**President’s Message: Managed Care Fee Reductions - What NYSPA Has Done**

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

When our members ask what they get for their NYSPA dues, we can point to our prompt and effective response to the 1999 fee reductions imposed by the three behavioral managed care companies operating in New York State: Magellan, ValueOptions and United Behavioral Health. When these fee reductions were announced, NYSPA immediately developed and implemented a plan of action to protect the interests of our members and their patients:

- Inform our members about their rights under the managed care contracts and state law.
- Communicate our concerns to the three managed care companies and insist on full compliance with the provider contract and state laws.
- Contact appropriate state and federal government agencies and ask them to investigate the simultaneous fee reductions and the possibility of an illegal restraint of trade.

NYSPA’s plan of action has already yielded significant and dramatic positive results.

On February 10, 1999, United Behavioral Health notified all providers that its fee decreases were rescinded retroactive to January 1, 1999, and that UBH will return to its 1998 fee schedule.

This represents a significant victory for our members and their patients and reflects the concerted efforts by NYSPA to communicate our concerns.

NYSPA was also successful in securing compliance by both companies with the requirements of their contracts and state law. As a direct result of advocacy by Seth Stein, NYSPA Executive Director and General Counsel, both Magellan and ValueOptions have reversed their prior positions and have agreed in writing that psychiatrists who filed a timely objection to the fee decreases will be paid at the prior fee schedule and will be reimbursed for all services rendered in 1999 that were paid at the lower fee schedule.

In addition, both Magellan and ValueOptions, at NYSPA’s insistence, have notified patients whose providers either dropped out of the network, or were terminated from the network by the managed care company, of the patient’s right under state law to a 90 day extension of the termination date. If the provider agrees to continue to provide services during that period, we are also continuing to meet with representatives from Magellan and ValueOptions to encourage them to recognize their fee schedule as the enhanced value of integrated treatment, i.e., where the psychiatrist provides both psychotherapy and medication. Recent articles in Psychiatrist Services indicate that integrated treatment by a psychiatrist is more clinically effective, shorter in duration and less expensive than bifurcated treatment where the psychiatrist provides only medication and the non-physician mental health professional provides psychotherapy.

Finally, NYSPA has filed complaints with state and federal officials seeking an investigation to determine whether the simultaneous fee reductions resulted from improper collusive activities in restraint of trade. I can report that NYSPA has already received a response from the Anti–Trust Division of the United States Department of Justice indicating that our complaint is under review.

—Jim Nininger, M.D.

**The Current Political Crisis in Patient Privacy**

by Leon Hoffman, M.D.

(A version was presented at The Psychiatric Society of Westchester County and Bronx District Branch on March 17, 1999 — Ed.)

The danger to privacy and confidentiality is THE most central issue facing our profession today. We need to communicate to Congress that:

- Privacy is vital to quality care
- The supreme court recognized this and is consistent with our experience.
- There can be no pre-emption of state laws, many with effective privacy standards. If Congress does not pass a Privacy Bill by August 21, 1999, as mandated by The Health Insurance Portability and Accountability Act of 1996, Health and Human Services rules become law by default. The administration undoubtedly agrees with the observation that there has been a “disastrous erosion of the precious but fragile conventions of personal privacy in the United States over the past 30 or 20 years.” Yet, they proposed that, law enforcement agencies seeking health care fraud could access patients’ records at will without patient consent or without a court order. They have proposed a “unique health identifier,” assuring that privacy rights should be subordinated to the hope that, once all medical data is electronically stored and at everyone’s finger tips, medical care will become more efficient, errors will never occur, and care costs will be reduced.

The implementation of such an Orwellian scenario will inevitably result in the public’s withholding of crucial medical information.

A source for this unfortunate trend lies in the thinking of Lawrence Gonzi, a bioethicist, chair of the Task Force on Health Information Privacy of CDC and the Carter Center: privacy must be sacrificed for societal good; accessibility to records is crucial; privacy and confidentiality are the guiding principles for the management of medical records in order to prevent fraud, save money and do clinical research.

—Leon Hoffman, M.D.

**APA 1999 Federal Legislative Institute**

by Barry B. Perlman, M.D.

The American Psychiatric Association’s biennial Federal Legislative Institute was held in Washington, D.C. from April 11-14, 1999. Those participating in the Institute were the Area representatives to the Joint Commission on Government Relations, the DB Legislative Representatives, interested members, DB Executive Directors, and others. During the Institute those in attendance were exposed to seminars in health care policy and the related politics. They were treated to presentations, taught how to be effective “lobbyists,” and dispatched to Capitol Hill to meet with their elected members of Congress to educate and agitate for the concerns of our patients and our profession.

