



West Hudson Psychiatric Society
of the American Psychiatric Association
serving Rockland, Orange, Sullivan & Delaware Counties



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eSynapse: July 2009

It is with a great sense of loss that I announce the retirement of Drs. Robert Sobel and Syed Abdullah as editors of Synapse. They have aptly guided this publication for many years, receiving accolades on both the local and national level nearly every year since I became involved with the WHPS in 1985. Once again they have been recognized by the national APA, this time for continuing excellence. Please see the story below: “The 2008 Newsletter of the Year Award winners Receive Honors”. That is our own Dr. Nigel Bark in the back row, far right, accepting the award on behalf of our former editors.

I have agreed to continue Synapse as an electronic publication – available ONLY as an email IF we have your email address OR on the web at WestHudsonPsych.INFO. This is absolutely the last printed edition of Synapse. If you have not received an emailed copy of eSynapse, we don't have your email address.

Go to your computer now and send your email address to me at DrFlax@aol.com.

My plan is to publish a monthly newsletter containing any articles sent to me and news from the executive council that meets every month. I'd like a psychiatrist from every organization, clinic and institution in the counties of Rockland, Orange, Sullivan and Delaware to send me an article, of any length, describing any events, news, changes, presentations or opinion. My goal is to encourage increased participation and communication among our members throughout all four counties. That means that YOU can contribute by designating someone at your place of employment, or volunteering yourself, to send me something about where you work, how you practice, opinions about anything of relevance to psychiatrists, etc. Without your participation this is going to be a very short newsletter.

In addition to the article about awards for newsletters, there is a summary of the last 6 months of activity by your executive council, including reports by Dr. Lois Kroplick on our finances and an article by Dr. Bark that is a long delayed report on the 2008 Fall Assembly meeting that reviews topics that continue to be current and controversial including the influence of Pharma, APA finances, the DSM V process etc.

James Flax, MD, MPH, DFAPA

The 2008 Newsletter of the Year Award winners Receive Honors



There were many exceptional examples of the APA District Branches and State Association newsletters this past year. The winners of the 2008 Newsletter of the Year awards were presented awards during a special reception which took place during the 2009 APA Annual Meeting in San Francisco.

The APA each year invites District Branches and State Associations to enter the Newsletter of the Year Award competition. The entries were judged by members of the Newsletter of the Year Corresponding Committee.

The NOYA Corresponding Committee Chairman Dennis Milke, M.D. presented winners of the Newsletter of the Year, Continuing Excellence, Honorable Mentions, Best Editorial and Outstanding Feature Articles plaques recognizing the success in promoting communications within and between the district branches, state association and the communities.

2008 Newsletter of the Year Award Winners

Newsletter of the Year For the Category of 501+

- Winner - Ohio Psychiatric Physicians Association, Insight Matters
- Continuing Excellence – New Jersey Psychiatric Association, New Jersey Psychiatrist
- Honorable Mention – Pennsylvania Psychiatric Society, The Pennsylvania Psychiatrist

Newsletter of the Year For the Category of 201-500

- Winner – Wisconsin Psychiatric Association, The Wisconsin Psychiatrist
- Continuing Excellence – Louisiana Psychiatric Medical Association, Louisiana Psychiatric Medical Association Newsletter

Newsletter of the Year For the Category of 101-200

- **Continuing Excellence – West Hudson Psychiatric Society, Synapse**

Best Editorial 2008

- Winner – Colorado Psychiatric Society for the Series: “Through the Looking Glass-Reflections;” “Questions;” “The Data Wars;” and “Making the Unconscious Conscious”
- Honorable Mention – Louisiana Psychiatric Medical Association for “Education or Slick Advertisement”

Outstanding Feature Article 2008

- Winner – New Jersey Psychiatric Association for “Psychiatry and Collaborative Practice: Re-Engineering Primary Care”
- Honorable Mention – North Carolina Psychiatric Association for “Medical Society Addresses Epidemic of Opiate Addiction”

Executive Council Activities – 1/09 – 6/09

The next meeting of the Executive Council is scheduled for 12 Noon, Friday, 9/18/09 at Dellwood Country Club in New City. All members and prospective members are invited to attend.

