Blumenfeld Appointed Chair of National APA JCPA

by Michael Blumenfield, M.D.

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Dr. Michael Blumenfield is Professor of Psychiatry at New York Medical College and in private practice in Scarsdale, New York. Dr. Blumenfield is one of two representatives to the Assembly from the Psychiatric Society of Westernchester County (DB), as well as the Public Affairs Chair for NYSPA, and is now the newly appointed Chair of the APA’s Joint Commission on Public Affairs (JCPA). The Bulletin is pleased to have Dr. Blumenfeld on its editorial board. What follows is his account of the JCPA. —Ed.

When I first heard of the name Jim Nininger, M.D., President, New York State Psychiatric Association, I pictured a large room with a group of stern looking doctors sitting above witnesses who were testifying in great fear. In reality it is nothing like this but one of the many hard working committees of the APA. It was created in 1976 to replace the Committee on Public Information originally established in 1948. It is composed of the Public Affairs chairpersons for each of the APA’s seven areas. The JCPA also includes five members—at-large appointed by the APA President—Elect, The President—Elect and the Speaker—Elect jointly select the chair and vice chair of the JCPA.

The Commission is concerned with all matters that impinge on the public image of psychiatry to the end that this image is accurate and contributes to greater public understanding of the profession and of the illnesses treated by the profession. This is easier said than done. The key becomes the working relationship with the APA and other divisions of Public Affairs (DPA) who are a staff of very skilled and dedicated professionals. They have their fingers on the pulse of the daily beat of the media while working on various public affairs campaigns at APA headquarters. Another important role for JCPA is advising and assisting the DPA in

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Two Major Managed Care Companies Roll Back Fee Decreases

On June 1, 1999, Magellan Behavioral Health implemented moderate fee increases for certain codes for the Empire Blue Cross Blue Shield contract effective June 1, 1999 that reverse in part some of the fee decreases imposed on January 1, 1999.

- Code 90801 (initial diagnostic interview) for children is increased from $120 to $125.
- Codes 90805, 90811, 90817 and 90824 (20-30 min. psychotherapy with medical management) are increased from $45 to $60 for adults and from $50 to $65 for children.
- Code 90862 (pharmacological management) is increased from $40 to $50 for adults and from $50 to $60 for children.

In its memorandum to providers, Magellan acknowledged the role of NYSPA providing input regarding the January 1999 fee decreases and their impact on patients and psychiatrists. Since the Magellan fee decreases were imposed, Seth Stein, NYSPA Executive Director has been in communication with Magellan representatives to bring to their attention the serious problems caused by the fee reductions.

On February 10, 1999, United Behavioral Health announced that it decided to reverse its previous decision to reduce fees for participating providers in New York State. Accordingly, the fee reductions were imposed in error and UBH never had any intention of reducing fees. All fees for all services were restored to their 1998 levels. UBH has also promised that providers who were paid in 1999 at the lower rates will receive a retroactive fee adjustment.

In its original correspondence with both UBH and Magellan, NYSPA suggested that the severe decreases would have an adverse impact on patient access. We also noted the failure to recognize the value of integrated treatment (where the psychiatrist provides both psychotherapy and medical management) by providing additional reimbursement for the psychotherapy codes that include medical management, i.e., 90805 and 90807. NYSPA will continue to contest the schedule reductions to insure adequate access to care by patients.

NYSPA Supports Class Action Lawsuit Against Managed Care Companies

See also Letter to the Editor on page 2.—Ed.

On July 27, 1999, the NYSPA Executive Committee authorized NYSPA to join with the APA in providing financial support for a class action litigation filed in May, 1999 against nine large managed care companies. On July 10, 1999, the APA Board of Trustees authorized a contribution of $10,000 and the NYSPA Executive Committee added a contribution of $1,000. This lawsuit entitled Holstein v. Green Spring Health Services, Inc., et al. is currently pending in federal court in the Southern District of New York. Plaintiffs in the lawsuit include psychiatrists, psychologists and social workers who participate in provider networks operated by the major managed care companies. Plaintiffs allege that the managed care companies have conspired to restrain trade by limiting fees and by unreasonably restricting access to care for the treatment of mental illness. The court in the case recently denied a motion to dismiss the lawsuit and the case is proceeding with the discovery process.

