NYSPA Interview: Mary Beth Pfeiffer, author of Crazy in America: The Hidden Tragedy of Our Criminalized Mentally Ill

By Rachel A. Fernbach, Esq.

Mary Beth Pfeiffer, an award-winning investigative journalist based in upstate New York, is the author of a new book called Crazy in America: The Hidden Tragedy of Our Criminalized Mentally Ill (Carroll & Graf Publishers, May 2007). In her book, Ms. Pfeiffer addresses the nationwide problem of people with mental illness who become involved with the criminal justice system, and the major consequences of the institutionalization of this vulnerable population.

Mary Beth Pfeiffer

Crazy in America is currently available in bookstores nationwide. In addition, Ms. Pfeiffer is conducting a book tour in fall 2007. For more information, please visit her website at www.crazyinamerica.com.

[See Interview on page 4]

Albany Report

By Richard J. Gallo and Barry B. Perlman, M.D.

The New York State Senate and Assembly, having concluded the "regular" Legislative Session for 2007 on June 23 and 24, respectively, for those of you who keep track of such things, 15,775 bills were introduced in 2007. 847 passed both houses; 500 are now law; 101 were vetoed; and 246 await delivery to the Governor.

For psychiatry, as with most of the mental health community, it was a mixed year. In January, while many of us were still savoring the success of Timothy’s Law, the new Governor reached a quick accord with the Legislature on a bill authorizing civil commitment of sexually dangerous offenders (Chapter 7 of the Laws of 2007). As previously reported in the Bulletin, the Timothy’s Law “technical amendments” bill (S.6234 by Sen. Seward) negotiated by and with the major stakeholders (regulators, insurers, providers, consumers, and others) was signed by the Governor on August 2nd (Chapter 502 of the Laws of 2007). This budget — which fully restores (effective April 1, 2007), Medicaid “crossover” reimbursement to psychiatrists in private practice who treat dually-eligible patients. Lastly, psychiatry benefited proportionately from the Legislature’s restoration of the Governor’s proposed Medicaid cuts associated with the implementation of the Berger Commission Recommendations.

The Timothy’s Law “technical amendments” bill (S.6234 by Sen. Seward) negotiated by and with the major stakeholders (regulators, insurers, providers, consumers, and others) was signed by the Governor on August 2nd (Chapter 502 of the Laws of 2007). As previously reported in the Bulletin, the Timothy’s Law “technical amendments” bill (S.6234 by Sen. Seward) negotiated by and with the major stakeholders (regulators, insurers, providers, consumers, and others) was signed by the Governor on August 2nd (Chapter 502 of the Laws of 2007).

[See Albany Report on page 6]
Treasurer as well as the Past President.

The Bulletin
NEW YORK STATE PSYCHIATRIC ASSOCIATION

Editorial Board
Jeffrey Borenstein, M.D.
Editor-in-Chief
Holliswood Hospital
85-37 Palermo Street
Queens, NY 11423
Tel: (718) 776-8181 ext. 321
Fax: (718) 776-8551
e-mail: jborenstein@libertymgt.com
http://www.nysps.org/web-pages/bulletin.asp

Manoj Shah, M.D.
Ann Sullivan, M.D.
Rachel A. Farnbach, Esq.
Area II Trustee
Robert J. Campbell III, M.D.
Editor-in-Chief Emeritus
Leslie Citrome, M.D., M.P.H.
Editor-in-Chief Emeritus

PLEASE NOTE: NEW ADDRESS
New York State Psychiatric Association
500 Garden City Plaza, Suite 202
Garden City, NY 11530
Tel: (516) 542-0077; Fax: (516) 542-0074
e-mail: centraloffice@nysps.org
http://www.nysps.org

Executive Committee 2006-2008
C. Deborah Cross, M.D., President
Glen Malik, M.D., Vice President
Seeth Vivek, M.D., Secretary
Darwin Varon, M.D., Treasurer
Ann M. Sullivan, M.D., Area II Trustee
Seth Steno, Esq., Executive Director
Barry Perlman, M.D., Past President

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

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

The opinions expressed in the articles or letters are the sole responsibility of the individual authors, and may not necessarily represent the views of NYSPA, its members, or its officers.

Graphic Design & Production
Lydia Drost Sheff
A to Z Design Group
<lydia@hcrv.com>

FROM THE EDITOR’S DESK...

By Jeffrey Borenstein, M.D.

