

PSYCHIATRIST

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Newsletter of the Southern California Psychiatric Society

President's Column

Nonphysicians Practicing Medicine

Kathleen Moreno, M.D.



This is not a new issue. In fact, these battles have continued to occur over and over and over again over the last ten years or more. There are 10 such bills currently in 7 states. Just last month, three states introduced bills that if passed would grant psychologists the authority to practice medicine. Those states are Montana, Hawaii and Tennessee. This is on the heels of Oregon successfully having a bill defeated. The following information was provided by Paula Johnson, Senior Deputy Director, APA State Affairs.

In Montana, Senate Bill 272 would permit the state board of psychology to grant a certificate to prescribe to a licensed psychologist who has completed a postdoctoral master's degree in psychopharmacology (or who has graduated from a similar armed forces program) and who has "obtained supervised and relevant clinical experience with at least 100 patients ... sufficient to attain competency under the direction of qualified practitioners as determined by the board." Candidates must also pass an examination approved by the board. Having gone through a psychiatric residency and fellowship, I would say that having to see only 100 patients would clearly not be enough experience to practice independently. Even today, I see patients in situations that are so complicated that even my 15 years of experience, leave me pause for serious thoughtfulness to come up with a treatment plan that makes sense.

Apparently, topics of the master's level psychopharmacology training program are listed although no length of training is specified. According to the posted informational document, there is no mention of physician supervision or education anywhere in the process. In fact, where the term "medical" appears in the bill, it is typically in the form that pairs prescribing psychologists with medical practitioners, i.e. "medical practitioner or prescribing psychologist." The prescriptive authority potential appears to be wide open and could lead to permitting the off-label prescribing of medications to treat cardiac or other side effects caused by other medicines they prescribe. A specific formulary is not mentioned.

The only place physicians are involved is among the members of the "prescribing psychologist oversight committee," a group that whose sole function would be to deal with complaints about prescribing psychologists. APA is in the process of assisting the Montana Psychiatric Association in preparing for this anticipated bill.

(Continued on page 2)

In Hawaii, Senator Josh Green (D), a physician, has introduced his second bill, Senate Bill 1400, related to

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the practice of medicine by psychologists. This bill would establish a five-year pilot program to authorize “appropriately trained and supervised psychologists to prescribe psychotropic medications for the treatment of mental illness” in medically underserved areas. The details of earning this particular “prescription certificate” seem a bit ambiguous as described, in that a licensed clinical psychologist must complete a master’s degree in psychopharmacology “or an equivalent certificate in psychopharmacology issued prior to 2008”, as well as “relevant supervised clinical experiences sufficient to attain competency in the psychopharmacological treatment of a diverse patient population,” and must pass an examination produced by the American Psychological Association.

After one successfully obtains a “prescription certificate” they then earn the designation of “medical psychologists.” This title would add one more mental health professional to the mix to further confuse the general public. They would be required to complete one year of supervised practice under the direction of a psychiatrist. After the first year, psychologists would complete four years of supervised practice under the direction of a supervising physician that would include conducting diagnostic laboratory tests, imaging, and electroencephalograms. The psychologist could then be confused with a radiologist, neurologist and pathologist!

The “prescriptive authority” would be wide open, including prescribing, administering, and distributing drugs, including controlled substances, “recognized or customarily used in the diagnosis, treatment, and management of individuals with psychiatric, mental, cognitive, nervous, emotional, or behavioral disorders and that are relevant to the practice of psychology or other procedures directly within the scope of practice of psychology.”

Following completion of five years of the pilot program, a “medical psychologist” shall maintain an ongoing collaborative relationship with the medical doctor who oversees each patient’s general medical care. Where would the medical liability lie in this situation one must ask? The answer is more than likely with the profession with the highest malpractice insurance. I wonder how much coverage “medical psychologists” would be required to carry. Psychologists would not be permitted to prescribe narcotics. The board of psychology would be responsible for all rulemaking related to the pilot program and “medical psychologists.”

The APA is continuing to work with the Hawaii Psychiatric Medical Association and the American Medical Association Advocacy Resource Center to develop resource materials to educate legislators on this issue.

And finally, in Tennessee, legislation has been introduced to grant psychologists the authority to practice medicine. Senate Bill 390 would grant prescribing psychologists the authority to prescribe, administer, or discontinue “a drug, laboratory test, or any medicine, device or treatment, including a controlled substance, including a controlled substance rational to the practice of psychology or recognized or customarily used in the diagnosis, treatment, and management of individuals with psychiatric, mental, cognitive, nervous, emotional, or behavioral disorders, or other procedures directly related thereto within the scope of practice of psychology...”

