



Synapse



THE WEST HUDSON PSYCHIATRIC SOCIETY NEWSLETTER

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President's Message: Mental Illness Awareness

This year the WHPS has conducted its tenth depression screening in a shopping mall. Conducted at least annually on National Depression Screening Day, our district branch was one of the first to "go to the mall" and meet the general public for this important activity. We have been successful in reaching out to people who otherwise would have never gone to a hospital or clinic for this type of screening. This year, as in the last, we were at the Palisades Center Mall as hundreds of people passed the booth, with many picking up brochures and completing the questionnaire.

Thanks again to Jim Flax, MD, MPH who organized the day, to Marc Tarle, MD and Alan Tuckman, MD who did the site work in Jim's absence. Thanks also to all the WHPS member volunteers who took time away from their busy schedules to participate.

In observance of Mental Illness Awareness Week, October 3-9, 1999, the APA launched a new public service announcement presented in the top 100 network and cable markets in the United States. Entitled, "Father", it is nothing short of chilling in its portrayal of teen suicide. At the end of the 30 second video is an invitation to call an 800 number to find out about depression screening.

November is Child Mental Health Month. Over 10 million children and teens in the United States today have a mental health problem, yet fewer than one in five receive the help they need. An excellent book now available that will help educate the public and belongs in

the waiting room of anyone treating kids. Called "Childhood Revealed - Art Expressing Pain Discovery & Hope", and edited by Harold S. Koplewicz, M.D. and Robin F. Goldman, Ph.D., the book contains 103 illustrations in full color and easy to read discussions of issues such as depression, eating disorders, anxiety disorders, psychosis, attention deficit hyperactivity disorder, learning differences, pervasive developmental disorders and autism, post-traumatic stress disorder, abuse, divorce and children, and physical illness. You can read a review of this book in the Winter 1999-2000 issue of the New York State Psychiatric Association newsletter, The Bulletin.

As the Synapse goes to press, the Mental Health Coalition of Rockland County is preparing for the third annual "Breaking the Silence" public forum to be held at the Clarkstown Town Hall on October 27, 1999. This series of events has done much to bring to the public important, and poignant, information about mental illness. This year we will be treated to a presentation by Francine Cournos, MD, Professor of Clinical Psychiatry at Columbia University and Director of the Washington Heights Community Service of New York State Psychiatric Institute. Many WHPS members had the good fortune to already hear her speak at Rockland Psychiatric Center Grand Rounds on October 5 on the topic "The Stigma of Mental Illness Amongst Professionals." Dr. Cournos has recently written an extraordinarily moving memoir entitled "City of One" and published by W.W. Norton & Company. Highly re-

commended!

As psychiatrists we can do a lot to help destigmatize mental illness by talking about it. How often do people ask you about your work? When you tell them what you do, what kind of comments do you hear? I always follow it up by talking about how common mental illness is. People are often surprised to hear that one in four women and one in ten men can expect to be clinically depressed in their lifetime and require treatment. People are surprised to hear that suicide is one of the top causes of death and that mental illness is thus potentially a fatal illness. I also say that almost everyone has a friend, relative, or co-worker who is currently in psychiatric treatment, yet because of the stigma surrounding this no one else knows about it. We are all good-will ambassadors - let's keep on educating, advocating, and be proactive in the fight against stigma.▲

Leslie Citrome, MD, MPH.



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Ethics & the APA

A number of decisions by the APA Ethics Committee were recently published, which should be of interest to all members. A newly revised "Principles of Medical Ethics, etc." will be published this year.

1) Again reiterating its prior position, the "Principles" state that while psychiatrists may share with the

public and the media, opinions about general psychiatric issues, it is unethical to offer a professional opinion about a specific individual "who is in the light of public attention" without having conducted an examination with proper legal authorization.

2) There has been a move by the committee to consider shifting the responsibility of investigating a complaint against a member psychiatrist, to the State Licensing Authority (in N.Y., the OPMC) instead of investigating itself first. This was voted down (I was against it also, since what looks like a serious complaint early, may fizzle out during an investigation).

3) When a member is sanctioned after an investigation and a hearing, and appeals the sanction, the Ethics Appeals Board will not entertain delays and postponements as in the past, unless due to limited mitigating circumstances. Thus one cannot delay for years, while continuing to practice (and avoiding referral to the licensing authority).

