WEB EDITION

THE BULLETIN

NEW YORK STATE PSYCHIATRIC ASSOCIATION

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What NYSPA Does for You

by Jim Nininger, M.D., President, New York State Psychiatric Association

Jim Nininger, M.D.

By now every member in New York State has received a dues bill for 1999 that includes national APA dues, your district branch dues and dues for the New York State Psychiatric Association. Many members still do not know precisely the nature and extent of the essential and valuable services NYSPA and its staff provide for our members. Before reviewing NYSPA services, members should be aware that there have been no NYSPA dues increases over the past 8 years. NYSPA dues have remained unchanged since 1991. Over this same period, the rate of inflation grew by over 30% and APA dues increased by 22%. Yet, NYSPA has maintained its dues structure with no increases. However, what is most important are the services that NYSPA provides to our members. Listed below are only a recent sample of the range and type of activities that your organization engages in on behalf of the membership:

This year a bill was introduced into the New York State Legislature that would have created four new mental health professions including family therapy, creative arts therapy, mental health practitioner and psychoanalyst. It would have conferred upon psychologists, social workers, and the four new mental health professions a scope of practice that included the diagnosis and treatment of mental illness as defined in DSM-IV! This bill, if enacted into law, would have seriously encroached on the scope of practice of medicine and would have flooded the state with thousands of newly licensed mental health professionals. When the bill was introduced, NYSPA staff went into action and successfully lobbied in Albany against this encroachment upon scope of practice of medicine. However, we anticipate renewed efforts next year to pass similar legislation. Without NYSPA, psychiatrists in this state would have no representation in Albany challenging this bill.

When Medicare changes its fees and rules each year, our Executive Director Seth Stein responds with an annual Medicare update and fee schedules that are mailed to every member in this state. NYSPA is the only medical specialty organization that prepares Medicare fee charts for our members, including the New York State Limiting Change, and disseminates critical information on changes in Medicare policy. Without NYSPA, psychiatrists in this state would not receive these Medicare updates.

When managed care companies send out contracts to psychiatrists for network enrollment, NYSPA responds by preparing detailed memoranda analyzing the contracts and makes this memoranda available to every member. In addition, NYSPA has successfully worked with managed care companies to remove objectionable clauses and improve contract provisions. Without NYSPA, psychiatrists in this state would not have received these managed care memos or contract improvements.

When psychiatrists first encountered the restrictions and interference with care from managed care, NYSPA responded by drafting and supporting the first piece of managed care legislation introduced into the state legislature and passed in one house of the Legislature. Our bill formed the basis for managed care legislation that was enacted into law in this state. NYSPA spearheaded opposition to managed care. Again this last legislative session, NYSPA worked to pass legislation to establish independent medical review of HMO and insurance carrier utilization decisions and to mandate physician access to financial data on HMO and insurance carrier withholds.

NYSPA has taken a central leadership role in advocating for parity in the coverage of mental illness under all forms of health insurance coverage and opposing the discrimination against persons with mental illness. NYSPA prepared parity legislation and helped fund a major media campaign and the Picnic for Parity to educate the public on the importance of parity. NYSPA also funded litigation challenging discriminatory coverage of mental illness in disability insurance policies. Parity will remain our primary legislative agenda item.

When the State of New York proposed to expand the Children's

[See **President's Message** on page 4]

INSIDE THIS ISSUE:

We are the Parents of your Patients

by Mel Zalkin, C.S.W.

Mel Zalkin is a clinical social worker in private practice in Chestnut Ridge, NY. He has a family member with mental illness. He wrote this for all the parents of mentally ill children and as a collective voice to the mental health profession. It was presented on October 21, 1998 at the second annual Public Forum sponsored by the Mental Health Coalition of Rockland County, whose president is Lois Kroplick, DO, the Public Affairs Chair of the West Hudson Psychiatric Society (WHPS). Information about the Mental Health Coalition of Rockland County can be found on the WHPS web-site at <http://www.rfmh.org/whps> – Ed.

Author's preface: According to systems theory, when a wave breaks in Australia, it has an effect on us here in New York. Closer to home, when a family member becomes mentally ill, it has a profound effect on other family members. Mental illness has been called a cruel disease. It is different from other diseases because there is a loss of logic. The analogy I like to use in regard to mental illness is what would happen if I coated my lenses with Vaseline. Everything becomes distorted and consequently, my perception of reality becomes distorted and my judgment suffers badly as a result. In the following paper, I've tried to put into words and capture the emotions that parents of mentally ill children go through.

We are the parents of your patients. Before they ever came to you, we've been living with them — with their confusion, their fears, their worries, their uncertainties, and their anger and it's been hard for them and hard for us. At times, we've been sad and we have cried; at times we didn't know what to do and we felt lonely and afraid; and at other times, we didn't want to know how serious and devastating mental illness is. And so ultimately, our children became your patients.

Just imagine, if you will, what we had to accept in order for this to happen. First, we had to give up the hope and the fantasy that we had a child that was not only like every other child, but that our child would be successful and happy and do well in life. We had to give up the fantasy that our child would be productive and self–sufficient. We had to give up the fantasy that our child would be like their siblings and their siblings would always be proud of him. But we know that life is not fair — it just is and we must deal with it. But in order to even accept that which we know is so, we go through a great deal of pain. We weep, we rage, we pray, we beg, but to no avail. Mental illness doesn't go away and finally, we cannot deny it any longer. And so ultimately, our children became your patients.

At that point, our lives changed forever. Even though the reality may have happened at some time in the past, we were able to deny it but now, we must accept it. Now we know the very difficult truth — that we have a child who is seriously mentally ill and we are the parents of a mentally ill child. Now we have to come to grips with our guilt, our remorse, our shame, and our complete pain. And so ultimately, our children became your patients.

We think back and we remember. We remember the child who seemed to function so well. We remember the laughter and the good times. We remember the dreams of how they would become older and how they would achieve happiness and pleasure in life. But now, a sudden clap of thunder and it has all changed. The Technicolor disappears and we are living in a very grainy black and while movie where the reels got mixed up by the projectionist. Wait a minute! Wait a minute! This can't be real! This isn't happening to us! Somebody made a mistake! Oh my God, help us somebody! Something terrible is happening! And so ultimately, our children became your patients.

Now lets set the stage…Do we have to call the police? What do we tell our other children? Will they hurt our child?! What have I done?! Am I doing the right thing? Will our child go with the police? Oh my God, please make this go away! Let me wake up and find out that this is a dream…And so ultimately, our children became your patients.

HARSH REALITY! THIS IS NO DREAM!!!! The uniforms are real! The police are real! The screaming and shouting are real! The running is real! The handcuffs are real!…And our crying is real. And not only the crying on the outside but the crying on the inside as if our hearts were about to break…And do you know something? Our hearts did break and we were wounded over and over and over again. And it is real…and it is happening….And now it is not going to go away. And so ultimately, our children became your patients.

Now we have new worries. How will our children be treated? Will they be safe? What is going to happen to them? Will they ever come home again? Do we want them to come home again? Will they take the medication?…We're filled with terror, sadness, fear, and so very, very lonely. We've never been this lonely before. Please, somebody….please make it go away….please, make it go away…

And so ultimately, our children became your patients.

Images…Two parents whose child has just been brought into a locked facility and they see the key being used to lock the door. The mother, in thirty years of marriage, never before saw her husband crying and he is having continuous spasms of unrelenting sobs of anguish.

Images…Another father whose crying went on for four long years after his child's initial hospitalization. One time, he saw himself in the mirror with tears rolling down his face and after that, he didn't look at the mirror any more, but the crying continued.

