

PSYCHIATRIST

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Newsletter of the Southern California Psychiatric Society

President's Column

New Year Challenges

Erick H. Cheung, M.D.



Dear Colleagues:

Welcome to a new decade. I hope this message finds you well, rested, and ready for 2020. As we charge ahead, the SCPS Council looks forward to several new challenges. We aim to build on the success of our annual Career Fair and long-running Psychopharmacology conference. We look to increase engagement with you, our membership. We invite you to communicate your priorities and ideas to our Council. Above all, our Council will continue to forge efforts in building the California Psychiatric Association (CPA) into a stronger and even more capable machine for lobbying and advocacy in California legal and governmental affairs.

Speaking of machines... some of you may be familiar with the 1980's animated television show known as "Voltron" (which has since been recreated a multitude of times including a recent Netflix series). Voltron is a Super Robot that stands a massive 100 meters tall (see Figure 1), and is composed of 5 space explorers who work together by uniting their individual lion robot machines in a fight for galactic freedom and protection of the people. Just a little nod to Gen X.

CPA is Voltron. *We drive the CPA....* indeed, all 5 district branches of California come together to form this Super Robot as our state advocacy/lobbying machine.

To be clear, the CPA has put together decades of work on this front already... take stock:

Opioid Crisis. CPA helped land the bill AB 362 (Eggman) on the Governor's desk in 2018 to provide authority to local jurisdictions to open safe injection sites, and we stand ready continue the fight in 2020 when the bill is expected to again move forward.

Substance Use Disorder Treatment for Youth. CPA championed AB 1031 (Nazarian), but after it was held in Committee, we turned to support a similar bill SB 445 (Portantino) to provide statewide, evidence-based standards for youth SUD treatment. While SB 445 was vetoed by the

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Governor due to financial concerns, CPA will not give up the fight and is ready for the next term.

LPS Reform and Homelessness. CPA enabled a current state audit to determine issues related to application of current involuntary treatment standards. The audit will also provide recommendations for updating the 50-year-old law to better address the growing problems of the homeless and mentally ill. CPA stands ready to co-sponsor legislation in 2020 to implement findings.

Mental Health Insurance Parity Laws. CPA joined discussions with legislators and other stakeholders about next steps to ensure that state and federal parity laws are properly enforced in California. One bill, SB 11 (Beall), did not achieve consensus among stakeholders or legislators in 2019, however CPA intends to join Senator Beall for a new bill in 2020.

Laura's Law / Court mandated treatment. CPA in 2019 was asked by family advocates in Butte County, and requested by a local elected official in San Jose, to present on Laura's Law as a prelude to campaigns to implement in those locations. CPA has participated in implementation in many of the twenty counties that have adopted Laura's law, which provides court supervised intensive treatment for individuals who are repeatedly hospitalized or arrested or commit acts of grave bodily harm.

Rejected Insurance Claims. Due to new billing software used by a number of managed health care service plans, a number of claims that should have been paid in a straightforward manner have been rejected. While appeals usually result in the reversal of denial, they are time consuming to obtain. CPA is working on a possible solution.

As a member of SCPS, your support remains more critical than ever as we push harder for legislation beneficial to psychiatrists, the profession of psychiatry, and our patients

You will notice that your 2020 dues statement from the APA no longer reflects the California Psychiatric Association (CPA) assessment. The CPA assessment is a portion of your District Branch (SCPS) dues that has been specifically earmarked for state-level advocacy, education, and judicial and policy action in California.

The CPA assessment will now be billed directly by the CPA*. Therefore, you will receive three separate statements for dues, one each from SCPS, APA, and CPA. We sincerely apologize for the inconvenience that this causes our members, and we are actively exploring ways to reduce this in the future. Please keep in mind that the *total amount* of dues you are paying are the same as it has been for many years. The difference is that your entire dues payment is now broken down into the component portion for each organization: SCPS, CPA, and APA.

On behalf of your elected representatives at the SCPS Council, I wish you a fulfilling and prosperous year ahead.

* Residents are not billed for CPA dues.

Figure 1: Voltron



Stronger Together

By: Matthew Goldenberg D.O.
SCPS Newsletter Editor



Last month, we featured an article by Dr. Ronald Thurston. Dr. Thurston discusses [Who is the California Psychiatric Association?](#) Being one of our local psychiatric pioneers and steadfast leaders (he has served as SCPS President twice and California Psychiatric Association (CPA) President once!), I want to again thank Dr. Thurston for his contribution!

