Southern California

PSYCHIATRIST

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President's Column

Remaining Vital

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

Physicians practicing in the United States experience numerous obstacles to carrying out their clinical responsibilities. The range of obstacles placed on us to fulfill even the simplest tasks, such as filling a prescription or billing for an appointment, can deplete even the deepest of constitutional reserves. Whether we practice in a large organization or a solo private practice, the never-ending proliferation of regulations and bureaucratic procedures we must navigate to perform our work can leave us feeling drained, helpless, and alone. Regardless of the type of psychiatric medicine you practice, as one of over 800 members of SCPS you are not alone. In this article, I'd like to review how you can use our organization to address the problems concerning you.

At SCPS, the initiatives, policies, and financial expenditures of the organization are based on our members' priorities and concerns. In fact, member input is our number one resource for identifying our educational, organizational, and advocacy goals. Being accountable to our members' needs is the foundation of our organization's mission and is the reason all of our efforts are member driven. This direct line of responsibility guarantees that the organization's policies, resources, and activities align with your priorities.

Since any member can have direct input into what SCPS does, where does a busy professional begin to address a problem she or he has identified? The first step is simply to contact SCPS' Executive Director Mindi Thelen (socalpsychiatric@gmail.com). With more than 30 years of experience and institutional knowledge, she may already know the answer to your question. If not, she can put you in contact with the appropriate SCPS Committee to address your concern or bring your question to the SCPS Council for discussion. Because all SCPS members are also members of the California State Association of Psychiatrists (CSAP) advocacy organization, you can also contact our lobbyist Paul Yoder who can bring your concern to the CSAP Board or Government Affairs Committeem(Paul@syaslpartners.com). Both Mrs. Thelen and Mr. Yoder have relationships with the leadership of other local, state, and national organizations to make sure the problems you identify are put before the right people to get answers. Because SCPS and CSAP enjoy positive working relationships with each other and organizations like the California Area 6 Assembly, California Medical Association, and the American Psychiatric Association, they can quickly bring together local and national experts and leadership to effectively address member concerns.

A recent example of this process at work comes from SCPS member complaints about the failure of

pharmacies to fill prescriptions for controlled substances. Because of these complaints, SCPS generated a local survey of member experiences which when presented to APA leadership was sufficiently concerning that they conducted their own national survey of Psychiatrist's experiences with pharmacies. SCPS and CSAP leadership presented these data to the office of the Attorney General of California and the DEA to request their help in determining the cause and solutions for these difficulties. Notably, several local and national news stories resulted. Our next steps include meeting with the California Pharmacist's Association and working with the APA Policy Team to engage the major pharmacy chains on ways we can better meet patients' needs and work effectively with each other. Another example comes from SCPS member concerns about patient confidentiality and physician harassment stemming from the California Medical Board's unsolicited review of physician prescribing practices in the CURES database. These complaints lead to SCPS, CSAP, CMA, and the California Society of Addiction Medicine working together to address these unsettling incidents.

The sharing of our professional values, perspectives, and needs within our membership helps make SCPS the vibrant organization it is. While few of us have careers that train us to be effective in creating or changing social policy, SCPS has a deep bench of experienced physicians and legislative experts eager to help you. So, when SCPS's most recent past President Ijeoma Ijeaku MD wanted to address the harmful social and mental health consequences of the 1965 Moynihan Report by writing APA Assembly Action Paper, she found a ready group of experienced SCPS members ready to help. Working with SCPS's Government Affairs Committee Chair, Rod Shaner MD, she developed an Action Paper asking the APA to take a formal stance renouncing the findings of the report and acknowledging the range of harms that resulted from its adoption. Other recent member activities include providing expert testimony to the State legislature on timely access to mental health care, working with the California Department of Managed Health Care on barriers to using insurance for mental health treatment, and working with the Los Angeles Department of Mental Health to collect data on users' experiences of the 988 behavioral health hotline for the purpose of improving crisis team availability and developing a mechanism to triage callers.

While each of these impressive examples sets a high bar for professional advocacy, there are more accessible things we can each do to be more engaged in addressing the challenges that affect us. You can stay informed about issues that affect your practice by reading the weekly CSAP and monthly SCPS newsletters. There are opportunities to review bills that affect California mental health law on the California Legislative Information website (leginfo.legislature.ca.gov). And, you can have an outsized influence on the decisions of legislators in your area by contacting them directly. Lastly, through your support and participation in SCPS you further our profession's ability to serve our patients and preserve SCPS as the vital organization it is.