Images…of grown, responsible adults in severe pain, feeling frightened, feeling unreal, wanting it to go away, but knowing that now, now, now, it was all too real. And so

[See **Parents of Patients** on page 4]

THE BULLETIN
NEW YORK STATE PSYCHIATRIC ASSOCIATION

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Information for Contributors
The Bulletin welcomes articles and letters that NYSPA members will find timely, relevant, and compelling. Articles should be between 750 and 1500 words (three to five double–spaced manuscript pages) and letters no more than 750 words. All submissions must be made electronically, preferably by email to the editor. All authors are encouraged to also provide a photograph of themselves which will be printed alongside their article.

Information for Advertisers
The Bulletin welcomes advertisements from both NYSPA members and commercial enterprises. Total circulation averages 5,500 copies per issue. The Bulletin is received by all 5,000 members of the American Psychiatric Association who belong to a district branch in New York State. The Bulletin is also sent to the leadership of other district branches across the United States and to New York State legislators, medical libraries, and science writers. The Bulletin is published quarterly. Both classified advertisements and display advertisements are available. Please contact the managing editor for current rates and media requirements. NYSPA members receive a discount of 50% off the basic classified ad rate.

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From the Editor... Delinkage — Pulling the Pin on the Grenade


Leslie Citrome, M.D., M.P.H.

At the orientation for District Branch (DB) Presidents–Elect in Washington, DC, November 5, 1998, I had the good fortune to participate on a panel discussion chaired by Steve Mirin, MD, APA Medical Director. Dr. Mirin spoke about how some DBs feel that the national APA is not meeting their needs and that there is some discussion of "delinking" DB membership from national APA membership, in a similar manner to what happened to the AMA and the State and County Medical Societies. From Washington State to Texas to New York, delinkage is a hot topic. Dr. Mirin calls this the "pulling of the pin on the grenade" because it would dramatically alter the fabric of our organization.

Among the DB Presidents–Elect there was much discussion on how the DB membership feels disenfranchised from the national APA. Beyond receiving the *American Journal of Psychiatry* and *Psychiatric News*, attending the annual meeting, and perhaps subscribing to the medical malpractice plan, there is little awareness of what national APA does for members. The workings of APA governance, including the Assembly and the Board of Trustees, are not common knowledge amongst the general membership. The value of national APA is not readily apparent to the grassroots. It was reported that according to a survey commissioned by the APA, members value their membership at approximately $500, considerably less than their annual dues (which for some is close to $1000 for national, area, and DB combined). We obviously have to do something to address this very real concern. There has to be another option other than "pulling the pin."

We will bend, but we will not break: Of major concern to DBs in New York State is the possible amalgamation of New York State DBs into a singular State organization and a reduction in the number of representatives to the Assembly. This would threaten DB fiscal and political autonomy, and decrease representation in national APA governance. At the panel discussion at orientation Dr. Mirin asked me what amalgamation would mean to the West Hudson Psychiatric Society (WHPS), the DB of which I am President–Elect and Deputy Representative to the Assembly. I repeated what I had said to him at the Area II Council (NYSPA) meeting in Bolton Landing on Columbus Day weekend: "Our DB is small (140 members), but effective. We publish an award–winning bimonthly newsletter, manage a referral service with printed and internet–based referral guides, were pioneers in depression screening in shopping malls (as published in *Psychiatric Services*), conduct an active CME program for our members, and serve as the lead agency for the nationally recognized Mental Health Coalition of Rockland County. Amalgamating with other DBs would mean a distancing of our grassroots membership from DB leadership, and widen the gulf between our members and national APA. Gone would be the WHPS representative and deputy representative to the Assembly."

Rod Munoz, MD, APA President, responded in Washington by stating that reorganization was necessary so that national APA can more efficiently support the State organizations. When reminded that NYSPA has been effective in representing the New York State DBs, I did not hear from Dr. Munoz a compelling argument that something was broken. There has been talk that reducing representation in the Assembly would save money. However, the Assembly accounts for only 3-4% of the overall APA budget. The estimated savings may be less than a recent appropriation by the Board of Trustees for over $60,000 to pay for additional expenses incurred by the APA President in 1996 (this amount was above and beyond the amount that had already been allotted).

The savings to be generated by reducing membership on the Assembly are illusory — the chasm between national APA and the DBs point out the need for more representation, not less. A decrease in representation would mean less influence on the part of New York State DBs and NYSPA to affect central staff and central leadership, and less influence on controlling the national APA budget. The smaller DBs in New York State, including the WHPS, would lose input into and influence on the Area II Council (NYSPA). Members will not have the same opportunities as we do now to participate in a State-level office and move up in the organization. It opens the door to increased central control of our dues structure, our membership issues, and shows a lack of respect towards our need for diversity and concern for local issues. It is the threat of centralization and the diminution of the role of the DB that fuels the fires of delinkage. We must make our needs known and prevent any reduction in our representation in national APA governance, make delinkage an obsolete concept, and move on in advocating for our members, our profession, and our patients.

Vote in the elections: Take time to familiarize yourselves with the candidates. In this issue you'll find the position statements for the candidates for Area II trustee, and trustee-at-large. You'll find more information in Psychiatric News. In the 1998 election, there were 4,630 members eligible to vote in Area 2, with ballots received from 2,016 or 43.5%. That percentage compares well to the national rate of return of 40.9%, but still represents less than half the membership. Your vote *will* make a difference. ■

LETTERS TO THE EDITOR

Letters to the Editor are welcomed but are limited to 750 words.The full text of all letters will be available on The Bulletin web site at <http://www.nyspsych.org/bulletin>.

Your recent editorial in the Bulletin inspired me to respond. I enclose an outline of some points that I made at the recent APA meetings at a panel on physician relationships to pharmaceutical companies.

1) Psychiatry as a professional organization, academic psychiatry and individual psychiatrists relate to the pharmaceutical companies in ways that are worrisome to some of us, including myself. Furthermore, psychiatrist's awareness of this increasingly cozy relationship appears at times to be quite blurred.

2) Psychiatrists are ethically bound to place their patient's needs first. When we begin relationships that potentially intrude on the physician–patient relationship the other relationship, in my opinion, needs to be examined. Our increasingly cozy relationship with the drug companies does, I believe, intrude on the physician–patient relationship.

3) While psychiatrists think that they may know something about psychology, I argue that we mental health professionals are extraordinarily naive about the psychology of advertising. Physicians as a group believe that they are uninfluenced by advertising or promotions or gifts. It is highly unusual, in my experience, to hear a physician who accepts something from a drug company, to acknowledge even he possibility of being influenced by accepting that gift. Almost all physicians will say that they don't even recall who gave them the dinner last night or the pen in their shirt pocket. But, interestingly, advertisers know that all groups claim to be uninfluenced by advertising, that almost everyone will say that they can't recall who sponsored last night's TV programs that they watched.

4) Studies of physician interactions with drug companies show that physicians who absolutely deny that their accepting pharmaceutical company largesse influences them, ARE influenced by the drug company promotional activities and advertising. A study in *JAMA* (*JAMA* 271:684-689, 1994) shows that requests by physicians at a University hospital that certain drugs be added to the hospital formulary were strongly and specifically associated with those physicians interactions with the companies manufacturing those drugs and accepting something from the drug company.

Another study (*Chest* 102:270-273, 1992) tracked physician prescribing patterns with regard to two drugs after the pharmaceutical company manufacturing those two drugs had sent the physicians to a so–called symposium held in the sunbelt. It found a significant relationship between accepting the trip and post–trip prescribing, even though the physicians themselves tend to deny any influence.

Perhaps the best known such study was done by Dr. Jerry Avorn (*Am. J. of Medicine* 73:4-8, 1982) at Harvard under the title "Scientific versus Commercial Sources of Influence on Prescribing Behavior of Physicians," in which he showed the powerful influence of drug company advertising and promotional efforts on the prescribing habits of Boston area physicians,

[See **Letter to Editor** on page 7]

CANDIDATES FOR AREA II TRUSTEE

Herb Peyser, M.D.

