



West Hudson Psychiatric Society

Serving Rockland, Orange, Sullivan & Delaware Counties

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eSynapse

March 2020

Editor's Comments

James Flax, MD, MPH, DLFAPA

In this issue of eSynapse you will find a multitude of announcements and articles about the variety of activities members of your local branch are involved in. There is an article by Dr. Shah, a resident from ORMC. Our WHPS president, Laura Antar, MD, PhD describes actions psychiatrists can take in response to the Corona Virus. Dr. Vieux uptakes us on Orange Regional Medical Center. 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 just checked and there are only 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.

In that spirit, below is a picture from my latest adventure, skiing in the remote mountains of British Columbia about 2 hours north of Whistler. May you all have the opportunity to experience such beauty in your lives.



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.

In this issue of eSynapse you will also find a summary of our last 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. All members are welcome.

**Next Executive Council Meeting
Il Fresco Restaurant, Orangeburg, NY**

- Friday, March 20, 2020 – Guest speaker - Dr. Jim Kelleher, Behavioral Health Medical Director of Montefiore Nyack

- Friday, May 1, 2020

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: WHPS and our patients coping with COVID-19



Laura Antar, MD, PhD

3/7/2020

When facing our patient's and our own fears about COVID-19, it is helpful that we can look to some of our peers for guidance as to how to answer some basic questions we ourselves may have, or that our patients may pose. Below is a copy of a tweet by Dr Emma Hodcroft that was passed on by one of the members of what was once Ivan Goldberg's psychopharm listserve (which I highly recommend to anyone who does not know about it), now moderated by John French, MS. Dr. Hodcroft answers the question: "If the virus is everywhere, what's the point of preparedness?"

On neither why continuing about your day as usual NOR buying every can in the shop are helpful responses to [#COVID19 #SARSCoV2#Coronavirus #SARSCoV19](#) :

A main component of preparedness is about *putting slack in the system*.

This manifests in a few ways here:

- Public mentality
- Supply chains & medical systems
- Your personal life

Govts/health agencies preparing the public allows the public to prepare themselves - physically & mentally. The **2nd** is a big one.

1. A slowly increasing case # with early discussion of cancelling schools/events & possible disruption means less panic if these later happen.

Repeats of 'everything is fine' followed by big jumps in case # & sudden announcement of closures & disruptions not previously discussed makes people feel the situation is out of control, that authorities don't understand what's happening --- that it's time to panic.

This leads to panic buying, irrational behaviour, mistrust of the advice that's being given ("why did it change so suddenly before?").

Slack in the 'public mental state' helps people feel informed, that they understand a situation & have time to prepare.

2. Preparing for a serious illness outbreak also means freeing up space in hospitals by doing things like cancelling elective procedures. This frees up beds, staff, and supplies for incoming disease cases.

It also gives hospitals enough time to order more supplies/equipment.

Same for pharmacies. Asking people to refill repeat prescriptions now reduces strain later by giving a few weeks when pharmacies can focus on increased demand from the outbreak illness #SARSCoV2. Same for medicine supply chains.

By advising people to ensure they have a small stock of supplies at home to last a week, we put slack in food supply. Example: If fewer truck drivers are working, reorganisation is needed for store restocking. If people can last a few days without needing to shop, it's much easier.

Important to say this is also why panic buying isn't helpful. Pick up a little extra now in every shop & this is easily absorbed by the system. Buy every can of beans in 1 go & you've stressed the system early, before there was any need. Stay calm, stay rational.

3. Finally, being prepared buys you slack in your own systems. If supply chains are disrupted temporarily, if quarantine or other measures come into effect, you know you have enough medicine & supplies to let the systems adjust.

This can be as simple as just knowing you don't have to go to the shop when panic buying is taking place - when full of many people & quickly emptying of most food. Stressful, unhelpful (limited food), & unwise. You can wait until restock arrives.

If quarantine or other measures happen, this will also require a few days of adjustment to coordinate when people can shop/how deliveries happen/how shopworkers are scheduled, etc.

Avoiding the confusion at the start helps you & helps the system adjust.

