Southern California
PSYCHIATRIST
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President's Column

Career Day

Heather Silverman, M.D.

It is a pleasure to report that after a several year hiatus, SCPS is once again offering a career day program, open to all. While such programs started as a benefit for residents and early career psychiatrists, we are reaching a point in the evolution of psychiatric medicine where it is beginning to look like such an event may be of interest to psychiatrists at any stage of their careers.

This year's event will take place on Sunday, October 18th at Didi Hirsch Mental Health Services. Speakers will present on a variety of practice settings including large nonprofit health plans, managed care in its multiple forms, private practice, academic psychiatry and public psychiatry. There will also be talks on subspecialties and legal aspects of starting a career.
Who is hiring? Exhibitors include Kaiser Permanente, Los Angeles County Department of Mental Health, California Department of State Hospitals, Didi Hirsch Mental Health Services and others, to be announced.

No news to anyone, mechanisms of healthcare delivery are changing at an accelerated pace. Aside from academic and public sector professionals, a great part of psychiatric care delivery has been in the form of solo or small group practice.

How will the broad-based changes in healthcare delivery affect our specialty?
The number of mid and later career registrants for career day suggest some of us want to explore new options.

Two key elements of psychiatric practice merit attention. One is the expanding number of potential work settings, in some ways similar but in other ways dramatically different from the past. The second is the actual role of the psychiatrist, changing in response to the emergence of relatively complex multi-disciplinary team approaches to mental health care delivery.

Another factor impacting the interest in career day that cannot be overlooked is an apparent shift in the views of younger physicians as to the goals of professional practice. These expectations are shaped by multiple factors including medical educational experiences, realistic appraisal of employment options, diminished appeal of the entrepreneurial mystique, and greater emphasis on more time for self and family.

Public sector positions seem to be rising in their appeal. Stable employment, solid health and retirement benefits, and a legitimate sense of providing for the underserved make such jobs worth considering. There may be more such positions available in the future as the numbers of permanently unemployed rise and their needs become an even more visible social priority.

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The solo or small group private practice organized around the traditional fee-for-service private pay model continues to be an option.

Academic institutional affiliation is appealing to those with a strong interest in research. It may also be an option for psychiatrists motivated to provide clinical care in a strongly academic environment.

Prominent already are large “big box” healthcare structures capable of providing inpatient, day hospital, outpatient, and ancillary mental health services. These highly corporatized entities, whether non-profit or for profit, tend to offer similar advantages, including shared call, paid vacations without call concerns, paid education leave, a large peer group, and decreased personal responsibility for a variety of administrative concerns such as insurance coverage, maintenance of the electronic medical record, etc.

Interestingly, the potential upside of working in a largescale healthcare delivery system may be the very feature that discourages some psychiatrists from being employed by them. Some place a high priority on freedom of choice for work hours, scheduling time away from the office, and the privilege of fee setting and collections. Such psychiatrists might also relish a global sense of responsibility for their patents that includes the options of providing medication management, individual, couples, and family therapy. They might also choose to follow their patients at inpatient facilities.

Those who value this level of independence will likely bridle at the idea of having practice decisions largely determined for them. To quote a young physician working in one such complex healthcare system: “These middle men, these business people, have wedged their way into everything.

The promise of true integrated healthcare structures with psychiatrists playing a leading role has yet to be realized. Perhaps the great lesson of career day 2015 is that there have never been as many options to practice psychiatry as there are today. As such we may have, at least for now, an opportunity to practice in ways that match up closely with our preferences.

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Letter from the Editor

Snake!

Colleen Copelan, M.D.

Sometimes I like to illustrate my point with a story.

My patient is a young woman whose penchant for needy men leads to abusive relationships. My point was that neediness and charity do not always make a good bargain and my story was The Snake:

A woman happens upon a cold and shivering snake and takes him home to save his life. Once warmed and revived, the snake bites the woman. As she lay dying, she asks why he would return her kindness with venom? The snake relies: "You knew I was a snake when you took me in."

For emphasis, I keyed up Johnny Rivers' version of the ballad on YouTube.

As my patient walked out of my office, I reminded her of the snake. Within moments she shrieked: "Snake!" Perplexed by her overly vigorous response to my parting words, I rushed to see what was going on.