In my first term (we're limited to two) as Area Trustee and New York State Psychiatric Association (NYSPA) Executive Committee member, I've been an activist advocate for the members in APA, and the patients and profession outside. I've visited the District Branches (DBs) to hear the members' concerns, set up town meetings with the President, Medical Director, others, and reported in The Bulletin, DB newsletters and at Council meetings.

I've fought to slim down APA's central organization, make it efficient and economical, a stronger fighting machine against managed care's depredations. Myself and others developed prioritizing of APA's budget, creating a functional budget, making functional departmental analyses, and moving towards zero–based budgeting. Committees I'm on restructured or canceled programs with negative cost–benefit ratios. I initiated midcourse review of our expensive but essential electronic communications project, putting it and further purchases on hold until a businesslike information system was in place. Officers' expenses and costly retreats were curbed, other expenditures decreased.

In the Assembly and Board I worked to end dues increases, then begin dues decreases.

We're making APA more open, staff and leadership more accountable and responsive. My efforts resulted in publication of the Medical Director's payment package and the development of mechanisms for member and Board oversight of major staff projects.

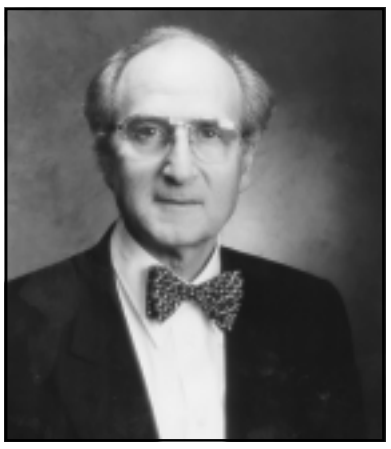
I worked on membership recruitment and retention of members behind in dues and members leaving, and increased attention to early career psychiatrists (ECPs), members in training, the public sector, women, minorities, IMGs. I helped get women on NYSPA's Executive Committee, a black psychiatrist on its Council, Indo–Americans nominated for NYSPA positions, and potential ECP representation on APA's Board.

We've met regularly with Congressional, state legislators and others for managed care oversight legislation, parity (including substance disorders), patients' rights, confidentiality, good appeal procedures, coverage for uninsured, no gag clauses, antitrust and ERISA revision, medical psychotherapy coverage, good clinical research guidelines. I've been active in supporting effective, precedent–setting litigation and public affairs initiatives. We're looking into MSAs, single payer and other systems, planning for the future.

I've fought for reviewing NYSPA's operations, urging increased member and DB participation in NYSPA, statewide election of officers, DB Presidents on Council, openness of Executive Committee activities. I was instrumental in preventing our DBs from becoming chapters of a state organization, and am fighting APA's severely cutting NYSPA's Assembly representation.

I'm in private practice, on the voluntary faculties of Mt. Sinai and St. Luke's–Roosevelt (NYC), was formerly NY County Assembly Representative, on many DB, NYSPA, APA Components [Addiction (NYSPA Chair), Budget, Information Systems, etc.], on the NYS Medical Society's Psychiatry Committee (Chair), its Liaison with NYSPA, its Alcoholism Committee, a founder of the Impaired Physicians Program helping troubled colleagues stay out of government's hands, on the AMA CPT panel's Advisory Committee, many broad based coalitions, AAAP and ASAM committees, government panel consultations, in publications, giving grand rounds.

With experience, commitment, working with people we can recapture the medical workplace for patients and doctors. Continuing our work, increasing our efforts, we'll win. I ask your support. ■



Edward M. Stephens, M.D.

Our APA's new leadership with Harold Eist and Rodrigo Munoz began real efforts to turn the tide against managed greed.

I have been at the heart of that work, battling cruelty, insensitivity and bias toward our patients and profession contributing my effort as well as $100,000 of my own money. I have literally spent days talking to newspaper reporters around the country about the plight of our patients, the blockade of our treatment efforts and the legislation needed to protect patient's rights to that mental health treatment.

As a Director of the American Association of Private Practice Psychiatrists (AAPPP) I have lobbied for both federal legislation and New York State initiatives that effects us. I have personally been instrumental in creating three groundbreaking lawsuits to reverse what I call "managed denial."

- *Stephens v. PruCare*, to secure the right of psychiatrists to be free of the threat of arbitrary termination, a New York State case with national implications, is now before the Supreme Court of New York State.
- *Stephens v. CMG et al.*, an $11 billion class action antitrust suit naming nine Managed Care Organizations (MCO) as defendants aimed at reversing destructive managed care practices, is in the Federal Court of Appeals, Southern District of New York.
- *Holstein v. Greenspring Health Services, et al.*, a multibillion dollar class action antitrust case against the remaining five merged MCOs is in Federal District Court in Newark, New Jersey where our intention is not only to stop their illegal practices but to ask the Court for injunctive relief for our profession and our patients.

Right now, because of my efforts which have been endorsed by the APA and the AAPPP, no defendant MCO makes a decision effecting our specialty without considering how it will look to a jury of mental health consumers. Our interests and those of our patients have at last begun to intrude into the MCO's consciousness.

Elect me Area II Trustee and ensure that APA continues to pursue the following policies:

- Forceful implementation of our program of membership empowerment
- Increasing APA Membership because we know the APA is fighting for us
- Vigorous litigation and legislation against MCOs and other organizations that exploit mental illness
- Securing patient Confidentiality and patient's right to contract freely
- Strengthening programs for future psychiatrists who will not simply be trained to be managed care compatible
- Increased funding for a full spectrum of clinical research and public education

The APA needs a leader with my demonstrated fearless ability to fight for the values we cherish. I have not been afraid of the size of our opponents. I know our ethical motivation to treat will prevail over their greed. We are at the dawn and not the twilight of effective mental health treatment. We are the future.

Elect me Trustee of Area II and you will have the forceful new leadership you want. Our patients are counting on us to be forceful advocates. The public will not and should not tolerate silent physicians when their health care is being destroyed by corporate greed.

As your new Trustee you will know you have someone fighting for you. ■

Anthony Villamena, M.D.

Elect me as your next Area trustee and I will serve the members of NYSPA and it's District Branches with vigor and commitment reflecting the passion I have for my profession and the care of my patients.

I see great hope for our profession if we remain steadfast. We must turn away from the naysayers who predict the loss of our leadership role with other mental health professionals and in the house of medicine. There is a future and it is bright-if we remain loyal to our most cherished values.

We have been tumbled by managed care but have fought back against greed driven profit oriented corporate medicine. The tide is turning and we will prevail.

We must actively propel ourselves on the issues that concern us: Professional Rights Patient Rights Education, training and career choice Professional Values Scientific Basis of our Treatments

The APA strategic initiative has focused on these goals. They are vast and relevant to all of us. An organization must be large and powerful to achieve them and it must be efficient and resourceful.

The APA and NYSPA in working together will be more efficient and will be more resourceful. I will facilitate this and act on the behalf of the State Association and District Branches as the members' representative. We must also maintain our autonomy and our appropriate representation in the APA Assembly.

As a general member, individual practitioner, grass roots activist, DB executive council member and now president of the Westchester District Branch I know this can be done and that I have the experience and dedication to persevere.

For two years as DB President–elect and President I have actively initiated or supported the following:

Membership Issues

- Recruitment and Retention with personal outreach
- Mentorship program for MIT's and ECP's.
- Restructuring of District Branch Committees to facilitate communication'
- A searchable database of Psychiatric Society members to enhance referrals'

Public Affairs

- Workshop at the APA meeting entitled "A DB Looks at Health Care Reform."
- DB website <http://www.psych.org/db/westchester.html> online.
- Op-ed article urging passage of state "parity" legislation published in the local press.
- Annual Clergy Breakfast to reaffirm the connection between psychiatrists and these important members of our community.
- White Plains City Hall health fair with DB exhibit and literature on mental illness.