In ending I just want to clarify that experts aren't telling you to stock up on essentials because they think you're going to run out of food & society is going to collapse. It's because a few days of panic buying & high demands cause more panic & stress systems unnecessarily.

So, preparedness isn't about doing nothing, but also about not overreacting. It's about doing your part to put the *slack in our systems* so that short disruptions are smooth as possible, can absorb extra load, & resources remain available for those most in need. [#COVID19](#).

If it does get to the point where we become quarantined, or where members feel that they cannot safely see their patients, I hope our West Hudson Psychiatric Society members are aware of the telepsychiatry platform that is HIPPA compliant called [Doxyme](#), though there may be others available. It is a free telepsychiatry site (you can get a Business Associates Agreement, BAA, from them online) that allows you to communicate via internet using your computer, tablet or smartphone with any patient who has a good internet connection and their own computer, tablet or smartphone. You invite them via the program and they only need to click on a link, and they are "there" in your virtual office. It is really easy. Please note that before prescribing a controlled substance you need to have seen your patient at least once face-to-face, but after that, it can be done over tele-psychiatry. Find out more about this and confirm legalities before using by contacting your own malpractice insurance.

Best to you all, and may we all do our best to keep our patients and ourselves safe and comfortable and well-tended during this outbreak.

MINUTES WHPS Executive Council Meeting
Friday, February 28, 2020
12:30pm - Il Fresco

Attendees Present: Laura Antar, Nigel Bark, Mona Begum, Lois Kroplick, Madhu Ahluwalia, Ulrick Vieux, Dom Ferro, Jim Flax (via call-in) and Liz Burnich

1. We opened the meeting by reviewing what we would like to discuss with Dr. Kelleher when he speaks to our group at our next EC meeting on March 20. Liz will email Dr. Kelleher ahead of the meeting with our list of discussion topics.
2. Richard Gallo is looking for a volunteer to host a Carlucci for Congress fundraiser in someone's home before the end of March. It does not have to be elaborate or fancy and they said they can try and line up support to defray the cost of light food and beverages.
3. Spring 2020 Educational Meeting Planning:
 - a. Raj confirmed that Dr. Jeffrey Geller (APA President-Elect) will be the speaker for our Spring Educational Dinner Meeting on June 5, 2020 at 6pm at La Terrazza on the topic of "Looking Back to See Ahead: NY Perspective".
 - b. Liz will coordinate the details with Dr. Geller's assistant.

4. Additional meeting in 2020 geared toward Early Career Psychiatrist and Residents:
 - a. Liz will identify a list of ECPs and Residents, send out a blast email and then set up calls with everyone to get a better idea on how we can meet their needs.
5. Media/Media Training: Liz advised that she has a call out to Glenn O'Neal at the APA to set up a media training for our district branch. Both the Bronx and Westchester district branches are interested in media training so we will try to coordinate a multi-DB event this year.
 - a. Liz advised that the Pete Clemental Show is a weekday show on WRCR radio that focuses on destigmatizing and educating the public on mental health. They are looking for mental health experts to interview (live recordings) on Mondays thru Thursdays at 3:25pm or 4:25pm for about 20-30 mins on mental health topics of your expertise.
 - b. Raj offered to speak about geriatric psychiatry on a upcoming Monday, Dom offered to speak on the topic of forensics, Lois offered to speak about grieving on a Wednesday at 4:25pm, Nigel offered to speak about schizophrenia, Laura offered to speak about OCD on a Wednesday, Mona advised that she can make herself available on Mondays for an interview and Ulrick advised that he can speak on an upcoming Thursday on the topic of systems of care/getting treatment.
6. Committee Updates:
 - a. The next Women's Group is scheduled for March 6 at Lois' office.
 - b. Public Forum: Dr. Katherine Shear will be the headline speaker on the topic of "Grieving" at October 21, 2020 at Rockland Community College. Raj motioned that we make the same donation as last year towards the 2020 Public Forum, Dom seconded the motion and it passed unanimously. The next Public Forum Planning Meeting will take place on March 25 at Lois' office and Lois encouraged everyone to get involved.
 - c. Ulrick advised that the Residency program had their second site visit and received continued accreditation.
7. Meeting Dial-in:
 - a. We connected a microphone to Liz's laptop and Jim Flax called in to this meeting via FaceTime. Jim reported that there was interfering background noise (silverware clinking, etc.) and he was not able to clearly hear most of the discussions.
 - b. Laura, Liz and Ulrick will perform an A/V test on March 11 at noon to see how we can connect ORMC to our meetings remotely.
8. 2020 Upcoming events:
 - a. April 4 – NYSPA Area II Council Meeting at 9am – Ulrick, Nigel and Liz will attend. All are welcome.
 - b. April 25-29 – APA Annual Meeting, Philadelphia, PA
 - c. June 5 – WHPS Spring Educational Dinner Meeting with APA President-Elect Dr. Jeffrey Geller.
9. UPCOMING WHPS EC Meetings:

