counseling Center

Breaking the Silence
Annual Public Forum
2019 Presenters

Marianne Goodman, MD, is a Professor of Psychiatry at the Icahn School of Medicine at Mount Sinai and full time VA clinical research physician at the James J. Peters VA (JJPVA) for twenty years. She is the director and developer of the JJPVA Suicide Research and Clinical Program since 2010. Considered one of the foremost suicide prevention experts in the VA system, she is actively engaged in clinical care, research and education. Her research efforts focus on novel treatment development, including psycho-therapy, medication and tele-health approaches, in conjunction with biomarker studies. In recognition of Dr. Goodman's exceptional achievements in the management of high risk suicidal and emotionally dysregulated Veterans, borderline personality disorder and delivery of dialectical behavior therapy, she has been honored with numerous prestigious awards. Dr. Goodman is also involved with education for non-VA primary care and mental health clinicians regarding Veteran suicide risk. She served as President of the North American Society for the Study of Personality Disorders from 2015 to 2018.

Colleen Casey Johnson is a suicide survivor, who has been in recovery for 31 years**.** She credits "32 years of intense psychotherapy with an outstanding psychiatrist," medication and TMS for her remission from major depressive disorder, completion of the work of integration from dissociative identity disorder, and almost total elimination of the suicidal ideation that began in childhood. Her personal experience of suicides among close family members and a childhood riddled with violence and abuse, have helped guide her lifelong work in human services - first in homes with dysfunctional parenting and then as an inspector of child day care homes and abuse in NYSOCFS registered child day care facilities. She then was residential facility manager for ARC (for differently abled adults). Since retiring, Colleen has run her own daycare program. She serves on the NAMI-NYS Board of Directors and is an ardent mental health and TMS advocate, actively engaged in suicide prevention education and support.

ASL Interpreters available on advance request

APA NEWS & NOTES FOR DB/SAs

AMERICAN PSYCHIATRIC ASSOCIATION
Medical leadership for mind, brain and body.

News and Notes for APA District Branches/State Associations
October 2019

This monthly newsletter is prepared by the APA's Communications Team as a benefit for our District Branches and State Associations. If you have any questions, please contact James Carty at jcarty@psych.org or 202-609-7077.

Want to keep up with APA in between newsletters? Connect with us on Facebook, Twitter (@APAPsychiatric), Instagram and LinkedIn for the latest news and updates.

What's New at the APA

- APA joined a coalition of organizations to file an amicus brief opposing the Trump Administration's new regulations that overturn protections guaranteed to immigrant children under the Flores Settlement Agreement. You can read the amicus brief here.
- APA has developed mental health policy goals for each presidential candidate to consider when developing their platform. APA is adamant that no matter who wins the 2020 election, mental health must be a priority for the White House. You can read Dr. Levin's blog on a presidential initiative for mental health, and view the full policy goals here.

Mark Your Calendar

- Domestic Violence Awareness Month (October)
- ADHD Awareness Month (October)
- National Breast Cancer Awareness Month (October)
- National Mental Illness Awareness Week (Oct. 6-12)
- National Bullying Prevention Month (October)

Briefs For Your Newsletter

October Course of the Month: Early Intervention in Psychosis: 21st Century Implementation Challenges
Coordinated Specialty Care is a team-based, multi-element treatment for first episode psychosis (FEP) that integrates medical, psychosocial, and rehabilitative interventions in a recovery-oriented, collaborative approach to care. This course provides an international context, relating recent U.S. initiatives to similar FEP intervention efforts in Australia, Europe, and elsewhere. Presented by Patrick McGorry, M.D., Ph.D., University of Melbourne.
Click here to access the Course of the Month and sign up for updates about this free member benefit.

Free SMI Adviser Webinar: Neuromodulation Treatment for Treatment-Resistant Psychiatric Disorders: Transcranial Magnetic Stimulation (TMS)
October 10 | 3:00 – 4:00 p.m. ET
Learn about the evidence base for TMS, how to identify potential candidates for therapy, areas where research may lead to new and expanded clinical uses, and more.
Earn up to 1.0 *AMA PRA Category 1 Credit*™.

Register Today.

