Southern California

PSYCHIATRIST

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President's Column

Season's Greeting

J. Zeb Little, M.D., Ph.D.

As we say goodbye to 2022, I want to highlight some of our organization's achievements over the last year and share my goals for 2023.

We have a long list of accomplishments to celebrate including SCPS's work with California's other district branches on LPS reform, the Alternative Crisis Response\988 legislation and passing the California State Association of Psychiatrists' (CSAP) policy platform to guide our local, state and national legislative efforts over the next two years. SCPS also played a significant role in developing the mechanisms and procedures by which CSAP will function as our statewide advocacy organization and in assuring our members their interests will be represented in other state and national organizations such as the California Medical Association and the American Psychiatric Association. We have continued to fight for parity in mental health services and taken steps to address obstructionist policies on prior authorizations, controlled substance prescriptions, and reimbursement coding.

Importantly, over the last year SCPS has made efforts to give voice to the perspectives of historically excluded groups by establishing committees focused on Diversity and Culture and the LGBTQ+ community. Additionally, SCPS has taken steps to highlight and acknowledge our members working in underserved communities through our Minority Mental Health Docuseries—*Champions of Social Justice: Psychiatry in Marginalized Communities*— and in establishing the George R. Mallory Diversity, Culture, and Racial Justice Award.

Our organization has always seen education as a core aspect of its mission. In 2022, we continued this tradition through our long-running Advances in Psychiatry series and organized educational forums focused on developing clinical competency working with groups that have unique needs and circumstances such as firefighters and immigrants. We are adding to the enduring materials section of the SCPS website and seeking new sources for content. This database will serve as a repository for our organization's lecture series and source of CME for members and visitors alike.

Looking to the year ahead, my goals are to advance our organization's recruitment of members with diverse backgrounds, increase training opportunities in legislative advocacy, and deepen ties with other area stakeholders by focusing on three areas: Alliances, Recruitment, and Training.

* Alliances— Given the centrality of mental health to the social, economic, and political realities

of our society, we must engage with other stakeholders. Collaborative alliances with organizations like NAMI and our regional academic centers will help us learn from each other's experiences, produce more effective policies and programs, and amplify our political strength. One example of how we will build these alliances is by inviting the training directors of all thirteen Southern California academic centers to join our Academic Liaison Committee. This will help us establish bi-directional talks on the needs of our distinct but overlapping groups and explore how we can more effectively work together and support one another. We are also continuing our annual NAMI Town Hall and plan to use this forum to evaluate ways we can be better partners in our shared mission.

* Recruitment- The vibrancy of SCPS lies in its large, energetic, and diverse community of physic ians. By focusing on new opportunities for recruitment, we will ensure SCPS has a strong and fully representative base of members. Our initial efforts will involve engaging Residents and Fellows of our region's training programs through direct outreach with a focus on presenting relatable and compelling reasons to consider joining us.

* Training— Developing effective community advocates and educators is central to fulfilling our mission to enhance professional development and promote quality patient care. Through direct mentorship, workshops with CSAP, and supporting member participation in APA-sponsored Ad vocacy Conferences, we will foster SCPS's capacity to produce effective advocacy and provide opportunities for our membership to gain experience participating in the legislative process.

This is an exciting time to be involved in organized psychiatry with many opportunities to further the causes of mental health, social equity, and clinical competency. The Executive Council of SCPS thanks you for your participation and support of these endeavors, and we wish you a happy and healthy 2023.

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ECT: A Safe, Effective, and Virtually Unobtainable Treatment

By: Patrick Kelly, M.D., Chair, Child and Adolescent Psychiatry Committee

Our first responsibility as physicians is to “do no harm.” However, we also all know that sometimes we must balance temporary discomfort with long-term benefits. What else is surgery? No one would willingly undergo an operation without anesthesia. And the recovery process from any invasive procedure is far from pleasant.

In psychiatry, we are constantly striving to maintain this balance. An addict giving up drugs and alcohol will hardly enjoy the experience, but our job is to manage the process so as to provide maximum benefit with minimal risk. So, too, for behavior change in child and adolescent psychiatry. We know that avoidance begets avoidance, so sometimes we must find ways for our young patients to overcome their fears (of, say, returning to school) by making them engage in just these scary activities.

Some treatments, however, seem more controversial. Typically, these lie in the domain of procedural interventions. Treatments such as electroconvulsive therapy (ECT) are an excellent example. We now know that ECT is a safe and effective treatment for a number of conditions. In catatonia, for example, ECT shows response rates ranging from 70-100%.[1] However, given the potential morbidity associated with its use (temporary memory loss, possible complications of anesthesia, etc.) its application is typically reserved for patients who have not responded to less invasive methods, even when those methods may be less effective. Again, take catatonia. One study found that ECT was more effective than pharmacotherapy. In this study, 90% of patients with catatonia who received ECT experienced significant improvements in their symptoms, compared to only 50% of patients who received pharmacotherapy.[2]

