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President's Column

Psychiatry's Secret Sauce: The Doctor-Patient Relationship

Matthew Goldenberg, D.O.



Happy New Year! I hope you and yours have had a happy, restful, and restorative holiday season with whomever and however you celebrated. In this New Year we each have an opportunity to continue our chosen paths or chart a new course personally and professionally.

As psychiatrists, 2024 begins with an opportunity to work towards decreasing the record high suicide rates that I mentioned in my [December 2023 article](#). SCPS Council, SCPS Committees and SCPS Workgroups will be working towards our shared commitment of leaving things better than we found them. Working with our colleagues at the state level via CSAP and the national level at APA, we will look for every opportunity to enhance our profession and the practice of psychiatry for our patients and for our colleagues.

I am optimistic about the future of psychiatry because our patients are motivated to make mental health a priority as well. [APA published data](#) showing that 28% of respondents were making a new year's resolution to improve their mental health. Encouragingly, those who planned to work on their mental health also had realistic next steps in mind, including exercising more, utilizing meditation, journaling, focusing more on spirituality and cutting back on social media.

Of those that said they planned to work on their mental health in 2024, one in five ([21%](#)) [planned to see a psychiatrist](#) in the new year. That speaks directly to our role in supporting the mental health and wellness of our patients. It also provides an opportunity to utilize both our medication and non-medication-based expertise to improve the mental health of our patients.

As psychiatrists, we know that we can go beyond improving the mental health of our patients. We can guide them beyond simply reducing the negative impact of mental health symptoms. Working with our patients provides an opportunity to support them to improved mental wellness. We have the training and experience to help our patients reach a place where they thrive and have positive symptoms such as meaning, purpose, happiness, and joy in their lives. There are [countless ways](#) that we as psychiatrists can help our patients reach their goal of improved mental health in 2024.

There are threats to psychiatry and the patient care that we provide. Artificial intelligence (AI) is quickly integrating into all sectors of our society, including psychiatry and we face the inevitable scope creep from other professions into the evaluation and treatment of mental health. More than ever, psychiatrists

have a continued role in educating the public, policy makers and our patients about the unique training and experience that psychiatrist are able to provide their patients.

I am optimistic about the future of psychiatry because the strong bond of our doctor/patient relationship is the core and the uniqueness of our profession. It is something that AI can never replace or hope to replicate. It is something that bonds all psychiatrists around the world to our shared professional history. The relationship between a psychiatrist and their patient is so unique psychiatrists that have their own set of ethical and boundary expectations. As we know, this is because of the powerful dynamic that is formed. This is a power that can be harnessed to do exceptionally good work and to restore our patients to both improved mental health and mental wellness.

If we lead with and work to protect the psychiatrist/patient relationship, our profession and our patients will be in good hands. A colleague recently shared a similar impression with me. They opined that if you simply do good work, care for your patient, and provide high quality care, everything else will follow. In his opinion, quality patient care can lead to anything from building up a busy private practice to building a strong professional reputation.

I certainly agree. Whether we are caring for our patients in the office or via video, caring for our patients as we fight for state and federal funding for increased access to treatment or caring for our patients as we protect the profession from outside influences that seek to degrade the psychiatrist/patient relationship, if we continue to provide high quality care for our patients, everything else will follow.

SCPS invites you to join us in being engaged in charting the future of psychiatry in 2024. If you are interested in finding out how you can help us to leave things better than we found them, please reach out to Mindi_socalpsychiatric@gmail.com.

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The Effect of High Potency Cannabis in Adolescents

Needs More Study

By: Tanya Josic, D.O.



When asking adolescents about their reasons for smoking marijuana, given motives vary greatly (e.g. insomnia, anxiety, depression, to fit in or to feel pleasure). Due to widespread accessibility and increasing recreational use of cannabis in recent decades, using cannabis products may be viewed as benign (1). As psychiatrists, we continually expand our knowledge about short- and long-term effects of cannabis in young individuals. According to SAMHSA's 2022 National Survey on Drug Use and Health Data, marijuana was the most used illicit drug among people 12 or older (61.9 million people) in the past year (2).

