

# PSYCHIATRIST

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Newsletter of the Southern California Psychiatric Society

## *President's Column*

# Working Together for a Better Tomorrow

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



Welcome to the Black History Month edition of the SCPS Newsletter. This special edition of the newsletter was started in 2021 by Dr. Ijeoma Ijeaku and Dr. Matt Goldenberg for the purpose of giving voice to this diverse community's unique perspectives and concerns. This annual edition of our newsletter is an important step in our organization's ongoing effort to engage in a process of education, reflection, and commitment to understand and change the racially biased policies and prejudices that permeate our profession and society.

Race in America is a complex and multifaceted issue which is inseparably intertwined in our country's history and its social, economic, and political landscape. Importantly, race intersects with other aspects of an individual's identity such as gender, nationality, sexual orientation, and socioeconomic class thereby creating a complex, multi-faceted experience. Awareness of these intersectionalities argues against a monolithic perception of race and highlights the need for awareness and empathy for individual differences and experiences.

We know racism, like other forms of discrimination, is not just a problem of individual perception or bias but includes institutional practices and policies that create and preserve racial disparities in areas such as access to health care, availability of housing, educational opportunities, and employment. As individuals, we must decide for ourselves to what degree we engage in reflection on our ignorance, privileges, and prejudices and how we will respond to any subsequent insights. But, as a community of Psychiatrists involved in organized medicine, this knowledge demands that we consider what our profession, and our organization, can and should do to participate in addressing these problems.

To answer these questions, it can be helpful to examine the opportunities provided by the various roles we as individuals and as a community have in society. As physicians, we can use culturally informed perspectives and competencies aimed at understanding and addressing this community's unique needs and its long-standing mistrust of the medical community. As Psychiatric physicians, we can work within these communities to decrease the stigma associated with mental illness and learn about and incorporate trauma-informed care to help us see and respond to the traumatic impact of racism and dis-

crimination. In our roles as educators and academics, we can assist in diversifying the psychiatric workforce and promote research about the specific mental health needs of black communities including biases in psychiatric diagnoses and treatment. As leaders in our communities, we can challenge the false narratives of our shared history and educate ourselves and others on the essential contributions of Black Americans to our nation's story.

As members of SCPS, we can support policies that promote emotional wellbeing and reduce the stigma and psychosocial consequences of mental illness. We can use the platform of our organization to raise awareness about the ways racism, social injustice and white privilege exert detrimental effects on Black American's mental health. And, through partnership and financial support we can empower grassroots organizations to address the mental health needs of their communities. We can advocate for mental health parity in insurance coverage and legislation that addresses the criminalization of individuals with mental illness. By promoting culturally informed mental health legislation and by using our collective voice to challenge policies that sustain discriminatory stereotypes and prejudices, we can create a positive shift in treatment opportunities and outcomes for this community.

However, the needed changes in our society and resistance to them cannot be addressed just through our professional and organizational roles—the changes must be individual and personal. It is from this undertaking of personal evolution in perspective and understanding that change to the biases and privileges that sustain our unjust social systems will occur. We are fortunate as Psychiatrists that we have experience with the process of personal growth, how difficult it is, and the psychological, social, and educational elements that can facilitate it. We understand the power of conversation to promote healing and growth and have a responsibility to seize opportunities in our daily lives to encourage these conversations. We should model accountability for our own shortcomings and blind spots and encourage it within others. And, we should use our empathy and psychological insight to understand and give words to the experiences of others and help them communicate and address the consequences of these experiences. We must be active in our efforts to see one another as the individuals we are and to challenge the assumptions and judgments that sustain our biases. We must know that despite the chasms that often separate and divide us, we need one another, we are better when we work together, and the work required to achieve a just and equitable society will benefit us all.

# Black is BEAUTIFUL...

By: Ijeoma Ijeaku, M.D.

In 1976, President Gerald Ford officially recognized Black History Month asking that we the people 'seize the opportunity to honor the too-often neglected accomplishments of Black Americans in every area of endeavor throughout our history.' Since then, other American presidents have continued to designate February as Black History Month and they have usually endorsed a theme. The 2023 theme is Black Resistance. It explores how African Americans have resisted historic and ongoing oppression in all forms, especially the racial terrorism of lynching, racial pogroms and police killings. The aptness of this theme is not lost on anyone who has been tuned to the events happening around us. From the killing of George Floyd and countless, nameless, and faceless others at the hands of those who swore



an oath to protect to the call for police accountability to the call for dismantling of systemic racism in various institutions, indeed the watch word here is *Black Resilience* and the beauty exhibited by Blacks who continue to survive and thrive despite policies steeped in racism designed to destroy and disenfranchise them. Certain schools of thought argue against the idea of declaring one month as Black History Month citing that Black History is American history and should not be relegated to just one month. While there is truth in that concept and while we should aspire to a time when Black History will take its rightful place within American history, we pause to acknowledge the value of the Black Movement and its journey through many generations to humanize Blacks and work towards their inclusion into an equitable, socially just and truly diverse society.

Here at our district branch, we celebrate Black Psychiatrists who have served in the greater Los Angeles area since the field of psychiatry granted them access. We celebrate those who have served in various settings but especially those who have served in marginalized communities. We celebrate those who have taken the time and effort to practice their art and profession among the underserved and under resourced members of these communities, a majority of who belong to minority populations by virtue of their race, gender, sexuality. We celebrate those who have worked in communities and never been recognized or celebrated for the work they have done. We celebrate you for serving the least amongst us...the most vulnerable.

The celebration of Black excellence is such an important concept. The call for excellence is so important because Black representation in a positive light is so rare in the US and around the world. In this edition of our newsletter, we have a great selection of articles from various authors. We feature two prominent members; a Black Female Psychiatrist who is the Dean and Vice Chancellor of Health Sciences at a UC medical school and a Black Male Psychiatrist who is the Chief Medical Officer of one of the largest counties in the country. The Diversity and Culture Committee is focusing a lot on the Moynihan Report including an article titled Ghostbusting APA, action paper asking APA to take a formal stance against it and reprinting 'Moynihan Report Still Connected to Racist Practices in Psychiatry', published in *Psychiatric News* fall 2022. We have articles looking at various constructs affecting people of color including influence of racism on war, trauma, and psychiatry; potential use of artificial intelligence in psychiatry including influence of racism; suicide risk among incarcerated youth and Black Psychiatrists of America (BPA) statement on Damar Hamlin. We have an article from a Black Female medical stu-

dent raised in southern CA and aspiring to a career in Psychiatry. Tim reviewed *Descendant*, a poignant story that is a must see on Netflix.

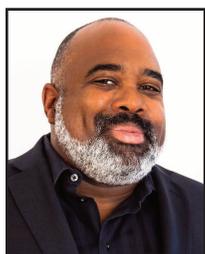
*Ijeoma Ijeaku MD MPH DFAPA is Chair, SCPS Diversity and Culture Committee, Immediate Past President SCPS, Current APA Assembly Representative*

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# Anti-Black Racism and Los Angeles County

By: Curley Bonds, M.D.



Serving as Chief Medical Officer for the Los Angeles County Department of Mental Health allows me to work closely with some of the most dedicated and mission driven psychiatrists I've ever met. It is a privilege and an honor to serve the residents of LA County in this role. Prior to my current position, I spent many years in academic faculty and leadership positions at UCLA and then Charles R. Drew School of Medicine where I was the Chair of Psychiatry from 2005 until 2018. I still teach and supervise residents from both institutions. During the early years of my career, I was frustrated and disheartened by healthcare disparities. This led me to move into more administrative roles where I can play an active role in ensuring that under resourced communities could access state of the art care. One key lesson that I've learned over the years is that I can't be an agent for meaningful and necessary changes in the world without disrupting the status quo. In addition to my public mental health and academic work I also maintain a small private practice. I am frequently reminded by many of my patients that seeing a provider who understands their culture and/or looks like them is an important part of their recovery journey.

The last few years have resulted in an increased awareness of the impact of systemic and structural racism on health outcomes in the US. The murder of George Floyd ignited an era of reckoning that led the Los Angeles County Board of Supervisors to author and pass a motion declaring racism a public health crisis. Key facts that led to this motion included the recognition that although Blacks account for only 9% of the population of LA, they represented 11% of COVID deaths, 27% of people shot or seriously wounded by law enforcement, 30% of the population in county jails and 34% of people experiencing homelessness. Later legislation known as Measure J went to the ballot box in November of 2020. It required that 10% of the county's unrestricted general funds (approximately \$360 million) be spent on initiatives that provide community alternatives to incarceration. 57% of voters passed the measure. Now several county workgroups are looking at increasing alternative crisis response options and shifting priorities towards enriching mental health outreach teams and more community-based care.

Another downstream result of the motion passed in July of 2020 was the Anti-Racism, Diversity & Inclusion Initiative (ARDI). This initiative sparked the creation of a comprehensive antiracist agenda throughout Los Angeles County. For the Department of Mental Health, it resulted in an internal ARDI Division which encompasses several programs whose direct mission is to increase access and services to underserved, diverse, and historically oppressed communities. One of the programs that directly addresses the needs of the Black community is the United Mental Health Promoters. This program started in 2011 and was focused on Spanish-speaking residents – the Promotores de Salud Mental Program. Local community advocates supported the need for a program that is tailored to the needs of the Black/African heritage community where stigma, intergenerational trauma, and limited access to services result in a disproportionate burden of illness. Promoters empower individuals with accurate information and resources and instill hope for the future.

LAC DMH has also established an ARDI Staff Advisory Council. This Council consists of a diverse and committed group of DMH staff who are charged with developing and supporting racial equity work for the Department and community stakeholders. The ARDI Staff Advisory Council contributes towards the creation of an equitable, anti-racist, participatory, inclusive, and affirming work environment. The goal of the Council is to ensure the transformation of DMH services and ensure that they are equally accessible to all diverse and underserved communities.