The prospect of ECT becomes even more fraught when considered for children and adolescents. Partially, this may be due to our own discomfort with the treatment. A national attitudes survey of over 600 child and adolescent psychiatrists from 2001 showed that 53% of providers had minimal knowledge about ECT use in minors, 75% lacked the confidence or skill to provide a second consultant opinion, and 52% believed ECT was unsafe in children. Additionally, 26% thought it was dangerous in adolescents.[3] The practice remained controversial, so much so that the American Academy of Child and Adolescent Psychiatry commissioned an in-depth analysis. In 2012, the Ethics Committee completed its review and found ECT to be a safe and effective practice in the population.[4] Positive evidence for this treatment continues to build. A recent review of 51 adolescent cases who received ECT found that ECT is a safe and effective intervention for treatment-resistant youth.[5]

A typical inpatient case within our hospital system would be an adolescent patient with a relatively run-of-the-mill history of autism spectrum disorder, who suddenly shows substantial regression in their spontaneous actions, verbalizations, and movements. Rather than a new illness or a worsening of their underlying autism, we are typically able to determine instead that this young individual has developed catatonia. This progression, though uncommon, is not wholly unexpected (one recent study found that 12-17% of patients with ASD will develop catatonia).[6] Empiric treatment for this condition involves the use of benzodiazepines to alleviate the symptoms of catatonia, while investigating the underlying cause. In the majority of cases, no further explanatory comorbid condition is ever found – in a study reviewing a cohort of 58 adolescents with the diagnoses of autism and catatonia, only 2 met criteria for an additional underlying medical or psychiatric condition.[7]

Prior to my appointment at my current institution, I trained at the Johns Hopkins Hospital. In the state of

Maryland, severe refractory catatonia is commonly treated with ECT – even in young patients. However, in moving to California I quickly became aware that the system in this state is quite different. While investigating the possibility of utilizing ECT for adolescent catatonia, I was quickly and decisively told that it was virtually impossible to approve and would require a court order, even should the patient and their family consent to the treatment. And, unfortunately, many of our California providers, having trained in the state, have never performed or even witnessed ECT on adolescents, and so do not consider it as an option. This lack of experience and discomfort begets future generations of trainees who share the lack of awareness of ECT as a viable and effective option.

It remains our responsibility as physicians to apply treatments such as ECT for our sickest patients, particularly when they have not responded or remain at major risk for morbidity and mortality. Notice I mention that it is our responsibility as physicians. Because I posit that treating medical professionals should be the decision-makers in these situations. Unfortunately, in California, these decisions more frequently fall to the legal system. This does not seem to be the purpose of the system in which we are engaged. Laws should be designed to protect patients' right to choose, not to hamper them from evidence-based treatment approaches. I would like to say that California is in the minority, but sadly this is not true. In a recent review (and, yes, this topic is gaining so much awareness that numerous comparative legal studies are being published), 21 states place a variety of age and consent restrictions on ECT treatment.[8] To further complicate matters, there seems to be little if any continuity between these ages, diagnoses, or protocols to eventually gain approval. One recent letter to the editor of the Journal of the American Academy of Child and Adolescent Psychiatry detailed the efforts of a major medical center to transfer a patient across state lines, purely to obtain this, in their words, life-saving treatment.[9]

It is time for California to take another look at its rules and regulations constraining this and other evidence-based treatments. After all, the rules upon which these regulations are based are decades old, and it is unclear how many reviews they have had since then. Our organization, as an advocate for patients and providers, has an opportunity to try to open the eyes of legislators to the apparent discrepancy of withholding safe, effective, desired treatment from disadvantaged and vulnerable youth in our state.

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NARCAN

By: Tanya Josic, D.O.

Since early 2000, we have seen three waves of opioid mortality. The third wave has arisen from synthetic opioids including fentanyl. Overdose deaths involving synthetic opioids other than methadone have increased over the last decade. As the opioid crisis is a nationwide issue, the increased use of fentanyl has become a growing concern.

Fentanyl is a powerful synthetic opioid analgesic and a Schedule II prescription drug. It is 50 to 100 times more potent than morphine. The onset of a fentanyl overdose can occur sometimes within seconds. There are reported overdose deaths among people who have unknowingly taken fentanyl as it may be mixed into other street drugs.

For patients with an elevated risk of opioid overdose, access to naloxone can be a lifesaving intervention. The US surgeon general called for extensive distribution of naloxone (1). The Los Angeles County Department of Public Health recently issued multiple health alerts about fentanyl (2). Many states have made naloxone available without a prescription, and naloxone is covered by insurance plans.

As clinicians, we have an important role in raising awareness and prescribing naloxone for patients at risk. However, the patients may not readily accept naloxone prescriptions for a variety of reasons. Some important steps in getting help are recognizing that there is a problem and accepting treatment. Motivational interviewing is an efficient way to help patients resolve ambivalence. In addition, dealing with stigma surrounding substance use is often cited by patients as a reason for declining to talk openly and seeking help. The 2020 National Survey on Drug Use and Health found that 12% of the people interviewed did not seek substance use treatment because they feared attracting negative attitudes from their communities (3). Mental health stigma can take many forms, and the American Psychiatric Association identifies self-stigma, public stigma, and institutional stigma. People with substance use disorders may have self-stigma and feel guilt or blame themselves for their illness (4). Sometimes, these people face public stigma and have been told repeatedly that they made a choice to use the substance and are not doing enough to take control of their use. A 2018 national poll from the Associated Press-NORC Center for Public Affairs Research showed that stereotypes and negative attitudes remain prevalent. This poll found that 44% of Americans blamed opioid use disorder on “a lack of willpower.” These stereotypes can also be systemic and deeply rooted in laws and other institutions.

