

# PSYCHIATRIST

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Newsletter of the Southern California Psychiatric Society

*President's Column*

## Are You Practicing in a Box?

Joseph Simpson, M.D.



Many years ago I had the opportunity to work in a brain imaging laboratory in London. During the few weeks I was there I got to observe a group of psychiatrists, psychologists and other neuroscientists, both at work and in social situations. I remember being impressed by how well-rounded many of them were. “Urbane and witty” is the phrase that comes to mind for some of those well-dressed, smooth and cultured British psychiatrists. I thought of them as people of broad knowledge and interests who just happened to be psychiatrists, psychologists or researchers. Their profession did not seem to define their identity in any obvious way.

Most of us can easily think of colleagues who are like those Europeans I’ve described, as well as other psychiatrists who may seem a bit more one-dimensional. Although I would suspect that, because of the nature of our work, psychiatrists, on average, tend to have broader interests than other types of physicians, there is a real risk in the medical profession (and presumably for virtually any job or career) of becoming so completely focused on the day-to-day activities that earn us our pay that, without even noticing, we may start to neglect other aspects of our life. This in turn can set us up for varying degrees of burnout.

Physician burnout is being discussed more and more. While this is partly due to work conditions becoming more challenging for many, with the growth of managed care and other big changes in psychiatric care delivery, the increased awareness is not simply a result of increased rates of burnout. Burnout has always existed, but in the past it was more of a taboo subject, due primarily to embarrassment and stigma.

It is ironic that psychiatrists, who are trained to identify the imbalances in their patients’ lives, such as working too much, sleeping too little, or living a sedentary lifestyle and eating an unhealthy diet, are not significantly less susceptible to burnout than the rest of the medical profession. I was happy to read in the June 16<sup>th</sup> edition of *Psychiatric News* that new APA President Anita Everett has “promised to make physician wellness and physician burnout a priority.” (p.8) She has appointed a workgroup on the subject, chaired by the residency director at the U. of Pennsylvania, Richard Summers. They are charged with developing new tools and resources to help identify and reduce burnout, so watch the APA’s website and its publications in the months ahead.

Monotony and repetition create prime conditions for burnout. Are you doing essentially the same thing every day? Do you spend your time off thinking about work? Starting (or resuming) a hobby could help introduce some diversion and variation into your weekly

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routine. And of course, getting involved with the SCPS, CPA APA, and/or one of the dozens of APA-affiliated organizations is a great way to meet new colleagues and to get fresh ideas on how to meet the challenges in your practice – and your career.



I am glad to hear that others struggle with lab monitoring protocol, and thank Dr. Heldt for sharing the current suggestions from UCLA. Can SCPS pass my comments along?

A longstanding clinical puzzle for me is the threshold for action when lab studies become abnormal. Of course the patient needs to be informed of abnormalities and engaged in decision making. And it is lucky when a primary care physician has an interest in collaborating. The term “clinical judgement” is sometimes used as a substitute for “there are no scientific guidelines.”

But we are often faced with possible psychiatric catastrophe if a particular medication is discontinued and no reasonable substitute is available. I see elevations in fasting glucose or triglycerides commonly with atypicals. Sometimes they stay inside normal range, sometimes not. How bad do things have to be before we pull a medication? Also, I know of no lab guidelines for the addition of thyroxine or metformin when lab indicates corresponding deficiencies that are caused by psychotropics.

Michael P. Gross, MD

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**Romana Zvereva, M.D.**  
Mental Health Psychiatrist



## We Want Need to Hear from You.

By: Matthew Goldenberg D.O.  
SCPS Newsletter Editor



Last month I asked each of you to consider a simple question... is Mental Health a right? My goal was, and remains, to start a conversation and to motivate our members to write articles for our newsletter. The debate over healthcare, is a question that is often discussed at the dinner table, but in our line of work, the results may end up being the difference between life and death for our patients.

Having been at the helm of the newsletter for a year now, I am very encouraged by our readership metrics. Over the past 12 months we have had some very high level submissions on a variety of subjects. I want to thank each author for their time and contribution. I am especially grateful to those who have made multiple contributions. In addition, our clicks and readership is up almost 100% from this time last year.

These are very encouraging signs of a healthy newsletter. However, a periodical is only as strong as its last edition. The newsletter takes the month of August off for some needed R+R. However, come September it will be back with monthly editions for eleven months. This means we need to hear from you.

Submissions can be:

A psychopharmacology update: Is there a new or old medication you want to review/discuss?

Book Review: Have you read something worth sharing, related to mental health or not?

Clinical Vignette: Do you have a (HIPAA compliant) difficult or interesting case to share with colleagues?

Topic of Your Choosing: Have you had an experience or do you have a topic you are passionate about?

The goal of our newsletter is to communicate with colleagues and share our individual experiences with our larger group. As I discussed in my article last month, as the fate of healthcare and mental health treatment is currently in peril in Washington, it is more important than ever that we not remain silent.

