

# PSYCHIATRIST

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Newsletter of the Southern California Psychiatric Society

## President's Column

# Crises

Kathleen Moreno, M.D.



We have certainly weathered our share of crises over the last few years both figuratively and realistically speaking. We have experienced the three recent crises in Japan with the earthquake, tsunami and nuclear leakage. We have experienced wars in Afghanistan and Iraq. There is major political unrest in Iran, Libya, Syria and Egypt. The people in Haiti and Southeastern United States are still overcoming the ravages of hurricanes. There have been several countries in South America and Australia that have had significant earthquakes as well. Here in Southern California, we have been experiencing the economic hardships of the recession, foreclosures and increased homelessness. How do we process all of these tragedies which

have had a profound impact on all Americans with ourselves and our patients? Although the article below was written for the primary care physician and in the context of war, the content can be of great use for all disasters. The following information was reprinted with permission from the website [www.nmha.org](http://www.nmha.org) (copyright 2011 National Mental Health America).

### Talking with Patients about Mental Health in Times of War: Tips for Primary Care Physicians

The ongoing war in Iraq and the continued threat of terrorism at home have had a profound impact on all Americans, whether they are directly or indirectly affected. It is important for primary healthcare providers to recognize and assess the psychological impact of the ongoing stress of war and related crises on their patients.

You may also see an increase in the number of patients reporting a variety of physical and behavioral complaints when world events become more intense; for example, when terrorist threat levels change or if there were an actual attack on U.S. soil or even elsewhere it could create overwhelming anxiety and stress in some people.

It is critical to look beyond the somatic complaints for the possible presence of underlying anxiety, stress, depression and/or post-traumatic stress disorder. Children are especially likely to somaticize emotional distress. This assessment is also particularly important when treating people with psychiatric disorders. Symptoms of their illnesses can be exacerbated by tragic events.

What are common reactions?

It is usual for people to experience a range of emotions and responses in times of war or crisis. The following are common responses, which may present differently from person to person:

- Disbelief and shock
- Fear and anxiety about the future
- Disorientation, apathy and

(Continued on page 2)

### In This Issue...

Letter from the Editor .....	3
Council Highlights .....	5
Women's Committee High Tea .....	7

- emotional numbing
- Irritability and anger
- Sadness and depression
- Over- or under-eating
- Difficulty making decisions
- Crying for “no apparent reason”
- Headaches and stomach problems
- Difficulty sleeping
- Excessive alcohol or drug use
- Worsening of pre-existing medical conditions

Most of these reactions, while distressing, are healthy responses to war and other crises, and will resolve themselves in time. But, if these reactions last for several weeks, they may be signs of mental health disorders. In some cases, it may be the first incidence of such a disorder. The key to identifying psychiatric distress and disorders will be the intensity and duration of these symptoms, and the disruption of the person’s ability to function in daily life.

Which mental health issues are potential concerns? Below are some common mental health issues that develop or resurface in times of war or crisis, or after a traumatic event:

**Acute Stress Disorder:** ASD may present closely following a traumatic experience or event. Symptoms of ASD include: numbness, difficulty responding to normal life events, difficulty controlling anger and suspiciousness.

**Post-Traumatic Stress Disorder:** PTSD may present months after a traumatic experience or event. Symptoms include repeatedly re-experiencing the ordeal in the form of flashback episodes, memories, nightmares or frightening thoughts, especially when exposed to events or objects reminiscent of the trauma. Emotional numbness and sleep disturbances are also common symptoms, as are depression, substance abuse, heightened anxiety and irritability. Headaches, gastrointestinal complaints, immune system problems, dizziness, chest pain or discomfort in other parts of the body are potential signs. People who already live with PTSD are at risk of more prominent flashbacks, anxiety and hypervigilance during times of war or crisis.

**Substance Abuse and Addictions:** People may start or overuse substances, such as alcohol, food and drugs, and increase gambling and other addictive behaviors to manage their anxieties and other symptoms. The most important clue to watch for is whether the person’s usual consumption or behavior has changed.

**Depression and Anxiety:** These disorders may develop or increase as a result of stress and trauma about the war or related events. It will be necessary to assess all patients whether they have been previously diagnosed or not. If patients are presently being treated for these disorders, it will be necessary to determine the appropriateness and effectiveness of current treatment. Depression and grief are separate issues, but grief can cause concern when it lasts for an extended period of time.

**Domestic Abuse:** Research has shown that domestic abuse cases rise after traumatic events and during times of national crisis. Be alert for bruises and other signs of violence on adults and children.

Tips on reducing stress and trauma reactions in your patients:

- o Talk to your patients about the war or traumatic events. Ask how they, their families, colleagues and friends are coping with recent events. Encourage them to express their feelings to you and/or a trusted relative, friend, social worker or clergy member.
- o Advise eating healthy foods, getting plenty of rest, exercising and drinking fluids.
- o Encourage them to spend time with their family members and close friends.
- o Advise them to limit their exposure to news reports and images of the war.
- o Encourage them to participate in activities that they find relaxing and soothing
- o Suggest that they get back to their usual routine as soon as possible.”

