



West Hudson Psychiatric Society

*Serving Rockland, Orange Sullivan & Delaware Counties
of New York State*

eSynapse July 2020

EDITOR'S COMMENTS

James Flax, MD, MPH, DLFAPA

Dr. Kroplick has penned an article on the myriad ways you can become involved in helping during this time of crisis in our country. Dr. Vieux presented a webinar addressing historical trauma that is available on our website. Please see his introduction and links below. Our WHPS president, Laura Antar, MD, PhD penned a very thoughtful essay on silence linking it to our times. There is a thoughtful essay by Dr. Blessin, a Garnet Health psychiatric resident, Please scroll all the way to the end to see it all including ads for two offices available in Rockland County. 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.

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.

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. All members are welcome.

Next Executive Council Virtual Zoom Meetings
Friday July 17 & Friday August 21 - PROMPTLY at 12:30
Please contact Liz Burnich (westhudsonpsych@gmail.com) for a Zoom invitation
if you would like to attend.

Dr. Vieux asked that I include the following press release from the APA and I readily agreed. He noted that many people were dismayed by the initial response that APA had to the killing of George Floyd and actively advocated for a more robust response. For another perspective on the APA, please read the article by Dr. Ruth Shim (following the press release) about her experiences of systemic racism within the APA, prompting her to leave the organization. (Of note, Dr. Vieux was a mentor to Sarah Vinson, one of the consultants on the article by Dr. Shim.)

I personally value working in our local organization to contribute to the WHPS and our local society. See the letters from Dr. Bark below for examples of many of the things our district branch has been doing. As a white male from a relatively privileged background I did not have the experiences of racism described by Dr. Shim, in spite of being a minority of 3 in my high school of 670. I do remember feeling an outsider in an Old Boy's Club when first attending national APA meetings and NYSPA meetings. The local district branch was far more welcoming. I hope it is even more so as our membership has become more diversified. I welcome your comments on the articles, the APA, systemic racism, suggestions to reduce racism in our district branch, to increase our diversity & inclusion or any other timely contributions.

APA Condemns Racism in All Forms, Calls for End to Racial Inequalities in U.S.

WASHINGTON, D.C., June 1, 2020 – The American Psychiatric Association (APA) today issued the following statements in response to demonstrations across the nation in response to police brutality and the institutional racism that is being brought to the forefront.

“The unrest playing out in cities across America is a reaction to the racism that has scarred this country for centuries and never been properly addressed,” said APA President Jeffrey Geller, M.D., M.P.H. “The demonstrations are a result of racism against Black people that has gone unchecked—and at times has been fostered by leaders of this country. APA will not stand for racism against Black Americans.

“The horrific death of George Floyd has affected the mental well-being of everyone who has witnessed this senseless tragedy. When Americans are already suffering under the emotional toll of COVID-19, this blatant act of police brutality threatens to undermine the sense of stability of so many Americans,” Geller said.

The APA calls upon authorities in Minneapolis to prosecute the officer who caused George Floyd’s death, as well as the other officers involved, to the fullest extent allowed by law. Justice in this case will be just one step in the healing process of this country.

The APA Board of Trustees has a long history of condemning police brutality, including two policy statements passed in 2018, [condemning racism](#) and [police brutality](#).

“The civil unrest taking place in America is a call to action to all Americans to address the longstanding racial inequalities facing the Black community,” said APA CEO and Medical Director Saul Levin, M.D., M.P.A. “Centuries of systemic and institutional racism toward Black Americans has led to decreased access to health care and multiple adverse health outcomes—as recently seen during the COVID-19 pandemic—in addition to anxiety and lower life-expectancy. We need to fight racial inequalities and discrimination that are life-threatening to so many Black Americans. APA stands with the Black Community and all those opposed to racism to protect and improve the lives of the those who have experienced discrimination and the associated trauma.”

The APA believes that all forms of racism and racial discrimination affect mental health and well-being and negatively impact the nation as a whole. We must fight racism in all its forms, embracing multiculturalism, diversity, and greater inclusion.

The APA stresses that anyone who is suffering trauma because of the death of George Floyd, or the civil unrest ongoing in America or health inequalities, to seek psychiatric treatment. Our members are standing by to help.

American Psychiatric Association

The American Psychiatric Association, founded in 1844, is the oldest medical association in the country. The APA is also the largest psychiatric association in the world with more than 38,800 physician members specializing in the diagnosis, treatment, prevention and research of mental illnesses. APA's vision is to ensure access to quality psychiatric diagnosis and treatment. For more information please visit www.psychiatry.org.

Structural racism is why I'm leaving organized psychiatry

Ruth S. Shim July 1, 2020

https://www.statnews.com/2020/07/01/structural-racism-is-why-im-leaving-organized-psychiatry/?utm_source=STAT+Newsletters&utm_campaign=03ff66e55a-Daily_Recap&utm_medium=email&utm_term=0_8cab1d7961-03ff66e55a-152567021



The killings of George Floyd, Ahmaud Arbery, Breonna Taylor, and so many others are leading many Americans to reflect on structural racism in society and resolve to do things differently. They have led me to make the difficult decision to end my

membership with organized psychiatry, specifically the American Psychiatric Association.

After years of committing myself to the APA and believing that organized psychiatry was an effective vehicle by which progress could be made, racism is driving me and other Black physician leaders out of organized psychiatry, just as it has pushed Black physician leaders [out of academic medicine](#).

As a physician, I grew up in the APA. During my residency, I was selected to receive the APA/GlaxoSmithKline Fellowship (now known as the APA/American Psychiatric Association Foundation Leadership Fellowship). Its goal is “to prepare future leaders in the field of psychiatry.” I was delighted, and proud, until I read the press release bearing the headline that 10 residents had been awarded the fellowship. Yet only nine names were listed in the release. The name of the only Black person in the fellowship class, mine, [was left off](#). I was hurt but didn’t at the time feel the need to correct this “oversight,” and remained silent.