NYSPA is embarking on a new recruitment effort with the APA to target psychiatrists practicing in New York who are not NYSPA and APA members. Early in 1999, NYSPA received a request from the APA President, Rodrigo Hector M.D., seeking recommendations for joint APA-NYSPA activities. In response, NYSPA proposed that APA and NYSPA develop a plan for a joint recruitment effort to attract psychiatrists who are not members.

In order to develop a listing of non–NYSPA psychiatrists, NYSPA will work with the Medical Society of the State of New York. MESSNY maintains a list of over 7,500 psychiatrists licensed to practice in New York. MESSNY is currently comparing our NYSPA membership list of 4,800 psychiatrists against MESSNY’s list of 7,500 psychiatrists and develop a listing of psychiatrists who are not NYSPA members.

Once that list is developed, APA will break down the listing by DBs and forward to each DB a listing of non–NYSPA members with addresses in their DB. Each DB will then be sent its listing and will be invited to screen the list for further refinement in order to develop a final listing for the recruitment mailing. APA will prepare and mail the recruitment packets to these non–NYSPA psychiatrists inviting them to join the APA. Each DB will be encouraged to contact these potential members directly by telephone or otherwise to assist in the recruitment effort.

New APA-NYSPA Joint Recruitment Effort

NYSPA is conducting a search for a new chairperson for the Committee on Public Affairs. District Branches should forward names of potential candidates to the NYSPA office.
THE BULLETIN
NEW YORK STATE PSYCHIATRIC ASSOCIATION

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Letters to the Editor… Advocacy for Ourselves

When we talk about patient access to mental health treatment, we are looking for no less than a meaningful patient Bill Of Rights. Any professional organization in the health care arena would place Advocating for Patients first on their list of priorities. But alas, this is not the case. While other professional organizations have been vocal and effective in taking care of the guild issues necessary to maintain and grow their professional futures, we as psychiatrists appear to be enmeshed in doing the same. As a group we don’t give as much to Political Action Committees and we are not as politically active as some other providers of mental health care. This will hurt us.

Yes, Advocating for Patients is clean, wholesome, and makes us feel good. At the same time, Advocating for the Profession. The dues-paying members of the American Psychiatric Association look towards the organization to stand up for them and to help them in their work. Maurice Rappaport, MD, PhD
talks about Marketing Psychiatry (The Bulletin, Volume 41, Number 3 [Fall 1988]), where the organization would focus more on educating the public about what we do, and how well we do it. We need to place the focus first, or else there won’t be any of our own patients for us to advocate for.

Referrals and the Searchable Database
By Michael Blumenfeld, M.D.

Letters to the Editor are welcomed but are limited to 750 words.

Antitrust Action Gets “Go Ahead” in Holstein v. Greenspring - Hard Work Ahead

On June 16, 1999, Judge Lewis A. Kaplan gave the Holstein v. Greenspring antitrust action a resounding “Go Ahead.” His opening words to the eight lawyers for the defendant managed care companies (MCS) were, “I think you are in trouble on this one, and I pretty much don’t agree with anything that was done in Stephens.”

After a spirited courtroom debate, Judge Kaplan told the defendants’ lawyers they were creating “edifices” with their arguments but should know this is a “real” case. He went on to give an immediate ruling from the bench denying the defendant MCS’s motion to dismiss the multimillion dollar class action lawsuit, Holstein et al. v. Greenspring et al.

In his ruling, Judge Kaplan stated that the complaint adequately alleged both the antitrust injury and the existence of an antitrust conspiracy by the defendant MCSs who are the administrators of mental health benefits. The court explained that the alleged conspiracy, if proven, would be illegal because it substitutes “pricing by agreement among the defendants for pricing through competitive processes.” (The text of the complaint and a press release can be found at – email a copy of the complaint or from <www.managedcarewatch.com> /ClassAction.htm ).

APA Board of Trustees Action

Our Board of Trustees, in their July 10th Washington, D.C. meeting, agreed to the following courses of action:

- Immediate release of $10,000 from our current rates and media requirements.
- Enhancing the Scientific Basis of Psychiatric Care
- Advocating for Patients was placed first on the list. This is a laudable stance — selfless, altruistic, honorable. One would hope that all professional organizations in the health care arena would place Advocating for Patients first on their list of priorities. But alas, this is not the case. While other professional organizations have been vocal and effective in taking care of the guild issues necessary to maintain and grow their professional futures, we as psychiatrists appear to be enmeshed in doing the same. As a group we don’t give as much to Political Action Committees and we are not as politically active as some other providers of mental health care. This will hurt us.

