Membership numbers are a perennial concern of the American Psychiatric Association, as they are of any professional organization. The APA reports that their membership in 2017 was at an all-time high. On the other hand, the membership of the Psychiatric Society of Westchester has shown a gradual decline over the past 10 years. Membership in the APA mandates that members belong to a local District Branch, such as the PSW. In all states except California and New York, the District Branch is also the state organization. New York and California have multiple District Branches because they have so many psychiatrists (New York has 13 District Branches). Because of this arrangement, APA members in California and New York pay additional dues to the state organization, in our case The New York State Psychiatric Association (NYSPA).

In April, the Executive Council of the PSW voted for a dues increase of $20 annually, to begin in the 2019 year, bringing the annual dues to $230. As our membership has decreased, revenues have decreased. We have cut our expenses, but we still need to pay our Executive Director to provide the services of our District Branch. The dues increase brings up the question: “Why should I be a member of the APA?”

A simple or perhaps simplistic response to the question above is that it is good and important to belong to a professional organization if you are a professional. This has the character of a habit or cultural norm. “I joined because psychiatrists should be a member of a professional organization.” A more detailed response is that such an organization can:

1) Maintain professional standards
2) Advocate for their members
3) Advocate for the patients
4) Advocate for mental and physical health reforms that might benefit everyone

The APA and NYSPA provide strong advocacy on legislative issues affecting mental health, such as insurance parity, prescribing and confidentiality. This advocacy occurs on the state and on the national level and, in New York, at the District Branch (local) level. For example, PSW has been advocating for the County of Westchester to change to insurance parity in its medical insurance contracts. The NYSPA is actively involved in lobbying and advocating and informing members about legislative and regulatory issues of relevance. The APA and NYSPA are currently working together regarding the suicide prevention proposals of the Joint Commission (The Ligature Risk Standards). The cost burden these could put onto hospitals may result in the closure of psychiatric hospital beds and psychiatric units. Are these reasons enough to convince an ambivalent psychiatrist to join the APA?

Joining the APA provides benefits. This was especially the case when APA membership provided reduced professional malpractice insurance rates from a preferred insurance provider. Although this benefit ended quite a few years ago, several members I spoke with remember this as a significant benefit of joining the APA.

APA benefits include the Journal of the APA, free on-line CME courses, discounts on courses at the annual meeting, discounts on Maintenance of Certification (MOC) materials, discounts on APA books and journals, and a Qualified Clinical Data Registry that can be used for MACRA reporting and MOC requirements. Are these benefits enough to convince an ambivalent psychiatrist to join the APA?

Another reason for joining the APA are the social contacts available through local meetings of the

Message from our outgoing President - Karl Kessler, M.D.

2018-2019 Executive Council

Alexander Lerman, MD
President

Richard McCarthy, MD
President-Elect

Naveed Iqbal, MD
Secretary

Rehana Latif, MD
Treasurer

Karl Kessler, MD
Past-President (2017-2018)

Pablo Sanchez-Barranco, MD
Program Coordinator

Gurjeet Dhallu, MD
Program Coordinator-Elect

Susan Stabinsky, MD
Legislative Representative

Sarah Vaiithilingam, MD
RFM Representative

C. Deborah Cross, MD
APA Representative

Karl Kessler, MD
APA Representative

Karen G. Gennaro, MD
NYSPA Representative

Mansukh Bhaty, MD
Councilor

Jerry Liebowitz, MD
Councilor

Reena Baharani, MD
ECP Representative

Elizabeth Leung, MD
ECP Representative

Jerry Liebowitz, MD
Newsletter/Website Editor

Megan Rogers
Executive Director
President's Column By: Karl Kessler, M.D.

(Continued from page 1)

Executive Councils and the local CME meetings and dinners. This is especially a benefit for psychiatrists in private practice, where contact with other psychiatrists may be limited.

This issue of advocacy about non-psychiatric issues has had variable results. These include issues such as the environment (e.g., climate change) and social justice (e.g., income inequality). Some psychiatrists object that the APA is not doing enough. Even professional issues, such as the APA advocacy of the Goldwater Rule, have led some members to declare they will quit the APA.

The main reason not to join is the cost. Several psychiatrists queried said that CME are easy to obtain on-line, so that attending meetings to obtain CME is less important than previously. Others were unsure what sort of advocacy and lobbying is being done for their benefit. This is a failure of public relations, of “getting the word out” about the APA’s activities. But we must keep in mind that the advocacy by a united organization is much stronger than advocacy by individuals. Is the sum total of a member’s material and social and educational benefits and the advocacy and lobbying results worth the cost of membership? I believe it is, but do you? Please let me know: ajkkessler@gmail.com

Incoming President’s Column By: Alexander Lerman, M.D.
Should Psychiatrists Be Replaced By Robots?

Contemporary psychiatrists, in my opinion, face a threat that is more important, and more dangerous to the public, than many of the front-burner issues that dominate our attention. The threat is the reduction of psychiatric practice to simplistic templates; the deemphasis or even demise of the clinical interview; the reduction the role of psychiatrist to prescriber, and of psychopathology to syndromal checklists; and the concurrent reduction of time to assess patients, answer their questions, and gain a meaningful understanding of their needs.

All medical practitioners, of course, are under relentless pressure to see more patients for shorter increments of time, in the face of escalating mandates regarding clinical documentation, as well as compliance with insurance and regulatory mandates.

In many instances, such requirements are framed as quality of care improvements, such as the half-dozen screens of utilization warnings a clinician must click through while processing a prescription; or a templated suicide risk assessment scale that must be completed on each patient contact.

And who can argue against assessing a patient for suicide risk?

However, any experienced clinician can tell you that repeatedly assessing suicide risk in a patient who has never been suicidal is at best a waste of time, and at worst a message that we are in the business of completing templates, not listening. We face the same problem engaging risk in patients who are chronically suicidal, who reflect on ending their life every day. We know that risk reduction depends on establishing a trusting, collaborative relationship, and a sense on the part of the patients that their loneliness and desperation is shared.