President – Dr. Madhu Ahluwalia through 5/09 then Dr. Ferro. There is no interested member for President elect. New and active members are needed. NSYPA is grappling with a central issue of decreasing expenses for APA through reorganization. There is a question if New York should have so many District Branches. Steps are being taken to alter our incorporation, spearheaded by Dr. Kroplick.

Public Affairs – Diane DiGiacomo, MD. There is a Public Form scheduled for 10/21/09 on Obsessive Compulsive Disorder. The Obsessive Compulsive Foundation has a speaker panel. There have been projects completed at the Valley Cottage Elementary School and the Suffern High School. Dr. Ferro was honored by NAMI-Familya as an Exemplary Psychiatrist for his work in Public Affairs. The WHDB placed an ad in the dinner brochure congratulating Dr. Ferro. Dr. Kroplick is returning to the position of co-President of the Mental Health Coalition, a group she founded.

Membership/Mentoring – Dominick Ferro, MD. Dr. Ferro and Mary Barber, MD met for lunch with the medical staff at RPC following Grand Rounds. Fifteen psychiatrists expressed some interest in participating in the WHDB. Dr. Ferro is contacting them. A lunch is planned at Middletown for psychiatrists in upstate clinics. Mary Barber, MD is planning to attend meetings with the Rockland County Department of Mental Health to reach out to their staff.

Private Practice – Jim Flax, MD. There have been an average of 2.4 to 4 calls/week to the information line. Dr. Flax reported that a patient of his described an unsolicited offer by Magellan of free mental health “coaching” over the phone by a “certified coach”. This will be brought to the attention of NYSPA. Dr. Flax submitted a grant proposal to the APA for financial support to expand the distribution of the Information Brochure published by the WHDB.

Women’s Committee – Jane Kelman, MD. The committee continues to meet monthly.

Professional Education – Jane Kelman, MD organized another wonderful educational evening at Hudson House Restaurant where everyone seemed to enjoy networking, backed by the sounds of Rick Brand, MD on guitar.

Ethics – Marc Tarle, MD. There was one complaint that Dr. Tarle is investigating.

Treasurer’s Report - Lois Kroplick, DO, FAPA

In November 2007, when Alan Tuckman, M.D., retired from our Executive Board, I volunteered for the position of Treasurer. I would like to thank Dr. Alan Tuckman who served as the Treasurer prior to my term. Alan kept great records and made the transition easy for me. During the summer of 2008, the WHPS, The Mental Health Coalition, and NAMI-FAMILYA received a collaborative grant from State Senator Morahan to continue our work in the community (the total amount was \$30,000-approximately \$10,000 per group). As the Treasurer, it was my responsibility to collect and document all invoices and receipts from July 2007 through August 2008. I wrote a detailed report of the expenses that the WHPS incurred over the past year. West Hudson Psychiatric Society’s part of the grant included three areas: the information line (telephone and private practice manual), educational meetings and depression screenings. The following are some of the WHPS expenses for these projects from the period of July 2007 through August 2008:

Information Line	\$2834.86
Professional Meetings	\$6164.95
Depression Screenings	\$ 303.58

On August 30, 2008, I received a check from the grant for \$9,309.39 for the expenses from July 2007 to August 2008.

I want to thank everyone who helped to make this grant possible. I want to thank Rena Finkelstein, President of NAMI FAMILYA and Anne Arias who helped to coordinate and distribute the grant and to Jim Flax who put it all in writing.

Speaking of grants, in 2007, the Coalition and WHPS received another grant from the American Psychiatric Association for Coalition school projects, the Public Forum, and WHPS information line and depression screenings. A requirement for receiving the grant was to educate others about our community work at a conference. This led us to do a workshop at the Institute for Psychiatric Services, which was entitled “Innovative Programs of a District Branch and a Mental Health Coalition.” This conference was held in Chicago from October 2 thru October 5, 2008. Rena Finkelstein and I did Powerpoint presentations, as well as prepared and displayed scrapbooks and posters of the Coalition activities. The workshop went extremely well and we received numerous compliments about our work in the community. Thank you to Rena for all her hard work in working with me to make this program such a great success!

I am pleased to report that as of July 2009; even with all this activity we now have approximately \$11,800 in our treasury.