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Referrals and the Searchable Database
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As of this writing the Board is considering how to:

- simplify the dues structure and lower the central dues without curbing APA activities that members want;
- return part of the central dues money to the DBs/state organizations either across the board or for targeted purposes, and
- roll back central APA expenditures.

Under President Allan Tasman’s direction the Board is reorganizing its and APA’s method of operation. Everything is to be brought under the APA’s strategic priorities: the budgetary process, expenditures, revenues, the work of the staff, the dues process, advocacy programs, publishing and educational activities, relationships with the DBs/state organizations, everything — all better to deal with the radically changing health care system.

Into the Future

No one knows for sure where it will go in the long run, but in the near future it appears as though the originally unregulated and chaotic marketplace of managed care is becoming increasingly regulated and regulated — by private-for-profit health care industry as it expands, mergers and concentrates control, by the growing non-profit hospital networks, and by the increasing interventions of state and federal governments.

We are seeing a hybrid system emerging, including all the above and the coalescence of the public and private sectors, with no one system (MSAs, single payer, etc.) able to take over completely for the present. The number of players in the game decreases, the bargaining technology continues to expand, costs continue to rise, and the number of uninsured grows, moving us progressively toward further government intervention with what seems to be increasing private participation, to alleviate the situation and correct the limitations here.

The power of the individual psychiatrist, alone, is weakening in the face of these changes.

Bringing It Together

APA’s task is to get the profession together, keep them informed, and act as a bargaining agent, an advocate, fighting for the patients, the profession and the members through governmental advocacy and legal initiatives, direct interaction with the managed care industry, direct work with the business community as long as it too is a major purchaser of care, and supporting good provider controlled groups. APA must bargain for us with whatever organization controls any portion of the health care system. The patients, the profession and the members have no one but APA on their side to do this, and there is no magic. No one case, no one law or regulation will change everything it is a continuing battle.

While these struggles go on APA has other tasks as well — membership, ethics, communications, conventions, publications, the election process, policy making on multiple issues, budgeting, administra-

tion, and on and on. These too are priorities given by the members, or material requirements for carrying them out.

To do all this our $36,000,000 organization has a staff of over 240 headed by a Medical Director, Councils, Commissions, Task Forces, and governance by the Board and Assembly, the latter made up of representatives from the 75 or so DBs/state organizations. These latter must be supported, tightly and oriented toward the same goals, and the disconnects between them and with APA corrected. APA is a federation of these semi-autonomous, separately incorporated DBs/state organizations, and it must always remember that whenever it is inclined to some kind of top-down imposition of program.

Board Takes Action

More specifically, the Board acted to:

- Fund NYSAPA, Georgia and other DBs to help them with their initiatives for parity, against dis- criminating coverage, and against extending the scope of practice of inadequately trained and other health care professionals; and to support suits on the national and state levels involving these matters and others, such as anti discrimination and antitrust suits, etc.;
- Continue work on its information technology to further the development of its electronic communica- tions systems, deal with the Y2K problem, restructure and update its information systems and databases, develop its local area network, its wide area network linking the DBs/state organizations and connecting the members together, and ultimately to work itself onto the Internet itself, developing such instruments as a Website where it can give information to the com- munity and serve the members; to this end it
- Begun working with the AMA and a number of other specialty societies to develop such a combined health care Website where there would be supplied truly expert health care information and health care activities to people seeking such on the Internet (where up to now those seekers could find only unregulated, uncredited purveyors of such information), and while doing so APA will also be;
- Giving information to the mem- bers, interacting with them, and reminding the public of what psychiatry is and where the best information can be obtained;
- Is definitely working, as noted, to lower dues in some way, with partial dues payments first going to the DBs and only after that to the central APA, and it is looking into revenue sharing with the DBs/state organizations, returning money to them, for the disappointment for the most part only on dues and APA has significant non-dues income;
- Is working towards refining and improving the APA election process which has grown increasingly expensive and at times rather