Stigma can have a harmful effect if there is a lack of understanding and support from the very people whose help would be pivotal in crises. The impact of an overdose-reversing drug on the lives of patients and on that of their families has been enormous. Education about naloxone often includes identifying individuals close to the patient who will administer it. Naloxone spray is commonly administered by non-health professionals. Friends and family members could help their loved one in an instant in the middle of an overdose if they recognize signs and know how to administer naloxone.

As physicians, we are in a unique position to start shifting the conversation about substance use and evidence-based solutions that can prevent a fatal overdose. It is also necessary to recognize stigma as it prevents patients from receiving lifesaving interventions and have a compassionate approach at every turn.

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(2)County of Los Angeles (2022). Public Health to Hold Student and Parent Ambassador Trainings on Fentanyl. Available at: https://la-

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Letter to the Editor

Many accolades to Dr. Emily Wood, chair of CSAP's Government Affairs Committee, for her wonderfully lucid article (pps. 5-8 in the Dec. SCPS Newsletter) "Semantics." That article can help us appreciate and accept the widespread use of the term "behavioral health" without our needing to retreat to the often narrowly defensive posture characterizing members of simple guilds. Although we psychiatrists naturally want to protect our own "Guild" functions, I think it is much more important that we emphasize our function as a "Profession," one that also remains dedicated to significantly broader societal concerns. Brava to Dr. Wood for her objectivity and clarity and many thanks to the Editor, Dr. Goldenberg, for printing it.

Sincerely, Fred Gottlieb, M.D.

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Is it Time to Rethink the "Doctor's Note," "Stress Leave" and Short-term Disability Evaluations?

By: Galya Rees, M.D., MS

Historically, doctors have had the privilege of issuing a "doctor's note" to certify that their patients are contagious, physically, or cognitively impaired, and thus temporarily unable to attend work, school, or other obligations. This custom persisted to current times, with the common expectation that doctors evaluate and provide certifications for sick days and complete claims for short term disability and job protection mechanisms for their patients. As psychiatrists, we know too well how debilitating mental health disorders are and how important it is to have such mechanisms in place to protect the jobs and income of our patients. Our fight for parity is ongoing. However, with the privilege to document short-term medical leave for mental health conditions comes the responsibility to exercise this privilege professionally, equitably, legally, and fittingly.

Increasing rates of burnout and, more recently, pandemic related stress and grief, along with customary requirements that short-term medical leave and disability claims be completed by licensed health professionals, regularly result in patient requests for "stress leave" and short-term disability evaluations and certifications from their primary care providers or treating psychiatrists. For example, the state of California Employment Development Department (EDD), directs patients to their physician/practitioner for completion of the medical certification portion of their disability claim if they are unable to do their regular or customary work for at least eight days and have lost wages because of their disability. These valuations can be technically and ethically challenging to the treating psychiatrist who may not be familiar with the legal rules for such evaluations, and needs to balance the patient's autonomy and request for medical leave, with principles of non-maleficence, beneficence and justice, often under constrictions of resources, objective data, and time.

Unfortunately, there are no clear standards or clinical guidelines for conducting brief evaluations and certifying patients for short-term medical leave for mental health conditions in cases for which more extensive evaluations are not clinically necessary or feasible, or cases in which patients do not need or desire psychiatric treatment. Some psychiatrists issue a mental health leave as an intervention – a way to temporarily ease stressors leading to depression or anxiety. Examples include stressors imposed by an abusive work environment, childcare related stressors, financial stressors, and burnout. However, there are hardly any clinical studies that look at the risks and benefits of a medical leave as an intervention that can shed light on the expected non-maleficence and beneficence aspects of this practice. Most studies consider missed workdays and disability an outcome of mental illness and demonstrate non causal associations between longer lengths of medical leave, lower likelihood of resuming employment, and higher long-term mental health burden and financial hardship. Furthermore, while a brief medical leave for conditions such as normal grief and other life stressors is likely harmless to the patient, the need to see a psychiatrist for this leave may unnecessarily pathologize conditions that do not require medical attention and lead to skewed diagnoses and unnecessary tests and treatment.

Other psychiatrists issue a mental health leave to attest that patients have clinical impairments that prevent them from completing their work duties. Unfortunately, though gross impairments can be easily determined in some cases of severe psychosis, depression or mania, when there is clear objective evidence that the patient has impaired judgment or cognition, in most cases, brief mental status exams provide insufficient objective findings needed for an unbiased determination of the level of impairment. Further complicating assessments for medical leave are inconsistent and often vague definitions of the level of impairment required under different short-term disability insurances and a lack of familiarity of the patient's job duties by their treating psychiatrist. The expected length of the impairment is another common challenge. As a result, doctors often rely on the subjective report of their patients with regards to their ability to complete work duties, the level of impairment, and the expected duration of the im-

pairment.

From a justice standpoint, the demand for medical leave and short-term disability evaluations likely stresses out our already limited access to psychiatric care and possibly widens disparity between those who can and can't access psychiatric evaluations and thus short-term disability benefits. Furthermore, because certification of impairment by a doctor does not guarantee that the short-term disability claim will be approved and replace missed wages, psychiatrists providing short term disability certifications may expose themselves to litigation by patients if disability claims are denied. Some malpractice insurance companies reportedly discourage psychiatrists from certifying patients as impaired and do not offer coverage for such litigation. As a result, patients may be referred to private forensic psychiatrists for more detailed occupational evaluations, an option that while recommended, is not feasible to many patients and likely leads to further disparities in access to short term disability benefits. The overall costs to the workforce and society is a consideration as well, one that some of us uncomfortably considered during the early stages of the pandemic while evaluating appropriately anxious frontline workers for stress leave and work from home accommodations.