The program, crafted by Jay Cutler, the APA’s Director of Government Relations, and his outstanding staff, stirred the juices of those attending through a White House briefing held in the Old Executive Office Building and presentations by prominent leaders concerned with the care of those with mental illness. Among those who spoke before the attendees were Rep. Jim McDermott (D-WA), the only psychiatrist currently serving in the House of representatives, David Satcher, M.D., Ph.D., United States Surgeon General and Assistant Secretary for Public Health and Science, U.S. Department of Health and Human Services, and Senator Paul Wellstone (D-MN), whose legislation was being sponsored with Senator Pete Domenici (R-NM), was poised to be introduced in the Senate. At the same time the companion legislation was being introduced on the House side by Rep. Marge Roukema (R-NJ).

In addition to the “celebrity” political appearances, there were many seminars dealing with the substantive issues central to the agenda of organized psychiatry in its quest to improve quality of care, confidentiality of medical records, for those with mental illness. These presenting on the panels were key staff serving the elected officials on the committees through which the relevant legislation must move. In order that participants be effective in discussing the “3 P’s” of Parity, Protection, and Privacy with their Representatives and Senators and their staffs, a valuable session that taught “lobbying” skills was held immediately before the trips to “The Hill.” In preparation to these trips, the APA had written to their elected representatives well in advance of the meeting so that conferences and Area II of the APA, which is committed to...
From the Editor... NY DBs Take Prizes

New York State was well represented in the New York Psychiatric Association Newsletter of the Year Awards for 1999. Congratulations to Robert Sobel, MD and Syed Abdulrahman, MD, of the West Hudson Psychiatric Society. Their newsletter, Symposium, won the Newsletter of the Year Award for the category of Small District Branch. Congratulations also to Dr. David Helmer, MD, editor of the New York County District Branch newsletter, who earned an Honorable Mention Award. The Bulletin was also the proud recipient of an Honorable Mention Award. The contest process afforded us the opportunity to receive a comprehensive review of our layout and content, and how well we have adhered to our promises to our readership. We got some good advice which will be reflected in this issue and in the ones to follow. We look forward to more graphics, pictures, and white space. This will counterbalance the text that was at times too dense. You will see more news from the District Branches - we need your help to get this information. Syed Abdulrahman, MD has been assigned the task of coordinating this regular column.

You will from time to time also see articles that have already appeared in this publication. District Branch newsletters - this material will spotlight some of the talent that we have across the State. This issue features two letters to the editor — keep them coming! We also hear about patient privacy, adolescent psychiatry training confusion, and about solving the homeless. You will also find a table of phone numbers to call with complaints regarding health insurers.

This issue will come to press at the same time the APA Annual Meeting gets underway. Watch for the next issue for highlights from this meeting. Feedback is, of course, welcome. The deadline for the next issue is August 1, 1999. Have a nice summer!
**Good and Not So Good News**

by Herb Peyser, M.D.

There has been much good news and not so good news.

First, the not so good news. Only 36.6% of the voters in the last election, one out of three, have renewed. This has been a nationwide problem. There have been numerous complaints about member and DB dissatisfaction and an increase in the number of members leaving the association.

Second, the good news. The Board of Directors voted in the last election, Herb Peyser, M.D., as President. This is a strong vote of confidence in the leadership of the Board and the future of the Association.

**APA is not just a business. It is a professional organization of collegians and professionals.**

For example, Steeves is consolidating our book publishing into one publication, APPI, with a staff of 80. This will increase efficiency and decrease costs. But in the process of this centralization, there will be a decrease in the number of components a member can choose to receive.

**Dues Amnesty Program**

This is a new program designed to help members who have fallen behind in their payments. This program will provide a chance for those members to bring their dues up to date and avoid further penalties.

**Career Psychiatrist Trustee**

This is a new position that has been created to provide a voice for career psychiatrists. The position will be filled by a psychiatrist who is active in the community and has a successful practice.

**Medical Society of New York**

This is a new society that has been created to provide a voice for medical practitioners. The society will work on issues that affect the medical community, such as health care reform and patient rights.

**Psychologist Prescribing**

This is a new area of practice that has been opened up to psychologists. This will provide an opportunity for psychologists to provide care to patients who have mental health problems.

**Physician Referral Service**

This is a new service that will provide a way for patients to find a psychiatrist. The service will be available to all members of the Association.

**Why I Joined the Medical Society Of The State Of New York**

by C. Deborah Cross, M.D.