In conclusion, it has been quite a journey being the treasurer! Our new president, Dr. Dom Ferro would like to rotate the position of treasurer. If anyone has any questions about this position or would be interested in becoming our new treasurer, please feel free to call me (845) 362-4215.

Assembly Representative’s Report - Nigel Bark, MD.

Positions on relationships with PHARMA are divided. For instance the Central NY DB was polled and split 50/50. Some have stopped attending meetings due to decreased PHARMA support. The openness of the DSM-V process has been questioned and the APA has responded by publishing summaries of meetings. All councils of the Assembly were “sunset” and replaced by new ones and the board will be reduced. Industry supported symposia at the annual meeting will be phased out.

Fall, 2008

These three related topics: the APA's financial problems, its relationships with the Pharmaceutical Companies and disclosure of possible conflicts of interest dominated the fall 2008 Assembly of District Branches meeting at the beginning of November in Washington DC and have continued in heated discussions on the Assembly listserve.

APA Finances

A decade or so ago the APA had gotten into bad financial trouble, close to debt, with no reserves. Since then it has overhauled its management, kept to its budget and each year put significant amounts into reserves, without raising the dues.

However in 2008 year the APA's unrestricted revenue was \$2million less than 2007 with Publishing revenue down \$433K and the Annual Meeting down \$177K. Advertising was down \$1.2million. There were fewer Industry Supported Symposia at the Annual Meeting, fewer foreign visitors to the Annual Meeting. The APA has taken steps to live within its budget with a hiring freeze saving \$1million in expenses so far (which of course puts a lot of pressure on the remaining staff.) In addition many of the committees and components met 'electronically' rather than in person in 2008 and the Assembly was one night shorter with the meetings starting midday Friday to allow most people to travel on Friday morning. But more drastic measures will be needed such as reducing face to face committee meetings to the Annual Meeting only, not providing food at committee and Assembly meetings, having all delegates share hotel rooms etc. Given this situation NYSPA (New York State Psychiatric Association) (which is also the APA's area II) has made a bold and dramatic proposal that would not only save one and a quarter million dollars but would streamline the governance of the APA. Interestingly the concept was proposed and approved by the Assembly and Board of Trustees in 1977 but did not get the two thirds majority vote of the membership (although it did of those voting) required by the APA rules at that time.

The plan is to amalgamate the Assembly and Board of Trustees into one House of Delegates (as in the AMA). This would be considerably smaller than the Assembly but larger than the Board. The delegates would be elected from the States rather than the District Branches. There would be one delegate from each State with an extra one for each extra 300 members in that state. The District Branches would still exist but where there are many in a State a mechanism would have to be worked out for them to elect the delegates. The APA Areas would no longer exist as part of APA governance but could exist if groups of States felt they were useful. The House of Delegates would meet twice a year and they would elect an executive that would function as the Board of Trustees does now, with maybe four meetings a year and frequent electronic meetings. The President, President-Elect, Vice-President, Secretary and Treasurer could still be elected by the membership or by the delegates. Not only would this save money but it could improve the running of the APA and avoid the antagonism between the Board and Assembly.

This proposal was submitted to the Joint Assembly/ Board Committee, to be discussed by the Board of Trustees and could be voted on by the Assembly at next year's APA Annual Meeting. Because of the very small number of members who vote in APA elections the by-laws have been changed so that now a two-thirds majority (by strength) of the Assembly can change by-laws.

Whatever happens to that proposal I think that there will be fewer staff at APA headquarters, there may well be the first raise of dues in 13 years, and there will be reduction in governance.

'Pharma'

Every day the New York Times seems to reveal a new ‘scandal’ about psychiatrists and the pharmaceutical companies that have knocked off their pedestals some of our greatest icons, researchers and clinicians. Much of the information for these revelations comes from Senator Charles Grassley’s Senate Committee investigating the relationships between Drug Companies and physicians, researchers, universities and other organizations.

The Times reported that Joseph Biederman failed to report \$1.4 million from drug companies and started a Children’s research center to examine the effects of medications in Attention Deficit Disorder and Bipolar Disorder. One of its stated aims apparently was to further the commercial goals of Johnson and Johnson. Dr Biederman defended himself in a letter to the Wall Street Journal emphasizing that his work on Bipolar Disorder focused on symptoms, impairments and neurobiology not only on medications and the J&J Center’s goal was to advance science and had no interference from J&J and that of \$58,000 he received from J&J in 2001 \$50,000 was a grant to Massachusetts General Hospital not to him personally. I remember Dr Biederman and his group for what seemed to me great and very helpful work on Adult Attention Deficit Disorder and the demonstration of its high heritability.

