

PSYCHIATRIST

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Newsletter of the Southern California Psychiatric Society

President's Column

Greater Access, Less Stigma, and Mass Killings

Curley Bonds, M.D.



Like most Americans I was shocked and outraged when I learned about the tragedy that occurred at Pulse nightclub in Orlando last month. Regardless of the circumstances or venue, we have become all too familiar with the post-mortem psychological autopsy that the media invariably launches into the mental state of the shooter. In the case of the Orlando event it is possible that some emotional instability or unresolved conflicts contributed to the killer's decision to end innocent lives. As a psychiatrist I'm certain that the overwhelming majority of patients that I treat are much more likely to be victims of crime rather than perpetrators of violence themselves. This point seems to be lost on the general public and is often over-

looked in the outcry to abandon the laws that provide for confidential mental health treatment in the name of public safety. They fail to recognize that privacy laws create a safe space for people to seek care, and their diminution would imperil us all.

I can't help but wonder whether or not greater access to treatment and reducing stigma about receiving it could prevent some of these mass killings from happening. Given the current political climate it seems unlikely that we will have a referendum on controlling access to dangerous weapons, but we may have a snowball's chance of expanding access to mental health treatment. This is where we should all perform a self-inventory of whether or not we are helping to solve the problem or contributing to it. This summer a version of the Helping Families in Mental Health Crisis Act (H.R. 2646) introduced and championed by Rep. Tim Murphy (R-PA) is slated to have a hearing on the House floor. The bill still seeks support in the Senate. Now might be a good time to educate yourself about this bill that could radically reform and improve access to mental health treatment and send an email or make a call to your congressional representatives.

There is extensive evidence that there are not enough psychiatrists in the United States to meet public demand. Although we have the broadest array of treatments, medications and evidence based interventions than at any point in history, why is access to care still so poor? Federal health authorities designate 4,000 areas in the US as having a shortage of mental health professionals. The average wait for a psychiatric appointment is often several weeks even for those who are lucky enough to have good coverage or financial resources. In the public sector, waits can be even longer. A recent study published in *The Journal of Health and Social Behavior* suggested that psychotherapists are more likely to offer appointments to middle-class white patients than to middle class

African American patients or to working class people of any race. Many of our colleagues in private practice do not accept any insurance plans because of the com-

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plexities of billing, the low rate of reimbursement and the endless stream of paperwork that distracts them from providing the type of care that they are trained to deliver. This information does not reflect well on our profession. In our defense, psychiatrists are disproportionately affected by onerous requirements for prior authorization for intensive treatments and medications compared to our colleagues. At this point, you may be asking “why should I care about any of this”? When we insulate ourselves from these practices by “opting out” it limits our exposure to a system that is broken and bureaucratic, but an unintended consequence is that potential patients continue to suffer and go without care. Additionally, it puts winds into the sails of non-medical providers’ arguments that they should be granted prescribing privileges.

Now that I’ve answered the “why should I care?” question, the next one is “What can I do?” Both the SCPS APA website features a “Find a Psychiatrist” function that links consumers seeking care to an up to date database of providers who are available. Only those members who have opted-in are listed. If you are at a career point where you do still accept new patients, please log in and sign up, or contact Mindi, at mindi@socalpsych.org to assist you! We can also help to relieve the shortage by providing quality supervision for nurse practitioners and physician assistants. Our primary care colleagues already provide a great deal of care for mental health problems, but many of them are in need of quality consultants to guide them when they reach beyond their scope. Consider partnering with colleagues in primary care to provide specialized consultation or to accept referrals. Many primary care practices are currently looking to hire psychiatrists who are willing to work in integrated care settings. We can also fight back against unreasonable prior authorization requirements by promoting legislation that limits these unsavory practices by insurers.

To be clear, I do not believe that increasing access to psychiatric treatment will prevent random acts of violence from ever occurring. But if we all do a better job of making sure that everyone has easy access to affordable care we can help shift the national conversation away from untreated mental illness as a scapegoat for tragedy. Maybe then our nation will be able to focus more on the true causes of the problem.

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Southern California

- **Anaheim, CA.** Schedule: 24hrs per week. Pay Rate: \$174,720 per year at 3 days per week. Benefits available.
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Letter from the Editor

Psychiatrist Patriot

Colleen Copelan, M.D.