But the problem goes deeper than the conduct of daily patient care. The validity of the principles driving reduction of the psychiatrist’s training and autonomy is flawed.

Many algorithm-driven treatments are described as “evidence based,” without regard for the fact the “evidence” on which such decisions are based often consists of brief and limited therapeutic contacts with pools of patients at great variance from those we actually see in clinical practice. There is mounting evidence1 that our foundational statistical methodology (i.e., assumption of regression to a normal distribution) is ill-suited to assessment of the “outliers” we find in our waiting rooms. And how often do we find reimbursement agencies moved by evidenced-based care considerations to increase treatment resources?

In fact, there is strong evidence that documentation demands are a major factor in physician burnout2 and diminished therapeutic alliance3. There is every indication that this state of affairs will only worsen with the shift of reimbursement to “capitated” schemes driven by the single imperative to provide “treatment” to the largest cohort of people at the lowest possible cost. And what kind of “treatment” will that be?

We already have a pretty good idea of what that’s going to look like: self-completed rating scales, template-guided assessment, brief “behavioral” counselling, and lots of meds. For all the emphasis on cost containment, prescribing clinicians face minimal resistance from payors for initiating multiple medications, at a cost of thousands of dollars per patient per month.

Psychopharmacology represents an invaluable treatment when indicated and conducted appropriately. But what happens when pharmacology represents the only treatment a psychiatrist or allied clinician knows how to dispense? In fact, we know what happens. A recent study4 found that 12.7% of Americans over age 12 are...
EMERGING RISKS REQUIRE ENHANCED COVERAGE
AS THE PRACTICE OF PSYCHIATRY EVOLVES, SO SHOULD YOUR MALPRACTICE COVERAGE.

The dedicated experts at PRMS® are pleased to bring you an enhanced insurance policy that protects you from the emerging risks in psychiatry.

MEDICAL LICENSE PROCEEDINGS
Psychiatrists are more likely to face an administrative action than a lawsuit.
Separate limits up to $150,000

HIPAA VIOLATIONS
HIPAA enforcement continues to increase at the federal and state levels.
Separate limits up to $50,000

DATA BREACH
The use of electronic media in psychiatric practice has increased.
Separate limits up to $30,000

ASSAULT BY A PATIENT
Violence by patients against psychiatrists is more common than against other physicians.
Separate limits up to $30,000

These are just a few of our enhanced coverages included at no additional cost. Visit us online or call to learn more and receive a free personalized quote.

More than an insurance policy
(800) 245-3333 | PsychProgram.com/EnhancedPolicy | TheProgram@prms.com

Actual terms, coverages, conditions and exclusions may vary by state. Insurance coverage provided by Fair American Insurance and Reinsurance Company (NAIC#36963). FARIICO is an authorized carrier in California, IO number 3795-2. www.telico.com. In California, dba Transatlantic Professional Risk Management and Insurance Services.
Incoming President’s Column

(Continued from page 2)

receiving psychotropic medication; while another found that the age-adjusted suicide rate in America increased 24% between 1999-2014.

In this brave new algorithmic world of drugs, rating scales, and brief assessments, are we really to believe that a non-physician could not perform as well as a board-certified psychiatrist? Or is it possible that we may see an effort to produce almost fully-automated care?

It’s not good care. It’s not cheap, in fact it’s staggeringly expensive. It’s not what the public wants. But it’s happening, and we need to speak up.

It’s essential to note that we face these trends at a time of unparalleled progress in the understanding and treatment of mental illness. Advances in neuroscience, pharmacology and epigenetics are erasing the centuries-old model of the “mind body problem” and validating some of the deepest principles of classical psychology. We see the advent of effective combined somatic/psychological treatments for psychosis, personality disorders, and PTSD. We have evidence that family therapy is more effective than medication in first-break psychosis. We have increasing breadth of knowledge and training in psychiatric interviewing, the use of simulated patient interviews in psychiatric training, virtual reality to train psychiatric residents — the list goes on.

In short, we offer the public we serve thoughtful assessment, good care, and hope of improving outcomes. But we must know our trade, and we must teach what we know to young psychiatrists entering training. We need to educate our public. We need to advocate for the meaning and relevance of our discipline.

Otherwise, one day you may just find someone else writing prescriptions much more quickly than you can. And given the dramatic improvements in automation in the modern age, that “someone else” won’t be a psychologist — it will be an application on your phone.


Movie Review - Winter Sleep
By: Hameed Azeb Shahul, MD, PGY 2 Psychiatry Resident, WMC

The Turkish film, Winter Sleep by Nuri Bilge Ceylan, is a long meditation on the life of a latter-day aristocrat in rural Turkey, adapted from one of Chekov’s short stories. The film traces invisible fracture lines across a pastoral landscape that seems suspended in time, pitched between uncertainties of the present and all the things that came before, things that have fallen apart, or seem to be in a state of advanced decay. As the narrative unfurls, Ceylan slowly teases out the ironies of privilege, and the sense of self-entitlement that flows naturally when an old man at the helm contemplates the hardships he had to endure to get there. It is also a meditation on changing gender roles in traditional cultures; on patriarchal undercurrents seeking new ways of expression in transitional societies; the generational divide between man and wife; the ever-present tendency to exalt thought over action (and action over thought); and the incomparable angst of aging, of losing time while seeking ways to stay afloat. A line from the Pink Floyd song “Time” was brought to mind as I watched it, “Hanging on in quiet desperation is the English way. The time is gone, the song is over, thought I’d something more to say”.

Sometimes Amazing Things Happen - an Evening with Dr. Elizabeth Ford
Reported by Jerry Liebowitz, MD

On April 16, 2018, at Enzo’s of Arthur Avenue Restaurant, the Bronx DB and the Psychiatric Society of Westchester held their annual joint District Branch CME dinner meeting with a presentation titled “Sometimes Amazing Things Happen – an Evening with Dr. Elizabeth Ford,” in which she discussed her recent book, Sometimes Amazing Things Happen: Heartbreak and Hope on the Bellevue Hospital Psychiatric Prison Ward (Regan Arts, 2017), based on her work on the jail inpatient psychiatry service at Bellevue, where she specialized in the care of individuals with mental illness in the criminal justice system.