President's Message
NYSPA's major victory in December 2006 of Timothy’s Law for parity for mental illness coverage would never have been possible without MSSNY! We are extremely fortunate in New York to have dedicated psychiatrists who not only are active in NYSPA and the APA, but are active in MSSNY. I am going to mention a few, but I am sure I do not know all of our members who are active in MSSNY. To those of you who are involved in MSSNY, I would very much like to hear from you and find out what you are doing in MSSNY so that our alliances can be even stronger.

Glenn Martin, the Vice President of NYSPA and the Deputy Representative from Area 2 to the APA, sits on MSSNY’s Division of Socio-Medical Economics Committee on Interspecialty. This committee reviews Medicare carrier advisory committee policies and looks over medicine's interests. He also sits on the Division of Government Affairs/Public Health Commission Addiction and Psychiatric

Commissioner continued from page 1

Department of Health and Mental Hygiene.
Commissioner Hogan stated that Dr. Sederer’s immediate focus will be a high level assessment of clinical issues within the state system, particularly the role of psychiatry within OMH and the compensation of psychiatrists employed by the state. Dr. Sederer also will be charged with investigating how to enhance the residency programs operated by OMH and make better use of the valuable resource they represent. In addition, Commissioner Hogan stated that he has appointed Lewis Opler, M.D., as the Medical Director for Adult Services and plans to appoint a Medical Director for Child Services and a Medical Director for Forensic Services shortly.

Commissioner Hogan also plans to complete an assessment of the adult state hospital system and re-work its current mission statement and long term goals. He believes that state hospitals should be tertiary institutions to meet the needs of the local community, rather than providers of long term institutional care. In addition, he would like to see a decreased focus on the use of nursing homes for psychiatric care and an increased focus on interim care, such as supported housing and high acuity care.

Next, Commissioner Hogan discussed what he views as some of the challenges in the state system and opportunities for change. He mentioned several items in last year’s and this year’s budgets that OMH has the responsibility to implement, including the Child and Family Family Clinician Program and the Sex Offender Management and Treatment Act, as well as the need for improved housing alternatives and the need for improved prison mental health programs.

Finally, the Commissioner noted two organizational changes that have already been implemented within the office of Mental Health. First, licensing responsibilities will be taken over by the Office of the Medical Director. Secondly, all Regional Offices will report directly to the Executive Deputy Commissioner, thereby giving those offices greater access to leadership.

Dr. Cross then presented Commissioner...
Immuem relations. However, the fight continues, and the Board approved grant support to California where problematic legislation is again moving forward. Support to fight psychologist prescribing is needed long term, and will not be won easily.

**VETERANS MENTAL HEALTH NEEDS**

The Board heard an excellent presentation from Major Scott Moran, MD, US Army and Dr. Robert Ursano, MD on the need for comprehensive services for the brain injured veterans, as well as the other psycho- 

nical needs of veterans and their fami- 

lies. The Board established a new compo- 

nent, the Veterans’ Division, which will 

provide additional protections for vulnera- 

ble veterans and their families, to develop an 

aggressive strategy for promoting appropriate services 

for our veterans when they return home. The APA has been intensely involved in national discussions on this critical issue and is involved in active coalitions to advocate for veterans and their families.

The DSM V is well under way with the appointment of the Steering Committee, chaired by Dr. Stephen Kupfer. The Steering Committee’s 27 member list was announced on July 23 and the listed names and workgroups are available on the APA website. Workgroups are being established to work on specific disorders, and those teams include a variety of researchers and clinicians from many countries and of diverse backgrounds. The work of the DSM V will take five years and is expected to be published in 2012. The total cost is almost 19 million dollars, 4 million dollars spent so far. This is prob- 

ably one of the most intensive endeavors of the APA over the next five years.

Since the DSM V will play a vital role in the allocation of physicians’ time, the APA will publish a new training curriculum. The Board approved the APA action paper that maintained the appointment of members to the Public Affairs Committee in the hands of the Area Councils. It was felt that in the end the Area Councils knew best who could be the most effective.

Due to an action paper of our own Dr. Dr. P. Peavy’s task force of Assembly members is working on the broad question of the many areas within the established, the Board approved the appointment of the Steering Committee to this project. We are very proud of this project, which will be presented to the APA membership at the Annual Meeting in Chicago for review and discussion.