Participate in the Quality Measures Initiative

Help drive the future of psychiatry by participating in the Quality Measures Initiative. Your participation will help determine better ways to diagnose, treat, and prevent psychiatric illnesses by developing and testing quality measures. As a thank you for joining, you will be rewarded with a $500 honorarium, a tablet computer for your practice, plus other benefits.
https://www.psychiatry.org/psychiatrists/registry/quality-measures-initiative

Support Advocacy When You Renew

It's time to renew your APA and District Branch membership. APA works daily to shape policies and legislation that advance our profession and promote the highest quality care for our patients and their families. But this advocacy only works when APA members are involved. Look for these options on the mailed renewal invoice or login to my.psychiatry.org to renew your membership and support these programs:

- **Fund for Safe Prescribing:** Help APA protect patient safety by ensuring that only appropriate medical professionals can prescribe medications.
- **APAPAC:** Ensure that psychiatry has a seat at the table when decisions are being made in Washington, D.C.
- **District Branch PACs** *(when available)*: Support state candidates committed to assuring the health and wellbeing of your patients and their families.

70,000+

PSYCHIATRY-SPECIFIC RISK MANAGEMENT ISSUES ADDRESSED

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CHARLES D. CASH, JD, LLM, ARM
ASSISTANT VICE PRESIDENT, RISK MANAGEMENT

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CORRESPONDENCE, EVENTS, ANNOUNCEMENTS AND ADS

The Orange Regional Medical Center

The Orange Regional Medical Center (ORMC) GME program is growing exponentially. They anticipate that starting July 1 they will have 73 residents in their 6 GME programs. As a result, the need to be able to refer at risk residents to effective, empathic mental health professionals is great. Due to confidentiality issues many residents may not feel comfortable receiving treatment at Orange Regional Medical Center. ORMC would like a list of therapists that would be willing to see residents as needed. The director of the psychiatric residency program would like to get a list of members of the West Hudson Psychiatric Society that would be willing to see ORMC residents in their private practices. Insurance is Blue Cross/Blue Shield of NY, with varying levels of reimbursement depending on which plan the resident chooses. Please contact:

Ulrick Vieux DO, MS
Psychiatry Residency Program Director/ORMC
Cell #: 845-741-4990/Office #: 845-333-1763

PROJECT TEACH: PERINATAL CONSULTAITON

If you practice in New York, you are entitled to online resources including didactic materials, and live consultation from perinatal psychiatrists in our program offered 2x per week. Twice per week, one of our Perinatal Psychiatrists staff a consultation forum via teleconference.at this time, it is only available to NY providers. For more information, please see the attached flyer and the website: https://projectteachny.org/mmh/.
This initiative is funded by the Office of Mental Health in NY.

Mental Health Works is an interesting APA publication addressing mental health and the workplace. If you don't get it, I suggest you find it at the following website and see what you think.
http://www.workplacementalhealth.org

If you missed the dinner meeting on genetic testing for psychiatrists, here is a link to the slides from the talk by Jay Lombard, MD, the founder of Genomind.
https://www.dropbox.com/s/ullqriwoa37njkz/Genomind%20presentation.pptx?dl=0

At the Spring 2018 dinner meeting Dan Iosifescu presented a comprehensive review and discussion of therapeutic strategies for treatment resistant depression. A copy of his slides is available here:
https://www.dropbox.com/s/qbp3bwczqti8dqq/WHPS%2C%20Iosifescu%204.20.18.pdf?dl=0

If you missed the Fall 2018 dinner meeting, slides from the presentation are available using the following link:
https://www.dropbox.com/s/6ssdnjpi3a5ogpi/PlanetOfTheAppsStandardPresentation%20110418%20With%20Handouts.pdf?dl=0

MAOI Antidepressants

I am a membr of the "MAOI Clinicians info and support group that can be joined by emailing maoi-info-and-support+unsubscribe@googlegroups.com. **I recently added my name to an online statement on the use of MAOI medications.**The statement can be accessed through this link: https://www.cambridge.org/core/services/aop-cambridge-core/content/view/32497C0FE4F08D0D4C07E6350A91B0EE/S1092852919001196a.pdf/revitalizing_monoamine_oxidase_inhibitors_a_call_for_action.pdf

If you are not familiar with the use of MAOI antidepressants, I suggest you take time to read this publication and join the googlegroup.