Elizabeth Ford, MD, now the Chief of Psychiatry for Correctional Health Services for New York City’s Health and Hospitals and a Clinical Associate Professor of Psychiatry at NYU School of Medicine, explained that her book is a narrative and a memoir – her own story, not just the patients’ stories. She wrote it, hopefully, to find meaning in events that were traumatic in her life. She also hoped, she said, that in discussing her experience writing the book, she would be able to help the audience to develop a greater understanding of the impact of public opinion, police decisions, and politics on the issue of mental health and incarceration; to understand the ethical and legal issues facing a psychiatrist regarding publication of patient stories; and to learn more about various approaches to furthering psychiatric advocacy for patient populations, including the use of narrative.

Dr. Ford began by describing the setting and her background with the criminal justice system. No longer at Bellevue, she currently works at the NYC jail on Riker’s Island, the hub of the NYC jail system, where she is responsible for 4,000 patients – “not all mine!” She clarified that jails are detention facilities, places intended to hold people charged with (not convicted of) crimes and considered too dangerous to be living in the community. Prisons are for convicted felons, for whom the data are known, and treatment can be long-term. In the jails, however, there is a constant turnover, “a constant churn.” And discharges are unrelated to clinical decisions. The courts, she explained, are overwhelmed, with long delays in case processing times. Rikers Island has become a jail where detainees stay for months, sometimes even years. The men there, mostly brown/black and poor, are all traumatized. When convicted, it is mainly for misdemeanors with less than a one-year sentence. The current mayor of NYC, she noted, has provided lots of money for the criminal justice system – “a little bit of an embarrassment of riches” – which results in it being more patient-friendly than previously.

She explained how she was “very conflicted about writing the book.” Bellevue was very complex with “hidden factors” and a lot of high-profile people. She feared that the book would result in media interest and potentially be exploitative, since it was about a “crazy place.”

She wanted it to be a narrative “telling the patient’s story through your eyes” – the side not usually being discussed. Noting that there was chronic, low-grade trauma affecting everyone, both the patients and the staff, she urged that we should do a better job of explaining the psychiatric prison environment – to “de-sanitize” it. Because she believes that we do a disservice for patients who are very stigmatized, she said that psychiatrists need to be more honest and share their experiences.

We are inundated with lots of statistics, she noted. And because of that she wanted to make her book more personal. Yet the statistics and finances are important as a background setting, explaining some of the reasons for the difficulties working with a prison population. The U.S. spends $80 billion on the criminal system, yet SAMSA’s budget is only $1 billion. A lot of the services in U.S. prisons is privatized (for-profit), which can lead to bad care, e.g. cost cutting at expense of patient care. This is the way it was in NYC before 1915, blaming vendors instead of inappropriate policy.

Moreover, the criminal justice system distances people – with huge numbers about people they’ve never met. “But, if you can tell stories on a human level … you can get people more interested in our work,” she explained. For example, regarding Riker’s Island, “you won’t read about the work we’ve done there.” Her hope is “to educate and provide a different perspective,” noting that the APA only recently valued the work we do there. The twelve jails in the NYC system now have plenty of psychiatrists (there used to be only twol) and a robust staff. The work there has its rewards, she notes, but it is frustrating and does not pay well. “A lot of them get better,” even though they’ve been neglected and demoralized. “We can have a positive impact.”

Dr. Ford enumerated her concerns about writing this book – ethical considerations, confidentiality, and personal worries regarding self-revelation. She finally resolved her dilemma by deciding to make all characters (other than herself and husband) amalgams of characters. Therefore, she did not write about

(Continued on page 8)
Psychiatrists Professional Liability Insurance

Discounts Offered Include:

- **15% NEW POLICYHOLDER DISCOUNT** (must be claims free for the last 6 months)
- **Up to 50% New Doctor Discount** (for those who qualify)
- **10% Claims Free Discount** (for those practicing 10 years, after completion of training, and remain claims free)
- **50% Resident-Fellow Member Discount**
- **15% Child and Adolescent Psychiatrist Discount** (for those whose patient base is more than 50% children and adolescents)
- **50% Part-time Discount** (for up to 20 client hours a week or less)
- **5% Risk Management Discount** (for 3 hours of CME)

*Where allowable by law and currently not available in AK or NY. (Above Discounts and Coverage Features are subject to individual state approval.)*

For over 40 years we have provided exceptional protection and have a reputation for outstanding customer service. Our extensive years of experience and industry knowledge allows us to help you by providing worry free coverage so you can concentrate on what you do best – helping people help themselves. When it comes to caring about people, we have a lot in common.

Our Psychiatrists Professional Liability Program Provides:

- Limits up to $150,000 in Defense Expenses related to Licensing Board Hearings and other Proceedings
- Up to $150,000 in Fire Legal Liability Coverage
- Up to $100,000 in Medical Payments for Bodily Injury
- Up to $25,000 for First Party Assault and Battery Coverage
- Up to $25,000 for Information Privacy Coverage (HIPAA)
- Up to $15,000 in Emergency Aid Coverage
- Insured’s Consent to Settle required in the settlement of any claim – No arbitration clause
- Telepsychiatry, ECT, Forensic Psychiatry Coverage
- Risk Management Hotline with 24/7 Service for Emergencies

Visit us at apamalpractice.com or call 877.740.1777 to learn more.
NYSPA Meeting - March 24, 2018
Reported by Edward Herman, MD, NYSPA Representative for PSW

NYSPA held its semi-annual meeting on March 24, 2018 at the LaGuardia Plaza Hotel. The morning session consisted of various committee meetings. Then, there was a presentation by Dr. First, an e-prescribing platform that has been endorsed by NYSPA. As a member benefit, Dr. First is offering substantial discounts for their products to NYSPA members.