The fellowship itself exposed me to the many opportunities that the APA had to offer. I met important colleagues, mentors, and leaders with whom I still collaborate. In 2007, through the fellowship, I attended the APA’s annual meeting in San Diego. There, for the first time, I attended a Black psychiatrists’ caucus meeting and heard the pain and frustration of my colleagues, who were deeply committed to organized psychiatry but felt strongly that organized psychiatry did not have the same commitment toward them or their patients.

At that meeting I learned that Black psychiatrists had stormed the APA board of trustees meeting in 1969, demanding racial equity. One year later, a [collection of seven articles on racism](#) appeared in the American Journal of Psychiatry (pages 787 to 818) and included [clear recommendations](#) for white psychiatrists “to become increasingly aware of how their everyday practices continue to perpetuate institutional white racism in psychiatry and to support the search for realistic solutions,” and to make available “the necessary resources of money, manpower, and authority — and not just in the current token amounts.”

Unfortunately, these recommendations were not followed in any significant way, despite the fact that they are still as relevant today as they were 50 years ago. I left the APA’s 2007 meeting vowing to continue to fight for racial equity from within the organization.

Over the next few years, as a junior faculty member, I dedicated myself to this effort. I submitted abstracts on topics related to improving outcomes for minority populations with serious mental illnesses. I was careful, though, in how I presented these issues in submissions to the APA’s annual meeting scientific program committee. I hid my interest in “minority issues” through coded language such as health disparities and social determinants of mental health. Many times, despite my great efforts to make my interests more “palatable” to a wide audience, these submissions were rejected.

I found acceptance with the Institute on Psychiatric Services (IPS), APA's [smaller fall meeting](#), which is marketed for public-sector psychiatrists — those who primarily care for poor patients of color. I began to incorporate discussions about discrimination in psychiatry into my submissions for this meeting. Presentations that were routinely rejected for the APA's annual meetings were often accepted and well-received at IPS meetings.

I was grateful to have the IPS as an outlet to grapple with complex issues of structural racism in psychiatry. Sadly, prominent APA leaders have expressed concern that IPS unfairly caters to one group of the APA — public-sector psychiatrists — and have explored the financial viability of continuing the IPS meeting.

My direct interactions with APA leaders made me wonder about gaslighting. I often questioned whether unwritten policies were deliberate attempts to impede progress toward achieving racial equity. As co-chair of the 2018 [Workgroup on the Future of the IPS Meeting](#), I and other members of the group volunteered extensive time to develop six recommendations to ensure the financial and logistical stability of future meetings, only to be left doubting if any of these recommendations were ever realistically considered. For the first time in my career, no IPS meeting was scheduled for fall 2020, a decision made long before the emergence of Covid-19.

I have also experienced countless microaggressions. APA leaders have confused me with other Black women psychiatrists bearing no resemblance to me, interrupted one-on-one conversations I was engaged in without acknowledging my presence to speak with the white man I was conversing with, and have “accidentally forgotten” to acknowledge me when publicly recognizing members for their service to the organization. In each instance, I remained silent. I did not want to make a big deal out of something that seemed so small.

Over time, I achieved some leadership roles in the APA. I am a distinguished fellow of the APA and served several terms on the IPS's scientific program committee. I am a member of the editorial boards of [APA Publishing](#) and the journal [Psychiatric Services](#). I have gained much from these experiences, especially under the excellent leadership of these publications' editors-in-chief. I participate in the [APA Mentoring Program](#), although curiously I have never been paired with a Black resident, despite firsthand knowledge of how essential this type of early connection is to career development. I encourage residents to apply for the [APA/APAF Substance Abuse and Mental Health Services Administration Minority Fellowship](#), even as the APA has quietly instituted unwritten policies that race and ethnicity cannot be considered in selecting minority fellowship recipients, and despite there being no federal mandates that uphold this policy.

These practices have the subtle effect of making it more difficult for psychiatry residents who are underrepresented in medicine to receive these fellowships, although I can't point to any verifiable evidence available to support this suspicion, leaving me again to question whether I am being gaslighted.

Although the discrimination I have personally experienced is a problem, the real issue is structural racism, which the [Aspen Institute defines](#) as “a system in which public policies, institutional practices, cultural representations, and other norms work in various, often reinforcing ways to perpetuate racial group inequity.”

Organized psychiatry has repeatedly refused to examine its contributions to this system. It has not prioritized the needs of minority patients, especially Black patients. In our mental health system, people of color are overrepresented, misdiagnosed, and mistreated, and organized psychiatry has no plan to guide the correction of these well-studied and long-standing inequities.

Although there is adequate representation of Black psychiatrists on the APA’s board of trustees, there are no people of color on the [executive committee of the board of trustees](#), the highest level of leadership in the organization. The organization’s most critical leadership position for undoing structural racism in psychiatry — the director of the division of diversity and health equity — has been vacant for more than a year.

Attempts to give voice to psychiatrists who are underrepresented in medicine resulted in the creation of an elected minority and underrepresented trustee who serves on the APA board of trustees. Unfortunately, the APA has expanded the concept of underrepresented in medicine beyond the [traditional definition of the Association of American Medical Colleges](#) to include women and international medical graduates, groups not traditionally underrepresented in psychiatry. The end result is that all identity groups that are not heterosexual white males are pitted against each other to vie for representation and voice in leadership.

