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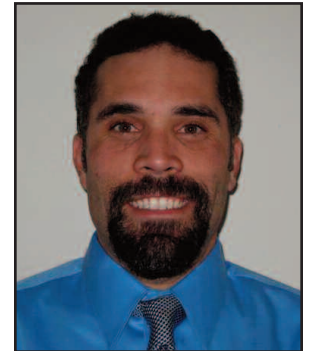
Newsletter of the Southern California Psychiatric Society

2018 - 2019 ELECTION

President's Column

The Membership Olympics

by Joseph Simpson, M.D.



The Seoul Winter Olympics are upon us and soon many of you will be glued to your TV or smartphone, tallying up the gold, silver and bronze medals won by your favorite athletes, teams, the U.S. contingent as a whole, and/or those of other nations. Medal counts are definitely fun. In that spirit, I am going to review a different kind of medal count, that of the APA's 100% Club. Unfortunately, in this medal hunt, Southern California and California in general are far behind.

For those who don't know, the APA keeps track of the percentage of residents who are APA members. Training programs with 80 to 89% membership receive Bronze Level status; those with 90 to 99% membership are Silver Level; and a program which achieves 100% membership earns Gold Level. Recently the APA added another goal to strive for with the Platinum Level, which is for those elite programs which are able to sustain the Gold Level of all residents being members for five consecutive years. In addition to the prestige and recognition, various perks accrue to programs in

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the 100% Club, including, for the residents, on-demand courses from the APA website and priority access to moderator positions at the Annual Meeting and Institute for Psychiatric Services meeting (including reimbursement for registration). For program directors, there is access to courses which give CME credit and welcome kits to give out to chief residents. Platinum Level programs also get a Grand Rounds presentation from an APA leader.

All this may sound like the pitch your college or kid's school or favorite charity gives to try to entice you to donate more money and get into their Leader's Circle or whatever. And in truth there is an element of that here. But it seems like a good bet that psychiatrists are more likely to join APA during residency than years later when they are out in practice. (I don't know if APA has ever studied this, but it seems like common sense.) So if APA is going to remain a strong and influential organization, it is essential to recruit as many residents as possible.

So how are we doing? The June 2, 2017 issue of *Psychiatric News* lists all the residency programs that were in the 100% Club for 2016-2017 (pp. 18-19). With apologies for any errors made by me or *Psych News*, here is the breakdown as I counted it: There are 11 programs at Platinum Level, including one from California, the San Mateo County program (Bravo!). Gold Level is the most numerous, with 58 programs. Only three are in California: The Naval Medical Center in San Diego, Kaweah Delta Health Care District (in Visalia – I'm guessing it is a small program), and UCSF Fresno. One California program made Silver, UC Irvine, out of 14 total programs. And of the 22 Bronze Level programs there was again only one in California, California Pacific Medical Center in San Francisco. So, out of 105 U.S. residency programs with at least 80% APA members, California only accounts for six programs, which seems quite surprising given that we are the largest state by population and have a larger number of APA members than any state except New York. Worse still, the Southern California Psychiatric Society, with its nine residency programs, has no 100% Club members.

Skimming the entire list, one sees a predominance of East Coast and Southern programs, with a smattering of residencies in the Midwest. Only a handful of programs in Western states made the list. Perhaps this is in part due to our distance from APA Headquarters in Washington, D.C. or maybe there are other causes.

If you are not a resident or someone who interacts with residents, then there is not much anyone can expect you to do after reading this piece. But if you do have any contact with residents, I hope that California and SCPS's unimpressive showing in the Membership Olympics will motivate you to exhort them to join. If you need a reminder of reasons to join APA or resources to direct psychiatrists to for more information about membership, please consider referring back to my June 2017 column in this Newsletter.

Get to Know Your SCPS Board

By Newsletter Editor
Matthew Goldenberg D.O.



This part of an ongoing series of interviews with members of the SCPS Executive Council Leadership. My hope is that this will allow our members to get to know their leaders. May a better understanding the history of SCPS and how our leadership got involved, inspire a new generation of future leaders to join and become active on the council.

For the February edition of our newsletter, I have the pleasure of presenting my brief interview with Anita Red M.D. who is President-Elect.



President-elect, Anita Red, M.D.

1) How did you initially become interested in medicine and what initially sparked your interest in the field of Psychiatry?

Medicine for me is the perfect combination of the pursuit of knowledge in science. It is an ever-evolving field. Psychiatry is the perfect combination of the mind, body, and spirit. I love that psychiatry sees a person as a whole person. We understand that the head and body are connected to make a wonderfully made person.

2) How has the field changed since you completed your training and what has been different than you initially imagined?