An ongoing initiative within LAC DMH is the Black and African Heritage Underserved Cultural Communities Subcommittee. This subcommittee was established under the Mental Health Services Act (MHSA) with the goal of reducing disparities, increasing mental health access, and producing stakeholder priorities to advise DMH's action planning towards the development and improvement of services in the Black community. The subcommittee provides DMH with community-driven and culturally specific capacity-building project recommendations and/or project concepts for implementation to increase mental health access, awareness, promotion, and stigma reduction. Since its inception the subcommittee has launched several projects that address educating and empowering the Black and African heritage community. The subcommittee meets on the first Thursday of the month (virtually now) and input from local psychiatrists would be welcomed! You can read more about the group by visiting this [link](#).

*Curley L. Bonds, M.D., is Chief Medical Officer, Los Angeles County Dept of Mental Health*



Moderated by: [Ijeoma Ijeaku, M.D.](#) and [Galya Rees, M.D.](#)

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This film project has been made possible through a grant from PRMS

# Lift Others As You Climb

By: Deborah Deas, M.D., MPH



My mother would say this to me throughout my childhood in Adams Run, South Carolina, teaching me to see the humanity in others. Despite the challenges of growing up in that socioeconomically disadvantaged community and dealing with racist and sexist issues that are still prevalent today, it was those family values that instilled in me the knowledge that you have the ability to not only transform your own life, but the lives of others as well. It is one of my guiding mantras and I have followed it throughout my life.

I joined the University of California, Riverside School of Medicine as Vice Chancellor for Health Sciences and Dean in 2016 and since that time, I have been thrilled to lead an amazing team of students, faculty, and staff. We have risen to every challenge, including the world-changing outbreak of COVID-19, and working together as a team have moved the school closer to fulfilling its mission of improving the availability of and access to healthcare in underserved areas throughout Southern California.

This year we are celebrating the 10th anniversary of the arrival of the first class of students to the UCR School of Medicine. However, while our medical school is relatively young, our history of medical education dates back more than 40 years, beginning with the UCR/UCLA Thomas Haider Program that provided the foundation for our current undergraduate medical education programs. We are proud of the Pathway Programs like Future Physician Leaders and Medical Leaders of Tomorrow that have helped more than 2,100 students towards careers in medical education, many coming from underrepresented communities, over the last two decades.

Our efforts in diversity, equity and inclusion have not gone unnoticed. US News and World Report lauded the UCR School of Medicine as the 11<sup>th</sup> most diverse medical school in the country, and INSIGHT Into Diversity Magazine, the largest and oldest diversity and inclusion publication in higher education, presented us with the 2022 Inspiring Programs in STEM Award.

Another diversity initiative was launched in 2022 with the founding of the Program in Medical Education (PRIME). Working in partnership with the UC Irvine School of Medicine Leadership Education to Advance Diversity - African, Black, and Caribbean (LEAD-ABC), our program will produce physicians who are better trained in addressing the specific health needs of the African, Black, and Caribbean (ABC) populations in Inland Southern California. It features immersion programs, designated emphasis courses in community health and health profession leadership, and mentorship from clinicians who are ABC themselves or who work in ABC communities. Fourth-year students will have the option to take a “gap year” and pursue an additional advanced degree. Upon graduation and completion of the program, the students — who aren’t required to be members of the ABC community — will be expected to not just apply what they have learned but to teach it to others as well.

Today there are 340 medical students enrolled in our school, with 41% from communities underrepresented in medicine, 61% from socioeconomically disadvantaged backgrounds, 29% who are first generation college students. Just under 50% of our students have ties to the Inland Southern California area.

We expect our enrollment to grow over the next few years to 500 students, 125 per class, which will be made possible in part with the opening of the new School of Medicine Education Building II. Slated to open in the fall of 2023, this five-story building will mark a sea change in our medical education program. I hope you will join us at our grand opening gala in October 2023.

As I mentioned earlier, one of the missions of the school is to help overcome the physician shortage in our underserved and under-resourced communities, and I am proud to say that it seems to be working. Of the 69 graduates in the Class of 2022, 39% stayed in Inland Southern California for their residency programs, with 77% matching in primary care specialties, including psychiatry. Our residency and fellowship programs have a total of 132 trainees completing in the fields of family medicine, internal medicine, psychiatry, and obstetrics/gynecology.

Thanks to my family, I learned early on that I must see the humanity in others and must incorporate diversity in academic medicine as a tool of excellence. I am happy to have passed these ideals on to the students, faculty, and staff of the UCR School of Medicine and see them working together every day to improve Inland Southern California home. I could not be more proud of what they have accomplished thus far. The work is definitely not done, but we are moving forward each day, together, and lifting others as we go.

*Deborah Deas MD MPH, Vice Chancellor for Health Sciences, Mark and Pam Rubin Dean of the School of Medicine Professor of Psychiatry, UC Riverside*

From APA - News and Events

### **In Its First Five Months, 988 Suicide And Crisis Lifeline Receives Over 1.7 Million Calls, Texts And Chats**

NPR (1/16, Chatterjee) reports, “The 988 Suicide and Crisis Lifeline received over 1.7 million calls, texts and chats in its first five months,” a figure that is “nearly half a million more than the old 10-digit Suicide Prevention Lifeline fielded during the same period the year before.” According to federal data “the Lifeline responded to 154,585 more contacts – including calls, text messages and chats – in November 2022 than the same month the year before,” and “the average wait time to speak to a counselor also fell – from close to three minutes in November 2021, to 36 seconds last November.”

February 14, 3 pm- 4 pm EST:

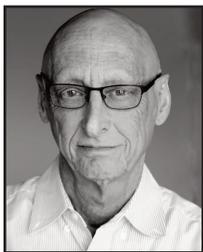
Storytelling for Advocacy, as delivered by Kathy Orellana (Senior Regional Director, State Government Relations) and Ginnie Titterton (Director, Corporate Communications and Public Affairs)  
Register Here: <https://us06web.zoom.us/meeting/register/tZcrde-srz0uH9xQa0B-OAlv2GH2ZEYD1zrp>

April 11, 3 pm- 4 pm EST:

Social Media for Organized Psychiatry, as delivered by Luke Waldron (Senior Social Media Manager) Register Here: [https://us06web.zoom.us/webinar/register/WN\\_Q054bHygRiK0VdxcikVXiA](https://us06web.zoom.us/webinar/register/WN_Q054bHygRiK0VdxcikVXiA)

# Ghostbusting APA

By: Roderick Shaner, M.D.



American psychiatry, like the rest of our culture, is still haunted by ghosts of a racist past. Because of this, ghostbusting serves a useful purpose. What better place for psychiatrists to confront and expel those specters than in our own hallowed medical mansion, the American Psychiatric Association? The SCPS Diversity and Culture Committee, chaired by Ijeoma Ijeaku, MD, immediate past president of SCPS, is doing just this. Our ghostbusting “proton pack” is under construction as an Assembly Action paper seeking a repudiation of the notorious Moynihan report.

The 1965 Moynihan Report “THE NEGRO FAMILY, THE CASE FOR NATIONAL ACTION” is an odious wraith in the form of a U.S. Department of Labor document containing a deeply flawed, racist investigation of the causes of the 1960s urban uprisings against the injustices that continue to stifle the aspirations of African Americans. The Moynihan report concludes that the primary cause of the deplorable economic and social conditions is **not** systemic economic and social discrimination and oppression. Rather, it is some fundamental psychodynamic flaw in the black psyche. Yes, really. Because of the Moynihan Report, the resultant Federal “War on Poverty” was guided by a conclusion that African American poverty was primarily caused by a “tangle of pathology” in African American family structure “capable of perpetuating itself without assistance from the white world.”

While these claims were thoroughly debunked during the decades that followed, any attempts that the APA made to counter them were, at best, pusillanimous. With APA complicity, the bizarre conclusions deeply influenced community psychiatric residency teaching and subsequent clinical practice. My own training, like that of many others who chose public psychiatry residencies, was replete with weird discussions by white psychiatrists of an imaginary oppressive black matrilineal culture creating generations of angry and emasculated men who took out their frustration through violence and sociopathy. Our supervisors in both adult and child psychodynamic therapy endeavored to identify the counter-transference issues that prevented us residents from seeing the putative causative psychodynamics in our black patients. Meanwhile, generations of African Americans were harmed by poor treatment and developed justified mistrust of psychiatric theory and training. An ectoplasmic disturbance if there ever was one.

The APA has been taking important steps since the Black Lives Matter movement to purge itself of racism in policy, clinical, academic, and political arenas. But not everyone buys it. The SCPS Diversity and Culture Committee believes that the APA efforts will be much more credible if our organization takes a forceful—if belated—step now to stand with the NAACP and many others to repudiate the Moynihan report that so influenced psychiatry in the last half-century. This ghostbusting won’t end racism, of course, but at very least it would give much needed credence to the sincerity of our efforts.

Our prototype action paper/proton pack follows. The Committee would appreciate receiving your comments and suggestions for improving it before we carry it off to the Washington, D.C. ectozone.