During lunch, the annual Resident Poster Contest took place. Twelve posters were presented by residents from across the state. The following prizes were awarded:

1st Place - Dinesh Sangroula, MD - Safety and tolerability of antidepressant co-treatment in acute major depressive disorder: a systematic review and exploratory meta-analysis

2nd Place - Michael DeStefano, MD - Clozapine Associated Neuroleptic Malignant Syndrome (NMS): An Important Deviation from Classic Prevention

3rd Place - Mihir A. Upadhyaya, MD - Clinical Profile of a Male with Xenomelia and Intense Desire to Amputate a Healthy Leg Perceived as Alien to His Body

The afternoon session began with the approval of the minutes of the prior meeting, the approval of the Treasurer’s report, and the approval of the NYSPA budget. Ed Gordon then made a presentation about the PAC and the need for NYSPA members to contribute.

Dr. Ann Sullivan, Commissioner of OMH, then presented an update on OMH issues. She talked about various priorities, including CMS Ligature Prevention requirements, increasing access to care by the development of Certified Community Mental Health Centers, encouraging the integration of care, and increasing licensing of Intensive Outpatient Programs, and the need to increase the use of clozapine in the community.

Elections were held for NYSPA officers. The following officers were elected for two-year terms:

Jeffrey Borenstein – President
Edward Herman – Vice President
Felix Torres – Secretary
Marvin Koss – Treasurer.

Also, Sanja Verani was selected as the new RFM Deputy Representative.

Candidates for National Assembly office gave campaign speeches in anticipation of the Assembly elections that would take place on May 5. The candidates for Speaker-Elect were Debbie Cross and Paul O’Leary. The candidates for Recorder were Seeth Vivek, Jacob Behrens, and Stephen Brown.

Bruce Schwartz, President-elect of the APA spoke about APA’s new headquarters at the Wharf in DC. He reported that APA membership is at an all-time high, but dues revenue is decreasing due to the Rule of 95 (the mechanism for dues reduction as members enter Life status). The Board of Trustees has referred a paper to the Assembly about this. The issue of psychology prescribing is being rebranded as “Safe Prescribing.” The APA has no current position statement about safe prescribing.

Stephanie Andiotore, the APA Rep to Area 2 talked about APA’s initiative regarding burnout, including a workgroup on burnout that includes the participation of RFM’s and ECP’s.

Barry Perlman and Rich Gallo presented the Legislative Report. Seeth Vivek thanked Barry Perlman, who is retiring from

(Continued on page 9)
Sometimes Amazing Things Happen - an Evening with Dr. Elizabeth Ford
Reported by Jerry Liebowitz, MD

(Continued from page 5)

unique or high-profile characters. In addition, three sets of lawyers looked at the manuscript: the publisher’s, the agent’s, and Bellevue’s.

We got a flavor of her experience when she read about one of the patients in her book. She also highlighted “the acuity of the psychopathology” she saw there – e.g., black individuals who thought they were a different race, or blacks who thought they were Jay-Z.

She concluded her talk by emphasizing that she was writing not for doctors, but for others so they can relate to her experience. It was hard to write in a way that was not preachy, she explained. “Show, don’t tell” is what her editors told her. Her personal experience was more important than reading about patients. “Put the reader in the space,” they urged. She hopes that she was successful.

Her presentation was followed by a very lively and informative Q&A session.

Responding to a question about mentoring and supervising others who had previously not worked in a jail setting, she explained that she needed to talk about the stress of the job. “The work has changed me a lot,” she noted, believing that it made her more prone to see trauma and sadness in things.

She also commented on how to teach/instill empathy in a resistant staff, saying it was difficult, even though they “chose” to work in jail setting. Trying to make stories personal is helpful.

Concerning questions about the diagnostic breakdown, she noted that 1/3 of those in jail get mental health treatment, with 8% having schizophrenia, 6% PTSD, and 25% mood disorders (including bipolar). Of the rest, about 40% are diagnosed with “adjustment disorder” – but, she notes, most of their adjustments are not all that pathological. Substance use disorders are almost universal (alcohol, opioids, marijuana). Surprisingly, there are not so many with anti-social personality disorder; it looks more like complex trauma. There are many females with borderline personality disorder, she added. “And we under-diagnose ADHD.”

When asked about violent behavior, she explained that the mental health and custody staffs are separate. The custody staff help to manage violent patients (even those with no mental health problems). “Violence in jail is rarely caused by mental health problems,” she observed. Simple interventions work, she noted, e.g., look them in the eyes, don’t yell, speak respectfully.

Concerning confidentiality, she explained that meetings with psychiatrists are held in a private space, with a separate protected record. Mental health treatment is not part of the legal system.

Concerning a question about medicating over objection, she noted that, different from prisons, “we don’t do it in jails.”

When asked whether the psychiatrist ever gets involved with the legal system, she answered, “no, but you have to understand the circumstances.” “It is a difficult line to walk.”

Transference/countertransference, she responded to another question, is “all over the place” and “can be very strong in all sorts of ways.” Staff, she observed, often have strong negative feelings regarding the patients, “same as in most settings.”

Re-entry into the community, she acknowledged, is problematic. Most of those in jail do go back to the community, therefore we need a treatment plan for everyone. But, she observed, especially in the case of sudden discharges, “We still haven’t perfected the warm handoff.”

There is “a robust referral system” – for the patient, family, attorney, and correctional staff.

The evening concluded with questions and discussion about suicide and attempts. Although it is the leading cause of death in jails, and used to be 3-4/year in NYC, she was pleased to report that there was no suicide in two years. This is a record, she noted, and hopefully due in part to the mental health efforts in the jails.
NYSPA Meeting - March 24, 2018
Reported by Edward Herman, MD, NYSPA Representative for PSW

(Continued from page 7)

Legislative Committee.