USEFUL INFORMATION RESOURCES: Dr. Ferro recently advised me of a useful electronic publication of psychiatric advice – SimpleandPractical.com. This prompted me to think of all the publications I use to keep up to date. I now use UpToDate.com and have found it very useful. I do use the APA publications, including Focus. I am a member of the listservs of Columbia University and multiple PsychoPharm listservs. I receive Amadeo on 4 different topics http://m.amedeo.com and Evidence Alerts http://plus.mcmaster.ca/EvidenceAlerts/ for reviews of recent articles. I pay for The Medical Letter. I read APA News, Psychiatric Times and Clinical Psychiatry News. I sometimes will read Psychiatric Annals as well. I use Epocrates, Google, Wikipedia, WebMD and others daily. As a result of our modern digital resources, and encouraged by Dr. Citrome's Fall 2018 talk, I'm slowly throwing out all the ancient textbooks and printed articles taking up space. I'd be interested in hearing from others about what resources you rely on to keep up to date.

Simple and Practical

Dom Ferro, MD

For the last year, I have subscribed to Simple and Practical Mental Health. The website provides resources and summaries of issues pertinent to psychiatry. Subscribers receive daily emails, which can be read in a few minutes. The presentations are clear and concise. Larger issues are spread over several days with attention to effective learning. Information is briefly reviewed and developed gradually. For a small commitment of time, quality education with clinically relevant lessons takes place painlessly.

All materials are available for review on the website. So when I have forgotten my lesson, but remembered that I had learned it, I have been able to access it quickly when needed. I have found the subscription worthwhile and the psychiatrists whom I have told about it have agreed. I recommend it highly for all our practicing members.

You no longer can receive a discount as a member of West Hudson Psychiatric Society.

GoodRx.com – a plug for this service I have found useful for patients whose medications are not well covered by their insurance. Sometimes it provides very beneficial coupons and lists the least expensive retail source for a medication. Cash price can be less than co-pays or deductibles.

PRIVATE PRACTICE FEES: Here is a link to a legal public site where you can look up fees for a given zip code. http://www.fairhealthconsumer.org/

PRIOR AUTHORIZATIONS If you are frequently bothered with cumbersome and seemingly unnecessary requests for prior authorizations, the APA is eager to hear from you: Ellen Jaffe, Director, Practice Management HelpLine/Medicare Specialist, Office of Healthcare Systems and Financing, American Psychiatric Association, (703) 907-8591 ejaffe@psych.org Practice Management HelpLine (800-343-4671) - email at hsf@psych.org. Also, one of our members posted to an international list-serv with regard to any denial of benefit, so I quote Dr. John Fogelman:

The URL below will direct you to a database for the regional CMS (Centers for Medicare and Medicaid Services) headquarters. The names of the regional Medical Directors are listed. When you call, hang in through all the options, and at the end type in the name of the medical director. You will get either the real live doc, an assistant, leave a message, or the name of someone to call for in an emergency. It usually works.

http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/Regional_Contacts.html

My experience has been that the higher you go in any organization (hospital, government, insurance companies), the closer you are to the decision maker, and the decision makers do not have to stay on the unvarying mindless script. They do not instruct you to have a good day, apologize for your inconvenience, thank you profusely and hear how they know how valuable your time is. They usually listen, and if you do not scream at them, a favorable result often follows.

PARITY ENFORCEMENT FROM NYSPA: If you missed the NYSPA Webinar on parity I strongly suggest you listen to it; accessible on the NYSPA website. Seth Stein and Rachel Fernbach have presented a packet of wonderful new tools that potentially will allow us to better manage and respond aggressively to insurance company efforts to restrict care. **THIS IS IMPORTANT!** NYSPA is soliciting detailed information on insurance reimbursements to identify fee and reimbursement discrimination in the payment for outpatient mental health services. **The NYSPA Parity Enforcement Project (PEP)**

NYSPA is rolling out its newest Parity Enforcement Project initiative to identify fee and reimbursement discrimination in the payment for outpatient mental health services. NYSPA has prepared two Request Forms - one for in-network services and one for out-of-network services - and a set of instructions for using the Request Forms. You will note that the instructions have been prepared for use for non-psychiatrists because these forms can be used by anyone who has health insurance through a job, through ACA or a Medicare or Medicaid managed care plan. We urge every psychiatrist who has health insurance coverage to submit either an in-network form or both forms (if you have out-of-network coverage). Anyone with health insurance can submit the forms regardless of whether they have received, are receiving or expect to receive treatment for mental illness. The forms do not require the disclosure of any individual medical information and the responses will not include any medical information. These forms can be widely disseminated to individuals receiving treatment and support groups for patients. The key is that NYSPA needs to review the responses in order to identify evidence of discriminatory coverage. The forms can be downloaded from the NYSPA website by. Please join us in participating in this effort to identify and root out reimbursement discrimination in the treatment of mental illness.