In This Issue...

The Armenian Genocide

By: Ara Darakjian, M.D.

Last year, Governor Newsom signed a bill making April 24 a statewide holiday – Genocide Remembrance Day. While the day is designated as a "day for all to reflect on past and present genocides", the fact that it falls on Armenian Genocide Remembrance Day specifically highlights the Armenian tragedy. My goal for this article is to spread awareness about Armenians, and the Armenian Genocide, so that Southern California Psychiatrists are better equipped to understand, validate, and treat their Armenian patients.

I will start with a very brief history. According to history.com –
"The Armenian genocide was the systematic killing and deportation of Armenians by the Turks of the Ottoman Empire. In 1915, during World War I, leaders of the Turkish government set in motion a plan to expel and massacre Armenians. By the early 1920s, when the genocide finally ended, between 600,000 and 1.5 million Armenians were dead, with many more forcibly removed from the country. Today, most historians call this event a genocide: a premeditated and systematic campaign to exterminate an entire people. In 2021, U.S. President Joe Biden issued a declaration that the Ottoman Empire's slaughter of Armenian civilians was genocide. However, the Turkish government still does not acknowledge the scope of these events."

Of course, such a paragraph does not do justice to the atrocity. Growing up going to Armenian school, I was exposed to gruesome historical photographs – piles of bodies, emaciated women and children walking in the desert, dead infants. Numerous songs, poems, and stories with stark descriptions, passed on with a somber mood that captured a century of pain. "1915 never again" was an often heard rallying cry. Sadly, the Genocide is an integral piece of Armenian culture.

In the present, most Armenians are descendants of Genocide survivors. My own great-grandfather, Tigran Andreassian, helped lead an Armenian resistance in Musa Dagh (a mountain in present day Turkey). This particular event inspired the novel *The Forty Days of Musa Dagh* by Franz Werfel, and was also dramatized in the 2016 film, *The Promise.* Many families have similar stories about how their ancestors survived.

The modern Armenian diaspora largely formed as a result of the Genocide – Armenians were scattered across the globe. The diaspora outnumbers the population in Armenia – less than one third of the world's Armenian population lives in Armenia. Pertinently for Southern California Psychiatrists, Los Angeles is home to a large number of Armenians. Glendale, in particular, has the highest concentration of Armenians outside of Armenia, (~40% of the population). If you have a patient whose last name ends with "-ian" or "-yan" there is a good chance they are Armenian.

In addition to the genocide itself, there is a matter of denial. The Turkish government continues to justify that "relocation" of Armenians was a legitimate state action in response to a real or perceived Armenian uprising that threatened the existence of the empire during wartime. To Armenians, this is akin to denial of the Jewish Holocaust. There is a psychological wound owing to invalidation, as many countries have refused to explicitly use the word genocide.

Mental health challenges in the Armenian community stemming from the generational trauma of the Armenian Genocide manifest in various ways. While most genocide survivors have passed away, subsequent generations carry a legacy of pain. Intergenerational trauma is transmitted through familial, sociopolitical, and cultural factors, leading to depression, anxiety, PTSD, and substance abuse issues.

Additionally, the pressure to assimilate into a new society following displacement can lead to feelings of shame and guilt regarding one's Armenian identity. For those affected by this Genocide and its aftermath, it is essential to recognize the lasting effects on their mental wellness to develop a pathway for healing.

This article was written with input from Christopher Chamanadjian, M.D.

Learn from Luke Waldron, APA's Senior Social Media Manager, on how to build your voice, best practices, and what network might be best for you, among other topics. Luke presented at APA's State Advocacy Conference last year and was a big hit; please share this with other APA members you think would want to attend!

April 11, 3 pm- 4 pm EST:
Social Media for Organized Psychiatry. Register Here:

https://us06web.zoom.us/webinar/register/WN_Q054bHygRiK0VdxcikVXiA#/registration

Is it Finally Time for a COVID-19 Commemorative Tribute?

By: Shelby Adler, M.D.