Compared to when I started medical school, the stigma of mental health has changed in a positive way. Issues like suicide, addiction, and bullying have been more public. Mental health is being discussed more. It's in music, movies, television, and social media, which means more knowledge, less stigma, and hopefully more accessible help for people.

3) You are a child and adolescent psychiatrist; do you only see children or do you see adults as well? What is your practice like?

I love that child and adolescent psychiatrists get to treat all ages of people across their lifespan. I see all ages from 4 years old to 70 years old. Most commonly I see ages 10 to 25 years old.

4) When did you become a member of SCPS and what motivated you to become more active on the Board?

During residency, I was nominated and encouraged to run for the SCPS council, the position now called resident/fellow representative. After that I became the Secretary, Early Career Psychiatrist Representative, Treasurer, and San Gabriel Valley/ East LA Councilor. Now, as the President-Elect, I've served on the SCPS council 10 years. The SCPS has been a significant part of my adult life, and almost all of my life as a psychiatrist. I don't

know what life is without the SCPS! I'm thankful to that original person who encouraged me to run and to the person who nominated me, because now I am passionate about the SCPS.

5) What are your goals for your Presidency next year? Where do you hope to see the field of Psychiatry go in the next 20 years?

The more people involved the better. I want psychiatrists to feel united. I want to see continued involvement from our residents, fellows, and early career psychiatrists. I would love to see the SCPS more involved publicly, move forward in technology, and more involved with social media.

6) If you could go back in time, with what you know now, what advice would you give yourself related to your career as a Psychiatrist?

Luckily, I had great mentors (and still do,) one of which was connected through the SCPS. My mentors gave me great advice, and I'm glad that I followed it. I don't know that I would do anything differently. They told me that I could do it. What I would tell someone else is that you can do anything you want to do. Think about what you want in your life, and set your sights on that. Find a mentor.

7) Surprise me. What is one thing we didn't know about Dr. Anita Red?

I like to travel. I'll try any food, and I love new experiences. I love jokes. What do you call a bear without teeth? A gummy bear.

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CANDIDATE STATEMENTS

Deadlines for Nominations by Petition February 19, 2018

In this special section, the candidates nominated for your representation discuss their views.

Please read the statements carefully before voting.

Ballots will be mailed on or around March 5, 2018



Erick H. Cheung, M.D.
President-elect

Service to our patients, the community, and our profession. I am honored to be nominated as SCPS President-Elect, to uphold these pillars of our professional organization. Over the past 10 years, I have actively served in SCPS positions ranging from MIT and ECP to Secretary and Treasurer. Throughout, I have been inspired by the incredible dedication and heart that our council members and staff have given to our professional society. Our voice matters, as the largest contingent of the California Psychiatric Association (CPA), and through CPA as drivers at the national level. We should continue to increase our active engagement with our membership, with recent examples in soliciting input during the debate over our organizational stance on medicinal marijuana and the end-of-life legislation. We should continue our strong advocacy on key issues that include enforcement of mental health parity, scope of practice and protection for patients, access to mental health and substance abuse services, and freedom from excessive regulation of our profession. We shall continue to provide high quality educational events and opportunities for networking and career development, the strong efforts to renew communication through SCPS's newsletter, and the creative means of connecting to our community.

In my experiences as the director for the psychiatric emergency service at UCLA, I clearly understand the challenges that patients face in accessing the services that they need, when they need them. As SCPS's appointee to the LA County EMS Commission for the past 7 years, I led the agency's in depth review of the 911 emergency response system and how it struggles to address the needs of patients suffering mental health and substance abuse emergencies. We still face unprecedented shortages of inpatient psychiatric beds. Our patients still languish in emergency room corridors, on the streets, and in the jails. There are large gaps in service between outpatient and inpatient levels of care that need to be filled. Now more than ever, we need SCPS and APA to advocate for better access, coverage for more comprehensive services, and decreased stigma.

Together, we will continue SCPS's tradition of service to our profession and the community.



Ijeoma Ijeaku, M.D.
Secretary

I am a board certified Child and Adolescent Psychiatrist working for the Riverside University Health System-Behavioral Health. My clinic caters to an underserved population whose mental health challenges are often complicated by a lot of psycho-social factors. I serve over two hundred individuals along with their families. I am also an Assistant Clinical Professor in the University of California Riverside School of Medicine Department of Psychiatry.

I feel very excited about returning to the SCPS council in a new position. I have been involved in APA/SCPS since the beginning of my residency training. I was elected MIT Representative as a resident and offered the opportunity to serve as Inland Empire Region Councilor afterward. I was elected into the same position almost three years ago and have enjoyed representing the inland

empire Psychiatrists. More recently, I was appointed chair of the SCPS Membership Committee. In the past three years, the Inland Empire has grown its membership and we have just added another council seat! I have truly enjoyed the growth in both personal and professional capacities since my involvement in SCPS.