I have been an active member of the NYS Capital District Branch for many years, having served as President and currently serving as District Branch Representative. Last year, I was appointed Chief Medical Officer of the Capital District Psychiatric Center, the largest hospital in the State of New York. I am a member of the American Psychiatric Association and the State Society of New York.

We need the support of all physicians in our fight for parity for the treatment of mental illness and to protect our profession from encroachment by non-medical practitioners. For example, right now NYSPA is working with MSSNY to respond to the changing payment system from Medicare. Psychiatrists are a practice of medicine that is vital to the health of our community. MSSNY is also a critical member of the coalition fighting for parity in Albany. Psychiatrists cannot wage these battles alone.

We need the active support of organized medicine represented by MSSNY. The greater the number of psychiatrists who join and participate in MSSNY, the greater our influence and impact.

An investment in a MSSNY membership is an investment in the future of our specialty and the profession of medicine. If you want information about joining MSSNY, please write to Eunice Skelly, Director of Membership, MSSNY, P.O. Box 5404, Lake Success, New York 11042.

---

**Editorial Board**

It all started some time ago as the APA moved in a businesslike approach in his previous administration. The APA President, a Board administrator with an efficient, and less efficient and there were disconnects.

**Medical Directoring**

Medical Directoring evolved that the growth of APA. However, a style of leadership was felt by some to be antiquated, non-communicating and unnecessary cost and inefficiency, and there were numerous complaints about the problems.

**Consulting**

Everywhere. Slowly decline, the job is being translated into other languages for Latin American, Spanish, Portuguese and Italian editions. There will be a revised (or changing) coding of DSM-V 2000 or so, perhaps a coding update in conjunction with ICD-10CM between 2005-2005, and a DSM-V between 2007 and 2010.

**MSSNY and APA**

We had tried previously to get routine Board involvement and oversight with all such projects this way but it was not successful. However, it had been just such Board involvement that had brought the mid course consultation concerning our expensive but vital Telephone Electronic Communications Project by a major national firm, a consultation that stopped further funding until APA set a business and management information system under a Chief Information Officer in place. This is something that we must work hard and waste unnecessary cost and inefficiency, and solve the Y2K problem while continuing to upgrade and consolidate our antiquated, non-communicating information systems, make them more interactive and standardize our software.

**Future Issues**

You can look forward to seeing this in future issues of The Bulletin.
News From the District Branches
by Syed Abdullah, M.D.

The Bulletin would like to spotlight some of the activities of the District Branches throughout New York State. To do this effectively we need a constant flow of information, including newsletters, details of professional, educational, legislative and community activities, etc., from the DBs. All DBs have been contacted by letter, e-mail, and telephone. We appeal to all of you to participate in this project of sharing information with your colleagues. You can send your pieces to Syed Abdullah, M.D. at 2 Hawk Street Pearl River, N.Y. 10965; Phone: (914) 735-5078; Fax: (914) 735-0318; E-mail: <sydabd@aol.com>—Ed.

New York County District Branch
Rosalie Landy, the Executive Director of the NYCodDB was asked by the Speaker of the Assembly, Donna Norris, M.D., to speak to the Assembly members at the November '98 meeting at Washington, D.C. Ms. Landy, in her presentation reminded the audience: “...we (the executive directors) are the ones who steer the ships and row the boats for the Association.” She suggested that the inclusion of the executive directors in the Assembly proceedings should become a regular feature of all the DBs nation-wide. Ms. Landy received a standing ovation at the end of her speech. She concluded with the following poem which she wrote for the occasion:

You’ve come a long way people to get where you are today
You’re climbing up that mountain, no time for you to stay
You’ll face many a battle, but must continue on your way
For only with persistence can you hope to see the day
When managed care and HMOs are dearly out the door
And the practice of psychiatry will reign again once more.
And so together as a group you must begin this task
Remember that psychiatry is here and here to stay.

Her full speech was published in the New York County District Branch Newsletter in the Fall/Winter 1998 issue.

West Hudson Psychiatric Society
Synapse, the newsletter of the WHPS has again won the Newsletter of the Year award for small DBs. This is the second time, in nine years of publication, that this prestigious citation has been conferred on the Synapse. This lively little publication has also won other awards over the years including several honorable mentions, continued excellence awards, and the five years’ continued excellence award. The Newsletter is noted for its original articles contributed mainly by members of the WHPS.

