

# PSYCHIATRIST

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Newsletter of the Southern California Psychiatric Society

## President's Column

# How Do Our Concerns Match Up With Those of Our Medical Colleagues?

Heather Silverman, M.D.



In the course of this year it has been my privilege to serve simultaneously as president of SCPS and as a board member of the Los Angeles County Medical Association. Accordingly I've been able to compare some of the concerns of psychiatrists with those of our brethren in the house of medicine. This is especially fresh in mind, as I recently returned from the annual meeting of the California Medical Association in Anaheim.

How do our concerns match up with those of our medical colleagues?

Well, take for instance the End of Life bill recently approved by Governor Brown. The differing views and levels of expressed emotion in the CMA House of Delegates debate concerning this bill mirrored the intense discussions held at our SCPS Council meetings, and the resulting divisions were similar to those expressed in our recent membership survey on the topic.

It is interesting to note that Brown, after considering many perspectives, stated his decision came down to one question, a personal reflection of what he thought he would want in the face of his own death. "I do not know what I would do if I were dying in prolonged and excruciating pain. I am certain, however, that it would be some comfort to be able to consider the options afforded by this bill. And I wouldn't deny that right to others."

Whether one agrees or disagrees with his position, it may be seen as a striking example of deeply felt personal beliefs, which can have far reaching implications.

In this era of evidenced based medicine, and especially in psychiatry, attention to our personal beliefs, and listening for our patients' beliefs, help us see the forest and not get lost in the trees.

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October has been a busy month. I am happy to report career day was well attended and we may make it an annual event. SCPS was represented at the NAMI walk and the CPA meeting was held in Dana Point.

*for psychiatrists and all physicians interested in psychopharmacology*

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# Letter from the Editor

## CMA and the Meaning of Life

Colleen Copelan, M.D.



October is the month of the House of Delegates of the California Medical Association. A time of renewed passion for our profession—and great appreciation

for those among us who toil on behalf of medicine, patients and physicians.

This year, 400 physician delegates congregated at Disneyland—The Happiest Place on Earth—to review policy, celebrate triumphs and move to the future of medicine.

Biggest triumph: MICRA. Last year, trial lawyers promoted doctor drug-testing as the lead argument for a MICRA-busting ballot initiative that would have increased malpractice payouts (for them) and

more than doubled malpractice premiums (for us) with zero gain for patient care. Early polling revealed 2:1 for their side. Polling on voting day—the only poll that counts—it was 2:1 for our side!

Second biggest triumph: vaccination. State Senator and CMA member, pediatrician Richard Pan—with whole-hearted support from CMA—endured death threats and hostile testimony from Hollywood celebrities to see his vaccination bill through to the governor's signature. The new law eliminates the much abused “personal belief exemption” that had left thousands of children unprotected from the scourges of epidemic infections.

And the meaning of life: CMA moved from its traditional “oppose” to “neutral” on physician aid in dying, allowing the recent Death With Dignity Act to reach the Gov-

ernor's desk. CMA secured important protections for patients' free-will choice and physicians' liability. Governor Brown, a former Jesuit seminarian, said it best in his signing statement: “I do not know what I would do if I were dying in prolonged and excruciating pain. I am certain, however, that it would be a comfort to be able to consider the options afforded by this bill. And I wouldn't deny that right to others.”

In the end, healing must be tempered by mercy and patient autonomy trumps physician authority.

We were successful, we were thoughtful and we were bold this past year and we all did it all together. We ought to be proud.

[cocopelan@aol.com](mailto:cocopelan@aol.com)

### Advertisement

The Volunteer Program at Venice Family Clinic, a UCLA-affiliated community health center, is looking for psychiatrist volunteers. We are the first choice in health care for more than 20,000 low-income and homeless families and individuals each year.

If anyone wants to talk about volunteering before doing any kind of application – they can call me directly!

Mimi Lind, LCSW  
 Director, Mental Health and Domestic Violence Services  
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**Women's Mental Health Fellowship**  
**Keck School of Medicine**  
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**Medical Center**  
**July 1, 2016 - June 30, 2017**  
**by: Emily Dossett, M.D.**

Transitioning from one life phase to the next can be exhilarating, whether entering adolescence, having a baby, or ending one's childbearing years. However, many women struggle emotionally and psychologically during these times of reproductive change. Beginning with menarche and ending with menopause, women's rates of depression and anxiety are double those of men. The highest risk time for most women revolves around pregnancy and the postpartum, with rates of depression hovering around 15%, and reaching as high as 40% in low-income communities. Anxiety is just as prevalent and often even more debilitating.

