WEB VERSION

THE BULLETIN

NEW YORK STATE PSYCHIATRIC ASSOCIATION

Summer 1998, Vol. 41, #2 • Bringing New York State Psychiatrists Together

Goodbye, But Not Farewell

by Edward Gordon, M.D.

Ed Gordon, M.D.

This is my last message to you as President of the New York State Psychiatric Association. I have found serving you rewarding and exciting as I've had the opportunity to meet many distinguished psychiatrists, politicians and advocates. I have tried to have an impact here and at the APA on behalf of our members and as an advocate for our patients.

My major interests since I first came to the Area Council have been in the economic and professional areas and to assure that psychiatrists are correctly paid for providing necessary care. While working in Sy Gers' Medicaid committee, my discovery that Medicaid was underpaying where Medicare was primary led to a lawsuit which resulted in a settlement. Over $300,000 was paid to our members. Fifteen years later, I called attention to similar illegalities which led to the Crossover suit, returning $67 million of denied reimbursements to physicians and additional millions to hospitals and clinics.

Now, with Managed Care showing its weak underbelly, I am proud to have led the fight to oppose and expose managed profiteering and managed denial. This fight will continue, and we will win. I continue as a member of the APA Managed Care Committee and as NYSPA representative to the Medicare Carrier Advisory Committee, which reviews Medicare professional policy in New York.

I am proud that we have brought and won an important suit establishing the principle that discrimination against those with psychiatric disabilities violates the ADA, and have begun another challenging discrimination against autistic children. We have advocated for and won the inclusion of inpatient benefits in the Child Health Plus Program. We have fought the recognition of unqualified "therapists," opposed the excesses of managed care which have had an adverse effect on health and quality of life and which have shifted costs to the patient as part of the theft of premium and wage.

One of my first actions as President was to reform the committee structure, to simplify it and make it more efficient. The result has been salutary. It takes many people to run an effective organization, and I want to take this opportunity to thank all the committee chairs: Zev Labins, Addiction Psychiatry; Harvey Bluestone, who always responded to requests for assistance and chairs the Awards committee and the PAC; Gary Cohen, budget committee; Maria Tiamson and Gabriella Hundorfean, ECP committee; Barbara Rosenfeld, Ethics Education; Bruce Schwartz, NYSPA-OMH Liaison; Jacques Quen, Past President and chair, Nominating and Procedures Committees; Jim Nininger, Vice President and chair, Practice Research Network and Practice Guidelines; Raman Patel, Public Psychiatry; Carlos Blanco-Jerez and Joel Gold, MIT; James Chou and Ramaswany Viswanathan, M/UR; Nalini Juthani, IMG and Sylvia Olarte, Hispanic Psychiatry and to express special thanks to the following chairs:

Barry Perlman, Chair of the Committee on Legislation. Barry took the committee and ran with it. He has been extremely effective in organizing and coordinating our legislative policy, which has dealt with parity, managed care, scope of practice issues. In this issue of the Bulletin you will also read about how he arranged an exciting and unprecedented meeting with Jeff Gold of the office of Attorney General Dennis C. Vacco to air our concerns about managed care and HMO practices.

Special thanks also to Richard Rosner, Chair of the Committee on Psychiatry and the Law for his good nature and his erudite responses to our requests for opinions regarding various forensic matters, including most recently that of the proposed violent sex offender bill; to Richard Perry, Chair of the Committee on Children and Adolescents for his insightful defense of children in need of care; to Mark Russakoff for his elegant chairmanship of the Committee on Economic Affairs; to Michael Blumenfield, whose energetic leadership of the Committee on Public Affairs has coordinated Public Affairs policy statewide and now has led to an excellent web site. I urge you all to visit the web site and to join our searchable database, where patients can find you by location and interest.

[See **Gordon** on page 10]

INSIDE THIS ISSUE:

Incoming President's Message

by Jim Nininger, M.D.

Jin Nininger, M.D.

I am honored and eager to serve as your next president of NYSPA. On the national, state and district branch levels, we are faced with great challenges, the outcome of which will determine our viability as a profession and whether or not our patients receive comprehensive, effective and humane care. We fight through legislative and other means so that psychiatrists and patients might be treated fairly in managed care environments and allowed to cultivate a proper therapeutic relationship. We are forging ahead in a coalition of over 70 organizations (the MEND Campaign) to improve health insurance coverage for the treatment of mental illnesses.

My involvement with NYSPA began as a Representative to the Assembly from the New York County District Branch where under the tutelage of Rosalie Landy, I served on the Public Affairs Committee, chaired the first Task Force on Psychiatry in Nursing Homes, and chaired the Committee on Aging. I trained at Mount Sinai and since my residency have been affiliated with Cornell where at Payne Whitney, I had various roles including Unit Chief, Director of the Third Year medical student clerkship in psychiatry, and Assistant Director of Training. I am now primarily in private practice, with a sub-specialty in geriatrics, and work two days a week at the Pleasantville Cottage School, a residential center in Westchester for troubled adolescents, mostly from the "inner city."

Edward Gordon, M.D. has worked tirelessly and aggressively, particularly in helping psychiatrists to be fairly paid for what they do, and helping them to learn to navigate the maze of CPT codes and regulations. He has been instrumental in pursuing the "Medicaid/Medicare Crossover Suit" where physicians were being denied Medicaid co-payments rightfully due them, saving psychiatrists many multiples of their total yearly dues. Seth Stein, Esq., has served as our Legal Counsel for 20 years and as Executive Director for 10 years. His guidance and expertise are invaluable. His yearly "Medicare Update" is the only such document provided to psychiatrists within the APA. Our Legislative Committee chaired by Barry Perlman, M.D., with assistance by our lobbyist in Albany, Richard Gallo, has taken an important role in pursuing (and helping to write) managed care and parity legislation for our State. You have all heard recently from Michael Blumenfield, M.D., Chair of the Public Affairs Committee, about the NYSPA Searchable Database Form (printed in this issue) which allows our members to be profiled on our website. Our Area II Trustee, Herbert

[See **Nininger** on page 10]

COMMUNITY OUTREACH

Picnic for Parity: Setting the Table Right

by Molly Finnerty, M.D.

Dr. Finnerty has been active in the Picnics for Parity since their inception and is President of Picnics for Parity, Inc., a not–for–profit corporation that has served as an organizing force for these activities throughout New York State. Dr. Finnerty is also a NYCoDB representative to the APA Assembly. —Ed.