**ROI and the APA**

As we have discussed in the past, the ROI (Return on Investment) is a key concept in the world of business. The APA has been investing in the field of mental health for many years, but has not yet seen a significant return on this investment. However, the APA is now seeing results in the form of increased membership, increased funding, and increased awareness of mental health issues. The APA is committed to continuing this investment and to seeing even greater returns in the future.

**GOVERNANCE**

A few governance issues were addressed to 

aid the Board in the implementation of the Board-approved action plan. These included changes to the governance structure and the establishment of governance committees. The Board also approved the appointment of the Steering Committee to oversee the implementation of these changes. The Board is committed to ensuring that the APA is run effectively, and will continue to monitor and evaluate the governance structure to ensure its effectiveness.

**RESEARCH AND EDUCATION**

APIRE, the research and education arm of the APA, has been involved in a number of important projects. Some of these projects include: the study of the impact of poverty on mental health, the development of new treatments for mental illness, and the study of the effects of social media on mental health. These projects have been funded by a variety of sources, including the National Institutes of Health and the John A. Hartford Foundation. The APA is committed to continuing its support of these important projects.
How did you first become interested in writing about the issue of mentally ill persons in prison?

PEIFFER: About seven years ago, I began to write about prisons in New York State generally. I wanted to look at why we had this huge increase in prison population over the last 20 years, to the point that New York State added about 40 prisons in the 1990s and 1980s, bringing the total number of prisons to 71. I took a look at the Rikers Island drug laws and other trends, such as the decrease in funding for mental health care, the parole, the use of longer and harsher sentences, and fewer rehabilitation programs in prisons. Based on that research, I wrote a three-part series about New York State prisons and, after that, I started to look into inmate suicides.

Two things emerged when I looked at prison suicides. First, they were occurring to a disproportionate degree in solitary confinement, what New York State calls “special housing units,” which are very harsh environments for sane inmates, let alone for persons with any kind of mental disorder. Second, I was finding that many of the people who were committing suicide had a significant history of mental illness, either having been in psychiatric hospitals before going to prison or had been diagnosed while in prison with a serious mental illness such as schizophrenia or bipolar disorder. Individuals without any history of mental illness make up a very small proportion of inmates who end up in solitary confinement, making them extremely vulnerable when placed in an environment as stressful as solitary confinement. In New York State prison, an inmate can be locked up for 23.5 hours a day, in a very small cell with little natural light. The inmate is locked out of the cell for one hour of court-mandated recreation each day and this often takes place in a little cage that is attached to the back of the cell, with nothing to do, just an empty cage. It’s a kennel essentially, and if they don’t have that, then they will be turned away. It is a very lonely existence. These kinds of conditions foster the behavior of inmates who want to engage in solitary confinement.

After learning about these inhume conditions, I took the next step and requested written prison reports on inmates who had committed suicide. In the reports I reviewed, time and time again, the prison system was critiqued for its lack of mental health care, which was often called grossly negligent or grossly deficient. I read those words a couple of dozen times and it began to realize that this was something real and something abominable. So I wrote many stories for the Poughkeepsie Journal about special housing units and what was happening in them.

I then decided to take my reporting from the statewide level to the national level. Because I knew New York and had become enough to know that New York was not alone in keeping people with mental illness under these conditions, I applied for a grant from the Open Society Institute, a foundation endowed by philanthropist George Soros. I applied for this grant to help me do reporting on this issue on a national level. I produced an article for the New York Times, which is about living in the Bedford Hills Correctional Facility in upstate New York who had committed suicide. The prison is a special housing unit there, which inmates often refer to as the “box,” a quite appropriate term. During that period, I also wrote a number of similar articles in local publications around the country. Mainly, I found that what was happening in New York was also happening all around the country. There were just too many mentally ill people in prisons and the prison systems were simply overwhelmed by them and didn’t know how to deal with them. Basically, because prison officials and judges and almost everyone else had no idea how to handle these very difficult populations, they were simply placing them in solitary confinement.

One of the major themes you discuss in Crazy in America is the combined failure of our nation’s mental health systems and criminal justice systems to effectively deal with people with mental illness. How has this played out?