Common arguments for lack of appropriate representation in leadership include low numbers of qualified Black psychiatrists and other psychiatrists of color. Yet when Dr. Altha Stewart became president of the APA in May 2018 — the [only Black president](#) in the organization’s 176-year history — she appointed many psychiatrists of color to prominent leadership positions throughout the organization.

Sadly, these gains did not persist once her one-year term ended, so recent [public statements](#) and [town hall events](#) about the APA’s commitment to ending structural racism seem disingenuous.

I will miss the aspects of my professional identity that were forged in organized psychiatry, but I look forward to a time in the future when APA leadership truly understands that the structural racism that pervades the organization must be dismantled. There are clear steps that can be taken. A reasonable plan was [eloquently articulated 50 years ago](#) in the organization’s flagship journal.

What is needed now is financial commitment, coupled with accountability, to implement action to begin to systematically dismantle structural racism in organized psychiatry. I have decided, however, that I can no longer fight this battle. I choose to devote my time and loyalty to organizations that share my values and my commitment to achieving racial equity. Even so, I look forward to the day when I can return to the

organization that I grew up in and owe so much to — after I am assured it has made significant progress in addressing systemic racism.

I have been afraid to speak out because of a fear of what it might mean for my career, but I can no longer be silent. My colleagues of all races, ethnicities, and identities have inspired me to use my voice to effect change. I often use [this quote from poet and activist Audre Lorde](#) in presentations, but I realize today that I also need to live by it: “When we speak, we are afraid our words will not be heard or welcomed. But when we are silent, we are still afraid. So it is better to speak.”

Ruth S. Shim is a physician, director of cultural psychiatry, and professor of clinical psychiatry in the Department of Psychiatry and Behavioral Sciences at the University of California, Davis. She would like to acknowledge helpful feedback and support from Sarah Vinson, Altha Stewart, and Annelle Primm in writing this essay.

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.

June, 2020

To the editor of Synapse

First congratulations Jim on the new look of Synapse. But it not only looks good. It is good.

Second, Laura, that is a wonderful President's column in the May eSynapse: very interesting and moving. But more important is what it reflects: what you and many, many members of WHPS are doing, under your leadership, for the community in this difficult time: organizing help for health care workers, providing pro bono services for those in need, and (it didn't get into Synapse yet) facilitating Ulrich's talk on dealing with stress from George Floyd's death available to 10,000 people.

Third Bisundev Mahato's very interesting resident's column extends the 'community' worldwide.

When I was president of WHPS I saw what wonderful things members were doing for the community and for psychiatry and I wanted them to be acknowledged – and they were by the Assembly of the APA giving WHPS its District Branch Best Practice Award in 2018. I don't know how we can acknowledge the incredible response of members to the COVID crisis but I want to mention some of the things members have been doing over and above their continuing to treat patients under difficult circumstances.

Laura Antar and Lois Kroplick co-authored "How To Cope With Anxiety During the Coronavirus Crisis" and "How To Cope With Social Isolation During The Coronavirus Crisis", published in April's eSynapse and widely distributed. They also moderate a weekly Process Group for ORMC (Garnet Health) healthcare workers which has been going well and set up a similar group at Nyack Hospital which continues with in-hospital leaders. WHPS members offer support to NAMI and DBSA.

Many members volunteered to see patients who are frontline personnel or those who are directly affected by the Coronavirus who do not have insurance or who cannot get an appointment, pro bono for 5 sessions. Several members volunteered to be interviewed on the Pete Clemental Radio Show (WRCR) on dealing with COVID-19 anxiety and other issues. Some also volunteered for the OMH Emotional Support Helpline.

Bisundev Mahato was part of a panel discussion surrounding COVID19, entitled "Coronavirus (COVID19): Social/Economic/Mental Health Impact & Support," that was broadcast live on Facebook, and viewed by over twelve thousand people, mainly Nepalese!

Ulrich Vieux shared his expertise with a powerful and healing presentation addressing the other crisis we are in, in memory of George Floyd, entitled "The Fire this time: effective management in confronting the sequelae of

unresolved historical trauma” an online Zoom presentation available to up to 10,000 people.

I apologize if I am missing other contributions from members in these difficult times.

And I must mention the fantastic work Liz Burnich, our executive secretary, has been doing organizing and publicizing all these things.

President’s Column: Silence



Laura Antar, MD, PhD

Silence

Silence is like a tarot card. Once it is perceived, you can project onto it any meaning, but rarely no meaning.

I was taught in residency to hold silence; by allowing pauses, a great deal arises. I find this to be true, but something only my healthiest of patients can actually tolerate. It is something to build gradually in a maturing relationship or practice. If it is hard for us as psychiatrists to tolerate, what do patients in distress experience? I have had many patients run from therapy because they found the silence of the therapist too painful, senseless, boring, malicious, expensive. Only with my healthier patients do I use silence as an exploratory tool. I actually teach “mastering time” with my patients who have social anxiety. This involves making a statement, or letting someone else make a statement, and then counting slowly three beats before answering. This is because it is so important to be able to navigate silence and all that negative space it represents. Much like the picture of the profiles that face each other creating a candelabrum, silence is the negative space that we do not always observe in the picture, that is yet always present in our work. It can even become the work itself, an interesting pursuit.

I assign silence regularly as “homework” to almost all patients in the form of asking them to start a mindfulness or concentrated meditation practice. I want them to cultivate the ability to be silent in themselves before they learn how to tolerate it in others, or in a therapist-patient relationship.

There are so many kinds of silence. Most of my agitated or depressed patients are tortured by their time in their heads and in silence. They use distraction (or sleep) or some kind of sedative (food, cigarettes, buying, gambling, drugs) to escape what intrudes on their most quiet times, which of course are not experienced as quiet times at all. This is why they need to be able to get off the “thought trains” and re-anchor themselves in their breath or their bodies. Learning to still the mind, or become mindful, is the first step to being able to tolerate being with ones’ self. So how do we use silence to be with others?