Advocacy for Patients

- Westchester Picnic for Parity.
- Meeting with local NAMI President to discuss closer cooperation between our organizations. The DB has become an organizational member of NAMI.
- Article in the *County Medical Society Bulletin* urging physicians of Westchester to reduce the stigma of mental illness and actively support the parity bill.
- Mental Illness Awareness Week. DB depression screening site, MIT's distributed literature to public libraries, sponsoring a local radio show advocating for our profession and our patients.

We have an active, vital District Branch with a strong grass–roots orientation. I commit myself to this critical aspect of our organization. As Area Trustee and the representative of all our District Branch Members I will work as your advocate on the Board and pursue our common goals. ■

NYSPA MEMBERSHIP & RETENTION SUBCOMMITTEE

NYSPA Needs Your Input

by Seeth Vivek, M.D.
Chair, Sub-Committee on Membership and Retention

Dr. Vivek is the Area II Council and APA Assembly Representative for the Queens County District Branch, and is a member of the Editorial Board of The Bulletin. He is also the Chairman of the Department of Psychiatry at Jamaica Hospital Medical Center –Ed.


Seeth Vivek, M.D.

Through its Task Force on strategic planning, NYSPA has been involved in some very deep soul-searching regarding every aspect of its functioning. A sub-committee was appointed by co-chairs Deborah Cross, M.D., and Ann Sullivan, M.D., to study membership and retention issues. This sub-committee consists of Mary Marrocco, M.D., Carlos Blanco, M.D., Ph.D., Jacqueline Cast, Lenore Engle, M.D., and Seeth Vivek, M.D., Chair. This sub–committee has met and considered information from various sources and has presented an initial report describing areas of consensus.

It is our hope to bring about meaningful and substantial changes towards the following goals:

- Ensure that APA membership has very significant advantages over being a non–member.
- Increase the return on the membership dollar with added value (and perceived value).
- Promote a strong sense of pride among members in their organization due to its proactive stance on all issues that concern them and their patients.
- Encourage a sense of belonging among members to an organization that is responsive to them and provides user–friendly systems that facilitate their professional lives.

Towards these goals we hope to engage in the following:

Seek Your Input

- We intend to poll various groups of members (trainees, ECP's, senior members) and non–members to ascertain areas of satisfaction and dissatisfaction.
- We intend to poll district branch executive directors to gain from their years of experience.
- We will review prior polls conducted by the National APA and study their relevance to our geographic area.

Emphasize Professional Advocacy

- Ensure that the APA becomes (more so than it already is) the lead group in advocacy for our profession and our patients. This includes legislative efforts at the state and national level towards parity and against exploitative insurance practices.
- Ensure that the APA, more so than ever, work collaboratively with patient advocacy groups and our natural allies, such as NAMI, in areas of public education and destigmatization.

Assist in Daily Professional Needs

- Ensure that the organization utilizes current technology and provide a wide array of services online. These include a searchable database to ensure appropriate referrals, to seek references, to obtain consultations from colleagues, and to continue providing assistance with regard to legal and procedural issues.
- To provide mentoring for early-career psychiatrists, those that are starting or restructuring their practices, and offer assistance concerning referrals, coding, billing and choice of malpractice insurance, etc.
- Provide assistance to those members transitioning between MIT and general membership status. Some members have needed help with licensure and other issues that result in delays.
- Encourage proactive contact with certain groups with special needs such as PGY-4 residents.
- Advocate proactive contact with training directors of psychiatric residency programs.
- Encourage district branch council members and representatives to take responsibility for personal contact with their membership. For example, each district branch officer could be assigned 15-20 members who they would call once every three months.

What You Can Do

Please write to us with your thoughts on what kind of NYSPA and APA you would like to see and offer suggestions about how to achieve these. We will work together to realize a vital and dynamic organization that meets the needs of our profession and our patients. ■

DB NEWS: NYS Capital District Branch Fall Meeting

On a beautiful fall weekend on October 16-18, the Capital District Branch held its fall meeting at the Mirror Lake Inn in Lake Placid. Many members and spouses took advantage of the opportunity to share an educational weekend with their colleagues as we listened on Saturday morning to Ed Shapiro, Medical Director of Austen Riggs discuss "Orthodoxy and Change: We Are Not Alone With Our Patients," followed by Bessel Vanderkolk from Boston discuss "Psychological Processing of Traumatic Experience." In the afternoon, many hardy adventurers availed themselves of lunch and a chair lift ride to the top of Whiteface mountain — some even more intrepid travelers actually WALKED down the mountain. That evening a lovely dinner was served at the Mirror Lake Inn. On Sunday morning we heard Deborah Black, former Chief of Neurology at Lafontaine Hospital in Montreal and now in private practice in Montpelier VT discuss "Is there a Neurobiology of Conversion Disorder?" and then James Hudziak, Assistant Professor of Child Psychiatry at the University of Vermont College of Medicine discussed "The Psychopharmacological Treatment of Depression in Children and Adults." All present agreed it had been a most successful fall meeting.

Deborah Cross, M.D., NYS Capital District Branch Assembly Representative

President's Message

Continued from page 1

Health Insurance Plan that provides health care insurance for low income families, NYSPA responded by insisting that expanded benefits should include parity coverage for the treatment of mental illness. As a result of NYSPA's efforts, the expanded benefits package include parity for inpatient treatment of mental illness and expanded outpatient benefits.

When the NYS Workers Compensation Board proposed converting its fee schedule to CPT, NYSPA made sure that the conversion was done properly and the new relative values were properly aligned. NYSPA's efforts resulted in a substantially enhanced level of reimbursement for psychiatrists. Without NYSPA, workers' compensation fees for psychiatric services would have been significantly lower.

When closure of state psychiatric facilities reduced the level of services available and generated cost savings not retained in the mental hygiene system, NYSPA worked with other advocates to pass landmark legislation guaranteeing that savings derived from closure of state hospitals be retained and reinvested in community based services. When the state proposed reducing its commitment to community reinvestment, NYSPA again rallied support to prevent elimination of the program. Every year, NYSPA reviews the state mental health budget and advocates for funding for services and programs to meet the needs of persons with mental illness.

When psychiatrists reported that a major HMO was improperly reimbursing for services provided to Medicare HMO enrollees, NYSPA identified the problem, contacted the HMO and extracted an agreement to make payments to all psychiatrists who were improperly paid.

When Medicare carriers in New York proposed a policy for psychiatric services that would have greatly restricted coverage and access to services, NYSPA responded aggressively by preparing a revised policy statement and securing the agreement of carriers to adopt NYSPA's proposal. NYSPA staff works every day to address Medicare, Medicaid and third party payment problems involving psychiatric services. Without NYSPA, there would be no state organization specifically addressing the special reimbursement problems arising in the practice of psychiatry.

NYSPA is currently in the process of implementing a Searchable Database on the Internet with enrollment open to all NYSPA members at no charge. The database will permit members of the public, psychiatrists and other physicians to identify psychiatrists who have enrolled based upon their locality, specialty, insurance plans and will even generate a map of how to get to the psychiatrist's office!

This year our NYSPA Early Career Psychiatrists Committee held its first job fair for psychiatrists in September. The job fair attracted over a dozen employers and was attended by 200 psychiatrists. The job fair will become an annual event.