At our next SCPS Board Meeting in September, I am going to challenge every board member to submit at least one article over the next 11 months. As they are your elected leaders, I believe it is important that they communicate directly with members. Additionally, I hope their example of participating in the newsletter will inspire more rank and file members to run for leadership and also contribute to the newsletter.

Whether you are a Board Member, general member or considering becoming a member, I hope to hear from you and look forward to sharing your stories, experience and knowledge with our colleagues!

You can send your articles to SCPS Executive Director Mindi Thelen. Email: [mindi@socalpsych.org](mailto:mindi@socalpsych.org)

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CHIEF UNDERWRITING OFFICER



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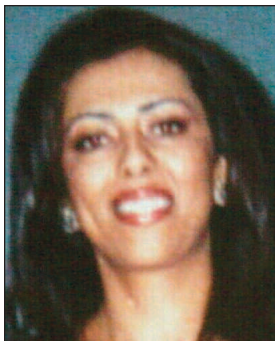
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## In the Eye of the Storm: Women & Violence

Kavita Khajuria, M.D.



My supervisee was recently assaulted in broad daylight, in an extremely violent manner by a woman who may have been mentally ill. After the initial shock, I was further distressed to hear the details of the attack, which were wild and unprovoked. So much so, that my student had a missing section of hair. Over the next several weeks, I witnessed her endurance of significant pain (to say the least), as she bravely and persistently attended weekly supervision, often standing during sessions, as she was in too much pain to sit. Ironically, an article was published in JAAPL at the same time as her incident, so we used this as a brief opportunity to discuss highly aggressive women and violence.

Women who commit violence towards others are violating social, cultural, and psychological norms to a much higher extent compared with men: when women act violently, it's generally unexpected (1). Women are more likely to express aggression as introverted problems such as depression, anxiety and substance misuse (1). This gender difference, however, equalizes upon psychiatric inpatient hospitalization, and increases exponentially in women with developmental disorders. A study of a group of hospitalized women in a large Midwestern state facility revealed that most of the women with the highest level of aggression experienced some form of sexual or physical abuse, and had been placed outside of the home at least temporarily by age 11; by age 12 most had experienced the onset of psychiatric symptoms (2). Most had intellectual impairment, and were admitted to a psychiatric facility by age 27, 50% had hypothyroidism, and two-thirds were obese (2). Most had manifested severe aggression and emotional dysregulation in the past that was frequent and intense (2). After admission, aggression and acts of self-harm continued, with resultant higher rates of incident and injury reports, including substantial injury to staff and other patients, some of which resulted in significant medical interventions, disability claims, and institutional costs (2). Another study identified injuries to inpatient staff, which included sprains/ strains, contusions, bruises, abrasions, scratches, and bites (3). Patients that injured staff were more likely to have a history of recent violence, exhibit homicidal ideations at the time of hospital admission, and to have a history of medication noncompliance (3). Diagnoses ranged from schizoaffective disorder (2, 4) and intermittent explosive disorder (2) to psychotic disorders and bipolar disorder (3). That being said, women who exhibit externalizing behaviors including violence and self-harm, demonstrate borderline traits and numerous studies have provided evidence for the association of a borderline personality disorder diagnosis in women with violence towards others (1).

How does this manifest in the community? Studies indicate that impulsive violence committed by women is usually the result of interpersonal conflict within the social framework of the woman's life, and typically involves parents, husbands, romantic partners, and the children (1). Compared to men, women are more likely to commit violent crimes at home (1) and target family members (4).

Recommended therapy treatment programs include DBT, but require time, training and competence. The efficacy of atypical antipsychotics for aggression is not clear, however, atypical antipsychotics and mood stabilizers (lamotrigine, topiramate, and divalproex) have demonstrated efficacy for reducing aggression over placebo (1). Several studies suggest that clozapine reduces both self-directed and outwardly directed aggression in patients with borderline personality disorder, independent of the presence of psychotic symptoms, and exerts antiaggression effects in those with intellectual disabilities (1).

On a happier note, I've always known that students can keep me motivated and on my toes, and are a potential source of inspiration. Graduating students are usually inundated with multiple responsibilities, including assignments, presentations, classes in different locations, job searches, family care, etc. Despite a hectic schedule, this student continued to attend her program, kept her spirits up, tried her best to complete assignments, and was motivated and relentlessly persistent. Signs of a trooper. Her bravery and determination to forge forward in the face of trauma was touching and inspirational.

Sometimes our students can be our best teachers.

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3. Lam, PhD et al: The Relationship between Patient's Gender and Violence Leading to Staff Injuries. Psychiatric Services, 2000, Vol 51, No 9, pp 1167-1170
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## Veterans, Mental Health, and the Criminal Justice System

Joseph Simpson, M.D.



In 2008, in San Clemente, California, 25-year-old John Needham, a former Army Ranger, Iraq combat veteran and Purple Heart recipient, was arrested and charged with the murder of his 19-year-old girlfriend, Jacquelyn Villagomez. The tragic death of the young woman was covered by national and international media. According to press accounts, Needham had received treatment for physical and mental problems after his return from Iraq. Later press reports stated that he was diagnosed with post-traumatic stress disorder (PTSD) and traumatic brain injury (TBI). In 2010, while released on bail, he died from an overdose of opioid medication.