S.B. 390 calls for the state Board of Examiners in Psychology to develop and implement procedures for reviewing education and training credentials for the certification of post-doctoral-level psychologists who are licensed in Tennessee and have completed a post-doctoral master’s degree in clinical psychopharmacology consisting of 450 classroom hours, and have passed an examination such as that developed by the American Psychological Association’s College of Professional Psychology. Prior to receiving a prescribing certificate, a psychologist must complete a one-year practicum which includes psychopharmacological evaluations of 100 patients, “under the supervision of a physician or prescribing psychologist.” Whenever prescribing, a psychologist is to “communicate promptly with one of the patient’s treating physicians or primary care providers, in writing or verbally, the prescribing treatment plan for the patient.” There is no supervision or ultimate authority provided for the physician in this bill.

The Tennessee Psychiatric Association is working closely with the Tennessee Medical Association and APA to strongly oppose this legislation.

We all know how difficult our profession is and how much training we have needed to be able to provide our patients with the highest quality of care. It seems that if a psychologist would like to practice medicine, then he/she

should go to medical school. Psychiatry and practicing medicine is much too difficult, the responsibility too great and the consequences too dire to cut corners in the training of becoming a physician.

Letter from the Editor

Public Display of Affliction, Charlie Sheen Drives Media Frenzy

Colleen Copelan, M.D.



Painful meltdown, self-indulgence, manic grandiosity, or is Charlie Sheen a free spirit shattering the conventions that hold us prisoner?

One thing for sure: it's Spectacle. All the networks, except maybe his own CBS, have swooped in to give the New Charlie Sheen Show the full treatment. Treatment in the show biz sense of the word.

For me, it's public humiliation. It's painful to watch. I'm outraged by the media exploitation.

But that's just me.

I'm surprised by posted comments on the news stories. Some lauded his "total freedom" and courageous challenge to the conventions that bind our small minds. Some chided us for envy because "he makes the big bucks and you don't."

Well, it is hard to argue that someone is grandiose when he makes \$2 million a week. And maybe I am a tad envious of that part.

As for drugs or mental illness: some seem convinced of the former, and many of those at least allow for the possibility of the latter. Kristina Wandzilak, a substance abuse intervention specialist interviewed on ABC, said: "If this were

a client in my office, somebody who had been testing clean but still had this pressured speech and this grandiose thinking and slightly psychotic I would be calling for psychiatric care."

One thing for sure: Charlie Sheen has given my medical students exciting material for developing their mental status examination skills.

I only wish Sheen's story had not eclipsed that of the more newsworthy mental status example of Muammar Gaddafi who, by the way, makes more bucks than Sheen. cocopelan@aol.com

Don't forget to return the Public Directory Form that was enclosed with the SCPS election ballot. If you do not respond by April 30, 2011, your name only will be listed on the public portion of SCPS' website.

A Letter from the Silent Minority

Walter T Haessler, M.D.

Dr. Copelan's "Letter from the Editor" regarding the recent Tucson bloodshed provides an opportunity to comment from the perspective of a psychiatrist who happens to be a conservative. I very much doubt that we conservatives are the "silent majority" of APA, but we sure are silent. How large a minority are we?

It happens that my favorite political commentator, Charles Krauthammer, a syndicated columnist and frequent Fox contributor, is a Harvard-trained psychiatrist, so I know I'm not a minority of one.

APA has minority caucuses based on race, ethnicity, gender and sexual orientation. (There used to be a Christian caucus; I wonder what happened to them.) Why not a minority caucus based on political persuasion? It seems that our voice is never heard. Perhaps that's because we don't speak up.

Dr. Copelan asked: "What does it say about America? Politics too extreme? Gun laws too liberal? Mental illness too often untreated?", and answered, "I would say all of it." I'll field these three questions, in reverse order.

Is mental illness too often untreated? Yes. But, specifically in regard to this situation, why is that the case? Dr. Copelan goes on to tell us that NAMI points to "the 'broken' mental health care system, under-funded and unable to respond to needs." I don't know if that refers to federal, state, or local funding. A February 4, 2011 article in *Psychiatric News* refers to low mental health funding statewide. I have no personal knowledge of Tucson's program, but still feel a little defensive for them in the face of this at least implied criticism.

NAMI wants more of the taxpayers' money for mental health programs. That's fine, but are we at all sure that under-funding was the problem here? I'm betting that Tucson has a good-enough system in place to diagnose and treat mental illness, and that under-funding was less of a problem than was under-utilization. If the case goes to trial, perhaps we'll learn more.

Now, one could argue that funding a program to educate school authorities and law enforcement personnel about mental illness and the warning signs of impending violence might have helped. But we psychiatrists, of all people, know that while risk assessment factors may be accurate on a statistical basis, when applied to a population, it is near impossible to predict the behavior of an individual. How many odd, disorganized, angry young men would have to be involuntarily detained to prevent the next massacre? Nobody knows. Ours is a very, very tricky business.