In summary, requests for short-term medical leave and short-term disability evaluations can be legally and ethically challenging for psychiatrists, who often conduct these evaluations under constrictions of time, objective findings, and other resources. These evaluations stress out our already limited access to psychiatric care and likely increase financial and job protection disparities between those who can and cannot access psychiatric services. They may unnecessarily pathologize conditions that may not require psychiatric intervention and may lead to unnecessary tests and treatment. Psychiatrist are encouraged to discuss the ethical and legal aspects of these evaluations with their attorney. Further research on stress leave as an intervention and cost benefit analyses of current short-term medical leave and disability certification requirements vs. alternatives are warranted. Allowing people to self-attest to short term impairment and disability for certain amounts of time without formal evaluations and certifications could be considered.

News

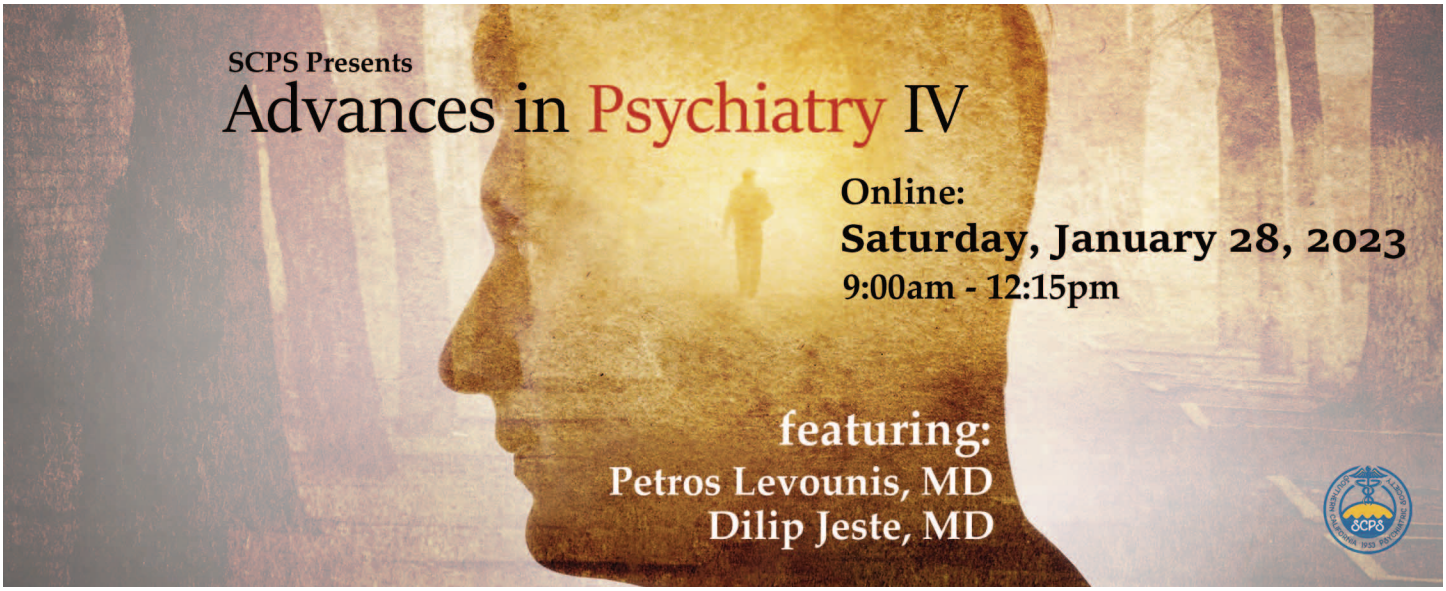
HHS postpones enforcement of good faith estimates under No Surprises Act.

RevCycle Intelligence (12/6, LaPointe) reports, "HHS has extended enforcement discretion for the delivery of some good faith estimates (GFEs) under the No Surprises Act, according to new guidance." This "guidance released by HHS on Friday says that CMS will not begin enforcing the No Surprises Act requirement that health care providers deliver GFEs to uninsured and self-pay individuals when there are co-providers or co-facilities." Enforcement of this requirement was supposed to begin on January 1, 2023, but "HHS is holding off on enforcement until future rulemaking."

Get Ready to Vote in APA Elections. You can help chart the course for the future of APA and psychiatry by voting in APA Elections. Make an informed choice by viewing candidate bios, reading the 2023 Candidate Guide, and watching the "Meet the Candidates" town hall series. Voting for APA Elections opens on January 3 and continues through January 31. You can find more information, including the full election schedule, on APA's Election page.

Save the date for APA's 2023 Annual Meeting! Next year we're back in the "Golden Gate City" San Francisco, on May 20-24, for an exciting four days of mental health programming. There will also be an online option available to conveniently connect you from your home or office to the premier psychiatry event of the year. Early registration opens in early January.