But first, let me explain. My home office is in rural Ventura County, surrounded by lemon and avocado groves.

And let me add that it is rare that metaphors come alive. And rarer still is this serpentine serendipity.

Yes. There was my patient—standing stone still but shivering like a leaf— one step away from a 6-foot snake! Yes, a live snake. A live snake in person!

I'm not exaggerating. I shrieked, too. The snake, hearing enough from us, slithered away.

A man from pest control was at my home within the hour, and searched for a couple of hours more. No charge if they don't catch the snake. But he did—finally—see him, and assured me it was a non-poisonous racer snake. And confirmed that he was 6—maybe 7—feet long, and that he looked so wide because he probably just had lunch. I'm not exaggerating!

The racer is a good snake. He eats the gophers who eat my avocado trees. I won't return his kindness with venom. You see my point? cocopelan@aol.com

Aspects of this story have been changed to protect patient confidentiality.

Bill Arroyo hosts a brunch reception Sunday, November 8, 2015 for medical students and residents.

SCPS members are invited to socialize and discuss current lgbt issues with LGBT Committee members, residents and medical students.

To receive Dr. Arroyo's address and attend, please RSVP to Peter Ureste, MD: pureste@gmail.com

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Council Highlights June 11, 2015

Erick Cheung, M.D., *Secretary*

SCPS Council meeting was called to order with quorum by Dr. Silverman at 8:55 p.m.

Approval of Minutes (Dr. Cheung): Minutes from the May 2015 meeting were approved by council
(unanimous approval).

President's Report (Dr. Silverman):

ICD 10 training proposal: Discussion was held regarding a proposal for a brief ICD-10 training course to be offered to members of SCPS. It was estimated that the cost would be approximately $1100.00 to organize the course. Several council members questioned the value, need, or attendance to such a course. Dr. Bonds suggested web-based learning or investigating if APA or others have already developed training materials.

Psychotherapy Committee proposal: Discussion was held regarding the formation of a psychotherapy committee at the SCPS level, that would complement APA's newly established psychotherapy caucus. Several council members expressed interest in the concept, suggestions were made to elicit grassroots membership involvement. A motion was made by Dr. Soldinger to form a psychotherapy committee, seconded by Dr. Duriez, unanimously approved by council.

Council Retreat: Dr. Silverman proposed a council retreat in August to allow for gathering of council members and their families. Council expressed support for the idea and agreed upon the tentative date of morning of August 30.

Membership Report (Dr. Malik):
New RFM: Valeria Anaya, Alaina Burns, Deena Hassan, Daqiang Sun. Motion was made, seconded, and unanimously approved to accept new RFM members.

New GM: Deborah Finkelstein, Christopher Snowdy. Motion was made, seconded, and unanimously approved to accept new GM members.

Inactive status: Sherry Mendelson. Motion was made, seconded, and unanimously approved to accept inactive status.

Treasurer's Report (Dr. Red):
A review of current financial status of the organization was presented. A motion was made, seconded, and approved to accept the treasurer's report. See report for detail.

Art of Psychiatric Medicine (Dr. Furuta): Dr. Furuta updated council on the progress of the psychiatry documentary, indicating that significant progress has been made in filming and some editing. The committee is seeking additional funds of $1,500 to permit expansion of the project to 12 interviews instead of 10, additional editing and filming costs. Council expressed enthusiasm for the current project. Dr. Shaner expressed concern related to adherence to budgetary allocations that were made based on the original scope and size of the project. Drs. Soldinger and Lymberis reported that they will look into the role of PERS in funding donations for the project. Council also discussed potential uses of the film, and avenues for distribution. A motion was made by Dr. Soldinger to approve $1500 for APMC for the

film, seconded by Little, and approved by council by majority vote.

The meeting was adjourned at 9:46PM

NAMI / SCPS Meeting highlights (6/11/15 6:30 -8:55 pm, chaired by Dr. Curly Bonds):

Telepsychiatry: the group discussed the advantages to telepsychiatry and tele-testimony for court hearings at Dept 95. Advantages include better advocacy for patients, better likelihood of pursuing conservatorship when warranted, and time savings. It appears that the public defender's office is the entity most opposed to this idea, with the argument that they do not wish to make it "any easier" for patients to be conserved. NAMI and SCPS may consider working further with Judge Bianco to develop this program, or appeal to the Board of Supervisors.