Paul O’Leary, APA Recorder, presented the Assembly Report. He gave an update on various action papers that had been passed in prior Assembly meetings. These included position statements regarding state licensure inquiries regarding an applicant’s history of mental health treatment, support for 12-week paid Parental Leave, and a request to create a Women’s Council at the APA. Theresa Miskimen, Assembly Speaker, announced that Area 2 had the highest percentage of members voting in the APA national election, but overall voting turnout was still low. The Board and Assembly will create a workgroup to address how to increase voter turnout. $33,000 was raised by the American Psychiatric Foundation for hurricane relief. Seth Stein presented the Executive Director’s Report. Seth has been involved with NYSPA for 40 years and has served as Executive Director for 30 years. He spoke about the Rule of 95 action paper that NYSPA presented at the November 2017 Assembly meeting, and the Board’s current proposal. NYSPA is preparing a white paper regarding the CMS and Joint Commission Ligature Risk rules. These rules do not recognize that most in-hospital suicides do not take place in psychiatric units, and that many units would be likely to close due to the costs involved. A section of the NYSPA website will deal with telepsychiatry to give information regarding licensure requirements.

The next NYSPA meeting will be in October. ■

Photos by Karl Kessler, MD
Report on the APA Assembly Meeting - May 2018

Editor’s Note: This is a brief review of events at the Assembly meetings held in New York May 4-6. It is based on an excellent review by Adam Nelson, MD, Assembly Rep from California. Some of the items have since become APA policy after acceptance by the APA Board of Trustees. Other items are still pending review and are NOT yet official APA policy. Present at the Assembly meeting were our DB members Ed Herman, MD and Deborah Cross, MD. Please feel free to contact any of them for questions or further information. And if something here peaks your interest, please speak up. Any of us can submit an Action Paper for the next Assembly meeting in November 2018!

Speaker Theresa Miskimen welcomed everyone to the spring 2018 meeting of the APA Assembly. Dr. Miskimen highlighted some of the accomplishments of the Assembly and its various components over the past year, emphasizing developments since the last Assembly meeting in November 2017. The Assembly M/UR Caucus will be funded to attend a second joint session with the APA Council on Minority Mental Health and Health Disparities during the September 2018 components meetings. Also, the Assembly will continue its mentorship program for APA/APA Foundation (APAF) Fellows and Assembly Committee of Area Resident Fellow (ACORF) Members.

APAPAC – the APA Political Action Committee – Charles Price, MD

Dr. Price observed that APAPAC contributions have been growing year-over-year. The money buys the ears of legislators who are either already sensitive to the issues important to psychiatrists, or who can be educated, informed, and eventually persuaded to adopt positions important to psychiatrists. PAC funds are not used to contribute to the election campaigns. APAPAC is a bipartisan voice on Capitol Hill, which gives the APA “a seat at the table”, especially now during turbulent political times such as these. It allows us to be heard in important legislative efforts and key committees, including Ways and Means, Energy and Commerce, HELP (Health, Education, Labor, and Pensions), and Finance. So please contribute!

Report of the CEO/Medical Director of the APA – Saul Levin, MS, MPA

APA will be honoring those psychiatrists who served in Vietnam on the occasion of its 50th anniversary, including 2 women psychiatrists, one of whom was Dr. Marcia Goins, who recently passed away. One psychiatrist, Dr. Peter Livingston, was killed in action. During the war, psychiatric admissions increased four-fold.

John McDuffie is the new Editorial Director of APPI and Craig Obey is the new Director of Government Relations. The National Guideline Clearinghouse Extent Adherence Trustworthy Standards (NEATS) gave an excellent rating to the APA’s Treatment Guideline for Alcohol Use Disorders, the first APA Guideline to undergo the NEATS ratings process. The ABPN MOC process is “broken”, but APA is working closely with ABPN and ABMS. ABPN recently proposed an alternative pathway for the MOC-3 10-year exam and eligible candidates should have been notified as of March 2018. Members were urged to complete a survey on the visioninitiative.org website [editor’s note: the website survey closed as of May 11, 2018]. As APA continues to address the Joint Commission enforcement of recent CMS rules regarding ligature use risks, members are also urged to complete a survey to identify how different states are impacted: www.psychiatry.org/psychiatrists/practice. Already, APA is aware of reductions in psychiatric beds and wholesale unit closures in several states. Dr. Levin also urges those of us who are AMA members to support our APA representatives for AMA office, including Patrice Harris MD, MA, FAPA as candidate for AMA President-elect, Louis Kraus, MD, DFAPA, FAACAP as candidate for AMA Board of Trustees, and Michael Miller, MD, DLFAPA, DFASAM as candidate for reelection to the AMA Council on Public Health. Membership is the highest in nearly 20 years as younger psychiatrists continue to join. Next year’s APA Annual Meeting in San Francisco will also celebrate its 175th Anniversary. All are welcome to the new APA Headquarters located at 1800 Maine Avenue, SW, suite 900, Washington, DC. More information can be found in the Assembly Packet.

Treasurer’s Report – Bruce Schwartz, MD

APA finished 2017 with $10.5M net income compared to $6.5 end of 2016. Much of this was attributable to investment portfolio performance, as dues and publishing income were both down while 2017 expenses were generally higher than in 2016. APA Foundation finished 2017 with net income $5 vs $1.4M in 2016. Fundraising and investment income was up, while expenses were generally higher as well, mostly due to contributions to the library and exhibits in the new APA Headquarters. Overall, 2018 appears to be on pace with 2017. Our investment portfolio is managed by Marquette Investments and is overseen by an investments committee. Detailed information can be found in the Treasurer’s Report available in the Assembly Packet.

Report from the Committee on Assembly Procedures – A. David Axelrad, MD - Chair

(Continued on next page)
Report on the APA Assembly Meeting - May 2018

(Continued from page 10)

Dr. Axelrad reports that 3 of the member caucuses of ACROSS were out of compliance with Assembly procedures by failing to provide current membership figures. The American Psychoanalytic Association has updated their information to the Assembly to bring their organization back into compliance. The American Academy of Clinical Psychiatrists and American Society of Adolescent Psychiatrists will remain on probation pending their updated information. The Association of Women Psychiatrists has applied for membership in ACROSS associationofwomenpsychiatrists.com. The Assembly voted to accept their application.