Applications for APA/APAF Fellowships are open. APAF Fellowships provide psychiatry residents the experiential learning, training, and professional development they need to become leaders in the field of psychiatry. Learn more about our fellowships, including how to apply, application and eligibility requirements, deadlines, and additional program benefits here.



Addiction in LGBTQ+ Communities and Crystal Methamphetamine Use Among Gay Men
Petros Levounis, M.D.

Professor and Chair, Department of Psychiatry, and Associate Dean for Professional Development, Rutgers New Jersey Medical School; Chief of Service, University Hospital, Newark, New Jersey; President-Elect, American Psychiatric Association

Reflecting sweeping changes in our understanding of gender and sexuality over the past decade, this presentation aims to provide an informative and affirming discussion of addiction treatment for clinicians working with patients of diverse gender and sexual identities. We will focus on the re-emergence of crystal methamphetamine among gay men and discuss culturally sensitive, safe, and effective treatments.

Loneliness vs. Wisdom in the Era of Modern Pandemics.
Dilip Jeste, M.D.

Director, Sam and Rose Stein Institute for Research on Aging, University of California San Diego;
Distinguished Professor of Psychiatry and Neurosciences, University of California San Diego; Senior Associate Dean for Healthy Aging and Senior Care, University of California San Diego

The COVID-19 pandemic was preceded by a silent behavioral pandemic of loneliness and social isolation that has led to millions of deaths from physical illnesses as well as deaths of despair from suicides and opioid use. Fortunately, there is emerging evidence for a potential behavioral vaccine against loneliness in the form of wisdom. Wisdom is a complex personality trait with specific components including empathy/compassion, emotional regulation, and self-reflection. This presentation will address putative neurobiological underpinnings of wisdom. Components of wisdom are potentially modifiable and tend to increase with age and experience. There is a need for individual and community level changes in our education and healthcare systems to help transform today's lonely, distressed, depressed, and polarized society into a wiser, happier, and healthier world.

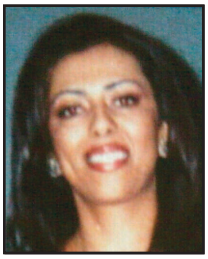
This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education through the joint providership of the American Psychiatric Association (APA) and the Southern California Psychiatric Society. The 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.

Register Here

Fee information available at link above.

Escalating Female Incarceration Rates

By: Kavita Khajuria, M.D.



An article published in the latest 2022 Criminology Journal discussed some startling facts.

The incarceration growth rate for females is ***300%,*** as compared to 120% for males. Titled 'Gender Equality and the Shifting Gap in Female-to-Male Prison Admission Rates', (Vol 60, No 3, Aug/2022 by McLaughlin and Shannon), this article discusses the growth rates, hypotheses, general trends from the 60's onwards, differential crimes, and issues in punishment and sentencing. It also examines whether patterns of gender equality in education, employment and politics are associated with prison admission rates - and evokes questions as to how the female social and economic status in various domains may contribute to changing patterns of crime and punishment.

Authors acknowledge the great strides females have made towards parity with males in several contexts over the past century, recognizing a clear residual gap, however. They emphasize the steeper incarceration growth rate for females, despite males dwarfing female incarceration rates overall (14:1). The notion that rising female crimes rates are a direct historical consequence of an increasing status with new opportunities to participate in crime - which somehow emboldened them to participate in criminal behavior at higher rates - was not held up to empirical scrutiny - as involvement in select crimes were already on the rise prior to the height of the womens movement (thefts, burglaries and robberies). The hypothesis that association of gains in social status and power reduced incarceration rates was found to have more support, as did education, whose protective effect increases over time. It was economic marginalization with nuances across crime types that was found to be positively correlated with crime rates.

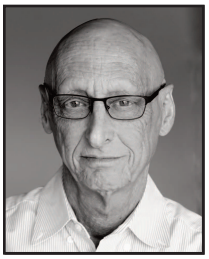
Authors discuss 'net widening' – changes in policy and enforcement, as well as changes in DUI definitions and enforcements – all of which led to greater female arrests. Cultural ideology about gender and the impact on sentencing is also discussed - the weight of the evidence suggests that women and girls receive favorable treatment as result of judicial paternalism, yet the 'backlash hypothesis' suggests that court actors may be less inclined to protect females from harsh punishment as gender equality increases via 'vengeful equity' when the patriarchal status quo is threatened.

Authors outline racial inequities in treatment, and startling consequences of gender equality on victimization and crime, including higher female risks of homicide with greater labor participation, and homicides of both genders in southern cities in the United States. It also briefly references Canada, Britain and Sweden. The article is quite informative and illuminating, despite moments of technical statistical analysis, focus limited to prisons and two genders only, and an inability to tease apart precise causal mechanisms with the data.

MUTATIONS IN OUR DNA

What we need to know about the proposed SCPS bylaws changes

Roderick Shaner, M.D., Chair, SCPS Bylaws Committee



The SCPS membership will soon vote whether to amend the 2020 SCPS Bylaws with changes unanimously recommended by SCPS Council. Here's a brief overview of reasons for the amendment and the processes involved in voting on it.

SCPS bylaws are our organizational DNA. They regulate all SCPS activities to keep us healthy and functional. We must guard against most mutations. But every now and then, a few mutations are necessary for us to evolve as our environment changes. Our environment includes APA and our fellow California District Branches (DBs) that along with us comprise APA Area 6. Our environment also includes the ever-changing needs of our members.