In 1995, the Picnic for Parity pitched its tent for the first time in Central Park. Under a bright sun in the East Meadow, over 500 consumers, family members, advocates, and professionals gathered for very specific reasons: to challenge the stigmatized public view of mental illness; to denounce the disparity in insurance reimbursement faced by those seeking care for treatment of mental illnesses; to advocate for improved access to mental health services and treatment; and to fight for fair employment and housing opportunities for people with mental illness.

Dr. Luis Marcos, then the Commissioner of the NYC Department of Mental Health, Mental Retardation and Alcoholism Services (DMH) welcomed the crowd to the first annual Picnic for Parity. Quincy Boykin, a consumer advocate, spoke to the assembled crowd saying, "this is a fine event, we should do it again" And doing it again — for the fourth consecutive year — is what is what May 17, 1998 was all about — not only in Bryant Park in New York City, but in seven other parks around the state. We have grown from a small gathering of 300 in Central Park, to over 6,000 participants state wide with over 250 participating organizations this year. And we will only continue to grow, as we reach out to our colleagues, families, consumers, advocates, professional and citizens groups. And do it again we will — until insurance and managed care discrimination against people with mental illnesses is stopped.

This year we are closer than ever, with a parity bill passed in the Assembly and an antidiscrimination bill in committee in the Senate. To help forward parity for New Yorkers call your Senator today — general switchboard number: (518) 455-2800. And to find out about how to have a Picnic for Parity in your city call our general information number and ask for a brochure: Executive Secretary, Ken Steele, at (212) 757-1350 (info@picnicforparity.com); President, Molly Finnerty, MD, at (917) 796-3523 (finnerty@picnicforparity.com) ■

THE BULLETIN
NEW YORK STATE PSYCHIATRIC ASSOCIATION

Editorial Board
Leslie Citrome, M.D., M.P.H.
Editor-in-Chief
Nathan Kline Institute
140 Old Orangeburg Road
Orangeburg, NY 10962
Tel: (914) 398-5595
Fax: (914) 398-5508
e-mail: citrome@rfmh.org
http://www.nyspsych.org/bulletin

Syed Abdullah, M.D.
Michael Blumenfield, M.D.
James Chou, M.D.
David Harwitz, M.D.
Craig Katz, M.D.
Brian Ladds, M.D.
Howard Owens, M.D.
Ann Sullivan, M.D.
Seeth Vivek, M.D.

New York State Psychiatric Association
100 Quentin Roosevelt Blvd.
Garden City, NY 11530
Tel: (516) 542-0077
Fax: (516) 542-0094
e–mail: nyspamd@idt.net
http://www.nyspsych.org

Executive Committee 1997-98
Edward Gordon, M.D., *President*
James Nininger, M.D., *Vice President*
Barry Perlman, M.D., *Secretary*
Bruce Schwartz, M.D., *Treasurer*
Herbert Peyser, M.D., *Area II Trustee*
Seth Stein, Esq., *Executive Director*

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 more than 750 words. All submissions must be made electronically, preferably by email 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 welcomes advertisements from both NYSPA members and commercial enterprises. Total circulation averages 6,000 copies per issue. The Bulletin is received by all 5400 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. Four issues are planned for 1998, and six for 1999. Both classified advertisements and display advertisements are available. Please contact the managing editor for current rates and media requirements. NYSPA members receive a discount of 50% of basic classified ad rate.

Graphic Design & Production
Donna Sanclemente
Point of View Productions
donna@ptofview.com

From the Editor…

Thank you to all of our readers who gave their feedback on the new Bulletin's format and content. Your comments, whether favorable or unfavorable, are always valuable and we want to make sure we remain responsive and give you what you want.


Leslie Citrome, M.D., M.P.H.

This issue contains advertising from the pharmaceutical industry. This helps support the printing and distribution costs of the newsletter, and allowed us to increase its size from eight pages to twelve. Another possibility is returning to a bimonthly schedule in 1999. Let us know your preference.

This issue contains Dr. Gordon's last column as NYSPA President. By the time you read this, Dr. Nininger will have been formally elected as President and you can expect to see his regular contributions in the months to come.

Several important issues have come to NYSPA's attention, and they are reflected in some of the articles you will find inside. You can read about the nettlesome problems regarding the proposed sexual predator legislation (page 4), issues regarding the plight of in–patient child psychiatric services (page 11), and the new procedures in place to safeguard against abuses by managed care companies (page 12). Resources for impaired physicians are outlined in an article about MSSNY's Committee for Physician's Health (page 4). The series on Public Psychiatry continues with a description of an innovative fellowship program at Columbia University (page 9).

If you haven't already done so, you can sign up for inclusion in NYSPA's unique computerized online database. Patients and colleagues will be able to locate psychiatrists by geographic area and check if he/she is a member of a particular health plan or if he/she is open for new referrals. The forms, with instructions, are located on pages 7 and 8.

The Bulletin also welcomes two new members on its editorial board: James Chou, MD, and Brian Ladds, MD. In this issue, Dr. Chou writes about the role of Minority/Underrepresented Groups in NYSPA and the APA (page 6). Dr. Ladds writes about the future of psychotherapy in psychiatry (page 10).

Tell us what you think. Letters can be sent by mail or electronically (the preferred way). The next issue is scheduled for September 15, 1998. The deadline for all new submissions is August 8, 1998. Have a nice summer!

Leslie Citrome, M.D., M.P.H.

LETTERS TO THE EDITOR

Letters to the Editor are welcomed but are limited to 750 words. The full text of all letters will be available on The Bulletin web site at <http://www.nyspsych.org/bulletin>.

Reparative Therapy

In his response to my article, "What Needs Changing? Some Questions Raised by Reparative Therapy Practices," Dr. Charles Socarides says my "sole aim seems to be to bury the homosexual therapeutically." Obviously, he misunderstood my position. I was not faulting his claimed treatment successes, but his acknowledged treatment failures. Dr. Socarides quotes studies showing a person's homosexual orientation can be changed. These include the work of Bieber et al (27% converted), Socarides (35%), and Macintosh (23%). Serious students of this literature know that numerous methodological criticisms and epistemological questions exist regarding the permanence and meaning of these "cures." But even if one were to accept them at face value, these studies still do not substantively address the untoward effects on the gay men and women who don't change in these "reparative therapies." This seems, to me, a rather glaring omission, given that the majority of these patients do not change. What happens to them? As theoretically helpful as these procedures may be to some, they can do significant harm to others. My own clinical experience with gay men who failed to convert to heterosexuality after undergoing reparative therapy is that they suffered damage to their self–esteem, suffered either anxiety, depression, or both, and often became deeply mistrustful of mental health professionals. Feelings of mistrust and shame may explain why there are no good follow-up studies of these individuals.