PEIFFER: That’s an excellent way to put it. It’s a sad commentary. It is done with denotationalization, when new psychiatric drugs and new ideas about the civil rights of patients, down to the imprisoned patients, to the large warehouse-style mental institutions. Instead, governments tried to care for people in the community, putting them in housing, mental health clinics and support to ensure that they become integrated back into the community. And quite often, they would have been in the hospital set up. But, the hospital system represented an efficient system for the state to control people. Inmates are not entirely voluntary. They were also very legitimate questions of whether they had to be there. So, because of the era in which we live, quite often, these kinds of lawsuits, making them harder to win because of the era in which we live and because there are many conservative judges on the bench. Nonetheless, we are reforming the system to an extent. There have been changes in New York, for example, the people have been given more coverage in news papers, by lawsuits, and by legislative changes, but they are not nearly enough and the system could easily apply nationwide.

...
Interview continued from page 4

PFEIFFER: First of all, only a small per-
centage of the mentally ill people who end
up in prison actually belong there. We need
to pare down the prison population by
rolling back harsh drug laws and changing
the tendency to extend sentences. The sys-
tem should include greater funding for
parole, where it can oversee people and sup-
port them in the community rather than in
prisons. Second, for the mentally ill people
who really do belong in prison, we need to
provide adequate mental health care. Such
inmates don’t need to be separated all the
time, maybe only some of the time. Just
like in the community, there are times when
a person will have periods of wellness and
periods of illness. My ideal situation would
be setting up inside prison what an ideal
community care system would look like on
the outside. In other words, mentally ill
inmates should be supported in the general
prison population, but if they have periods
of illness, they should be placed in an
appropriate and adequate mental health
care setting, they should not be placed in
solitary confinement when they act out as a
result of their illness.

NYSPA: In the afterward of your book, you
related a story about a schizophrenic
homeless woman named Elizabeth living in
your community. One night you tried to
drop her off at a homeless shelter located in
Ulster County, New York, where the staff
immediately replied, “She doesn’t belong
here. She’s from Duchess County.” It seems
there are problems with bureaucracy even as the
grass roots level. Do you think it’s easier to bring about change from the
top down or from the ground level up?

PFEIFFER: That woman typified the
problem that the police have, corrections
officials have and mental health clinics have
— and that problem is that they are over-
whelmed. They have far too large a popula-
tion of people to deal with and far too few
resources on hand to deal with them. So,
when someone like Elizabeth walks in the
doors, a homeless woman who has bunced
from shelter to shelter, from motel to motel,
being supported by some minimal housing
program, shelter officials say “she’s not our
problem, take her somewhere else.”

Involved and informed local police
would help in a case like that, so people
don’t slough off their responsibilities, but at
the same time, direction from the top would
make a big difference so that those on the
front lines have more to work with.

Peer counseling programs, however, have
prowacy we quite successful. In these
types of programs, individuals with mental
illness counsel others with mental illness
who may be experiencing a crisis period.
One peer counseling program in New York
City called the House 1, Harp-Advocacy
Center that provides counseling, job train-
ing and support in the community, has
been very successful and is a terrific example
of the types of programs our governments
should be funding.

Another program worthwhile of mention
is called Crisis Intervention Team (CIT) train-
ing, which was founded in Memphis,
Tennessee, about 10 or 15 years ago. The
CIT program trains police officers to appro-
ropriately respond to people in a psychiatric
crisis and teaches them to de-escalate the
situation instead of making it worse by
using excessive force or agitating the indi-
vidual. Many more police forces around
the country are beginning to train police
officers in CIT, but New York police depart-
ments do not yet seem to be a strong propor-
tion of this approach.

NYSPA: What is your opinion of New York’s
corrections system and mental health
system as compared to those in other states?
Does any state stand out as a better model?

PFEIFFER: New York State has the sec-
ond or third highest per capita spending on
mental health care in the nation (depending
on which study you use). But, at the same
time, 12% of our prison population is men-
tally ill and a significant share of those
inmates are held in solitary confinement.
New York has a significant homeless pop-
ulation and we still do not have adequate
housing opportunities for people with men-
tal illness. If this is the situation in a state
that is near the top of the heap in terms of
spending, imagine what conditions are like
in other states. There is not one state I can
point to that is leading the way in just little
patches of progress here and there.

NYSPA: In a recent newspaper editorial, you
mentioned that several states had actu-
ally banned the use of the “box” for mental-
ill inmates.

PFEIFFER: No, not in entire states, but
specific facilities in certain states have
banned the use of solitary confinement for
mentally ill inmates as the result of success-
ful lawsuits in those local districts.