Of course, the activities listed above are only a very short list of the myriad of activities that NYSPA engages in throughout the year. NYSPA is the only statewide professional organization representing the practice of psychiatry and the needs of our patients. Without your support, there will be no voice in Albany and across the state advancing the interests of all psychiatrists and their patients in this state. We need the support of every psychiatrist in this state. The NYSPA Council meets twice a year in the Spring and Fall and every member is invited to attend our meetings. Our committees also meet at least twice a year and again members are invited to participate in our varied committees activities. Our staff is ready to help you. NYSPA's Executive Director, Seth P. Stein, maintains our NYSPA Central Office in Garden City, New York, and can be reached at (516) 542-0077. Richard Gallo is our Legislative Consultant in Albany and can be reached at (518) 465-3545. Members can contact me with any questions or comments at (212) 879-8338. ■

Parents of Patients

Continued from page 1

ultimately, our children became your patients.

Now lets look in the mind and heart of this parent and ask some searching questions.

Parent, what do you want at this critical time?

I would like understanding that I am in pain and frightened. If I behave confused or upset or angry, please understand my feelings and identify with me. I know that my child needs long term help but I need help also from you and I need it now because this is a real crisis that is happening. I wish it were a dream but I know it is real.

Parent, how do you want to be treated?

I want to be treated with dignity and respect. I want to be treated with courtesy. Don't ignore me. I'm not invisible. I'm right here in the same place where you are. Involve me, respect me, talk with me. Make sure we have privacy.

Parent, how do you want your child to be treated?

I know how difficult my child is. But I believe with all my heart that they must have basic needs met. And not only emotional needs but physical needs also. And timely ways to communicate with my child. And maybe most of all, when something does go wrong, whether on my side or on your side, a way to communicate this in a way that will solve the problem without hostility or fear of punishment.

Postscript

Many, many years have passed. We now know that mental illness does not go away. We accept what is and try to have a good life with our children. We try to help them to have a more productive and happier life. And we have learned to feel happy over very small steps. But sometimes, when we wake up in the middle of the night, and it is very, very quiet with just the distant chirp of the crickets, and it is totally dark; so dark that we can't even see our own hand in front of our face, we stare into the darkness and we think of mental illness and now we understand. Now we really understand. ■

NYSPA Member Running for Trustee-At-Large

NYSPA member, Ann Maloney, M.D. of New York City, is running for APA Trustee–At–Large. Running against her are Richard Balon, M.D., of Troy, MI, and Ezra Griffith, M.D., of New Haven, CT. The official candidates' statements for all three can be found to the right of this column. In addition to Area II Trustee and Trustee–At–Large, NYSPA members will also have an opportunity to cast their ballots for the national positions of President–Elect, Vice–President, Secretary, and MIT Trustee-Elect. Ballots will be mailed to APA voting members on Tuesday, January 5, 1999. The deadline for their return to APA is Friday, February 5. Questions about the election process should be addressed to Shreekumar S. Vinekar, M.D., chair of APA's Elections Committee, or to staff liaison Carol Lewis at (202) 682-6063; e-mail: <clewis@ psych.org>. The December 4 issue of *Psychiatric News* will contain more information about the above candidates. ■

CANDIDATES FOR TRUSTEE–AT–LARGE

Richard Balon, M.D.

I am a uniquely qualified candidate to be your Trustee–at–Large. As an IMG, I deeply understand minorities. I have practiced in various settings, and taught psychiatry. I understand the worries of private practitioners, academicians, state hospital psychiatrists, and residents, as I experienced them personally. As the Vice President of a District Branch, I understand the struggle of grassroots membership problems. I believe that the APA membership has to be united and vigorously face and fight all external threats, such as managed care, psychologists and others. Psychiatry must be recognized as a shortage specialty. We need to focus on the recruitment and education of the new generations of psychiatrists. We must achieve true equality and parity for mental illness. I would be honored to fight energetically and courageously to achieve these goals for you.

Ezra E.H. Griffith, M.D.

I am a broadly–based academic and practicing clinical psychiatrist. My career has encompassed the public and private sector; I have treated patients in inpatient and outpatient settings, and carried out professional activities in the United States and abroad. I have been a contributor to the development of public policy and written many articles on the practice of psychiatry.

Much of my time and effort has been spent on conceptualizing how change is made in organized professional settings. This experience includes the presidency of the Black Psychiatrists of America, the American Academy of Psychiatry and The Law, and the American Orthopsychiatric Association and service on many committees in the APA. I understand the political process.

I believe that I have consistently provided a reasonable and measured voice for my colleagues and our patients. I do appreciate your support.

Ann S. Maloney, M.D.

If elected to the Board of Trustees, I shall be committed to streamlining APA expenditures and guaranteeing our accountability to its members. I have a special feel not only for the state of psychiatry today, but for my peers, who embody the very fabric of this professional organization. I know you want concrete returns on your investments, the considerable dues you pay not only for important lobbying efforts but also for immediate assistance to you. You need help developing practices and negotiating with institutions and health management panels. And you need help helping your patients as you've never been able to do before. You have much to tell your elected representatives about the plight of psychiatrists today — a time not only of threats to our professional and economic status, but also of expanding knowledge and clinical effectiveness. I welcome your voices and want to make sure they are heard.

PSYCHIATRY AND THE LAW

Sensitizing Practitioners to the Effects of Correctional Incarceration on Treatment and Risk Management: The SPECTRM Project

By Merrill Rotter, M.D.

Dr. Rotter is Assistant Clinical Professor of Psychiatry, Albert Einstein College of Medicine. He writes about the interface between the mental health treatment system and the correctional system, and the patients that have experience with both. These patients form an ever-increasing facet of public psychiatry. –Ed.

An increasing number of individuals in the mental health treatment system have a history of criminal incarceration. They arrive in mental health treatment facilities with needs and expectations quite different from those of persons without experience in correctional settings. Many have acquired repertoires of beliefs and behaviors that, while adaptive in prison and jail, impede their success in treatment settings. Staff who are unaware of the impact of incarceration can misread early warning signs of difficult adjustment to place, program and treatment. They may even inadvertently escalate potentially dangerous situations, increasing risk to both staff and clients. In order to enhance treatment and maintain safety, it is important for providers to approach this population with a "cultural competence" — an understanding of the culture of jail and prison and its impact on behavior. The following is a brief overview of an initiative targeted at this important area of mental health work.

SPECTRM ("Sensitizing Practitioners to the Effects of Correctional Incarceration on Treatment and Risk Management"), the product of a collaboration between Bronx Psychiatric Center and the Division of Law and Psychiatry at Albert Einstein College of Medicine, is a training, research and treatment program designed to address this significant service need. As a training initiative, SPECTRM aims to heighten staff awareness of the language, beliefs, attitudes, behaviors and experiences that make up correctional culture and to provide them with tools for early and empathic engagement of patients who have been "educated" in penal institutions. The SPECTRM treatment intervention utilizes a cognitive–behavioral approach to help patients recognize the "scripts" they bring with them from jail or prison and to aid them in the development of new, more adaptive beliefs and behaviors.

Research Findings: Patient Characteristics/Risk Issues

The concern about this "doubly troubled" population may be heard in both correctional and mental health settings. Prison, jail and community corrections staff are disturbed by the increase in the number of mentally ill prisoners and parolees, while mental health staff are distressed by the increasing numbers of "criminals" in mental health programs and hospitals. These impressions (which may appear to be contradictory) are both supported by data obtained on statewide and national levels. New York State prison data indicate an increase in the percentage of inmates in need of treatment and an increase in the severity of their mental illness diagnoses At the same time, a recent review by the New York State Office of Mental Health documented the increase in correctional histories among patients admitted to state psychiatric facilities.

At the Bronx Psychiatric Center, SPECTRM conducted a chart review of 6 months of new admissions (n=111). More than half (n=62) of the patients had a history of correctional incarceration at some time prior to their admission to the Bronx Psychiatric Center. Of those, two thirds had a history of jail time only and one third had spent time in prison. One third of patients with correctional histories came directly to the hospital from jail or prison. Diagnostically, 60 out of the 62 patients (with history of correctional incarceration) had a psychotic disorder. Only 8 out of 62 were given a secondary diagnosis of antisocial personality disorder. As might be predicted, the vast majority also had a history of substance abuse disorder.