Despite the high rates and complications of women's mental health concerns, physician training historically has lagged in this arena. Many obstetricians, primary care doctors, and even psychiatrists report feeling undertrained and unsure of how to proceed when faced with a woman dealing with mood or anxiety symptoms related to menses, pregnancy, the postpartum, or perimenopause. This is particularly problematic in pregnancy, as many women are advised to stop psychiatric medications, without a clear risk / benefit analysis of what the risks of relapse and untreated mental illness might mean for herself and her infant.

To address this need in training, the Departments of Psychiatry and Biobehavioral Sciences and of Obstetrics and Gynecology at the Keck School of Medicine at USC are pleased to announce the formation of the Women's Mental Health Fellowship. The first on the West Coast, and the first in the country to accept fellows from OBGYN or primary care as well as psychiatry, the Women's Mental Health Fellowship at LAC+USC is currently recruiting for the 2016-17 academic year. This unique fellowship will provide collaborative, evidence-based, individualized training for post-residency physicians in a wide variety of clinical settings unique to Los Angeles County. Clinical opportunities include outpatient integrated care settings in obstetrics and pediatrics, inpatient consultation, a fellow's psychotherapy clinic with expert supervision, and longitudinal experiences in a variety of community settings (including the West Los Angeles VA Hospital and women's correctional facilities). Research and teaching expectations will also be incorporated into the fellows' training year. Our goal is to graduate fellows with the skills and vision to lead the next generation of clinicians and researchers in Women's Mental Health.

More information on the fellowship and how to apply can be found at the following link:[http://keck.usc.edu/Education/Academic Department and Divisions/Department of Obstetrics and Gynecology/Education and Training/Womens Mental Health Fellowship.aspx](http://keck.usc.edu/Education/Academic%20Department%20and%20Divisions/Department%20of%20Obstetrics%20and%20Gynecology/Education%20and%20Training/Womens%20Mental%20Health%20Fellowship.aspx). Additional inquiries may be directed to Emily C. Dossett, MD, Fellowship Director, at [edossett@usc.edu](mailto:edossett@usc.edu).

**SCPS Council Minutes**  
**September 10, 2015**

Meeting Called to order at 7:10 p.m .

President's Report

Orientation: Members were reminded to sign in and to take note of the disclosure information passed around with the sign-in sheet. Dan Willick, provided his annual orientation for board members of a 501©6 corporation.

EMS Survey deferred until Dr. Cheung is in attendance.

Justice System- FYI –Funds allotted for the justice system either to build more jails or to strengthen the diversion program. Sheila Kuehl heavily in favor of diversion.

Career Fair – planning is going well. Nine booths have committed to being there. An educational program will take place in the morning. Dan Willick has agreed to talk on legal issues for 15 minutes. There was discussion about revisiting our Mentorship Program at this or future events.

NAMI Booth – LA NAMIWalk is October 3 at Grand Park. Drs. Shaner and Silverman will be at the SCPS booth. Drs. Solding, Fogelson, and Garcia may also be at the booth. Dr. Shaner suggested that in addition to the APA information on disorders we should also distribute information about conservatorship, how to find a psychiatrist, and how to find a psych hospital. Dr. Solding suggested we provide information about general medicine. Dr. Sheth noted that NIMH has a lot of free pamphlets.

San Gabriel Mountains Forever (SGMF) – Information provided by Dr. Shaner, San Gabriel Valley Councillor. SCPS was asked by (SGMF) to send a letter to appropriate politicians in support of their program and to inform members and patients. Motion: Support the San Gabriel Mountains Forever Mental Health Initiative by informing our membership of its goals, and by sending a letter to Senators Feinstein and Boxer that informs them of the beneficial effects of accessible wilderness areas for mental health, and urges them to support the SGMF policy platform in Congress.

Motion passed.

Movie Screening: Council agreed to provide public information in the newsletter about a screening of "Missing Child" at which SCPS members can get in free on October 27<sup>th</sup>.

USC Women's Mental Health Fellowship: Council agreed to provide public information in the newsletter about the new Women's Mental Health Fellowship.

Death with Dignity: It was announced that SB 128 passed the Assembly and now goes to the Senate, which has previously passed a version of the bill, before going to the Governor. It was noted that since a similar bill passed in Oregon, palliative care has increased.

SCSCAP Request: SCPS will again sponsor CME and contribute \$250 for a joint meeting with the Southern CA Society of Child and Adolescent Psychiatry. This year's meeting will be on Transgender Issues.