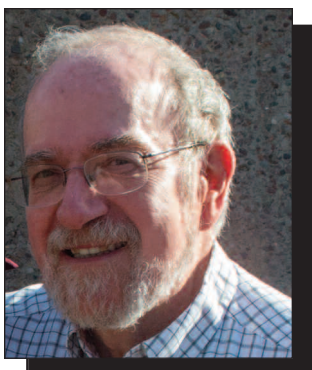
I feel honored to be nominated for the position of Secretary for the 2018/2019 year. I have been blessed with so many great benefits of being part of organized psychiatry; from monthly council meetings to smaller meetings addressing specific questions to gatherings for various causes. I would love to continue to see our membership grow and hope that I can work with other council members in the coming year to advance SCPS policies which support psychiatric practice in various practice settings within Southern CA.

As the healthcare system continues to embrace integrative and collaborative medical care, I am hoping that we the psychiatrists who sit on council can lead the way in encouraging this practice for our members to help foster a better health status for our patients.



Michelle Furuta, M.D.
Treasurer-elect

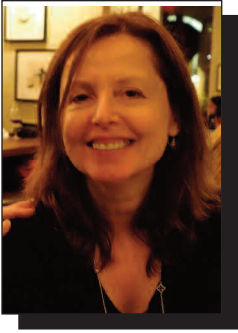
I am honored to be nominated for the position of SCPS Treasurer. It has been a great pleasure and a privilege to serve SCPS for the past four years as the Early Career Psychiatrist Representative and currently as the South Bay Representative. I work exclusively in private practice in the South Bay, and am also affiliated with UCLA as a Clinical Faculty Member and with Harbor-UCLA supervising residents in the Psychiatry program. Some of my passions are the destigmatization of psychiatry and the preservation of quality in our field. If elected Treasurer, I will continue to support SCPS in this important role.



Sam Miles, M.D.
Assembly Representative

I am honored to be nominated for the position of APA Assembly Representative. We psychiatrists always face multiple challenges – access, regulations, reimbursement, and stigma. In recent years, challenges have increased with rapidly shifting models of health care delivery, dwindling resources to support research, and a political system inclined to stigmatize. On a national level, the Assembly is a forum in which the varied action papers of APA members can be discussed and approved to guide our future in the best most productive way.

I have been involved in organized medicine and psychiatry throughout my career. I am in private practice, on the clinical faculty of the UCLA and NCP. I have been involved in Medical Staff governance at Cedars-Sinai, and have served as Clinical Chief and Interim Chair of the Department of Psychiatry. I believe I understand many of our challenges, and appreciate your support.



Heather Silverman, M.D.
Assembly Representative

I am honored to be nominated to run for SCPS Assembly Representative.

As psychiatrists in Southern California, we have the opportunity to see patients from diverse cultural and socioeconomic groups. Many of our patients suffer from limitations on affordability and access to quality care. Through SCPS and CPA we pool our knowledge and experience to shape and deliver effective messages to stakeholders and legislators here in California. In turn we collaborate with colleagues across the country through the APA Assembly and APA Board of Directors to influence mental health care on the national level.

I have served continuously on SCPS committees and Council since first coming a psychiatrist. This experience fills me with appreciation and respect for the capacity and potential of our professional organization to have a meaningful voice across the broad range of mental health issues facing our patients and ourselves at this time.

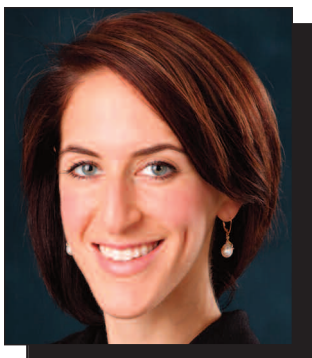
I would consider it a great privilege to serve as one of the SCPS Assembly Reps.



PK Fonsworth, M.D.
Early Career Psychiatrist Representative

I am honored to be nominated for the Early Career Psychiatrist position. As an Addiction Psychiatry fellow at UCLA NPI, I have witnessed widely divergent levels of privilege and its lack. These experiences have heightened my sensibility to marginalized populations— in particular the addicted and underserved suffering from psychiatric illness. For this reason, during my training, I was awarded a competitive APA/SAMSHA Fellowship and served on the APA Council on Addiction. Both have offered me a critical opportunity to engage with serial mentors and examine how organized psychiatry has an impact in county, state, and national levels.

As a part of SCPS, I am excited about how I can bring this vigor locally as an Early Career Representative: to be of service, mentor junior colleagues, and give back to an organization that has helped Southern California be an enriching place to train in psychiatry. Being an Early Career Psychiatrist of SCPS would allow me an even greater sense of purpose. I look forward to developing the leadership and advocacy skills I've obtained from my business, medical, and psychiatric training for the betterment of SCPS and our patients. Thank you for your consideration.