This month, I am pleased to present our featured article by Dr. Ronald Thurston. In this Part 2, Dr. Thurston discusses "*The Story of CPA and Ourselves*". He discusses the historical context of how the 5 California District Branches came together to form CPA and gives some perspective on the current difficulties facing CPA.

Between last month's article and this one, I am hopeful that you are now up to speed with the unfortunate and unneeded peril facing CPA. I personally believe that we have an opportunity and a duty to push for evidence-based mental health care in Sacramento. There are those who oppose psychiatry and there are others who push unresearched and often unsafe "alternatives". The public, our colleagues and future psychiatrists need a strong CPA to educate legislators and the public in order to improve the quality and access of mental health care in our state.

There is no doubt, that we are strong together. When the 5 district branches come together, we have more resources and our voice is stronger. I am hopeful that 2020 will bring the end of this division and detraction and be the beginning of a new day at CPA. One of cooperation, trust and progress. More than ever, it is important that you tune in, ask questions, make your voice and opinions heard. I encourage you to write and we will share your thoughts...

What challenges do you face in your practice?

How can SCPS and CPA increase our reach and help you and your colleagues?

What are the most important objectives of CPA and SCPS in your opinion?

Do you value the lobbying, judicial action, and/or education that CPA has provided?

Please write in and let your voice be heard... SCPS and CPA are your representation on the State and Local levels, and they need to hear from you.

I hope 2020 will bring us all great steps forward and good health for all.

Best,

Matthew Goldenberg D.O.
SCPS Newsletter Editor
Secretary (2019 – 2020)
Email: docgoldenberg@gmail.com

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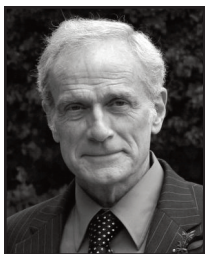
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The Story of CPA and Ourselves

by: Ronald C Thurston, M.D. MSP



This is a history without names and dates. It's about timeless things like circumstance, dynamics and motivation. I'm a psychiatrist after all, not a historian.

This is the story of our 5 District Branches working together—or not—to create a unified force for statewide advocacy. All our DBs agree with the concept, the APA mission demands it, and our members expect it. What could possibly go wrong?

Circumstance 1: Multiple District Branches. The American Psychiatric Association created the Assembly of District Branches in order to bring grass roots representation into national governance. Local organizations were recruited to sign up as DBs. Every DB has its own board, is responsible for its own APA members and is solely authorized to levy local dues. Had the APA thought ahead, as my hindsight now recommends, it would have designated the whole of California as a single DB—thereby achieving both grassroots and unified statewide advocacy. Absent that wisdom, California's multiple DBs have been obliged to create a joint venture—the California Psychiatric Association—as its statewide advocacy organ.

Circumstance 2: Incorporation and its peculiar duty of loyalty. For legal protection, all our organizations---APA, DB and CPA--are separately incorporated. Board members of each corporation have a duty of loyalty to that corporation, the notion of which may change due to annual board turnovers.

Dynamics: Circumstances 1 and 2 foster an insular view of self and elicit that entirely normal, but most ugly and destructive of human instincts, distrust of "the outsider." Making common cause in our CPA is more than the proverbial herding of cats; it's the proverbial herding of very wary cats.

The CPA has no authority to levy dues and has no members except its board—who are elected by the members of the 5 California DBs.

CPA is, and always has been, funded by DB-authorized allocations of DB member dues. When the CPA board votes an assessment, it must be approved and levied by the DB boards. This annual assessment may not be adjusted for years, making it quite routine and—theoretically--quite dependable.

Early on, the DBs received total DB dues then wrote a check to CPA. Due to circumstances and dynamics cited above, one DB or another would sometimes balk at writing the check, creating financial uncertainty for CPA. Not the best tactic for managing grievances. Perhaps it was simply the pain of writing the check that invited new scrutiny.

In any event, this problem was solved by an Assembly action that allowed APA to include the "CPA dues" allocation in its centralized billing, conveying the proceeds directly to CPA.

That solution worked quite smoothly for some 20 years until, predictably in hindsight, the solution's new problem came to light: Separate billing gave rise to the impression that CPA was a separate organization. DBs were becoming concerned that some members grumbled about being forced to pay for three organizations.