While 53 percent of the patients with histories of incarceration had been arrested for violent felonies, no quantitative differences were found between patients with and without criminal histories with respect to overall number of hospital incidents (i.e. seclusion, restraint, PRN, escapes or assaults). A more targeted search for qualitative differences found a significant trend toward greater incident severity in assaults involving patients with criminal histories. This difference in severity might account for some of the increased fear among

[See **SPECTRM Project** on page 8]

The Tri–State Chapter of
The American Academy of Psychiatry and the Law

in cooperation with
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Juvenile Sexual Offending
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Climate Change: Crucial Council Concerns

by Barry B. Perlman, M.D.

Dr. Perlman is the new Vice-President of NYSPA and is also Chair of the NYSPA Committee on Legislation. He is Director of the Department of Psychiatry at St. Joseph's Medical Center in Yonkers, New York. In this article Dr. Perlman describes two statewide bodies that have considerable influence on the provision of psychiatric care in New York State. He describes how the role of these councils has changed over time, for better or for worse, in-step with a changing socio-political context. Participation by psychiatrists remains vital. –Ed.

Barry Perlman, M.D.

This article is intended to update NYSPA members about the activities of two of New York State's councils and share several observations about directions in which I believe these bodies are moving within the context of our state's government. The two councils are the NYS Mental Health Services Council (MHSC), which I have the privilege of chairing, and the State Hospital Review and Planning Council (SHRPC), on which I serve.

Some may know of the intent and function of these councils while other may be interested in learning about them. The MHSC was created in 1982 and is defined in Section 7.05 of NY's Mental Hygiene Law (MHL). It is charged with reviewing certificate–of–need (CON) applications filed with the Office of Mental Health (OMH), reviewing rules and regulations proposed by OMH, reviewing OMH's Statewide Comprehensive Plan which is to be updated annually by the Commissioner, and "... consider any matter relating to the improvement of mental health services in the state..." In all of the above the Council serves in an advisory capacity to the Commissioner.

SHRPC Beginnings

The SHRPC came into existence in 1960 and is charged with reviewing CON applications for hospitals, nursing homes, methadone maintenance programs, etc. and adopting and amending regulations proposed in relation to the function of such entities.

Statute defines the number of individuals to serve on each council and the categories from which members are selected so as to provide representation from the diverse groups having an interest in the matters deliberated. Members are nominated by the Governor and must be approved by the NYS Senate. The Governor appoints the chairs of the councils.

The creation of these and the many other citizen's councils which are an integral part of the structure of NYS government were an expression of a movement which sought to involve interested citizens in the workings of the agencies of state government and thus make the process a more open one. The political environment during which they came into being was a very different one from today's. The prevailing view at that time was one marked by a drive to regulate and control. The health care industry, including mental health, was especially believed to require very tight oversight. As we are aware, today's overarching view is quite different and manifests in pressure to deregulate, rely less on government, and more on "free" markets. This shift has tangible consequences on the function and impact of councils created in the prior era. It raises the question of how they can remain relevant in the present environment.

Meeting Goals

For example, each of the councils has had as an important part of its charge reviewing CON applications. The goal was to assure the integrity and capability of providers as well as to assure that state moneys were not squandered by creating excess capacity when much of the financing was insured by state bonding agencies and paid for through Medicaid to which the state makes a substantial contribution. In the tightly controlled health care environment of prior decades OMH and the Department of Health (DOH) each spent considerable resources generating methodologies to calculate the need for hospital beds and for capacity in licensed programs. Today needs methodologies largely have been abandoned, especially on the ambulatory side. The agencies and councils continue to pay close attention to the character and competence of CON applicants. In many spheres they focus less on the need to constrain the establishment of new programs and avert failure with attendant financial consequences. They now look to the "market" to winnow out which programs will survive. That institutions or agencies may fail is now considered an acceptable possibility. It should be noted that while the virtue of markets is espoused it is ironic to hear staff raising cautionary concerns about the possibility of there being too many primary care centers created. In summary, at this time almost all CON applications which come before the councils receive at least contingent approvals. The agencies and councils no longer act as spigots. Thus much of what was envisioned as a central role of these councils has become a largely formalized routine of review and passage.

CON Review Slides By?

Indeed, as part of the movement towards regulatory reform even the rules governing when CON review will take place have been revised in such a way that many projects which previously would have come before these councils will now be passed on by the agencies without council's review. It is paradoxical to observe that during an era in which a higher suspicion of government and its agencies is articulated, increasingly decision making is being withdrawn from the scrutiny of public councils and returned to agency staff in the name of efficiency and cost saving. Concerns have raised about these trends. Council members need to know what parameters staff will use in their decision making and what the thresholds will be for returning items to the agenda of the councils.

Managed Care

Two other matters will serve to focus attention on the tensions which exist between official public involvement through the council process and new directions being taken in healthcare policy. Each involves managed care, the newest player in the healthcare delivery system, and government's attempt to integrate what it sees as its positive attributes while keeping its negative aspects in check.

First, consider the thrust to control rapidly rising Medicaid costs by bringing the enrollees under managed care while protecting those considered especially vulnerable to its workings. The two groups singled out for special protection in NYS are the population with HIV and those suffering from serious and persistent mental illness (SPMI). DOH and OMH have worked collaboratively for several years towards the creation of the Special Needs Plan (SNP) for the SPMI population.

As the plan has yet to be implemented, it is premature to pass judgment on it. However, the law which created the underpinning for the SNPs did not include provision for official review by statutory councils. Thus the MHSC may comment on the mental health SNP as can any other citizen or stakeholder concerned with the project but lacks an official role in shaping the plan. While the MHSC has involvement in the process of reviewing the regulations applicable to licensed agencies which will provide much of the care to the identified population, it has no legal role in regulating the SNP. Indeed, the SNP will not be regulated. Rather, its operation will be defined by the contract signed between the SNP and the state. Of interest is a change of public policy whereby governance by regulation is replaced by oversight by contract and how such a trend may alter the public involvement intended at the creation of the councils.

The second example involves the drive of healthcare entities to form networks as a response to the market defined by managed care organizations (MCOs). The coming together in networks is seen as the only way for single hospitals, agencies, and others to avoid being decimated by the bottom line concerns of MCOs. Appropriately, DOH has seen fit to rework legal and regulatory structures so as not to unduly impede network formation by forcing those wishing to create such entities to work around regulations anchored in a past era when individually licensed institutions were the rule. The verdict about whether the trend towards ever–large entities will translate into improved or diminished delivery of care to local communities and to individuals will be made in the future. What is certain is that the movement towards the licensing of networks will lessen oversight by councils, as the networks will be allowed enhanced freedom to move assets around upon notification of DOH for internal review but without public scrutiny. For example, it would be hypothetically possible for a network to be composed of elements from non–contiguous regions of the state and for it to move beds or technologies from one region to another without council's comment. (I was able to have inserted into the Network Development Plan the requirement that DOH staff conduct a local impact analysis when reviewing proposed changes by networks.)

The MHSC continues to perform its statutory duties, several of which, as discussed above, are less central to OMH than they were at the council's creation. In addition, capitalizing on its broader statutory mandate, it has sought to maintain its role as advocate by raising a wide–ranging set of concerns with the Commissioner. These issues have included matters related to the budget, managed care, children's mental health, and violent sexual predators among others. If New Yorkers agree that the role of official public involvement through citizen' s councils has value in the governance of our state then it may well be necessary to rethink the role of such citizen's councils if they are to retain their position as relevant links in the process of policy formation in our state.

The Reorganization of the APA

by Herb Peyser, M.D.

Herb Peyser, M.D.