Connecticut and New Mexico are probably
the closest to the across the board ban on
the use of the box for persons with mental
illness. If New York adopted a ban on use
of solitary confinement for mentally ill
inmates, we would really make a national
statement and national splash.

NYSPA: Earlier this month (June 2007), the
New York State Senate and Assembly
again passed special housing unit (SHU)
legislation that would limit the use of SHU’s
for inmates with psychiatric disabilities.
What is your opinion of the bills as pro-
posed?

PFEIFFER: I strongly support such legis-
lation and have written several editorials
expressing that view. (Editor’s Note: In July
2007, New York State Governor Eliot Spitzer
and the New York State Legislature reached
an agreement on a final SHU bill that
would, in many but not all cases, prohibit
the use of solitary confinement for inmates
with severe psychiatric illnesses. Instead,
severely mentally ill inmates facing disciplin-
ary action would be housed in newly creat-
ed alternative housing units, where they
would receive mental health care and treat-
ment and would be allowed out of their

cells for up to four hours a day.)

NYSPA: Could you describe the public
response to your articles, editorials and
books? Do you think the average person is
even aware of this problem?

PFEIFFER: I think there is a lack of gen-
eral awareness of the sheer number of
people that are currently living in prison.
In fact, there are 2.2 million people in prisons
today.

In terms of the public response, I regularly
receive emails from individuals thanking me
for doing the work I do. To be honest, it
really keeps me going. This morning, for
example, I got an email from a woman
whose son suffered from bipolar disorder.
She fought for years to get him the help he
needed, but basically, she wandered the
streets. The police would pick him up but
let him go and psychiatric hospitals would
take him in but release him after a few
hours. Finally, after he became involved
with the criminal justice system, he ended up
committing suicide. In essence, her mes-
tage to me was thank you so much for
telling the stories you are telling on behalf
of me and others like me.

NYSPA: How can individual psychiatrists
and organizations like NYSPA play a role in
the fight to improve conditions for inmates
with mental illness?

PFEIFFER: I think the most important
thing is to become active at the legislative
level and lobby the powers that be for
greater resources for mental health services
and changes in the law. In addition, the
public needs to be educated about these
types of issues, and groups like NYSPA can
be very helpful in getting out the word that
mental illness is on a par with physical ill-
ness and not something to be ashamed of.
We need to continue to work towards elimi-
nating the stigma against mental illness and
public statements by professionals in the
field go a long way towards changing public
views and perceptions.

LEGISLATIVE EVENTS

Please join our Federal, State and City Legislators to discuss the mental health needs of New Yorkers

LET YOUR VOICE BE HEARD

The New York City Branches of the American Psychiatric Association will be hosting its

Ninth Annual Citywide Legislative Breakfast

on December 2, 2007 from 10:30 AM - 1:30 PM
at
The New York Academy of Medicine
1216 Fifth Avenue (corner of 103rd Street)
New York, NY 10029

The Psychiatric Society of Westchester will be hosting its

21st Annual Legislative Branch

on December 9, 2007 from 11:00 AM - 1:30 PM
at
The Crowne Plaza Hotel
66 Hale Avenue
White Plains, NY 10601

For further information regarding the Citywide Legislative Breakfast or the Psychiatric Society of Westchester Branch or to purchase tickets contact your District Branch at the phone number below:

Bronx/Westchester: 914-682-0050
Brooklyn: 631-286-9193
New York County: 212-685-9633
Queens: 1-877-612-7110

Fall 2007
New York State Psychiatric Association • THE BULLETIN Page 5
Timothy's Law with respect to scope of the mandate and enabled the Insurance Department to fully implement the coverage requirements across various product lines. The law is better and more enforceable for the effort and NYSPA is pleased to have been a participant in every agonizing minute of endeavor.

In addition, NYSPA has been playing a central role this year in articulating to Congress New York State’s concerns about negative consequences for state mental health parity laws embodied in the premier Federal parity bills. Along with other members of the Timothy’s Law Campaign Executive Committee, we have been in direct contact with both Senator and Representative Kennedy’s offices and well as with members of the NYS Congressional Delegation regarding our concerns about the preemption provisions in both the Senate (S 558) and the House (HR 1387) bills as amended. Also, NYSPA is working closely with the APA regarding these matters, as they are fully engaged in the day to day Federal Mental Health Parity discussions and negotiations in Washington.