uncerneely, the number of members unhappy with the process growing and accounting for the increasing number of non-voters;
- Approved the revision of our Eating Disorder Practice Guidelines, the first Guidelines we came out with six years ago, thus fulfilling APA’s promise to keep updating them as well as coming out with new ones;
- Approved a method of document- ing psychotherapy for reviewing agencies while pushing for and decreasing the limitations on psychotherapy in managed care;
- Reviewed the issue of physician assisted suicide and sent it out to the DBs and the members, includ- ing the minorities and the compo- nents such as the Ethics, AIDS and End of Life Committees, for their input and advice;
- Reviewed the AMA AMAP program for accrediting and credentialing physicians, and joined with a number of other specialty societies in strongly recommending major changes and great caution in implementing it, for AMAP has significant implications for our members and we will guard their interests and the interests of the profession and our patients very carefully;
- Completed reorganizing the components, committees, council and task forces, moved the line item budget toward a functional budget with functional analyses of central APA departments, and prioritizing expenditures, cutting down on those with lower priori- ties, increasing those with higher ones, and making our expenditures conform to our strategic priorities;
- Working to influence the Residency Review Committee to increase and extend the teaching of psychiatry during residency programs;
- Working with other organizations to respond to general concerns about ethical considerations in psychiatric research involving human subjects;
- Supporting a neurologic malignant syndrome information service;
- Creating an Early Career Psychia- trist spot on the Board to replace one of the Trustee-at-Large positions, so as to increase the representation on the Board of those members who will constitute our future;
- Endorsing a meeting in October of the Mexican and World Psychiatric Associations, and another with both those organizations and the Canadian Psychiatric Association in January.

There are other matters, but this would give you an idea of some of what the Board is doing. I have never seen it more active.

Herb Peyser, M.D.  

Dr. Peyser’s web site can be found by pointing your browser to: <http://members.aol.com/hspeysermd> — Ed.
News From the District Branches

by Syed Abdullah, M.D.

The Bulletin would like to report on the activities of the District Branches throughout the state. To do this effectively we need a constant flow of information, including Newsletters, reports of professional, educational, legislative and community activities, etc., from all the DBs. We have already sent letters and E-mails, and have made phone calls to the DBs, only some of whom have responded promptly. We urge all of you to participate in this project of sharing information with your colleagues through the Bulletin. You can send your pieces to: Syed Abdullah, M.D. at 2 Howl Street Pearl River, N.Y. 10965; Tel: (914) 735-5078; Fax: (914) 735-0318; E-Mail: <syabdab@iol.com>.

New York County District Branch

The following news bits were collated from the Newsletter of the N.Y. County District Branch:

The Task Force on Reparative Therapy met regularly for a year and held a total of eight meetings. They reviewed the literature and tried to get input from both proponents and opponents of Reparative Therapy. Based on this work, they have prepared a report to submit to the Council and are preparing to ‘sunset’ the Task Force.

All of the eight nominees for APA Fellowship were approved.

The Committee on Public Psychiatry is presently working on a proposed conference on jails/prisons and the Mentally Ill. This one–day program to be prepared a report to submit to the Council and are preparing to ‘sunset’ the Task Force.

West Hudson Psychiatric Society

A special program for police took place on May 11, 1999, under the initiative of Lois Knoplick, DO, Chair of Public Affairs. There was active participation by police departments from Rockland, Orange and other surrounding counties.

On Sunday May 23, 1999 a Picnic for Parity was held at the Mental Health Association Building in Valley Cottage. The keynote speaker at this event was Mr. Glenn Liebman, Executive Director of NAMI-NYS.

The West Hudson Psychiatric Society’s award winning newsletter, Synapse, will be celebrating its 10th anniversary of continuous publication with the September/October issue.

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Bronx Rolls Out Fall Art Show

The Bronx Mental Health Coalition (under the leadership of the Bronx District Branch) is sponsoring an art show this October at the Bronx Museum of Art. The show will consist of paintings, drawings, sculpture and other art forms produced by artists who are, themselves, in psychiatric treatment. These works will be judged by a curator staff of artists, art therapists, and others under the auspices of the Mental Health Coalition. The art show will be the focus of The Bronx’s Mental Illness Awareness Week and Depression Screening activities for October 1999.

This year a formal opening reception will take place on Friday, October 8, 1999 between 11:00 a.m. and 1:00 p.m. during which the Bronx Borough President will issue the annual proclamation of Mental Illness Awareness Week.