There are various ways to use marijuana in addition to smoking, vaping and dabbing. Its oils can be added to food or beverages just to name a few other ways.

When discussing side effects of marijuana use, it is important to point out that although in some users there is a relaxation effect, others may have worsening anxiety. Impairment in memory and attention, and capacity to drive are also important to note but this psychoeducation is even more critical for high-schoolers.

In addition to cannabis use disorder, regular, long-term cannabis use can lead to a rare condition characterized by severe nausea, vomiting and stomach pain (cannabinoid hyperemesis syndrome). Cannabis has also been linked to increased likelihood of early onset psychosis in susceptible individuals. A 7-year cross-sectional Canadian study of individuals 15 to 105 years old published in *Jama Network Open* indicates 1.62-fold increase in the age and sex-standardized rates of monthly hospitalizations. Data indicated the largest relative increase for cannabis-induced psychosis. (3). According to a 4-year International cohort study of 2,437 adolescents and young adults between 1995 and 1999 in Munich, young people who reported psychotic symptoms at baseline were much more likely to experience psychotic symptoms at follow-up if they used cannabis (4).

In addition to psychosis, there are other mental health concerns related to regular cannabis use.(5) The primary psychoactive component of the cannabis sativa plant is delta 9-tetrahydrocannabinol. THC is known to produce psychotomimetic effects in healthy people who are not otherwise psychotic. The potency of THC in confiscated cannabis preparations have been steadily increasing over the last two decades while cannabidiol (CBD) has remained about the same. (6) Researchers are trying to further understand the long-term effect of high potency products on the developing brain.

Adolescent Brain Cognitive Development (ABCD) study supported by the National Institute of Health is a longitudinal study of trying to shed more light on the impact of substance use in adolescents. They will also explore the long-term effect of high-potency cannabis in youth. The National Institute on Drug Abuse' website has more information about this landmark study.

Resources:

(1) <https://ajp.psychiatryonline.org/doi/full/10.1176/appi.ajp.2021.21030320>

(2) 2022 National Survey on Drug Use and Health (NSDUH) Releases (samhsa.gov)

(3) Myran DT, Gaudreault A, Konikoff L, Talarico R, Liccardo Pacula R. Changes in Cannabis-Attribut

able Hospitalizations Following Nonmedical Cannabis Legalization in Canada. JAMA Netw Open. 2023 Oct 2;6(10):e2336113. doi: 10.1001/jamanetworkopen.2023.36113. PMID: 37796504; PMCID: PMC10556968.

(4) Henquet C, Krabbendam L, Spauwen J, et al. Prospective cohort study of cannabis use, predisposition for psychosis, and psychotic symptoms in young people. BMJ. 2005;330:1–5. doi: 10.1136/bmj.38267.664086.63.

(5) National Academies of Sciences, Engineering, and Medicine; Health and Medicine Division; Board on Population Health and Public Health Practice; Committee on the Health Effects of Marijuana: An Evidence Review and Research Agenda. The Health Effects of Cannabis and Cannabinoids: The Current State of Evidence and Recommendations for Research. Washington (DC): National Academies Press (US); 2017 Jan 12. 12, Mental Health. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK425748/>

(6) Cannabis Potency Data | National Institute on Drug Abuse (NIDA) ([nih.gov](https://www.nih.gov))

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A Perspective on the Spiritual Suffering of Our Patients

By: Armaan Zaré, M.D.



I am grateful for the opportunity to share my reflections and engage in a discussion within this community.

In the October 2023 newsletter, my colleague Dr. Pablo Ruiz eloquently discussed his *ikigai*—a dynamic concept that empowers individuals to explore and actualize their life meaning through the convergence of four elements, shifting the focus from pondering the meaning of life itself. Embracing *ikigai* and drawing inspiration from aspects of Daoism in both my perspective and approach to living, I now find myself committed to addressing what I consider an overlooked facet of Psychiatry; the spiritual or ‘philosophical’ suffering of our patients.