Because Dr. Socarides believes homosexuality is always a malignant condition, he shows little regard for the 65-77% of the patients who don't change and who may later decide to embrace a gay identity. It only matters that one heterosexual can be created (or is it saved?) by reparative therapy. He obviously believes that the lives of heterosexual individuals are more valuable than gay ones. However, it should be an APA concern if its members use controversial treatment procedures without applying reasonable selection criteria of their patients. And, to again emphasize one of the main points of my essay, there is certainly a need to study this matter further.

Dr. Socarides claims my essay is "filled with defamatory statements, inaccuracies, false assertions and conclusions." Hyperbole aside, my article presented Area II members with some very important and documented facts. There are troubling ethical questions raised by Dr. Socarides' affidavit in support of Colorado's anti–gay amendment, later overturned by the US Supreme Court. In fact, it is a matter of public record that the American Psychoanalytic Association threatened to take legal action against him if he ever again misrepresented their position on homosexuality as he did in that affidavit. Dr. Socarides' letter also did not address his affidavit in support of Tennessee's Sodomy Law. Certainly the APA has a right to know why Dr. Socarides has moved away from the traditions of the psychiatric and psychoanalytic mainstream by endorsing a state's attempt to criminalize consensual, adult sexuality.

Instead of answering my questions in a forthright manner, Dr. Socarides tried to undermine my professional credibility. For the record, I am Secretary of the NYC District Branch as well as a member of its Committee on Ethics, although my remarks reflect my own opinions and are not an official position of the APA. Yet Dr. Socarides called me a "prominent member of the national central committee of gay lobbyists." Were the charge not so preposterous, it would be slanderous. This fictive group only exists in Dr. Socarides' vivid imagination, but it does evoke the image of a gay cabal intent on subversion. Dr. Socarides also made the paradoxical claim that "Freedom of thought and intellectual inquiry on this issue are overwhelmed by the deluge of gay propaganda and the lies of the highly monied, omnipresent, gay activist lobby." Here he draws upon the far right's stereotype of privileged gay men intent on acquiring power beyond their actual numbers. In essence, Dr. Socarides seems to believe that there is a secretly powerful and wealthy political entity comprised of both gay radicals and monied classes. Dr. Socarides' response confirms what I tried to point out in my original Bulletin article: reparative therapists' rhetoric has not only begun to increasingly resemble that of religious fundamentalists, but of right-wing extremists as well.

Unfortunately, the twentieth century has seen numerous examples of intolerant ideologies using conspiracy theories to justify attacks against vulnerable minorities. I am willing to concede that Dr. Socarides' demonizing language might be due to either ignorance of or indifference to the historical implications of using minorities, sexual or otherwise, as political scapegoats. But if his arguments are not based upon indifference or ignorance, I would argue that Dr. Socarides' letter is indeed further evidence that he is playing a very calculated and dangerous political game.

Jack Drescher, M.D.
New York, NY

Bulletin First Impressions

Congratulations on your new assignment as editor of the Bulletin and the very exciting first issue. This is my second e-mail message ever. I retired from practice eight years ago and look forward to receiving news from NYS and WHDB. I am a former D.B. president, former director of RCPH etc. Best wishes and many thanks.

H.S.Mashikian, M.D., Life Fellow
via the internet

I'd like to convey to you how very much I prefer the former, comfortable 8-1/2 by 11 size to the present, uncomfortable 11" by 17" size of The Bulletin of the NY State Psychiatric Association.

Anyway, good luck on your new endeavor.

Robert J.L. Waugh, M.D.
via the internet

Ed. Replies: We need more feedback from our readers regarding the format and content of the new Bulletin. Feel free to mail your comments or, even better, e-mail them to me at citrome@rfmh.org.

AREA II TRUSTEE'S REPORT

Making APA User Friendly

by Herb Peyser, M.D.

Herb Peyser, M.D.

As I go around the state and hear the members and DB leaders talk, I hear positive things about APA and their commitment to it. But I also hear complaints about problems with communication with APA leaders and staff, adequacy of APA help and interest, lack of member influence, APA expenses, the dues, etc.

In response I arranged for APA President Herb Sacks and Medical Director Steve Mirin to meet in New York City, directly with the members and DB leaders and not through intermediaries. Members came from the Greater Long Island, Queens, Brooklyn, New York County, Bronx, Westchester, Mid-Hudson and Capital District DBs, and they questioned and poured their concerns into the ears of the two top APA officers.

It was not only what was said but also the fact that they could speak directly to Herb and Steve, listen to their responses, and make up their minds for themselves. Herb and Steve heard them and replied — that was what was important, and afterwards it was acknowledged to have been a fruitful encounter.

Lean, Mean, and User Friendly

At the March Board meeting a couple of weeks later Steve presented his plans for reorganizing APA to make it more "lean and mean" and "user friendly," to better carry out the advocacy, collegial and educational priorities the members had given. He created an Office of Healthcare Systems and Financing to analyze and disseminate information on financing and delivery of mental health (including substance abuse) services, provide educational programs related to coverage, reimbursement, managed care and practice management, and offer other products and services to psychiatrists in organized systems of care.

Steve also developed an Office of DB and State Society Relations to aid DB/state society communication with APA and to respond to their needs for help with state level economic, legislative and regulatory issues. The Office of Psychiatric Services will now deal with quality improvement issues as well, promoting the use of evidence based treatment strategies, implementing practice guidelines and quality indicators, and providing clinical and scientific information about various treatments and delivery systems. Steve is also working on an Institute for Research and Education.

As a result of an initiative developed by a few of us on the Board, Steve and COO Bob Trachtenberg have chosen a major consulting firm for a midcourse review of our huge but essential electronic communications project to insure that it will be efficient and cost conscious. The financial governance structure is being streamlined, and zero–based budgeting with functional analyses of the different divisions and a more understandable functional budget along with the line item budget are in the works. A summary of the budget will be sent out to the DBs and published in *Psychiatric News*.

Publishing Arm Reorganized

The business side of the APA publishing enterprise (providing us with non–dues income as well as disseminating scientific information) is also being reorganized, merging the separate sales, marketing, advertising and printing divisions that often compete with each other. There will be significant savings and increased efficiency with this consolidation, and increase in Board and APA oversight. We are moving, in collaboration with Stanford University, into electronic publishing with more CD-ROMs, our journals and the Annual Meeting on the Web, an e-journal, etc., all after working out a business plan for each and determining the effect on the membership.