Then, last summer, CPA requested that APA include an opt-out political action contribution as a line item on the CPA dues notice. This prompted APA to reconsider the whole notion of CPA billing. APA would require written approval from DBs in order to continue the practice.

When APA balked, some DBs balked too, reconsidering the whole notion that members should be required to pay for statewide advocacy. It's like they didn't recognize the baby when she came home! It's like they forgot the joint venture was their own idea, created to fulfill the APA mission of advocacy at the state level---all because APA neglected to make California a single-DB state!

Motivation: Working against the grain of circumstance and dynamics has been our common motivation to support our profession and obtain the best care for people afflicted by mental illness.

Psychiatrists in the Sacramento area informally worked on our behalf from time immemorial. They were there in the 1960's during one of our greatest upheavals—the end of state hospitals and their interminable commitments, replaced by better medicines, the promise of community mental health programs and the limited commitments of the Lanterman-Petris-Short Act.

Turns out medicines were not a panacea, the seriously mental ill are not always adherent and the federal money for community programs went away. We are still there, now organized as the CPA, working to adjust that pendulum swung too far; to improve funding, shelter, beds, commitment criteria, and justice.

We were not quite there for CAPP v Rank, when psychologists sued to obtain independent management of hospital patients (within scope of practice).

Lessons learned. Since the invention of CPA, we're there--full time, full force--to ensure parity and to take the lead in expanding workforce without sacrificing quality, and to manage all the other big and not-so-small issues that impact our profession and patients.

We have been enormously successful--in spite of ourselves. thurstonrc@gmail.com

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Below is the slate of candidates for the 2020 SCPS Elections. Candidate statements will appear in the February issue of this newsletter. Ballots will be mailed on March 2, 2020. Ballots will be due on March 30, 2020. Deadline to run by petition is February 17, 2020.

President-elect – Ijeoma Ijeaku, M.D.

Treasurer- Matthew Goldenberg, D.O.

Secretary – Eric Wagreich, M.D.

LA South Councillor – Haig Goenjian, M.D.

South Bay Councillor – Vivian Tang, M.D.

San Fernando Valley Councillor – Michelle Meshman, M.D.

WLA Councillor– Tatjana Josic, M.D., Patrick Kelly, M.D.

Early Career Psychiatrist – Naser Ahmadi, M.D., Ara Darakjian, M.D.,

Agnes Simone, D.O.

Resident Fellow Member – Mark Ard, M.D., Katherine Camfield, M.D.,

Sophie Feller, M.D., Laura Halpin, M.D.

Assembly Rep – Anita Red, M.D., David Fogelson, M.D.

This is the first of our series of updates from the local residency training programs. We hope these updates will keep all SCPS members focused on the coming generation of new psychiatrists and updates from our local academic institutions.

Department of Psychiatry at Harbor-UCLA Medical Center

Karl Burgoyne, M.D., Program Director; Ira Lesser, M.D., Chair

The Department of Psychiatry at Harbor-UCLA Medical Center has been a major clinical and training venue in Los Angeles for over a half a century. We are a major public/academic hospital jointly administered by The Los Angeles County Department of Health Services, The Los Angeles County Department of Mental Health, and the David Geffen School of Medicine at UCLA. Harbor-UCLA Medical Center cares for over one million residents in the greater South Bay catchment area, regardless of their ability to pay. Community psychiatry is the central aspect of our training program. Our residents are exposed to a very multi-ethnic/multi-cultural population of primarily lower socioeconomic patients who have often experienced significant trauma in their lives and who present with a wide range of psychiatric and social issues. Our residents and fellows, directly involved in the provision of clinical care from day one, are well-suited to careers in public, academic and private sectors.

We have 29 general psychiatry residents and 8 child and adolescent psychiatry fellows. We are a favored site for the UCLA medical student required psychiatry clerkship and provide a large number of sub-internship positions for senior medical students. In our psychology division, we have 8 post-doctoral fellows and upwards of 30 pre-doctoral students. We also are an active site for the training of masters level social workers who attend programs throughout Los Angeles.