Back to Albany, we are pleased to note a recently announced agreement between the Governor and the Legislature to enact legislation this fall to ban the use of solitary confinement (the SHU) for mentally ill prisoners.

In addition, NYSPA is pleased to have worked with MSSNY in support of S3986-A by Senator Hannon/A8128-A by Assemblyman Gottfried in relation to managed care reforms. The legislation, signed by the Governor on August 1st (Chapter 451 of the Laws of 2007) provides:
- the Governor on August 1st (Chapter 451 of the Laws of 2007) provides: patients with a greater ability to obtain specialized out of network care by allowing patients to seek an independent external appeal when a health plan denies the patient’s request to seek such out of network care that the patient and the patient’s physician believe is “materially different” from the care that is available in network; and
- that health plans continue to abide by the terms of their contract for two months following termination of the contract or for two months following the end of the contract when it is non-renewed

Another item of interest is the recent announcement that Health Commissioner Richard F. Daines, M.D., and Insurance Superintendent Eric Dinallo will be conducting public hearings across the state to solicit input on the development of proposals for achieving health system reform, increasing access to health insurance coverage and determining ways that universal coverage can be achieved in New York. The program has been named “New York’s Partnership for Coverage.” For additional information visit: http://www.mhs.state.ny.us/press/2007/p0709141.htm

Finally, we would be remiss if we failed to comment on the current political climate in Albany and what it portends for the 2008 (election year) Legislative Session.

“Troopergate,” the widely used moniker to describe the Spitzer Administration’s use of the State Police to monitor Senate Majority Leader Joe Bruno, has taken the existing acrimony between the Governor (a Democrat) and the Senate Republican leader to a new level of Albany-style political feeding. From “day-one” of his administration, Eliot Spitzer has made no secret of his aspirations to wrest the Senate majority from the Republicans, a status the GOP has enjoyed for all but one [1965] of the past sixty-eight years. However, for a variety of reasons, including Mr. Spitzer’s general popularity and early legislative successes, the Senate Republicans appeared especially vulnerable heading for the 2008 elections. In politics, as it has high stakes poker, fortunes can change quickly and dramatically as the result of a single hand played badly. “Troopergate” could be such a hand. Rest assured the Senate Majority will portray it as such, since the stakes could well include the Capitol real estate they currently occupy. Clearly, if the dynamic continues the 2008 Legislative Session will be challenging to say the least, as even non-controversial issues become embroiled in the larger struggle.

Classifieds

Psychiatrists needed for adolescent and adult outpatient program. Dream job for retiree or moonlighting - flexible hrs - evenings, days, weekends.

Private practice in Albany, NY - full administrative services provided - pleasant atmosphere.

Contact Laura Hunt - 518-330-2699

Psychiatrist required to fulfill pharmacological needs for psychotherapy referral service. Contact Dr. Bolotin at 212-876-7242.

Locum Tenens Psychiatry

QUALITY MAKES THE DIFFERENCE

Work with the quality leader in medical staffing and experience the difference.

CALL

MEDICAL DOCTOR

100% Employee-Owned

800.780.3500 x 2136

www.mdinc.com

more than just medical malpractice insurance.

For over 20 years, we have been the leader in medical malpractice insurance for psychiatrists and mental health professionals. You can depend on us to provide you with more than just insurance.

Our services include:
- Top-notch legal counsel with a proven track record
- Toll-free Risk Management Consultation Service (RMCS) helpline
- Complimentary risk management seminars
- Rx for Risk quarterly newsletter and risk management manuals
- Exclusive access to our Online Education Center (OEC)
- And, more!

Coverage for forensic psychiatric services and administrative defense benefits is included. Discounts available for groups, early career, child/adolescent, part-time, and moonlighting members-in-training.

Contact us and receive complimentary risk management tips designed specifically for psychiatrists.

The Psychiatrists' Program

(800) 245-3333, ext. 389

www.psychprogram.com

Locum Tenens Psychiatry

QUALITY MAKES THE DIFFERENCE

Work with the quality leader in medical staffing and experience the difference.

CALL

MEDICAL DOCTOR

100% Employee-Owned

800.780.3500 x 2136

www.mdinc.com

Receive the E-Bulletin-Email NYSPA at centraloffice@nyspsych.org

Read The Bulletin online at http://www.nyspsych.org/bulletin

2007 "The Psychiatrists’ Program" All rights reserved. Printed in the United States of America.