Report from the APA President – Anita Everett, MD

As Dr. Everett reflects on some of her accomplishments as APA President, she notes that 1 year is not enough time to make great changes in the organization. The Workgroup on Physician Burnout has created a space and a website to discuss this important issue, to which medical students close to graduation, women, and minorities are more vulnerable. Other workgroups are addressing the need to partner with innovation, such as EMRs, and increasing participation in the annual fall IPS Meeting. Two other workgroups, on safe prescribing and exploring a Women’s Council in the APA, were started by Assembly Action Papers. This year’s Annual Meeting had 12,000 registrants before this weekend, including 1/3 international participants.

Ratification of APA Bylaws – Renee Binder, MD

The Assembly was asked to ratify a recommended change to the APA Bylaws regarding the current “Rule of 95”, which was implemented in 1993. According to this rule, members whose age + number of years in APA membership added up to 95 would be granted retired status and no longer required to pay dues. Under the proposed changes to the Bylaws, this rule would be replaced by two new categories based on number of hours of continued work as a psychiatrist: semi-retired (1-14 hours/week) and fully retired. These two new categories would continue to pay dues at the rate of 50% and 33% of the highest dues rate, respectively. There are opportunities to be grandfathered into the old “rule of 95” retired category by different mechanisms if you achieved “life status” (according to the rule of 95) before 1993 or between 1993 and 2021. Dr. Binder described the efforts of the Task Force to try to simplify the process and to retain as many members, including younger members, as possible. Using a required vote by strength, the Assembly voted to ratify the proposed Bylaws changes.

Report of the APA President-Elect – Altha Stewart, MD

As Dr. Stewart prepares to become the next APA President, she laid out her agenda for the coming year. Dr. Stewart wants to increase the involvement of young psychiatrists in governance and leadership of the APA. She also wants to expand the role of APA in issues of global mental health care, citing a recent meeting held with president of World Psychiatric Association. She also emphasized the importance of reimagining psychiatry’s role in creating greater equity of care, which will also be a theme of the upcoming IPS meetings in October. Finally, she shared a vignette of a worker at the convention center who was unable to see a psychiatrist with his insurance and unable to afford a psychiatrist outside the insurance network, urging her, on behalf of all of us, to fix this problem.

Presentation of Assembly Awards Committee – Glenn Martin, MD, Chair

Assembly District Branch Best Practice Award: Large DB: Society of Uniformed Services Psychiatrists – for outreach to members, despite geographic challenges, with CME opportunities for military psychiatrist members, including disaster psychiatry, suicide, and PTSD. Honorable mention to Washington Psychiatric Society – for their Career, Leadership, and Mentorship Program for RFMs and ECPs. Small DB: West Hudson Psychiatric Society – for public affairs, anti-bullying efforts, and college program to encourage local students to pursue mental health careers.

Assembly Award for the District Branch and Area with the Highest Percentage of Voting: Bronx DB (40%) and Area 2 (22%)

Assembly Award for Excellence in Service and Advocacy from the Women of the Assembly – presented by the Assembly Women’s Caucus to a woman member of the APA whose work exemplifies excellence in clinical mental health care combined with service to members of an underserved minority community. This year’s recipient is Dr. Denese Shervington. As President and CEO of the Institute of Women and Ethnic Studies, Dr. Shervington established a community-based post-disaster mental health recovery program following Hurricane Katrina in New Orleans. Dr. Cassandra Newkirk’s introductory comments may be found at the link here.

Assembly Warren Williams Award: Dr. Gary Weinstein - Dr. Weinstein works as the legislative chair of the Kentucky DB and was instrumental this last session in his state protecting patients

(Continued on page 12)
from dangerous legislation. He serves as a hospice volunteer, on the Medical Advisory Committee, as a companion to dying patients and teaches Tai Chi to oncology patients. He is currently leading a planning group for a free Mental Health center to serve the uninsured.

Remarks from Patrice A. Harris, MD, MA, Immediate Past Chair, AMA Board of Trustees
Dr. Saul Levin introduced Dr. Harris as a “friend of APA”, a child and adolescent psychiatrist, forensic psychiatrist, former president of the Georgia DB, former AMA Trustee at Large, chief spokesperson on the current opioid crisis, and the next President of the AMA. Dr. Harris updated us on the opioid epidemic and crisis. NH, with the best treatment track record, provides medication-assisted treatment to 1:4 persons seeking treatment, while the worst states can only provide MAT to 1:10 persons seeking treatment. The CDC now recommends no more than 90mg morphine-equivalents prescribed per month. All states have worked to improve access to naloxone for reversing overdoses as well as mandating PDMPs. The AMA’s efforts to end the opioid epidemic can be found at https://www.end-opioid-epidemic.org. The crisis is also impacting persons with chronic pain, who suffer with reduced access to adequate analgesia.

Election of Assembly Officers
The Assembly elected as Speaker-elect Paul O’Leary, MD (Area 5) and, as recorder Seeth Vivek, MD (Area 2). Congratulations to all who ran a spirited campaign and best of luck to our new officers.

APA Position Statements
The following Position Statements were approved by the Assembly:
*Position Statement on Risks of Adolescents’ Online Activity
*Position Statement on Psychiatric Services in Adult Correctional Facilities
*Revised Position Statement on Telemedicine in Psychiatry
*Revised Proposed Position Statement on Weapons Use in Hospitals and Patient Safety
Revised Position Statement: Resolution against Racism and Racial Discrimination and Their Adverse Impacts on Mental Health
*Revised Position Statement on Religious Persecution and Genocide
Position Statement on Discrimination against Religious Minorities
*Position Statement: Solitary Confinement (Restricted Housing) of Juveniles
Position Statement: Research with Involuntary Psychiatric Patients
Position Statement on Peer Support Services
Revised Position Statement on Abortion
Revised Position Statement Access to Care for Transgender and Gender Diverse Individuals
*Revised Position Statement Discrimination against Transgender and Gender Diverse Individuals
Revised Position Statement: Inquiries about Diagnosis and Treatment of Mental Disorders in Connection with professional Credentialing and Licensing (2015)
The following Position Statement was referred back to the JRC by the Assembly:
Position Statement: Screening and Treatment of Mood and Anxiety Disorders during Pregnancy and Post-Partum