We are very glad to have been able to nominate Mary Ann Schaepper, MD for the Disaster Psychiatry Fellowship

to attend the Disaster Symposium at the upcoming APA Annual meeting.

Locally, the Women's Committee's 2nd High Tea was a success with 45 women attending. The speakers were great and the food was delicious. We wish to extend our sincere appreciation for the use of the home of Drs. Michael Gales and Heather Silverman. The SCPS deadline to receive ballots for this election was April 1. The results were tabulated by our Teller's Committee on April 6 and the results are published on page 11. The Public Psychiatry Committee CME Round Table discussion on LPS Conservatorship was held April 5, 2011 at the lovely home of Dr. Helen Wolff. We wish to extend our sincere appreciation for Dr. Wolff for hosting this event. Lastly, please feel free to join us at the annual Awards and Installation Ceremony on April 16, 2011 from 3-7pm at Le Merigot.

The CPA met last month and there were many issues discussed. Issues included budget issues, current bills in legislation that address or involve mental health issues and exchanging updates with the other district branches about what they are up to.

The APA is offering grants available for \$15,000 for the purposes of recruitment and retention of members. We applied for this grant and received it in 2009. We look forward to reapplying and hopefully obtain these funds to contribute to our continued engagement of our members to foster our common interest of psychiatry, fellowship and advocacy.

We continue to keep focused on everyday issues which include the importance of supporting all aspects of psychiatry.

## Letter from the Editor

Doc in the Box

Colleen Copelan, M.D.



Does the name Lucy Van Pelt ring a bell?

She's the Peanuts darling, poised confidently in the lemonade booth with a sign reading: "PSYCHIATRIC HELP 5¢."

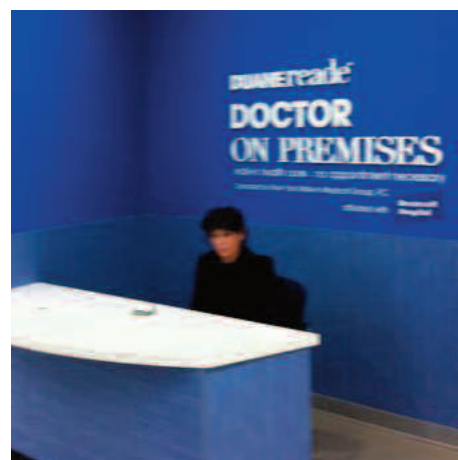
I couldn't pass up my Lucy moment—see photo—at recent visit to the Duane Reade Drugstore at 72nd and Broadway. Duane Reade is all over Manhattan. It's either Duane Reade or Starbucks every few blocks.

But Duane Reade is one step ahead of Starbucks with the launch of its DR Walk-In Medical Care service. Cuts, colds, sprains and infections—and a promise for referral and communication with your primary care physician.

Sorry, no latte.

The doctors and staff come from the New York Walk-In Medical Group, a professional corporation, incorporated in the state of New York and doing business in DR stores as "DR Walk-In Medical Care."

Similar "retail medical clinics" are popping up around the country, in drug stores and shopping malls. No appointment necessary and much cheaper than the emergency room. Certainly convenient, but another fragmentation



of care.

And is the doctor really in, or at least in charge, or—in many places around the country—at least supervising the nurse practitioner who looks to be in charge? California law specifies the nature and number of NP supervision but, here as elsewhere, NPs periodically sponsor legislation for expanded independence.

And I've heard that Lucy's looking for a lobbyist. [cocopelan@aol.com](mailto:cocopelan@aol.com)

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# Council Highlights

## March 10, 2011

Marcy Forgey, M.D., *Secretary*



The Executive Council met at Billingsley's March 10, 2011. Dr. Kathleen Moreno called the meeting to order at 7:03pm. The minutes of the previous meeting were approved, and Dr. Moreno launched into the President's Report.

Dr. Moreno announced that all award recipients for the Awards and Installation Ceremony have accepted their nominations and Dr. Charles Grob has agreed to speak at the event. It will take place on Saturday, April 16 at Le Merigot in Santa Monica. We are hoping for a great turnout this year!

SCPS is gearing up for the June 2 dinner meeting with NAMI. Ms. Mindi Thelen will be organizing a NAMI Walk team this year as well and SCPS/NAMI t-shirts will be available for \$15, which can be worn at the Walk.

The ballots have been sent out, with a form included allowing for members to opt out of the website public directory if they wish. All members who do not opt out will be included in the public directory.

The Council unanimously voted to nominate Dr. Mary Ann Schaepper for the APA Disaster Psychiatry Fellowship. If selected, Dr. Schaepper will be reimbursed for the cost of attending the disaster psychiatry course at the APA Annual meeting. The fellowship is sponsored by the APA Committee on Psychiatric Dimensions of Disasters.

The Cedars Sinai Psychiatry Residency was unanimously granted \$250 of support for their retreat to be held April 29-May 1. The Council wishes the residents a great retreat and look forward to receiving a photo and letter from the residents documenting the day.

Dr. Marcy Forgey announced the date for the joint meeting between SCPS and the Southern California Society of Child and Adolescent Psychiatry. It will be held at the home of Dr. Bill Arroyo on June 1.