Are gun laws too liberal? Yes and no. I'm not coming up with a good reason why a private individual would want or need a handgun with a 31-round magazine. I supposing that gun-rights advocates defend allowing such firepower in private hands on this basis: if that kind of weaponry is outlawed, next come handguns with smaller-magazines, then all handguns, then high-powered rifles, then all rifles, etc. They don't want us to be on a slippery slope to Mexico, where all weapons are in the hands of the authorities and the bad guys.

It is indeed unsettling that such firepower is available. On the other hand, studies have shown that communities are actually safer where gun laws are relaxed. A well-armed, well-trained individual at that Tucson gathering might have saved some of those people. We'll never know.

Are politics too extreme? I see at least two ways to read the question. The first meaning would have to do with more Americans, or at least more politicians and pundits, being on the left and right ends of the political spectrum these days. I won't try to judge what is "too extreme," but I think that is the case.

And I think it is largely explained by the events of 2008: the financial collapse producing fear and anger across the country, and the presidential election. After twenty years of more-or-less centrist presidents, we elected a liberal community organizer who promised to stand up for "ordinary Americans" (I hate that phrase.) against the "Wall Street fat cats." Remember?

That having not turned out so well, the “ordinary Americans” reacted by moving the House of Representatives and several statehouses to the right. Now, public employee unions and other special interest groups are unhappy about that development. I imagine the political waters will be choppy for awhile. This kind of situation is depicted brilliantly in Shakespeare’s *Measure for Measure*. Read it. You’ll like it.

But I think Dr. Copelan’s meaning was more about the incivility in political discourse. She commented that “...vitriol can certainly incite violence.” Within hours of the shootings the pundits, based on nothing, were blaming political “vitriol” for what happened. As I heard it in the mainstream media, the conservative vitriol was catching more blame than the liberal vitriol. What a surprise.

So, phrasing the question this way: “Is political incivility and harsh rhetoric causally linked to the Tucson tragedy?”, I answer that Keith Olbermann and Sean Hannity had nothing to do with it. From what we hear, it sounds like Mr. Loughner had a deteriorating process going on, perhaps accelerated by marijuana use and some kind of occult religious practice, and it is not clear that he was capable of formulating and expressing a coherent political philosophy, left or right. We hear that his anger at Rep. Giffords was personal, tracing back to a perceived slight years earlier.

And what if, far-fetched as it seems at this point, we did come to guess that the anger level of American political discourse in some way contributed to Mr. Loughner’s taking the action he did? Nothing changes. This is a free country, and freedom entails risk. The Founding Fathers savaged each other with outrageous personal attacks, unthinkable to modern politicians and commentators. The Bush-bashing of a few years ago didn’t even come close.

The internet is a fine example of the risks and benefits of freedom. Can we even imagine how a disturbed young man like Mr. Loughner could have been affected by its contents? I hear there are how-to websites for child molesters, self-mutilators and the suicidal. Yikes! Yet, that same system informs us wonderfully, and disturbs the sleep of despots around the world.

Freedom also has allowed the debasement of our pop culture. It’s clear enough to me that violence in the movies, rap lyrics, video games, etc. would likely both stimulate and desensitize violence-prone individuals. Why don’t the pundits spend more time on this? Why do they miss the opportunity to inform Americans that marijuana use is a particularly bad idea for people like Mr. Loughner?

I could say more, but am running into the suggested word limit. I’ll write again if members show interest, and perhaps even if they do not.

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Council Highlights

February 10, 2011

Marcy Forgey, M.D., *Secretary*



The Executive Council convened for its monthly meeting at Billingsley's. Dr. Kathleen Moreno called the meeting to order at 6:59pm.

In the President's report, Dr. Moreno asked the Council to consider candidates for the MIT Deputy Representative position to the California Psychiatric Association. The SCPS Candidate will need to be officially nominated at the March Council meeting. Next, the Council unanimously approved the slate of award candidates for the Awards and Installation Ceremony to be held in April as well the budget for the event. Dr. Robert Burchuk described the potential formation of a new forensic committee, made up of members of the Southern California branch of the American Academy of Psychiatry and the Law. Mechanisms of working with this organization in a formalized way were discussed, although no specific motions were made. Dr. Joseph Simpson described a challenge for the VA community as psychiatrists who attempt to place patients with dementia into nursing home facilities can no longer obtain an LPS conservatorship for this purpose, resulting in barriers to discharge placement. Dr. Moreno also announced that the SCPS/NAMI dinner has been confirmed for June 2, 2011 at Billingsley's. A funding request of \$250 was approved by the Council to support a joint meeting of SCPS and the Southern California Society of Child and Adolescent Psychiatry (SCSCAP). This meeting has been held annually for several years. The \$250 check will be presented to SCSCAP with an encouragement for those who are not also members of SCPS to strongly consider membership. The Council also agreed to send an opt-out notice for the new public directory to be mailed with the election ballots, allowing all members the option of "opting out" of the public directory by responding by a given date. Oversight for the distribution of the opt-out notices was given to the Website Committee.