Benjamin Rush, MD, is considered the Father of American Psychiatry. For many years his likeness graced all the edifices, publications and letterheads of our American Psychiatric Association.

He was a general physician with a special interest in what would become our specialty. His Observations and Inquiries upon the Diseases of the Mind (1812) was the first psychiatric textbook printed in the United States. He viewed mental illness as disease, not demons, and alcoholism as addiction, not choice. His moral reforms improved care in hospitals and prisons.

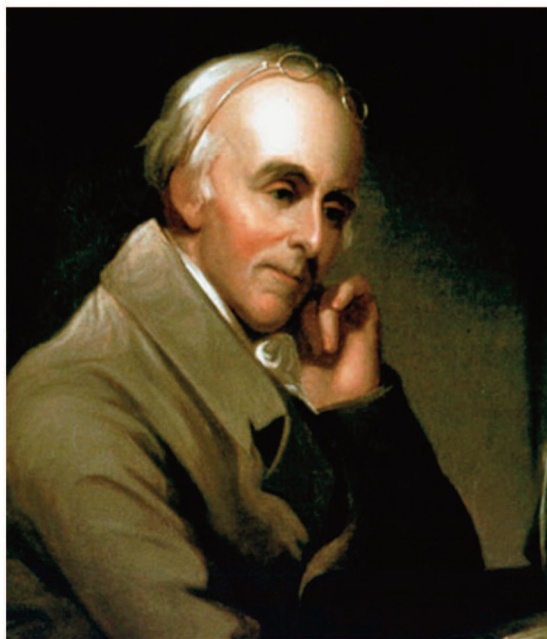
He was a man of his times (1746-1813) but also greater than his times.

He was a dedicated physician who stayed in town to take care of the sick during the Philadelphia Yellow Fever Epidemic of 1793. He taught and published widely but did not always change with the science, most notably his stubborn insistence on bleeding and purges for almost any ailment.

He pushed for social reforms, including education for women and abolition of slavery. He was also a patriot when that was treason. He was friend of Jefferson and Franklin and a representative to the Continental Congress.

Most impressively, he signed the Declaration of Independence, American's great prescription for Liberty.

So, on this Fourth of July, a big shout out for our special Founding Father! cocopelan@aol.com



Benjamin Rush, MD



Benjamin Rush signature on Declaration, 4th column, 2d one down.

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What's New at the APA

APA, along with the American Academy of Family Physicians, the American Academy of Pediatrics, the American College of Physicians, the American Congress of Obstetricians and Gynecologists, called on Congress to address the public health epidemic of gun violence in the wake of the recent mass shooting in Orlando. The physicians groups banded together to urge congress to fund research by the Centers for Disease Control and Prevention into the causes of and ways to prevent gun violence. You can read more about this effort [here](#).

APA urged the House of Representatives to take the Helping Families in Mental Health Crisis Act, aka H.R. 2646, after it was passed by the House Energy and Commerce Committee. You can read more about H.R. 2646 and comprehensive mental health reform [here](#).

APA member Patrice M. Harris, M.D., began her tenure as Chair of the American Medical Association's Board of Trustees. Dr. Harris was elected Chair-elect in June 2015 and has served on the AMA Board since 2011. You can read more about her work leading the AMA BOT [here](#).

Daniel Gillison was named new Executive Director of the American Psychiatric Association Foundation (APAF). Gillison joins the APAF, the philanthropic and public education arm of the APA, from the National Association of Counties (NACo), where he was the National Director of County Solutions and Innovation. For more information on Mr. Gillison, read APA's news release announcing the start of his tenure [here](#).

APA disseminated a blog about coping with tragedy in the wake of the shootings in Orlando. The resiliency and coping strategies contained within this blog can be applied to other events, such as natural disasters or other potentially traumatic incidents. You can read that blog [here](#), and find all of APA's blogs in our Newsroom [here](#).