The Biden administration decided to both end the COVID-19 public/national health emergency and discontinue the COVID-19 task force in the upcoming months, two decisions that clearly have long-lasting effects on communities across the globe. Delivery of healthcare such as providing greater access to opioid use treatment and family planning, to public health initiatives such as emergency funds for food and shelter are at risk of being disbanded.[1] As a result of these changes, widespread implications are likely, largely impacting marginalized communities, the communities that have already faced the greatest devastation from the pandemic itself.

These changes feel like "the end of an era." However, not only does COVID-19 still exist, but the impact that COVID-19 has had on communities is ever-lasting. In the United States alone, we have experienced unprecedented devastating losses, more losses than from WWI, WWII, the Korean War, the Vietnam War, and the September 11th attacks combined. It puts into question of whether we are doing enough to commemorate the lives lost and ongoing losses from the COVID-19 pandemic.

As described in the literature, when deleterious events impact whole societies these events are referred to as collective traumas. A collective trauma is a psychological term that refers to both the reaction to a shared devastation along with the long-term consequences it has for society and generations to come.[2] One can argue that the COVID-19 pandemic fits seamlessly into this category. Consequently, if this is the case, more needs to be done to address the long-lasting implications of the pandemic. An example of one such strategy includes a commemorative tribute, such as a public exhibit, to honor lives lost.

I had the opportunity in medical school to work on such a tribute during the height of COVID-19. In the Bronx, at Montefiore Medical Center, thousands of lives were lost at the height of the pandemic. Due to social distancing guidelines, funerals and other forms of commemoration were put on pause. In response to the inability to honor lives lost and the need for emotional healing, a team of psychologists, artists, and creative arts therapists came together and formed The Crane Project. The Crane Project created and displayed over 2000 paper cranes with individual community members' six-word poems embedded within. In creating and displaying their emotional experiences, researchers on this project found that individuals were able to more effectively process their grief and experience healing in a collective space.[3,4]

The ability to process and heal in a shared space was consequential. However, this tribute was implemented in only one community out of the many communities affected. The grief we have faced together is enormous and the recognition of the devastation on Communities of Color specifically is fundamental. With the ending of COVID-19 as a public health emergency requiring a dedicated task force, people may ultimately feel great relief, but they will never forget. It is my hope then that as a society, as a collective, as a nation, we can come together to create something larger than ourselves in order to truly honor and remember the millions of lives lost.

1. Pradhan, R. (2023, March 21). From addiction treatment to nursing homes, end of COVID emergency will bring changes across U.S. health care system. CBS News. *https://www.cbsnews.com/news/covid-public-health-emergency-impact-hospitals-addiction-treatment-nursing-homes/*

2. Hirschberger G. (2018). Collective Trauma and the Social Construction of Meaning. *Frontiers in psychology*, *9*, 1441. https://doi.org/10.3389/fpsyg.2018.01441

3. Bhattacharyya S., Park E. Y., Adler S., Saklad S. & Davis, O. (in press). The Crane Project: Mixed-methods Analysis of an Expressive Art Therapy-Based Intervention to Promote Collective Healing During the COVID-19 Pandemic. *Journal of Traumatology.*

4. The Crane Project. SquareSpace. Retrieved March 23, 2023, from https://covidcraneproject.squarespace.com/

Brain Energy: A Revolutionary Breakthrough in Understanding Mental Health–and Improving Treatment for Anxiety, Depression, OCD, PTSD, and More
By Christopher M. Palmer, MD
2022 Copyright
BenBella Books, Inc
340 Pages
$ 28.95 Hardcover
Book review by Aaron Gilmore, DO, MS

“Mental disorders–all of them–are metabolic disorders of the brain”

Most of our careers as psychiatrists, we attempt to organize the seemingly random and dysfunctional aspect of human existence so that we could potentially assist the person or family in front of us. What if there was a specific anatomic or physiologic mechanism that could explain all of the disorders listed in the DSM-V? In his book, Dr. Palmer attempts to render (almost) all biological, psychological, and even social manifestations of mental disorders down to a single explanation; metabolic dysfunction.

While this may not be the first time you have heard about the importance of cell metabolism, it may be the first time you have heard anyone claim it as the unifying theory of mental health. In fact, it may be difficult for some to believe that mental health is in fact unified, as there are several varying factors that are thought to be the cause for mental disorders. Dr. Palmer uses patient cases to build a successful argument about the similarities in treatment of diagnoses like schizophrenia and bipolar disorders or anxiety and depression. Even further, the author points out the significant risk of comorbidity amassed by our patients with any one of these diagnoses. There is a strong bidirectional relationship between all of the mental health diagnoses, meaning that if your patient develops one, it is likely that they will develop another. Given this strong bidirectional relationship, the author proposes that they are all linked by a common pathway.