The United States military currently has 1,300,000 members on active duty, plus over 800,000 reservists. Nearly three million current and former service members have been deployed to Iraq and Afghanistan, and over half of them have had more than one deployment.

Those who have served but are no longer in the military are, of course, much more numerous: there are over 20 million veterans in the U.S. Research has shown that veterans are at increased risk for psychiatric diagnoses, including depression, at a rate two to five times higher than the general population, PTSD (diagnosed in 15-25% of veterans of deployments to Afghanistan or Iraq), and suicide, which occurs at a rate two to three times higher than in the general population. Some estimates suggest that approximately 20 veterans (of all ages) commit suicide each day. Veterans with psychiatric diagnoses also have high rates of comorbid substance abuse.

The U.S. Department of Justice's Bureau of Justice Statistics published data on the involvement of veterans in the criminal justice system in 2015<sup>1</sup>. The report analyzed the years 2011 and 2012. Approximately 181,500 veterans spent time in jail or prison during that time period, accounting for 8% of all inmates. This is a significant drop from the late 1970's, when about a quarter of prison and jail inmates were veterans. Incarcerated veterans were more likely than incarcerated non-veterans to report a prior mental health diagnosis. The figures were 55% vs. 43% for jail inmates and 48% vs. 36% for prison inmates. For PTSD specifically, the numbers were 23% vs. 11% for those in prison and 31% vs. 15% for jail.

With the war in Afghanistan about to enter its 16<sup>th</sup> year, and an increase in troop levels there being proposed, the difficult challenge of veterans in the criminal justice system is destined to continue for years to come. A number of efforts to address the issue of criminal justice involvement for veterans in general and combat veterans in particular have been developed in recent years.

At the federal level, the U.S. Department of Veterans Affairs has programs including the Veterans Justice Outreach Initiative (VJO) and the Health Care for Re-entry Veterans (HCRV) program. The goal of the VJO, according to the program's website, is "to avoid the unnecessary criminalization of mental illness and extended incarceration among veterans by ensuring that eligible justice-involved veterans have timely access to Veterans Health Administration services, as clinically indicated." The HCRV Program seeks to assist veterans returning to the community following incarceration. Its services as described on its website include: "outreach and pre-release assessments services for veterans in prison, referrals and linkages to medical, psychiatric, and social services, including employment services upon release, and short term case management

assistance upon release.”

In addition to such services offered through the VA, many states have set up veterans’ courts, modeled after specialized courts which arose in previous decades, such as drug courts and mental health courts. The first veterans’ court began operating back in 2004. California’s first one opened in Orange County in 2008; it was one of the first five in the U.S. Los Angeles County followed in 2010. Today there are close to 20 veterans’ courts around the state, including several in Los Angeles County, as well as in Riverside and San Bernardino Counties. Generally speaking, such courts are open to veterans who are experiencing psychiatric symptoms which are related to their military service (not necessarily to combat exposure, depending on the jurisdiction). A California law which has been on the books since the 1980’s, with several revisions since 2006, facilitates the diversion of veterans charged with crimes to these types of courts, where they may receive treatment in addition to or in place of incarceration. That law is Penal Code Section 1170.9, which includes the following key provisions:

“(a) In the case of any person convicted of a criminal offense who could otherwise be sentenced to county jail or state prison and who alleges that he or she committed the offense as a result of sexual trauma, traumatic brain injury, post-traumatic stress disorder, substance abuse, or mental health problems stemming from service in the United States military, the court shall, prior to sentencing, make a determination as to whether the defendant was, or currently is, a member of the United States military and whether the defendant may be suffering from sexual trauma, traumatic brain injury, post-traumatic stress disorder, substance abuse, or mental health problems as a result of that service”; and

“(b) If the court concludes that a defendant convicted of a criminal offense is a person described in subdivision (a), and if the defendant is otherwise eligible for probation and the court places the defendant on probation, the court may order the defendant into a local, state, federal, or private nonprofit treatment program....”

Although combat operations have receded from the front pages of the newspapers and the leads of news broadcasts in recent years, thousands of veterans continue to experience mental health symptoms, and many have become involved with the criminal justice system. That system has responded by developing specialized courts, but many counties in California, and some entire states, still do not have a dedicated veterans’ court.

Research studies examining the effectiveness of veterans’ courts are relatively recent. One large study was just published in *Psychiatric Services* in April 2017<sup>2</sup>. This study collected data from more than 20,000 justice-involved veterans, including over eight thousand who had participated in a veterans’ court. While it found that veterans in the specialized courts had better housing and employment outcomes, they were more likely to be jailed for violating court conditions or committing a new offense than veterans whose cases remained in regular criminal courts. It will require more such studies to develop a clearer picture of how successful veterans’ courts are at accomplishing the goals of reducing the incarceration and/or recidivism of veterans, while still maintaining public safety.