Charlie Nemeroff ironically demonstrated the importance of psychotherapy for those with depression and a history of abuse as a child. He studied how this affected the developing brain in research some believed could have led to a Nobel Prize; and he was able to explain it in such a clear and exciting way. No wonder he was paid so much for his speeches; he deserved to be. Why he did not report it to Emory University, where he has now resigned from the Chair we don’t know.

Frederick Goodwin is, I (still) believe, the greatest expert on Bipolar Disorder. I have heard him talk repeatedly and been in numerous question and answer sessions with him. The medication he most consistently promotes is Lithium, not one to make drug companies rich. He was castigated in an article and an editorial in the New York Times for not informing the producers of the Infinite Mind of which he was host (and that ran for ten years on NPR to much acclaim) that he was receiving money from Drug Companies, and for talking on subjects in the program that appeared to benefit the companies that paid him to speak. He has vigorously defended himself in an e-mail letter pointing out numerous errors and distortions in the article and particularly that he was not the host for the last three years because he had started to give speeches on Lithium paid for by GlaxoSmithKline. Thus his producers did know despite their denial (confirmed by a letter to the Times from a former producer of the show). Our own APA President-Elect, Alan Schatsburg, was also the target of a New York Times article. At the Assembly meeting he too vigorously defended himself. Work on psychotic depression led to the discovery of a new antidepressant, mifepristone, which he patented with his University, Stanford, and together they started a company to develop it. Dr Schatsberg owns stock in this company but has not been conducting research into mifepristone since. Stanford has maintained that Dr Schatsberg always reported all these potential conflicts of interest and earnings from drug companies (according to Psychiatric Times August 2008).

Senator Grassley’s Office asked the APA for an accounting of funding provided by pharmaceutical companies and the foundations established by these companies, to the APA since 2003, initially with a two week deadline. They did it working overtime for six weeks – and have not had any response from the Committee as reported by the Medical Director Dr Scully to the Assembly. He reported that there has been nothing embarrassing or wrong with the APA’s relationship with Drug companies. The money has come especially for advertising, but also for scholarship and research support, unrestricted support for the Annual Meeting and other educational activities; support for the Industry Symposia at the Annual Meeting (which are not designed by drug companies but submitted by anyone and then drug companies invited to support whichever they choose). The APA also prepared background statements and information for members and to proactively present APA’s message to the media. The Senate Committee

also asked for the Disclosure statements of all APA officers since 2004. After legal consultation the APA informed the Senate Committee that they would not do that as they were confidential.

Disclosure

In the light of the above the Disclosure of Interests and Affiliations forms for potential APA officers have been expanded and are closely scrutinized by the nominations committee. They include information about income, board memberships, advocacy, possible conflicts of interest of the potential officer and members of their immediate family.

Disclosure of conflict of interest was a big issue in setting up the DSM V committees and there was a fear that excluding everyone with any relationship with drug companies would exclude all the experts in certain areas. Most experts in schizophrenia and bipolar disorder have been involved with clinical trials of medication – and the Drug Companies provide the major financing of such trials. (And incidentally their trials are in general of a much higher standard than non-drug-company supported trials – because they get much greater scrutiny.) I believe that with detailed disclosure and some restrictions the DSM V committees do include the top experts from around the world and are able to work well.

DSM V

There remains controversy about the openness - transparency is the current term - of the DSM V process which had started with Dr Robert Spitzer (who had led DSM III, III-R and IV to fruition) and others suggesting that the DSM V Task Force and Workgroups were too secretive. There were no public reports of progress, no minutes of meetings and the committee members had had to sign a confidentiality agreement. While the disclosure forms of all members of these committees are published on the DSM V web site it was felt that open deliberation of conflicts of interest and publication of the minutes of these groups would result in a better diagnostic manual and wider acceptance of it. This was the gist of an Action Paper at the Assembly proposing that the minutes of all meetings be published. Dr Darrel Regier, Vice Chair of the Task Force on DSM V, said that the publication of the minutes would squelch free discussion of exploratory ideas and could be misunderstood and misused. And the APA must protect its intellectual property. But a summary of the discussions and activities of these Work Groups is now being published on the DSM V website. The authors of the Action Paper felt this was due to their paper and withdrew it. However Dr Spitzer and others still feel the process is not open enough.