Our hospital-based services include two inpatient psychiatric units with a total of 38 inpatient beds which are almost always filled. We are the only LA County program which provides electroconvulsive therapy (ECT). We have a very active adult psychiatric emergency service (PES) which serves as a major teaching venue for our residents, for visiting residents from the UCLA/Semel Institute program as well as other training programs across the country, and for medical students. The PES sees over 6,000 individuals each year for emergency assessment, diagnostic evaluation, stabilization, and referral to the next level of care. We recently opened an adolescent psychiatric emergency room, one of a few in the country. In this venue we provide evaluation and brief intervention to adolescents in a setting conducive to their care and a valuable training experience for our child and adolescent fellows and general psychiatry residents. Our hospital service also includes a very active consultation/liaison service which provides evaluation and treatment recommendation for patients on medical/surgical units.

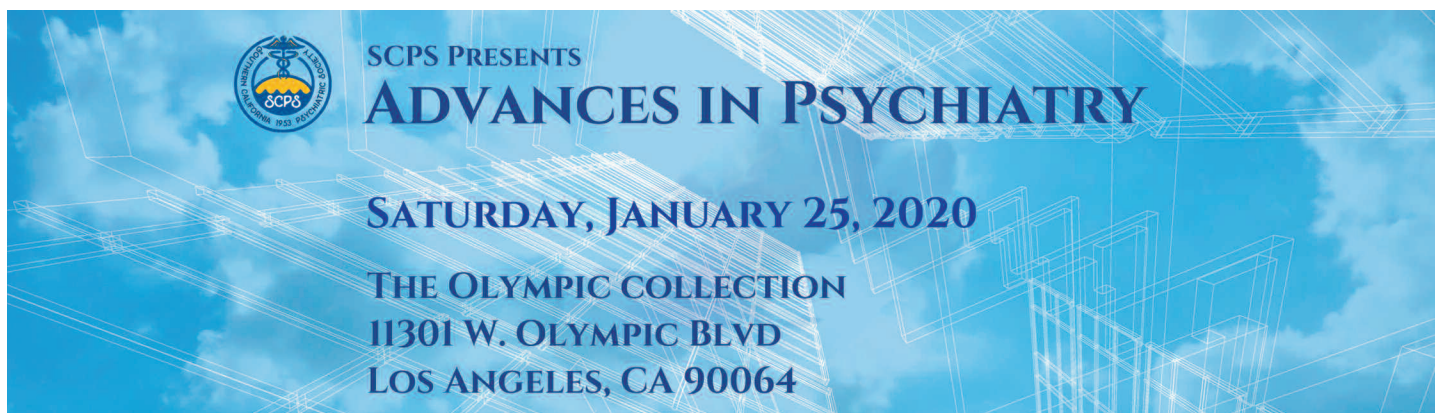
Our outpatient services, under the auspices of the LA County Department of Mental Health, include a general psychiatry adult outpatient clinic (with over 2500 patients), a child and adolescent clinic (with approximately 500 patients and families), a large cognitive behavior therapy (CBT) and dialectical behavior therapy (DBT) clinic, a dual diagnosis program for the integrated treatment of patients with mental and comorbid substance abuse disorders, assertive community treatment teams (i.e., Full Service Partnership), a behavioral medicine clinic which treats patients with co-occurring medical comorbidities such as cancer, and obstetric/gynecological issues, an HIV Mental Health Clinic, and a wellness center which assists patients in their recovery and integration back into the community. Through these varied clinics, trainees are engaged in care of a significant number of patients using a wide range of pharmacological and psychotherapeutic modalities.

Our faculty include psychiatrists and psychologists who have a commitment both to delivering care to patients in the public sector and to training the next generation of clinicians. Many faculty members have spent most of their career at Harbor, reflecting these strong held interests and beliefs. Some have engaged in a variety of research endeavors, contributing to the literature and influencing approaches to clinical care.

Faculty in our psychology division have considerable expertise in a wide range of evidence-based therapies. Members of the division are involved in training our own psychology post-doctoral fellows, pre-doctoral psychology students and residents/child fellows. In addition, they provide training for clinicians throughout the Department of Mental Health Clinics in the county.

If there is a “philosophy” of the program, it is that we stress continuity of care for patients and their families and that we aim to train residents, psychologists and social workers who feel personal responsibility for the health-care system in which they work. Trainees and faculty are encouraged to get involved in community and advocacy activities, including such things as homelessness, patients who are incarcerated, mental health aspects of gun control, issues for patients seeking asylum, etc.