Steve is reorganizing the staff's relationships, duties and reimbursement procedures to bring them into line with good, efficient business practice, setting goals and remuneration based upon attainment of them. It is a remarkable amount of work in such a short period of time. We are clearly in good hands, but the board will keep a much closer watch than it has in the past. You can see we are putting the APA on a much more businesslike and member–oriented basis.

An Editor has been selected for *Psychiatric News*, Jim Krajeski from California. Jim is not a part of what many members feel is an APA "insiders' club." He is more of a new voice on the scene, with fresh ideas, skills and experience, but also someone who knows the issues, what is going on, whom to contact, etc.

Miscellaneous Notes

There will be a strong National Institute of Drug Abuse track at the Toronto Annual Meeting. The issue of physician assisted suicide will be referred to the DBs and Areas for discussion before the Board acts. The dues increase moratorium has not been decided yet; it awaits assessment of APA expenditures and offset income from the Annual Meeting and elsewhere. (Several of us on the Budget Committee will keep pushing for it, and if possible for a dues decrease.)

The Consultation Service will be discontinued as is, but APA will develop some reconfiguration of it as a smaller, non–profit, cost controlled member benefit with carefully limited political and legal liabilities.

We are continuing to work on the election process which has tended to grow increasingly extensive and expensive, but it is difficult to find easy solutions. The APA malpractice insurance premiums are being decreased nationwide, and in Puerto Rico a special low cost program will be offered to help increase the low membership there. The psychologist prescribing initiatives continue in more states (not presently in New York), so far without much success, associated with APA's legislative activities in opposition. Criteria have been developed for a funding for aiding DBs and state organizations on local legislative issues of national significance.

HCFA's onerous requirements for documentation of the higher levels of the 99xxx E/M codes, so upsetting to much of medicine, are markedly less burdensome to psychiatry. APA had helped get HCFA to allow psychiatrists to code with the simpler single system requirements rather than the much more extensive multiple organ system requirements that much of medicine has. It had also helped make the documentation requirements minimal for the higher reimbursable psychotherapy 908xx codes (with medical management), and it achieved a significant increase in psychiatric reimbursement overall, worked on legislation for confidentiality and patients' rights, and worked against emasculation of the parity law.

The Westchester DB President-Elect asked me to help him get invited with the other DB Presidents-Elect to a Board Meeting and I arranged for it. It is a valuable experience and if any DBs wish I can arrange it for them.

APA Strategic Plan

The details of the APA strategic plan are still in process and not yet available. Our initiative on the Area level moves forward under the leadership of Albany's Debbie Cross and New York County's Ann Sullivan. It will look at the structure and procedures of the state organization, to increase member and DB participation and Area Council involvement in governance, some form of membership election of state officers, definition of the Area mission, review of strategic priorities, the dues and finances, etc.

This ought to be done at the DB level too. There is a push toward turning Areas II (New York) and VI (California), state organizations, into DBs, and their DBs into chapters, with increased efficiency and decreased costs but also decreased DB representation, autonomy and identity. There is great resistance to this and it is not likely that it will be arbitrarily imposed from above, but the DBs could respond by considering some consolidation of functions. If not coalescence (e.g., Nassau and Suffolk), perhaps they could share Execs and offices (e.g., Westchester and Bronx) or other functions regionally. Larger, richer DBs could help out nearby smaller ones. Nevertheless, there are several of us on the committee reviewing this matter who will see that the DBs' interests are represented.

The APA is changing, more businesslike, more member-oriented. Call the appropriate new APA offices if you need help. Call me at (212) 876-6778. ■

NYSPA NEWS

Notice of Good Faith of Non-Deductibility of NYSPA 1998 Dues

The Omnibus Budget Reconciliation Act of 1993 included certain provisions denying tax deductibility for the portion of dues paid to 501(c)(6) professional organizations that is spent on influencing state or federal legislation. The law requires NYSPA to provide its members with a good–faith estimate of the portion of their dues which is attributable to lobbying and therefore, is nondeductible for federal income tax purposes.

For 1998 dues, NYSPA has estimated that 25% of NYSPA/Area II dues are attributable to lobbying and cannot be deducted. The schedule below sets forth the calculation of the deductible portion assuming that payment is made in full. If only a partial payment was made, then 25% of the amount paid is non-deductible.

Membership Category	1998 Dues	Deductible	Non-Deductible
General Member/Fellow	120.00	90.00	30.00
Member in Training	15.00	11.25	3.75
Life Member/Life Fellow 1-5 yr	80.00	60.00	20.00
Life Member/Life Fellow 6-10 yr	40.00	30.00	10.00

Please note that this notification only applies to NYSPA/Area II dues. It does not apply to APA dues or to district branch dues. If you have any questions, please do not hesitate to contact the NYSPA Central Office.

APA Creates Office of District Branch & State Society Relations

In response to requests from District Branch Presidents, Presidents-Elect, and their Executive Staff for increased support and more effective two–way communications, the APA has created a new Office of District Branch and State Society Relations. The new office will provide coordinated central office support to the District Branches, helping them resolve problems by coordinating and facilitating the flow of information and technical assistance. It will complement the District Branches' ongoing working relationships with the Office of Membership, Office to Coordinate Association Governance, and other departments, but not replace them. For more information, contact Carol Davis, Director of the Office of District Branch and State Society Relations at (202) 682-6085.

Free Training In Forensic Psychiatry

Each year, from September through May, the Tri-State Chapter of the American Academy of Psychiatry and the Law, offers a two-semester training program, covering all aspects of Forensic, Legal, and Sociolegal Psychiatry. The program meets Wednesday mornings, 9-10:30 A.M., at the Dept. of Probation, 115 Leonard Street, 2nd floor Conference Room, Manhattan. The first session of the 1998-1999 program begins on Wednesday, September 16, 1998. There is no charge for the program, but all participants are expected to attend the entire series and acquire the required readings.

For further information and pre-registration, contact the Course Coordinator, Dr. Alan Tuckman, Forensic Mental Health Service of Rockland County, (914) 638-5425 or (914) 354-6363.

NEWS FLASH:WHPS Supports NYSP-PAC

On May 8, 1998 at a general meeting of the West Hudson Psychiatric Society (WHPS), NYSPA President Edward Gordon, MD, appealed to the membership to contribute to the PAC. The DB responded and $1,600 was raised from WHPS members that night. In a memo to NYSPA District Branches dated May 11, 1998, Dr. Gordon noted that the WHPS, with only 152 members (or 3% of NYSPA membership), has donated over 10% of the total amount contributed to the PAC this year. Dr. Gordon challenges evry DB to match the outstanding effort of the WHPS.