How do we know if our fellow humans are being silent because of apathy, solemnity or generativity? How do we know if our fellow is in a creative moment of silence, or receptive, or in a stone wall of defiant silence? Martin Luther King Jr. had said, “in the end we will remember not the words of our enemies, but the silence of our friends.” So, silence clearly can be kept in support or in defiance or it can be a betrayal. How can silence be used both to join or be divisive? How can it be both the tool of power, per Charles de Gaulle, “Silence is the ultimate weapon of power”, and yet be the symbol of the weak, too afraid to speak out, or silenced by their oppressor? How can it be that “the quieter you become the more you can hear,” while at the same time, we can be dumbfounded? How can silence be “golden” and, per Paul Simon, “like a cancer grow?”

It is the nature of silence to be interpretable, in these times of trouble, when the nation is not healthy, when we are so divided, we need to use our words. It is true that parents learn to use silence and lack of attention to curb bad behavior in children. It is very effective and keeps a parent from having to raise their voice. Silence, when recognized, is very powerful. But that kind of silence is existent in already cultivated and unconditional loving relationships. Similarly, there is a comfort you recognize in friendships that have deepened and with couples that have matured where you can be comfortably silent together. To give a person the “silent treatment” can be torture. Silence can reveal the more delicate differences in relationships and beliefs, but when trying to communicate, I think that the posture of silence as receptive listening is likely its most productive role, because the intention is clear. Likewise, the respectful, clear use of words for communication with each other is the primary role for generating understanding and acceptance (as much as possible) of others.

We might utilize ground rules designed for psychotherapy groups, to help countrymen learn how to exchange once again, without silencing each other, and communicate without requiring agreement. Such rules include: you must participate, you must keep the discourse respectful so that difficult topics can be brought up without injuring others, and yet be explored. Just as we use the notion that what happens in group is a microcosm of what happens in the world, we can lead our fellows so that what happens in group can happen in the rest of the country. Once we are

in a more healing environment, we can explore the very pregnant silences that exist in the spaces

between us.

OPPORTUNITIES TO HELP IN THE COVID-19 PANDEMIC

DR. LOIS KROPLICK

As the Chair of the WHPS Disaster Committee, I would like to share with you some of the opportunities where psychiatrists in our district branch can volunteer during this stressful time for millions of people in our nation and around the world.

The WHPS Executive Council has been receiving calls from NAMI for patients affected by COVID-19. The executive council has recommended to members who are interested to take on pro bono cases for free 5 sessions for any patients affected by COVID-19. I personally have taken on a few pro bono cases and found it to be very rewarding. If you are interested in taking on pro bono patients, please give your name to our executive director, Liz Burnich by emailing her at www.westhudsonpsych.org. or calling her at (845) 893-1920.

Another volunteer opportunity is doing a local radio show on WRRCR. As the medical expert, the host of the radio will ask you some basic questions about how to cope with the pandemic. It is a very low-key radio show. After I did the show, I felt proud of being able to give back to the community. If you are interested in participating in this local radio show please contact Liz Burnich, via email at [www.westhudsonpsych.org](mailto:liz@www.westhudsonpsych.org) or calling her at (845) 893- 1920.

The PHYSICIAN SUPPORT LINE, which was started March 2020 provides free, confidential peer to peer support for MD/DO navigating the Covid19 pandemic is another opportunity to volunteer your services. This support line is staffed by over 700 volunteer psychiatrists from across the country. Each week the volunteers sign up for a one-hour shift and one hour as a backup person.

The Physician Support Line has now expanded to include support on any subject that is relevant to physicians. The support line offers free physician to physician support (including medical students, residents and fellows). It also offers anonymity. The support line doesn't report to any institution and doesn't ask the caller to disclose any identifying information. The Physician Support Line offers weekly training sessions on various therapeutic modalities to train the volunteers for when they are answering the calls on the support line.

Every Saturday at 12 noon, there are free educational webinars given by esteemed psychiatrists and psychologists on topics related to the pandemic. These webinars have been excellent. Wednesday night at 8pm, there is a debriefing meeting where different cases are discussed. Some of the topics of the educational webinars have been, "Meeting the Coronavirus Challenge: Tools to Heal Mind, Body, Spirit and Community", Treating the Guilt and Shame of PTSD, Motivational interviewing, Mindfulness and Meditation, Understanding the Different Stages of a Disaster, CBT and DBT. Our president elect, Dr. Vieux, gave an excellent presentation on the topic of Stress Inoculation.

I look forward to the Saturday webinars as I know I will learn something that will help me to become a better psychiatrist in addition to helping me cope with the pandemic in my own personal life.

One of the most interesting webinars was given by Dr. Steven Reid, a retired neurosurgeon, who is the founder of a nonprofit group called Doctor Lifeline. The mission of this group is to help prevent physician suicide. Physicians have the highest rate of suicide among all professions. Male physicians have a 41% higher incidence of suicide than the general population. Women physicians have a 127% higher rate of suicide than the general population.

Dr. Reid spoke about different techniques that help patients develop a positive mindset. Two examples are keeping a gratitude journal and writing a letter to your future self. These exercises are called psychological immunization. As you practice these positive psychology exercises, you are training yourself to become more optimistic. Studies have shown that after 15 days of writing a gratitude journal, a person's mood was elevated for 6 months to up to one year. The purpose of writing a letter to your future self is to write statements about the positive aspects of your life and your career. When there are moments or days in your life when you feel depressed, it is strongly recommended that you take out the letter and read it as it will remind you of the positive aspects of your life and will help to elevate your mood.