#### President-elect's Report:

Dr. Bonds reported on the July CPA Council Meeting.

CPA is going through some changes including a new Executive Director and a new office, but they are doing well and still presented a balanced budget.

Many bills were talked about including: Parity and Laura's Law, which is advancing. CPA does not expect a psychology bill, access is still a problem, discussion about integration so psychiatry is not carved out, access for kids and psychotropics for children.

NCPS proposed that CPA eliminate the fee for residents at the annual meeting and that CPA pay for Council members to attend the APA annual meeting (assembly meeting). Both proposals have been sent to task force.

APA discounted dues for groups was discussed with pros and cons highlighted. The DBs will eventually be asked if they will discount dues as well.

Many nominations were discussed including Melinda Young and Robert Cabaj for Area 6 Trustee.

#### Membership Report:

Four new residents and four new General Members were approved. One incomplete application was tabled.

Treasurer's Report: SCPS is moving in a good direction. Treasurer's report was approved.

#### Legislative Report:

Not much on the Federal front: changes with prior authorizations. Patients are being approved for drugs for 3 years instead of 6 months or a year.

State: changes to 5150, insurance carriers are merging and changing, few psychiatrists are participating in Obama Care, patients are waiting a very long time for appointments so are paying out of pocket for care.

Program Committee: Dr. Gales reported the confirmed line up for our January 30<sup>th</sup>, 2016 Psychopharm meeting:

Barbara Parry, M.D. - Hormones and Mood

Helen Lavretsky M.D. - Integrative Psychiatry (Herbal/Neutraceuticals) for Anxiety and Depression

Stephen Marder, M.D. - Prodromal Symptoms and Schizophrenia (including alternative tx)

Charles Raison, M.D. - Mind and Gut (inflammation)

The committee is pursuing Eric Plakun, M.D. to speak on Treatment Resistant Patients.

The Council noted that this is a bit of a shift from our usual Psychopharm topics.

New Business: Ms Thelen shared the sad news that Martha Kirkpatrick, SCPS' third female president, passed away.

No Old Business

Meeting adjourned at 9:15 p.m.

Each year our dues exempt members are asked to consider making a voluntary dues contribution. SCPS would like to recognize their generosity and continued support. These voluntary contributions really do help and we thank you:

**Ramon Alcerro, M.D.**  
**William Bondareff, M.D.**  
**Daniel Borenstein, M.D.**  
**Thomas Brod, M.D.**  
**Rafael Canton, M.D.**  
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**John Wells, M.D.**  
**Loren Woodson, M.D.**  
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How does one become a dues exempt member?

When your age and your number of years as a member equal 95, your dues are reduced for ten years. After that ten years you become dues exempt. If your membership lapses, those years do not apply to the formula...so keep coming back!!!



**Psychopharmacology Update 27**  
**Saturday, January 30, 2016**  
**Olympic Collection, 11301 W Olympic Blvd, Los Angeles, CA 90064**

9:00 a.m. - [David Mintz, M.D., Staff Psychiatrist, The Austen Riggs Center.](#)

**Patient-Centeredness and the Pharmacotherapy Alliance**

American psychiatry has been concerned over the last few decades with establishing a sound evidence base for psychiatric practice. Often, this has meant a focus on the neurobiologic evidence base. After at least 2 decades in which there has been an exciting growth in our understanding of the brain, and in which we have worked better to apply population-based studies to the treatment of individual patients, there is, however, little or no evidence that our outcomes are substantially better than they were 2 decades ago. One possible way of understanding the failure, up to this point, of the neurobiologic revolution in psychiatry is that our enthusiasm about neurobiology, coupled with top-down initiatives that prioritize efficiency over effectiveness, has promoted a treatment model that neglects the traditional role of the physician's understanding as an important aspect of the healing process.

There is a generally neglected but increasingly robust evidence base that suggests that interpersonal and psychological factors are potentially greater determinants of pharmacotherapy treatment outcome than the actual medications used. In other words, an empowering focus on the patient's subjectivity and the development of an effective pharmacotherapeutic alliance often makes all the difference between treatments that work, and treatments that fail. In this talk, we will consider aspects of the evidence base for the clinical import of a patient-centered pharmacotherapeutic alliance, and will explore technical adaptations in prescribing process that can allow medications to be used to greater effect.