Brain Energy, as the title suggests, focuses on metabolic dysfunction in the brain, specifically in mitochondria, as the common pathway for mental disorders. Mitochondria has been a strong source of research in recent years, indicating that they are involved in so much more than just energy production. In fact, mitochondria have been linked to the production and regulation of neurotransmitters, regulation of the body’s stress response, and may play a key role in keeping our cells functioning properly. The author goes to great lengths to discuss how general dysfunction in mitochondria could play a role in mental disorders, such as mitochondrial hypofunction in depression or hyperfunction in bipolar disorder. While several of the examples of research into mitochondrial function and dysfunction sound promising, we must remember that correlation does not mean causation.

Luckily, the author agrees with this assertion and works to show causation by comparing metabolic dysfunction in the brain to know common metabolic disorders, such as diabetes, obesity, and cardiovascular disease. It is through this comparison that the author sees potential causes and solutions to metabolic dysfunction in the brain. Several of the solutions may be familiar to psychiatrists, such as optimizing mitochondrial function through bright-light therapy for seasonal affective disorder. While others may be more common to lifestyle medicine. Still further, the author even considers that some psychiatric medication may be causing more metabolic dysfunction and the risks outweigh the benefits. Overall, it is suggested that patients should work with their psychiatrist to create a “metabolic treatment plan” to work on optimizing mitochondrial function in the body and brain. Although claiming not to be a book about ketogenic diets, this diet is referenced several times and appears to be a core piece of the treatment plan for many of the author’s personal patient cases. Ketogenic diets may be a way to reduce

symptoms of mental disorders due to metabolic dysfunction in the brain; similar to the success observed using the diet to reduce seizure episodes in some types of epilepsy.

This book offers a new perspective on mental health and a potential source of future research. Our field may be far from unifying under a single theory of mental health, and yet we are constantly looking for novel treatments when our current methods fail.

Light Filters In
By Caroline Kaufman
HarperCollins Publishing
2018
224 pages
$11.73 Hardcover
ISBN: 978-0062844682

Book review by Kavita Khajuria, MD

“the doctor rolls up my sleeves
and asks if the marks are new”

‘Light Filters In’ is a collection of poetry and prose in which a childhood encounter initiates a *“backpack of melancholy”*. Themes include sexual assault, identity conflict, mental illness, self injury, and progressive maturity.

Impediments to the emergence of the self appear to stem from far reaching consequences and complications of sexual abuse. The price paid for processing trauma include flashbacks, guardedness, and self-doubt. Emotional dependency is explored on an extensive quest, complicated by self-cutting behaviors. Nonetheless - the painstaking search for the true self strikes as particularly touching, given the toll of melancholy on emotional release. Kaufman empathizes with those who embrace melancholy, but insightfully warns of the engulfment that entraps sadness.

We hear her reaction to the notion of a mental illness, with self-confessed denial and apologies to fired psychiatrists. With her recognition of the necessity for treatment, strength evolves - with the emergence of boundaries and self-responsibility, strengthened by empowerment and freedom. Vulnerability with courageous self-disclosure and progressive insight are touching and inspirational - and a testament to perseverance.

Update from the SCPS Disaster Relief Committee

By: Danielle Chang, M.D., Chair

The charge of the Disaster Relief Committee is:
To develop and implement plans for SCPS' response to disasters
To provide assistance to members and the public in response to disasters
To share disaster relief resources and develop relationships with other local medical and professional associations engaged in disaster relief mental health work

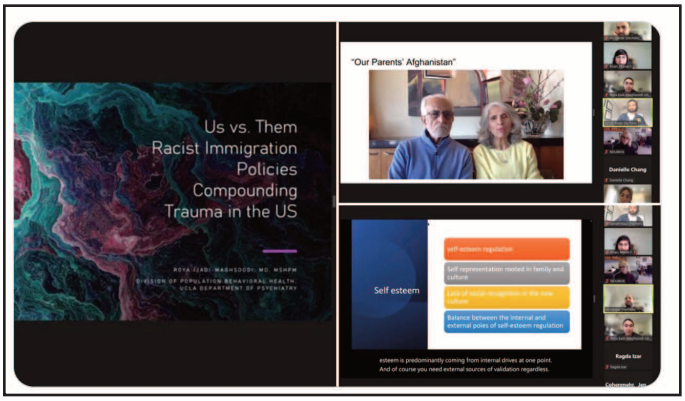
The SCPS Disaster Relief Committee meets on a monthly basis and welcomes any SCPS members who are interested in joining. Over the past several months the committee has been focusing on providing trainings and special events and panel discussions on various topics related to disaster relief and mental health.