4) When a complaint is brought to a District Branch, it can by mutual agreement of complainant and accused, conclude the case through a "stipulation agreement," early in the pre-investigation phase, without

referral to APA (or even APA learning about it). This protects the psychiatrist in many ways, but must be agreed to by the complainant.

5) When a patient terminates treatment owing a psychiatrist money, and then requests the psychiatrist to submit letters or forms pertaining to the prior treatment, it is unethical (and may be illegal) to withhold submitting these forms until payment is received. Collection of the fees must be separate from the Psychiatrist's other obligations to the patient.

There are numerous variations on these issues, and many others which arise during the course of your work. I am always receptive to, and welcome, calls from any member psychiatrist regarding medical-legal and ethical issues. If I do not have an answer for you, I will get one from appropriate sources. But please reach out, ask for guidance before making an error in judgement which may compromise your practice. ▲

Alan J. Tuckman, M.D.



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Articles published in Synapse represent the views of their respective authors and do not necessarily represent the views of the West Hudson Psychiatric Society or its members.

SYNAPSE designed by Lydia Dmitrieff

To All WHPS Members...

Best wishes from the
Executive Council
for the new millenium!

Mental Illness Awareness Week 1999 - A Success!

Mental Illness Awareness Week was celebrated nationwide from October 3, 1999 to October 9, 1999. In Rockland County, this was extended to include a month long series of educational and community activities.

Thanks to members of the West Hudson Psychiatric Society who participated in National Depression Screening Day (October 7, 1999) at the Palisades Mall.

Marc Tarle, M.D., and Alan Tuckman, M.D., did a great job coordinating this effort. Your efforts are greatly appreciated.

Commemoration for Mental Illness Awareness Week at Rockland Psychiatric Center was organized by Bob Sobel, M.D. Jim Bopp, Rockland Psychiatric Center's Executive Director and Les Citrome, M.D., President of WHPS, gave introductory remarks which were followed by a compelling and moving Grand Rounds presentation by Francine Cournos, M.D. of NYS Psychiatric Institute.

Thanks to the many members of the Mental Health Coalition who have been busy working on projects throughout the month.

On October 22, 1999, 16 coalition members along with the Rockland Players from the Mental Health Association went to Upper Nyack Elementary School to do their annual elementary school project. This year's skits included ADHD, Divorce, and Bullying. The children were exceptionally touched by the skits and once again the small class discussions and art projects helped them to open up about their feelings and concerns about three topics. Special thanks to

Sherry Glickman, CSW, Program supervisor at Rockland County Department of Mental Health who was the chair of this event! There will be a follow up meeting scheduled with teachers, parents, and the principal to discuss the program.

Throughout the month, coalition members went to several colleges including St. Thomas Aquinas, Rockland Community College, and Dominican College. These college presentations featured a consumer, family member, mental health professional, who helped to put a human face on mental illness by sharing with the audience first hand stories about their sons, daughters, or cases they have treated or their own life stories. The students and professors are enthusiastic about this project and ask us to return year after year.

A special thanks to Rena Finkelstein, co-President of NAMI FAMILYA and Chair of College Education Committee for the coalition for doing an outstanding job.

Along with Rena Finkelstein, Trudy Kornfein, and Kathy Jackson, I participated in a workshop at the NAMI NYS Conference in Albany, NY on October 1, 1999. This workshop featured the College Education Project of the Mental Health Coalition of Rockland County. Our local program was selected to be a pilot program for "A Statewide College Outreach Project".

This month long celebration project of Mental Illness Awareness Week will end with the 3rd Annual Public Forum on October 27, 1999 at Town Hall in New City. By the time you receive this newsletter, I'm sure we will be

able to report to you that this was a great event. Dr.

Francine Cournos, a renowned Psychiatrist and Professor at Co-lumbia University College of Physicians and Surgeons will speak about her battle with childhood bereavement and adult depression. Her book, City of One: A Memoir, will be available at a discounted price. Ira Minot, CSW, will discuss his severe depression and how his recovery has led him to be the publisher and creator of Mental Health News. Finally, Trudy Kornfein, Vice President, NAMI FAMILYA of Rockland will speak about her struggles with a family member who has mental illness.

Special thanks to Rena Finkelstein, Carol Olori, CSW, and Sherri Glickman, CSW, and Pat Holbrook, CSW for acting as co chairs of this event!