Hovering over the room where the Board meets to do its business looms the specter of APA's Strategic Plan, anxiously awaited. Reorganization to slim down and tighten up must happen. But what reorganization?

The priorities, goals, strategies, purposes have been approved, but they are general, easy. The details where the devil lurks have yet to be determined and are in the hands of several groups, one each for the Board, Assembly, components and staff. Maybe the December meeting will reveal them. October was too soon.

It is difficult to say what the members feel about this. Many of them, primarily concerned with their professional work, seem to have little interest in the details of governance and who is what, a game that may appear to some as resembling musical chairs. What they want is more effective advocacy against the depredations of managed care, more member benefits such as insurance, help with practice, etc., more educational activities. But that costs.

Lower Dues Wanted

At the same time they want lower dues. Surveys tell us that as dues mount toward $1,000 we drive away members. Dropping them toward $500 would be very helpful and must be done. Of course, more activities mean more expenses and tend to mean more dues, for there are deep concerns that as non–dues income from advertisements and pharmaceutical houses rises APA may find itself selling its soul a bit. Dues income must remain our mainstay.

Where then would the money for their priorities come from? Contracting governance, components and necessary staff activities that drive and support the advocacy they desire?

Another group of members would like to participate more in governance and on councils and committees to help change the way things are going in the world. They would therefore not like to see them contracted, maybe want them expanded. Another contradiction in the making.

Those in DB and state organization governance could see central APA contracted but not so much them, for they feel they are more the membership. Those in national could feel differently, for they have been elected or appointed with the responsibility to lead.

Assembly Concerns

And in the center itself, the Assembly could more easily downsize if they saw the Board doing so. And vice versa. The Assembly, elected by the DB members, feels it is closer to them. The Board and officers, widely elected by all the members, are given fiduciary responsibility and feel the Board needs diversity, representing members in training, early career psychiatrists, minorities, the underrepresented, etc. They are all correct.

Even within the Assembly itself, representation divides smaller and larger states. (There are eight state DBs with under 100 members, 19 under 200, 25 under 300, yet each has a Representative and Deputy Representative. With a ratio of 1:400 and a total of 121 Assembly Reps and 50 Dep Reps the larger state organizations and DBs can see their members as underrepresented. There are 9 large state organizations with over 1000 members, representing 52.5% of the voting membership in the Assembly but having only 45.5% of the Reps, 40.5% of the total Rep/Dep Rep delegations.) No doubt each cohort would prefer the other to bear the brunt of downsizing Reps and eliminating Dep Reps.

Central Staff

The staff feels that the major burden should not fall upon them for they are busy carrying out the priorities set for them by the members. Steve Mirin, the Medical Director, has begun reorganizing the staff's contracts, setting goals, tying increases and bonuses to those goals, looking for a Chief Financial Officer, finding a Chief Information Officer to get the systems in order before proceeding with the electronic communications project (the recommendation of the consultants we requested), and in general getting the staff on a business-like basis. Corporate restructuring is in process, and the Joint Commissions on Government Relations and on Public Affairs are being combined with a joint Vice Chair (Steve Sharfstein) and a common listserve. APA's publishing activities (APPI) are being consolidated, saving about $200,000. But one can only consolidate and cut so much. There are limits.

No wonder the Board consumes significant amounts of Tylenol. It's going to be painful but it has to be done.

Bearing Burdens

No one structure should bear an undue portion of the burden. It seems to NYSPA that where (1) ending DB autonomy is being entertained (making them chapters of NYSPA), (2) Assembly representation is concerned, and (3) greatly increased central control seems to be in the offing involving dues, membership, etc., NYSPA may well be bearing the heaviest burden, and it must stand up against that. We have been successful in reversing the first, show great promise with the second, and are embarking on combating the third.

But in the midst of all this the Board has other work to do. There is now a toll free number for contacting the central APA office (888-357-7924, 888-35-PSYCH) with an interactive voice response system. The Practice Research Network is expanding to 1,000 members, and if you are interested (it is important) contact 800-713-7123. APA is developing a practice management toolkit for MITs and ECPs, later for others. APA has e-mail addresses of 8,500 members and plans to go on–line with an interactive bulletin board, linked to the fastfax and other services.

Research and Education

The Board approved the creation of the American Psychiatric Institute for Research and Education, set up by-laws, developed a slate of potential members of a Board of Directors and a Scientific Advisory Committee. It appointed officers and an Executive Director (Harold Pincus, part time, the rest will be spent at his APA work). The Institute will aid in fundraising for research and the development of fellowships, and will enhance the position of APA as a professional, educational organization.

Dues Sharing

APA is developing affiliation with some kind of dues sharing with associated organizations (e.g., the Academy of Child and Adolescent Psychiatry) to cope with the interests of members in primarily joining their subspecialty organizations, a phenomenon throughout all of medicine. But this will create problems with the DB/state organization dues situation (will they participate in the dues sharing?). It should not be centrally imposed but negotiated. The Academy of Psychoanalysis, Academy of Addiction Psychiatry, Canadian Psychiatric Association, Association for Geriatric Psychiatry and Academy of Psychosomatic Medicine have been contacted as well.

Dues relief guidelines for members with financial difficulties were developed and hopefully will be helpful for the DBs/state organizations. The Office on Women's Issues is being expanded; 50% of the MITs and ECPs are women and within a decade women will constitute the majority of APA.

$32 Million Budget

The $32 million budget is balanced without a dues increase or inflationary adjustments (in essence a budget reduction). There is a small surplus even though membership is dropping slightly, but there are problems ahead as core expenditures rise and dues, as expected, will be decreased, and there will not be another DSM influx for a while (850,000 copies in all have been sold and sales continue about 65,000 per year). There may be a text revision in a number of years but no new complete revision for about 10, for it is tied to ICD. Advertising income is dangerous to count on for it is cyclical, tied to new pharmaceuticals and to the business cycle. 1/3rd of our income is from dues, 1/3rd from pharmaceutical advertising.

APA Centralization Discontent

Five DB Presidents–Elect spoke to us about DB discontents, especially around the area of APA centralization. A component has been set up to develop guidelines for dealing with suicide, repressed memory and supervision, an initiative greatly driven by malpractice concerns. New forms have been developed for conflict of interest reporting for presenters at APA meetings. Guidelines on electronic communications will be developed. Honoraria and travel expenses for key officers are being capped and new methods of control are in place.

Good news: NIDA, NIAAA, and NIMH, with APA help, have all had budget increases. And the APA has gotten the Medicare RBRVS for psychiatry changed from a 5% decrease to a 4% increase, and with the move to a single conversion factor that amounts to a 9.2% raise, equivalent to $6,500 a year for a member with a Medicare practice. APA works for us. ■

Letter to Editor

Continued from page 2

and on the information which the physicians used to make their decisions about which drug to prescribe, even as those physicians tended to deny the influence of the pharmaceutical companies on them.

So, it appears that accepting even so–called insubstantial gifts has a high likelihood of influencing physicians prescribing behavior, even if the physician is unaware of that.

5) I also argue that it is improper for a physician to incur hidden fees when treating patients and that when a physician accepts a gift from a pharmaceutical company that the physician in effect extracts a hidden fee from the patient. After all, who is paying for our pen? Of course, it is the patient who is paying for our pen. When the patient purchases his prescription, the cost of the drug companies promotional is included in the cost of the drug. But this is an added fee benefiting the physician which the physician has not made clear to the patient as the physician is obligated to do.

I therefore suggest the following: when we accept, let us say a dinner, we should do as my grandmother suggested to me that I do when I had accepted a gift: write a thank-you note. I suggest that we write a note to each of our patients who is on a drug manufactured by our pharmaceutical company host, e.g.: 'Dear Mrs. Smith, I want to thank you so much for the dinner last night which you provided for me through your filling your prescription. The appetizers were great, the salmon was done just right and the key–lime pie at the end was scrumptious! The speaker was OK, but the pen that you provided also is just lovely. Thanks so much!' If we would be uneasy about sending our patients such a note, might that say something about our uneasiness in acknowledging the dinner, and what might that uneasiness be telling us?