While some in our field endorse a bio-psycho-social-*spiritual* approach to patient care—a perspective I find vital—this aspect is frequently regarded as equivocal. I write because I firmly believe that each of us—patients, caregivers, and physicians—possesses invaluable contributions toward the transcendent aspects of life. Just as each patient carries a unique narrative, so do we. We all foster the ability to establish meaningful connections with one another. When patient presentations are not better explained by biological processes, environmental circumstances, or patterns of thinking, feeling, and behaving, I advocate for addressing spiritual meaning through deliberate and open conversations. These discussions hold transformative potential, offering insights into the deeper dimensions of patients’ lived experiences.

I have become deeply interested in exploring the intersections of philosophy and medicine. At the Medical College of Wisconsin, Dr. Michael McBride and I established the “Veteran Empathy Training Clinic” during the peak of the COVID pandemic, now integral to the 3rd-year Psychiatry Clerkship. The clinic focuses on building rapport, emphasizing the importance of Veteran patient volunteers in providing constructive feedback until the students have accurately grasped their intended stories.

Establishing the clinic revealed two significant insights: the teachability of empathy and the effectiveness of allowing an individual to teach through their lived experiences, rather than standardizing the discussions. This process reflects our interpretation of the nature of empathy and provides me with an angle to approach patients suffering in solitude.

As a Resident Physician at the University of California, Riverside, I’ve had the privilege of working alongside an attending Psychiatrist committed to the principles of wholesome psychiatric practice examining role of concepts such as *ikigai* and spirituality. The attending psychiatrist’s approach to patient care reflects her dedication to treating those afflicted by adverse circumstances. Many of our patients struggle to articulate their experiences, lacking consistent role models to help navigate life’s complexities. She initiates the healing process by addressing their suffering, distinguishing between their clinical presentation and their sense of isolation. Beyond her role as a Child and Adolescent Psychiatrist, she has taught me the significance of serving as a consistent role model for patients and their caregivers, lending her lived experiences and beliefs to guide and support those under our care.

One particularly impactful case involved an evaluation of a 17-year-old boy who came into his appointment apparently due to CPS insistence. His psychiatric journey began a few months prior, triggered by a deteriorating relationship with family members after he disclosed an incident of sexual abuse by a family member from several years prior to a peer. He was subsequently hospitalized and started on a psychotropic medication. His disclosure of sexual abuse led to his placement outside of the home and

worsening relations with his family members.

Although there were no immediate safety concerns at the time of the evaluation and his psychopathology was limited to depressive symptoms, the patient grappled intensely with guilt and regret after disclosing his trauma to the peer, which triggered the CPS investigation. Remarkably, he held understanding and forgiveness toward the family member responsible for his harm, the reason for his silence over the years. Despite aligning on a diagnosis and formulating a patient-centered plan, I sensed an emotional distance between him and myself. What was I missing?

The attending psychiatrist's intervention proved crucial. Instinctively addressing the patient's moral dilemma, she created a safe space for the patient allowing the formation of an alliance based on clear boundaries and understanding of his suffering. We alleviated the burden of responsibility from the patient. Acknowledging the patient's suffering marked a turning point. Visibly moved, the patient became more deeply engaged in his care, articulating the desire to resume medication, and revealing his existential fear of being separated from his family again, a layer of spiritual suffering perpetuating his depression. His concerns mirror the complexities of finding one's *ikigai* through convergence of his purpose, meaning, and emotional well-being. The attending psychiatrist portrayed this visit as the beginning of both the patient's healing journey and their evolving psychiatrist-patient relationship, fostering a promise of ongoing understanding.

A powerful asset in our collective character as Psychiatrists is the ability to balance objectivity with cultivating empathic understanding. By extending therapeutic humility and curiosity to our patients, we not only establish profound connections but enable our patients to envision a future where they feel motivated to explore and develop their life's meaning.

I am convinced that standardizing a technique for addressing spiritual suffering may diminish its intended impact. Instead, let us establish therapeutic alliances and address the whole person so they may guide and teach us to comprehend their suffering. I often say, 'Chronic problems require chronic solutions.' This notion admits that while we may not resolve their issues today, we can embark on a continuous journey toward understanding for a better and more peaceful tomorrow. I encourage reflection on integrating lived experiences and beliefs as philosophical perspectives within psychiatric practice as imperative for providing comprehensive and compassionate care to patients experiencing spiritual distress.