Thank you and special recognition to Dr. Bharati Pwakkhiwala, a Psychiatrist with the Partial Hospitalization Program at Rockland County Department of Mental Health for coordinating a dinner on September 1999 sponsored by Bristol Meyers Pharmaceutical Company on the topic of Depression in Women! It was a great event! Finally, the next coalition meeting is Thursday November 18, 1999 at 12 noon in the Building F Conference Room of the Rockland County Department of Mental Health. We welcome all new members. Please come and be part of this successful group. ▲



Lois Kroplick, D.O.

The Arrow Of Time

Canterbury, England, AD 999 an atmosphere close to panic prevails today throughout Europe as the millennial year 1000 approaches, bringing with it the so-called "Y1K Bug", a menace which, until recently, hardly anyone had heard of. Prophets of doom are warning that the entire fabric of Western Civilization, based as it now is upon monastic computations, could collapse, and that there is simply not enough time left to fix the problem.

Just how did this disaster-in-the-making ever arise? Why did no one anticipate that a change from a three-digit to a four-digit year would throw into total disarray all the liturgical chants and all metrical verse in which any date is mentioned? Every formulaic hymn, prayer, ceremony, and incantation dealing with dated events will have to be re-written to accommodate three extra syllables. All tabular chronologies with three-space year columns, maintained for generations by scribes using carefully hand-ruled lines on vellum sheets, will now have to be converted to four-space columns, at enormous cost. In the meantime, the validity of every official event, from baptisms to burials, from confirmations to coronations, may be called in question.

"We should have seen it coming," says brother Cedric of St. Michael's Abbey here in Canterbury. "What worries me most is that 'Thousand' contains the word 'Thou', which occurs in nearly all our prayers, and of course always refers to God. Using it now in the name of the year will seem almost blasphemous, and is bound to cause terrible confusion. Of course, we could always use Latin, but that might be even worse - the Latin word for 'thousand' is 'mille' which is the same as the Latin for 'mile'. We wont know whether we are talking

about time or distance!"

Stonemasons are already reported threatening to demand a proportional pay increase for having to carve an extra numerical in all dates on tombstones, corner stones and monuments. Together with its inevitable ripple effects, this alone could plunge the hitherto - stable medieval economy into chaos.

A conference of clerics has been called at Winchester to discuss the entire issue, but doomsayers are convinced that the matter is now one of personal survival. Many families in expectation of the worst, are stocking up on holy water and indulgences.

The above scenario, obtained from an unknown source on the internet, is being repeated at this time, albeit at a high tech state of the art electronic level. We are being told that the new millennium might usher into a period of chaos. Air traffic might snarl, bank accounts may freeze, medical equipments may malfunction, and food and water supply may become scarce. Y2K bug is upon us and is generating much uncertainty and anxiety.

The advent of a new century and a new millennium has evoked in us the concerns about 'time' and its mysteries. Time lies on the borderline of many disciplines: anthropology, astronomy, metaphysics, theology, physics, quantum mechanics, mathematics, logic, and psychology, and even the poets have something to say about it. In mental testing the subject's orientation to time is an integral measure of his cognitive capacity. One aspect of human consciousness is the awareness of time. We feel the passage of time in our personal experience and observe it in the environment. And yet the nature of time, its meaning and whether it exists

at all remains unresolved. It is said that on being asked what is time Saint Augustine replied that he knew what it is but could not explain it to another person.



Time is in the order of things that have no structure. It can not be seen, touched, or comprehended by any mode of sense perception. There is evident in modern literature a craving to 'get out of time' and to achieve a timeless state akin to that spoken of in the writings of mystics, both eastern and western. W.B. Yeats, the metaphysical poet, speaks of the state in which mind ceases to be conscious of time, because it has entered a higher sphere where time is not. A sphere characterized by a 'clear quiet' and an all pervading rapture. Of such a meditative state Yeats writes "when all sequence comes to an end, time comes to an end, and the soul puts on the rhythmic or spiritual or luminous body, and contemplates all the events of its memory and every possible impulse in an eternal possession of itself in one single moment". (Yeats, Essays: Per Amica Silentia Lunae).

In many of the new age approaches to psychotherapy, the use of the meditative state is widely practiced to free the subject, momentarily, from the time constraints of the waking mind. Deepak Chopra's Timeless Mind and Ageless Body achieved wide popularity as it addressed the mysteries of time and aging and promised a way out of the predicament pertaining to these.