This all can be summed up by a favorite quote from one of our past chair’s, “What are the goals of science, medicine, industry, and education, and how do we know if we’re making any progress?” Professor Harold Taylor’s response was “the primary purpose of it all is to provide the deepest, richest, psychological and spiritual existence for the greatest number of people, and that the best measure of things is simply which human being’s life is enhanced by what we do. Otherwise, it doesn’t matter”. A lofty goal, not always reached, but one worth striving for.



Underappreciated and Stigmatized: Benzodiazepines in Clinical Practice
Richard Balon, M.D

Lithium and Mood Stabilizing Anti-Convulsants in Bipolar Disorders and Related Conditions
Mark Frye, M.D.

Psilocybin Therapy: Safety Concerns and Clinical Approach
Brian Anderson, M.D.

Mindfulness Interventions to Promote Sleep Health and Reverse Inflammation
Michael Irwin, M.D.

For Full Details and to Register:
<https://www.socalpsych.org/event/advances-in-psychiatry/>

Community and Culture

By Kavita Khajuria, M.D.



I was recently invited to volunteer at an annual Health Fair, hosted by the Society of American Nepalese Nurses (SANN) in December, 2019. Held on the grounds of a Buddhist temple in Norwalk – this turned out to be quite the family event, with community members of all ages, including children and grandparents. Apart from providing mental health services, it was an opportunity to learn - as cultural psychiatry and culture bound syndromes are more than having an *ataque de nervios* or *running amok*.

The more frequent topics and questions pertained to stress resolution and prevention of memory loss. Other issues included co-morbid medical conditions, sleep issues, conversion disorders, family stressors, social isolation and a poor work/life balance. Some came by to talk for no apparent reason, and politely collected APA material and other educational printouts. A high school graduate asked questions that appeared to stem from sheer curiosity. Perhaps most striking was the sense of painful cultural isolation in the elderly, with issues related to dependence and worth. Demeanors were consistently polite and respectful. Traditional attire, including the *sari*, *Bhotos* (vests) and *Dhaka Topis* (hats) were colorful and beautiful.

This was a chance to learn more about Nepal. The name 'Nepal' was first recorded in ancient texts from the Vedic period of the Indian subcontinent. With a population of ~ 27 million, Nepal is known for its temples, Himalayan mountains, and is famous as the birthplace of Gautama Buddha. Nepal is multiethnic and rich in bio-cultural diversity, notably with Neem trees (used in traditional herbal medicine), and the luxurious Peepal, displayed on the ancient seals of Mohenjo-Daro. Nepal contains 107 threatened species, including the Bengal Tiger, the Red Panda and the Asiatic Elephant. With a general policy of balanced relations with its neighbors (India and China), Nepalese people have a reputation for honesty, loyalty and bravery. Nepal is a major contributor to the UN Peacekeeping Missions and has a long tradition of accepting migrants and refugees. Along with numerous major languages, Nepal is known for at least 4 indigenous sign languages and a number of indigenous and folk religions. Folklore is an integral part of Nepali society and traditional stories reflect local lifestyles and beliefs, with many folktales enacted through music and dance. Nepal has produced prolific works of literature addressing contemporary social problems, and Nepali writers, especially poets, are highly respected in Nepal. The majority of Nepalese immigrants (83%) have spent less than 10 years in the United States and most reside in the east coast (Source: Pew Research Center 2017).

The event was touching in many ways. A number of American-Nepalese teens served as volunteers, and many elders were accompanied by their children and/or grandchildren, who served as translators.

The Society of American Nepalese Nurses hosts this event on an annual basis; further information on this society can be obtained from sannnurses.org.

Council Highlights

November 7, 2019

Matthew Goldenberg, D.O., *Secretary*



Outline of Notable Meeting Events and Discussion

The meeting was called to order by Dr. Cheung at 7:08PM.

Introductions: Dr. Reba Bindra, newly appointed Inland Rep introduced herself to council. All council members in attendance introduced themselves, their current position, affiliations, work-setting and any conflicts of interest.

Minutes from the previous meeting were unanimously approved.

Computer Budget: Mindi proposed a HP desktop computer, monitor and Microsoft office that would cost \$750 plus tax. This was voted on and approved at the previous council meeting.

California APA Nominations: Dr. Goldenberg proposed taking action to have more SCPS members in APA leadership positions. A discussion was had about how to operationalize this effort.

Newsletter: Dr. Goldenberg thanked Dr. Sam Miles for his contribution to last month's newsletter on DSM-5 and Dr. Eric Wagreich for his article on his action paper. Dr. Goldenberg encouraged members to contribute articles and share the newsletter with colleagues.