Advocacy and Help for Physicians Suffering from Psychiatric Illness

by Susan Eisner, M.P.H., C.A.S.A.C.
CPH Outreach Education Coordinator

The OPMC (Office of Professional Medical Conduct - the Medical Board of the State of New York) of the Department of Health has a website at http://www.health.state.ny.us/nysdoh/opmc/main.htm that the public can view listing the names of physicians who received disciplinary actions ranging from probation to license revocation, as well as details as to why these actions were taken. I was shocked to see some names I recognized, including psychiatrists with whom I've worked. What happened? What interventions are available for a colleague in trouble? What can be done before their personal and professional lives are reduced to shambles?

The Committee for Physician's Health of the Medical Society of the State of New York runs a program to provide clinical guidance and advocacy for physicians suffering from psychiatric illness. Although OPMC has an impaired physicians program for physicians who have shown work impairment (and participate after their license is reinstated), CPH is a diversionary program in that they can enroll physicians suffering from psychiatric illness without the knowledge of OPMC or any other agency. Their goal is to enroll physicians who suffer from psychiatric illness before they are impaired in their work.

Ms. Eisner, joined by a physician who utilized the services of the Committee for Physician's Health, were the speakers at a recent Grand Rounds held at the Rockland Psychiatric Center. The attendees were treated with a frank discussion about physician impairment and ways to help our troubled colleagues. A summary of their presentation follows. —Ed.

In the long–standing tradition of medicine, physicians have helped colleagues with their health problems. It is in this tradition that the Committee for Physicians' Health (CPH) was established by the Medical Society of the State of New York (MSSNY). CPH helps those affected by Substance Use Disorders and other psychiatric illnesses. CPH serves licensed and unlicensed physicians (MD's and DO's), residents, medical students, and physician assistants. Services are provided at no charge and without regard to medical society membership status.

The philosophy of CPH is that Substance Use Disorders and other psychiatric illnesses are diseases which can be successfully treated. Our mission is to identify individuals in need of assistance, to refer to appropriate treatment programs, to monitor progress in recovery, and to advocate for continuation of or return to active medical practice. Especially important is CPH's advocacy role regarding employment, licensure, applying for medical liability and other insurance, becoming part of managed care panels, and other related issues.

Who makes referrals to CPH?

Anyone concerned enough to help. Seventy percent of the referrals are either self referrals or referrals from colleagues. Other sources of referrals are family, treating physicians, nurses, hospitals, patients and pharmacies. All calls to CPH are completely confidential. The identity of the referral source is never revealed, unless the caller wishes to be known. In fact according to New York State law, persons who refer in good faith, as well as the volunteers who work with CPH, are immune from legal challenge. In addition the identities of those enrolled in CPH are protected by law and are not revealed without consent.

While making a referral is vital, it can sometimes feel uncomfortable. People may think they don't have enough information, that they may be wrong, or that they might ruin a career. While these feelings are natural, it is important to take a different view. The calls are confidential, and concern about a physician rather than concrete proof is sufficient for referral. It is best to err on the side of caution. All physicians referred are clinically assessed. If assessment shows no disease, then no harm is done. If a diagnosis is determined, treatment can be provided. Failing to pick up the phone enables sick individuals to progress in their disease, possibly cause harm to patients, be open to lawsuits, and endangers family, work, and career relationships. That phone call can make the difference.

Remember, physicians do get sick — and they can be helped. To make a referral, or to request information, call 1-800-338-1833. Your caring concern may save a life and a career.

NOTE: Educational and outreach services are also provided by CPH for physicians and administrators and the medical community. Seminars cover recognizing and dealing with impairment, and the structure and function of CPH. One hour of CME credit is available. Call the above number to schedule a presentation. ■

NYSPA Member Heads CPH

Peter A. Mansky, M.D.

Dr. Mansky, a NYSPA member, has been the Medical Director for the Committee For Physicians' Health (Physicians' Health Program) of the Medical Society of the State of New York for the past six years. He is a member of the Board of Directors of the American Society of Addiction Medicine and of the Federation of State Physician Health Programs. He is chair of the Physician Health Committee for the American Academy of Addiction Psychiatry. He is active in his County Medical Society and in the American Psychiatric Association. For the past 12 years Dr. Mansky has been a member of the Executive Committee of the Capital District Branch. He is presently immediate past president and deputy representative to the Assembly.

Sexually Violent Predator Legislation: Another Misuse Of Psychiatry

by Howard Owens, M.D.

Dr. Owens is on the Editorial Board of the Bulletin and is active in the area of Psychiatry and the Law. He is Assistant Medical Director of the Forensic Psychiatry Clinic, located at the Criminal Court in Manhattan and is Clinical Associate Professor of Psychiatry at the NYU School of Medicine. He also has a private practice in general psychiatry. —Ed.

Howard Owens, M.D.

In 1997 the New York State Psychiatric Association mounted vigorous opposition to a proposed amendment to the Criminal Procedure Law, which would have transferred sexually violent predators from the prison system into state mental hospitals for indefinite treatment. Although this legislation was stopped at that time, we should remember that Hydra had many heads: the New York State Legislature is once again considering such legislation, and some version of it now appears likely to be passed. The *New York Times* reported in January that Governor Pataki would press for a law to allow the state to confine sexual offenders in mental hospitals even after they had served their sentences.

In addition to having a potentially popular issue in an election year, the proponents of this legislation have taken powerful support from the U.S. Supreme Court's decision in the 1997 case of *Hendricks v. Kansas*. In that case, the court upheld the Kansas Sexually Violent Predator Act, approving the civil incarceration of persons labeled as sexually violent predators. The similar New York bill was aimed at retaining in the hospital a diverse group of offenders: those who have been convicted and sentenced for sex crimes, and who have completed their sentences; those who have never been sentenced because they have been found to be incompetent to stand trial; and those who have been found to be Not Guilty by Reason of Insanity and are about to be released from the hospital (presumably because they are no longer mentally ill and dangerous!).

One of the serious flaws in this legislative approach is that it treats sex offenders as if they were a homogeneous group. In fact, sex offenders are a heterogeneous group with various types of psychopathology. The 1997 bill's most curious provision, which was obviously designed to circumvent ordinary civil commitment law, was its definition of a "sexually violent predator" as an individual who does not have a "mental disease or defect" but who does have a "mental abnormality or personality disorder." Such offenders would be committed to a secure facility operated by the NYS Office of Mental Health until such time as the person's mental abnormality is "cured" and they are no longer a danger to others. In an amazing exercise of candor, the bill even acknowledged that the treatment prognosis for some sexually violent predators is extremely poor. The logical conclusion is that this type of statute would mandate the indefinite retention of untreatable offenders in the secure state mental hospitals.