Editor's Note: Identifying features have been changed to protect patient confidentiality.

Rep. Jamie Raskin — Congress and Mental Health

SCPS Councilor and local psychiatrist Dr. Gillian Friedman, along with Chet Cooper, recently interviewed Congressman Jamie Raskin and much of the interview pertained to mental health. Please enjoy the interview below reprinted from ABILITY Magazine:

<https://abilitymagazine.com/rep-jamie-raskin-congress-mental-health/>



Born and raised in Washington, D.C., Maryland Congressman Jamie Raskin got an early introduction to politics – his father served as a staff aide to President John F. Kennedy on the National Security Council, was a progressive activist, and was co-founder of the progressive think tank Institute for Policy Studies. Nevertheless, Raskin initially eschewed a political career, instead becoming a constitutional law professor after graduating *magna cum laude* from Harvard Law School, where he was an editor of the *Harvard Law Review*.

All of this changed with the 2006 election for the Maryland Senate, when Raskin felt a moral duty to challenge an incumbent he did not believe represented the values of his community, one of the Maryland areas that is a close suburb to Washington, D.C. True to Raskin legacy, he not only focused his campaign on progressive causes (such as marriage equality, repeal of the death penalty, etc.), but also used the campaign to create the Democracy Summer fellowship (now undertaken across the country), a broader civic education opportunity for high school and college students to learn about, experience, and become personally invested in the political process – campaigning, voter registration, political organizing, understanding the history of political change in our country, and hands-on development of the tools for future leadership.

In the 2016 election, Raskin moved from the Maryland legislature to the U.S. House of Representatives, elected as the U.S. Representative for Maryland's 8th congressional district. Among other congressional duties, Raskin is currently the ranking member of the Committee on Oversight and Accountability, the main investigative committee of the U.S. House of Representatives, with the mission to ensure the efficiency, effectiveness, and accountability of the federal government and all its agencies. Many Americans also know Raskin from his tenure as the lead impeachment manager (tapped by then-Speaker Nancy Pelosi in January 2021) for President Donald Trump's second impeachment trial related to the January 6, 2021, insurrection at the U.S. Capitol.

Long a supporter of improving U.S. health care access – and especially improved access to mental health care – Congressman Raskin's political advocacy merged painfully with his family's personal tragedy when his vibrant, engaged, and beloved adult son Tommy lost his life to suicide on Dec 31, 2020 – just six days prior the January 6th insurrection.

In his January 2022 memoir, *Unthinkable: Trauma, Truth, and the Trials of American Democracy*, Raskin

tells the story of the painful convergence of these two tragic events. The frank discussion of his son's full experience in the days, weeks, and months prior to his death provides a rare opportunity for readers to see the complexities of suicidality in mental health conditions; Raskin's willingness to talk openly about his son's death will hopefully help de-stigmatize such discussions.

In addition to writing candidly about his son's mental health struggles in *Unthinkable*, Raskin has also been open in sharing his own health issues. He was diagnosed with stage III colon cancer in 2010, and has stated publicly that he felt his access at that time to rapid, excellent medical care saved his life – using his experience to make the case that too many Americans do not have similar access. Additionally, within the year after *Unthinkable* was published, Raskin was diagnosed with diffuse large B-cell (non-Hodgkin) lymphoma (a cancer in the infection-fighting cells of the body, generally having favorable prognosis with treatment).

Recently, Congressman Raskin sat down with *ABILITY Magazine's* Chet Cooper and Gillian Friedman, M.D., to discuss health, mental health, and political life.

Chet Cooper: How did you decide to get into politics?

Rep. Jamie Raskin: Oh, man, that's a long, involved subject. I was a law professor for a long time teaching constitutional law. I basically have an academic temperament. I love reading and writing and researching and being with students in an academic environment. But my wife and I had three kids, and I was just starting to feel a little bit fraudulent not being involved in actually doing things, but instead just analyzing and criticizing and being on the sidelines. That was how I decided to do it, the short answer. I picked up the newspaper and saw that my state senator had introduced legislation to expand the death penalty in our state and had been blockading marriage equality and a number of other things that I felt didn't represent the values and priorities of our community, and I decided to run back in 2006. The incumbent had been in office for 32 years and was president pro tempore of the Maryland Senate.