- a. Friday, March 20, 2020 – Guest speaker - Dr. Jim Kelleher, Behavioral Health Medical Director of Montefiore Nyack @ Il Fresco @ 12:30pm
 - b. Friday, May 1, 2020 @ Il Fresco @ 12:30pm
-

NEWS FROM ORANGE REGIONAL MEDICAL CENTER:

3/8/2020

Ulrick Vieux DO, MS

Chairman-Department of Psychiatry-Orange Regional Medical Center

Psychiatry Residency Program Director- Orange Regional Medical Center



It is a surreal feeling as we close our 6th recruitment season and prepare to graduate our 2nd psychiatry residency class. Time really flies when you are having fun! I often say to potential residents and attending's that the greatest asset that Orange Regional Medical Center has to offer the community is the staff itself. Case in point, I am currently enrolled in the "Psychology of Leadership" certificate program from my alma mater Cornell University. One of the key objectives of the program, is understanding the concept of emotional contagion and how it is of immense importance that leaders understand this concept because our emotions affect our surroundings. The emotional contagion phenomenon is how our emotions and related behaviors can bring forth similar emotions and other behaviors in other people. These emotions can be shared across individuals in a myriad of ways and are both implicit and explicit in nature. Hence the benefit of working in an organization that takes this into account.

What does the concept of emotional contagion have to do with us specifically preparing graduating our second class and anticipating a successful match on March 16? The reality is that we are living in tumultuous times. Graduate medical education is facing unique set of challenges. This past week, I joined my fellow psychiatry residency program directors in Dallas for our yearly AADPRT (American Association of Directors of Psychiatric Residency Training) meeting. While in Dallas experiencing the start of the Coronavirus disease spread in the United States as a group we needed to address how this would affect our patients, residents and related staff. The anxiety that such a situation presents is palpable. Add this with the stress of reviewing and then offering spots to an increasing number of competitive applicants for residency positions that are not increasing, dealing with the resident who may have looked great in paper and interviewed well but went into the specialty for the wrong reasons, reality of

the scarcity of funding, and unrealistic expectations that Chairman/woman may have for your program it is no wonder that the role of the psychiatry residency program director is one that traditionally has a short half-life. A running joke that seasoned program directors say to incoming program directors is congratulations on your new position now you need to start grooming your replacement! With that said and all jokes aside my role as a program director has been by far one of the most satisfying roles that I have ever had. It reminds of a saying that my father, who is a Radiologist, would say to me and my two younger brothers when we were growing up and he was reviewing our latest report cards. "Son, I do not want you to have a job, but I want you to have a career. I love Radiology because I found my passion and the salary that I make is a bonus. Whatever you do be passionate and enjoy it. No excuses, no backward steps and no shortcuts. Because you're a sum of your experiences." - wisdom from my father that has carried me throughout my choices professionally and personally.

We do not have concrete answers on how many things in life will turn out, we do not know if the recent change of USMLE Step 1 to a pass/fail exam will accomplish its goal. As the autonomy of physicians seems to diminish but yet our responsibility increases and current and future physicians are faced with challenges that prior generations never had to encounter- this changing landscape will bring forth opportunities never before imagined for those who are able to stop.... reflect.....shed light to blind spots....adapt. Be in tune with our emotions, own them and believe in ourselves and each other. We were built for these challenges.