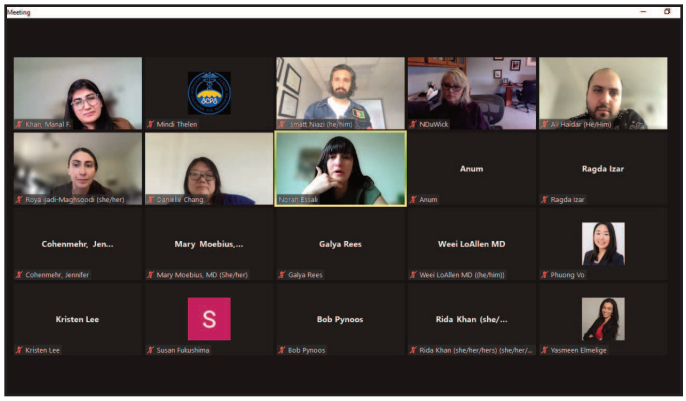
Most recently, we co-hosted a panel discussion on War, Trauma, and Bias, with the SCPS Diversity and Culture Committee. The panel was moderated by Manal Khan, MD, and speakers included Ismatt Reza Niazi, MD, Ali Haidar, MD, and Roya Ijadi-Maghsoodi, MD, MSHPM.

Drs. Khan, Niazi, Haidar, and Ijadi-Maghsoodi led a thought-provoking discussion on the effects of bias in media coverage, advocacy efforts and policy, and relief efforts on survivors of war around the world in areas including the global south. Speakers shared from personal, professional and academic perspectives in a layered and sophisticated conversation about the historical context of wars in Afghanistan, differences in compassionate response towards survivors of war in Afghanistan and Ukraine, the effects of war on mental health, and the intergenerational transmission of trauma. In addition, Dr. Haider shared about immigrant challenges, resilience, and immigrant experiences of loss, destabilization and trauma. We are hopeful that this event will serve as a starting point for many more future discussions on these important topics.

We will be participating in a talk at the upcoming APA conference on May 24, 2023 at 1:30 pm in San Francisco entitled Demystifying Disaster Psychiatry: What Can District Branches Do?, along with representatives from Disaster Relief Psychiatry Committees based in Hawaii, North Carolina, and Boston.

The Disaster Relief Committee continues to discuss ways to help better prepare psychiatrists and patients for times of disaster and is engaged in strengthening relationships with partnering organizations. If you are interested in joining the committee, please contact Mindi Thelen for more information at socalpsychiatric@gmail.com





Council Highlights
February 9, 2023
Ara Darakjian, M.D., *Secretary*

PRESIDENT'S REPORT Dr. Little

Academic Liaison Committee

Dr. Little informed that Dr. Gross request that someone work alongside him to rejuvenate Academic Liaison Committee. Dr. Shaner suggested that the committee have a written charge, and Ms. Thelen notified and presented the already existing charge.

CSAP GAC Position

Dr. Reba Bindra has asked to step down from CSAP GAC to pursue other career interests. Dr. Little asked Dr. Goldenberg to take the spot. Dr. Goldenberg accepted.

PRESIDENT-ELECT'S REPORT Dr. Goldenberg

Committee/Event Planning via Council – Dr. Goldenberg and Ms. Thelen initiated a discussion about which events should be open to non-members, or potentially having a charge for non-members. Dr. Rees and Dr. Shaner presented the pros of letting non-members attend at no cost.

Private Practice Town Hall – This event will take place on Tuesday, March 21st at 7 pm via Zoom. Dr. Goldenberg discussed the speakers and topics, and the overall focus, which also overlaps with the interests of outpatient psychiatrists not in private practice.