The WHPS has hosted a large number of scientific educational meetings in recent months organized by David Brody, M.D., Chair Education Committee. These included the following topics: Psychiatric Treatment of Parkinson’s Disease by Michael Serby, M.D., Mt. Sinai School of Medicine; Temperament, Personality and Classification of Mental Disorder by Robert Cloninger, M.D., Washington University School of Medicine Management Issues for the Private Practitioner addressed by Seth Stein, Esq., Executive Director and James Nininger, M.D. President of NYSPA. Lois Kropfik, D.D.S., is active in Coalition building and community activities in conjunction with NAMI, FAMILY and Allied Professions. She is currently busy organizing the next Picnic for Parity at Rockland Lake. Last year’s Picnic was a great success attended by over 400 people, including patients and professionals.

Queens County Psychiatric Society
We have received the following information from Ms. Wessely, Executive Director of the Queens County Psychiatric Society: On Tuesday, June 15th, 1999, the Queens County Psychiatric Society and the Queens County Medical Society will host a CME Program on cognition. The speaker will be Philip Harvey, Ph.D. The Meeting will take place on board the THOMAS JEFFERSON STEAMER (a replica of the side wheel paddle steamers that cruised Long Island Sound’s Gold Coast in the nineteenth century) leaving Glen Cove Harbor, Long Island at 6:45 p.m. This three-hour dinner cruise is being sponsored by Janssen Pharmaceuticals. Michael Gordon, M.D., President of the Queens County Psychiatric Society, wishes to extend an invitation to NYSPA/DB officers to join his District Branch in this delightful evening. As seating is limited, please contact Debbie Wessely at 1-877-612-7110 (toll free in New York and New Jersey) for reservations and further information.

Western New York Psychiatric Society
As submitted by Donna M. Ball, Executive Secretary of the Western New York Psychiatric Society: March 25, 1999 was the night of a dinner meeting with William Glazer, M.D., Harvard Medical School. The topic was “Antipsychotic Medication and EPS: Bio-Psycho-Social Considerations.” On April 22, 1999, Paul Jay Markowitz, M.D., Case Western Reserve University, was the featured speaker at another dinner meeting, focusing on “Pharmacotherapy of Borderline Personality Disorder.”

Where to Register Complaints Regarding Health Insurers

<table>
<thead>
<tr>
<th>Where to Register Complaints Regarding Health Insurers</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Greater New York Hospital Association (212-246-7100) has prepared a table of telephone numbers that can be used when pursuing complaints about health insurers.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>For complaints about...</th>
<th>NYS Insurance Department</th>
<th>NYS Department of Health</th>
<th>NYS Attorney General</th>
<th>US Health Care Financing Administration</th>
</tr>
</thead>
<tbody>
<tr>
<td>AHIs and HSCs unless otherwise noted</td>
<td>800-358-9260 any insurer</td>
<td>800-206-8125 HMOs, PHSPs, W/C/NFs and their URAs</td>
<td>800-771-7755 press 3</td>
<td>HMOs with Medicare products</td>
</tr>
<tr>
<td>Medical necessity decisions, utilization review agents, appeal process (appeals are complaints by members and providers about medical necessity decisions)</td>
<td>800-342-3736 press 18/3 AHI, HSCs, and their URAs</td>
<td>518-473-4842</td>
<td></td>
<td>Mail or fax complaints to: HCF/Health Plans Branch, 26 Federal Plaza, Room 3800, New York, NY 10278</td>
</tr>
<tr>
<td>Provider contract terms</td>
<td>800-342-3736 press 18/3 any insurer</td>
<td></td>
<td></td>
<td>Fax: 212-264-2665</td>
</tr>
<tr>
<td>Member contract terms</td>
<td>800-342-3736 press 18/3 any insurer</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grievance process (grievances are all complaints by members except those about medical necessity decisions), disclosure to members</td>
<td>800-342-3736 press 18/3</td>
<td></td>
<td></td>
<td>800-331-7767 (IPRO)</td>
</tr>
<tr>
<td>Quality of care</td>
<td>888-372-8369</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Insurance fraud</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

AHI = Accident and Health Insurer regulated under Insurance Law Articles 32 and 42
HMO = Health Maintenance Organization certified under Public Health Law Article 44
HSC = Medical/dental indemnity or hospital/health services corporation licensed under Insurance Law Article 43
PHSP = Pre-Paid Health Services Plan certified under Public Health Law Article 44
URA = Utilization Review Agent required to register with the Department of Health under Public Health Law Article 49
W/C/NF = Workers Compensation or No-Fault insurer

Page 4 New York State Psychiatric Association • THE BULLETIN Summer 1999
Patient Privacy
Continued from page 1
and utilization review.

Privacy and Confidentiality
Privacy refers to the right of the patient or his or her agent; confidentiality to the ethical and legal requirement of the custodian of the information, whether it's the doctor or the owner of computerized data. Insurance, drug, and managed care companies wish to shift the debate from a focus on the privacy rights of the individual to a debate on what happens after records are electronically stored.