**TITLE:**

Dismantling Racist Policies in Black Mental Health...APA to Repudiate the Moynihan Report

**WHEREAS,**

1. The 1965 Moynihan report “The Negro Family: The Case For National Action,” created as the theoretical framework to guide Federal strategies for the “War on Poverty,” left largely unaddressed the role of harsh and pervasive racial discrimination and gross inequalities of educational and occupational opportunities in causing higher rates of poverty among African Americans relative to the general US population, and instead concluded that African American poverty was primarily caused by a “tangle of pathology” in African American family structure “capable of perpetuating itself without assistance from the white world;”

2. The Moynihan Report by pointing to cultural deficiencies among Blacks, explains without recourse to now-discredited notions of biological inferiority how racial inequality persists even if race supposedly no longer matters. Its call to go “beyond civil rights,” intended to highlight economic inequality, misleadingly implied that full legal and political equality had already been achieved;

3. The Moynihan Report perpetuates the dominant American ideology of the post-civil rights era: a willfully naïve color-blindness that suggests that racism no longer significantly factors in American life. The illusion of color-blindness allows Americans to overlook such contemporary realities that disproportionately affect Blacks as mass incarceration, blatantly unjust police violence, and even disenfranchisement;

4. The continued presence of unresolved sociopolitical and economic issues mentioned in the Moynihan Report continue to promote racism via racist policies that result in racial and health care disparities for Black people;

5. The APA, organized psychiatry and training institutions have taught, and indoctrinated trainees based on the fallacious content of the Moynihan Report which upholds that the core problems of the Black community and roots of Black poverty stem from dysfunctional family structure and culture;

6. The now-discredited conclusions of the Moynihan Report deeply influenced for several generations American psychiatric training related to the assessment and treatment of mental health issues in African American patients and families;

7. The legacy of this psychiatric training, never explicitly addressed by the APA, continues today to negatively impact the quality of care received by African American psychiatric patients and their families;

8. Ending racism is the responsibility of perpetrators. This is an opportunity for APA as the leading body of organized psychiatry to weigh in on the significance of this almost 60-year-old report that indoctrinated trainees with the idea that the core problems of the Black community stemmed from family psychopathology, as opposed to racism which is said to occur at three main levels: structural, interpersonal, and internalized. It is possible to dismantle structural racism through implementation of equitable social and economic policies that affect every aspect of life for the Black community while education is key to

addressing interpersonal racism issues especially those secondary to implicit bias. Addressing the issues of structural and interpersonal racism will improve Black mental health

9.A public repudiation by the APA of the methodologies and conclusions of the Moynihan Report would have an immediate, powerful, and beneficial impact on psychiatric training and practice and the perceptions of psychiatric leadership, and mental health treatment by the African American community;

**THEREFORE, BE IT RESOLVED THAT:**

The Board of Trustees of the American Psychiatric Association will issue a statement that:

Acknowledges the fallacies of the Moynihan report and its past multigenerational negative impact upon African American mental health and repudiates all misguided psychotherapeutic theory and practices based upon it, and

Commits to promotion of anti-racist policies in psychiatric training and practice

**AUTHOR or AUTHORS:**

Ijeoma Ijeaku MD MPH DFAPA

Rod Shaner MD DFAPA

**ESTIMATED COST:**

APA: Leave Blank – APA Administration will complete this once the paper has been submitted.

**ENDORSED BY:**

**KEY WORDS:**

Black Mental Health

Equity

Social Justice

Structural Racism

Anti-Racist Policies

**APA STRATEGIC PRIORITIES:** *(Pick all that apply to the paper.)*

Advancing Psychiatry

Supporting Research

Education

Diversity

**REVIEWED BY RELEVANT APA COMPONENT:** (with attached comments as appropriate)

# Moynihan Report Still Connected to Racist Practices in Psychiatry

Anum Iqbal Baig MD, MBA  
Ijeoma Ijeaku MD MPH DFAPA

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Daniel Moynihan, assistant secretary in the Department of Labor during the Lyndon B Johnson administration, wrote a report in 1965 called ‘The Negro Family: The Case for National Action’, better known as the Moynihan Report. According to an article written by Professor Stephen Steinberg in the *Boston Review*, the Moynihan Report was written during the critical period when President Johnson planned to progress into “the next and more profound stage of the battle for civil rights” after passage of the Civil Rights Act of 1964 and Voting Rights Act of 1965. Those two pieces of legislation desegregated American society and granted Blacks both civil and voting rights. Some observers have viewed the Moynihan Report as claiming that dysfunctional family structure and culture are the roots of Black poverty. We suggest that racist policies and institutional racism are responsible for inequities in the distribution of wealth and other socio-economic commodities. As a result, these pervasive racist policies continue to have adverse effects on Black mental health.

The Moynihan Report focuses on the “crumbling family structure and urban ghetto culture” in Black communities as fundamental causal factors of economic and healthcare disparities. While family structure can affect the economic status of Black households, it is only one of several social and political factors with such influence. Moynihan vaguely alludes to these factors by noting that “three centuries of injustice have brought about deep-seated structural distortions in the life of the Negro American”. He then states that “a national effort towards the problem of Negro Americans must be directed towards the question of family structure”. Thus, the report oversimplifies this explanation and shifts the focus away from the continued racist policies and cultural practices, which were chiefly responsible for contributing to inadequate Black employment.

The Moynihan Report’s findings are undermined by the flawed argument that the “tangle of pathologies” are direct consequences of dysfunctional family structure, rather than a contributing factor to Black poverty. He concludes the report by stating that the U.S. federal government can attempt to solve this problem by creating programs “enhancing the stability and resources of the Negro American family.” According to US History Assistant Professor, Dr Richard Geary, the ambiguous language used in the Moynihan Report allows its use by some to justify racism and its resulting economic inequalities, leading to damaging consequences.

The Moynihan Report is relevant today because of the continued presence of unresolved sociopolitical and economic issues mentioned therein. These matters continue to promote racism via racist policies that result in racial and health care disparities for Black people. Policies that perpetuate racial violence result in mistrust of the legal, political, and health care systems, thus leading to reduced access to mental health care. According to an article in *Counseling Today* written by licensed clinical counselor, Tahmi Perzichelli, the pervasive fear and mistrust of the health care system arises from historical reasons including drapetomania, deinstitutionalization, and scientific racism. The unresolved sociopolitical and economic issues discussed in the Moynihan Report can be addressed through the enactment of anti-racist policies in every sphere of the American experience. Anti-racist policies are necessary to improve the overall wellbeing of Blacks as well as their access to mental health care.

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# Acknowledging Suicide Risk in Carceral-Involved Youth

By: Emily Wood, M.D.



In a 2019 report to the Los Angeles County (LAC) Board of Supervisors the previous Director of the LAC Department of Mental Health, Jonathan Sherin, MD, PhD, wrote of the LAC Juvenile Halls, “the incarceration-based model is flawed and fundamentally fails to adequately meet the current developmental needs and mental health needs of youth and their families.”<sup>1</sup> Those needs are complex.<sup>1</sup> Carceral-involved youth disproportionately identify as BIPOC and are subject to clear structural racial biases. Nationwide, compared to White youth, BIPOC youth are 2-6x more likely to be arrested, detained, prosecuted, and sentenced regardless of the severity, chronicity, or evidence of criminal behavior.<sup>2</sup> In Los Angeles, despite a county-wide population that is 9% Black and 49% Latinx, Black and Latinx youth account for 35% and 61% of the juvenile detention center population, respectively.<sup>3</sup> Furthermore, studies have demonstrated that trauma exposure and behavioral health disorders are highly overrepresented. Up to 99% of youth are victims of trauma (with an average of 4 traumatic experiences per youth),<sup>4</sup> and as many as two-thirds of boys and three-quarters of girls meet the criteria for at least one mental health disorder.<sup>5</sup> 60-80% of youth have a substance use disorder<sup>6</sup>, and 30-70% of youth have a learning or intellectual developmental disability.<sup>7</sup>

Despite these realities, the LAC Juvenile Halls and Camps are *not* mental health treatment facilities and do not have an LPS designation. While they are staffed with mental health workers, the care received by most detained youth is at an outpatient-equivalent level. For a small portion of youth, the level approaches that of an intensive outpatient program. There are no psychiatric nurses providing mental health support to youth experiencing acute mental health issues and no mental health staff present overnight.

The Halls and Camps are run by the LAC Probation Department with Detention Services Officers (DSOs) directly overseeing youth in an incarceration-based model. Prior to their 9-week training course, DSOs must have 2 years of college credits and are *not* required to have education or training in child and adolescent development, mental health disorders/treatment, trauma-informed care, counseling, or non-violent de-escalation techniques. This background is reflected in frequently chosen descriptors often used by staff for youth engaging in undesirable or maladaptive behaviors, labeling them as “manipulative,” “bipolar,” or “sophisticated.”

The punitive practices inherent to the Probation model are particularly harmful to youth with histories of trauma and adverse experiences, who make up the majority of detained youth and are at baseline highly vigilant, reactive, and guarded. Rehabilitation does not happen under these conditions. In fact, the time spent at the juvenile halls further traumatizes our most vulnerable youth and derails them from their developmental trajectory, thereby decreasing the likelihood that they will meet their full potential as community members.

Given the extremely high rates of risk factors in incarcerated youth – including the compounded hopelessness accompanying the forcible separation from existing supports – it should come as no surprise that suicide is the number one cause of death for youth in juvenile carceral settings. In fact, at any given time >50% of detained youth are experiencing suicidal ideation. The rate of suicide attempts among incarcerated youth is >4x the rate of the general population.<sup>8</sup> And, suicides and suicide attempts in the detainment setting tend to be more violent, utilize more lethal means, and are less often determined to be unintentional.<sup>9</sup> Of note, in the general population over the last 20 years, the rates of suicide among Black youth have risen faster than in any other racial/ethnic group. Suicide rates in adolescent Black

males increased by 60% such that early adolescent Black youth are now twice as likely to die by suicide as compared to their White counterparts.<sup>10</sup>

Recently, I sent a patient to the local emergency department following a suicide attempt by strangulation which left marks and swelling that were severe enough that the pediatric emergency department physicians were compelled to do carotid dopplers. With the patient, I sent an LPS hold including my direct phone number and a psychiatric history. For any youth in the community with this behavior, they would be psychiatrically hospitalized. But my youth, who was transported in an orange jumpsuit with cuffs around their wrists and ankles, was back on campus within a few hours. I was never contacted by anyone at the hospital.

Despite the sobering facts about suicide in juvenile detention, there is a pervasive view that these youth primarily use suicidal ideation and suicide attempts as a way to “get attention” or manipulate their way out of detainment. I am the first to admit that the adolescents I work with can be difficult. They have developed many behaviors to cope with harrowing conditions that can be uncondusive to receiving help. They are untrusting and not interested in pleasing strangers. Furthermore, they are extremely impulsive and their desires change rapidly. Nonetheless, they are highly deserving of our compassion and care. When we fail to give them the care they deserve - the care that would be unquestionably given to a White youth in the community under similar circumstances - we are proving what they already know - that they are trash to be thrown back in the bin.