Consolidation of DMH / DHS / DPH: Dr. Shaner and Brittany from NAMI discussed the potential consolidation of these three public health agencies. There are concerns about the potential loss of the "recovery model", wariness for loss of the "voice" for mental health patients. There are potential advantages in the consolidation of the EHR for medical and mental health visits, possible better integration of mental health and substance abuse treatment. The Board of Supervisors have accepted the consolidation "in concept".

Jail Diversion: Mark Gale provided an update that the DA Jackie Lacey has strongly advocated for LA County law enforcement officers to receive CIT training to be better prepared to handle patients / citizens with mental health problems. Discussed the possibility of pre-booking diversion, to reduce incarcerations for "quality of life crimes", for example being booked and jailed for being homeless and being on the sidewalk at unauthorized times, etc… NAMI will be providing the CIT training to a large number of officers.

Bills: Discussed AB1300 a draft bill that may authorize ED physicians or specifically designated person to D/C holds in emergency departments. AB 1194 is a draft bill is intended to clarify that first responders should consider the history of patients in their assessment for DTO/DTS/GD. SB253 is a bill that appears to be erroneously targeting the use/prescribing of psychotropics to foster children, as opposed to addressing the severe underfunding and shortages of non-psychotropic services.

NAMI LA Walk / fundraiser: Shelly Hoffman encouraged all to participate in the NAMI WALKS Los Angeles County event on 10/3/15.

Location: Grand Park
Date: Sat Oct 03 2015
Distance: 5K
Check-in: 8:00 am
Start Time: 10:00 am

SCPS Career Day, Sunday, October 18th, 10:00 a.m.- 4:00 p.m.

Didi Hirsch Mental Health Services
4760 South Sepulveda Blvd.
Culver City, CA 90230

Schedule
10:00 a.m.- 10:15 a.m. - Legal Issues and Tips for New Psychiatrists
a brief presentation by Daniel Willick, JD

10:15 a.m. - 10:40 a.m. - Practice Sectors
Managed Care/Kaiser Permanente - James Kastendiek, M.D.
Private Practice - Michelle Furuta, M.D.
Academic Psychiatry - Larissa Mooney, M.D.
Public Psychiatry/the VA – Joseph Simpson, M.D.

10:40 a.m. -10:55 a.m. - Practice Sectors Panel

11:00 a.m. - 11:25 a.m. - Sub-Specialties
Consultation and Liaison Psychiatry - Yara Salman, M.D.
Child and Adolescent Psychiatry - Anita Red, M.D.
Forensic Psychiatry – Kristen Ochoa, M.D.
Addictions – Larissa Mooney, M.D.

11:25 a.m. - 11:40 a.m. - Sub-Specialties Panel, 11:40 a.m. - 12 Noon - Mentorship Discussion

Employer Exhibits open at 12 Noon - Exhibitors include:
Kaiser Permanente – Southern California
Los Angeles County Department of Mental Health
California Department of State Hospitals
Professional Risk Management Services
Memorial Counseling Services
Didi Hirsch Mental Health Services
Calabasas Behavioral Health
Consultation-Liaison Psychiatry at Cedars-Sinai

Box lunch will be served. (Lunch and Booth Exhibits until 4 p.m.)

SCPS Members - Free
Please RSVP to Mindi at scps2999@earthlink.net

Deadline for RSVPs is OCTOBER 10th.

Non-SCPS Members - $15.00
http://socalpsych.org/event-registration.html

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"The Global Refugee Crisis, America and Psychiatry. What can we do?"

By: Arsalan Malik, M.D.

There have always been refugees: people who are forced to flee their respective home countries by armed conflict, persecution or repression, They must find new homes and new lives abroad. But there is something different about the current refugee crisis. This crisis is more severe, pervasive and larger than anything the world has seen in decades. This disaster is of global proportions and the situation is truly desperate for millions. It is the biggest humanitarian emergency of our era and it is still unfolding.