6) I believe that most of us would argue that politicians should not accept gifts from lobbyists. I believe that physicians should not accept promotional materials - called 'gifts', from pharmaceutical companies for the reasons given above.

Carl Mindell MD
Albany, New York

Editor's Note: Dr. Mindell raises some interesting points. Marketing pervades our culture and influences the daily life of everyone. It is effective. It is not going to disappear. With regard to pharmaceuticals, it has expanded to include consumers. In all of this, The Bulletin is taking a middle road. The Bulletin will take paid advertising in order to subsidize its costs, and thus be better able to provide timely information for NYSPA members. Let's hear from our other readers, pro or con. ■

SPECTRM Project

Continued from page 5

staff, as more serious incidents leave a greater impression even if they are infrequent. Additional staff concerns may arise from assaultive behavior for which the reasons are different and not readily addressed by current tools (e. g. violence related to learned correctional behavior rather than psychosis).

The Effects of Incarceration

People with mental illness who have cycled through the criminal justice system are forced to cope with incarceration and they are probably ill equipped to do so. The environments are too varied and experiences too numerous to recount here. However, in general inmates must find ways to cope with the stress of adapting to an environment where threat and intimidation require constant vigilance (including, at times, pre-emptive strikes), and where distrust and self–reliance (including, at times, predatory behavior) are survival skills. The education in penal institutions is both powerful and enduring. It is not surprising, therefore, that the lessons learned carry over into new environments.

SPECTRM began its study of the effects of incarceration with a series of focus groups conducted in jail, psychiatric hospitals, outpatient programs and MICA Intern training sessions. Six categories of behavior emerged from this process: intimidation, doing time, clinical scamming, conning, snitching and stonewalling. A list of observable behaviors was extrapolated from these categories. This list became the basis for the SPECTRM Behavior Observation Scale, a sixty-one item questionnaire. The scale was administered to clinicians in a variety of treatment settings. When the findings were analyzed a total of fifteen behaviors were significantly rated as more prevalent in the group with a history of incarceration as opposed to the group without such a history. The fifteen behaviors were drawn from the categories of intimidation, doing time, snitching and stonewalling, and one unclassified item: medication noncompliance related to the fear of becoming vulnerable to attack. Of note is that overtly violent behavior was not among the fifteen.

To some degree, many of these behaviors are indicative of predatory actions typically associated with criminality. SPECTRM believes that to a greater degree, these behaviors are indicative of coping reactions, by people with major mental illness, to conditions within correctional settings. They are behaviors learned or reinforced under the stress of correctional incarceration, now carried into therapeutic settings— some with locked doors, some unlocked, but in all cases with supervision by authority figures.

Treatment

The SPECTRM therapeutic program, Re–entry After Prison/jail (RAP) applies cognitive–behavioral and psychoeducational technologies. The main theme of the program is rooted in the concept that prison/jail environments are very different places from mental health programs or facilities. This theme is reflected in the therapeutic catch phrase, "This is not a jail/prison — We are here to help." It is hoped that RAP participants will learn to recognize the differences between these settings, form positive therapeutic alliances with staff and better engage in available treatment services. In order to accomplish this goal, a series of ten structured topics have been created to assist participants in making the transition from correctional to mental health settings. These topics include Habitual Patterns of Learned Behavior, Scripts for Survival in Jail and Prison, Analyzing Situations and Changing Thoughts. In order to allow people to master material and discuss relevant issues, and share "war stories" from incarceration, each topic may take two or more sessions.

Summary

The SPECTRM Project was developed to address and correct the issues and problems unique to individuals with both mental illness and correctional incarceration experience. Using an interactive program of research, training and consultation, SPECTRM has developed workshops, videos and resource materials which aim to increase the providers awareness of the nature and impact of criminal justice institutionalization on the mentally ill, and provide them with specific tools to ameliorate the psychological and behavioral consequences of correctional confinement. For more information on the SPECTRM Project please call us at (718) 931-0600, ext. 2743 or contact us on–line via e-mail: <SPECTRM@erols.com>). ■

NEW YORK STATE & THE PUBLIC SECTOR

OHM Sponsors Statewide Grand Rounds

by William Tucker, M.D.

The Bureau of Psychiatric Services of the New York State Office of Mental Health will once again be sponsoring a series of "Statewide Grand Rounds" programs, that will air, live, on the fourth Wednesday of each month, from 1:00-2:30, from January through May in 1999. These programs are aimed at public–sector psychiatrists and can be viewed at the rehabilitation building auditoriums of any of OMH's psychiatric centers; they can also be viewed by anyone with access to a large (5') satellite dish. CME category I credit is available.

Viewers are encouraged to call in with questions and comments over an "800-" phone number during the broadcasts. Further technical information can be obtained by calling Ms. Lynne Wechsler at (518) 473-7768. Programs scheduled thus far include:

- January 27, 1999 – Otto Kernberg. M.D., presenting on "What Works in the In–Patient Treatment of Severe Personality Disorders"
- February 24, 1999 – Ludwig Szymanski, M.D., presenting on "Treatment of Patients with Developmental Disabilities and Mental Illness"
- March 24, 1999 – John Strauss, M.D., and William Carpenter, M.D., presenting on motivational issues in patients with schizophrenia;
- April 28, 1999 – a presentation on the management of the chronically or repeatedly suicidal patient
- May 26, 1999 – a presentation on the uses and limitations of cognitive–behavioral therapy.

We look forward to having you with us!

NYSPA PUBLIC AFFAIRS

Online Searchable Database Update

by Michael Blumenfield, M.D. , NYSPA Public Affairs Chair

The NYSPA Online Searchable Database has undergone a new graphical as well as technical design. We hope everyone will find visually appealing as well as easy to use. To access the NYSPA Online Searchable Database, following the search link at <http://www.nyspsych.org/referral/>.

Getting Around

Once a visitor has accepted the terms of the disclaimer, he or she is brought to the NYSPA statewide search page. Here, a "search by name only" option is provided. There are also links to each individual NYSPA DB search pages from this URL. This allows for a visitor to narrow their search geographically and add more using more extensive criteria to their search (such as Health Insurance Plans, Areas of Interest, and cities where applicable).

A "search by name only" is one search option that can be found on either the NYSPA Statewide level or any District Branch level search pages.

Since many members practice inside and outside their DB's geographic boundaries, the "search by name only" option was designed to search the database statewide on both the state level and the individual DB levels as well.

The second search option found on the individual DB pages restrict search criteria to the members' practice location within the specific DB's geographic boundaries.

Lost and Found

While 800 NYSPA members have signed up as of this writing, a portion of these applications are incomplete. If you have submitted your application in either written or electronic form, take a moment to verify that we have indeed incorporated you into the database by performing a name search.

If you have submitted an application (either electronically or in written form), and your name search doesn't return your individual profile, please notify us via email to:

findme@ptofview.com

If your profile needs updating or is inaccurate, please email:

fixme@ptofview.com

Include your name, daytime phone number, and DB designation in your correspondence. If you do not have access to email, please submit your inquiry in writing (no phone calls please) to NYSPA Database, c/o Point of View Productions, PO Box 285, Howell, NJ 07731.

Other questions concerning web site or public affairs programs can be addressed to Michael Blumenfield, M.D., NYSPA Public Affairs Chair <Ronellan@aol.com> or (914) 472-5035.

We appreciate your participation in the NYSPA Online Searchable Database and are working hard to ensure an accurate and dynamic Internet presence for NYSPA members. ■

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