The last three years have been particularly tumultuous following the meteoric impact of CPA's implosion. SCPS survived and thrived. We re-established strong bonds with our fellow California DBs and re-established true determinative participation by our membership in legislative advocacy. In this new environment, a few DNA changes are arguably very necessary.

Three types of SCPS bylaws gene sites are affected:

APA relationships: APA, as our parent organization, now requires that all District Branches (DBs) bylaws include specific language regarding distribution of assets upon dissolution and coordination of actions regarding APA members between APA and district branches. The proposed 2020 SCPS Bylaws amendment contains the APA-required language within a framework that also ensures compliance with applicable law.

APA State Organization relationships: With the dissolution of CPA (our former APA State Organization), the 2020 SCPS Bylaws language that describes our connection with the successor State Organization—The California State Association of Psychiatrists (CSAP)—must be modified to reflect differences in the way we relate to CSAP and the APA Area 6 (California) Council of DBs. The proposed 2020 SCPS Bylaws amendment eliminates references to CPA, and replaces them, depending upon context, with either the terms "the Area 6 Council" or "the current or any successor APA State Organization".

SCPS operation: Ongoing changes in the structure and function of SCPS, as shaped by our membership, have inevitably made some provisions of the 2020 SCPS Bylaws difficult to interpret or simply obsolete. The proposed 2020 SCPS Bylaws amendment resolves ambiguities in the 2020 SCPS Bylaws application to SCPS as it currently functions and removes language that describes structures of functions that no longer exist.

The main process for amending the SCPS bylaws, as prescribed by the very bylaws in question, starts when an amendment is originated by either a majority vote of the SCPS members present at a business meeting where there is a quorum (25 members of the DB), or by a three fourths majority of the SCPS Council. Either way, the Council must then make a recommendation about the amendment, which is subsequently distributed to the general membership, along with a ballot containing the full text of the proposed amendment and a statement of the last day that ballot votes will be counted. The amendment

passes if it is approved by a two thirds majority of SCPS members who voted by that date.

This edition of our SCPS newsletter contains a text of the SCPS Bylaws ballot question. The text will appear as part of the official SCPS Ballot that will be sent in March to each member for the yearly SCPS election. Also appearing are two links. The first is to the current 2020 SCPS Bylaws with the newly amended text tracked within it. This should aid any of us who want to delve deeper into the precise differences between the current bylaws and the proposed amended bylaws. The second link is to the resolution adopted by SCPS Council to originate and recommend the 2020 SCPS Bylaws amendment. It contains a record of the Council's reasoning.

Real or metaphorical DNA is an important part of every entity, and we should take very good care of our SCPS version. The SCPS Bylaws Committee, after carefully researching and crafting new provisions which were recommended and approved by Council, urges you to closely examine this newly mutated specimen and decide if you think it contains the right sequences to keep our organization healthy and fit.

SCPS Bylaws Amendment Ballot:
Draft 2022-11-23

Shall the 2020 SCPS Bylaws be amended as proposed below?

Yes ____ No _____

Proposed Amendment to the 2020 SCPS Bylaws:

(The changes below displayed as tracked edits of the 2020 Bylaws at: https://www.socalpsych.org/wp-content/uploads/2023/01/2022-Bylaws-Tracked-Changes.pdf)

SCPS Council resolution to originate and recommend the 2020 SCPS Bylaws amendment, containing a record of the Council's reasoning.

Section 1.4 NAME; PURPOSES; LEGAL IDENTITY (Dissolution) In the event of dissolution, all assets of this District Branch shall be distributed, pursuant to a resolution of the District Branch Council, to the Association, consistent with applicable law, exclusively for scientific and educational purposes.

> ***Council Recommendation:*** *Yes. This portion of the Bylaws amendment establishes language required by APA in a framework consistent with applicable laws.*

Section 2.4 MEMBERS (Voting) (b) For each election, the District Branch Council shall decide whether the election is to be conducted under the direction of the District Branch or, when such direction may be available and advantageous, by the American Psychiatric Association.

> ***Council Recommendation:*** *Yes. This portion of the Bylaws amendment eliminates reference to CPA and specifies the basis for a Council decision regarding what entity shall conduct each election.*

Section 2.5 MEMBERS (Election to Membership). Election to membership in the District Branch shall be as follows

(a) A Committee on Membership shall be appointed by the President and approved by Council.

Council Recommendation: *Yes. This portion of the Bylaws amendment removes language that unnecessarily restricts the ability of SCPS members to serve on the Membership Committee based upon a member's date of appointment or duration of service.*

(c) Membership actions (e.g., enrollment, termination, etc.) shall take effect after initial action by the District Branch and approval by the Association, in accordance with procedures established by the Association and in conformity with applicable law.

Council Recommendation: *Yes. This portion of the Bylaws amendment establishes language required by APA in a framework consistent with applicable laws.*

Section 2.11 MEMBERS (Differences among Membership Categories)

Council Recommendation: Yes. This portion of the Bylaws amendment replaces the current Section Title ("Privileges and Responsibilities of Membership") and removes language that, according to SCPS Counsel, is unclear and unenforceable, and that additionally may be interpreted as establishing additional requirements for membership that are not consistent with those of the APA.