The origin of this crisis is multifactorial and rooted in many different, apparently unrelated conflicts across the globe. The rise of extremist, religiously and ideologically motivated terrorist groups in the Middle East, like ISIS, Bashar Assad's brutal regime in Syria, Al Qaeda and Western intervention in Iraq has played a role. These groups use unparalleled violence and brutality to achieve primacy over their rivals.

People are fleeing their homelands in panic, by the millions, in dangerous, overcrowded dinghies, without status and recognition, rather than be killed, taken as prisoners, enslaved or face political and religious persecution. **Many of them, including children, have ended up drowned off the coast of countries that have either refused, or prohibited their entry.** The luckier ones live in horribly difficult conditions in cramped, unsafe refugee camps with no prospects for jobs or education. The trip they make is so perilous in part because Western governments, wanting to discourage all forms of uncontrolled migration, have let it be that way as a matter of deliberate policy.

The current refugee crisis calls for a global response and all of us must contribute in addressing it. It is a worldwide problem — one whose scale and severity is unmatched since World War 2.

Politics within Europe are unusually hostile to refugees and migrants at the moment given the rise of right wing parties that drum up paranoia against outsiders especially Muslims. This is why the refugees' plight has become even more acute as most of them have tried to enter the Western world via Europe. This is why they are in crisis, stuck in camps or dying in the Mediterranean rather than resettling safely in Europe.

The US is usually pretty good about resettling refugees — it resettles about 50,000 to 70,000 a year, a number that has been slowly rising since 9/11 — but so far has badly lagged behind in resettling Middle Eastern refugees. Since 2011, the UN refugee agency has referred 17,000 Syrians to the US for resettlement. The US response has been tepid and we have resettled only about 9 percent of those**. The US process for applying for resettlement can take up to 24 months for Syrians, due in part to extensive background checks and extraordinary paperwork requirements.**

The International Rescue Committee is renewing it's call for the United States government to resettle 65,000 Syrian refugees before the end of 2016. **The recent U.S. commitment to accept around 10,000 Syrian refugees is only a first step toward alleviating their suffering. Much more is needed. It is nothing compared to the more than 800,000 refugees from Southeast Asia, mostly Vietnamese, the United States accepted after the end of the Vietnam War.**

As citizens of the wealthiest, most powerful and prosperous nation in the history of mankind and by virtue of a shared humanity, it is our responsibility, nay, our duty to open our doors and our hearts and welcome more desperate refugee families to safety and freedom within our communities. Some of our foreign policy decisions have been responsible for increasing instability and, even, the inadvertent rise of extremist groups in the Middle East. We must do our best to help those who are suffering because we cannot remain indifferent and abdicate our moral responsibility.

As psychiatrists, we know that these human beings have been traumatized in unimaginable, horrific ways. They have experienced and survived devastating and profoundly stressful events. It begins with war: the destruction of their homes and communities through the use of extreme and systematic violence, personal threats, attacks, persecutions and killings. This is quickly followed by the trauma of the forced and perilous migration itself which many of them don't even survive. Those who survive must then face the traumatic loss of their homeland, their aspirations, friends and family, while struggling to cope with squalid conditions in makeshift refugee camps with no hope of an economic or educational future. Sometimes they are subject to racism, dehumanization and depersonalization and forced to en-

dure almost prison like conditions. Desperate conditions in some camps lead to malnutrition and further disease. No human being, ideally, wants to leave their homeland, if they have the chance to live a safe and secure existence. And no mother would put her son on a rickety boat unless she thought the water and what lay beyond was safer than the land.