In the President-Elect report, Dr. Mary Ann Schaepper updated the Council on plans for the next Women's Committee High Tea to take place on March 12 at the home of Dr. Heather Silverman. The theme of the event will be sexuality and speakers will include Dr. Silverman and Dr. Jackie Green among others. Dr. Schaepper and the Women's Committee are very excited about this event and expect a great turnout.

Dr. Larry Lawrence, SCPS Treasurer, presented his financial report, which was unanimously approved by the Council.

The following memberships were approved by the Council pending final approval by the APA:

MITS: Vandana Chopra, MD (UCLA); Christopher Pirok, MD (Cedars Sinai); Esther Oh, MD (UCLA), and Alisha Desai, MD (USC). General Members: Roger Cabasang, MD and Jakub Juros, MD.

In the Program Committee Report, Dr. Michael Gales reported that the Psychopharm Meeting was very well attended with 135 registered in advanced with several more showing up on the day of the event. He reported that the audience was very enthusiastic about the presentations and most attendees stayed until the very end. Overall, the meeting was a great success!

In the Public Psychiatry Report, Dr. Roderick Shaner thanked the Council for the allocation of funds to be used for the Public Psychiatry Round Table Discussion to be held on April 5 at the home of Dr Helen Wolff in Beverly Hills. The topic of discussion will be LPS and its implication for psychiatrists, including the nuances of the regulation and challenges, from the VA to mobile teams to telemedicine. The event will take place from 6:30-9:00pm, starting off with an hour for networking followed by the Round Table Discussion. Speakers include: Drs. Steven Read, Robert Weinstock, Liz Galton, and Carla Jacobs. The Round Table discussion will identify issues for SCPS to advocate for, change, or suggest to public mental health systems. Mark your calendars for April 5!

In the Legislative Report, Dr. Ronald Thurston reported that multiple states have been hit with psychology prescribing bills from New Jersey to Hawaii, but so far one has not been introduced in California. He explained that another priority bill this year is the Protection and Public Health bill which would establish California Public Protection and Physical Health, Inc., a non-profit corporation, as the replacement for the now defunct Medical Board Diversion Program. Another major issue is the current state budget shortfall of \$ 25-27 billion. The Legislature has proposed diverting \$861 million from the Mental Health Services Act to pay AB 3632, EPSDT, and mental health managed care for the next fiscal year. The following year, these services would be realigned to counties with funding from an extension of temporary taxes, extending for 5 years. Drs. Thurston and Shaner went on to describe extensively the impact of the rollout of national health care reform in California and its implications for the provision of care in the public sector.

After a very productive evening, Dr. Moreno adjourned the meeting at 9:25pm. The next meeting will be take place on Thursday, March 10 at Billingsley's.

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A CME Round Table Discussion and Networking Dinner

Tuesday, April 5, 2011

Topic of Round Table Discussion

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to attend the
Installation and Awards Ceremony

Saturday, April 16, 2011

3:00 p.m. - 7:00 p.m.

Guest Speaker: Charles Grob, M.D.

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Advanced-stage Cancer Patients.

A video will be presented detailing a focused examination of
one of the patients in his study.

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Light refreshments will be served

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The PER Foundation is pleased to announce the first phase of a multi-year fund-raising effort in support of psychiatric research that will improve mental health services and outcomes for children and adolescent in the public mental health system of our community. Consider joining our PER fundraiser event of April 7th 2011 as a PER Sponsor in one of the following categories:

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For more than 20 years, the Southern California Psychiatric Society's PER Foundation has funded projects that address the psychiatric needs of our community, focusing on improving patient care through education and research. Now PER is launching a fundraiser on April 7th 2011 to initiate a campaign to fund research to improve mental health outcomes for children & adolescents in our underserved communities. The PER Board has selected, as our partner in developing this research project, the Semel Institute's Health Services and Society Center, directed by Dr. Kenneth Wells. That Center includes the NIMH Partnered Research Center for Quality Care, the Center for the Study of Public Mental Health (DMH, UCLA, USC) and the Media and Medicine for Communities Program. The Center's mission is to support research to improve mental health services in our community.

With your help this event will be the success that is needed to fund urgently needed research into the psychiatric needs of children & adolescents in our own Los Angeles County. PER counts on your continued donations and support. Tell your friends and family & bring them to this event.

Looking forward to seeing you there! -- Maria T. Lymberis, MD, PER Founding President.

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