Resident's Column: Food for the Soul

Suhal Shah, PGY-2, Orange Regional Medical Center



I could have gone anywhere I wanted for my vacation, maybe a cruise to the Bahamas or another trip to Disney World with my best friend. I was feeling burned out from the constant pressure to conform between the ever-dynamic instability of our healthcare system and challenges of residency. Between the struggles to balance who I am expected to be versus who I want to become as a physician, I was feeling lost. I needed an escape and my heart lead me back to my ancestral home in Gujarat, India. There were 2 components to this trip. The first part entailed reconnecting with my roots, my family, and my culture, pieces of my identity that was quietly tucked away during my years of training. The second part of this trip gave me a glimpse of practicing medicine in rural India. That experience in combination with skills obtained in residency allowed me tap into my passion to educate students studying at the local hospital.

Part 1: My roots, my family, my culture

Family means everything in the Indian culture. During my journey through medicine, I lost touch with a large chunk of my relatives in India. The last time I visited India was 2012. Since then, family members have gotten married, had kids, or passed away. There were family members I had never met until now, and some I'll never see again. But when you touch down in India, everyone makes you feel like you've never left home. It was so easy to reconnect with my family, making new and lasting memories despite sometimes only having a few hours to spend in all my rush to be able to meet everyone. Even neighbors and complete strangers treat you like family and rush over to help if you're in a bind. Life in India is so different where wealth is not in how much money you have but in the strength of your family bonds.

I would awaken in the mornings to the sound of roosters and would come down at my usual hour to make myself a cup of chai. I would quietly slip out to the front porch with my piping hot mug, taking my usual seat on the porch swing. Everyone in India has a porch swing. As I gently swayed back and forth, I would close my eyes, my senses keen in this different yet oddly familiar land. I would hear the birds chirping and the wild pigs squealing. The goats and cows slowly trot along the road, looking for leftover scraps of food. I would hear scooters roaring by, honking their horns to let pedestrians know to move aside. I hear the neighbors begin to open their front doors, allowing sunlight and fresh air to fill their homes. I smell the burning firewood from around the corner mixed with hints of essence as people finish up their morning poojas. Echoing in the distance was the sound of running water as people prepare for morning baths. I see little girls with their hair neatly braided and little boys playfully shoving each other as they walk down the street to school with their oversized backpacks. I hear the clanking of the pots and pans as my grandmother put away dry dishes and my aunt cooked up a breakfast cake, a special treat for me. My attention turned to the cup of chai between my hands, then a bit cooler to be able to sip. The warmth of black tea, laden with fresh spices and herbs, especially that of mint and lemongrass my grandmother freshly cut from her garden warmed me from the inside out. I tightly held my cup of chai and thought to myself the sense of gratitude for that moment

of peace, which I had not felt in years. Now, I am not the type of person who can sit and meditate. But there was something to be said about finding tranquility in immersing yourself in a completely different culture and society.

I was able to enjoy and partake in the simplicities of life. My grandmother and I would walk to the market square around 11am, and she knew just about everyone in town. Our first stop was her temple where she would routinely ascend the stairs, make her usual round to each deity, and descend back down. We would then walk further down the street to where all the vendors laid out their exotic fruits and vegetables that were just hand-picked that morning. My grandmother would spoil me, buying me guavas and sapodillas every day so I could snack on them in the afternoon. We would then return home, winding around the quiet, narrow streets where we would then sit on the swing and cut all the vegetables to later make lunch and dinner. In the evenings, my aunt would come home from work and we would walk down to the banks of the Tapi River. The government built a beautiful garden at the banks where you would see all the village children laughing, running around, and playing at the playground. My aunt and I would walk down to the walking track and make a few rounds until it was time to pause and take in the sunset along the banks. Never have I had the luxury of just stopping to enjoy such breathtaking beauty.