DSM V is a major and very expensive undertaking that started in 1999 and is due to finish in 2013. It is planned to include a paradigm shift with dimensional, developmental, diagnostic spectra, cultural expression, impairment thresholds, medical interface somehow being incorporated; and to be a 'living document', as stressed in an action paper that was passed at the Assembly that it should be updated annually. The APA is investing a lot of money and time in DSM V and cooperating with NIMH, WHO and others. It is interesting to note that a quarter of the Task Force and Workgroup members are from overseas, 30% are female, 30% are PhDs not MDs. See www.DSMV.org for all the details. (At the Biennial Winter Workshop on Schizophrenia and Bipolar Disorders in Switzerland in 2008 there was a debate entitled "Does Europe need DSM V?" It turned out that both the main speakers arguing "no" (as well as those arguing "yes") were on DSM V committees. In fact there are 23 from Europe on these committees.)

More on Pharma and APA

Before leaving the issues of the title I believe we are losing something in divesting ourselves totally from Pharmaceutical support. In my hospital we no longer have nationally renowned speakers coming in every month or so – and nothing has replaced that. And we are not allowed to be a Consultant for drug companies: to advise them of our patients' desperate need for new and better drugs. I admit I was and am glad to be enticed by a good meal to hear the latest on some new drug or theory – and to argue vigorously with those I think are biased. I worry that

the Annual Meeting without the Industry supported symposia will be a much less fulfilling experience. It is not that I expect free stuff. Going to the Annual Meeting was never cheap. But it was made worthwhile by being able to learn from six in the morning to ten at night – and get breakfast and a bit of socializing at the first session and dinner and a bit of fun after the last session – and these early and late industry supported sessions were often the best overviews of important topics. The APA Annual Meeting has no social functions open to all. For people to go who do not have additional social or governance activities there will have to be something to replace these. That's my opinion. We don't know what most psychiatrists think but Darwin Varon of Central New York District Branch polled the members there and they were evenly split between those who wanted total divestiture and those who supported the status quo. Polling former members the vast majority cited reduced industry sponsored CME as a reason for leaving; because of the additional costs and time involved in getting CME.

Successes for APA and patients

Those are the issues and problems. But the APA has been very active and successful in representing psychiatrists and their patients this past year through its lobbying and representation before Congress. In the last (110th) Congress the following provisions were enacted: parity (after "...three decades of relentless work by APA leaders, members, and staff in combination with other mental health advocates."); 18 month fix for Medicare reimbursement; Medicare parity; Medicare coverage of benzodiazepines and three critical classes of psychiatric medications; increased mental health and addiction research funding appropriations; increased Veterans' mental health appropriations; VA suicide and PTSD prevention; grants for jail diversion and improved mental health treatment and services for the incarcerated; and blocking of six harmful (service cutting) Medicaid regulations. With a new President and talk of Health Care Reform it will be extremely important for the APA to be closely involved with the Administration and Congress to ensure that any new regulations and legislation are in our patients' and our own best interests. For example many Democrats support prescribing by psychologists.

APA elections

Finally, we have an APA election for President-Elect and Vice-President and three excellent, and rather different, candidates for each post. All have been very active and effective in the APA and held important positions in APA. All are great advocates for psychiatry and patients and all do far more than the one word of expertise that I list. (See their 'bios' and statements in Psychiatric News December 5 and on the APA website.) The deadline for voting on-line and for ballots to be received by the APA is February 5, 2009. The candidates for President-Elect are: Carol Bernstein (Residency Training); Michael Blumenfield (Disaster Psychiatry); Roger Peele (Public Psychiatry) and for Vice-President: Jeffrey Akaka (indefatigable fighter against psychologist prescribing); Jeffrey Geller (assisted 26 States in better meeting the needs of their psych patients); Sidney Weissman (Private Practitioner and Psychoanalyst now who has worked in and directed almost every conceivable treatment and training service in his State). Make sure you vote!

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