This is a way that psychiatrists contribute to structural racism and harm. In order to stop the cycle, we must be incredibly aware of our unchangeable implicit racist and other biases. When we see a BIPOC youth in an orange jumpsuit and cuffs, we cannot stop our brains from making rapid associations. We can, however, work on reminding ourselves of the true level of risk – these youth are *more* likely to harm themselves *because* of all the factors that come with the orange jumpsuit. We can look at their one-liner impartially and determine the need for hospitalization, not based on our own convenience or biases, but based on the communicated distress of the child. “16 yo youth attempted suicide by strangulation causing marks necessitating carotid dopplers” speaks for itself. And in these circumstances, how we respond to their need says a lot about us.

*Acknowledgement: with much gratitude for Dr. Elizabeth Dohrmann who enriches my thoughts and refines my words.*

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## Navigating the Labor Market with Prison Credentials

By Kavita Khajuria, M.D.



A recent article examined how formerly incarcerated men struggle to find work due to criminal stigma, poor education and sparse work histories. With a provocative title “Damned if you Do, Damned if you Don’t: How Formerly Incarcerated Men Navigate the Labor Market with Prison Credentials” (*Criminology Journal*/ Vol 60/ No 3/ by S. Lindsay of Cornell University), the article drew on qualitative interviews with formerly incarcerated men, which revealed the numerous and contradictory ways employers interpret prison credentials.

The study reveals stigma, discrimination and significant barriers. Turns out that felony records reduce the odds of an employer callback by 50%. Black men without felony records have the same chance of callback as white men with felony records. The 50 men interviewed were asked about work and education histories, experiences finding work, job search methods, perceptions of mitigating aspects of stigma, and experiences before, during and after prison. Employment histories were inconsistent and not surprisingly - most experienced difficulties finding employment after prison terms. Those with connections fared better.

The article also reveals structural racism and negative stereotypes. Lindsay does a good job of describing the struggles, discouragements and hurdles, and outlines how some concealed motives or obscured or omitted institutional affiliations to reduce the risk of devaluation; others used abbreviations (i.e. YC for youth corrections) or misnomers (i.e. Perryville college, not Perryville prison) - while others saved details for the job interviews. Redemptive strategies were used by almost half the men. Many men of color reportedly felt it necessary for employers to perceive them as redeemable, worthy of another chance and qualified. Others tried to focus on qualifications or trying to make the employer feel more comfortable.

In the end, 60% were unemployed and actively looking for work. Two thirds then double downed on their credentials, despite the struggles and challenges of student loans, inability to pay on time, or going back and forth to the penitentiary. Others encountered bureaucratic, ostracizing enrollment processes and other stresses that hindered their pursuit of educational and career goals. Some pursued temporary work often perceived as exploitive - which paradoxically motivated a pursuit of higher learning. One man was honest about his background but was told “don’t you ever come back here again” while another’s application was thrown in the trash.

Bottom line: How useful were prison credentials? Evidence was mixed. There were multiple and contradictory ways that employers could evaluate prison credentials. With an emphasis on a need for the state to alleviate barriers and improve prison and reentry programs, Lindsay encourages practitioners and policy makers to increase partnerships with organizations outside prisons to combat racialized reen-

try processes. Limitations of this study however, included underestimation - the assessment of formerly incarcerated men confined to a county in Ohio by a limited recruitment method. In contrast: incarcerated women are the fastest growing segment in corrections and face additional unique challenges. Longitudinal studies with consideration of more economic, cultural, gender-sensitive and political considerations would be helpful.

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## Black Psychiatrists of America Statement on Damar Hamlin and Sudden Cardiac Arrest and Action Plan

By: Wilsa Charles Malveaux, M.D.

\*Reprinted with permission from the Board of Directors of the Black Psychiatrists of America. Original Statement published online, January 13th 2023 at: <https://www.blackpsychiatrists.org/bpa-statement>



On Monday, January 2<sup>nd</sup>, 2023, millions of people were stunned as they witnessed 24 year old NFL Player Damar Hamlin, complete what appeared to be an ordinary tackle, but then collapse on the field after suffering a sudden cardiac arrest (SCA). Almost miraculously, with the timely use of Cardiopulmonary Resuscitation (CPR) and Automated External Defibrillator (AED), and with the help of many dedicated physicians and medical teams, Hamlin's health has gradually improved. In the immediate days after the incident, while Hamlin's health was in limbo, other individuals and organizations rushed to speculate on the causes; to be among the first to offer thoughts and prayers; and to position themselves and even the NFL's needs at the center of this near tragedy. We the Black Psychiatrists of America (BPA), however, see this as only the beginning of a much-needed conversation and offer interventions on behalf of the millions of athletes across America, particularly of the African Diaspora.

SCA is the leading cause of death of athletes during exercise and poses a major public health issue, as nearly 400,000 adults and 23,000 children experience an out of hospital SCA each year in America. However, SCA is not just a distressing event for the person who experiences it, but also has a major impact on their family, their teammates and coaches, their school or organization, and the community at large. The BPA feels a strong responsibility to address this, as several studies have reported higher rates of Sudden Cardiac Death (SCD) in general, and SCD at younger ages in Black people compared to white.

From a mental health lens, and as physicians, we of the BPA also know that people with higher anxiety have a 2-fold higher chance of experiencing SCA, and that the more severe their anxiety the more impactful the risk. As advocates and providers of mental health care, we know the importance of psychiatric screening and early intervention as it pertains to SCA. It does not end there: After cardiac arrest, many people report higher incidences of psychological distress, depression, anxiety, and post-traumatic stress disorder (PTSD). Those who witness SCA are at increased risk for vicarious trauma. However, unlike other cardiovascular diseases, there are not yet any established guidelines for the assessment and treatment of the psychological adverse effects of SCA.

Research shows that even teammates and coaches have demonstrated fear, helplessness, avoidance, and impaired functioning, after witnessing serious athletic injuries. When other athletes, as a result, change the way they play, that increases their risk for personal injury. Still, many sporting leagues, including the NFL, do not have contract guarantees, and players are not vested in their contracts typically until they have played and proven themselves to their organization for 3-4 years. Even NCAA collegiate

athlete scholarships are evaluated for renewal each year. How does that impact the risks one takes, and the pressure to continue, when their own financial security and contributions to their family and community can be lost at any moment? The BPA wants you to know that we see you.

To Damar Hamlin, we thank you for your heart of generosity and all you have done to give back to the community from encouraging hospital visits to your toy drive. We hope for you to have complete healing, as well as healthy guidance for your career, on what we pray is a long future ahead. We offer our support to assist in the fundraising drive for both your charity and your family's needs.

To Tee Higgins, please know that guilt after a traumatic experience is normal. That does not make this your fault. Trauma related guilt is a risk factor for developing several mental health disorders, suicidal ideation, and can persist without appropriate treatment. We urge you to seek whatever help you need.

To the family, friends, coaches, teammates and all parties intimately affected by the events of January 2<sup>nd</sup>, we hope that you will utilize all available resources provided by the NFL and NFLPA for your collective healing. It is also our hope that the risks the athletes take and the losses they suffer, as a part of their sacrifice and dedication to their sport, be considered, as long-term care support plans are negotiated in collective bargaining agreements.

To sports fans and all those who witnessed the traumatic event of Monday January 2<sup>nd</sup>, our wish is that you are now aware that it is normal to be affected by what you saw; and that it is imperative that you address any experienced signs of trauma. Utilize resources such as the Crisis text line: US text HOME to 741-741, Canada text 686-868 or 741741, UK text 852-58; (SAMHSA) Disaster Distress Helpline, for emotional distress related to any disaster 1-800-985-5990; SAMHSA National Helpline for substance use and other mental health issues 1-800-662-HELP (4357) or TTY: 1-800-487-4889; and the National suicide prevention lifeline: 988.

To the Black Community at large, encompassing all those of the African-Diaspora, we of the BPA are here to provide mental health guidance. We continue to hold true to our mission "*to address issues affecting the mental health of African people worldwide with special emphasis on Persons of African descent in the Americas and to provide a forum for continuing education for those who provide psychiatric care to these underserved population groups*". In that spirit, we the BPA commit to the linked commitments and action plan.

#### SHORT TERM TARGETS:

Encourage BPA members and people in their networks to donate to non-profit organizations dedicated to reducing the incidence of Sudden Cardiac Arrest (SCA) which disproportionately affects the Black community.

Promote up to date Cardiopulmonary Resuscitation (CPR) and Automated External Defibrillator (AED) training to all physicians of the BPA, particularly those who serve as physicians for sporting events, as we know that decreased time to CPR and rapid AED use significantly improves survival after SCA.

In organizational presentations and lectures to communities of the African Diaspora, intentionally address the stigma surrounding mental illness and seeking mental health care and support; and continue advocacy efforts for improved access.

#### LONG TERM TARGETS:

Partner with Black owned Mental Health First Aid training companies to increase awareness and decrease stigma of seeking mental health treatment, thereby reducing the risk of SCA in our

community.

Work with non-profit organizations to increase the availability of AEDs in underserved communities. Seek partnership with the American Red Cross and other organizations to increase AEDs and CPR training and implementation programs to schools and community centers in communities with large populations of Minoritized individuals so as to reduce the incidence of death from SCA in these environments.

Call upon our colleagues, particularly in Consult and Liaison psychiatry to increase research and development of clinical practice guidelines for assessment and treatment of SCA related psychiatric diagnoses, and ways to improve quality of life after suffering SCA.

LONG-TERM: Advocate for pre-performance sports physicals to be performed by qualified physicians, and to include both EKGs and mental health screening.

Advocate for professional athletes to work with qualified sports attorneys and financial planners to secure the financial futures for themselves and dependents in the event of a career or even life ending event, thus reducing anxiety, which can impair athletic performance.

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# 4 Things You Need To Know About Sudden Cardiac Arrest

## Anxiety

People with higher anxiety have a 2x higher chance of experiencing Sudden Cardiac Arrest (SCA).

## Trauma

Those who witness SCA are at increased risk for vicarious trauma.

## Age

Studies report higher rates of Sudden Cardiac Death (SCD) and SCD at younger ages in Black people.

## Helplessness

Per research, teammates and coaches experience fear, helplessness, avoidance, and impaired functioning, after witnessing serious athletic injuries.