As NYSPA pointed out in its 1997 Memorandum in opposition to this law, New York State now has only three secure mental health facilities: Mid–Hudson and Kirby Forensic Psychiatric Centers and the Central New York Psychiatric Center (the latter being under the jurisdiction of the NYS Department of Corrections). These facilities generally operate at full capacity and have no excess supply of empty beds. Meanwhile there are estimated to be 5,000 individuals in New York who are registered as sex offenders under the Sexual Offender Registration Act of 1995. Over 1,000 of these offenders would probably be eligible for immediate civil commitment under the criteria in the bill. NYSPA pointed out that it costs the state $130,000 a year to maintain a patient in a secure mental health facility, considerably more than the cost of keeping the same person in a prison.

NYSPA's memorandum concluded that the enactment of this legislation would result in an ever–increasing number of civilly incarcerated offenders: "Since the bill permits release only upon a showing, in effect a guarantee, that there will be no repetition of criminal behavior, there is little likelihood of release. The number of sexually violent predators who are in civil incarceration will inevitably grow and grow with time." This result creates a direct conflict with the state's responsibility to provide treatment to the mentally ill. NYSPA pointed out that the New York State Constitution (Art 17.3) makes the state responsible for the care and treatment of the mentally ill. The state psychiatric system operated by NYSOMH cannot carry out this responsibility if its limited facilities are flooded with civilly incarcerated sexual offenders, who would displace patients with serious Axis I disorders (i.e. those very patients whom psychiatrists know are most in need of hospital treatment.) The legislation would have the further ominous effect of forcing psychiatrists to serve as the gatekeepers, who would be called upon to diagnose the "mental abnormality or personality disorder" which is required for the civil commitment.

Psychiatrists recognize that the release of sex offenders into the community represents a serious public safety problem. What NYSPA opposes is the misuse of long–term civil commitment as the "solution" to this problem. Unfortunately the current political climate suggests that some civil commitment law for sex offenders will pass the legislature. Because there are many different ways that such legislation could be bad for psychiatrists, NYSPA is working very actively to have as much impact as possible on the final form that any such law takes. The Codes and Mental Hygiene Committees of the New York State Assembly have requested input from psychiatry on the clinical issues

[See **Sexually Violent Predator Legislation** on page 5]

Psychiatrists Support NYS Psychiatric Political Action Committee

by Harvey Bluestone, M.D.
Chairman New York State Psychiatric Political Action Committee, Inc.

Since its inception in 1990, the New York State Psychiatric Political Action Committee (NYSP-PAC) has played an ever increasing role in bringing our message to New York State legislators through financial support of their election campaigns. NYSP-PAC is the only political action committee committed to advancing the goals of psychiatry in New York.

Last year was our best year yet. We received over $16,000 and distributed 100% of what we receive in contributions. Every year PAC contributions have increased. However, last year only 6% of NYSPA membership contributed to our PAC. We have published a list of contributors and we need participation from every psychiatrist in the state.

In 1998, our top priority is parity in insurance coverage for the treatment of mental illness. There is no issue which has greater impact upon each and every psychiatrist in the state and their patients. The NYSP-PAC will be focusing its efforts on working with a coalition of mental health providers, medical societies and patient advocate organizations to secure passage of landmark legislation. Because parity faces stiff opposition from the insurance industry and business lobbies, the PAC needs your help in getting our message across to the legislators. Contributions to the NYSP-PAC are vital if we are to have an impact in Albany.

In addition, the PAC will continue its efforts to strengthen provisions of NYS managed care laws to protect physicians and patients in their struggle with managed care to secure access to medically necessary treatment. We will of course continue to be vigilant to insure full support and adequate state funding for programs and services for persons with mental illness, and assure that the public is protected by opposing broadened scope of practice for psychologists.

In this critical year, it is important that we ask you to join with us. If you contributed in the past, please continue this year and increase your contribution if possible. If you did not contribute last year, please join us now. The NYSP-PAC is the only political action committee fighting for the interests of psychiatrists in New York. Without the support of psychiatrists, our voice will not be heard in Albany.

Please call the NYSP-PAC at (516) 542-0088 to receive information about how you can help. ■

Sexually Violent Predator Legislation

Continued from page 4

that are involved in implementation of such a law. To provide a response, a special work group was formed, comprised of NYSPA's Executive Committee, working in conjunction with Executive Director Seth Stein, with NYSPA's legislative representative, Richard Gallo, and with Dr. Richard Ciccone, the Chair of the APA Council on Psychiatry and Law, and Dr. Richard Rosner, Chair of NYSPA's Committee on Psychiatry and Law. This group has developed six major points for presentation to the legislative committees. In summary form, these points are as follows:

- There is no well–recognized and effective treatment approach for sexually violent behavior that provides a reasonable prognosis for assuring control of such behavior. Psychiatrists cannot predict accurately which sex offenders will re-offend in the future.
- Any new civil commitment legislation must not reduce or replace funding for existing OMH programs.
- Any new civil commitment legislation must include adequate funding for staff training, treatment and research to improve current understanding and effective treatment of sex offenders.

Programs for treatment, training and research should start as soon as an offender begins serving his sentence. There is no reason to delay treatment and research until criminal sentences are expired and the offenders are transferred to a civil facility.

Any legislation should also address post-discharge treatment, e.g. with strong outpatient civil commitment procedures and requirements for the offenders to participate in outpatient treatment under close supervision. The law should allow for non-compliant individuals to be returned to an in–patient unit, if necessary.

There are alternative approaches for the legislature to consider in addressing the serious public safety issues presented by sex offenders: the criminal law might be amended to provide for increased intensity and duration of probation and parole supervision for sexually violent predators; and indeterminate sentences for sex offenders might be re-instituted.

This final point, if taken seriously by the legislature, would insure that those who are judged to be most violent and dangerous could be detained in the type of facility that is most suitable for offenders who do not have serious mental disorders — namely, in prison. Unfortunately, organized psychiatry may be fighting a losing battle on this issue, because the concept of indeterminate sentencing is politically out of fashion: it depends upon a well–organized and funded system of parole, which is anathema to almost any politician in the current climate of having to be perceived as "tough on crime."

NYSPA remains opposed to the basic concept of the proposed legislation. Should such legislation be passed, however, with provisions for funding for treatment programs, training and research, there might be at least some positive result from what is in essence a misguided and illogical effort to use psychiatric hospitalization as a tool for the legal regulation of a public safety problem. ■

1998 Contributors to the New York State Psychiatric Political Action Committee, Inc. (as of 5/4/98)

Contributors after May 4, 1998 will be listed in the next issue of The Bulletin.