(Items with a * were approved by consent)

Action Papers/Items
Among the Actions taken during this session, the Assembly voted to:
- Urge the APA to support the AMA Position opposing unsupervised practice of non-physician practitioners
- Enforce Parity Laws with Insurance Companies
- Promote the supervision of Psychiatric MH NPs and Pas in Psychiatry by Psychiatrists
- Request help from CMS to improve addiction treatment process
- Adopt the AACAP policy statement on psychologist prescribing
- Support Medication Assisted Treatment (MAT) in physician health programs
- Table an AP endorsing a single payer nationwide health care system - pending further study
- Support a study on single payer nationwide health care system
- Ask the APA Department of Education to find ways of improving identification and treatment of borderline PD
- Ask the APA to support improving access to ABPN exams

(Continued on page 13)
Report on the APA Assembly Meeting - May 2018

(Continued from page 12)

- Improve Tri-Care access for servicemen and women and their families to quality psychiatric treatment
- Uphold the Public Service Loan Forgiveness (PSLF) Program
- Urge the APA to remove MOC as a barrier to credentialing and hiring of psychiatrists
- Improve the APA’s website to include access for psychiatrists and patients who wish to appeal adverse medical necessity decisions by managed care entities
- Urge the addition of adequate amounts of phosphatidylcholine to all prenatal vitamins
- Defeat an effort to align the financial contributions of the APAPAC with the stated policy of APA regarding firearm regulation
- Urge the APA to increase educational efforts regarding the impact of racism on social and clinical events
- Recognize and honor the psychiatrists who served in Vietnam
- **Defeat a call for creating guidelines for public statements by psychiatrists** – This was a most contentious issue that elicited substantial testimony in Reference Committee and debate by the Assembly. While the author argued that paper expressly did not call for a revision of the APA Ethical Guidelines on the Goldwater Rule, several felt the scope as stated in the premises was too broad and there was overwhelming concern voiced by many present that it could impact the Goldwater Rule. In the end, and after many attempts to amend the paper, it was defeated by a sizeable majority.
- Streamline the APA application renewal process
- Create a work group to improve Action Paper follow up by the Assembly
- Develop a survey of the APA membership
- **Defeat an effort to modify the APA referendum voting procedure** – In a controversy over voting procedures, the measure was initially defeated by 1 vote, then approved in a recast by less than 10 votes, and finally defeated in a vote by strength after being approved by the Assembly 5 times before. However, rumor has it that the BOT is taking the matter up as well. More to follow.

(Items in **bold** were especially controversial and worthy of feedback from constituent DB members.)

Farewells

Several representatives are leaving the Assembly after this session. Among the more notable departures are:

- Joe Mawhinney, MD – Area 6
- Dan Sewell, MD – ACROSS rep from Area 6
- Glenn Martin, MD – Area 2
- Eric Plakun, MD – Area 1

Your presence and activism will be sorely missed.

---

**PSW Members Honored at APA Annual Meeting**

Several members of the PSW were honored at this year’s APA annual meeting in May in New York City. They are:

- **Mansukh Bhatti, M.D., Distinguished Life Fellow**
- **Barbara Goldblum, M.D., Distinguished Life Fellow**
- **Edward N. Halperin, M.D., 50 Year Life Member**
- **Karl Kessler, M.D., Distinguished Life Fellow**

If we have left anyone’s name off the list, please let us know. If you are interested in becoming a Fellow of the APA, please go to the APA website at: [https://www.psychiatry.org/join-apa/become-a-fellow](https://www.psychiatry.org/join-apa/become-a-fellow)
There is no billing code for the evanescent pause in the eye of a clinical interview. Moments when my eyes meet the patient’s eyes, linger for a slowing instant, flick away in a fraction and drift over deepening creases on his brow... as he leans into a jammed window somewhere in the grey distance. Rare moments when I feel his sharp intakes of breath, like chill winds in the wake of a hurricane that never made it to shore, but had drifted off somewhere, howling in silence across oceans of the mind, squashed and bottled by time, lost and forgotten like luckless genies lying in wait... until this very moment. A moment that sheds it’s meaning outside the space between me and someone else.

In this space, our roles may be clear, yet I can only tread so far into my patient’s world; for I am as blind and barefooted in his world, as he is in mine. We are both blind men eyeing one another across a checkered sea, reaching for pieces in the dark, playing a game within a game... until I stop staring and learn to see through the darkness. Until I find his shoes.

Until then I will remain a carpetbagger in the realm of classified nightmares; peddling reimbursed rip cords that spur men’s tumble from cubicles on cloud 9, so that we can catch them before they cross the shadowline once more; tack a label on their foreheads as they wiggle in scented cobwebs; and spring them back to wherever they came from— so long as we’re all covered, so long we rise on the same side of the shadowline each morning.

The game is all we know. Perhaps the game is all we can know. We cannot lose if we do not look a patient in the eye; yet loss is the first milestone on the road through otherness.

I will continue playing the game within the game, as golden moments of silence unfold between backfills, in the ebbing spaces that I seek to nurture with each patient. No bill, no charge – for mountains of the mind loom beneath the waterline. They can only be scaled in reverse. A fledgling psychiatrist can either swim or listen to the patient. He must learn to swim, yet sink to understand.

He looks for pieces of himself in someone else’s world; imagines footholds in the dark to break the fall; swallows everything in the beginning – the dates, deeds and all things in between. How can he sift through clinical minutiae while forming a clinical impression; scribble observations while framing a tactful response, all at once, without taking his eyes off the patient for a moment too long?

[* A backfill is a brief note of a clinical event that unfolds between daily progress notes in the WMC EMR system. It cannot be billed for, and one needs to pick an option “no bill, no charge” before signing the note.]

Hormone Replacement Therapy in the Treatment of Bipolar Mania
By: Sarah Vaithilingam, Ori-Michael Benhamou, Mohammad Tavakkoli
Westchester Medical Center Department of Psychiatry

[Editor’s Note: Below is an extract of a poster summarizing this research project by psychiatry residents at Westchester Medical Center that was entered in the research contest sponsored by the NY Psychiatric Association (NYP/PA) at their meeting in Queens on March 24. The poster did not win the competition, but we thought our members would be interested to see it. Sarah Vaithilingam is the current Resident/Fellow Representative to PSW’s Executive Council.]