Part 2: Re-igniting my passions

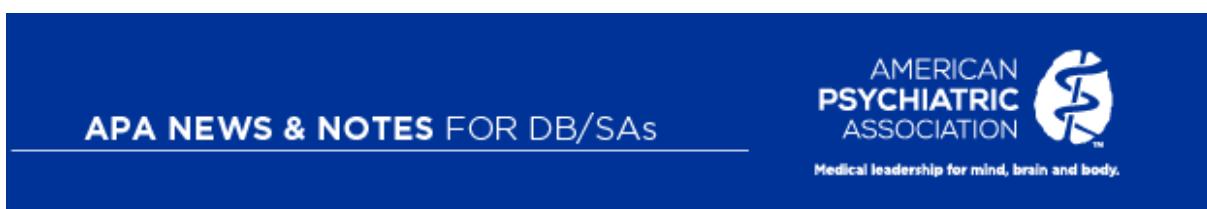
A major part of my trip to India consisted of volunteering at Tejas Eye Hospital run by the Divyajyoti Trust in the rural village of Mandvi, Gujarat. The hospital started an optometry college a few years back and part of their curriculum included didactics on mental illness, so I offered to fill in for those lectures. Teaching has always been my passion, and I wanted the opportunity to teach without any strings attached, just purely in the name of service. I was only prepared to teach for about 4 hours, but this turned into a 9 hours lecture series spread over 4 days which covered basic psychology, psychiatric diagnoses, real-life application for optometrists, principles of supportive patient counseling, and student mental health. My ultimate goal was to impress upon my students that they had the power to make a difference in the lives of their patients. There is an astonishing gap in India for mental health providers, more so than the United States. Health literacy is so poor that most villagers do not even know what a psychiatrist or therapist do. I researched as much as I could to impress upon my students that mental health needs to be addressed by every healthcare worker and what they can do to help patients. It was quite a challenge to summarize such vast topics into just a few hours but that wasn't my only challenge. Because most of my students were from disadvantaged backgrounds, a majority did not speak or understand fluent English. Hence, I had to switch from teaching in English to teaching in my mother tongue of Gujarati, which is something that was extremely difficult given I have a very thick accent with little practice conversing in the US and the absence of Gujarati words for terms such as depression. Despite these challenges, I found myself translating descriptions around

such words as I was determined to help break the stigma surrounding mental illness. For the last few classes, I wanted my students to practice counseling patients and learning to apply what I've been teaching them so my lessons surrounded the concept of empathy. We held a workshop where they broke up into groups to work on cases and then act out how they would handle each scenario, whether it be a depressed patient who came in for a regular eye check up or angry family members in denial over their child's irreversible blindness. We then switched gears to discuss concepts of self-care and care for their own mental health while they are in school. My students ranged from 17-23 years old, and for many of them, this school was an opportunity to eventually help provide for their families. What I wasn't prepared for were the personal questions. Students asking me about what to do if their sibling had an addiction or their parent had an anxiety disorder. Luckily, I was able to refer them to people at the hospital that could provide them with resources. I can only hope that they can utilize what I taught them to teach others and empathize with their patients.

I was fortunate enough to have the opportunity of joining the community outreach team from Tejas Eye Hospital in visiting some of the surrounding tribal areas to check in with patients at their homes. This population has a very low literacy rate and struggle with poverty. Their homes are built from mud, and most try surviving off farming. Most do not trust doctors, but as more and more people hear of all the help they can receive at the hospital, many of the tribal members agree to be evaluated. On this particular day, the goal was to check in on post-op patients and their families to see if patients were re-assimilating. It was also a social visit, to keep the relationship with the family and tribal communities intact. They would welcome us into their homes with open arms, pulling out chairs for us to sit on and offering us chai and food, even if they didn't have much for themselves. I met a farmer who had irreversible blindness but learned how to continue tending to his fields despite his disability. He expressed concern for his wife and grandson who were sitting outside around a fire, covered with what seemed to be chickenpox. Luckily, the outreach coordinator was able to convince the family to seek treatment and accept referrals from the hospital. We followed up with another family where we discovered that another member was starting to have vision problems. Because the husband was able to regain his vision with cataract surgery, the family was easily convinced to bring his wife in for an evaluation as well. Next they brought me to visit a satellite facility they use to diagnose patients in farther tribal areas. This one-room office consisted of ophthalmology equipment and a technician who operated it. The ophthalmologist, however, utilized telemedicine to diagnose the patient from the main campus. I was amazed that in this rural corner of the world, telemedicine was being utilized in such a fascinating and innovative manner. Afterwards, we visited a government facility that houses various specialties depending on the day of the month. I met the medical director who explained that they have 1 psychiatrist visit twice per month. And in those 2 days, he will see around 300 patients. They expressed the need for psychiatrists in the community and how little time a psychiatrist has in addressing mental illness. I asked about psychotherapy but that seemed to be unheard of in that area. Lastly, I ended the day with visiting a hostel which is also sponsored by Tejas Eye Hospital. They