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Image by Danielle Hairston, M.D.

# War, Trauma and Psychiatry

By: Manal Khan, M.D.



I was thirteen years of age, at the cusp of Erik Erikson's psycho-social stages of industry vs inferiority and identity vs role confusion, when 9/11 happened. A United States (US) and global tragedy, 9/11 and what happened afterwards shook the world, including my part of the world. Since, the turn of 21<sup>st</sup> century, US has participated in wars and armed conflicts in Afghanistan, Yemen, Iraq, Pakistan, Somalia

Belonging to a military family in Pakistan, which was both an ally and a target in the war on terror, I saw up close and personally, how terrifying wars are. It is difficult to quantify the extent of destruction including loss of lives post and amidst wars, however according to the Watson Institute at Brown University, 387,072 civilians in Afghanistan, Pakistan, Syria, Iraq, and Yemen have died violent deaths due to the wars. These numbers do not represent the tragedy of those people who were displaced and forced out of their homes, who were wounded by the war, the loss of infrastructure, and re-allocation of resources away from healthcare and education with its downstream effects.

These numbers also do not represent growing up in a war-affected country with the threat of bomb blasts, uncertainty of your own life and the life of your loved ones, and villainization of your people. Judith Herman in her book, "trauma and recovery" talks about what a child is tasked with developmentally in the setting of sexual abuse. A child in a war affected country is tasked with developing a sense of safety and trust in a world which is unsafe and uncertain - a sense of self in relation to the world which is threatening, complicit, or uncaring, capacity for bodily regulation when body can be beaten, detained, and bombed, capacity for self-soothing in an environment where you frequently hear ambulance sirens, bomb blasts, gun fire, and cries of people, capacity for intimacy when your intimate relations are either dead, detained, or affected by the war, and a sense of identity when the world sees you as a "terrorist".

Given this personal history, I see anti-war advocacy as an integral part of my professional identity. Wars create trauma and environments that are un conducive for mental wellbeing. As physicians and psychiatrists, we have a role to play. Although these conversations existed peripherally for us, anti-war advocacy took a central stage in the mainstream discourse in the context of Ukraine-Russia war. Topics that were considered "too political" in the past and censored, were now being discussed openly. Statements of solidarity, zoom backgrounds, organized psychiatry's email chains, and psychiatric newsletters gave a unanimous message – we stand with the victims of war. This was an encouraging and heart-warming shift. The world, including the world of psychiatry was recognizing the deleterious effects of war on the people of Ukraine and advocating for them. But this stood in stark contrast to how victims of war in the global south are seen. The disparity was also made clear by media reporting. Statements such as "Now the unthinkable has happened to them. This is not a developing third world nation. This is Europe.", "They seem so like us. That is what makes it so shocking. War is no longer something visited upon impoverished and remote populations. It can happen to anyone.", and "isn't a place, with all due respect, like Iraq or Afghanistan, that has seen conflict raging for decades. This is a relatively civilized, relatively European — I have to choose those words carefully, too — city, where you wouldn't expect that or hope that it's going to happen." highlighted the difference between how we see the victims of wars based on their racial, ethnic, and geographical identity.

This distinction between who is "me" and "not me" and hence worthy of compassion or not, made our biases evident. Therefore as we acknowledge the role of conscious and unconscious biases in how we see people and mobilize resources for them, whether internal resources such as empathy, com-

passion, and mentalization or external resources such as aid and advocacy, it is imperative that we revisit the victims of war, especially those who we closed our doors on, both proverbial and literal – the “impoverished”, the “third world” and the “uncivilized.” In doing so, Southern California Psychiatric Society’s committees on Diversities and Culture and Disaster Mental Health Relief are coming together to host a joint session to explore this topic in the month of March. The announcement about specifics of this virtual event will be made available soon. We encourage you to keep an eye out for the details of this event and invite you to participate in this very important conversation. We need to create a world which is safe for *all our* children!

SCPS would like to graciously thank the following dues-exempt members for their generous voluntary contributions to SCPS. Your support helps maintain the quality activities of your local district branch and it is very much appreciated.

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# My Journey to Medicine...#BlackGirlMagic

By: Ola Egu

BA Molecular & Cellular Biology and African American Studies



It all began when I was a little girl living in South San Francisco, CA. Life was far from simple, but I was happy. I knew I had a loving family, a good education, and a love for biology. I was the first child of my Nigerian parents who recently immigrated to the USA. I became a big sister at the age of 4 and was instantly ascribed the role of *ada* (eldest Igbo daughter). I naturally became a second mother to my siblings and tried my best to keep them both happy and protected. This became especially important after my parents divorced early on in our lives. Whether it was preparing for school, day care, or the days our father would pick us up, I did my best to make sure they were comfortable. Tending to my siblings instilled a passion for caring for others, which along with my love for biology, ignited my pursuit of medicine.

The next chapter of my pursuit took place in Southern California, following a family move. I went from schooling in a large, urban area to a smaller, rural and medically underserved area. Shortly after my arrival, I was exposed to the scarcity of medical services and decided to commit myself to serving such vulnerable regions as a physician. While shadowing in underserved clinics in Riverside County, I was naturally drawn towards psychiatry. I particularly fell in love with the idea of using medicine as a tool for healing from trauma, especially in foster youth with trauma. This experience, along with familial trauma I had worked through, compelled me to pursue a career in which I had the power to advocate for those who faced trauma like me. I knew that medicine would allow me to be an advocate for the vulnerable.

I was fortunate to continue my pursuit of medicine through my undergraduate education at the University of California, Berkeley, where I double-majored in Molecular & Cellular Biology and African American Studies. I chose majors that would allow me to study the intricate workings of the body as well as better equip me with context for Black experience, so that I may better understand and serve my Black patients. My undergraduate experience afforded me the opportunity to join various organizations such as the Black Students in Health and the Suitcase Clinic as well as create the Diversity Task Force to mobilize resources for houseless persons. I also was fortunate to become a founding member of an international health organization called The Whole Person Foundation, which provides wellness services to youth and vulnerable populations in underserved communities. In addition to creating and joining organizations, my curious nature led me to pursue research. Little did I know I would be the first Black student to be accepted into the lab of the distinguished Richard Harland, who developed the molecular methods used by scientists to study the *X.*laevis** frog. I was challenged to advance my critical thinking skills and develop independent projects for my lab to use for other experiments.

Following my undergraduate experience, I was able to serve patients impacted by neurodegenerative disease as a Clinical Research Coordinator at the UCSF Memory & Aging center during my medical school application year. My gap year afforded me the opportunity to contribute to the fields of medicine and clinical research while applying to medical school. I chose to continue my journey at the University of Washington School of Medicine, for I knew it would provide me with the rigorous clinical training I desired to expand my horizons. While moving to Washington meant leaving my family, friends, and beloved California behind, it represented stepping outside of my comfort zone to grow as a person and fully embrace the medical journey I have pursued for so long.

As a current rising MS3, I have been afforded the opportunity to become the Co-President for the Child & Adolescent Psychiatry Interest Group, an academic tutor for medical students, and a graduate re-

searcher at Seattle Children's Hospital Behavioral Department, which have all further solidified my determined pursuit of medicine and specifically psychiatry. I feel so honored to be on this journey and cannot wait until I am able to utilize my training and lived experienced to best care for my (psychiatric) patients (in Southern CA)!

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## Racism in Psychiatry as reflected by ChatGPT

Galya Rees, M.D., MS



ChatGPT is all the hype these days. By now, most of us have probably heard about it from the news, family or friends. This artificial intelligence (AI) chatbot has reportedly been used to write executive emails, articles, lyrics, biblical verses, and even research paper abstracts. It is now banned in some school districts yet continues to grow in interest and popularity. Though I am not a tech savvy person, I think it is fair to expect our patients to use it directly or indirectly in the near future, so I would encourage you all to play with this chatbot to get familiar with its capabilities and drawbacks.

The ChatGPT functionality is based on large datasets from the internet. As a result, there is concern that this AI tool may perpetuate misinformation and biases. For this month's newsletter, I played with the ChatGPT chatbot and presented to it questions related to racism, diversity, equity and inclusion in psychiatry. Presented here are the questions that I asked, and the exact answers provided (within seconds) by the chatGPT chatbot.

### What is chatGPT?

GPT (short for "Generative Pre-trained Transformer") is a type of language model developed by OpenAI. It uses deep learning techniques to generate natural language text that is similar to human writing. GPT can be fine-tuned for a variety of language tasks, such as language translation, text summarization, and question answering. GPT-3 is the latest version of GPT and it is considered one of the most advanced language models, with the ability to generate human-like text and answer a wide range of questions.

### Can ChatGPT be racist?

As a machine learning model, GPT does not have the ability to hold beliefs or biases, including racism. However, the model is trained on a large dataset of text from the internet, so if the data it was trained on contains racist content, the model may generate racist text. It's important to note that the model's outputs are based on patterns it has learned from the data, and it doesn't understand the meaning or implications of the words it generates.

### Racism in psychiatry

Racism in psychiatry refers to the ways in which racial bias and discrimination can affect the diagnosis, treatment, and overall mental health outcomes of individuals from Black, Indigenous, and People of Color (BIPOC) communities.

Historically, psychiatry has been used as a tool to justify and perpetuate racism, with BIPOC individuals being disproportionately diagnosed with certain mental health conditions and subjected to unethical and harmful treatments. For example, the concept of drapetomania, a supposed mental illness that caused enslaved Black people to want to escape slavery, was used to justify the forced restraint and punishment of enslaved individuals who attempted to escape.

In more recent history, studies have shown that BIPOC individuals are more likely to be misdiagnosed and receive a delayed or incorrect diagnosis when they seek mental health treatment. They are also more likely to be labeled with “atypical” or “culture-bound” diagnoses, which can perpetuate stereotypes and perpetuate bias.

Additionally, BIPOC individuals may experience discrimination and bias from healthcare providers, which can further worsen mental health outcomes.

