

PSYCHIATRIST

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Newsletter of the Southern California Psychiatric Society

President's Column

Happy New Year??

George A. Fouras, M.D.



The holidays are now behind us, and the celebrations have been finished. Hopefully, all of us have been able to spend time with family and friends safely, if not virtually. But after the elections, there was a question that has been lingering that we have not addressed. What about the millions of people, who despite evidence to the contrary, continue to reject the outcome and cling to wild conspiracy theories. Over the last 10 days, this has now become a very real concern for me as it must be for others.

A childhood friend of mine and I were having a conversation over the holidays. Normally, we both avoid politics as we each know that our views are quite different. This time, the topic came up and what came out shocked me. It was a menu of conspiracy theories: George Soros was taking over the US, millions of votes “suddenly appeared” at 4 AM to steal the election from Trump, the Chinese, ending in his belief that a civil war was coming and inevitable, and that “something is going to happen” very soon. I asked what it was, and all he would say is “you’ll see”. But the look on his face was one of suppressed rage. The only question I asked, since I knew I would not be able to have an adult conversation with him was, to point out that a civil war implies that there will be death and suffering. Was he prepared to kill? Anyone? His friends? His family? Me? I think that question took him unawares and hopefully, gave him pause for thought.

A few days later, I was having a conversation with another friend here in Los Angeles, and while I knew that he voted for Trump, I related my recent experience with my other friend, to see what he thought. He also thought a civil war was coming because “we” had been pushed too far, and that if war broke out, he was willing to fight. However, this person gave another example of a conspiracy theory that was more germane to Los Angeles. He had received a notice from his landlord that the county of Los Angeles is requiring notification of all large gatherings, at the apartment complex, to be reported to Public Health authorities for the purposes of contact tracing. It was his belief that this was Fascism and he would not tolerate it. I did not ask what he would do if a large gathering did occur and was reported to the county health department. He was not able to see the difference between an order from the health department intended to protect the public health and the subjugation of a group of people based on race, religion, ethnicity, or some other demographic. We ended on a civil note and wished each other a Happy New Year.

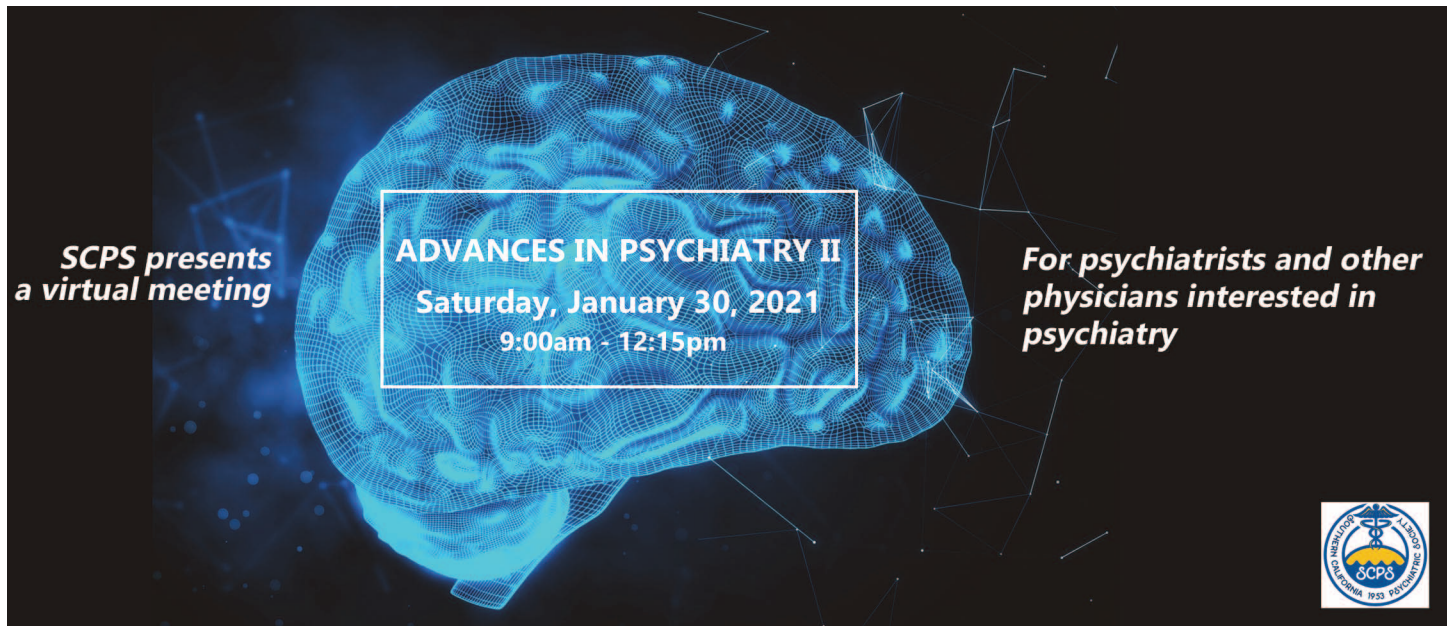
It was clear that for both conversations, direct confrontation of their beliefs with facts and evidence would have achieved nothing and probably escalated the emotional tension even higher. Neither of these men have ever been violent. In fact, they are both kind, generous, friendly, and fun. One has a