<sup>1</sup> <http://www.bjs.gov/index.cfm?ty=pbdetail&iid=5479>

<sup>2</sup> Tsai J, Flatley B, Kaspro WJ, Clark S, Finlay A. Diversion of Veterans with Criminal Justice Involvement to Treatment Courts: Participant Characteristics and Outcomes. *Psychiatric Services* 68: 375-383, 2017.

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# *Art of Storytelling: The Human Experience of Being a Psychiatrist* A Progress Note

Mindi Thelen, Executive Director



As many of you know, the Southern California Psychiatric Society's (SCPS) Art of Psychiatric Medicine Committee (APMC) produced a documentary film in 2016; *Art of Storytelling: The Human Experience of Being a Psychiatrist*. It premiered to an enthusiastic audience of about 150 at the 2016 American Psychiatric Association annual meeting. Since then it has screened at the annual meetings of the California Psychiatric and Central California Psychiatric Society. All three screenings were met with very positive reviews.

The film highlights six members of the SCPS Art of Psychiatric Medicine Committee interviewing twelve SCPS psychiatrists from diverse backgrounds who span over 60 years in age. The goal of the film is to tell the individual stories of the interviewees and thereby reduce stigma against psychiatrists and their patients. That is accomplished well in the final product. The commonality and compassion comes through and it is a touching, relevant, and provocative film.

The film was a labor of love for the committee members, myself, and my husband, Tim, who edited the film. Everyone involved donated countless hours and energy. The film was produced with possibly the smallest budget in film history: \$3,600. Not knowing how this would turn out, the Council held to its fiduciary responsibility to its members. Since the film has been completed additional expenses have come up, but any money spent on the film at that point was raised by the APMC in the form of grants and donations. We'd also like to thank our twelve psychiatrists who agreed to be interviewed and gave up a day off.

More recently the documentary screened at Grand Rounds at Harbor UCLA and twice at the 2017 APA annual Meeting in San Diego; once for PsychSign (the medical students), and once for the Senior Psychiatrists. The film was well-received at the screenings, which speaks to its universal appeal. Subsequently, on June 3, 2017, SCPS and the PER Foundation held a screening for SCPS members and one guest. About 75 SCPS members and guests were in attendance and the lively post-viewing discussion included comments from members thanking us for making the film. (Photos from the screening to follow.) Comments made after each screening have suggested that the best audience for this film would be psychiatry residents and medical students.

The film will next be screened on September 9<sup>th</sup> at the PER Foundation's annual gala event. Watch for more details. The film will also be shown at the 2017 annual meeting of the Academy of Academic Psychiatry. Past President and APMC member, Curly Bonds, M.D., will present clips from the film in hopes of introducing academic psychiatrists to the project so that perhaps more psychiatry residents and medical students will have the opportunity to see it.

Currently, SCPS is in discussions with the PER Foundation to negotiate how we can continue to work together to advance the film and the Foundation.

Now we are happy to announce that the documentary has been accepted by the World Psychiatric Congress for its 2017 annual meeting in Berlin (October 8-12, 2017). <http://www.wpaberlin2017.com/> We are all so thrilled, excited, and flattered! Drs. Furuta, Gales, Lymberis, and Schaepper will attend as panel members, as well as Tim and myself. If you plan to attend the meeting in Berlin we'd love to see you at our screening! If you can't make Berlin, and weren't at the June 3<sup>rd</sup> screening, we'd love to see you in September!

Here is a link to the trailer to whet your appetite:

<https://www.youtube.com/watch?v=EED2zkk9P74>

For more information about the APMC:

<http://socalpsych.org/art-of-psychiatric-medicine-committee.html>

*Auf Wiedersehen*

## Photos from June 3rd Screening



Drs. Irwin Schultz (the inspiration for the film), Maria Lymberis, and Lawrence Gross



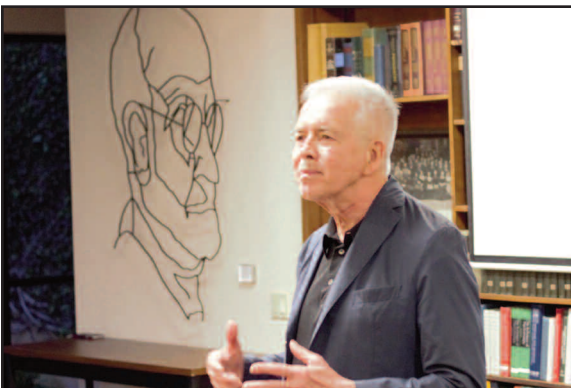
Drs. Wendy Rosenstein, C. Kelly Phelan, and Barri Stryer



Drs. Maria Lymberis, Galya Rees, Michelle Furuta, and Heather Silverman



Michelle Furuta, M.D., our film's Director and Chair of the Art of Psychiatric Medicine Committee



Michael Gales, M.D., our evening's moderator and an interviewee in the film



The audience engrossed in lively discussion after the screening



Drs. Michael Gales, Timothy Hayes, and John Raiss



Drs. Michael Gales, Michelle Furuta, Maria Lymberis, and Steve Solding

## CPA Advocacy Day - Katherine Unverferth, M.D.



This year, I had the distinct honor of being flown to Sacramento to participate in the California Psychiatric Association's Advocacy Day. I went as a representative of Los Angeles psychiatrists and the Southern California Psychiatric Society (SCPS) with the goal to advocate for mental health.