Stephen Hawking, the English theoretical physicist, speaking from the

Continued on next page 

Arrow Of Time...continued

perspective of quantum mechanics, postulates about a beginning and an end of time. According to him, the arrow of time started with the 'Big Bang' and will end at the 'Big Crunch'. The expanding universe, first proposed by Hubble, will come to a stand still and collapse into an enormous black hole returning to a state of singularity from which it originally started. He arrives at this conclusion on the basis of complex mathematical equations. A Brief History of Time is a presentation of his thinking about time and space which takes us farther from Einstein's theory of relativity.

Spencer and Kant postulated that the time experience consisted of the perception of the succession of our ideas. As ideas flow like a stream so does time. But this is a limited way of conceptualizing passage of time. Time, after all, passes while we are asleep or unconscious. Events that have a duration in time make us aware of the existence of time. The apprehension that an event has occurred before or will happen later gives us the sense of past and the future. The moment of this observation is the fleeting present which is soon to become the past. Time is thus inextricably linked with the perception of events in space. For the adequate determination of any event four coordinates are required. Three are provided by space and the fourth by time. Einstein postulated that time is involved with the deep structure of physics.

We have no sense for time as we do for taste or smell or texture, therefore we cannot perceive it directly. We do observe that things change, and this perception of change is our nearest approach to a perception of time. The

seasons change, we grow and advance in age, we decline physically and die. These realities give us the conception of past, present and the future. Therefore the subject of time bears powerfully on human emotions. Not only do we tend to regret the past, we also fear the future as the flow of time sweeps us toward death and oblivion. Our unconscious is not bound to the constraints of time. The dream states are also free of the limitations of time. Most of us crave to slip into a state of timelessness to dream and to bask in happy memories of the past, reconstructing and embellishing them to the limits of reality and beyond. While the scientists and astrophysicists are busy defining and redefining the scales of time like: Greenwich Meridian Time, Coordinated Universal Time,

Ephemeris Time, Barycentric Dynamical Time, Terrestrial Dynamical Time, and International Atomic Time - we have a choice of enjoying time in our own fashion. In moments of solitude, we can slip away and walk with the poets long gone, enriching the 'emotions recollected in tranquillity' or pass to the calm inspiring regions of contemplation where 'the roar of the passing centuries dies as a whisper on the air.' ▲

Syed Abdullah, M.D.

(This paper was written with invaluable help from Mr. Stuart Moss of NKI Library and his staff. References will be provided upon request.)

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To My Patients

by Peter H. Ferber, M.D.

After much thought and inner debate I have decided to terminate my Provider Agreements with Managed Care Organizations (MCO's). In the future I will contract directly with patients. I will accept insurance from indemnity policies, from disability policies, from Medicare and policies similar to these. However I will not deal with MCO's. My reasons are set forth below.

Over the past five years managed care has come to dominate the financing of American medical care. In Rockland County it is reported that more than 70% of all families are covered by managed care.

The managed care industry consists of for profit insurance companies. These companies establish budgets for their expenditures that limit and ration medical care. They then establish bureaucracies to administer rules based on quasi medical guidelines for

treatment.

They sometimes exclude treatments, or conditions in need of treatment from reimbursement because they are too expensive, i.e. they reduce the profit margin of the insurance company. In the case of Psychiatry it has been demonstrated the Managed Care Organizations (MCO's) have reduced the cost of mental health care many times the percentage by which they have reduced other medical expenditures.

This means, for instance that psychiatric hospitals are harder to get into than a trendy restaurant. Average stays have been reduced from weeks or months to days. Patients are discharged before clinical evaluations have been completed or medications have had time enough to take effect, no less to be evaluated for their effect or tolerability. Discharge plans are more likely to represent a clinical wish than a established plan.

Suicidal patients can be maintained in

a hospital only if it can be demonstrated that they have suicidal thoughts, suicidal intent, a suicidal plan, and means at hand to kill themselves. Recently an impulsive young man, with plan and intent, was denied hospital care because his psychiatrist did not know whether or not the guns in this house were loaded. After a lengthy argument with the clerical worker administering the MCO's decisions regarding "Medical Necessity" the patient was denied payment for hospital admission. Three days later the young man was dead as a result of a self inflicted gunshot wound.

MCO's have elaborate selection and qualification procedures for the professionals they admit into their networks. After selecting often highly qualified professionals to treat their captive population of patients, they proceed to dictate to these professionals what they are and are not authorized to treat, in what way they may treat them, for how long and up to what point in the clinical course of the condition being treated. Mind you, decisions are made by untrained or undertrained individuals essentially following a cookbook.