Once clinical information is stored in a computerized data bank neither patient nor clinician has control over its distribution. Some argue that privacy of records jeopardizes patient safety if, for example, an accident victim requires emergency care in a distant state. While this argument may be sound in the abstract, it becomes highly disconcerting when one learns of unauthorized uses of records. However, authorized uses of medical information are a much greater danger because consents are so broad that neither patient nor doctor have any idea where the information may wind up. Employers, especially those who self-insure, have legal access to an employer's medical records, to the detriment of current or prospective employees. Thirty five percent of Fortune 500 companies acknowledged using personal health information to make employment decisions. Prescriptions and personal data are legally used to market drugs.

The Medical Record - a Valuable Commodity
Since the medical record is a valuable money-earning commodity, business enterprises, in essence, assume ownership over it as they would over any other asset. They thus, deny control to the patient, to whom it justly belongs.

What is missing from the debate is the fact that health information is important for quality health care and privacy belongs to the patient, as recognized under Constitutional, common, state statutory law, and standards of medical ethics. In all of medicine we need to vigorously argue that the privacy of the doctor patient relationship dates back to the time of Hippocrates. However, this privacy of communications is especially central in a psychotherapeutic relationship.

Jaffee v. Redmond: Privacy = Quality Care
In 1996 The U.S. Supreme Court ruled in Jaffee v. Redmond that “effective psychotherapy...depends upon an atmosphere of confidence and trust in which the patient is willing to make a frank and complete disclosures.” The Court upheld that “the more possibility of disclosure may impede development of the confidential relationship necessary for successful treatment.” It rejected a “balancing component of the privilege” because “making the promise of confidentiality contingent upon a trial judge's later evaluation of the relative importance of the patient's interest in privacy and the evidentiary need for disclosure would eviscerate the effectiveness of the privilege.” If the Court ruled the psychotherapist-patient privilege to be absolute in court cases, shouldn't the privilege be absolute in all situations, including psychological treatment under insurance coverage? If certain proposed bills in Congress were to be enacted into law, patients seeking psychotherapy could not be guaranteed a full protection of their “confidential conversations.”

The Court's ruling was so important to both private interest and public interest that they created a new psychotherapist-patient privilege, without requiring a balancing test and creating a new exception to the principle that the court has the “right to every man's evidence.” Although 50 states and the District of Columbia have laws protecting the privacy of communications in psychotherapy, until Jaffee there was no Federal rule to this effect.

Although the Court distinguished between the treatment of physical and mental ailments in their need for confidentiality, can one argue that the Court is not following its own examination of the centrality of privacy and confidentiality in the building of trust by all doctors? The Court believes that treatment for physical ailments can proceed successfully simply with objective measurements, not requiring full disclosure by the patient; yet to all of us, “reason and experience” demonstrates that without trust a patient will not confide in the physician.

Privacy Principles
A. Federal standards should expressly recognize that patients have a right to privacy for identifiable health information which should not be waived without meaningful notice and informed consent.

B. The principled approach to medical privacy requires an assurance that citizens not lose their rights whenever they seek health care. Eighty seven percent of Americans believe that laws should prohibit health care organizations from releasing medical information without their consent.

C. Whenever identifiable health information is required, meaningful notice and informed consent has to be obtained in contrast to the use of blanket consents, essentially coerced. Ninety three percent of Americans believe that companies that sell information to others should be required by law to ask permission from individuals.

D. In rare situations where identifiable health information needs be obtained without the patient's consent or against the patient's will, procedural safeguards should require those seeking the information to bear the burden of showing that there is need for the information and that it directly furthers an important public interest. There has to be evidence that patient consent cannot reasonably be obtained, that the need can be met only through the use of identifiable information, and the use of the information will be limited to the purpose for which it was obtained.

Legislative Agenda
Several bills are being considered in Congress. It is central that none preempt State laws such as the excellent privacy laws in DC and Illinois. In DC, a mental health professional's notes can only be disclosed if the professional is sued for malpractice by the patient. Disclosures to third parties are tightly regulated and re-disclosures to others prohibited.

By April 1999, Senators James Jeffords (R-VT) and Chris Dodd (D-CT) introduced the 1999 version of the Health Care Personal Information Non-disclosure Act. Senators Patrick Leahy (D-VT) and Edward Kennedy [See Patient Privacy on page 8]
The Current Crisis in Adolescent Psychiatry

by Richard Rosner, M.D.