provide housing for blind children from the surrounding tribal communities to ensure they have regular meals, school supplies, and clothing while they attend regular village schooling. They are taught extracurricular activities such as singing, playing musical instruments, and learning to read braille at this hostel. I went to visit these students during my trip. I brought them backpacks and candy from the US, so to express their gratitude, these beautiful souls put on a talent show for me to exemplify their strength and resiliency. It was such a great way to end this inspiring day. I only wish I could have done more for them.

This trip could not be described any less than food for my soul. I got to do what I loved and spent time with people I haven't spoken to in years. I now know that I can make a difference and once residency and fellowship are through, I hope I can return to this beautiful land. I want to be able to design my own sustainable model and create a community outreach program there someday as well as continue teaching. I think I left a piece of my heart and soul back in India, so I'll make sure it's not another 8 years before I visit again.



• **News and Notes for APA District Branches/State Associations**
March 2020

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 jcartt@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

- Vivian Pender, M.D., won the race for President-Elect during the 2020 APA Election. Dr. Pender's term as President-Elect will begin at the conclusion of the



APA Annual Meeting in Philadelphia, when current President-Elect Jeffrey Geller, M.D., begins his one-year term as APA President. You can read more about Dr. Pender's election and her priorities for her term [here](#), and view the full results of the 2020 APA Election [here](#). Election results become official at the conclusion of the March Board of Trustees meeting.

- A news report in February brought to light that the therapy records of children detained by immigration officials were being used against them in deportation cases by Immigration and Customs Enforcement. APA issued a statement condemning this unethical practice and called on the government to immediately end it. APA's full statement is available [here](#).

Course of the Month – Highs and Lows: Clinical Pearls and Lessons Learned in the Outpatient Management of Geriatric Bipolar Disorder

This course reviews guidelines for the treatment of aging patients with bipolar disorder. It will cover several challenging and complicated cases of geriatric bipolar disorder treated in an interdisciplinary outpatient clinic. Among other topics, it will explore the management of traditional mood stabilizers and associated symptoms of subtle toxicity in the context of medical co-morbidity and aging.

<http://apapsy.ch/mbr-mar20>

Featured Course for Members: A Comprehensive Framework for the Office Evaluation of Neurocognitive Disorders

A thorough assessment of neurocognitive disorders requires in-depth knowledge of not only psychiatry but also several aspects of geriatric medicine, neurology, neuroimaging and even medical ethics. During this course, participants will learn a practical six-step approach for the efficient evaluation of patients with cognitive complaints in the office, illustrated by real cases.

http://apapsy.ch/framework_ncd

What Is APA Doing for You at State and National Levels?

Learn about APA's advocacy activities in Washington, D.C., and in state capitals to shape policies that advance psychiatry and promote the highest quality of care.

<https://www.psychiatry.org/psychiatrists/advocacy/february-2020-advocacy-update>

Buprenorphine Prescriber Training

APA offers free and premium training for medication-assisted treatment (MAT) that meet the requirements of the Drug Addiction Treatment Act of 2000. Completion will allow qualified physicians to apply for a waiver to their Drug Enforcement Administration license, and thus to provide office-based treatment of opioid use disorder with buprenorphine. View book-based, online, and in-person training activities, as well as free CME-accredited webinars on MAT offered through APA and our partner organizations, at psychiatry.org/mat.