To be paid a fee at least 20-25% lower than his/her usual and customary fee the mental health practitioner must receive "preauthorization" or "certification" of "medical necessity" from these MCO clerks. Under the best of circumstances these individuals may be CSW Social Workers, M.S. Psychologists or R.N. Nurses. They also may not be. The MCO's do not disclose the level of training of their gatekeepers.

If a practitioner feels that the decisions made about the type a level of care are unacceptable and do not meet the patient's needs, he/she may

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To My Patients...continued

file an appeal. This is often a lengthy time consuming process that puts the onus on the practitioner to continue what he/she considers essential treatment for a patient in danger or in crisis without any assurance that he/she will be reimbursed for services rendered.

MCO's have greater control over their "Providers" (i.e., Physicians and other professionals) if the number of professionals under contract is reduced. Therefore they feel quite comfortable to reduce fees arbitrarily, or to harass their "Providers" by requiring inordinate amounts of paperwork, often demanding intimate details of patients' personal lives to be reviewed by anonymous strangers, and introducing lengthy delays before authorizations granted.

Telephone authorizations (quick and easy but almost extinct) are sometimes not transcribed. Errors in

recording and transcription take months to correct and hours of wasted professional time. It would be conservative to estimate that the demands for paperwork have doubled or trebled for each patient hour over the last four years. MCO's harass through paperwork demands, short certifications, lost files, claims, or authorizations, delayed claim paying, and uncorrected mistakes. They are always loath to admit error.

It has become increasingly clear that MCO's are profit driven commercial operations only tangentially related to good medical and psychiatric care. Proper psychiatric care has to be tailored to the individual's needs, not dictated by a set of rules that act like a "one size fits all" show, administered by clerks without authority to modify the plan.

If I am to be true to the Hippocratic Oath I can not continue to participate in a system that I believe provides a

charade of providing for responsible medical care. Therefore I have submitted notice of my intention to terminate my provider agreements with MCO's within the next several months.

This decision will create hardship for many of you. I would like to continue with all of you who can afford to do so. I am ready to negotiate acceptable fee arrangements with as many of you as I can. I will be glad to recommend the best practitioners on the MCO's lists of Providers that you obtain, should you choose to seek treatment elsewhere. I will be glad to confer with your chosen Providers. I am concerned about your care. However I will not continue to work in a system that I find deceitful, and exploitative of patient and doctor.▲

With concern and regret,
Peter H. Ferber, M.D.

APA to Strengthen Advocacy Role

The APA is moving to increase its advocacy and lobbying activities on behalf of its members and their patients. It has filed a request for rulings with the Internal Revenue Service that asks permission to reorganize APA by establishing a non-profit professional organization under Section 501(c)(6) of the tax code. APA is now classified 501(c)(3), organized exclusively for charitable, educational and scientific purposes.

In addition to strict limits on lobbying activity, the charitable classification bars APA from providing significant financial assistance to District Branches, and from sponsoring

a political action committee. Most District Branches, national medical specialty societies and the AMA are classified 501(c)(6).

A response from the IRS is expected in December. The move requires approval by APA voting members in January 2000.

"The increasing involvement of government in our members professional lives and the strangling effects of managed care have outstripped the ability of the Association to lobby on behalf of members and patients under our restricted charitable tax

classification," said Allan Tasman, M.D., APA President.

Establishment of a 501(c)(6) organization will have little effect on APA members and the benefits they receive, according to APA's General Counsel. Members will continue to receive The American Journal of Psychiatry and Psychiatric News, and will continue to benefit from discounted registration at APA's two annual meetings.

APA leaders say the change will have only a minor effect on the tax

Continued on last page 

Advocacy...continued

deductibility of dues payments for a majority of APA members. Most members will be able to deduct dues as a business expense, less the percentage APA spends on advocacy.

All APA members will automatically become members of the new 501(c)(6) organization. The present APA will continue to exist as a 501(c)(3) organization, fulfilling its scientific and educational mission, including control of American Psychiatric Press, Inc., the American Psychiatric Foundation and the new American Psychiatric Institute for Research and Education. Amendments to the bylaws of the present APA have been prepared to reflect the changes.

The voting members must approve these amended bylaws before the new 501(c)(6) organization can be activated. The issue will be part of the 2000 election ballot members receive in January. The present bylaws require that at least 1/3 of voting


members vote on the issue, and of those, 2/3 must vote in favor. If approved, the reorganization will be complete December 31, 2000.

President Tasman said, "It is vitally important that our members respond


to the election ballot they will receive in January. This is a vote for APA's future as an effective and aggressive professional association. ▲

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