Mark Your Calendar

National Minority Mental Health Awareness Month
APA Assembly Executive Committee (July 22-24)

Medicare Part B Codes Updated in 12 States, Washington, D.C.; Denied Claims to be Retroactively Honored

Medicare carriers in 12 states and Washington, D.C. have responded to APA advocacy by updating their Local Coverage Determination (LCD) to include 42 diagnostic codes submitted by psychiatrists and other mental health practitioners participating in Medicare Part B. Claims relating to these codes will no longer be denied. Moreover, claims submitted by psychiatrists since Dec. 31, 2015 that had been denied will be retroactively approved and paid. The following jurisdictions are affected: Colorado, New Mexico, Oklahoma, Texas, Arkansas, Louisiana, Mississippi, Delaware, District of Columbia, Maryland, New Jersey, Pennsylvania, and three jurisdictions in Virginia: Arlington and Fairfax Counties, and the City of Alexandria.

July Members' Course of the Month: Updates in Neuropsychiatry

Each month, members receive free access to a CME course on a trending topic. Most take less than 30 minutes to complete, perfect for over lunch. The July course is Updates in Neuropsychiatry: Chronic Fatigue Syndrome – What Electrophysiology and Neuroimaging Can Tell Us About Its Pathophysiology. [Take the course today](#) and view the upcoming Members' Course schedule.

New 100% Club Benefits Announced

APA's 100% Club is designed to support psychiatric residents while promoting a collaborative community of training programs throughout the United States and Canada. This year, we've revamped the 100% Club benefits to provide more day-to-day value for residency programs. Check out the [new 2016-2017 benefits](#), and how to earn your status!

Guide to Surviving Residency a Great Resource for New Psychiatry Residents

Written by residents and fellows, for residents and fellows, to help with the day-to-day challenges of training. The online Guide offers practical advice on more than 50 topics – ranging from surviving on call and writing effective notes, to subspecialty training and negotiating for that first post-residency job. [View the Guide](#)

Explore New Telepsychiatry Toolkit

The use of video-based telepsychiatry helps meet patients' needs for convenient, affordable and readily-accessible mental health services. APA is helping psychiatrists learn about and adopt telepsychiatry through its Committee on Telepsychiatry, and the Telepsychiatry Toolkit. The Toolkit features leading psychiatrists covering history, training, practice/clinical, reimbursement and legal issues. [Explore the Toolkit](#)

Remember - No August Issue.
Have a wonderful summer.

Save-the-date!
Sunday, October 16, 2016
SCPS Annual Career Day for
Psychiatrists
at Didi Hirsch in Culver City

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UNMATCHED GROWTH OPPORTUNITIES



"Jail Mental Health Services can offer you a lot of great benefits, flexibility, great salary and many different places you can work such as outpatient, camps, jail, and juvenile justice. There are so many diverse opportunities! It's safe and challenging, but very dynamic and never boring."

Katherine Smith-White, MD
Child and Adolescent
Psychiatrist



"I chose DMH Jail Mental Health Services because the quality of care we provide to patients, job security, salary, a pension plan and benefits. I have been challenged to learn and expand my skill set and make an impact by providing input to improve the quality of care in various services."

David Kidwell, MD
Jail Mental Health Supervising
Psychiatrist



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This is a small 9 suite office building that was built for psychoanalysts in 1984 has received numerous awards by the award winning team of Scott Carde and Wade Killefer. The architect and design team collaborated with doctors who were originally occupying the space to determine the criteria for both the therapist and the patient. The lighting is perfect as its southern exposure to the sun. The hallway separates the building office/ breakroom, waiting rooms and lounge and restrooms. The interior design was a response to the emotional sensitivities of the patient. Each suit is approximately 400sq feet with decks, 15 foot ceilings lots of natural light. The building has two waiting rooms, two common area bathrooms and an office of the building.
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Attention Female Members!

Fall Women's Lunch
 November 12th, 2016
 at the home
 of Jacquelyn Green, M.D.
 noon-3 p.m.

Watch your email
 for further details.

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UCSF Department of
 Psychiatry



OPEN SEARCH ANNOUNCEMENT

Medical Director Psychiatric Emergency Services

The Department of Psychiatry at the University of California, San Francisco invites applications for a Medical Director in the Psychiatric Emergency Services (PES) at Zuckerberg San Francisco General Hospital and Trauma Center. This is a full-time position and will be filled in a rank and series commensurate with experience, with an anticipated start date of July 1, 2016 or thereafter.