Therefore, it is our duty firstly, to inform the public about the emotional, psychological, and spiritual impact in addition to the physical cost these refugees have had to pay. **We must then tell our representatives in Congress what we think about the refugee crisis and urge them to ease restrictions on refugees. Their applications and security clearances must be prioritized. It's unacceptable that refugees should wait for years in these camps while their applications are vetted.**

In addition, we should also offer our services and expertise to attend to the mental health needs of newly arrived, psychically devastated, physically and emotionally traumatized refugees in our communities in a way that is linguistically and culturally appropriate. We should also advocate for the development of home based, school based, office based and community based programs to attend to the medical and mental health needs of the refugees and help them integrate into society with housing and jobs**. This is how we uphold our commitment to justice, equality, humanitarianism, universal human rights, human dignity, and global mental health.**

Sadly, the current crisis is unfolding in the context of a strange, culturally paranoid, virulently anti-immigrant moment in American politics. Terrorism and crime are being conflated with and blamed on immigration. Although, even a figure like Donald Trump has expressed his support for resettling refugees, some politicians have warned that ISIS could exploit any Syrian refugee resettlement program to use it as a "a federally funded jihadi pipeline."

This is usual fear mongering. The Obama administration knows this isn't true. **These are families stuck in camps we're talking about — they include torture survivors, war crime victims, victims of sexual assault, people with special medical needs and women who head households. In almost all cases these are people <u>fleeing from terrorism</u>. They are displaced, powerless, and voiceless.** However, the administration is unwilling to overcome the political opposition.

Through our representatives in Congress, we must compel our government which appears, at the moment, more concerned with protecting itself politically against the very unlikely risk of letting in potential jihadis than with saving the lives of thousands of Syrian families to respond to this crisis in a way that is consistent with our morality and our values.

The U.S. itself a nation of immigrants fleeing religious persecution has historically been the world leader in recognizing the moral obligation to resettle refugees. **We cannot afford to shut our eyes and sit out the biggest refugee crisis since WW2. As the German and Turkish governments calmly take in a million refugees each in 2015, it is vital for the U.S. to step up its response.**

As psychiatrists, Americans and citizens of the world, the clarion call of conscience is loud and clear. What morality demands is indisputable. People suffering hunger, illness, pain, anxiety, trauma and other dire conditions should be given every aid available, and those who live relatively comfortably should endure the mere, but often intensely rewarding discomfort of providing it.

Opening our doors and our hearts to people fleeing war, death and poverty, is the right thing to do and our moral responsibility. We must hold true to our obligations in the world and to the values we profess: compassion, empathy, generosity and mercy. It would be unethical for us to stay silent or passive on an issue with such serious, life and death implications for so many people**.**

Mountains and Mental Health
by: Roderick Shaner, M.D.
San Gabriel Valley/East Los Angeles Councillor

Psychiatrists have some special concerns when it comes to wildland conservation and protecting the environment. We know there is strong research and clinical evidence that access to fresh air, inspiring natural scenery, and places for exercise and calm contemplation improves overall health and symptoms of anxiety and depression. We also know that our patients with serious mental illnesses can attain exceptional benefits from such activities, which lessen the rates of cardiovascular disease and obesity associated with these diagnoses. Improving access to environments that provide opportunities for walking, hiking, enjoying natural wonders, and spending time interacting with friends and family has great therapeutic implications.

For these reasons, the SCPS was pleased to respond positively to the San Gabriel Mountains Forever (SGMF) mental health initiative by supporting its policy platform in letters to Senators Barbara Boxer and Dianne Feinstein. SGMF is a diverse partnership of residents, cities, local business owners, faith and community leaders, health and environmental justice organizations, and recreation and conservation groups working to permanently protect the San Gabriel Mountains and rivers. For more than a decade, San Gabriel Mountains Forever has worked in local communities to build support for protection of, and increased access to, the extraordinary range of peaks and canyons that grace our district branch's geography. SGMF's mental health initiative is an effort to confirm that mental health professionals understand the unique value open space can provide for mental wellbeing – both to fortify communities against the stresses of our increasingly urban landscape and even to aid in treatment.

It's likely most of us have visited and appreciated the San Gabriels. If you are thinking about ways to preserve and share this local resource, SGMF can provide effective suggestions. This organization's mental health initiative is an effort to make us aware of the natural treasure in our backyard, and encourage us to share this awareness with other mental health professionals, our patients, and our community.