10:00 a.m. - [Charles Raison, M.D., Professor, Department of Psychiatry, School of Medicine and Public Health, University of Wisconsin-Madison](#)

**Ancient Therapeutics and Sensory Pathways as Deep Brain Stimulators: Implications for the Treatment of Major Depression**

This talk takes as its starting point a disagreement with the current orthodoxy in psychiatric research that mental illnesses are brain disorders. While not minimizing the importance of the central nervous system, in this talk we explore how adopting a different perspective—that of embodied cognition—suggests that conditions such as major depression are systems-based disorders caused by factors that are complex, dispersed and interdependent. Far from being a mere squabble over abstractions, this talk suggests that adopting a “brain only” perspective forecloses a number of novel treatment options. We demonstrate this by focusing on two areas central to an embodied approach: the use of sensory pathways as “deep brain stimulators” and the opportunities afforded to mental health by enhancing our relationships with the microbial world, focusing especially on how health disparities are reflected in disparities in exposure to health-enhancing microbes that track along socioeconomic lines. Finally, we demonstrate how new treatments for depression that are being developed from these embodied perspectives often harken back to ancient practices that have been widely practiced across numerous cultures around the world.

11:15 a.m. - [Helen Lavretsky, M.D., M.S., Professor of Psychiatry In-Residence, Semel Scholar in Integrative Mental Health; Director, Late-life mood, stress, and wellness research program](#)

**Integrative Psychiatry: Treatment and Prevention of Mood and Cognitive Disorders**

Up to 20% of the US population of the US uses complementary and integrative medicine (CIM) to treat mental disorders. This trend is increasing in Baby-boomers and following generations because CIM is considered “safer” and more “natural” than the available psychotropic drugs that lack sufficient efficacy. Evidence suggests that some integrative approaches can be effective at treating a range of mood, anxiety, and cognitive symptoms. Dr Helen Lavretsky will review the existing evidence of the efficacy and safety of mind-body interventions and natural products and supplements used for treatment of mood and cognitive disorders.

1:30 p.m. - [Barbara L. Parry, M.D., Professor of Psychiatry; Clinical and Research Director, Women’s Mood Disorders Clinic, University of California, San Diego](#)

### **Hormonal Basis of Mood Disorders in Women**

Women have twice the incidence of depression compared with men. They are prone to develop depressive episodes at times of reproductive hormonal change at puberty, with use of oral contraceptives, during the premenstrual phase of the menstrual cycle, during pregnancy or the postpartum period and during the peri-menopausal years. These effects may be mediated by the modulating effects of estrogen and progesterone on neurotransmitter (chemical), neuroendocrine (hormonal) or circadian (regulatory) systems. The focus of this presentation will be on the recognition of the clinical phenomenology of mood disorders associated with each reproductive epoch and treatment strategies targeted to each specific underlying pathophysiology with the aim of practicing more precision medicine in women’s health.

2:30 p.m. - [Stephen Marder, M.D., Semel Institute at UCLA; Desert Pacific Mental Illness Research, Education, and Clinical Center](#)

### **Management of Recent Onset Psychosis**

This talk will review a rapidly expanding literature on the management of first episodes of psychosis. This literature has pointed to the importance of early intervention even when there is diagnostic uncertainty. In addition, first episode patients often respond to substantially lower antipsychotic doses than multi-episode patients and they have a substantially greater sensitivity to side effects, particularly EPS and metabolic effects. Since first episode patients are often reluctant to remain on antipsychotics, approaches to sustaining adherence including the use of long-acting antipsychotic medications will be discussed. The talk will also review recent evidence from a large NIMH study which found that approaches such as family based interventions and supported education and employment can improve functioning in first episode psychosis.

For registration information and to register go to:  
<http://www.socalpsych.org/event-registration.html>

**Watch your mail box for hard copy brochure.**

Hope to see you there!

As we do every year, SCPS supported the LA NAMIWalk on October 3rd with a booth, psychiatrist volunteers, helpful information for patients and families, and a ton of melted chocolate candy! (It was a very hot day!)



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## Meeting Notice

**REGISTER NOW** for The Renfrew Center Foundation's Seminar for Professionals – Feasting, Fasting and Eating Disorders in the Jewish Community offered in Santa Monica, CA, on Wednesday, December 2, 2015 from 8:45am – 1:15pm. The Renfrew Center Foundation is pleased to present a half-day seminar for health and mental health professionals, addressing eating disorders within the Jewish community and innovative treatment strategies. 4 CE Credits offered. Seminar includes dairy breakfast. For more information or to register online visit [www.renfrewcenter.com](http://www.renfrewcenter.com).

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