In Sacramento, we were briefed on the bills that are currently being sponsored by the California Psychiatric Association (CPA). There are three main bills; two assembly bills (AB) sponsored by [Assemblymember Susan Eggman](#) and one senate bill (SB) sponsored by [Senator Josh Newman](#).

According to the National Association of Counties, 64 percent of people in jail have a mental illness. Furthermore, 15 percent of male inmates and 31 percent of female inmates have what can be classified as a *severe* mental illness. **AB 720** would allow for the involuntary medication of people in jail with a mental illness who are awaiting adjudication (i.e. sentencing). Of note, this law would only allow for involuntary treatment of people who are deemed to be dangerous to others, dangerous to themselves, or gravely disabled (as in not being able to care for their own food, clothing, or shelter usually due to a psychotic illness). This bill would not allow for involuntary medication of people with mild mental illness.

Already, law allows for inmates who have been sentenced to be medicated involuntarily; AB 720 would expand the scope of this law to include inmates who have yet to be sentenced. As a psychiatrist, it is clear to me that treating mental illness is of utmost importance. This bill has the potential to reduce harm to the inmate themselves, other inmates, and staff, and to reduce suffering by actively and effectively treating severe mental illness.

**AB 1136** was the second bill on which we were briefed. This bill would mandate that the California Department of Public Health apply for federal funding under the [21st Century Cures Act](#) for the creation of a web-based psychiatric bed registry. This registry would include inpatient psychiatric beds, crisis stabilization units, residential community mental health facilities, and residential substance use disorder treatment facilities. Currently, when patients come to an emergency department in an acute psychiatric crisis, social workers have to cold-call dozens of facilities to find out bed availability and if a particular patient would be appropriate. A bed registry that could be updated in real-time would greatly increase the efficiency of this process.

The third and final bill has to do with mental health parity. Mental health parity refers to the fight to end discrimination toward people with mental illness through ensuring equal access to treatment (i.e. the same types of benefits for mental illness as other medical illnesses). This takes the form of ensuring similar copays, similar numbers of doctor visits, and similar numbers of days in the hospital. **SB 347** makes certain that regardless if the Affordable Care Act is repealed, the Cali-

ifornia Department of Insurance may continue to enforce mental health parity laws.

After being briefed on the three bills, I was paired with a senior psychiatrist ([Dr. William Arroyo](#), president of CPA) and other resident-fellow members from the Los Angeles area. Together, we went to the State Capitol Building and met with [Assemblyman Nazarian](#) and [Senator Bob Hertzberg's](#) Chief of Staff [Diane Griffiths](#) to discuss the importance of the three bills.

Participating in CPA Advocacy day was an eye-opening experience on both the complicated nature of mental health policy in California and the relevance of the CPA and the SCPS in influencing that policy. I feel honored to be part of the wonderful team of psychiatrists who fight for mental health parity and increased access to care for all people.

If these topics interest you, I encourage you to [reach out to your local California legislator](#) to advocate for their support on these important topics.

## Advocacy Day 2017 - Amy Woods, M.D.



In our new political climate, it is even more imperative that as physicians we are educated and active in the political system that dictates how we deliver care to our patients.

This spring CPA sponsored the 2017 Advocacy Day in Sacramento, CA that allowed both residents and physicians to meet with our legislators to discuss various bills that have yet to be voted on. Whether the organization is in support or opposes the bill, it was our opportunity to voice that opinion to the legislator. To be honest, the whole idea of participating sounded a bit overwhelming. Mostly, because I had never done anything like it before and felt like my political knowledge was not up to par. Fortunately, we were provided with plenty of information to feel confident going into these meetings. In addition, the residents were paired with a more senior physician to prove some leadership during the meetings. I quickly realized how vital those 10 minutes were, and what we said could potentially change how the legislator votes. That is a powerful feeling.

The leader of my group was Dr. Arroyo whose wealth of knowledge is admirable. Getting to spend the afternoon with Dr. Arroyo was a valuable experience. He was gracious enough to answer all of our questions. In addition, emphasized how important it is for us as young physicians to get involved in advocacy work. This whole event opened my eyes to how important our voices are as psychiatrists and how we are obligated to use that voice to help our patients.

After participating in the CPA advocacy day, it became evident that as psychiatrists we owe it to our patients to be more than just good clinicians. As physicians we should all be active in some way in the legislative process. We have to remember, that the bills that get passed directly impact our ability to serve our patients. Unfortunately, that impact is not always a positive one. I would encourage all residents and practicing psychiatrists to get more involved. Then encourage others to do the same. I am so thankful to SCPS for affording me the opportunity to participate in Advocacy Day. I definitely plan to participate in the future.