Richard Rosner, M.D. is President of the Society for Adolescent Psychiatry, Inc. and Chairman of the Council on Education and Scientific Affairs of the American Society for Adolescent Psychiatry. Dr. Rosner is Medical Director of the Forensic Psychiatry Clinic of Bellevue Hospital Center and former Associate Commissioner for Forensic Mental Health Services of the New York City Department of Mental Health, Mental Retardation & Alcoholism Services. He is a Clinical Professor of Psychiatry at New York University School of Medicine. –Ed.

The most cursory perusal of current newspapers and magazines reveals the current crisis in adolescent psychiatry. Teenagers whose mental health problems are flagrantly underdiagnosed and under-treated until they explode in violence against themselves and innocent others is a gross discrepancy between the needs of youth and the funds and personnel available to meet those needs. The number of persons entering general psychiatry, despite a recent slight increase in the number of USA medical school graduates applying for psychiatric residencies, continues to be relatively low in comparison to adult psychiatry. International organizations, the American Academy of Pediatrics, the Society for Adolescent Psychiatry, Inc., the Tri-State Chapter of the American Academy of Psychiatry and the Law, and the American Society for Adolescent Psychiatry, Inc., the Tri-State Chapter of the American Academy of Psychiatry and the Law, the Forensic Psychiatry Clinic of Bellevue Hospital and the Post-Graduate Medical School of New York University have pooled resources in a pilot project to address the needs of troubled teenagers. If sufficient psychiatric personnel are to be made available in a timely manner to meet the needs of adolescents, such personnel must be drawn from the ranks of existing practitioners of general psychiatry. Such practitioners must be provided with intensive training in the core didactic contents of adolescent psychiatry, in a convenient format and at a price that is affordable. The Council on Education and Scientific Affairs of the American Society for Adolescent Psychiatry, the Society for Adolescent Psychiatry, Inc., the Tri-State Chapter of the American Academy of Psychiatry and the Law, the Forensic Psychiatry Clinic of Bellevue Hospital and the Post-Graduate Medical School of New York University have pooled resources in a pilot project to begin to address the crisis in available personnel trained in adolescent psychiatry. Adolescent Psychiatry: Forensic Considerations and Clinical Practice, a seventeen session course, granting 25+ hours of Category One credit in continuing medical education, has been offered at no cost to all interested persons during the Spring 1999 semester. The faculty is drawn from the cooperating organizations and consists of Board-certified adolescent psychiatrists, Board-certified adolescent psychiatrists, and Board-certified child and adolescent psychiatrists. Approximately 30 persons will complete the 1999 training program and receive a certificate of course completion. Graduates of the course meet the minimum training requirements for eligibility to take the examination of the American Board of Adolescent Psychiatry, Inc.

The scope of the course is extremely ambitious, so that some participants exclaimed that they had not previously grasped how extensive adolescent psychiatry was, how much one had to know in order to assess and treat teenagers. The course curriculum covers assessment of adolescents, development, psychiatric disorders (and their treatments) in adolescents, adolescent sexuality and risk-taking behaviors, and adolescent forensic psychiatry. A major goal of the course is to encourage the participants to seek additional reading, additional didactic training, and additional clinical experience. Interested persons are invited to attend the evening special educational sessions of the Society for Adolescent Psychiatry and the weekend courses of the Tri-State Chapter of the American Academy of Psychiatry and the Law. This year those programs included an address by Meg Kaplan, Ph.D., Clinical Associate Professor of Psychiatry at the Columbia University College of Physicians and Surgeons, on Diagnostics and Treatment of Adolescent Sex Offenders and an address by Professor Joan Weder, Dean of Brooklyn Law School, on The Legal Rights of Adolescents. This year, participants read Juvenile Psychiatry and the Law, edited by Richard Rosner, published by Plenum Press, New York, in 1989. Next year, it is hoped that participants will have access to the Textbook of Adolescent Psychiatry, edited by Richard Rosner, to be published by American Psychiatric Press, Inc., Washington, D.C., in 2000. Obviously, thirty graduates of a one semester didactic course will not meet the needs of the nation. Rather, this was a pilot project designed to demonstrate the feasibility of such educational ventures and to encourage the development of similar efforts across the USA. The purposes of the pilot project included determining whether (1) existing professional societies would cooperate in an interorganizational public service program, (2) existing Board-certified specialists would be willing to serve as unpaid volunteers, (3) there were general psychiatrists with a sufficient interest in adolescent psychiatry to commit to 25+ hours of training, and (4) there were enough participants in the program to justify the effort in planning and implementing it. Based upon the initial success of the 1999 pilot project, and the strongly positive evaluations of the course by its participants, the course has constructively addressed a previously unmet need for substantive post-residency training in adolescent psychiatry. It will be continued in the future. Persons interested in obtaining more information about post-residency training opportunities in adolescent psychiatry are invited to contact Ms. Frances Roton, Executive Director, American Society for Adolescent Psychiatry, P.O. Box 28283, Dallas, Texas 75228, telephone (972) 686-6166, FAX (972) 63-5532.