Newsletter Updates – Dr. Goldenberg praised the contributions to the newsletter and reviewed the authors set to contribute articles this month.

TREASURER'S REPORT Dr. Kelly

January Financials and cash on Hand Report – In Dr. Bindra's absence, Dr. Kelly 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.

Advocacy Overage Recommendation – The finance committee met and discussed what to do with the excess $22,000 in the advocacy budget.

Dr. Kelly presented a motion from the Finance Committee for half of the excess to remain in the advocacy budget, and the other half to be used as decided by the Executive Committee.

Dr. Kelly presented a second motion from the Finance Committee, that requests that the Executive Committee ask for proposals from various committees for how these funds could be spent. These proposals should be submitted in the next 60 days. An amendment was proposed that increased this time to 120 days, and passed with 1 abstention. The amended motion passed with two abstentions.

The Treasurer's report was accepted by unanimous vote.

ASSEMBLY REPORT Assembly Reps

Dr. Silverman reported that at the Area 6 council meeting, a motion was approved to have council members meet with CSAP to coordinate efforts. There will be an Area 6 meeting in April, and the Assembly will meet in May. Dr. Ijeaku has drafted an action paper which is receiving good feedback.

The assembly report was accepted by unanimous vote.

MEMBERSHIP REPORT Dr. Ijeaku

Membership Report – 5 trainees joined this past month.

Current Active Membership –999/898

The report was accepted by unanimous report.

COMMITTEE REPORTS Chairs

Alternative Crisis Response – Dr. Wood reported that she is meeting weekly with the department of mental health. There is a plan to present a case series of individuals who have experienced interactions with law enforcement, to be presented to stakeholders, to identify systemic problems.

Access to Care – Mindi Thelen spoke presented the work of the committee in addressing parity issues, difficulty finding doctors, and other topics. The committee is also preparing a motion that will ask CSAP to approach the California Pharmacy Board regarding difficulties obtaining certain medications.

Bylaws – Dr. Shaner presented a report from the committee, addressing the Bylaws regarding vacant councilor positions, and the criteria to be considered a region. Dr. Shaner presented two options for discussion:

A president may appoint a councilor (from any region) if a region's councilor position is vacant, until the next election.

Combine a region in which consistent Councillor representation is difficult to establish with another region. This option would require amendment of the bylaws.

There was robust discussion of the options, and there was a consensus that the position would be best filled by a member that spends some amount of time living in, or practicing in, Santa Barbara, by presidential appointment.

Disaster MH Relief – Dr. Chang reported that there is an upcoming panel discussion, co-hosted by the Diversity and Culture committee. The committee is also collaborating with other Disaster Relief in APA chapters across the country, for a presentation at the APA meeting in May.

Diversity and Culture –

Dr. Ijeaku asked council to support its bid for APA Assembly's Best Practices Award. A motion was made and passed with a unanimous vote.

Dr. Ijeaku reported that the committee's docuseries is being formatted for presentation at the APA meeting in May. A motion was made to approve coverage of travel expenses for Mindi and Tim Thelen for the cost of travel and meals. Dr. Shaner spoke in favor, as Mindi and Tim were integral in the production of the docuseries. The motion was approved by unanimous vote.

Dr. Rees announced that the docuseries will be screen this Saturday at the Semel UCLA NPIH Auditorium at 6 pm.

Dr. Shaner presented, on Dr. Ijeaku's behalf, an action paper that requests that the APA officially repudiate the 1965 Moynihan report. The motion for council to support the action paper was passed by unanimous vote.

Program – Dr. Gales reported that the lectures by Dr. Levounis and Dr. Jest were excellent, though the attendance number was relatively low (40 registrants). Dr. Lin who attended, commented that it was an excellent event.

GAC REPORT Dr. Shaner

Dr. Shaner reported that there was a motion to invite Area 6 participation in CSAP Board Meetings, and for the DB's to make Bylaws changes to establish voting representation of Area 6 on the CSAP Board.

CSAP committed to develop legislative agenda focused on private practice high-priority issues. Also, there is work to potentially modify AB 1278 (requires physician to post the Open Payments database notice), and issues regarding using CURES data to audit physicians.

APA is working on a federal level to extend modified Ryan Haight regulations regarding mandatory face to face meetings for prescription of controlled substances.