My favorite story about the race is that when I first announced, our local paper quoted a pundit who said, "Raskin's chances of victory are considered impossible," and nine months later we got 67% of the vote, and *The Washington Post* had another article quoting a pundit who said, "Raskin's victory was inevitable." So, it went from impossible to inevitable in nine months, because the pundits are never wrong. (all laugh) I like to tell the young people in my Democracy Summer project that nothing in politics is impossible and nothing is inevitable. It's only possible through the democratic arts of education and organizing and mobilizing people for change. So that's what we did.

Cooper: One more question before I have Gillian talk about some other things. I want to say your hair looks good. (smiles) Saying that, briefly can we go into a little bit how things are going with the cancer?

Raskin: Thank you for asking. I finished my chemotherapy back in April, so it's been six months. I did my CAT scan, my PET scan, I'm sure I'll be doing my DOG scan pretty soon. (all laugh) All of them are showing me in remission. I'm knocking on wood and feeling very grateful to be out of it. The chemotherapy was a very tough process. I have no more nausea, no more neuropathy. My eyebrows and my eyelashes came back and my hair's coming back, such as it is.

Cooper: (laughs) Let me bring in Gillian. As you may know, Gillian's a psychiatrist.

Dr. Gillian Friedman: I wanted to first of all thank you for writing *Unthinkable: Trauma, Truth, and the Trials of American Democracy*. It's such an important book in so many ways – and you so poignantly link the trauma of losing your son to his mental illness with the trauma just six days later of being in Con-

gress – with others in your family – when security is breached, gunshots are heard, and you have no way of knowing whether a mass shooting is about to occur. But I think one of the most important points you make — that we so rarely hear — is the importance of actually talking about suicide. I wanted to know what you would like to say in this forum about that.

Raskin: In the book I talk about how, when you lose a child to suicide, you spend a lot of time in self-cross-examination and careful reevaluation of everything that happened. One of the regrets I have is that I didn't use the word "suicide" specifically and I didn't talk about it much more insistently and adamantly. In the other part of the book, I say about January 6th and the attack on the election that we also don't use the word "fascism," and I regret that, too. I vowed that these are two words that I would use. I think a lot of parents don't use the word "suicide" because we're afraid that by using it we will somehow conjure it into being and plant a suggestion. But in fact, it's probably the reverse, that not talking about it endows it with much more majesty and power than you would otherwise have. That's one of my regrets.

Friedman: I think that's an important and very helpful message. The other thing that I found striking in your book is the picture of your son as such a whole person, which we also often don't get in stories of people who struggle with depression or other mental illness. It's not monolithic, it's not easy to determine when somebody will be okay and when someone won't be okay, because parts of them remain okay up through the end. I think it's rendered in a very helpful way.

Raskin: I appreciate that. The last thing Tommy would want is to be defined by how he died. He had passionate comments on earth about human rights and animal rights and animal welfare and about peace and democracy and justice. He was a great poet and playwright. He was a second-year student at Harvard Law School in Boston. He made an indelible impact on people while we had him. We don't want to lose any part of that.

Friedman: Thank you for being willing to talk about a difficult subject right off the bat in this time. Making a transition, another way I've been familiar with you — besides the January 6th hearings — is your longstanding work to improve emergency services for people with mental illness, which culminated in the past few years with the national 988 legislation — a separate emergency line (as opposed to 911) for patients having a mental health crisis. I know you had wanted the initial 988 legislation to be coupled with more federal resources to support it. As you have seen the rollout of 988, how it's doing in various parts of the country, and what you would have liked for it, what do you see for the future of 988?

Raskin: I'm eager for us to get adequate resources into the state and regional and local infrastructures so that we can have effective and coordinated response to people's calls and to empower the first responder teams. This is something that ultimately should not be a responsibility of law enforcement. We should be able to move in another direction. I'm encouraged by what's happened so far. I'm hopeful that people continue to embrace it and it becomes a catalyzing force in people to think about reducing and ending suicide.