The Bronx Museum of Art is located at the Grand Concourse at 165th Street. Its shows and activities for artists in the Borough were recently featured in the New York Times. The purpose of the show is to display the creative abilities and capacity to express feelings and ideas of people, who have, themselves, been affected by some mental illness and are now engaged in various forms of psychiatric treatment.

The art show will be open for viewing by the public for viewing by the public for the month of October.

The Bronx Mental Health Coalition, led by Michael M. Scimeca, M. D. of the Bronx District Branch, has been in the forefront of celebrations of Mental Illness Awareness for over six years. There are some 25–member organizations related to all levels of interest: hospitals, clinics, patient/consumer groups, family organizations, city/borough government offices.

President’s Message

Continued from page 1
should be required when non-medical practitioners treat patients with serious mental illness.

• Since the January 1, 1999 managed care fee reductions were first introduced, NYSPA has worked to get our message out to managed care companies about the adverse impact of fee reductions on patient access to care. This has successfully contributed to reversals of fee decreases implemented by United Behavioral Health and Magellan.

• NYSPA is currently implementing a major joint APA-NYSPA recruitment effort targeted to reach psychiatrists in New York State who are not members of APA.

• At the recommendation of the NYSPA Task Force on Strategic Planning, NYSPA is establishing a new NYSPA Committee of District Branch Presidents to enhance communication with and between our DBs and improve the effectiveness of our state organization. The committee will hold its first meeting at the Fall 1999 NYSPA Components Meeting.

• The Executive Committee has authorized NYSPA to join with the APA to provide financial support of the litigation in an important antitrust class action lawsuit (Holsten v. Green Spring) brought against the nine major managed care companies in the United States.

Finally, I wish to extend a special thanks to Leslie Gironne, M.D., M.P.H., Editor of the Bulletin and the entire Bulletin Editorial Board for maintaining the high standards of our organization’s publication. This year the Bulletin was awarded an Honorable Mention by the APA. The Bulletin is a critical component of our organization’s success. Through effective communication in the Bulletin, we can catalyze membership involvement in aggressive advocacy for our patients and our profession.

JCPA Chair

Continued from page 1
the development and implementation of its public affairs initiatives and strategies.

The JCPA develops recommendations for the Board of Trustees, which is the engine of change for the APA. It also receives Action Papers from the Assembly concerned with any aspect of public affairs. JCPA also reviews, advises and cooperates with all APA representatives regarding issues affecting the public image of psychiatry and public understanding of mental illness. JCPA and JCPA (government relations) work together on areas of mutual interest.

There is close synergy between JCPA and the Public Affairs Network, which is made up of the public affairs representative from each DB. All the Area Reps communicate with the members of the network in their area and bring their activities and concerns to the JCPA. There is also direct communication with the APA through the DPA. Since so much of public affairs is local, the network is the lifeblood of our public affairs program.

I have had the pleasure of being part of JCPA as it was led by past chairs Drs. Ed Hanin, Harvey Ruben, and Nada Stotland. Meaningful creative programs have been produced which have greatly benefited the APA. I look forward working with the JCPA as we move into the new millennium. In this time of changing health care ideas, the image of psychiatry must shine through. We can try to monitor all forms of media and be sure we use them all to the best of our ability (and our budget). Our best resources are the DB public affairs reps and committee. The APA can provide the guidance for media interaction, letters to the editor, ideas how to interact with police, libraries, schools, clergy, depression screening type programs, and so much more. We all must work together for a successful public affairs program.
In the community, mental illness can sometimes interfere with a patient’s ability to successfully participate in recommended treatment and be in need of treatment. In some cases, involuntary psychiatric hospitalization is necessary to ensure the patient’s safety and the community’s safety. Outpatient commitment laws are designed to address the needs of severely ill patients living in the community and repeatedly decompenating because of noncompliance: the so-called “revolving door syndrome.” It is clear that court ordered treatment is the only way to help these patients from the community. Beyond that, though, it is clear that outpatient commitment often helps patients accept necessary treatment, and improves outcomes. It’s very unusual to only have the patient’s wishes. This is a real possibility that a state law can be passed and signed. I strongly support this, and hope that the Bellevue experience will inform the process. A clear, fair law that can be effectively administered and enforced, would be a great asset to our patients, their families, our professional colleagues and our community.