Sustaining Member ($150)

Anthony Bardinelli, MD
Harvey Bluestone, MD
Valentin Bragin, MD
Lory E. Bright-Long, MD
Ralph J. Carotenuto, MD
Leslie Citrome, MD, MPH
Deborah Cross, MD
Frank Dowling, MD
Richard Gallo, MD
Edward Gordon, MD
Joanna Knobler, MD
Ann Maloney, MD
James Nininger, MD
Barry Perlman, MD
Herbert Peyser, MD
Mark L. Russakoff, MD
Bruce Schwartz, MD
Lawrence A. Siegel, MD
Seth Stein, JD
AnnMarie Sullivan, MD
Anthony Villamena, MD

Contributing Member ($100)

Donald Brown, MD
Robert Campbell III, MD
Gary Cohen, MD
Stanley Cohen, MD
Herbert A. Fox, MD
Joyce Garber, MD
Lewis Glickman, MD
Norma R. Green, MD
William Grosch, MD
Paula L. Grossman, MD
Philip Herschenfeld, MD
Andrew Hornstein, MD
David Kaplan, MD
Marvin A. Kaplan, MD
Edward Y. Liang, MD
Brian Paul Lipton, MD
Donald L. Miller, MD
Jean K. Miller, MD
Josie Lim Olympia, MD
Raman Patel, MD
Premkumar Peter , MD
Miodrag Ristich, MD
William Rosenthal, MD
David Russick, MD
John L. Schenkel, MD
Kent D. Shinbach, MD
William Silverberg, MD
James H. Spencer Jr. MD
Peter J. Stein, MD
John Frank Tanquary, MD
Seeth Vivek, MD
Donald J. Watt, MD
Steven A. Weisblatt, MD
Laura J. Witman, MD
M. L. Zaphiropoulos, MD

General Member ($50.00)

Stewart L. Adelson MD
Jose Alarcon, MD
Herman Alpert, MD
Anthony Armentano, MD
B. Charles Arond, MD
Charles J. Barbanel, MD
Louis Belzie, MD
William P. Benjamin, MD
Carol A. Bernstein, MD
Harold Berson, MD
Stephen P. Blau, MD
Seymour Block, MD
Michael Blumenfield, MD
Helen Boigon, MD
Karin E. Burkhard, MD
Carmella Cancellieri, MD
Robert Cancro MD
Aurora L. Carino MD
Theodore Cherbuliez, MD
Lorna J. Clark-Rubin, MD
Andrew S. Dalsimer, MD
Leah Davidson, MD
Elizabeth B. Davis, MD
Alain De La Chapelle, MD
Louis E. DeRosis, MD
David C. Dillion, MD
J. Duffy, MD
Ivan Engel, MD
Steven R. Erle, MD
Douglas Evans, MD
Ivgenija Fastovsky, MD
Stephen Firestein, MD
Leslie Flatow, MD
Gisela Fleischmann, MD
Barbara F. Foldblum, MD
Frederic L. Gannon, MD
Rosanne Gaylor, MD
Seymour Gers, MD
Jack Gershberg, MD
N. Giampetruzzi, MD
Thomas Gift, MD
David L. Ginsberg, MD
Daniela V. Gitlin, MD
Kevin N. Gitlin, MD
Risa Gold, MD
Naomi Goldstein, MD
Beverly H. Goodman, MD
Janusz Gorzynski, MD
Marianne Guschwan, MD
Steven L. Hermele, MD
Gary J. Horwitz, MD
Gabriela Hundorfen, MD
Giampaolo Huober, MD
Charles Ihlenfeld, MD
Bernard Jacobs, MD
Clifford R. Jacobson, MD
Stanislaw P. Jonas, MD
Richard J. Karpf, MD
Stephen Kasten, MD
Howard Kibel, MD
Stewart B. Kleinman MD
V. Komareth, MD
Kinga Koreh, MD
Harlan Kosson, MD
Lois Kroplick, DO
Daniel Kuhn, MD
Cavin Leeman, MD
Eve Leeman, MD
Alfred Lewis, MD
Jerome H. Liebowitz, MD
Colleen Livingston, MD
Mary K. Marrocco, MD
James Masterson, MD
Marlin R. Mattson, MD
Arthur Meyerson, MD
Robert Mitchell, MD
Murray Morphy, MD
Robert A. Neal, MD
Ronald Neschis, MD
Marvin Nierenberg, MD
Robert J.B. Osnos, MD
A. Pachmakova-Weiss,MD
Annmarie Paley, MD
Anand Pandya, MD
Michael Pavillard, MD
Jane Perr, MD
Jeffrey Pines, MD
Paul Norman Podell, MD
Jacques Quen, MD
Raja V. Rao, MD
Barry Reisberg, MD
Martin S. Roshco, MD
Richard Rosner, MD
Raphael Rovere, MD
Hal I. Rubin, MD
Eslee Samberg, MD
Michaela Samuelly, MD
Israel Samuelly, MD
Kishor Sangani, MD
Charles Sarnoff, MD
Aaron Satloff, MD
Gideon Seaman, MD
Kevin Smith, MD
Nalayini Sriskandarajah, MD
Harvey Stabinsky, MD
Susan Stabinsky, MD
Howard F. Stock, MD
Norman L. Straker, MD
Wilberforce Tamaklo, MD
Lourdes M. Tiamson, MD
Louis K. Tietelbaum, MD
Der-Cheng Tsung, MD
Maureen Turey, MD
R. Viswanathan, MD
John Wadsworth, MD
Steven J. Wein, MD
Carol Weinstein, MD
Wayne M. Weisner, MD
Carol J. Weiss, MD
Stanley Yolles, MD

Member (Less than $50)

Natalie Shainess, MD
Albert Siewers, MD

Minority/Underrepresented (MUR) Group Representation in the APA

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

Dr. Chou is a member of the Bulletin Editorial Board and Chairs the APA Assembly Committee of Minority/Underrepresented (MUR) Groups. He is also the Assembly Representative for the APA Caucus of Asian–American Psychiatrists. Dr. Chou is a Research Psychiatrist at the Nathan S. Kline Institute for Psychiatric Research and Assistant Professor of Psychiatry at New York University. In this article, Dr. Chou describes the present minority/underrepresented group representation in APA and NYSPA, and summarizes some current MUR activities. Dr. Chou welcomes your comments and would like your input.—Ed.

What is a MUR Group?