# Council Highlights

## May 11 and June 8, 2017

Amy Woods, M.D., *Secretary*



### May 11, 2017

Meeting gaveled to order at 7:00pm by our President Dr. Joseph Simpson. The minutes of the previous meeting were approved

#### President's Report

**Resident Liaison Positions:** There will be 8 new resident liaison positions open to members from local residency programs. This is in addition to the already 2 positions for RFMs. They will not be voting members and liaisons can rotate coming to the monthly council meetings. Currently considering residents that ran for RFM position in most recent election including; PK Fonsworth, MD (UCLA), Ara Darakjian, MD (USC), and Alexander Nguyen (Harbor-UCLA).

Residency Directors should be contacted to provide nominations.

- Dr. Goldenberg will contact residency director at UCLA-SFV
- Dr. Lawrence will contact residency director at Loma Linda
- Other residency programs to be contacted include; UCR, Kaiser, Harbor-UCLA

Liaisons expected to start September 2017.

**William Rudin Award:** Drs. Bonds and Simpson will be making nominations at CPA Council meeting.

**LA NAMI Walk:** Confirmed by Mindi Thelen that money donated to Los Angeles NAMI walk will not go towards any legal fees. Money should be expected to go to general fund which funds programs sponsored by NAMI. This years expected contribution will be \$2500 which is the same amount donated in 2016.

Mindi Thelen will inquire if there will continue to be a conflict in scheduling between the NAMI walk and annual CPA meeting in subsequent years.

**APMC:** 'Art of Storytelling: The Human Experience of Being a Psychiatrist' will be showing at the World Psychiatric Congress meeting in Berlin this Fall. There will be 200 people from around the world in attendance. One movie from each continent was chosen.

APMC currently has \$1450 in their budget. Committee agreed to give \$1000 to assist in travel expenses for Mindi and Tim to go to Berlin.

Request for an additional \$1000 from the general fund to allow Mindi and Tim Thelen to attend WPA. Both of whom donated hundreds of hours to the film. Dr. Gross motioned for Council to give \$1000 to Mindi and Tim for travel expenses to attend WPA. Motion seconded by Dr. Cheung. Motion passes.

DVDs are ready to be sold, pending permits. There are 600 total DVDs to be sold at \$20 each.

Clarification is needed regarding plan for splitting profits. Unclear if profits will be split between PER and SCPS for all showings, or if profits are given to the hosting organization.

**Council Venue:** Mindi has conducted further research regarding venue options. Obstacles include pricing, as well as the need to guarantee minimum number of attendees.

- Bel- Air Bar and Grill will be approximately \$70 including valet and \$30 for sandwiches.
- Dr. Cheung suggested UCLA with catering and \$12 parking. However, this would not be an option if there is not a UCLA faculty on the council in the future.
- Lenny's Deli on Westwood. There is a private room that can accommodate 30 people, comprehensive menu, and limited vegetarian options. Plan for council members to visit Lenny's Deli and report back at next meeting.

-Café Roma: Continue to have meetings at current venue.

Dr. Soldinger motioned to have one meeting at Lenny's Deli for trial run. Seconded by Dr. Simpson. Motion passes (9-Yes, 1-No, 4-Abs)

**Newsletter Report:** Dr. Goldenberg thanked Dr. Bonds for all of his articles encouraging us all to be more involved in advocacy. This month Dr. Lawrence contributed at book review. Dr Haessler also contributed. There are photos of all the new council members at the installation award ceremony. Dr. Goldenberg suggested an article regarding the film showing at WPA in Berlin. Continue to encourage members of SCPS to donate to the newsletter.

**Distinguished Fellow Nominations:** Dr. Gross requested CVs from 8 people that were nominated for the award. Currently two people are being nominated for the award, Drs Susan Donner and Van Dyke DeGolia. The awards will be presented at APA. Motion to nominate the two candidates approved.

**Wellness Committee/Support Group:** Prior president Dr. Moreno wanted to explore the idea of having an SCPS sponsored support group for psychiatrists that have experienced suicide or homicide in their practice. The following issues would have to be addressed regarding starting such a group.

-Making the goals of the committee, education. Dr. Goldenberg is interested in leading the group.

-Investigate if there will be issues with HIPAA or malpractice insurance.

Dr. Silverman motioned to develop an exploratory committee, Dr. Goldenberg seconded. Motion passes unanimously

**Appointment of Steve Khachi, MD:** San Gabriel will need a Councillor as current counselor Dr. Red will now be serving as president elect. Dr. Red nominated Dr. Kachi to fill that position starting in June, this is a two year position.

Dr. Lawrence motioned to nominate Dr. Khachi Dr. Goldenberg seconded. Motion passes unanimously

#### **Treasurer's Report**

All emailed reports were reviewed. We are financially stable.

#### **Membership Report**

All members approved: 1 RFM, 3 GM's

#### **Legislative Report**

Federal: ACHA passed in congress waiting for Senate vote

State:

SB 789 (Hill): This bill would destroy psychotherapy privilege. The medical board would be able to obtain treatment records with subpoena but without permission of patients. This can occur at any time when a complaint is filed against an MD, regardless if the complaint concerns medications. The medical board would also be able to pull CURES records. This bill is opposed by the CMA, CPA, CMFT, and Disability Rights California. This bill could potentially impact malpractice lawsuits as well. There is also active litigation before the CA Supreme Court that may influence the legislation SB 789.