Section 3.1 COUNCIL (Number). The officers of the Council shall consist of a President, a President-Elect, a Secretary, a Treasurer-Elect and a Treasurer. These officers, the three immediate Past Presidents, Representatives to the Assembly of the American Psychiatric Association, and other voting members duly elected as Councilors shall constitute the Council.

Council Recommendation: *Yes. This portion of the Bylaws amendment removes references to "Chapter Presidents." Chapters have not existed for many years within SCPS, and their functions have been assumed by SCPS Regions.*

(h) The official representatives of the District Branch to the APA Area 6 Assembly shall be the representatives to the Assembly of the American Psychiatric Association and other DB executives as may be determined by the Area 6 Assembly in the future, if approved by the DB Council. These representatives shall attend meetings of the Area 6 Assembly and shall represent the District Branch in the business of the Area 6 Assembly.

Council Recommendation: *Yes. This portion of the Bylaws amendment eliminates references to CPA and replaces them with the term "Area 6 Council".*

(i) Official Representatives of the District Branch to the California State Association of Psychiatrists, or any successor APA-affiliated State Organization, shall be approved by the District Branch Council. Should the District Branch Council determine that official District Branch representation is additionally desirable in any other organizations, District Branch representatives to those organizations must likewise be approved by District Branch Council.

Council Recommendation: *Yes. This portion of the Bylaws amendment eliminates references to CPA and replaces them with the term "current APA State Organization." It further establishes that SCPS representatives to other organizations, when deemed necessary, shall be similarly appointed.*

Section 3.5 COUNCIL (Removal from Office). A Councilor may be removed from office as a Councilor for a good cause by the vote of three-fourths (3/4) of the Council members present and voting in favor or against removal at a duly constituted Council meeting. Good cause is defined as credible evidence of a gross violation of APA bylaws, ethical standards, or other standards of professional conduct that is likely to be detrimental to the function or reputation of the Dis-

trict Branch. Good cause is not defined by the advocacy of positions or actions that may not be favored by other members of Council.

Council Recommendation: *Yes. This portion of the Bylaws amendment adds language to define the meaning of "good cause" in this context.*

Section 4.2 OFFICERS (President). Subject to the authority of the Council, the President shall have general supervision, direction and control of the business and affairs of the District Branch. He/she shall preside at all meetings of the members and the Council and shall have such other powers and duties as may be prescribed from time to time by the Council. Unless otherwise provided, he/she shall appoint the chairs of all committees and approve the members of all committees unless otherwise provided.

Council Recommendation: *Yes. This portion of the Bylaws amendment adds language that more clearly defines the President's responsibility to appoint committee chairs and approve committee members.*

Section 4.5 OFFICERS (Treasurer). The Treasurer shall supervise receipt and safe handling of all District Branch funds…[additional technical language follows before next sentence]. The Treasurer shall have such other powers and perform such other duties as may be prescribed from time to time by the Council or President. The Council shall appoint committees of Councilors authorized to spend money for special matters pertaining to the objects and business of the District Branch and shall in all such cases specify a set budget and any other relevant spending constraint.

Council Recommendation: *Yes. This portion of the Bylaws amendment adds language that more clearly defines the Council's responsibility to set budgets and relevant spending constraints for committees authorized to spend SCPS funds.*

Section 4.10 OFFICERS (Vacancies). (b) President-Elect. If the office of President-Elect becomes vacant prior to the expiration of an incumbent's term of office, the President will request the Nominations and Election Committee and/or Council to meet at an early date for the purpose of selecting one or more candidates for President-Elect, and the Council shall then promptly hold a special election wherein the voting members of the District Branch shall elect a person to fill the vacancy for the unexpired term of office.

Council Recommendation: *Yes. This portion of the Bylaws amendment adds language that defines the nomination and election process for President-Elect, should that office become vacant before a current term has expired.*

Section 6.6 COMMITTEES AND OTHER ORGANIZATIONAL ENTITIES (Sections) (Deleted)

Council Recommendation: *Yes. This portion of the Bylaws amendment deletes language that defines and describes the operation of "Sections". Sections, basically discussion groups for members with special interests, have not existed for many years within SCPS, as their functions have been entirely assumed and expanded by SCPS Committees.*

Council Highlights
November 10, 2022

Ara Darakjian, M.D., *Secretary*

PRESIDENT'S REPORT Dr. Little

Town Hall - will take place December 1st and all members are encouraged to attend.

EM and psychotherapy

Dr. Lin spoke about the challenges of providing psychotherapy as a private practice psychiatrist. It was suggested that the private practice committee could further discuss how to support this aspect of practice.

Vacated Council Positions

South Bay Area position is open, and Dr. Haig Goenjian may be interested in returning to council. The Santa Barbara position has been vacant for some time and is difficult to fill. One idea was to merge representation with Ventura County.

Exec Session/Exec Review/LoU

PRESIDENT-ELECT'S REPORT Dr. Goldenberg

Newsletter Articles Sign-up – Dr. Goldenberg thanked contributing members and presented calendar for upcoming months.

Private Practice Committee – Discussions are continuing regarding various ways SCPS can support private practice psychiatrists.

Nominating Committee – The committee will meet to nominate members for elected positions

V. TREASURER'S REPORT Dr. Bindra

October Financials and Cash on Hand Report

Dr. Bindra reviewed various financial metrics, year-to-date, as of September. Overall, SCPS is in good financial health. A motion was made to approve the Treasurer's Report and it was accepted by unanimous vote.