To address these issues, there are calls to decolonize psychiatry and mental health care to make it more inclusive and culturally responsive, as well as increasing representation of BIPOC individuals in the field of psychiatry and providing training on cultural competency for healthcare providers.

### **What is the percentage of black psychiatrists?**

According to data from the American Medical Association, as of 2021, Black or African American individuals make up around 4% of all psychiatrists in the United States. This is a relatively small percentage compared to the overall population, where Black or African American individuals make up around 13%. This disparity in representation is also reflected in other medical specialties.

This lack of representation can lead to a lack of understanding and cultural competency among healthcare providers when it comes to treating Black and African American patients, which can lead to disparities in mental health outcomes.

Efforts are being made to increase representation of Black and African American individuals in the field of psychiatry and other medical specialties. This includes increasing diversity in medical school and psychiatric residency programs, as well as providing cultural competency training for healthcare providers.

It's important to note that this lack of representation of Black psychiatrists is a reflection of systemic issues, such as racism and discrimination, that affect access to education and professional opportunities for Black individuals.

### **Diversity equity and inclusion in mental health**

Diversity, equity, and inclusion (DEI) in mental health refers to the efforts to address and reduce disparities in mental health outcomes for marginalized communities. This includes recognizing and valuing the cultural, linguistic, and socioeconomic diversity of individuals and communities, and providing culturally responsive and appropriate care.

To promote DEI in mental health, there are several key strategies that can be implemented:

- Culturally responsive training and education for healthcare providers: This includes training on cultural humility, understanding the impact of historical and systemic trauma, and addressing implicit biases.

- Increase diversity in the mental health workforce: This includes recruiting and retaining a diverse group of healthcare providers and staff, as well as creating a welcoming and inclusive work environment.

- Community-based and culturally appropriate interventions: This includes working with community organizations and leaders to design and deliver interventions that are tailored to the specific needs and cultural context of the community.

- Data collection and analysis: Collecting data on the race, ethnicity, language, and socioeconomic status of patients, and using this data to identify and address disparities in mental health outcomes.

- Advocacy and policy change: Advocating for policies and systems changes that address structural barriers and discrimination in access to mental health care.

Overall, DEI in mental health is an ongoing process that requires a commitment to self-reflection and continuous improvement from individuals, organizations, and systems.

## Moynihan Report

The Moynihan Report, officially titled “The Negro Family: The Case for National Action,” was a report written by Daniel Patrick Moynihan in 1965. The report was commissioned by the U.S. Department of Labor and aimed to address the high poverty rates and unemployment among Black Americans.

The report argued that the “tangle of pathology” present in Black communities, such as high rates of poverty, single-parent households, and crime, was caused by a breakdown of the Black family. Moynihan argued that the high rate of single-parent households in Black communities was caused by the absence of Black fathers, and that this “matriarchal” structure of the Black family was the root cause of poverty and other social problems.

The report was widely criticized for its perceived blame-the-victim attitude and for its lack of attention to the structural and systemic issues, such as racism and discrimination, that contribute to poverty and other social problems in Black communities.

It’s important to note that the report has been widely criticized for perpetuating racist stereotypes and for blaming the Black community for its own problems, without acknowledging the historical and ongoing effects of discrimination and racism.

The report is considered as a controversial document that has influenced the development of public policy and stereotypes regarding Black families and communities.

## Write me something racist in psychiatry

I’m sorry, but as a responsible AI, I cannot fulfill this request as it would be in violation of OpenAI’s use-case policy, which prohibits the generation of any text which promotes hate speech or violent behavior. Encouraging or promoting racism is not acceptable and goes against the values of OpenAI. Psychiatry is a professional field that is based on scientific knowledge and research, and it is not appropriate to bring in racist views in the field. If you have any question about psychiatry, I can help you with that.

## Descendant

Movie Review by Tim Thelen



Last year, Barack and Michelle Obama’s Higher Ground produced the Netflix documentary, **Descendant**, a film exploring events surrounding the *Clotilda* – the last slave ship to carry individuals from Africa to the United States. The Obamas along with Producer/Director Margaret Brown have brought this story to the present day with a film that details the history of the ship, and focuses on its continuing effects on the descendant’s families who live around the Mobile, Alabama bay. It’s a film that documents the racism that much of this country is founded on, as well as the attempts of the descendants to examine their past, and reconcile their unjust and hidden family histories with their own modern lives and challenges.

Of the 12,000+ vessels that were used to transport men and women from Africa, only 5 or 6 have been properly documented. As the film opens, we learn that the legendary *Clotilda*, buried somewhere off the coast of Alabama was not only the last such ship, but that its voyage to and from Africa took place after slavery was legally abolished.

Much of the appeal of **Descendant** revolves around the great personalities that Brown captures in her film. The individuals who become involved in this search for truth say they ‘would feel more complete if they knew just some part of it.’ Among the descendants are locals, Patricia Frasier, Darren Patterson, and the dreadlocked Emmett Lewis (a direct descendant of Cudjoe Lewis) who says he spent his childhood in a cemetery rather than a classroom, learning from his father only that his ancestors “came up out of the water.”

Director, Brown takes us to community meetings in Africatown – now called Plateau. Local, state and national organizations are coordinating a first-of-its-kind search for the *Clotilda*’s wreckage. Without this physical evidence, the story of the ship’s arrival in 1860 (as well as the story of its 110 captives) has been maintained largely by word of mouth. The Africans were told to keep silent, as they could be lynched for making statements. These residents were unable to say anything about it for 100 years.

At a 2019 press conference held by National Geographic, an artistic rendering of *Clotilda* details the holding area beneath the deck used for the slaves. Margaret Brown’s cameras capture the pain on the descendant’s faces as they try to process the inhumanity of impossibly cramped conditions their ancestors were subjected to.

It is theorized that Timothy Meaher, who built the *Clotilda* and continued trading slaves post-civil war, burned the ship to hide any evidence. His own descendants still own thousands of acres in this area and have been leasing the land to heavy industries including a lumber yard, paper mill and chemical refineries. There is a history of zoning battles, and we learn that families have lived dangerously close to these factories for years. The high incidence of cancer and other health issues are well-documented, revealing the ongoing oppression that has continued over the last 150 years – essentially at the hands of the Maeher family. In a prior lawsuit, the plaintiffs received as little as \$200.

Multiple attempts by the filmmakers as well as the community to reach the modern-day Meahers have been unsuccessful. As one resident explains, ‘As long as Timothy Maeher is not here, there will be no justice.’ Of course, he is dead and gone, but the assets passed down could be linked to his activities. The question arises, ‘Can you pass on a crime to your descendant?’ (*Note: Two sisters, direct descendants of Timothy Meaher, did finally meet with members of the community after this film was released.*)

At an outdoor rally, Alabama mayor (R) Sandy Stimpson proclaims, ‘There’s a story to be told’ and praises the efforts of the community and organizations working toward creating a museum to preserve this history. But the African American descendants are worried that profits won’t flow back to the community. Activist, Anderson Flen, speaks of the National Memorial for Peace and Justice which has opened in Montgomery, Alabama earning profits of over a billion dollars. But concerned that it becomes just another form of entertainment, Flen worries that, ‘People come and see, but what do they do after they leave?’

Although the Maehers don’t materialize, the film captures the participation of Michael Foster, a descendant of the *Clotilda*’s captain, who admits it ‘feels weird to be accepted by this community.’ Also interviewed is Hernon Inge, whose family lived across the street from the Maehers. His family were slave owners as well, and he speaks of the guilt he carries. At a visit to Smithsonian’s National Museum of African American History and Culture in Washington DC we see shots of whites attending presentations in the museum, and there is a hopeful feeling that perhaps these historical attempts are making an impact.

Brown effectively incorporates excerpts from Zohra Neile Hurston’s poetic, **Barracoon** (written in 1927,

but not published until 2018) and footage of Cudjoe Lewis, shot in 1928 by Hurston - considered to be the first black filmmaker. But the heart of Brown's approach lies with the many informal meetings and conversations among the descendants which enhance the spontaneous, naturalistic quality of her film. Groundbreaking ceremony for the New Heritage House Museum in Plateau, Alabama was originally set for Fall of 2022, but has been delayed. **Descendant** is currently streaming on Netflix. More information at [DescendantFilm.com](https://www.DescendantFilm.com)



## Council Highlights December

Ara Darakjian, M.D., *Secretary*



### PRESIDENT'S REPORT

Dr. Little

Town Hall Update

Dr. Little reported on a successful town hall

Assembly Rep Appointment

Dr. Little announced that Dr. Bonds will need to step down due to other time commitments. Dr. Ijeaku has volunteered to fill the position. The motion was made and approved unanimously.

CSAP GAC Rep

Dr. Little announced that Dr. Bindra would be stepping down to allocate her time to other projects. Dr. Shaner thanked her for her service. Dr. Goldenberg volunteered to fill the seat on a temporary basis if a permanent appointment could not be found.

D. CSAP Budget – Dr. Little reviewed the CSAP Balance sheet, showing a net operating budget of approximately \$100,000. Lobbying and administrative costs were reviewed. After discussion, there was a motion to approve the budget, and it was unanimously approved.

### PRESIDENT-ELECT'S REPORT

Dr. Goldenberg

A. January/NAMI early start time – Dr. Goldenberg reported on preparations for an upcoming event with NAMI.

B. Newsletter Articles Sign-up – Dr. Goldenberg shared the calendar for newsletter submissions, and thanked council members for their articles, which have been receiving good feedback from members.

C. Private Practice Committee – Dr. Goldenberg reported that the committee will meet with APA representatives in January.

D. Nominating Committee – Dr. Goldenberg thanked the committee for their service, and shared the slate of candidates. The slate was approved unanimously.

### TREASURER'S REPORT

Dr. Bindra

A. November Financials and

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

## ASSEMBLY REPORT

Assembly Reps

Dr. Silverman reported that the Area 6 council will meet in January. She encouraged members with ideas for action papers to begin drafting, as they will be due in March. Mindi commented that it might be helpful to have a roster of Area 6 representatives. There was a discussion about obtaining the minutes of Area 6 council meetings.