#### **Program Committee Report**

- Starting in June/July the Program Committee will start planning the psychopharmacology meeting.

- June 3 'Art of Storytelling: The Human Experience of Being a Psychiatrist' is showing at the New Center for Psychoanalysis. Thus far 50 people have RSVP'd. Capacity of the venue is 100 people.

- Dr. Lymberis has been negotiating with LACMA to show the film in various districts. There are 9 total districts. The 2018 programing will be based on these endeavors.

#### **New Business**

Dr. Elinore McCance-Katz, addiction psychiatrist and previous CMO of SAMHSA is likely to be nominated to serve in the new post of assistant secretary for mental health and substance use in the Department of Health and Human Services.

Dr. Larry Lawrence announces that Arrowhead Regional Medical Center's psychiatry residency program is now ACGME approved.

Dr. Ijeaku inquires about an additional Councillor for the Inland Empire. This will be determined by the official membership numbers announced at APA meeting. If there are over 100 members in the Inland Empire then it will be eligible to have 2 councillors.

### **Old Business**

None

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## **June 11, 2017**

Meeting gaveled to order at 7:00pm by our President Dr. Joseph Simpson.  
The minutes of the previous meeting were approved

### **PRESIDENT'S REPORT**

Introductions: New council members were introduced.

#### **Orientation:**

Mr. Willick identified the legal responsibilities of the members of the council. SCPS is a CA non-profit cooperation. The members of the Council are members of the board of directors.

#### **Membership Drive/Outreach:**

A membership task force should be created to help increase membership to SCPS. There was a 10% decline in 2007. There has been a subsequent increase in members.

- Targeting particular organizations such as hospitals, jails, and institutions. APA does have material to help organizations market themselves.

- May consider resident targeted programs to increase membership. As well as ECP.

- Highlight the value of the organization; educate members on the bills that have been adverted or passed as a result of the efforts by the members of SCPS. Finding ways to convey the information regarding the bills and legislation but making them more understandable to other members with less experience with reading legislation. Potentially adding them to the newsletter to make it more accessible.

- Explore incentive measures such as offsetting the cost of dues for attendance to an event or getting a new member to join. May consider giving gift card in a dollar amount to not to interfere with cash flow.

- Changing dues payment structure so members can pay for multiple years at once.

- Members can notify Council if they would like to be involved in recruitment efforts.

#### **Program on EMRs:**

An event in which members can learn about the various EMR options for psychiatrists. Dr. Seroussi volunteered to help with programming.

#### **Council Venue Confirmation:**

Dr. Goldenberg motions to have Council meetings at Lenny's Deli for one year starting in September seconded by Dr. Wiita. Motion passes. Council will have to have another vote if there is to be another venue change.

- Due to the variable priced menu there will have to be a system in place to make sure pricing is fair for each individual.

#### **Newsletter Report:**

Dr. Goldenberg provided highlights from this month's newsletter. Views of newsletter have doubled in the past year. There is one more edition this summer. Continue to encourage members to contribute to the newsletter.

- Will consider adding things from the APA Assembly Notes to include in the newsletter.

**Screening Update:**

Dr. Lymberis: PER foundation is in partnership with SCPS and is working on expanding viewership of the movie.

- First showing to SCPS members June 3rd at the New Center. With 75 guests in attendance. Guests were asked for \$40 donation to the foundation in exchange for a free DVD of the film. \$15 will go to SCPS as administrative grant and PER will keep the remaining amount.
- Notifying LACMA to introduce the film to the organization. PER will use this as an opportunity for the 2017 annual event. With plan to show it to all the district branches of LACMA.
- Dr. Bonds will be presenting at the Association for Academic Psychiatry in Colorado and a segment of film will be presented.
- PER would like to enlarge the educational events. Specifically to include Ethnic and Minority physician organization and religious organizations.
- Santa Monica Bar Association is interested.
- Ad Hoc committee approved the different presentations
- PER hired a staff member to help facilitate the organization's various events.
- Agreement for every \$40 \$15 will go to SCPS as people make contributions as opposed to just buying DVD for \$20.
- At APA PsychSIG had a low turn out with 5 medical students in attendance. There was positive feedback. Senior Psychiatry program advertised very well and there was a good turnout.

**PRESIDENT-ELECT'S REPORT**

None

**TREASURER'S REPORT**

All emailed reports were reviewed. We are financially stable.

**MEMBERSHIP REPORT**

All members approved: 2 RFMs.

Dr. Wiita motion seconded by Dr. Shaner and is approved unanimously.

**Assembly Report**

APA Assembly Notes. Dr. Schaepper

- APA position statement on abortion was revised.
- Proposal to survey the APA membership on Medical Aid-in-Dying as an options for end of life care.
- CAP position statement proposed for the risk of Adolescent's online behavior.
- Action papers are due in September and members are encouraged to think of topics that should be brought up and notify Assembly member Dr. Schaepper
- Recommend adding to Newsletter information on APA action papers.