Michelle Meshman, M.D.
 Early Career Psychiatrist Representative

It is an honor to be nominated for ECP representative. Currently, I am on the SCPS Council serving as a Resident and Fellow Member Representative. I am a fourth-year resident at the UCLA San Fernando Valley Program. As graduation approaches, I am reminded of the importance of mentorship and community in early professional development. One of the primary benefits of SCPS is the chance to network—to meet psychiatrists from varying practice settings and career stages. As Resident and Fellow Member, I helped facilitate these opportunities by organizing the annual career fair. Additionally, I am now planning a panel discussion sponsored by the

Women's Committee. As ECP representative, I will continue this important work by creating a mentorship program as a resource for residents and young psychiatrists. I will also continue to plan fun and engaging social events. Thank you for your consideration.

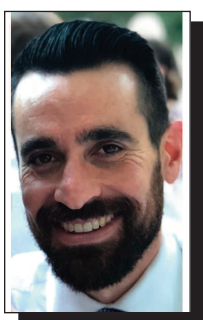


Katherine Unverferth, M.D.
 Member-In-Training Representative

It is an honor to be nominated for the position of Resident-Fellow Member Representative to the SCPS for the second year in a row. I am currently in my third year of Psychiatry Residency at the UCLA Semel Institute. Prior to this, I completed my undergraduate training at Duke and my medical training at Georgetown.

This past year, I had the honor of serving as one of two RFM representatives for SCPS. My main goals were to expand social media engagement (check out the new Facebook page!), develop tailored activities for RFMs (the Westside SCPS RFM movie night will be held February 25th, we also plan to host one in the Inland Empire, date TBD), and to continue in-person recruitment of RFMs. Over the next year, I hope to continue expanding opportunities for RFMs to be involved in SCPS and plan to revamp the career fair to increase interest and engagement.

I continue to be grateful to the APA for all of its work promoting mental health advocacy, parity, and social justice. I hope to continue to use my position as an RFM Representative to continue developing opportunities for fair treatment for all people with mental illness.



Eric Wagreich M.D.
 Member-In-Training Representative

I am honored to be nominated for the position of the SCPS Resident-Fellow Member Representative. As an intern at the LAC + USC Psychiatry training program, I have the opportunity and honor of serving some of the most marginalized patients in the state. While early in my training, I have benefitted from the mentorship of several psychiatrist mentors, and have an appreciation for the responsibility that we all are faced with - to give back to our communities and to advocate for those within them. I see my relatively short tenure as a trainee to be a benefit rather than a shortcoming for this position.

I was fortunate to learn about SCPS by happenstance, which opened up new possibilities by which to serve. The fact is, many of my trainee colleagues in programs around the Southland are unaware of the opportunities that SCPS holds for them in connecting with our professional community, and assisting them to speak up for our patients and colleagues. I plan to expand that awareness and trainee involvement through my service. Thank you for your time and consideration.



David Seigler, M.D.
Councillor Inland Region

I am honored to be nominated an Inland Region Councillor. As a staff psychiatrist at Riverside University Health System, I have had the privilege of providing to an underserved population and teaching both UCR medical students and house staff over the past 3 years, participating in the growth of UCR's Psychiatry residency program and Medical School. If given the opportunity to serve in this capacity, I hope to further the mission of SCPS as an advocate for Psychiatry education, quality patient care, and help build a close, supportive relationship between students, current psychiatric residents, and early career psychiatrists. I am also interested in alternative forms of care delivery, and would advocate for expansion of quality telepsychiatry to help treat patients in underserved areas. It would be a privilege to have the opportunity to serve SCPS and represent the psychiatric community in the Inland Empire.



Zaheib Idrees, D.O.
Councillor San Gabriel Valley/East LA Region

Thank you for the nomination of SCPS Councillor for the San Gabriel Valley/East L.A. I completed residency at Keck USC/LAC+USC Medical Center as Chief Resident of Outpatient Psychiatry and was awarded 'Resident of the Year' and the 'Professionalism' awards upon graduation in June 2017. Currently, I practice in several areas of psychiatry including geriatrics, addiction, inpatient and outpatient care. I have a wide population of patients ranging from adolescents through geriatrics and work with various programs supported by both private and public funding including through the Department of Mental Health and also through Regional Center. Given my diverse practice, I hope to be a strong advocate for my colleagues in the community and for our patients as well. Thank you for your consideration.