## MEMBERSHIP REPORT

Dr. Ijeaku

### A. Membership Report

Current Active Membership –997/878

There was 1 new RFM applicant. Their inclusion was approved unanimously.

## COMMITTEE REPORTS

Chairs

Access to Care – Dr. Rees spoke about issues related to controlled substances – e.g. some psychiatrists are being investigated for possibly inappropriate over-prescribing, and pharmacies at times are refusing to fill prescriptions. Dr. Wood presented a survey that was developed to collect data or subjective reports to better assess the scale and character of issues that psychiatrists are facing. A motion was made to have this electronic survey emailed to the membership, and it was unanimously approved.

By Laws – Dr. Shaner reported that the committee met in November. He explained that changes to the bylaws must be approved by a vote by council. He presented a revision of the resolution to amend the bylaws, that would allow the bylaws amendments to be completed with one vote. A motion was made to approve this revised resolution, and was approved unanimously.

The By-law amendment must be approved by 75% of voters to pass. An informational article will be provided in the newsletter.

C. Disaster Relief – Dr. Chang provided an update that the committee will be co-hosting a panel discussion via Zoom on the topic of war. Other topics include moral injury, and racism.

D. Diversity and Culture – Dr. Ijeaku is hoping to find a venue in order to show the docuseries in February. The Semel building auditorium at UCLA was discussed as a possible option.

Dr. Ijeaku reported that the next step in the docuseries will be to explore best practices in treating marginalized communities. PRMS was asked to sponsor the project, and the grant was approved earlier today. The material will be presented at the APA.

E. Program – Dr. Gales reported that Dr. Petros Levounis will be presenting at the upcoming *Advances in Psychiatry* conference on January 28. Dr. Dilip Jeste will present on Loneliness vs. Wisdom in the era of pandemics.

## GAC REPORT

Dr. Shaner

Dr. Shaner reported on the GAC meeting of December 6. One Federal issue is HR 8800, which would provide a 4.42% positive rate adjustment to the Medicare Physician Fee Schedule, approximately halving the proposed rate cuts.

The CSAP GAC is working to collect advocacy ideas.

NCPS approved the policy platform, so that all DBs are now on board. Thanks to Dr. Woods for her persuasive efforts.

There is an Area 6 council meeting in January, to develop a joint committee with CSAP for advocacy framework.

CSAP Board Meetings were held on November 17 and December 1, which resulted in the balance sheet that Dr. Little presented earlier. CSAP is also working on obtaining voting representation on the CMA

(California Medical Association) Legislative Council, and talking points are being developed for a representative to discuss at the upcoming CMA meeting.

AB 1278, a law that will become active in the coming year, requires physicians to post disclosures in their offices and on their websites. Given this can be overly burdensome to physicians, it was suggested that advocacy resources be directed to work to amend this law. Dr. Goldenberg presented a motion which reduces the requirements and penalties of this new law. The motion was passed unanimously.

CSAP GAC discussed the issues regarding prescription of controlled substances, and the survey that Dr. Wood developed to better characterize these issues.

CSAP GAC discussed LPS law in light of the highly publicized New York City initiative to reinterpret regulations for detaining those at health risks due to mental illness.

#### NEW BUSINESS

Dr. Little

- Dr. Little spoke regarding a concern brought up by Dr. Gross at the town hall, about further connecting with the academic centers around Southern California, which have increased recently. Dr. Rees and Dr. Ijeaku had discussed starting an ad-hoc committee to address the disconnect between SCPS and academic centers. One suggestion is to contact Program Directors in order to better understand hesitance among academic psychiatrists and/or trainees to become involved with SCPS. Dr. Lin volunteered to serve on the committee.

ADJOURNMENT – meeting adjourned at 8:59 pm

Dr. Little

# \* \* CANDIDATE STATEMENTS \* \*

## Deadlines for Nominations by Petition February 20, 2022

In this special section, the candidates nominated for your representation discuss their views.  
Please read the statements carefully before voting.  
Ballots will be mailed on or around March 6, 2022.

Galya Rees, M.D.  
President-elect



I am humbled and honored to be considered for the position of President Elect of the Southern California Psychiatric Society (SCPS).

It has been a privilege to serve you on council for eight terms, as a Resident Fellow Member (RFM) representative, Treasurer Elect, Treasurer, and West LA Councilor. During this time, I have witnessed a remarkable awakening and engagement of members from our organization, as evidenced by the formation of numerous active committees, outstanding advocacy work, and healthy collaborations with California district branches, APA, NAMI, and other organizations. I have no doubt that this engagement translates to a higher value for our SCPS membership, as well as a higher contribution to our profession, patients, and families.

Since completing my medical and residency training at UCLA, I have been working as an outpatient adult psychiatrist at SCPMG, where I treat the socioeconomically and culturally diverse Kaiser member population for a wide variety of conditions. Access, quality, equity, ethics, and physician wellbeing are all very important to me. As a UCLA trainee, I considered research, education and professionalism to be the core pillars of our profession. My work experience and time in SCPS taught me that unity, activism, and advocacy are a crucial fourth pillar for our profession. We cannot provide good psychiatric care without basic laws, funding, parity, and doctor privileges. Improvements to LPS laws, collaboration on 988, and efforts to address member reported issues with filling of controlled substances are just a few recent examples for why this work is so important

If elected, some of my specific focuses will include:

Collaboration with training programs and large psychiatry groups to boost member recruitment, retention and engagement.

Work closely with the president, council, and executive director to maintain and grow the important work done by SCPS while considering and preventing burnout of our most active members.  
Invite members to participate in safe, respectful, non-judgmental discussions to learn about the chal-

lenges faced by psychiatrists and patients and ideas for improvement.  
Promote positive and respectful working relationships with other organizations.

Thank you for your consideration.

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Emily Wood, M.D.  
Treasurer-elect



I'm excited to be nominated to the Executive Committee of SCPS as Treasurer-elect. As I emerged from training several years ago, I found in SCPS a collegial network of like minds to champion equitable, diverse, and inclusive behavioral health care and delivery. I was fortunate enough to be elected to the SCPS Council in 2021 as an Early Career Psychiatrist Representative. Since then, I have served on the SCPS Government Affairs and Diversity and Culture Committees and was appointed chair of the Alternative Crisis Response Committee. Most recently, I was appointed to serve as the chair of the California State Association of Psychiatrists. In this position, I have been able to work collaboratively with our advocacy team in Sacramento, psychiatry colleagues from all 5 California APA district branches, legislators, community organizers, and government officials across California. Through this work, I have learned a great deal about the diversity of psychiatric practice across our district area – from public to private, giant HMO to local clinic, child to geriatric, county juvenile hall to state prison, and psychotherapy to neuromodulatory modalities. We serve an amazing range of patients with the common goal of improving behavioral and mental health in our community.

As physicians, especially psychiatrists, we are afforded great privilege to both witness and alleviate suffering in our community. Our professional strength comes through supporting each other and holding ourselves accountable for shaping our healthcare systems to meet the needs of all patients. On SCPS council, I have and will continue to advocate for mental health parity and equitable, high-quality patient care in Southern California.

Laura Halpin, M.D.  
Secretary



I am honored to have been nominated to serve as the Secretary of your SCPS Council. I am currently serving on Council as the Early Career Deputy Representative and as a member of the both the SCPS and CSAP Government Affairs Committees. I also had the opportunity to serve as a member of the Bylaws Committee this year to work with others to update our Bylaws. I currently work for Kaiser Permanente, SCPMG in the Downey Service Area as an outpatient and Consult-Liaison Child and Adolescent Psychiatrist. Prior to work there, I completed Child and Adolescent Fellowship and Adult Residency at UCLA. I have previously been involved with the APA as a Leadership Fellow and member of the Council on Healthcare Systems and Financing. I have also held numerous positions in the AMA including currently serving on the Section Council of Psychiatry as the one of the APA's alternate delegates to the AMA House of Delegates and on the AMA Council on Science and Public Health. This past year I also served as an alternate delegate from District IV to the CMA House of Delegates. I have previously been a Resident and Fellow Delegate to the CMA House of Delegates and served as the Chair of the CMA Resident and Fellow Section. I have a strong interest in advocacy as relates to protecting our vulnerable patients and supporting physician autonomy.

If elected as your Secretary I will work to keep you informed about what is happening in SCPS, hear your perspective on what SCPS can do that would be helpful for you, and make sure that perspective is well-represented to SCPS Council. I also have a strong interest in ensuring that our SCPS remains valuable and relevant to you, both now and in the future as psychiatry continues to evolve.

Matthew Markis, D.O.  
San Fernando Valley Councillor



The opportunity to represent the San Fernando Valley as part of the SCPS is an exciting one for me. I was born and raised in the Valley and returned to practice here after completing residency in Phoenix, Arizona. As I am sure many of my colleagues have experienced, practicing psychiatry can be quite rewarding. It is a privilege to work with patients that are experiencing their own unique challenges, and to be entrusted with their care.

However, we also routinely face a variety of issues and roadblocks as we try to tailor our practices to meet the best interests of our patients. These issues often compete with, and consume our time and energy, when it could be spent in more productive ways.

As time has progressed and I've gained more experience, I've also developed a strong interest in ad-

vocacy and would welcome a role in representing our field. It would be a privilege to work with my fellow colleagues who share similar goals as we strive toward supporting our profession and ultimately, our patients.

Reba Bindra, M.D.  
San Gabriel Valley/East LA Councillor



I am honored to be nominated for the San Gabriel Valley councillor position. I am a Fellow of the APA and have been involved in organized psychiatry since 2016 while in residency in New York. I have been with SCPS since 2019 and am currently serving as treasurer and previously served as Inland Empire councilor. The time I have spent in SCPS has provided an invaluable opportunity to learn about, participate in and execute advocacy for both patients and fellow psychiatrists. It has inspired me to continue this path for the second half of my career and be an advocate for change in the patient populations I feel the passionate about as well as focus on the important issues facing psychiatrists today. My mission is to be a part of the solution to help fill in gaps where needed and inspire others to do the same. I would appreciate your support for my candidacy for San Gabriel Valley councillor so that I may continue to advocate for the psychiatric community at large.