Dr. Solidinger is now on the rules committee as alternate.

Dr. Lawrence reviewed getting rid of MOC looking to see if there is a way to see if there is a benefit from making this kind of exam. Looking at more innovative ways to maintain licensing that might be more productive

Dr. Augustines: Senate is expected to make a vote on AHCA soon, the APA and psychological association put together a letter against this vote.

**State:**

-Within the state budget the coordinated care initiatives has a revision of the budget in which there is a cost sharing proposal to take mental health funds to help fund in home health supportive services.

-Arambula AB 451: This bill would specify that an acute psychiatric hospital, excluding certain state hospitals, regardless of whether it maintains an emergency department, is required to provide emergency care and services to relieve or eliminate a psychiatric emergency. Patients can also be transported without being on 5150.



- Chen AB 1539: Change definition of Grave Disability to include food, clothing, shelter, and medical care. Because of the broad motion to reduce homelessness the board of supervisors might be on board with approving this change.
- AOT (Laura's law) one of the flaws of the law is that medication is specifically excluded. Looking at having a Reize petition at the same time to provide involuntary medication administration.
- SB 978: CPA is opposing. Wanting to move Psychoanalysts to the board of psychology.

### NEW BUSINESS

-LGBT committee is currently chaired by Dr. Harris. Dr. Harris is stepping down. Dr. Wiita was appointed by Dr. Simpson to chair this committee.

- October meeting will be moved from Oct 12 to Oct 19 to ensure that Mindi will be able to attend. Council approves this motion.

### OLD BUSINESS

None

## APA Assembly Notes - Adam Nelson, M.D.

**Report from the APA President-elect —Anita Everett, M.D.** Dr. Everett presented a summary of her three main objectives for the coming year as President of the APA: 1) Aspiration; 2) Innovation; and 3) Physician Well-Being. She recently attended a meeting for PsychSIGN, an organization for medical students aspiring to become psychiatrists. She has appointed a Workgroup on Access to Treatment through Innovation. She has also appointed a Workgroup on Physician Burnout. Expect to hear more about these efforts in the upcoming year.

**AMA Report —Patrice A. Harris, M.D.** MA, Chair, AMA Board of Trustees Dr. Harris outlined Strategic Objectives for the AMA: 1) Accelerating Change in Medical Education—to create the Medical School of the future. 2) Professional Satisfaction and Practice Sustainability, including coping with professional burnout. Currently, >50% of US physicians experience burnout, many of whom are quitting the profession. Bureaucracy is a leading cause, including needless prior authorizations, when 95% are approved, Electronic Medical Records, which were largely created without physicians' input. 3) Improving Health Outcomes. While chronic disease accounts for most PCP visits and >75% of total healthcare spending, 90% of persons with diabetes aren't even aware of their diagnosis. AMA is developing online tools for the field with partners in innovation for the next generation in medical technology through partnerships including Matter, Sling Health, Health 2047, and Xcertia. In addition, AMA is devoting resources to improving the ACA, through efforts such as Patients-Before-Politics. Finally, AMA's Task Force to Reduce Opioid Abuse has led to reduced Opioid prescriptions and increased PDMP use.

### APA Position Statements

The following Position Statements were decided on at the Assembly, including:

#### Retain:

- \* Use of Stigma as a Political Tactic (2007)
- \* Resolution against Racism and Racial Discrimination and Their Adverse Impacts on Mental Health (2006)
- \* Discrimination against International Medical Graduates (2001)
- \* Diversity (1999) \* Psychiatrists from Underrepresented Groups in Leadership Roles (1994)
- \* Resolution Opposing Any Restriction on the Number of IMGs Entering Graduate Medical Training (1994)
- \* Affirmative Action (1977)
- \* Misuse of Psychiatric Examinations and Disclosure of Psychiatric Records in Sexual Harassment Litigation (1998)
- \* Adoption of AMA Statements of Capital Punishment (2008)
- \* No "Dangerous Patient" Exception to Federal Psychotherapist-Patient Testimonial Privilege (2010)

#### Revise:

- \* Role of the Psychiatrist in Long Term Care Setting (from 2003) Abortion (from 1978)—**approved unanimously**
- Use of the Concept of Recovery (2015)—**referred back to Council**

#### Retire:

- \* U.S. Military Policy of "Don't Ask Don't Tell" (2009)
- \* Joint Statement on Anti-Substitution Laws and Regulations (1976)

\*Doctors against Handgun Violence (2001)

**Proposed:**

Risk of Adolescents' Online Behavior—**approved unanimously**

Role of Psychiatrists in Addressing Care for People Affected by Forced Displacement—**approved unanimously**

\*Legislative Attempts Permitting Pharmacists to Alter Prescriptions

**From all of us at SCPS,  
A Happy and Healthy Summer  
to You and Yours!**

**No August Issue,  
But Look for Us  
Again in September!**

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SCPS Newsletter

Editor . . . . . Matthew Goldenberg, D.O.

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