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wife and children, the other a single gay man. Yet, they share this belief that is anything but uncommon. If you follow the news, there has been mention of this phenomenon, but not much more. However, I am deeply concerned that this is a powder keg ripe for explosion.

Complex problems rarely have simple antecedents nor solutions. What are the factors that contribute to a person adopting or sustaining such beliefs? What is to be done to address this phenomenon? Who will do it? Much has been placed at the feet of social media. But what or who else is also culpable? Mainstream news? Politicians? Foreign States? It is my opinion that we as medical professionals should be asking these questions. Furthermore, we, as psychiatrists, will need to be involved to guide public policy and to provide services on how to address this issue to help the public, and our patients, to cope with whatever are the issues that form the basis of their willingness to reject logic and evidence and to accept the wild conspiracy theories that they eagerly adopt.



Paradise Lost

Charles B. Nemeroff, M.D., Ph.D

Matthew P. Nemeroff Endowed Chair, Department of Psychiatry & Behavioral Sciences; Director, Institute for Early Life Adversity Research; Professor, Department of Psychiatry & Behavioral Sciences, Dell Medical School, University of Texas at Austin.

Dr. Nemeroff will discuss how genetic polymorphisms and epigenetics effect psychiatric disease vulnerability. This talk will also explain how a gene variation effects brain development and function so that the risk of a depressive episode or PTSD is increased. Dr. Nemeroff will explore and describe how early life experience produces persistent CNS alterations and its implications.

Coping with Covid-19: Technology Matters

Peter Yellowlees, M.D.

Professor of Psychiatry and Chief Wellness Officer at UC Davis Health

Dr. Yellowlees will review the impacts of the Covid-19 pandemic on mental health, and describe current telepsychiatry practices, including legal and regulatory changes, and how Covid-19 has led to a dramatically increased use of telepsychiatry, which he will describe as being good for the well-being of Psychiatrists and other mental health providers. He will conclude with thoughts on the silver-linings associated with the pandemic, and will discuss the long term trends for the use of telemedicine and other health IT technologies.

3 Hours Category 1 CME will be provided

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education through the joint providership of the American Psychiatric Association (APA) and the Southern California Psychiatric Society. The APA is accredited by the ACCME to provide continuing medical education for physicians. The APA designates this activity for a maximum of 3 *AMA PRA Category 1 Credit*™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

<https://www.socalpsych.org/event/advances-in-psychiatry-ii/>

The New York Times: Small Number of COVID Patients Develop Severe Psychotic Symptoms

By: Matthew Goldenberg D.O.

SCPS Newsletter Editor



Happy New Year and welcome to 2021! I hope you and yours had a happy, safe and socially isolated holiday season. If someone were to read this article, 10 or 20 or even 100 years from now, at the time of this writing, it would be important to note that Covid-19 has thus far been considered to primarily be a virus causing the greatest impact on the respiratory system, but also seems to be an inflammatory and vascular illness as well.