Letter to Editor

Continued from page 2

Dear Editor,

I understand how essential the outpatient commitment program seems to some family members and others who care about people with mental illness. But it's a mistake to expect this program to be a quick fix for the much larger problem of lack of access to services. I know that the proponents of forced treatment want to help people with mental illness, but this is not the best use of our efforts and resources.

Heather Barr, Staff Attorney
Urban Justice Center
Mental Health Project
New York, NY.
For the first time, awards for Distinguished Legislator were presented to Rep. Peter DeFazio (D-Oregon) and Benjamin L. Cardin (D-MD), while representatives of New York State and its DBs extended the call to their colleagues throughout the nation. This year's honorees were selected to recognize the hard work of those in public life who work hard to protect the rights of persons with mental illness. They were Jeffrey Alkaco, M.D. (of Hawkeye, IA); Helen Foster, M.D. (of Virginia, Baltimore); Kathleen Thoman-Hall, M.D. (of Arkansas, Little Rock); and Capitaine Thompson, M.D. (of California, Los Angeles).

The following is a listing of NYSPA nominees for the 1999 Area II Council.

- Candidates for Recorder of the APA Assembly: Nada L. Stotland, M.D. (left) and Larry E. Eriksen, M.D. (right).

Serving the Homeless

By Craig Katz, M.D.

Psychiatry involves itself with an immense number of illnesses as well as treatments for those illnesses. It is truly a “big tent” under which a dazzling array of clinical and research endeavours, making it an endlessly fascinating field for those of us lucky enough to be counted as psychiatrists. I would like here to take the time to advocate for one aspect of psychiatry, the treatment of the homeless mentally ill, as a special opportunity for psychiatric residents such as me to develop clinical expertise. Such work poignantly touches upon so many issues fundamental to psychiatry and to the human condition itself.

I have worked with the homeless mentally ill for the last year and one-half of my residency through a New York City based non-profit organization known as The Project for the Psychiatric Outreach to the Homeless (PPOH). PPOH serves as a critical link between homeless agencies in need of psychiatrists and psychiatrists who are able and willing to engage in this work. PPOH places volunteers, and less frequently salaried, psychiatrists at sites that otherwise would not have reliable access to psychiatric assistance for their clients. Through PPOH, I have worked at both a housing facility for previously homeless people in Harlem and at a homeless drop-in center on Manhattan’s Upper East Side. How can I count the many positive clinical, educational, and personal aspects of these experiences?

More than anything else, I have been struck by the enormous impact that a dedicated psychiatrist can have on people. Treating homeless clients who seem to have nothing or little to nothing — family, shelter, income — can be daunting. On the other hand, your work in treating their underlying mental illness can lead to striking gains in function for these individuals.

I have treated seemingly recalcitrant clients who were plagued by severe but untreated mood or psychotic disorders that kept them endlessly homeless and hopeless only to see them go on to obtain housing, seek work, and reconnect with estranged family and friends once they were psychiatrically stabilized. By simply having access to sound, not necessarily complex, psychiatric care, these people have turned around their lives in ways that seem nearly miraculous to me. Consider a middle-aged male war veteran with a violent criminal history and years of homelessness who I evaluated for severe mood lability and hostility. Over several months of receiving a mood stabilizer and supportive psychotherapy, he went from being a loud, impulsive, table-pounding monster terror to a calm, almost puppy-like patient, who was able to then receive permanent housing. He even grew to calling me when he could not make an appointment.

Of course, some homeless mentally ill seem to be trapped in an unending cycle of homelessness that even my best efforts have not changed. But, I have learned that while my work with such clients may not always bring surprising success stories, my presence and commitment does relieve some of their suffering. A physician and psychiatrist who is routinely in their lives and takes the time to visit them where they are, in fact and in metaphor, means a great deal to them. When I concluded my work at the site in Harlem, a number of clients who I had seen not more than once or twice approached me by name and lamented my leaving. The positive transference of power having had a psychiatrist as a regular and accessible presence in their residence was something I too readily underestimated.