Nothing is certain, though. Some consumer advocacy and other organizations oppose outpatient commitment. Some providers are quite concerned about liability. Supporters have a variety of goals and expectations for a state law. Negotiating something that is satisfactory to the many interested parties will be a delicate process.

There are currently 15 patients with outpatient commitment orders under the Bellevue pilot, the vast majority are in the community and in treatment. I certainly hope that they can continue to benefit from a legal intervention which promotes compliance with their outpatient care and improves their quality of life.

What is Outpatient Commitment?

Outpatient commitment specifically means one thing: that a court has ordered a patient with mental illness to comply with outpatient treatment. Commitment laws, whether for inpatient or outpatient care, have traditionally been the responsibility of the states. There are wide variations across the country regarding legal eligibility criteria, enforcement and patient protections in commitment laws. Implementation also varies because of differences in policy, administration and service funding. Some form of outpatient commitment is currently available in forty states.

What About Outpatient Commitment in New York?

While New York has permitted involuntary inpatient hospitalization since the nineteenth century, outpatient commitment has only been available for the past four years. After much debate, our state legislature called for the New York City Health and Hospitals Corporation to operate a pilot program, and for an independent evaluation to be performed. The New York City Department of Mental Health funded and strongly supported the Bellevue pilot. There was enormous cooperation also from the New York State Office of Mental Health, and from the provider community throughout the five boroughs.

Why Was There So Much Interest?

Outpatient commitment was intended to fill a gap. Clinicians and families wanted a way to help individuals with severe mental illness live safely in the least restrictive setting. Deinstitutionalization improved the lives of many patients, but did not address the needs of many others. Some patients who do not fit dangerousness criteria for inpatient admission are nonetheless highly symptomatic. The government wanted to deal with the well-known problem of severely ill patients living in the community and repeatedly decompensating because of noncompliance: the so-called “revolving door syndrome.” It became clear that in addition to housing and outreach, oriented community mental health programs, there was a need for a legal tool to promote compliance. There was a recognition that mental illness sometimes interferes with a patient’s acceptance of available services.

What Are the Criteria for Outpatient Commitment Under the Pilot?

The statute defines eight criteria for patient eligibility. The individual must be over 18, suffering from a mental illness, and be incapable of surviving safely in the community without administered in a hospital or emergency room.

What Has the Pilot Taught Us?

Outpatient commitment research around the country over the past twenty years has found that it helps reduce readmission rates and length of stay, and reduces dangerousness in the community. While the independent research about the pilot reported no statistically significant findings, the numbers suggested trends that are consistent with the positive results of other studies. There is no question that good, coordinated clinical services help seriously ill patients do better in the community. Beyond that, though, it is clear that outpatient commitment often helps patients accept necessary treatment, and improves outcomes. It’s very unusual to only have the patient’s wishes. This is a real possibility that a state law can be passed and signed. I strongly support this, and hope that the Bellevue experience will inform the process. A clear, fair law that can be effectively administered and enforced, would be a great asset to our patients, their families, our professional colleagues and our community.

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As the Bulletin goes to press, the NYS Legislature is working on a statewide outpatient commitment law. —Ed.
During this legislative session NYSPA faced its greatest challenge in many years—the Omnibus Mental Health Licensing Bill. Despite concerted efforts by the sponsors and supporters, at the end of the session in August, the bill remains on hold. The Senate bill, S.2990-D by Senator LaValle (R-Suffolk) has been recommitted from the floor of the Senate to the Senate Rules Committee. The Assembly companion bill, A.5410-D by Assembly member E. Sullivan (D-Manhattan) remained in the Assembly Codes Committee since late June.

The bill would create four new mental health professions—mental health counseling, marriage and family counseling, creative art therapy and psychoanalysis—and establish a scope of practice for each new profession that includes the treatment of mental disorders without qualification or limitation of any kind. The bill also includes a new scope of practice for psychology and social work that also includes the diagnosis and treatment of mental disorders.

The bill seriously encroaches on the scope of practice of medicine and confers an unlimited scope of practice on all six professions. The bill would permit all six non–medical professions to treat independently and without any medical involvement all mental disorders including serious mental illnesses such as schizophrenia, major depressive disorder, manic depressive disorder, panic disorder, obsessive compulsive disorders and any other mental illness with a history of serious functional impairment.