Friedman: Are there other large healthcare/mental health priorities you're working on right now that you want to make sure that we know about?

Raskin: Generally, I want us to evaluate the problem in national discourse. In the authoritarian societies, the mental health of the population is basically irrelevant, or if anything it's a threat to the rule of the tyrants. But in democratic society, the mental health, like the physical health of the population, is essential for having a self-governing country. We have so many opportunities and so many needs for people to be involved in everything from the school boards to the town hall meetings to the legislatures to unions to co-ops, you name it. This is what Alexis de Tocqueville thought was amazing about America,

that people engage in self-government. It's not like that in most countries. But that means we need people to be in a condition of mental and physical health sufficient to be able to participate.

Raskin: We're going to continue to legislate to try to make the promise of parity between mental health and physical health real in the medical insurance system and in hospitals and in treatment across the country. I mean, there's just irrational hangover myth that because you can't see mental health, it's not as serious as physical health problems. That's obviously wrong, and we have to be taking mental health every bit as seriously as we take people's physical health.

Friedman: I'm thinking about one of the statistics from several pieces of maternal mental health legislation currently introduced this session in the House and Senate, that as of 2022, the leading cause of maternal death (i.e., death in pregnancy and the first year postpartum) is suicide and overdose from substance use disorders. So, you're right, people don't see the parity sometimes, but in terms of the health and functionality of our society, it's absolutely there.

Raskin: Yes.

Friedman: I want to be respectful of your time and go back to Chet. Thank you so much.

Cooper: What do you think your time is right now?

Raskin: (laughs) I've got, like, six minutes.

Cooper: Ouch. I don't want to go into politics. Do you think there's also a mental health issue with the stress going on within Congress?

Raskin: I have a hunch that this is so, yes. It's an enormously stressful time for people all over the world right now. The world's on fire, and there are multiple crises striking people's psyches, from war and terrorism to climate change and cataclysmic environmental effects to the rise of polarization and political division and the return of racism, anti-Semitism and lots of other primitive impulses that we thought had been left behind in the last century. It's an enormously stressful and anxiety-provoking period for everybody. We've been through some tough times. It's hard to see Donald Trump as the picture of mental and emotional health, and yet he's been such a central and polarizing figure in our times. I think there are definitely some disturbing patterns in our politics.

Cooper: It seems as though when people in your position go to work to do what you signed up to do, it's just dysfunctional. And even if it is functional, it takes so long to get anything through the system that I would think managing that stress, that frustration, especially for people who truly want to make change, is a constant challenge. I guess on either side of the aisle people have commitments, they want to see change, but the change comes so slowly, if ever. How do you maintain a balance without major stress continually beating at your system?

Raskin: Politics is not a profession for people who can't roll with the punches. There's an ebb and flow of political success for all sides. We are still celebrating and implementing some major legislation that got done, the Infrastructure Act, which was a \$1.2 trillion investment in the roads and the highways and bridges and ports and airports and broadband and so on. We made big gains in terms of reducing prescription drug costs within the Medicare program. My constituents were paying more than \$1,000 a month for their insulin shots as diabetics, and they're now paying no more than \$35 a month under the Medicare program because of what we did. There also was a huge investment in climate change.

So, when [the Democrats] lost the House in the 118th Congress this time, we stopped making progress along those fronts. But we are able to work with the executive branch to implement those changes and then keep fighting to make progress another day on things like gun safety and gun violence, women's reproductive freedom and so on. So, two steps forward, one step back. You have to take in a sense of the overall sweep of history. Things have moved in a positive direction over time, and there are lots of people who have struggled in the civil rights movements of our history who have been up against much harsher odds than we have, people fighting for voting rights in Mississippi in the early 1960s, women fighting for the right to vote, not having any formal political power, the labor movement, the LGBTQ community, the environmental movement, which started without any environmental laws at all, and so on. We've made tremendous progress in this country, and we'll continue to make progress. But we've got to keep the whole sweep of history in mind.