Zeb Little, M.D.
Councillor West LA Region

I'm honored to be a member of SCPS and running for the position of West Los Angeles Region Councilor. The psychiatric community of West Los Angeles is important to me because it's where I received my clinical training and now teach, and practice. If re-elected I would be delighted to represent this outstanding community of clinicians in the SCPS Council.

Thinking about how the world has changed since I wrote my last candidate statement in 2015 it feels good to be part of an organization that is dedicated to education, grassroots advocacy, professional ethics, and volunteerism. I am proud to support an organization that promotes these values and endeavors to improve the lives of its members and those they serve. I would like to add to this effort by encouraging exchange of information between our members and the local and national organizations that represent them. Additionally, I will continue to work with the SCPS in developing programs that support our Southern California community including culturally informed educational opportunities, and the development of charitable programs and outreach to aid our members in more effectively serving their communities and improving access to mental health resources.

Ballots will be mailed on or around March 5, 2018. Due Date will be April 2, 2018. Deadline to run by petition is February 19, 2018.

Please be sure to vote.

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Homelessness, Mental Illness & the Criminal Justice System

-by Kavita Khajuria, MD



An evening stroll felt relaxing and relatively benign until an older, disheveled woman appeared on my path. She was loud and irritably preoccupied. My anxiety increased as she approached, and my body tensed. I hoped we would cross without incident. After she passed, I heard a blood curdling holler of profanities. I felt incredibly vulnerable with my back exposed.

Much has been written about homelessness yet it continues to be a prevalent problem.

1.3 million people are estimated to be homeless in the U.S (1), with ~ 60,000 in Los Angeles (2). One in three homeless persons in Los Angeles are women, and many are victims of domestic violence (3). Poor quality of life in these individuals place them at a greater risk for a host of problems, including illness, victimization, criminality, criminal justice system involvement, suicide and death. Homeless persons are four times more likely to die prematurely (3).

Homelessness emerged as a national issue in the '80's as one of the unintended consequences of state mental hospital closures in the absence of treatment replacement which inadvertently transformed correctional facilities into mental asylums. The chances of arrest and incarceration steadily increased over recent decades, and has now increased for the first time since 2010, much of it in the west coast in Los Angeles (4). A systematic review of criminal behavior and victimization among homeless individuals with severe mental illness revealed lifetime arrest rates to range from approximately 63 % to 90%, conviction rates from 48% to 67%, and incarceration rates from 21% to 80% (5).

About one in every three homeless persons in 21st century America has been estimated to suffer from severe and disabling mental illness (5).

A national study of approximately 7000 jail inmates in the U.S determined mental illness and substance abuse to be the strongest predictors of homelessness. Symptoms associated with mania, depression, psychosis and substance abuse were 10 to 22% more prevalent amongst homeless inmates, but substance abuse appeared to be the strongest risk factor amongst all inmates (both homeless and non-homeless)(6). Certain sociodemographic factors were found to be common to both homeless individuals and those at risk of criminal justice system involvement: male gender, lower socioeconomic status, lower education, and ethnic minority. 15.3% was comprised of those who had been homeless one year prior to incarceration. They were more likely to have been arrested for a property crime, and more likely to have had a prior criminal justice involvement for both violent and nonviolent crimes. Incarceration was shown to increase the risk of homelessness by weakening community and family ties, employment opportunities, and access to public housing. Past episodes of sexual or physical abuse, or having been attacked with a knife or another sharp object were also associated with an increased likelihood of homelessness.

The stress of arrest can trigger unusual or aggressive behavior in the absence of psychosis, but reports indicate many individuals to experience their first-episode psychosis in the criminal justice system (7). Several meta-analyses have found significant associations between first-episode psychosis and homicide convictions (7).

Homelessness and incarceration increase the risk of each other.

A proportion of this 2-way movement may result in cycling between psychiatric hospitals, jails, prisons, homeless shelters, or the street. Incarceration and poverty are some of the factors associated with a longer duration of untreated psychosis (7) and unfortunately, a jail's changing environment further challenges treatment management. The right to refuse treatment has also gained widespread awareness in recent decades. The system relies partly on personal responsibility in choice of acceptance of care, both behind bars and in the community. Monitoring effective medication management is often undermined by non-adherence with out-patient follow up care which increases the risk of relapse and hospitalization (5), or inadvertently, re-incarceration.

Given the challenges and multitude of areas from where mental illness can evolve, an important element of treatment includes inter-agency, intersystem communication. Crisis intervention team (CIT) training can foster earlier identification of individuals with psychosis and increase the chance of diversion (7). Diversion programs have grown significantly since the mid-90's, and have consistently shown a reduction in recidivism and improved treatment adherence (7). Criminal diversion as an early treatment intervention may be seen as a progressive, prevention-focused approach for individuals with new onset disease.