Here is how the Physician Support Line works:

A physician (attending, resident, fellow or medical student) can call 1-888- 409-0141 between the hours of 8am and 1am ET 7 days a week and immediately gets connected to a US licensed psychiatrist to discuss any subject.

If you are interested in becoming a volunteer, please call or text Dr.

Monad Masood, DO- (919)-280--5856

Dr. Smita Gautam, DO-216-702-1012

Visit the website for information at www.physiciansupportline.com.

Volunteering on the Physician Support Line for the past 3 months, has helped to enrich my life both as a psychiatrist and as a person.

For the past 3 months, Dr. Laura Antar and I have run a group for the Attendings at Granit Hospital in Orange County, NY. A special thanks to Dr. Vieux for organizing this support group. I also want to thank Dr. Laura Antar, for co-leading this group with me. We start each group with a meditation, and then go around the room giving each physician time to speak about anything that is on their mind. I feel especially grateful to have the opportunity to run this group. The doctors who participate in this group feel it has helped them to have a place where they can express their feelings. It gives me a great feeling to see how much the physicians feel a sense of connection and support from each other.

In conclusion, I want to encourage everyone to volunteer in some way during this pandemic. When I reflect back on the different life experiences which have helped me to become both a better psychiatrist and person, volunteering is high on my list. Its so true that one of the best ways to be happy is to give back to others.

THE FIRE THIS TIME: EFFECTIVE MANAGEMENT IN CONFRONTING THE SEQUELAE OF UNRESOLVED HISTORICAL TRAUMA

<http://westhudsonpsych.org/presentations/>

Ulrick Vieux DO, MS

Chair- Department of Psychiatry- & Psychiatry Residency Program
Director- Garnet Health Medical Center (formerly Orange Regional
Medical Center



“In this fellowship I want you to operate above the identity of Republican or Democrat. I want politicians to come to you for the answers in healthcare from all political parties because you are the experts.”

This introductory statement from Barbara Ross-Lee, DO to my cohort class of 2015 in the OU-COM Osteopathic Health Policy Fellowship resonates today in our current landscape. Dr. Barbara Ross-Lee, the creator of this fellowship modeled after the prestigious Robert Wood Johnson Health Policy Fellowship in which Dr. Ross-Lee was the first Osteopathic physician to participate in, offered us an opportunity to see how healthcare is practiced in our country.

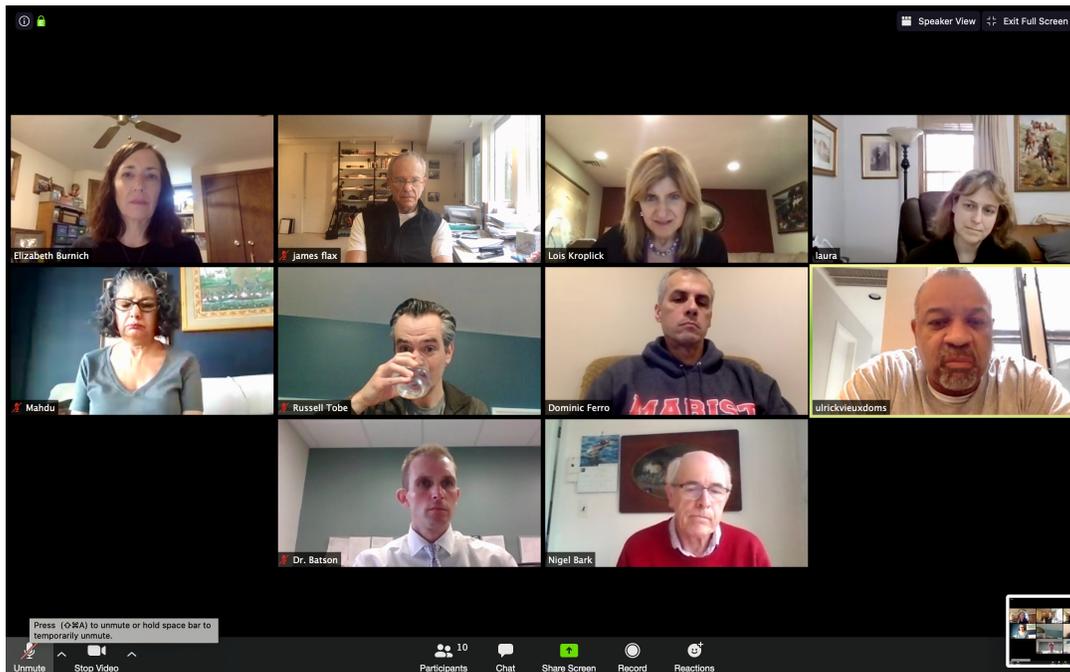
Monthly, my cohorts and I would visit different states with DO medical schools and see first hand how health policy was practiced. I remember fondly in our trip to Nevada speaking to two physician elected Republican politicians who had ran campaigns in opposition to the ACA but then stated how the ACA was providing new opportunities in the state. Often, I would study Dr. Barbara Ross-Lee (the older sister of singer Diana Ross) the first Black female medical school dean, a member of the National Institutes of Health's Advisor Committee on Research on Women's Health and a member of the National Advisory Committee on Rural Health of the U.S. Department of Health and Human Services- navigate in different settings effectively. Her words resonated as she was able to garner respect due to her integrity and intelligence.