I do wonder, years from now, what we will know then, that we did not know now. One major question on my mind during the pandemic has been if there will be psychiatric sequelae. Obviously, our patients have dealt with the negative effects of social isolation. Patients are depressed, anxious, lonely, bored, hopeless and often drinking and drugging to self-medicate.

My concern about psychiatric implications related to Covid-19 goes beyond the psycho/social. Specifically, does Covid-19 itself (or its eventual treatments) predispose or cause psychiatric symptomatology in patients with or without a previous history of psychiatric illness?

A recent [New York Times Article](#) raised awareness of some cases that appear to be examples of Covid-19 related psychiatric symptomatology. Specifically, cases of psychosis in patients without any history and at ages (30's to 50's), where we typically do not expect first episodes of psychosis to present. The article is worth reviewing and then considering if Covid-19 has impacted any of your patients' mental health.

Our field has been aware of possible connections between [inflammatory processes and psychosis](#) for years. There has been hope that further research in this area could open up a new class of medications. So maybe that is the connection between Covid-19 and psychosis... inflammation. Hopefully further research due to Covid-19 will lead to breakthroughs that could help patients with psychosis, unrelated to Covid-19. Would that not be a real silver lining?

I hope all of us will be around 10 or 20 years from now for a follow up to this article. I hope by then we have more answers to these currently unknown questions.

Until then, I am eager to hear your Covid-19 experiences.

How are you holding up?

How are your patients doing?

Are you seeing any Covid-19 related psychosis?

Please write in and share your HIPAA compliant stories and we will share them next month. You can write to me or Mindi (scps2999@earthlink.net). We hope to hear from you!

Stay safe,

Matthew Goldenberg D.O.

SCPS Newsletter Editor

Treasurer (2020 – 2022)

Email: docgoldenberg@gmail.com

76,000+

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CHARLES D. CASH, JD, LL.M., ARM
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California Could Decriminalize Psychedelic Drugs

By: Robert Rymowicz, D.O.
Addiction Psychiatry Fellow, UCLA



After voters in Oregon approved measures to both legalize medical psilocybin and decriminalize it statewide, a California State Senator announced his intentions to introduce legislation to decriminalize psychedelic substances such as psilocybin, ayahuasca, and ibogaine in 2021. Although the details of this proposed legislation remain unclear, media sources have reported that the legislator favors an approach similar to that taken by Oregon.

It is important to distinguish decriminalization from legalization. Decriminalization removes the possibility of criminal sanction, but implies the persistence of some sanction - civil or otherwise.

The City of Oakland voted unanimously to decriminalize psilocybin and peyote in May 2019, and Santa Cruz voted to decriminalize possession and cultivation of psilocybin in January 2020, though commercial sales there remain illegal. The illicit possession of controlled substances is however regulated by state and federal law - and although psychedelics remain illegal according to the laws of California and the United States, Oakland and Santa Cruz have taken steps to discourage local authorities from enforcing these laws. Through a variety of other means, the possession of illicit substances has effectively been decriminalized in many parts of California where district attorneys have refused to prosecute, and law enforcement agents have discontinued enforcement.

Legalization is another matter altogether, generally implying that a given conduct is neither criminal nor subject to civil liabilities, and may be legally regulated. As previously seen with cannabis, the push towards the legalization of psychedelics relies heavily on the medicalization of these substances. Oregon legalized “medical psilocybin” against the advice of the Oregon Psychiatric Physicians Association, and the American Psychiatric Association. Magic mushrooms, now available for the treatment of mental illness, are presumably more likely to be recommended to a client by a vape shop worker than a psychiatrist, and without adequate evaluation. Your clients may soon request treatment with this “natural” alternative to proven pharmaceuticals.

Although psychedelic substances do not appear to be addictive or particularly popular, experimental and pseudo-psychiatric uses should be expected to skyrocket if lawmakers promote the concept of “medical” psychedelics. Increased experimentation could be most notable among children and adolescents, who could come to view these substances as safer and alternatives. Though generally well tolerated, psychedelics are not without their risks - including potentially profound intoxication, and persisting alterations in perception. Hallucinogen Persisting Perception Disorder is a DSM-5 diagnosable disorder with continuous or episodic hallucinations without intoxication, persisting well beyond the pharmacological effect of the triggering substance. These persisting perceptions typically consist of visual snow, motion trails, after images, and scintillations, and may include tinnitus.