Introduction:
The standard of care for male-to-female transgender individuals involves modulation of estrogen receptors via hormonal therapy. Administration of selective estrogen receptor modulators (SERMs) stimulates the development of female sex characteristics. Drugs, such as Tamoxifen, have shown efficacy in the treatment of bipolar disorder. There are reported links between this chronic, severe mood disorder and estrogen. The standard of treatment in bipolar disorder is pharmacological. The two most common drugs are Lithium or Valproic Acid (VPA). These drugs are thought to regulate the expression of the most prominent Protein Kinase C (PKC) substrate Myristoylated Alanine Rich Kinase C Substrate (MARCKS) in the brain. Interestingly, Tamoxifen has also been shown to inhibit PKC activity in the brain, supporting the hypothesis that SERMs may play a role in the treatment of acute mania.

Molecular Background:
PKC is located in the cytoplasm and plasma membrane of cells.
Hormone Replacement Therapy in the Treatment of Bipolar Mania
By: Sarah Vaithilingam, Ori-Michael Benhamou, Mohammad Tavakkoli
Westchester Medical Center Department of Psychiatry

Activation of PKC requires translocation from the cytosol to the membrane. Of note, increased PKC activity and translocation were found post-mortem in patients with bipolar disorder. Furthermore, PKC over-activity has been associated with the classic symptoms of mania, such as motor hyperactivity, increased risk-taking behavior, and an excessive hedonic drive.

Efficacy of Hormone Therapy:
The only relatively selective PKC inhibitor available for human use that crosses the blood brain barrier is tamoxifen. In studies testing the effects of tamoxifen in mania, when compared to placebo, the tamoxifen group showed significant improvement in manic symptoms (p<0.05) from baseline as early as day 5. Furthermore, two studies using lithium as baseline treatment demonstrated that the combination of tamoxifen with lithium was superior to lithium alone in the rapid reduction of manic symptoms.

Case Description:
We present a case of a 22-year-old male-to-female transgender with no significant past psychiatric history, with reported marijuana, cocaine and remote psychedelic use brought to the hospital in an acute manic episode with psychotic features. The patient exhibited a disorganized thought process with paranoid, grandiose delusions. A week prior to her hospitalization, the patient abruptly discontinued her Hormone Replacement Therapy (HRT), Tamoxifen, and Spironolactone. Upon admission, she started an atypical antipsychotic, Risperidone, and a mood stabilizer, VPA. HRT was not restarted. Once mood symptoms resolved, the patient was discharged. After discharge, she restarted HRT and discontinued her neuroleptic agent. One week later, the patient presented to the ED again, with a disorganized thought process and paranoid, grandiose delusions.

On her re-admission, she started another atypical antipsychotic, Aripiprazole, and continued her mood stabilizer, VPA. However, HRT was continued. The patient was on HRT for 3 weeks during her second admission. Her mood symptoms improved, delusions resolved, and the patient was discharged. The patient has not required psychiatric hospitalization since discharge. This suggests that the rapid change in estrogen levels during her first admission may have contributed to non-resolution of psychotic symptoms leading to readmission.

Discussion:
This case illustrates a psychiatric presentation of mania in the context of abrupt HRT discontinuation. Our patient was admitted for similar presentations of mania with psychotic features on two occasions. On both occasions, she was treated with an atypical antipsychotic and a mood stabilizer. She only showed marked improvement and resolution of symptoms when HRT was restarted. As such, it is possible that acute HRT withdrawal may precipitate mania and psychosis in susceptible individuals. The activity of a common downstream signaling molecule, PKC, may help explain these phenomena. It is important to consider hormone variations when investigating behavioral changes in the transgender population.

Table 1: Current literature showing PKC may be implicated in the pathophysiology of Bipolar Disorder. [Adapted from: H.K Manji, et al.]

<table>
<thead>
<tr>
<th>PKC: pathophysiology and treatment of BD</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Kindling produces dramatic increases in membrane-associated PKC in hippocampus and amygdala</td>
</tr>
<tr>
<td>• Amphetamine produces increases in PKC activity and GAP-43 phosphorylation (implicated in neurotransmitter release)</td>
</tr>
<tr>
<td>• PKC inhibitors block the biochemical and behavioral responses to amphetamine and cocaine, and also block cocaine-induced sensitization</td>
</tr>
<tr>
<td>• Dexamethasone administration increases PKC activity and increases the levels of PKCa and PKCε in rat FCx and hippocampus</td>
</tr>
<tr>
<td>• Increased membrane/cytosol PKC partitioning in platelets from manic subjects, normalized with lithium treatment</td>
</tr>
<tr>
<td>• Increased PKC activity and translocation in BD brains compared with controls</td>
</tr>
<tr>
<td>• Lithium and VPA regulate PKC activity, PKCa, PKCε and MARCKS</td>
</tr>
<tr>
<td>• Preliminary data suggest that PKC inhibitors may have efficacy in the treatment of acute mania</td>
</tr>
</tbody>
</table>

PKC, protein kinase C; GAP, growth cone associated protein;
Hormone Replacement Therapy in the Treatment of Bipolar Mania

By: Sarah Vaithilingam, Ori-Michael Benhamou, Mohammad Tavakkoli
Westchester Medical Center Department of Psychiatry

(Continued from page 15)

FCx, frontal cortex; MARCKS, myristoylated alanine rich C kinase substrate.
Adapted from Manji and Lenox.

References


CLASSIFIEDS

Psychiatrist, Part-time.
There is an opening for a Part-time Child/Adolescent/Addiction Psychiatrist. In addition, there is the possibility of purchasing this established, multidisciplinary practice, drawing patients from Northern Westchester and Putnam Counties and nearby CT. Fax CV to (914) 669-6051 or e-mail to NSPS@optonline.net. Call (914) 669-5526 for additional information.