Programs in the U.S generally indicate homeless adults with mental illness to be willing to accept psychiatric treatment and to remain in community based housing with appropriate support (8). Los Angeles voters recently passed a bond that would raise ~1.2 billion dollars over the next 10 years to build supportive housing (4). Research on the impact of public funding on incarceration and recidivism of the homeless mentally ill population could be useful information for future policy and practice changes.

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GONE, GONE, GONE

by: Richard Deamer, M.D.



My wife, Ann, and I woke up to the klaxon-like 'Evacuate, evacuate, mandatory evacuation!' broadcasting from a Ventura police car speaker on the eve of the Thomas fire this early December. We live up in the hills of a residential area called Ondulando, and I had actually spotted the fire from our deck as it ignited in Santa Paula some 20 miles away. That was about 7 PM this fateful day, winds blowing in our direction and gusting to 40 even 50 miles per hour. And it was now about 10:30 PM, my how those embers and flaming branches fly!

We had about 20 minutes to collect important papers and jewelry, luckily tucked away in a safe and among the few things we were able to salvage thanks to Ann's foresight related to 'Living with cannibals and expecting to be eaten,' as she put it, not long before our catastrophe actually happened.

We dumped our belongings in our cars, noting that we seemed last in our neighborhood to leave, with flames licking up on both sides of our house as we were driving away. We were told by friends on Via Arroyo, as they looked up to our hill, that tornadic fire winds consumed our house within 5 minutes at around 11:30, a home that we had lived in for about 43 years, raised two daughters, that we had renovated and enjoyed as the years rolled by and which we expected to retire in for the last part of our lives. Not now.

Driving out to the freeway system, looking back on our hill in flames in the early morning, getting lost in our city since power was out and looking for hotels, but no vacancies....others had already beaten us to any registrations. Luckily, Ann had some friends who took us in for that night, and a colleague of mine at Kaiser the night after. It takes a village, thanks Hillary, but now the grieving.

In my time with the Navy during the Vietnam war, I saw my share of 18 and 19 y/o Marines with PTSD but never dreamed I'd be contending with my own version some 40 years later. Actually, the phenomenon was more KublerRoss-like, denial, anger-rage and 'Why me?' (why not you?), but now after 1&1/2 months, some degree of acceptance. We're living in a 3 bed room apartment now in a part of Oxnard called 'The Collection,' within walking distance of movies, shopping and restaurants with a very different ambience from our previous existence. We have been utilizing defensive operations dependent on humor, 'We wanted to downsize, but why so violent and sudden?'

Maybe in a future communication, I'll relate whether we decide to rebuild or look for something different to spend the last 10 to 15 years of our lives. A lot depends on how well our insurance will come through for us. A word of advice. Make sure you have it.

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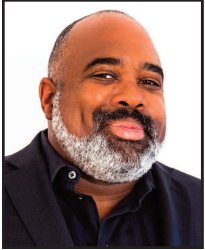
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Movie Review

Curley Bonds, MD, DFAPA

The Show (Sept 2017) Drama, Directed by Giancarlo Esposito

[trigger alert: this article discusses the topic of suicide]



Released in the fall of 2017, *The Show*, starring Josh Duhamel generated a good deal of media buzz and controversy because it combined two unlikely topics: suicide and reality television. Mental health advocates broadly criticized the film because of their concerns that it trivialized the very serious medical problem of people ending their own lives. Having worked for 7 years for an agency that operates LA County's Crisis Line and Suicide Prevention Center, I heard several negative comments about this film. As this was pre-release, at the time no one had seen it. In the days leading up to its premiere I heard a radio interview with the director, Giancarlo Esposito, who defended his work as something inspired by his own suicidal thoughts. He stated: "I know that my film will get mixed reviews. People will say that I possibly am glorifying exactly what I'm against. I feel like truth is the teacher and this is a journey that I'm taking. I have no agenda but for people to see a piece of art." These sentiments intrigued me enough for me to put aside my biases and add it to my endlessly-growing streaming media 'to be watched' list. I finally had the opportunity to view it during the holidays. I found it simultaneously disturbing and fascinating.

In the movie, Josh Duhamel stars as the host of a reality TV series called "This is Your Death." The basic premise is that people who are desperate and in dire financial straits compete to become the "suicide of the week" on a television show. Those who carry out their suicides will leave behind generous compensation for their survivors. The show becomes an overnight sensation and lightning rod for controversy. The producers are portrayed as greedy Hollywood types who will stop at nothing to make a quick buck. The live audiences watching the contestants reminded me of the bloodthirsty crowds at Rome's Coliseum in gladiator films. But as the stories of the potential contestants unfold the film highlights the many complex facets of a phenomenon that is still not well understood by modern medicine. Duhamel's character (Adam Rogers) wants to "send a message" through his work. He takes himself seriously and thinks that his actions are helping people who are planning to off themselves anyway have some good come from their self-inflicted deaths. This misguided notion leads to some interesting plot twists as the story eventually unfolds to touch him in a deeply personal way.