The bill is supported by associations representing hundreds of thousands of non–medical practitioners in this state. In the face of this juggernaut, NYSPA mounted a vigorous and active response. Barry Perlman, M.D., NYSPA Vice–President and Chair of the Legislation Committee, Richard Gallo, NYSPA Legislative Consultant, and Seth Stein, NYSPA Executive Director and General Council, met with the sponsors early in the session to express serious objections to the bill. The Senate Majority Leader, Andrew Roffer, Esq., former counsel to the Assembly Speaker, to help craft bill language for presentation to the Senate.

While some progress was made, on the critical issues NYSPA could not secure any agreement. NYSPA objected to designating psychoanalysis as a distinct profession and argued that psychoanalysis is a treatment modality, not a profession. Most important, NYSPA maintained that the bill should include language requiring non–medical mental health practitioners to secure medical input and evaluation when treating persons with serious mental illness.

At the end of this session, because of the combined efforts of NYSPA, MSSNY and other groups opposed to the bill, the bill remained on hold when the legislature adjourned for the summer. However, the battle over this bill is just beginning. The sponsors and proponents of the bill have not given up and will undoubtedly redouble their efforts next year to pass this bill. In turn, NYSPA and its membership must be prepared to meet this challenge.

However, NYSPA and MSSNY agreed to do more than simply oppose the bill. NYSPA and MSSNY also agreed to try to work with the sponsors of the bill to pass a bill that would address the issue of unlicensed and unregulated therapists while maintaining the distinction between physicians and non–physicians and protecting persons with serious mental illness who need treatment. In order to make sure that NYSPA exerted the maximum effort, NYSPA retained the services of Philip Pinsky, Esq., former counsel to the NYS Senate Majority Leader, and Andrew Roffer, Esq., former counsel to the Assembly Speaker, to help craft language to address the concerns of the sponsors, NYSPA and MSSNY.

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The Team That Saved the Day

Left to right: Richard Gallo, Government Relations Advocate; Gerard Conway, Director, Government Relations; MSSNY, Barbara Elman, Legislative Associate, MSSNY; Elizabeth Dears Kent, Counsel; MSSNY, Seth Stein, Executive Director & Counsel, NYSPA; and Barry B. Perlman, M.D., Vice President, and Legislative Chair, NYSPA.

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Makers of Seroquel (Quetiapine)

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Topic: Results of a Double-Blind Study Evaluating Tolerability, Safety and Efficacy Comparing Quetiapine and Risperidone

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Time: 1:15 p.m. Eastern Standard Time
Dates: September 9th and October 14th
Phone #: 1-800-344-1249

To Contact a Local Representative call 1-800-822-9209

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Albany Report: A Close Call!

The Team That Saved the Day

Left to right: Richard Gallo, Government Relations Advocate; Gerard Conway, Director, Government Relations; MSSNY; Barbara Elman, Legislative Associate, MSSNY; Elizabeth Dears Kent, Counsel, MSSNY; Seth Stein, Executive Director & Counsel, NYSPA; and Barry B. Perlman, M.D., Vice President, and Legislative Chair, NYSPA.

AstraZeneca Pharmaceuticals
Makers of Seroquel (Quetiapine)

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Pizza for Parity

Delivering a pizza with a slice missing brings the message to legislators that health insurance is incomplete without mental health benefits. More on the fight for parity in forthcoming Bulletins. Left to Right: Tracy Tress (NYS Psychological Association), Glenn Liebman (New York Alliance for the Mentally Ill), Dawn Robinson (State Communities Aid Association), Richard J. Gallo (NYSPA), Senator Thomas Libous (prime sponsor of the parity bill), Brian O’Malley (NYS Association of Social Workers), Joe Glaizer (Mental Health Association - NYS), and Ruth Faster (NAMI).
Does the APA Need a Minority Trustee?

By James C.-Y. Chou, M.D.

Dr. Chou is a member of the Bulletin Editorial Board and recently chaired the APA Assembly Committee of Minority/Underrepresented (MUR) Groups. He is also the Assembly Deputy Representative for the APA Caucus of Asian-American Psychiatrists. Dr. Chou welcomes your comments and would like your input. -Ed.