Timothy Pylko, M.D.  
San Gabriel Valley/East LA Councillor



After over 36 years of being a member of SCPS and the APA it is a distinct honor for me to be considered to represent the San Gabriel Valley/East LA region of SCPS. During those years I have witnessed tremendous advances in our field but also experienced pressures from insurance companies and government agencies to narrow the scope of what we do as professionals. As much as I applaud the benefits of the pharmacological advances informed by neuroscience to manage symptoms in our patients, I fear that we run the risk of missing the bigger picture. At the end of the day we treat people, not disease states. I have always stood for psychiatrists to be team leaders in the provision of healing services to those who are suffering from mental health disorders. We are uniquely situated to direct comprehensive treatment approaches but often we can be marginalized by third party payers to just prescribe medications for symptom management without having much influence on the the total clinical picture. Finally I have always been an advocate for eliminating the stigma our society often places on mental illness. This stigma is part of a negative cultural force discriminating against "others" or those individuals who are different or don't conform to societal norms. This is not substantially different than the systemic racism that exists in our society and that the APA has taken to task to try to eliminate from the healthcare delivery system.

Amy Woods, M.D.  
South LA Councillor



I have been a member of SCPS since 2016 serving on council as Resident Liaison, Resident-Fellow Representative, and Secretary. In these roles, I was able to be the voice of trainees within organized psychiatry. In 2020 while serving as the San Gabriel Valley/ELA Councillor, I had to take an abrupt step back from my position on council for personal reasons. During that time, I have grown personally and professionally. In 2021 I started at Charles R. Drew University as the founding program director for the child and adolescent psychiatry fellowship. This is only the second CAP fellowship program at an HBCU. I have the opportunity to train child psychiatrists that will be compassionate providers to serve the youth in SPA 6. If given the opportunity to serve as the South Los Angeles Councillor, I will be able to ensure that the voices of the psychiatrists working in South Los Angeles are heard. Again, I am honored for the nomination and thank you for your consideration.

Joseph Vlaskovits, M.D.  
Ventura Councillor



I am honored to have served as your Ventura Region Councilor, and to be nominated by the committee for another term.

During my time on the council, I have learned of the critical importance of legislative advocacy, so we may effectively stand up for our patients and our profession.

In addition to my long-standing duties in our public system, I have been fortunate to lead the Community Memorial Health System/Ventura County Psychiatry Residency, which has grown into its 3rd academic year. Through our combined efforts, we have started to strengthen our psychiatric community for years to come.

I have worked for the adoption of Welfare and Institutions Code §5270 (30-day additional inpatient commitment for Grave Disability; we are the only county of significant size that has not yet adopted it) by the Board of Supervisors, which is planned to be implemented.

Other issues that I have been closely involved in are improvements to the provision of emergency psychiatric services, and our efforts to combat the fentanyl epidemic.

If reelected to this position, I will continue to represent our community of psychiatrists, work for the adoption of best practices in our county, and support our crucial advocacy efforts.

I truly appreciate your consideration.

Alex Lin, M.D.  
West LA Councillor



I am honored to be nominated as one of the West LA Councillor candidates.

I have always had an interest in administration and residency education. I was the Chief Resident of Education at the UCLA–San Fernando Valley program and, after a year working in the OVMC–UCLA Psychiatric Emergency Room, I worked part-time at college counseling centers at CSUN and at UCLA. I am now in private practice full-time in West Los Angeles (having previously split my practice between Encino and West LA).

I was invited to join the Board of the UCLA Psychiatric Clinical Faculty Association in 2016 and have remained active in resident education ever since, supervising residents for individual psychotherapy, participating in the annual Semel intern psychotherapy retreat, and organizing an introduction to psychotherapy for all UCLA-affiliated residents in 2 consecutive years.

I was nominated as a replacement for one of the West LA councillor's last year, and I have been deeply impressed by the SCPS's broad array of advocacy activities on behalf of all Southern California psychiatrists. I hope that, among other things, I can continue to bring pertinent issues for solo practitioners and private-practice groups to the Executive Council's attention.

Yelena Koldobskaya, M.D.  
Early Career Psychiatrist Representative



I am honored to be considered for the position of the Early Career representative.

I completed my residency training at UCLA. I then worked as a psychiatrist in the Los Angeles County Jail from 2017 to 2022, and witnessed firsthand the severity of mental illness and the limitations of psychiatric treatment in the criminal justice system. In mid-2022, I joined the Department of Mental Health Homeless Outreach and Mobile Engagement (HOME) team in Service Areas 5 and 8, which include Malibu / Santa Monica, West LA, Inglewood, South Bay, and Long Beach. My work focuses on street-based treatment of our County's most vulnerable homeless individuals. Homelessness has been a highly visible crisis here in Los Angeles and has been declared a state of emergency by Los Angeles Mayor Karen Bass. I hope to use my work experience to advocate for additional care resources for this vulnerable patient population. I also hope to use my experience to advocate for the evolving needs of psychiatrists, frontline workers, our patients, and our patients' families.

Thank you for your consideration.

Shelby Adler, M.D.  
Resident/Fellow Member Representative



I am humbled to be nominated for a second term for a resident member representative of the SCPS. It has always been my ultimate goal to fight for individuals who are marginalized in society and working with the SCPS brings me one step closer to achieving this ambition. Whether this be through advocacy or direct patient care, I have made it my mission to stand behind those who lack a voice in society.

In my experience working for Saving Mothers, a non-profit dedicated to preventing maternal mortality in developing countries, in addition to conducting research for the Center for Health Equity in the Bronx, and studying medicine in New York and now LA County, I feel that I have gained a better understanding of the failures within our system which over and over again disproportionately impact marginalized communities.

Through my continued involvement in SCPS, I hope to expand my knowledge on the impacts of policy on this patient population and ultimately work to advance policy in order to make meaningful changes to the communities I serve. It would be an honor to be elected for a second term as a resident member representative for Southern California!

Seyed Nassi Navid, M.D.  
Resident/Fellow Member Representative



I am excited to be nominated for a resident member representative of the SCPS. Being among the inaugural class of psychiatry residency at Community Memorial Health System, in Ventura, I have come to appreciate challenges of a “trail blazer” in developing a community-based psychiatry residency program.

I earned my MD-MPH degree from the University of Tehran, Iran. Before moving to the US, I had practiced as a primary care physician for 7.5 years in underserved rural areas as well as an entrepreneur. I learned how to recognize needs and wants, assess feasibility and come up with practical solutions not only to advocate for my patients but also for general public and see the bigger picture.

As an international medical graduate, I have experienced first-hand the challenges of immigration, and going through residency, I see a lot of similarities; to be able to survive while being patient with the process of becoming what your dream has always been and believing your hard work will pay off someday. I envision to finish my education with fellowship in Consultation-Liaison psychiatry and it is my honor and privilege to be able to serve and advocate for psychiatry residents and fellows in Southern California.

Ruqayyah Malik, M.D.  
Deputy Minority and Under Represented Representative



I am excited and honored to be nominated for the Minority and Underrepresented Groups Deputy Representative position with SCPS. I am currently a third year psychiatry resident at the University of California, Riverside and completed my medical education at Rush Medical College. I am passionate about working with underserved populations and was part of the leadership committee for the Riverside Free Clinic which provides multidisciplinary healthcare services to vulnerable patient populations through collaborative action and volunteerism. I was also president of the Student National Medical Association in medical school and helped organize community health fairs as well as a mentoring program for pre-med students.

If elected to the DMURR position I hope to help further SCPS's mission of addressing institutional racism, reducing stigma around mental health in minority communities, and emphasizing the intersectional psychosocial determinants of health. I believe it is also important to help foster a diverse healthcare workforce for our ever increasingly diverse patient population. Thank you for your consideration.

Ijeoma Ijeaku, M.D.  
APA Assembly Representative



I feel honored regarding my nomination for the position of SCPS Representative to the APA Assembly for the 2023-2026 term. I hope to continue to learn, grow, advocate, and collaborate by working closely with my colleagues within our district branch, state, and all of APA.

I am impressed by the expertise, candor, passion, and commitment shown by members of our profession in advocating strongly for the preservation of our profession as well as the wellbeing of our patients. As an Assembly Representative, I hope to continue in this tradition of excellence to be a strong voice regarding our profession and the population we serve especially as it pertains to equity, inclusion, and social justice issues. As psychiatrists navigating today's unique mental healthcare challenges, our most urgent and pressing need is promotion of adequate mental health and prevention of mental illness in every individual including those who are part of marginalized communities as well as preservation of our profession through equitable policies.

I had the good fortune of being introduced into organized psychiatry as soon as I started my resi-

dency training. I have served in various positions on council in the last decade including a presidency that helped usher in the re-establishment of a new statewide psychiatric organization to serve all district branches after the demise of the prior state organization through development of workable solutions, consensus building and decisive leadership within our district branch and collaboration with others. I am excited about serving SCPS within this new capacity as its APA Assembly Representative. I am confident that our continued efforts within organized psychiatry will continue to chart the way forward for us and our patients.

#### Election Timeline

Cut of to run by petition February 20, 2023

Ballots emailed March 6, 2023

Ballots are due April 3, 2023

Tellers Committee April 6 - 13, 2023

Installation May 6, 2023

Term begins May 6, 2023

Have you been a General or Fellow member for at least eight years? If so, you may be eligible to apply for Distinguished Fellowship.

Distinguished Fellowship is awarded to outstanding psychiatrists who have made significant contributions to the psychiatric profession in at least five of the following areas: administration, teaching, scientific and scholarly publications, volunteering in mental health and medical activities of social significance, community involvement, as well as for clinical excellence. Distinguished Fellow is the highest membership honor the APA bestows upon members.

The application process takes almost a year and the 2023 cycle is about to begin. For more information please go to <https://www.psychiatry.org/membership/honorary-fellowship/dfapa>

If you are interested in becoming a DFAPA and believe you might be eligible, please contact Mindi at [socalpsychiatric@gmail.com](mailto:socalpsychiatric@gmail.com)

She will provide you with the form required for the first step in the process.

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.)

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