As a psychiatrist, I was concerned about the potential for this film to encourage copy-cat suicides. The literature is filled with examples of people who kill themselves after hearing about others who die by suicide. This process of emulation occurred in California after the Netflix series *13 Reasons Why*. Two teens who battled depression died after first viewing the series and then copying some of the methods used to end their lives. We have learned that the more graphic the on-screen depiction of the suicide, the more likely it is to result in copy-cat attempts and real deaths. In this regard, *The Show* is potentially a public health hazard as it contains very explicit screen scenes of dramatic and gruesome deaths. At one point, the directors and investors speculate about how a 'boring' suicide will result in low ratings. At this moment, the film becomes a reflection of how the competition for viewers in the crowded reality TV space has led our society to turn humiliation and emotional exploitation into entertainment. Since the suicides in *The Show* are so over the top, I think it is unlikely that anyone would attempt to copy them. Yes, they are sensationalized for shock value – that's the point.

As a film critic, I have to give the work credit for focusing the public's attention on a topic that we aren't discussing enough. Despite our effort, suicide rates are increasing rather than declining in this country. Annually in the United States 13.5 people per 100,000 die by suicide at a cost of over \$50 billion. I also credit the film with encouraging the audience to think about the reasons that people take their own lives. One character, Sylvie the producer, asks this question outright. It is something that I was taught to ask all of my patients who suffer from depression who have thoughts about suicide. It is often very enlightening and gives them permission to talk about something that all too often people keep secret until they decide to act on their thoughts.

While I would not recommend this film as lighthearted entertainment, I do consider it a thought provoking

movie worth seeing. It encouraged me to reflect on the impact of social disadvantage on suicidal individuals. This is often overlooked as we focus on the biological and psychological contributors to depression and suicidal behavior. The film's acting, direction and cinematography are strong and demonstrate a high level of skill despite your reactions to the topic. In this regard, Mr. Esposito succeeds in his intended goal of creating art.

Council Highlights January

Amy Woods, M.D., *Secretary*



Correction to December minutes: Committee Chair statement for Public Affairs by Nadia Haddad should be summarized as follows; Dr. Haddad would like the public affairs committee to contribute to the SCPS social media presence, as well as ideas about reducing mental health stigma "campaign" our branch could embark on using video vignettes or podcasts and possibly distributed through our social media presence. We also discussed the speakers bureau - a list of skilled speakers with expertise in certain fields that are often asked to speak at media events in order to beef up our media presence again. Plan to recruit for the public affairs committee - preferably after there is a mission, vision and action plan in place.

Motion to approve minutes Dec, 14 2017 meeting minutes approved unanimously, no opposed, no abstentions.

PRESIDENT'S REPORT Dr. Simpson

CPA President-elect Candidates: Both Dr. Adam Nelson and Dr. Shaepper are current candidates running for CPA President.

Dr. Adam Nelson- Member of NCPS highlights from candidate speech.

Has been in California for over 30 years.

Scholarship for medical school from Air Force.

Ran inpatient unit and outpatient clinic in Air Force, consult service at Davis Medical Center.

Worked at the VA with veterans returning from Desert Storm.

Sutter Center for Psychiatry in Sacramento.

Past president of Sacramento Chapter, East Bay Chapter, and Marine County chapter. Past president of NCPS.

Wants to emphasize interdisciplinary collaboration, build alliances, be a voice for psychiatry.

Encourage quality psychotherapy training in residency programs.

www.adamnelsonmd.com/campaign

Dr. Mary Ann Schaepper- Member SCPS highlights from candidate speech

Current CPA treasurer.

Currently in private practice and FQ contractor in the Inland Empire.

Works with patients with ID and ASD. Trained in CBT and psychodynamic therapy.

Previous training director at Loma Linda for 13 years. President for the medical staff working with AI and staffing.

Enjoys teaching, has done so in elementary, high school, and medical school.

Family is important to Dr. Schaepper.

Core beliefs: 1. We are all created equal. 2. We all have a voice, we don't all use it, but we all have one and deserve to be heard. 3. We create this community of care.

APA and AMA member since medical school, AMA since medical school.

Started Women's group committee of SCPS.

Third generation psychiatrist.

Goals as president

1. Listen to your needs.
2. Quarterly calls to president DBs and visit the DBs.
3. Treat all subspecialties equally.
4. Communicate on social media, to be directly connected to the people.
5. Mentor leaders .
6. Increasing membership.
7. Working with training directors to fill the gap of psychiatrists.