The Council voted unanimously to accept the Southern California branch of the American Academy of Psychiatry and the Law as a section of SCPS if they wish to be a section.

Dr. Schaepper reminded the Council of the next Women's Committee High Tea on March 13 at the home of Dr. Heather Silverman in Santa Monica. She reported that 45 people were already signed up to attend!

Dr. Schaepper also reported that the APA has changed the guidelines for requirements for distinguished fellow status. Starting in 2013, board certification will be required. APA and district branch participation are now being assessed separately in 10 different categories for consideration of distinguished fellow status.

The following candidates were unanimously recommended for membership, pending APA approval:

Member-in-Training: Ryan Davis, MD, UCLA

General Members: Emily Defraites, MD; Bessy Martirosyan, MD

In the Program Committee Report, a suggestion was made to plan for a day meeting sometime between now and the winter. The Council was very enthusiastic about this proposal, and multiple suggestions were made for potential educational topics to be included.

In the Public Psychiatry Report, Dr. Roderick Shaner reminded the Council of the upcoming Public Psychiatry Round Table Meeting to be held at the home of Dr. Helen Wolff on Tuesday, April 5. The major theme of the meeting will be LPS issues. He noted that a major issue to be discussed is the future of LPS and the county and the



commitment of LPS reform at the state level.

In the Legislative Report, Dr. Ronald Thurston explained that budget issues are the major focus currently in Sacramento. He noted that Governor Brown's realignment proposal includes temporarily utilizing MHSA funds to cover ESPDT, AB 3632, and managed mental health care, followed by funding of these programs through an extension of existing taxes in subsequent years. He continued that there has not been much of a focus on legislation yet, and that currently no psychology prescribing bill has been introduced. He explained that there are proposals being considered on the state level which would involve changes in the structure and operations of the Department of Mental Health, Department of Health Services, and the Department of Drug and Alcohol Programs.

Dr. Thurston strongly encouraged all of our members to become key contacts for CPA. The role of a key contact is very important in advancing the CPA legislative agenda. The CPA Political Action Committee is also recruiting members-in-training to do telephone-based recruitment of members to the PAC. Please contact Dr. Thurston or Ms. Mindi Thelen if interested in becoming a key contact or recruiting for the PAC.

Dr. Thurston also announced that APA Advocacy Day will take place in Washington D.C. on April 13.

Dr. Lawrence Gross encouraged all members to attend the PER fundraiser on April 7. The highlight for the event will be the extraordinary film, "Mahler on the Couch."

Dr. Moreno adjourned the meeting at 9:12pm. Next month's meeting will take place on Thursday, April 14 at Billingsley's.

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The SCPS Women's Committee held its second High Tea on Saturday, March 12th at the Santa Monica home of Heather Silverman, M.D. The event was well attended and everyone enjoyed the comradery, the food and the three wonderful speakers. Jacquelyn Green, M.D., started off the program with her relaxation technique. After everyone was relaxed, Jeralyn Brossfield, M.D., spoke about healthy sex and hormones. The program ended with Heather Silverman, M.D. giving a presentation on erotic transference. No one wanted to leave!











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Optimum Performance Institute, a leading young adult independent living facility, is seeking a dynamic team oriented psychiatrist to work with OPI's professional staff in serving young adults ages 17-28 to provide psychotropic medical evaluations and continuing follow up and care to OPI residents. The position provides the opportunity to participate in a multidisciplinary treatment model. Email curriculum vitae and hourly rates to [tblaine@opiliving.com](mailto:tblaine@opiliving.com). Visit [www.opiliving.com](http://www.opiliving.com) to learn about OPI. No phone calls please.

Woodland Hills,  
California

SCPS has a Walk Team for the Los Angeles NAMIWalk 2011, which will be held at the Third Street Promenade on October 1, 2011. You can join the team as a walker or make a donation to the team. We will also have cool team T-shirts!! (\$15.75)

To see the team page:  
[www.nami.org/namiwalks11/LOS/scps](http://www.nami.org/namiwalks11/LOS/scps)

At the team page you can join as a walker. To make a donation, you have to do it through a walker's page. So far, I am the only walker listed on the team page. My page is:

[www.nami.org/namiwalks11/LOS/mindi](http://www.nami.org/namiwalks11/LOS/mindi)

It would be great if we could have a robust team to support NAMI.

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and select the link for the American Psychiatric Association members.

## Election Results

Larry Lawrence, M.D. - President -elect

Marcy Forgey, M.D. - Treasurer

Anita Red, M.D. - Secretary

Erick Cheung, M.D. - ECP Representative

Lauren Agarwal, M.D. - MIT Representative

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There were no races for regional Councillor positions.

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## Space Available

Office: 1800 Fairburn Ave., west LA. 10 blocks east of Westwood Blvd, the corner of Fairburn and little Santa Monica. The building designed as a "home" for mental health professionals, includes a spacious office, private waiting room and bathroom, reserved underground parking, large community conference room (with coffee), on-site secretary, copy machine, fax. Available March 15, 2011. Rent \$1,800 per month. call Joseph Jones (310) 398-2100.

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