PLEASE MAKE EVERY EFFORT TO RETURN PHONE CALLS. EVEN IF YOU HAVE NO ROOM IN YOUR SCHEDULE FOR NEW PATIENTS: I have frequently heard complaints about patients leaving voice mails with psychiatrist's offices and never getting a return phone call. If true, this reflects very poorly on our profession.

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Mandatory Prescriber Education in NY after 7/1/17

Prescribers licensed in New York to treat humans and who have a DEA registration number to prescribe controlled substances, as well as medical residents who prescribe controlled substances under a facility DEA registration number, must complete at least three (3) hours of course work or training in pain management, palliative care, and addiction by July 1, 2017. Practitioners must notify the Department of Health that they have completed the educational requirements by submitting an attestation online.

Click on the following links for more information and guidance.

- Mandatory Prescriber Education Guidance (PDF)
- Frequently Asked Questions - Updated June 2017 (PDF)
- Attestation Process
- Prescribers can access three hours of free course work covering the eight required topic areas, sponsored by NYSDOH, from the University of Buffalo* at Opioid Prescriber Training Program.

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.

OFFICE SPACE - PEARL RIVER, N.Y.

Office Space Available – Evenings, Sundays in a prime medical building on the NY/NJ border. Clean, Professional. Ample Parking Available as soon as July 1st. The office is set up as a psychotherapy office, with it's own waiting room. Very private, comfortable; Internet, printing services included. Possible opportunity to take over the entire space in 2020. Call to discuss: Dr. Carol Paras @ 845-536-9700

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Job Opening

- Article 31 Mental Health Clinic in Rockland County is looking to hire a part-time psychiatrist . Flexible hours.
- Please call (845) 570-0743 for more information.

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Welcome to the Rockland County Chapter of the Depression and Bipolar Support Alliance

Come join our Mood Disorder, Friends & Family and Under 30 Share groups on Thursday nights from 6:30 to 8:30 pm

We've been there. We can help.

Together we share and seek understanding and acceptance of the situations surrounding Bipolar Disorder, Depression, other Mood Disorders and Dual Diagnosis. Through frank and open discussion, compassion, real and true support, the members of the Rockland Chapter of DBSA have come together to create a cohesive unit that is vibrant and alive and offers hope and the means to help people help themselves. This group should be a welcomed part of your wellness program, and if you are a family member, or friend of an individual dealing with a Mood Disorder the same applies.

Peer-to-Peer support is a proven path to recovery and wellness.

If you are looking for a place, for people who truly want to help you help yourself to change your life, waste no more time, look no further, we'd love to meet you.

All meetings are held from 6:30 to 8:30 pm at **Dominican College Forkel Hall, 470 Western Highway, Orangeburg, NY 10962**

Any questions contact: Tony at 845-422-2084 or Brian at 845-300-1343 Email us at: dbsa.rockland@gmail.com

To learn more about our next meeting, or to RSVP, please visit our group on Meetup.com. There is no fee for attending the support group.

NEW YORK STATE PSYCHIATRIC POLITICAL ACTION COMMITTEE, INC.
400 GARDEN CITY PLAZA, SUITE 202
GARDEN CITY, NEW YORK 11530

Name: _____

Address: _____

_____

Tel. No.: _____

I hereby join as a member of the NYSP-PAC for 2016 and enclose my payment in the following amount:

_____	General Member	$100.00
_____	Contributing Member	$150.00
_____	Supporting Member	$200.00
_____	Sustaining Member	$250.00 or more
_____	Other amount	

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Please make checks payable to NYSP-PAC.

Checks can be mailed to:
NYS-PAC, 400 Garden City Plaza, Ste. 202, Garden City, NY 11530

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