Follow Up Council Venue: Mindi

Last meeting Dr. Folgelson recommended IL-MORO, however seating would still be disjointed.

Motion by Dr. Red and 2nd by Dr. Unverferth to have Mindi explore venue options (with a \$500) budget the price point set to \$45/per person. Motion passes unanimously.

Follow Up SCPS donating to PAC: Mindi

SCPS cannot donate to PAC. Options are to 1. Make dues 90% deductible. 2. Send solicitation letter for members to donate to the PAC. 3. Starting PAC for SCPS, Dr. Fouras would be interested in helping facilitate if that is an option.

RFM Update: Dr. Unverferth

RFM webpage report: RFM planning to update the resident section of the SCPS webpage. Ideas include moonlighting information, resources, etc.

Movie Night: Sunday, Feb 25 @5pm. Movie will be Captain Fantastic with discussion led by Patrick Wiita.

Sales Permit: Mindi

Application was received.

CPA RFM Position: Mindi

2 year position for residents due to Mindi by Feb 16, 2018. Dr. Simpson will email ther RFM and Liaisons to see if members are interested in the position.

Newsletter: Mindi

Members are encouraged to sign up and contribute to the newsletter.

PRESIDENT-ELECT'S REPORT Dr. Red

Executive Director Benefits:

Follow up on details regarding Executive Director benefits.

Medical and dental benefits are renewed every year and the cost goes up 1-3% per year as premiums increase and as age increases. Dan Willick made appropriate edits to contract.

APA Foundation:

On May 5, 2018 in New York at APA meeting there will be an APA Foundation event. Tickets are \$150 per person at the Broadway Lounge.

TREASURER'S REPORT Dr. Cheung

SCPS is financially stable for December 2017.

Motion to accept treasurer's' report by Dr. Solidinger and second by Dr. Silverman. Motion passed unanimously, no opposed, no abstentions.

Motion to accept revised 2018 budget by Dr. Soldinger and second by Dr. Silverman. Changes to the budget include Credit cards rate reduced 2%, AMPC travel budget increased to \$5000. otion passed unanimously, no

opposed, no abstentions.

MEMBERSHIP REPORT Dr. Ijeaku

Membership Report

Current Membership —973 (December - 968).

Membership committee includes Drs. Meshman, Soldinger, Fonsworth, and Wiita. They had a meeting and decided on criteria for consideration of dues relief or hardship.

LEGISLATIVE REPORT Drs. Agustines and Soldinger

There has been a rule change regarding paper triplicate prescription and how refills are indicated. Dr. Soldinger will present an example of the changes in upcoming newsletter .

PROGRAM COMMITTEE REPORT Dr. Gales

Psychopharmacology Update will be held January 27, 2018

110 registered participants. This is on track for full registration, expecting 150 members to attend.

Encourage council members to attend the meeting.

If members have ideas regarding spring meeting will recommend that they contact Mindi.

NEW BUSINESS Dr. Simpson

Dr. Lymberis: Presents updates on Psychiatric Education and Research Foundation.

PER has a Multi Year Educational Project and the screening of the SCPS movie is part of that project.

Working with LACMA Districts to organize screenings.

Other presents for presentations include Karen Miotto, MD on “Addiction and Depression,” Regina Pally, MD on the application of Reflective Thinking in and out of the medical office. And lastly, Maria Lymberis, MD on “Psychiatric patients and psychiatric issues in medical and surgical practices: Challenges and Opportunities for physicians.”

PER working with St. John’s Chief of Staff on a PER sponsored CME program on Addiction and depression with Dr. Karen Miotto.

PER considering partnership with one or more of the local Analytic Institutes or other non medical mental health professional organizations.

Exploring possibility of screening parts or all of the SCPS film for any of the various community organizations.

PER is requesting for permission to screen the SCPS film to any members of the LACMA districts. To provide CME credit at the screenings. To agree pay SCPS \$15.00 per DVD sold at such event.

Ad-Hoc committee will meet to discuss these requests.

Revamp speakers bureau and work with the new public relations committee on this project.

APA Communication office will train speakers on request.

OLD BUSINESS Dr. Simpson

None

ADJOURNMENT Dr. Simpson

9:08pm

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Space Available

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\$1,550.00/mth. Note: The quoted lease amount is approximate, as there may be a slight increase of rent in the new lease in May. For information call 818-515-5073.

PRIVATE PRACTICE OPPORTUNITY

Retiring psychiatrist looking for a bright, compassionate psychiatrist to take over well-established private practice in the South Bay area of Los Angeles starting spring or summer, 2018. No investment required. Please send resume to: Psychiatrist, 10573 West Pico Blvd., #413, Los Angeles, CA, 90064.

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