Call for Applications to Join the 2020–2021 Editorial Board

The *American Journal of Psychiatry—Residents' Journal* is now accepting applications from APA Resident-Fellow Members to join the 2020–2021 Editorial Board. Learn more and apply by March 15, 2020.

<https://ajp.psychiatryonline.org/doi/10.1176/appi.ajp-rj.2019.150215>

Hey Alexa! Play My Psychiatric News Brief!

A new episode of Psychiatric News Alert, *Pain and Cannabis Use Disorder*, is now available on Alexa. The episode is also on the *Psychiatric News* home page and the journal article page associated with the alert.

<https://ajp.psychiatryonline.org/doi/10.1176/appi.ajp.2019.19030284>

Free Risk Management Courses from APA, Inc.

American Professional Agency, Inc., APA's endorsed medical liability carrier, offers almost a dozen risk management courses with AMA PRA Category Credit™, which are available free to members at www.psychiatry.org/risk.

PART-TIME PRACTICE? PAY PART-TIME RATES

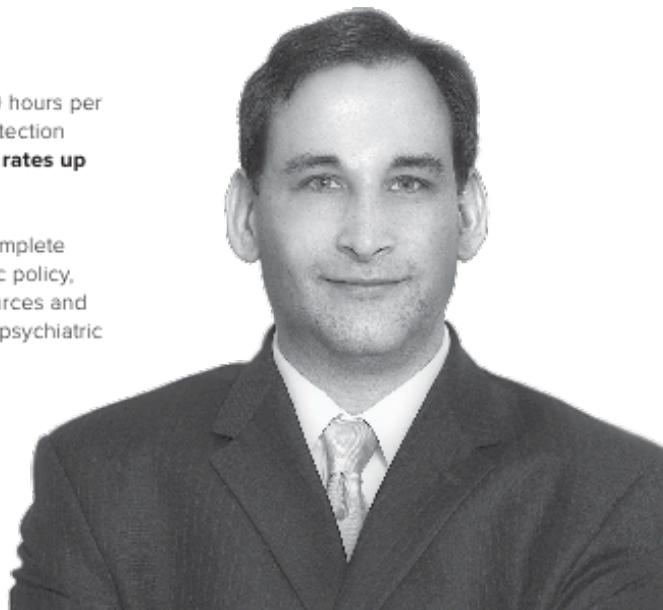


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CORRESPONDENCE, EVENTS, ANNOUNCEMENTS AND ADS

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 CONSULTATION

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/qbp3bwczqt18dq/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 member 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/S_1_0_9_2_8_5_2_9_1_9_0_0_1_1_9_6_a_.p_d_f/_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. J Flax, MD

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 writes to inform our readers of this very useful resource.

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.

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.
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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.



Ed Day, County Executive

Behavioral Health Resource Card

Don't Wait! Reach Out! Make the Call!

EMERGENCY SERVICES

If you need help with:

- Immediate assistance:** Call 911 or proceed to the nearest emergency room.
- Mobile Crisis Response:** Behavioral Health Response Team (BHRT), 24/7 availability. 845-517-0400
- Suicide Prevention Lifeline:** 24/7 hotline, 1-800-273-8255
- Crisis Text Line:** Text GOT5 to 741741
- Domestic violence, sexual assault and all crimes help:** Center for Safety & Change, 24/7 Hotline, 845-634-3344
- Alcoholism/Drug Abuse:** NY HOPELine, 24/7 hotline, 1-877-846-7369
- Veterans Crisis Line:** 24/7 hotline, 1-800-273-8255
- Short term respite for adults:** Take Five Respite Program, 24/7 hotline, 845-825-0482
- Safe Haven:** An overnight warming center in Pomona providing temporary, overnight shelter to men and women 18 years of age or older, from November 1 to April 30. Call DSS Housing Unit 845-364-3150 for information.