Viewing Dr. Ross-Lee has a model- it is imperative that as we look at what is happening in our country we acknowledge where we have been, acknowledge the challenges and successes that we have and make a vow to reach the zenith of our human potential as a society. Courage and conviction to stay on the moral high ground and function in a manner of empathy and security is the essence to ensure our trajectory is one of success rather than abject failure.

https://www.youtube.com/watch?v=iPNuZs_Phio

or

<http://westhudsonpsych.org/presentations/>



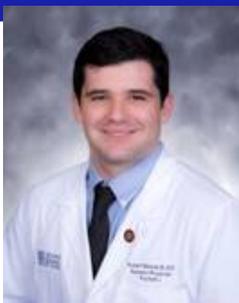
**WHPS Executive Council Meeting Minutes
Friday, June 19, 2020 @ 12:30pm
Virtual Zoom Meeting**

Minutes

Attendees Present: Laura Antar, Nigel Bark, Raj Mehta, Lois Kroplick, Dom Ferro, Jim Flax, Mona Begum, Nick Batson, Giselle Plata and Liz Burnich

1. Post Meeting recap for “The Fire This Time: Effective Management in Confronting the Sequelae of Unresolved Historical Trauma” Zoom presentation by WHPS President-Elect Ulrick Vieux, DO, MS on Sunday, June 14 at 5pm.
 - a. In line with WHPS President Laura Antar’s community outreach goal of her presidency and in light of the George Floyd tragedy added to the coronavirus crisis that our community is reeling from, Laura and Ulrick felt it would be important to offer a presentation to our members and community to help with the healing process.
 - b. We partnered with NAMI Rockland and promoted the presentation to our members, friends, colleagues, local government officials and local school educators. We had 68 attendees sign in to Zoom and we received very positive feedback.
 - c. Many thanks to Ulrick who dedicated so much time and energy to prepare this thoughtful, thought-provoking and powerful presentation!
2. WHPS Committee Platforms/Discussion:
 - a. Laura wants to make sure that committee chairs feel empowered to move forward on projects that they feel strongly about and that committees can convene separately using our Zoom account to establish agendas, goals, platforms, recruit committee members, etc. and then report back to the EC at our periodic meetings.
3. Resident Meet & Greet:
 - a. Scheduled for Thursday, July 16 at 1:15pm using our Zoom meeting platform.
 - b. Each EC member should keep their blurb 3-5 minutes in length...new idea for sharing this year – as a seasoned psychiatrist now, what do you wish you could tell your “resident” self? Other ideas include sharing an anecdotal experience, share what made you decide to become a psychiatrist, etc.
 - c. Also give the residents 3-5 mins to introduce themselves.
 - d. Liz to look into Zoom breakout rooms if further discussion is needed.
 - e. Laura, Lois, Raj, Nigel, Mona, Jim and Dom all committed to participating.
4. Educational Meetings:
 - a. Crisis Intervention Training – we reached out to Jim Gordon and George Everly on doing a virtual presentation on crisis intervention psychiatry. Both responded that they would be interested. Laura and Lois advised that they have been listening to Dr. Gordon’s various trainings and suggested we move forward with Dr. Gordon for a September virtual educational event for our members. Next step: Liz to reach out to Dr. Gordon and cc: Raj and Lois on the email.
 - b. Joint DB virtual CME event by PRMS Risk Management – “What Would You Do” interactive meeting is in discussion – possible presentation in August. More information will be forthcoming.

- c. The Spring 2020 Educational Meeting with speaker, Jeffrey Geller, MD, APA President, was postponed because of the coronavirus. It is not looking likely that we will be able to do an in-person event this year so Raj will work with Dr. Geller on rescheduling a virtual educational meeting for this fall 2020 or next spring 2021.
5. Committee Updates:
- a. Public Forum: Dr. Katherine Shear will be the headline speaker on the topic of “Grieving” at October 21, 2020. Because of the ongoing health crisis, the meeting this year will be a virtual webinar instead of a live presentation at RCC. Dr. Shear’s honorarium for a virtual event is \$500 and we won’t have to pay the venue fee.
 - b. Women’s Group Committee Meeting: The next virtual meeting is scheduled for Friday, June 26 at 12:30pm via Zoom.
 - c. Ulrick Vieux was unable to attend this meeting but he reported to Liz that Orange Regional Medical Center has officially become Garnet Health Medical Center. Four new psychiatry attendings will be starting this summer including former residents Dr. Eric Jarmon and Dr. Ryan Omura. Also, Dr. Mary Barber, who is on sabbatical, will be working up at the Catskill hospital during her summer break. Finally, 4 new residents will be starting at Garnet end June/early July.
 - d. The Disaster Committee reports that they are still running process groups at Garnet Health, participating in crisis hotlines and many EC members are seeing patients who are directly involved by this crisis pro bono.
6. Miscellaneous:
- a. The West Hudson Executive Committee voted via email in early June to keep the 2021 dues rates the same as last year.
 - b. Liz applied for the APA Expedited Grant. We should hear back from them in July/August timeframe.
7. On Hold Events:
- a. EC Meeting Community Guest Speaker – Jim Kelleher, Behavioral Health Medical Director at Nyack Montefiore – postponed Mar 20 meeting. Reschedule when things calm down and social distancing restrictions are lifted.
 - b. Media Training – we were in discussions with APA about doing a joint event with Westchester and Bronx DBs at St. Vincent’s Hospital, Harrison (free use of conference room) on Wednesday, May 20 when the coronavirus escalated. Revisit this event in the future.
8. Upcoming WHPS Meetings:
- a. Friday July 17 @ 12:30pm – Zoom meeting
 - b. Friday August 21 @ 12:30pm – Zoom meeting



Resident’s Column: “On Questions?”