GAC REPORT Dr. Shaner

Federal and APA Issues - H.R. 3173 (Improving Seniors' Timely Access to Care Act) has little chance of passing, and thus SCPS will not take an active role in working with APA for this advocacy.

CSAP GAC met October 20, 2022. Given the wide range of submitted ideas and the variable degree to which each idea was fleshed out, the sense of the Committee was that CSAP GAC might discuss the establishment of a uniform format and process for presenting and selecting ideas.

New CSAP Policy Platform - other DBs had continued concerns which made it unlikely that the Platform could be finalized by the suggested November 30th deadline.

Update on Status of Area 6 Council/CSAP joint committee proposition. Dr. Shaner presented a motion to add an SCPS Assembly Representative to the GAC membership list. The motion passed unanimously.

CSAP Board met on October 20, 2022. Dr. Wood (proxy for Dr. Little) and Dr. Shaner were in attendance. Dr. Shaner expects a report next week on restoring California Psychiatrists' representation on CMA Council by approving a voting representative from CSAP. In addition, revisions to the CSAP bylaws are being considered to address the structure for coordination with area 6.

SCPS advocacy issues: The committee reviewed the two items submitted by SCPS GAC to the CSAP GAC for potential advocacy projects. While both projects involve legislation changing WIC sections, there was discussion about a need to address larger policy implications in the developing CSAP policy platform. Dr. Little reported that the next step is to gather data on differences between counties on rules and regulations regarding invol-

untary holds and Riese Petitions.

VII. MEMBERSHIP REPORT Dr. Ijeaku

Membership Report

Current Active Membership –1004/875

APA/Membership Issues

If an SCPS member moves to a different state, can they remain a member? What if they are doing telehealth in Southern California? Ms. Thelen presented these questions and reported that a work-group was assembled to decide on these questions. Council was invited to comment and provide opinions.

VIII. COMMITTEE REPORTS Chairs

Access to Care – Dr. Friedman reported that Dr. Wood is helping bridge the gap between what is preferable and what is possible in terms of advocating for patients. One project is to provide an information sheet to help patients advocate for themselves when care is denied.

By-Laws – Dr. Shaner reported that the committee will meet to discuss formats for publishing bylaws changes in the SCPS newsletter. Proposals will be presented to Council next month.

Disaster Relief – Dr. Chang reported that they will be meeting with a California Disaster relief organization tomorrow. They have also been hosting a number of events this year, and will continue to do so.

Diversity and Culture – Dr. Ijeaku reported on plans to use her article in the newsletter as a framework for an Action Paper to be presented to the APA Assembly. There is a collaborative event with the Disaster Relief committee coming up in January.

Program – Dr. Silverman reported on potential future events, and the challenges of procuring CME credit for events.

NEW BUSINESS Dr. Little

Dr. Bindra suggested a short presentation on what an action paper entails

Dr. Little suggested creating a template for members to use in order to develop advocacy ideas.

ADJOURNMENT – adjourned at 9:05 pm. Dr. Little

SCPS Members RSVP: socalpsychiatric@gmail.com

Happy New Year

SCPS Members, please note that your 2023 dues have been billed and are due.
Thank you to those of you who have made your membership payment and continue to be a strong supporter of SCPS and organized psychiatry here at home and nationally. SCPS members are automatically provided representation at the California State Association of Psychiatrists (CSAP), the only APA affiliated and supported statewide psychiatry organization in California. If you missed the most recent town hall, please plan to join SCPS leadership at the next member event to learn more about how your membership dollars are making a difference.

If you have not already paid your dues,
please contact Mindi if you have not received your statements.
Unpaid dues on March 31, 2023, will cause your membership in
SCPS and APA to be terminated.
You may click here to make payment.
You will need to navigate to your membership category and dues amount.

(Please note, the 27% of your 2023 dues, which will be used for direct advocacy services, cannot be deducted as a business expense. Resident/Fellows do not pay advocacy dues. We recommend that you consult with your accountant regarding dues deductibility.)

ALL EDITORIAL MATERIALS TO BE CONSIDERED FOR PUBLICATION IN THE NEWSLETTER MUST BE RECEIVED BY SCPS NO LATER THAN THE 1ST OF THE MONTH. NO AUGUST PUBLICATION. ALL PAID ADVERTISEMENTS AND PRESS RELEASES MUST BE RECEIVED NO LATER THAN THE 1ST OF THE MONTH.

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President-Elect . . . . . Matthew Goldenberg, D.O.
Secretary . . . . . Ara Darakjian, M.D.
Treasurer . . . . . Reba Bindra, M.D.
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San Fernando Valley . . . . . Danielle Chang, M.D. (2025)
. . . . . Michael Feldmeier, M.D. (2024)
San Gabriel Valley/Los Angeles-East . . . . . Vacant (2024)
Vacant (2024)
Santa Barbara . . . . . Vacant. (2024)
South Bay . . . . . Justin Key, M.D. (2025)
South L.A. County . . . . . Vacant (2023)
Ventura . . . . . Joseph Vlaskovits, M.D. (2023)
West Los Angeles . . . . . Tatjana Josic, D.O. (2024)
. . . . . Alex Lin, M.D. (2023)
. . . . . Galya Rees, M.D. (2022)
. . . . . Roderic Shaner, M.D. (2024)
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SCPS Newsletter

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