CLINIC AND PROGRAM SERVICES

Mental Health Services

Achieve Behavioral Health, A Division of Bikur Cholim	845-425-5252	(Monsey)
Cornerstone	845-999-3060	(New City)
Frawley Clinic	845-368-5222	(Suffern)
Jawonio	845-708-2000	(New Hempstead)
Mental Health Association	845-267-2172	(Valley Cottage)
Mental Health Association of Westchester	914-345-0700 ext. 7350	(Nyack, Haverstraw)
Orangeburg Service Center	845-398-7050	(Orangeburg)
RCDMH Pomona Clinic	845-364-2150	(Pomona)
VCS Mental Health Clinic	845-634-5729	(New City)

Substance Use Disorder Services: Inpatient Detox & Rehab

Good Samaritan Hospital	845-368-5242	(Suffern)
Montefiore Nyack Hospital	845-348-2072	(Nyack)
Russell E. Blaisdell ATC	845-359-8500	(Orangeburg)

Substance Use Disorder Services: Outpatient

Achieve Behavioral Health, A Division of Bikur Cholim	845-425-5252	(Monsey)
Lexington Center	845-369-9701	(Valley Cottage, West Haverstraw, Armonk)
Mental Health Association	845-267-2172x205	(Valley Cottage)

Montefiore Nyack Hospital 845-348-2070 (Nyack)

Samaritan Daytop Village 845-353-2730 (Blauvelt)

CLINIC AND PROGRAM SERVICES (Cont'd)

Substance Use Disorder Services: Prevention

CANDLE	845-634-6677	(New City)
Haverstraw Center	845-429-5731	(Haverstraw)
RCADD	845-215-9788	(Nanuet)

RESOURCE HELPLINE

MHA Client & Family Advocate: 845-267-2172, x 296
St. Dominic's Family Services Resource Line: 1-844-418-5618

WHO DO YOU CALL IF?

- You suspect your teen is using alcohol or drugs call **Teen Intervene at Haverstraw Center** or **RCADD** (listed above).
- You are concerned about an individual age 18 or over who can't provide for their basic needs and have no one willing or able to help in a reasonable manner. **Protective Services for Adults** 845-364-3571 for an assessment, 9AM - 5PM.
- You need information on all health and human services programs, call **211, Hudson Valley Region 2-1-1**.
- You need support and education for families in the mental health system. **NAMI Rockland Helpline** 845-359-8787.
- You need information on long term services and supports for all ages/disabilities. **NY Connects** 845-364-3444.

COUNTY RESOURCES

Emergency Housing

Daytime: 845-364-3150 After Hours: 845-638-5400

Department of Mental Health

Main Number: 845-364-2378

Assisted Outpatient Treatment: 845-364-3691. For individuals with a history of mental illness and noncompliance with treatment/medications who may benefit from court ordered outpatient treatment.

Single Point of Access - Adult SPOA: 845-364-2399. For adults with serious mental illness who need case management or housing.

Child and Adolescent SPOA: 845-364-2275. For children with serious emotional disturbance who need case management services.

Veterans Service Agency

845-638-5244

For assistance in obtaining and maintaining veteran's benefits.

OTHER RESOURCES

Intellectual & Developmental Disabilities Services: Hudson Valley Developmental Disabilities Regional Office, Community Support Team: 845-947-6390.

ACCES-VR (Vocational Rehabilitation): Assisting individuals with disabilities to achieve and maintain employment and to support independent living. 845-426-5410.

Helping Hands for the Homeless of Rockland: 845-356-0100

Partnership for Safe Youth: 845-405-4180

This list is not all inclusive. To find out about additional services go to the **RCDMH Website:** <http://rocklandsgov.com/departments/mental-health/>

5/1/19

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	

Circle one:

VISA MASTERCARD AMEX DISCOVER

I hereby authorize the charging of my credit card.

Account #: _____

Three or four digit number following account number that appears on signature bar on reverse side of credit card:

Expiration Date: _____

Signature: _____

Please make checks payable to NYSP-PAC.

Checks can be mailed to:

NYS-PAC, 400 Garden City Plaza, Ste. 202, Garden City, NY 11530