We will learn a great deal from Oregon’s experience, but the de jure decriminalization of psychedelic substances in California is likely inevitable, and will further complicate the practice of psychiatry. Although investigational research supports the efficacy of psychedelics in the treatment of some psychiatric disorders, it is still far too early to recommend the widespread adoption of any such approach. Providers in the community are more likely to experience the undesirable outcomes of these substances, and should arm themselves with some basic information to help distinguish intoxication from other psychiatric disorders, and inform their patients of some of the potential risks.

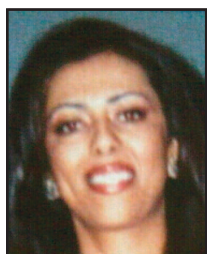
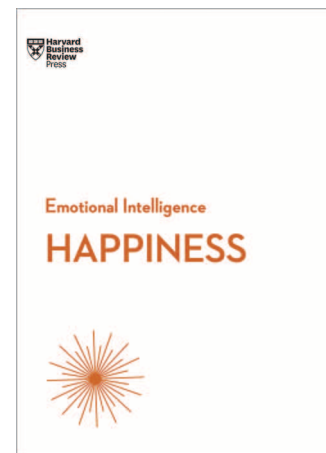
For more information:

<https://www.usnews.com/news/best-states/california/articles/2020-11-11/california-could-decriminalize-psychedelic-drugs>

Happiness

By Harvard Business Review
 Harvard Business School Publishing
 2017
 176 pages
 \$19.99 paperback
 ISBN 978-1-63369-321-0

Book reviewed by Kavita Khajuria, MD



Authors explore the nature of happiness during a professional life – an interesting concept, given that not all are aware of the degree of impact of professional work on a personal mood.

Do emotions at work matter? And is it the chicken or the egg? – is it the personal or the professional life that has more impact on the other? According to the authors, research demonstrates happy people to be better workers – they work harder and smarter - yet according to a Gallop report, only 30% of the U.S workforce is actively engaged at work. To be fully engaged they say, most people need to have a meaningful vision of the future, a sense of purpose, and good relationships - with meaningful work as the most important factor for work progress and positive emotions. Turns out that managers may have more influence over the well-being of their employees than they realize. Authors share how to leverage this and explain the progress loop, noting the importance of 'catalysts' and 'nourishers'.

A flash of CBT is noted at one point – which underscores the neurological links between thoughts, feelings and actions. Negative emotions are referred to as blinders, with disengagement portrayed as a natural neurological and psychological response. Extremely positive emotions are portrayed as potential conduits to risky behaviors.

The book contains essays, research based references, opinions, and an interview. One particular story conveys the tenuous impermanence of life - yet the human potential to rebound after great suffering. Authors emphasize the silver linings - those with an ability to make the best of things are usually happier after almost any kind of trauma or tragedy.

The measurability of happiness is questioned. Some say it is, others disagree. The difference between real versus synthetic happiness is questioned and that of frequency versus intensity. Authors note various habits, connections, challenges and rewards as factors that make people happy. Citing these ingredients, they point out that happiness can differ from moment to moment, more so than it does from person to person - they suggest the small, everyday things to count the most. The importance of gratitude and the present moment are emphasized, rather than a chase after happiness or an end goal.

As for alternative viewpoints - others contend happiness to be a subjective, unmeasurable and undefined aesthetic ideology - an exhausting obligation, not necessarily associated with increased productivity. They argue opinions to differ and the concept as elusive – perhaps reinforcing the notion of quest and chase - which translate as an interesting and necessary critique.

APA Election Update (This information is reposted from Psychnews, originally published on 12/11/2020)

Candidates for APA elected office participated in an online forum with the APA Assembly in November. This video includes remarks from candidates for the President-Elect, Secretary, Early Career Psychiatrist (ECP) Trustee, and Minority/Underrepresented Representative (MUR) Trustee, and a Q&A session. To view specific candidates within the video, jump to the timestamps provided below the video.

<https://www.psychiatry.org/psychiatrists/awards-leadership-opportunities/leadership-opportunities/elections/meet-the-candidates>

There are 19 candidates vying for national and Area office in APA's 2021 election.