PES at Zuckerberg San Francisco General is committed to providing outstanding care to a diverse San Francisco patient population, and the staff includes clinicians with experience and expertise in working with patients of diverse cultural and socioeconomic backgrounds.

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Council Highlights

June 9, 2016

Joseph Simpson, M.D., Acting *Secretary*



Dr. Bonds called the meeting to order at 7:03 PM. The minutes from the previous meeting were reviewed and approved.

PRESIDENT'S REPORT

Dr. Bonds reported that the secretary, Dr. Read, is on medical leave. Dr. Rees will substitute, however, she could not attend tonight's meeting. Dr. Simpson will take the minutes tonight. Also, Dr. Restrepo, the Councilor for the South Los Angeles region, is out of the country doing humanitarian work, and we need to find a substitute for him.

SCPS attorney Dan Willick provided information for new Council members about their roles as directors of a California nonprofit organization and their duties.

Discussion of *The Art of Storytelling: The Experience of Being a Psychiatrist*, the documentary created by the Art of Psychiatric Medicine Committee, chaired by Dr. Furuta, with assistance from Mindi and Tim Thelen: This film was shown at the APA meeting last month. Issues discussed included feedback from Council members who had seen the movie, as well as legal issues. After extensive discussion the Council voted unanimously, with one abstention, to edit three segments of the movie. Next, the Council discussed the potential for expanding the movie's distribution beyond scientific meetings. This will require the services of attorneys to clear copyright as well as an insurance policy covering errors and omissions. The cost for these services was estimated to cost approximately \$8000. Potential funding sources for these two required items included money from an SCPS member's APA Fellowship award, the American Psychoanalytic Institute, PER, and an APA Innovative Grant which could be applied for later this summer. Once the copyright has been cleared and the insurance is established, DVD's can be made and sold, and the film can be shown at film festivals.

Group membership discounts: Mindi has contacted Dr. Gabrielle Beaubrun at Kaiser Permanente. They are interested in the prospect and the discussion is ongoing.

NAMI dinner: Will take place in September, followed by a brief Council meeting. The agenda for the meeting will include national and state legislative updates and local issues such as the merger in Los Angeles County of the three health departments (Health Services, Mental Health and Public Health) into one Health Agency. Refer any issues or concerns about the NAMI dinner to Dr. Simpson.

Bylaw review: this is due. The Bylaws Committee will review our bylaws and compare them to the APA model bylaws.

Meeting by phone: the Council voted unanimously to continue having in-person meetings, with the option to meet by phone if for any reason the usual venue is not available on the scheduled night.

Treasurer's Report: Was given by Dr. Malik and approved by the Council.

Membership Report: By Dr. Malik. Current membership is 969. Last month was 965. Five new Resident/Fellow Members and two General members (one new and one reinstated) were approved.

Legislative Report: By Dr. Soldinger and Dr. Shaner. Hawaii psychiatrists helped defeat a psychologist prescribing bill. AOT's progress in various California counties was discussed at the CPA Council meeting. AB1300 is a bill sponsored by the CPA, the Calif. Hospital Assn, and the American Assn of Emergency Medi-

ciné. The intent is to extend LPS detention authority to ER physicians in non-LPS-designated hospitals. The bill is opposed by NAMI, a number of county Mental Health departments, and the Union of American Physicians and Dentists. The author is Sebastian Ridley-Thomas, a state representative in the Los Angeles County area and the son of Mark Ridley-Thomas, one of the LA County Supervisors. California's Right-to-Die initiative went into effect June 9th, 2016. Council asked Dan to write an article about this for the Newsletter. A lecture was also suggested, either at the January Psychopharmacology meeting or as a separate meeting.

Program Committee Report: The Institute for Medical Quality, which grants CME authority, does a semiannual workshop. The Council unanimously approved Mindi to attend at a cost of \$385. This should help with the next CME accreditation review.

NEW BUSINESS: None

OLD BUSINESS: A vote on a motion to use \$4000 in SCPS funds to begin the process of clearing copyright and obtaining insurance for *The Art of Storytelling* was defeated on a vote of five for, eight against, with one abstention. A second motion to use \$2000 was also defeated on a vote of five for, seven against, with two abstentions.

Dr. Bonds offered the Council's condolences to Dr. Shaner on the loss of his mother.

There being no further New Business, the meeting was adjourned at 9:30 PM.

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