But, the lesson I have been slowest to acquire in my own work at PPOH is my importance to the on-site case-workers and support staff. Naturally I assumed that my mission at the sites was to help the clients. Yet, homeless case-workers deal with challenging and sometimes frightening clients on a daily basis without the supports for such work available to us who work at medical centers. To have a psychiatrist make educated sense of clients’ confusing behaviors and attitudes and offer interventions was like a gift from the heavens full of unforeseen reassurances for the staff. Although my work has been supervised by attending at my residency program, when I am on-site, my words and actions are treated like they were those of an APA President. As an ambassador for psychiatry in the real world beyond the hospital, I have directly recognized just how much I have learned in my residency and just how appreciated it is when that expertise is brought to all members of the community, whether they are identified patients or not.

In short, working with the homeless mentally ill has meant as much to me as it has to those I have helped. In case you had forgotten, it, too, can remind you of why you entered into psychiatry.

(The Psychiatric Project for Outreach to the Homeless may be contacted at (212) 579-2650.)

Gayatri Dixit, M.D. (left), and Linda Majowka from the Brooklyn DB.

Involving Protected Classes. Discussants: Donald Klein, M.D. (right) and Allen Bennett, M.D. Commissioner of Health from the Advisory Work Group on Human Subject Research and(requested by the APA to present) at a site in Harlem, a number of clients who I evaluated for severe mood lability and hostility. Over several months of receiving a mood stabilizer and supportive psychotherapy, he went from being a loud, impulsive, table-pounding monster terror to a calm, almost puppy-like patient, who was able to then receive permanent housing. He even grew to calling me when he could not make an appointment.

Of course, some homeless mentally ill seem to be trapped in an unending cycle of homelessness that even my best efforts have not changed. But, I have learned that while my work with such clients may not always bring surprising success stories, my presence and commitment does relieve some of their suffering. A physician and psychiatrist who is routinely in their lives and takes the time to visit them where they are, in fact and in metaphor, means a great deal to them. When I concluded my work at the site in Harlem, a number of clients who I had seen not more than once or twice approached me by name and lamented my leaving. The positive transference of power having had a psychiatrist as a regular and accessible presence in their residence was something I too readily underestimated.

But, the lesson I have been slowest to acquire in my own work at PPOH is my importance to the on-site case-workers and support staff. Naturally I assumed that my mission at the sites was to help the clients. Yet, homeless case-workers deal with challenging and sometimes frightening clients on a daily basis without the supports for such work available to us who work at medical centers. To have a psychiatrist make educated sense of clients’ confusing behaviors and attitudes and offer interventions was like a gift from the heavens full of unforeseen reassurances for the staff. Although my work has been supervised by attending at my residency program, when I am on-site, my words and actions are treated like they were those of an APA President. As an ambassador for psychiatry in the real world beyond the hospital, I have directly recognized just how much I have learned in my residency and just how appreciated it is when that expertise is brought to all members of the community, whether they are identified patients or not.

In short, working with the homeless mentally ill has meant as much to me as it has to those I have helped. In case you had forgotten, it, too, can remind you of why you entered into psychiatry.
their sense that they are not stock-

holders in this organization. I ran on a platform of accountability, concrete returns on your investments, professional pride and knowledge. I suggested that you, the members, take ownership of this organization and I'm inviting you to do so now. 

I believe the APA is important as our profession's collective voice and represents the best option for solving the problems faced by our patients and now ourselves. Each of the subspecialty organizations within psychiatry relies on the APA for local, state and national lobbying efforts essential to our patients' rights and to our ability to treat them. Without the APA, none of our interests can be represented or protected.

So why are our members dropping away? Simply put: they've become disillusioned and have lost their sense of professional identity. They don't see the APA as being essential or effective. How can we change that?

I believe that we, the District Branches, the Areas and the central APA need to become proactive and establish an agenda with clear cut objectives and mandates for "action" nation wide. But you the members who are the "owners" of this organization, need to decide what those goals are.

The New York State Psychiatric Association's Strategic Planning Committee is sending you a questionnaire in the next few weeks and the Central Office has offered funding for local initiatives. In addition, the New York County District Branch has established its 1999-2000 intention to actively promote a positive and professional image of psychiatry and psychiatrists. To this end, it is forming a new Public Affairs Committee, whose charge is to actively promote a positive and professional image of psychiatry and psychiatrists. Objectives include more newspaper and magazine articles on psychiatry, more public appearances, and more (positive) media attention.

In addition, the executive council will direct each of the DB committees to focus their charge toward facilitating this goal. More information about the NYCoDB's efforts can be obtained by contacting the DB at (212) 421-4732, (212) 754-4671 fax, <NYDBAPA@mail.idt.net>.

In pursuing these and other initiatives, I need your input. Please fax or e-mail me at the same numbers. I look forward to hearing from you. —Ed.