Personally, I spend a lot of time with younger people, but my whole campaign has turned into this Democracy Summer project, which is an attempt to mobilize high school and college-age kids to learn about the history of political progress in America and then to learn the concrete skills of door-knocking, canvassing, digital organizing, voter registration, and so on. I drive a lot. My dad used to say, "Whenever it looks hopeless, you're the hope." I grew up with that intense sense of guilt (laughs) and I carry that with me.

Cooper: I'm glad you brought up the work you're doing with youth. I always look at people's view of that glass that's half-full or half-empty and how devastating it can be to continually think it's half-empty, where if you can continue to try to look at it as half-full, like you're doing, you can move forward so much more easily. They're both realities, but I think that with the reality you're focusing on — where you look at the history and home in on what you can do — then you become the hope. I think it's that's great philosophy for everyone.

Raskin: Yeah. A half-full glass is a pretty good glass. It's half-full, and you get to fill up the other half. If it were already all full, you wouldn't have anything to do.

Cooper: (laughs) We know you have a great sense of humor. I think it was Gillian who said that we were going to have a great time, because of your reputation as the wittiest Congressperson, and my history of publishing *National Lampoon* magazine.

Raskin: Really? That's great! That was your job, you were the publisher of that publication?

Cooper: It was in the early '90s. Time-Warner was also distributing *ABILITY Magazine*, so Time-Warner was really happy for me to take over *National Lampoon*. Anyway, there's a fun story during those years, but we're not involved any more. Coming out of Harvard, as you know—

Raskin: Did you go to Harvard? Did you do the Harvard *Lampoon*?

Cooper: Yeah, I went to Harvard. I think it was a Saturday. (all laugh)

I didn't go to Harvard in the way you're suggesting. But I had been to Harvard *Lampoon*, and the frustrating part was, I didn't get to talk to anyone there. I wanted to see if there were any students left, so I went to the building. But I didn't get in. I should have called you. (laughs)

Raskin: I actually went there [Harvard *Lampoon*], I think my first of second week of being a freshman, when they had the open house. You had to write three things if you wanted to be part of it. I wrote three things, and they said I was way too political and they weren't interested! (all laugh) It's probably a good

thing. I was always impressed with the people. It was cool that they ended up making movies and stuff.

Cooper: I was the publisher, but I had no control over the movies. It was a fun time. Do you think you'll write anything about this Congress?

Raskin: I don't know. People have asked me to, but I'm not somebody who writes a book just to write a book. I only write books if I've got something to say. For me, it's a tremendous investment in energy and time and feeling. I wouldn't do it unless I felt like I had something important to say. Anything that I would want to say about this Congress I already said in *Unthinkable*, probably. Basically, we're all the same. There is certainly a lot of funny stuff that goes on, and I'm happy to comment on it.

Cooper: Give me one funny thing you might be able to think of right now. I know I'm putting you on the spot.

Raskin: Funny things happen every single day. I remember right before we left for our recess, Marjorie Taylor Greene [conservative Republican Congresswoman from Georgia] displayed in our Oversight Committee pornographic photographs that she said were from Hunter Biden's [son of President Biden] hard drive of his laptop. Of course, the Democrats have never been given [the hard drive], so we had no idea where they were from. In any event, there was a big hubbub in the hearing room. I didn't have my glasses on, so I didn't see the pictures, but I turned to Alexandria Ocasio-Cortez [Democratic Congresswoman from New York], who was next to me, and said, "What's that?" She said, "I think those are pictures of live sex acts." Lauren Bobert [conservative Republican Congresswoman from Colorado] came up to me, and you know there's no love lost between Lauren Bobert and Marjorie Taylor Greene, and Lauren says, "This is outrageous." And I said, "Yeah, I know, Lauren, somebody should do something about all the extremism and fanaticism in your party." And she said to me, "You need to say something to her." I said to Marjorie Taylor Greene, "If those pictures had been a book, you would have banned the book. Instead, you just displayed them for the whole country on C-SPAN." (all laugh). Anyway, that kind of stuff goes on all the time.

Cooper: I know you have to go. Anything else you would like to share before we depart?

Raskin: Thanks for doing what you do at *ABILITY Magazine*. That's awesome. I appreciate the chance to get to meet you. Let me know when you guys come back to Washington.