Does the APA Need a Minority Trustee? This question has been under discussion in some components of APA and will receive more thorough discussion this fall. APA prides itself as being committed to supporting minority and underrepresented (MUR) issues and promoting diversity. Such a laudable position is stated virtually everywhere throughout APA policy, and the many APA actions that deal with minority issues suggest a strong commitment. But how serious is this commitment? Is it reflected in the governance of the organization? How diverse is the membership, and more importantly, how diverse is the leadership? The data for the membership and the Board of Trustees (BOT) are shown in the following table. From this data, it becomes clear that the BOT is not nearly as diverse as the membership (see table).

First, among the seven identified MUR groups, only Blacks have had elected BOT representation comparable to their representation among the membership. Although Hispanics and Women have achieved some representation on the BOT, they continue to be markedly underrepresented. Some of the women elected to the BOT were the Member–in–Training Trustee, a position with much more diverse representation than the other Trustees. Asians and IMGs have essentially had no representation on the BOT. This is particularly troubling since these groups are fairly large within the APA membership and have had BOT representation less than 1/20 of their representation in the membership. The low BOT representation of Native Americans and Gay/Lesbian/Bisexuals (GLB) is more difficult to interpret because the Native American membership is so small, and the counting of GLB is an underestimate due to underreporting and confidentiality.

Thus, the inescapable conclusion is that the BOT is significantly less diverse than the membership. In fact, the BOT is largely a group of heterosexual, American–trained, White males over the age of 50 making policy decisions for an APA that prides itself in being sensitive to minority issues. The message that this sends to the MUR membership is very clear.

What Mechanisms Currently Exist to Enhance BOT Diversity?

Currently, several mechanisms have, either inadvertently or by design, affected MUR representation on the BOT. The three Trustee at Large positions are sometimes viewed as being more accessible to MUR candidates. The Nominating Committee, which includes diverse representation and nominates all national candidates, has worked actively to nominate many MUR candidates. Other mechanisms which may enhance MUR representation on the BOT are the Member–in–Training Trustee (MITT) and the proposed Early Career Psychiatrist Trustee (ECPT). Both of these Trustees are selected from younger and more diverse constituencies, which should over time enhance diversity on the BOT.

What Are the Choices?

The choices are basically either to accept the status quo perhaps with some minor changes, or to do something different. Several components have been discussing this issue over the past year. The proposed change under consideration is that of a designated Minority Trustee. So far, this is the only option considered likely to enhance voting representation of MURs. The Minority Trustee must be a member of one of the seven MUR groups.

Janssen Pharmaceutica Advertisement
What are the Benefits of a Minority Trustee?

If one begins to consider the drawbacks, it is easy to focus on these and to forget about the benefits. The Minority Trustee could become a second-class token position on the BOT with limited influence, and possibly with limited potential to attain other leadership positions. This could eventually develop into a worsening marginalization of MURs within APA. Another potential problem is the implementation process and avoiding conflicts amongst the MUR groups. It could be difficult for one individual to effectively represent so many diverse groups. Furthermore, if one group was repeatedly successful in winning the Minority Trustee election, other MUR groups might feel left out.

What are the Benefits of a Minority Trustee?

The fundamental benefit of a Minority Trustee is that MUR groups would have a voting voice on the BOT. Basically, in spite of existing well-intentioned efforts, there has been little and inadequate voting MUR representation on the BOT. When there has been any it has been transient. This is unlikely to change without a designated Minority Trustee in part due to the nature of the election process. Such a conclusion is supported by the statistics in the Table above showing MURs on the BOT. Moreover, a Minority Trustee position should create a situation allowing sufficient grooming to facilitate MUR candidates to rise further in the leadership ultimately enhancing the diversity of the BOT.

Summary

In summary, the BOT lacks diversity. An organization which is committed to promoting diversity and minority issues needs to enhance the diversity of its governance, and this should begin at the top with the BOT. If APA decides that this is a desirable objective, then the Minority Trustee may be the only way to achieve this as there is nothing else that has worked so far. If APA is not convinced that there should be more diversity on the BOT, then it is easy to dismiss this as an unsatisfactory idea. The consequence of that will be little if any change in the diversity of the BOT.

In contrast, if APA considers the diversity of the BOT to be important, then perhaps the unavoidable problems encountered with implementation are worth addressing. These drawbacks could be resolved with a concerted effort from all MUR groups and the APA leadership. While affirmative action has its pros and cons, if the under-representation is severe, as it is in this case, then it is a reasonable alternative.