In 1921, the Austrian philosopher Ludwig Wittgenstein published his seminal work on the nature of linguistics and its relation to philosophy *“Tractatus Logico-Philosophicus”*. Wittgenstein is an interesting figure for many reasons, one of them being that although he himself was a philosopher, Wittgenstein is seen by many modern philosophers as anti-philosophic. In *Tractatus*, Wittgenstein argued that many of the questions philosophy has tried to answer for millennia such as “What is the meaning of life?” or “Is mathematics invented or discovered?” are fundamentally unanswerable questions, primarily due to the limits of language. Therefore, he asserted, it is no surprise philosophers have been unsuccessful in their attempt to answer many of these questions, as they fundamentally are unanswerable due to their subjectivity. When we ask these questions, we are erroneously asking a subjective question looking for an objective answer. For example, in order to answer a question such as “Does fate exist?” in any sort of objective, cohesive manner, it would require *fate* and *existence* to be precisely defined, which Wittgenstein argues are impossible endeavors. “On what one cannot speak one must therefore be silent” he famously stated. Following his logic, *frequently when we find questions that seem to not have answers, it is a problem with the question that is to blame*. His insights apply not only to philosophy, linguistics and material science but also to psychiatry, with particular importance in the domain of psychiatric research. If we are to know why we have the answers we have, we need to examine exactly what questions we have been asking and how we have been asking them.

As all psychiatrists can attest, many diseases including Major Depressive Disorder (MDD), Schizophrenia and Borderline Personality Disorder (BPD) have vastly different presentations among different patients. The DSM-5’s criteria for these diseases, which involves grouping symptoms in a categorical manner and subsequently assigning a diagnosis once enough of these symptoms are present, almost guarantees that these diseases are actually a variety of similar but different diseases. The fact that these diseases have many different presentations also makes it likely that there are a variety of differing underlying neurologic dysfunctions involved in what we erroneously classify as one psychiatric disorder. In order for an individual to meet the criteria for Major Depressive Disorder, an individual must have had five of nine symptoms including both sadness or loss of interest in activities they once enjoyed for a period of two weeks. When you consider the fact that an individual can have 5,6, 7, 8 or all 9 of these symptoms, this means that those who suffer from MDD can have 255 different combinations of symptoms and still meet the diagnostic criteria for MDD. This huge number of variations attributed to one disease would almost certainly imply that MDD is not actually one disease, sharing a shared unified underlying pathology. The implications of this being that the objective study of MDD using the scientific method is flawed, likely deeply so. A similar situation is seen in BPD where 5 of 9 symptoms are needed. Already subtypes have been made to explain BPD’s differing presentation but to what degree BPD represents one disorder is unknown. A diagnosis of schizophrenia requires two of five symptoms with one symptom being a positive symptom of schizophrenia. This allows for at least 26 different presentations of schizophrenia. We know from genomic studies that schizophrenia likely involves hundreds of genes. The actual hallmark of schizophrenia (cognitive decline vs affective changes vs psychosis) is still debated one hundred years after it was given its name by Bleuler. The amount of differing presentations possible with all of the above diseases makes it very likely they are lacking precise objective definitions, and even worse, not clearly linked to one aberrant neurological pathology. This means that these diagnoses are to some degree subjective which leads to errors in our objective questions. It is worth noting that subjectivity is not only delegated to diagnostic criteria, it is also found on both the part of the psychiatrist (what one psychiatrist may define as impulsive behavior may be within the realm of normative behavior to another

psychiatrist) and on the part of the patient. What constitutes “sadness” (necessary for a diagnosis of MDD) to one person may be simply “feeling down” to another.

The fact that psychiatric research and diagnosis involves an element of subjectivity comes as no surprise to most psychiatrists. This element of subjectivity becomes extremely problematic however, when trying to do objective scientific research. Scientific research requires objective facts and objective definitions. Psychiatric diseases, at present *are in fact subjective, yet we ask objective questions of them*. When we conduct an experiment in psychiatry and ask something like “Is ziprasidone effective in the treatment of schizophrenia?” we must consider the subjective definitions of “effective” “treatment” and most problematically “Schizophrenia”. The subjectivity involved both linguistically and diagnostically invariably skews the answer away from being an objective one. A psychopharmacological study of the type described above is *fundamentally different* from one asking a question such as “What is the speed of light in a vacuum”. In this question all elements of the question (speed, light, vacuum) can be precisely defined. In many cases of psychiatric research, the subjectivity of the question is often not sufficient to alter the results, or the subsequent interpretation of the results in a meaningful way. Subjectivity, however, always alters the results to a certain degree when present. It is my suspicion that it alters the results of studies more frequently than we would like to admit. Objectifying psychiatry and the language we use to describe it, to whatever degree nature and the limits of our mind and language allow, is necessary to give us the truest description of these pathologies.

To what degree objectivity can be achieved in psychiatry is unknown. What is certain is that we will only know the answer to this question when we have gathered and interpreted enough objective data about psychiatric illness. A full discussion of what would constitute the objectification of psychiatry is beyond the aim of this paper. It would likely include defining diseases based on their neurological causes and not their behavioral, cognitive or perceptual manifestations, a reversal of our current methods of assigning diagnoses. Although impossible at this time, diagnostic criteria based on patterns of neurological dysfunction versus our current methods would likely be more objective in nature, thus giving us a better description of the true nature of psychiatric pathologies. The need for objectivity necessitates the merger of neuroscience and psychiatry as together they produce a more objective picture of psychiatric illness. With recent developments in radiographic imaging including DTI, FMRI and PET scans, we will likely come closer to being able to objectively describe some psychiatric diseases based on actual pathophysiology. In addition, biomarkers, familial research studies and genomic studies are likely to aid us in our quest for objectivity. As we learn more about the neurological causes of psychiatric illness, it will likely be the case that with many current psychiatric diseases, there will be differing pathologies present among what we now consider as one disorder. This will again beg the question of the accuracy of our current diagnostic criteria. Similarly, if two disorders, we currently define as different, are found to have the same underlying neurological causes then we would likely have to merge them as one disease.