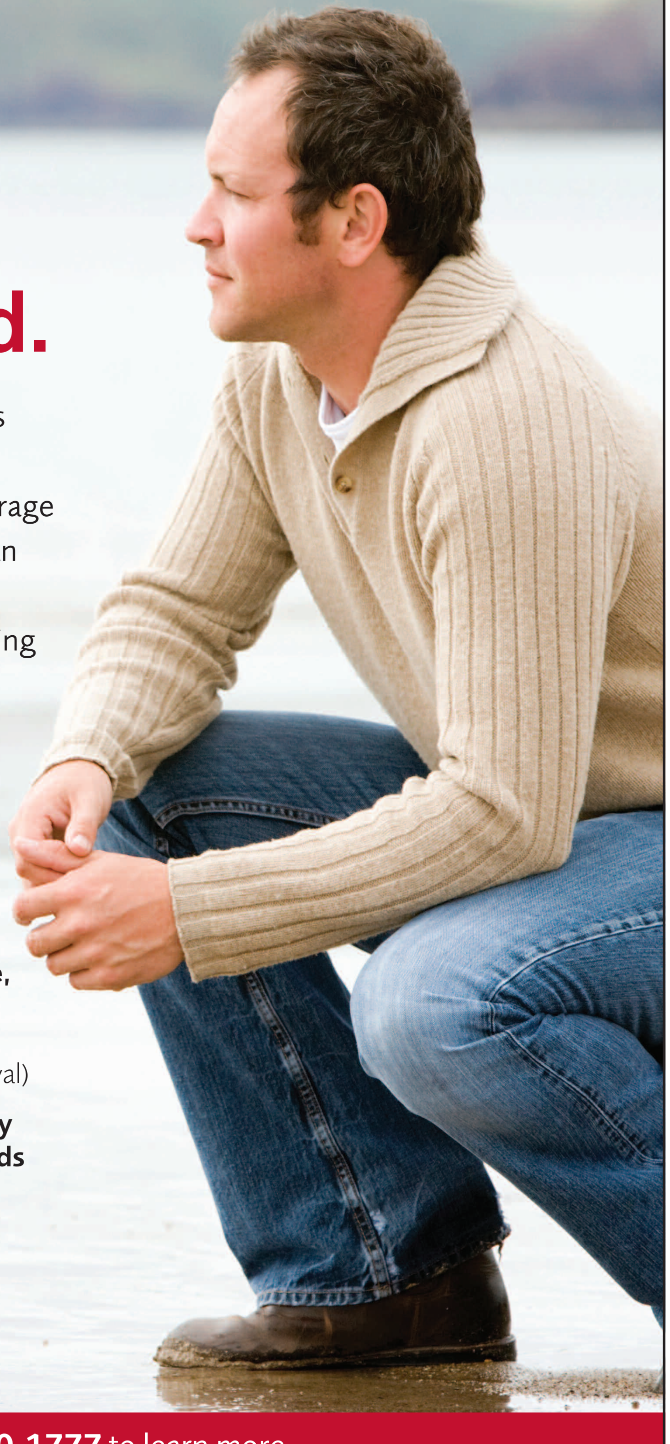
You can get more information about SGMF and their advocacy by visiting its website:

http://sangabrielmountains.org/tag/nature-and-mental-health/.

Dave the Date!
SCPS' Premiere annual Psychopharmacology Update
Saturday, January 30, 2016

Speakers include:
Barbara Parry, M.D.
Charles Raison, M.D.
Helen Lavretsky, M.D.
Stephen Marder, M.D.

More info coming soon!



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Over the last several years, the Department of Psychiatry has grown Consultation-Liaison Psychiatry throughout the Cedars-Sinai Health System. Our team includes 11 faculty, 44 attending psychiatrists, and 17 psychologists involved in services ranging from General Consultation-Liaison, Emergency Psychiatry, Addiction Psychiatry, Transplant Psychiatry, Geriatric Psychiatry, Women's Health, Psycho-Oncology, Health Psychology and Neuropsychology. We are committed to advancing sub-specialty knowledge across the interface of psychiatry and medicine, and through our health services research program, to discover and implement behavioral strategies that improve patient and population health. Cedars-Sinai Medical Center is committed to excellence in compassionate patient care, research, and community programs to improve the lives of patients.
CV's and letters of interest can be directed to Dr. Itai Danovitch, Chair of Psychiatry and Behavioral Neurosciences; c/o Whitney.Bowens@cshs.org

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