CSAP GAC met and discussed collecting ideas for legislation from membership. Sacramento Legislation day strategies were discussed. "Dead names" initiative was discussed (removal of previous names of current practitioners from MBC website).

CSAP Board met twice. CSAP will be the sole entity representing psychiatrists as part of the CMA Specialty Delegation. Mina Hah from CCPS was voted as the alternative delegate for the period between now and June 30th. SCPS advocacy 1 – Adolescent ECT initiative, coming out of UCLA, hopes to clarify the meaning of "emergency situation" and "life saving treatment" which are currently mandated for court approval of ECT in adolescents. The GAC voted to move that SCPS reach out to SCSCAP to jointly escalate this issue to a state level.

The motion was made to SCPS council, and passed unanimously.

SCPS Advocacy 2 - Riese Hearing Advocacy Initiative. Certain counties have rules that the Riese petition expires with the expiration of each hold (i.e. 5250, 5270). Dr. Shaner presented a motion that SCPS request from Local Superior Court Divisions, the rationale for the rules that go beyond state law and may result in delay of treatment. The motion passed unanimously.

The CSAP PAC maximum possible contribution for 2023 has been increased to ~$9100. Dr. Shaner presented a motion that SCPS approve this new maximum permissible contribution to the CSAP PAC. The motion passed unanimously.

The GAC report was unanimously approved.

APA Responds To Proposed Rules From The DEA Regarding Buprenorphine And Telehealth

Healio (3/31, VanDewater) reported, "The American Psychiatric Association has recommended the Drug Enforcement Administration" (DEA) "ensure access to buprenorphine and other controlled drugs through telehealth to combat the opioid epidemic and the national mental health crisis." In "a letter" (PDF) "addressed to DEA Administrator Anne Milgram, JD, the APA advised the DEA to reduce the proposed limitations for prescribing controlled substances, such as requiring referring practitioners to register with the DEA." Saul M. Levin, MD, MPA, FRCP-E, FRCPsych, APA CEO and medical director, wrote, "We caution DEA in taking too many steps backward, re-imposing unnecessary limitations on the practice of medicine during an opioid public health emergency and nationwide mental health and access to care crisis." In another (PDF), the association "urged the DEA to remove in-person prescribing requirements for buprenorphine." Dr. Levin stated, "By requiring an in-person examination within 30 days of initiation of buprenorphine, the proposed rule is not just suboptimal but potentially fatal for the most vulnerable populations."

Psychiatric News (3/31) linked to the two proposed rules that, "if finalized, would affect how health professionals implement telehealth services and prescribe certain controlled medications." Click here and here to read the proposed rules.

CLASSIFIED ADVERTISEMENTS

The Harbor-UCLA Psychiatric Emergency Room is seeking a full-time attending Psychiatrist. The Harbor-UCLA Psychiatric ER is an emergency mental health facility that operates as part of Harbor-UCLA Medical Center, a public teaching hospital affiliated with the David Geffen School of Medicine at UCLA. The position requires rapid diagnosis, acute pharmacological management, risk assessment, and crisis management in a culturally diverse patient population, many of whom come from socioeconomically disadvantaged backgrounds. The position requires supervision and teaching of residents from the Harbor-UCLA Psychiatry training program and other programs, as well as medical students. The treatment team consists of attending staff, nurses, social workers, and trainees. The position is a core part of the Harbor-UCLA Psychiatry residency training program and would be expected to include an appointment in the Department of Psychiatry and Biobehavioral Sciences at UCLA. This is a Los Angeles County Department of Health Services position, with benefits that include 457(b) matching plan and Los Angeles County Pension plan. Applicants should be board-eligible or board-certified in Psychiatry, able to thrive in an acute Psychiatry setting that requires rapid assessment and decision-making and have interest in teaching and contributing to the training of Psychiatry residents.

We are equal opportunity employers, and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, disability status, protected veteran status, pregnancy and pregnancy-related conditions or any other characteristic protected by law. Women and candidates from underrepresented groups are encouraged to apply.

Please submit your CV to Dr. Michael Makhinson, mmakhinson@dhs.lacounty.gov

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Office Space -Personal Development Center Associates in Encino has a large, furnished, windowed office available in a newly refurbished office park within a suite that boasts all amenities. Monthly day rate is $185 per day, minimum three days or fulltime for $795. Contact Karen Kenney at 818-996-6820.

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

SCPS website address: www.socalpsych.org

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