The necessity for objectivity and precise definitions Wittgenstein described, is as important in psychiatry as it is in philosophy. All medical disciplines are to a degree subjective, but the nature of our field makes it more subjective than those of our colleagues. There is a scarcity of objective information in psychiatry when compared to other areas of medicine. This must be recognized and to what degree possible, remedied. As Einstein wrote “The most beautiful thing we can experience is the mysterious”. Mystery permeates psychiatry, simultaneously beautifying and complicating its study. We must remember that the true nature of psychiatric illnesses will always be unknowable and indefinable to a degree. At the same time, we must better define and objectify psychiatry, remembering that meaningful answers only stem from meaningful questions.



News and Notes for APA District Branches/State Associations July 2020

This monthly newsletter is prepared by the APA's Communications Team as a benefit for our District Branches and State Associations. 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 issued guidance on the admittance and release of psychiatric patients during the pandemic, in response to efforts to either deny admittance or prematurely discharge these patients under the guise of avoiding COVID-19. You can read more [here](#).

- APA and the National Medical Association (NMA) jointly condemned systemic racism in America. The statement condemns both police violence against Black Americans, and the systemic racism made apparent in health disparities in Black communities across the country. You can read the full joint statement by APA and NMA [here](#).
- The American Psychiatric Association Foundation (APAF) announced support for two efforts providing COVID-19 relief to health care workers. APAF is supporting CopeNYP, which provides access to free & confidential virtual mental health care for anyone on staff at select New York hospitals, and Frontline Foods, which supports local restaurants impacted by COVID-19 and feeding health care workers on the front lines of the pandemic. You can read more about APAF's COVID-19 support work [here](#).
- APA applauded Dr. Patrice Harris for her tenure as president of the American Medical Association (AMA). Dr. Harris served as AMA president for a 1-year term and is a Fellow of the APA and a

practicing psychiatrist, trained in child/adolescent and forensic psychiatry. You can read APA's full statement in recognition of Dr. Harris [here](#).

Course of the Month will Return in August

Due to updates to APA's Learning Management System, there will be no Course of the Month in July. There will be **two** courses of the month in August to account for this. For more information, visit the Course of the Month page below.

[Click here to access the Course of the Month and sign up for updates about this free member benefit.](#)

APA Awards: Call for Nominations

Nominations are currently open for a number of APA awards. Browse by category and award, and nominate a deserving colleague to recognize their achievements and efforts. View a summary of all awards [here](#). Some nomination deadlines are open until July 31.

[psychiatry.org/awards](https://www.psychiatry.org/awards)

APA Coronavirus Resources: [Psychiatry.org/coronavirus](https://www.psychiatry.org/coronavirus)

APA is collecting authoritative and timely resources at [psychiatry.org/coronavirus](https://www.psychiatry.org/coronavirus) and will update this page continually. Webinars to help you navigate the rapidly changing clinical practice environment are available here, along with information for your practice, patients and their families, the public, and health care and community leaders.

<https://www.psychiatry.org/psychiatrists/covid-19-coronavirus>

Telepsychiatry & COVID-19

Learn more about whether telepsychiatry may be a helpful option for your practice, and access APA's collection of resources on telepsychiatry.

<https://www.psychiatry.org/psychiatrists/practice/telepsychiatry/blog/apa-resources-on-telepsychiatry-and-covid-19>

Now Accepting Abstract Submissions: 2021 Annual Meeting

Save the date and [submit your ideas for general sessions or posters](#) for the American Psychiatric Association's 2021 Annual Meeting, May 1-5, 2021, in Los Angeles, CA. The theme for the 2021 APA Annual Meeting

is *Finding Equity Through Advances in Mind and Brain in Unsettled Times*.

[Risk Management Courses from APA, Inc.](#)

APA's medical liability insurance partner offers free AMA PRA Category 1 Credit™ risk management webinars for members on topics like at-risk patients, liability in integrated care, clinical documentation in court, and more. Courses are valued at \$120 and qualify towards a discount on your professional liability policy.

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TheProgram@prms.com

Actual terms, coverages, conditions and exclusions may vary by state. Insurance coverage provided by Fair American Insurance and Reinsurance Company (NAIC 35157). FAIRCO is an authorized carrier in California, ID number 3715-7. www.fairco.com.

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/ullqriwoa37njxz/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 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/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. 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.

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.

Deluxe Office @ prestigious Medical Park Drive, Pomona for Lease

Minutes from exit 12 of PIP. One of 4 offices in suite. Approximately 12'X15' with a wall of windows. Completely soundproofed. Common waiting room, two bathrooms, separate entrance/exit. Handicap accessible. Currently @ 33% usual rent (\$374/month ++). Complete furnishing available. Contact James Flax, MD, 845-362-2557 or DrFlax@aol.com

Psychiatric/Psychotherapy Office for Lease
Possibly good for another medical doctor needing a small second office

Available July, 2020

***Two room, pleasant, corner office suite, located in the Prime Medical Building
in Pearl River, NY.***

Pearl River is on the border of Bergen County, allowing access to referrals from both states, and Orange County, as well.

The office is on the first floor, and has its own waiting room, and two doors out of the main office to afford privacy to those in the waiting areas.

Ample parking, and security features are herein, as well. In office camera is available, and can be connected to a local security company, if you wish.
Building automatically locks 7 PM to 7 am.

The other building occupants are all professionals, friendly and cordial. The building décor has recently been redone.

This is the main professional office building in town. Our landlord is helpful and responsive. You will not be disappointed with this space.

Call Dr. Carol Paras- current occupant - at 845-536-9700;

Covid safe viewing is available, by appointment.

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.

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 GOTS 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, Airmont)
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://rocklandgov.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

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