On Saturday, December 9, 2023, SCPS held its first live Career Fair for Psychiatrists since Covid -19. We would like to thank the employer booth exhibitors for supporting this event. We would also like to thank our excellent panelists who shared information with the attendees about starting a career in the various practice sectors.

Our speakers were:

Reba Bindra, M.D. - Public Psychiatry
Matthew Goldenberg, D.O. - Private Practice
Laura Halpin, M.D. - Managed Care/Kaiser
Victoria Huang, M.D. - Group Practice
Matthew Motley, M.D. - Academic Psychiatry

Also, a special thanks to **Zeb Little, M.D.**, for his financial strategies talk and to **Shelby Adler, M.D.**, our RFM Representative, for moderating the event.

Our Employer Exhibitors were:

Adelpha Psychiatric Group, Inc.
American Professional Agency (APA, Inc)
California Department of State Hospitals
Kaiser Permanente – Southern California Permanente Medical Group
Mindful Health Solutions
Mindpath Health
NovumHealth of CA
The Roads Foundation, Inc.
Sites Professionals
Southern California TMS Center
Sutter Health

An additional thanks to **American Professional Agency, Inc.**, for sponsoring the lunch. The Society thanks you all for your support of this program.

The following are photos from the Career Fair.





Council Highlights

November 9, 2023

Laura Halpin, M.D., *Secretary*



Town hall meeting occurred during the first half of this Council meeting. Members were invited to this section of the meeting. There were 30 members in attendance including Council members and 10 general members in attendance throughout the meeting.

I PRESIDENT'S WELCOME

Dr Goldenberg

A. Council Update. Dr Goldenberg welcomes members to the annual meeting. He provided updates about the upcoming NAMI meeting as well as workgroup for un-housed populations. That workgroup has a meeting coming up Nov 27, 2023. The co chair of this workgroup, Dr Chang provided updates. Dr Goldenberg also encouraged attendees to keep an eye out for virtual meetings and programs:

Career Fair Dec 9th

AI Technology and its Impact on Psychiatry with SCSCAP Dec 3rd.

II GOVERNMENT AFFAIRS REPORT

Drs Wood and Shaner

Co-chairs discussed our statewide advocacy groups which has representation from all district branches in the California State Association of Psychiatrists. They Reviewed mental health legislation for this past year including the passage of SB43, updates to the CARE court program, upcoming CA Proposition 1. Co-chairs also discussed upcoming things to monitor in 2024. This includes advocacy from the initiative to support the unhoused, monitoring the impact of SB43 and prop 1. On the Federal level, collaborating with the new Senate mental health caucus and mediation shortages. Locally the committee will also be examining Riese petitions.

III. COMMITTEE REPORTS

Chairs

Alternatives to Incarceration – Dr. Wood The committee read Alex Barnard's book about conservatorship and are using it to think of next steps.

B. Access to Care – Dr Friedman and Dr Burchuk: The committee is engaged in advocacy regarding stimulant shortages and the rule making process/regulations for parity.

C. Disaster MH Relief – Dr. Chang, the committee liaisons with disaster groups and work to define roles for psychiatrists in disasters. Committee is looking for new members. They also continue to meet with state-wide coalition.

D. Diversity and Culture – Dr. Khan and Dr Malik. Committee developed a relevant 9 part docuseries it was presented at APA this past year. They will continue to follow up on Moynihan report recall Action Paper. They are also working on reaching out to academic institutions and reviewing relevant ACGME criteria.

E. Program – Dr. Gales, program will likely be the last Saturday in January. This may have a different format from all day psychopharmacology update. We are transitioning to more virtual meetings per membership preference.

F. Private Practice Committee: Dr Goldenberg is working to build the committee and address issues and promote membership for private practice physicians.

IV ASSEMBLY REPORT Dr. Silverman provided a general overview of the APA assembly and re-

cent action papers including the Moynihan action paper. She also discussed the APA beginning to discuss DSM 6, MOC Pathways, new APA CEO/Medical Director. Anyone interested in writing an Action Paper should reach out to the assembly representatives including Drs Red, Freeman and Ijeaku as well.

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