CPA Nominations: Dr. Fouras discussed the need for nominations to the CPA nominating committee and expressed interest in the treasurer position. Dr. Shaner was strongly nominated to run for treasurer by several members of council.

Constitution and By Laws Committee: Dr. Shaner discussed four questions that were discussed and answered by the committee related to SCPS bylaws, articles of incorporation and membership issues related to APA and CPA.

DB Membership Processing: Mindi discussed that APA is no longer allowing us to approve our own members or deny our own members. She recommended that council should seek legal advice from Dan Willick. A number of scenarios and concerns were discussed by council.

A motion was made to ask Dan Willick to answer the question as to what our legal obligations are related to CA law and membership approval. The motion was unanimously approved with one abstention.

Disaster Committee: Dr. Chang discussed current updates and trainings the committee is going to be engaged in. She took requests for members to join the committee.

CPA Update: Dr. Cheung discussed the recent updates regarding CPA's situation and position of the other 4 DBs. Dr. Robert McCarron, current CPA president provided an update via phone. There were several options presented to council: 1) Continue to bill members as we always have done, 2) only contribute SCPS funds to CPA if all DBs do mandatory billing, 3) make SCPS members contribution to CPA be voluntary, 3.1) do so only if voting strength is determined by financial contributions.

A motion was made to make SCPS member's dues mandatory for CPA and to bring a motion to CPA to make voting strength determined by financial contributions in the future. The motion passed 15 (yes) to 2 (no) and 2 abstentions.

President-Elect Report: Dr. Fouras took signups for the nominating committee for 2020 to 2021 open SCPS Council positions. He mentioned that the CPAPAC is low on funds.

Treasurer's Report: Dr. Ijeaku provided a financial update. We are over cash on hand \$21,000 compared to last year.

The 2020 budget was deferred to next month.

Membership Report: Dr. Ijeaku listed the members who have submitted applications.

The new members were unanimously approved.

Assembly Report: Dr. Schaepper and Dr. Soldinger provided a brief update.

New Business: There was no new business.

Old Business: There was no old business.

Photo Gallery from SCPS' 2019 Career Fair



Katie Camfield, M.D. and Vivain Tang, M.D., our moderators.



Galya Rees, M.D., discusses managed care



Our panel of speakers on practice settings.



George Fouras, M.D. on investing.



Zeb Little, M.D. on investing.



Dr. Tang visiting with an employer exhibitor.



Curley Bonds, M.D. representing LAC DMH.



Exhibit Hall.

Quiet

By Susan Cain

Broadway Books Publishing

368 pages

\$12.99 Paperback

ISBN-13: 978-0307352156

Book reviewed by Kavita Khajuria, M.D.



Based on a blend of research and originality, this book became an instant best seller. A likely reason is that at least a third of the human population are introverts - a category of people Cain describes as unrecognized and undervalued. Cain spent a number of years researching introverts and extroverts and provides a historical review of both - from the rise of the fast talking, extroverted charismatic leaders - to the introverted icons like Rosa Parks and Mahatma Gandhi.

Is introversion a result of genetics or the environment?

Cain discusses heritability, genetics and neurobiological differences. The experiences of Asian American students in the midst of mainstream America question the cultural implications on self esteem and other potential long term effects of nonconformance to a loud talking majority. A glimpse into the world of renowned high energy personas also reveal those who paradoxically led quietly personal lives - having managed somehow to find a balance. Citing solitude as the catalyst to innovation, she concludes with tools on communication and offers heartwarming advice on child empowerment. The book is well researched and contains highly relevant material presented in a style that is both informative and entertaining.

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Inland Reba Bindra, M.D. (2021)
..... Vacant
San Fernando Valley Danielle Chang, M.D. (2022)
..... Marc Cohen, M.D. (2020)
San Gabriel Valley/Los Angeles-East Janet Charoensook, M.D. (2021)
..... Amy Woods, M.D. (2022)
Santa Barbara vacant
South Bay vacant
South L.A. County Haig Goenjian, M.D. (2020)
Ventura vacant
West Los Angeles Sophie Duriez, M.D. (2020)
..... Galya Rees, M.D. (2021)
..... Zeb Little, M.D. (2022)
..... Ariel Seroussi, M.D. (2022)
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SCPS Newsletter

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