To help APA members select the candidates they believe are best qualified for office, candidates' biographical and position statements are posted on the APA election website at

<https://www.psychiatry.org/psychiatrists/awards-leadership-opportunities/leadership-opportunities/elections>. Also, members can view videos of the candidates answering questions posed by the Elections Committee or making brief statements posted <https://www.psychiatry.org/psychiatrists/awards-leadership-opportunities/leadership-opportunities/elections/meet-the-candidates>.

If you have specific questions for candidates, you are encouraged to contact them by using the contact information.

Beginning January 4, ballots will be emailed to all eligible voting members with a valid address on file with APA; they may also go to <https://www.psychiatry.org/psychiatrists/awards-leadership-opportunities/leadership-opportunities/elections> and use their member login information to access their electronic ballot. Those who do not have a valid email address on file will be mailed a paper ballot. Also, any member may request a paper ballot or a replacement ballot by sending an email request to election@psych.org.

The deadline for such requests is Friday, January 15.

The deadline for online voting is Monday, February 4, at 11:59 p.m. EST. Also, paper ballots must be postmarked by that deadline.

APA members wishing to campaign on behalf of a candidate are encouraged to review the APA Election Guidelines, which can also be accessed at <https://www.psychiatry.org/psychiatrists/awards-leadership-opportunities/leadership-opportunities/elections>. Those with comments or questions about the election should email them to election@psych.org.

The APA Council on Communications (CoC) is pleased to share with you a new video we created for APA members: Social Media 101, available [Here](#). It features tips from APA psychiatrists and CoC members who collectively have over 100,000 social media followers across Twitter, Facebook, Instagram and LinkedIn on how to use social media as a professional.

If you are new to using social media, or want to know why it can be a powerful tool for psychiatry, we invite you to at psychiatry.org take a look.

Every year, SCPS takes an opportunity to thank our dues exempt Life Members for their donations to SCPS—and every year our gratitude is genuine. But this year, our gratitude is even deeper because we are living under uncertain times—so your generosity means even more—and we sincerely **Thank You!**

Here are some additional members who have made contributions since the November issue:

David Bender, M.D.
Elizabeth Galton, M.D.
Lissy Jarvik, M.D.
Harriet Kaplan, M.D.
Julian Kivowitz, M.D.
Albert Sattin, M.D.
Susan Turkel, M.D. (in addition to dues)

The APA Assembly Access to Care Committee is conducting a survey to identify issues on local and APA wide levels related to access to mental health care.

The survey takes approximately 3 to 4 minutes and it will be open until February 1, 2021.

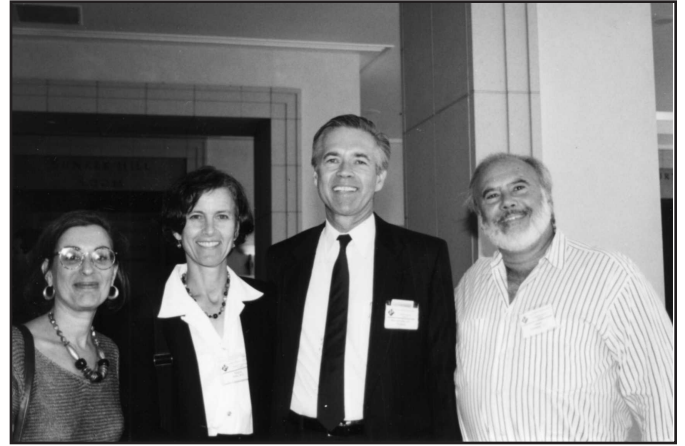
Please follow this link to take the survey:

<https://www.surveymonkey.com/r/APAAccessCareCommitteeSurvey2020>

Flashback Photos



Mary Moebius, M.D. at a Women's Committee Meeting.



Drs. Feinstein, Pally, Gales, and Schneider.



Thomas Ciesla, M.D., Margot Ciesla, Carlo DeAntonio, M.D., and Madeline DeAntonio.



SCPS Breakfast for Assemblymember Richard Polanco.



Drs. Martin, Levander, and Gross. And, Mindi.

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