MUR groups are groups that have been identified as either being underserved (in psychiatric services) within the U.S. population or underrepresented within APA. These groups are: Women, International Medical Graduates, Gay/Lesbian/Bisexual, Black, Asian, Hispanic, and American Indian/Alaska Native/Native Hawaiian.

Why do MUR Groups exist in APA?

The APA has a strong history of support for all MUR members as demonstrated by its formation of its office of Minority/National Affairs and its creation of the seven designated MUR groups. The mechanism of formal representation of MUR groups within APA governance does not resemble an affirmative action program, but rather incorporates these groups as an essential operational part of the organization. The global objective of MUR activities is maintaining the APA as an organization that is

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

sensitive to MUR issues and hence represents all of its members including those who belong to MUR groups. All of these 7 groups, in addition to being underrepresented in APA, are also underrepresented in APA leadership. The basic idea is that an organization that is sensitive to MUR issues is good for all members. In addition to initiating specific MUR-related activities, MUR representatives also serve a role as watchdogs assuring that APA does not inadvertently promote insensitive positions. These two functions are achieved through a wide range of activities some of which I will highlight below.

How are MUR Groups Represented in APA?

Each MUR group has a Committee (appointed by the APA President-Elect) within the APA Components and a Caucus within the APA Assembly. MUR Committees and Caucuses are independent though they usually work together closely. These groups are in a position to actively contribute to the formation of APA positions and policies. The primary functions of these groups are to advocate for relevant issues, to provide communication between APA leadership and their constituents, and to create a mechanism for networking for their constituents. Each APA member who could be classified as MUR can choose to join their caucus, and in doing so, will become a voting caucus member. Currently, membership in more than one caucus is not permitted, although this policy may be under review (e.g., a woman, lesbian, Hispanic, IMG member would currently have to select only one of the four possible caucuses). Each Caucus elects a president, an Assembly Representative, and a Deputy Representative.

In NYSPA, there is no formal mechanism for selection of MUR representatives, however, nationally elected MUR representatives who are NYSPA members serve as MUR representatives within NYSPA and have voting privileges.

What do the MUR Groups Do?

MUR groups directly participate in virtually all APA activities, but I will attempt to highlight some key areas.

One key area is the scientific program. MUR groups always present a series of presentations relevant to MUR members within the scientific program at the Annual Meeting, often in the workshop format. In addition, MUR groups actively promote adequate representation of women and minorities in the scientific program in general. Recently, a specific focus has been placed on the highly popular industry sponsored symposia which have not been successful in including a representative number of women and minorities among their expert presenters. Another goal is to assure that the topics covered in the scientific program are relevant to MUR members.

MUR groups also actively participate in the creation of APA documents including the DSM and APA practice guidelines. All APA documents are widely distributed within the organization before being finalized providing sufficient time for input from all groups. In particular, MUR input has been critical in the development of the DSM-IV section on cultural formulation and culture bound syndromes, as well as in including cultural psychiatry training as essential components of training curricula.

Membership issues are another important area of MUR activity. It is essential to maintain the APA as an organization which maintains its appeal to women and minorities. Many activities also directly focus on recruiting minority students into the field as well as recruiting minority psychiatrists to become APA members. One highly visible activity is the series of MUR awards which are selected by the MUR Committees and awarded at the Annual Meeting. There are also efforts underway to enhance the number of MUR psychiatrists in academics and on medical school faculties.

APA has consistently demonstrated that adequate psychiatric services to women and minority populations is a high priority. This has become such an institutionalized aspect of APA policy that it hardly requires any input from MUR groups. Nonetheless, MUR

[See **MUR** on page 9]

The Public Psychiatry Fellowship

by Jules Ranz, M.D.

Within the last 10 years or more, there have been many changes in healthcare, one of which has been substantial blurring of the formerly fairly distinct boundary between the public sector and the private sector. Patients on public support are now included in many managed care organizations and in many teaching hospital settings. Fewer early career psychiatrists go into full time solo practice, but instead they more often combine a part-time practice with a salaried position in a clinical setting. As these changes have occurred, employment opportunities in government-supported institutions have become increasingly in demand, and interest in clinical work in public psychiatry has greatly expanded. One of the first public psychiatry training programs to be established in this country was the Public Psychiatry Fellowship at New York State Psychiatric Institute and Columbia University Department of Psychiatry. I have asked Dr. Jules Ranz, Director of that Fellowship, to provide a description of the program, one that has an impressive track record of training young psychiatrists to work in public settings. —John M. Oldham, M.D., Bulletin Guest Columnist.

Jules Ranz, M.D.

The Public Psychiatry Fellowship of New York State Psychiatric Institute and Columbia University College of Physicians and Surgeons was initiated in 1980 as a public–academic liaison between New York State Office of Mental Health (OMH) and Columbia University. OMH's goal was to facilitate recruitment and retention of high caliber psychiatrists to serve as leaders in the provision of services in the public sector.

The Fellowship is a one–year, full–time training program for psychiatrists who have completed accredited psychiatric residency training and who plan to devote their careers to working with high risk populations in the public sector. It is unusually large for a psychiatric fellowship, training 10 Fellows per year. Fellows spend two days per week in seminars at Psychiatric Institute, learning the major principles and practices of public psychiatry. They spend three days each week in the field, applying these concepts at an agency providing mental health services in the public sector.

Didactic Seminars provide a systematic framework of knowledge to support the field work. The Academic Seminar is a year long comprehensive overview of major topics in public psychiatry, taught by the core faculty. In an Applied Seminar, Fellows use this academic foundation to organize a series of clinical, management and fiscal presentations of their field placement experiences. In addition, each Fellow is expected to design and present a program evaluation project examining some aspect of the service system at his/her placement site. These Applied Seminars are a crucial aspect of the Fellowship year, offering Fellows the opportunity to organize, present and evaluate their efforts at implementing the concepts they have learned during the year.

In recent years the Fellowship has attained national prominence. It is generally recognized that there are no other programs providing the depth of training in public psychiatry offered by this Fellowship. The scale and scope of the academic curriculum, expanded and refined over the past 18 years, is highly unusual for a psychiatric fellowship. Consequently there has been an increasing number of applicants from beyond the New York metropolitan area in recent years - applications have been received from psychiatrists in twelve other states. This year we are training our first international Fellow. He is the director of a rehabilitation agency in Korea, and is spending the year studying management, evaluation, quality improvement and rehabilitation techniques as they are practiced in the United States.

The Fellowship conducts regular surveys of it's alumni, the results of two of which have been published in Psychiatric Services. The first survey, published in May, 1996, revealed that over 90% of alumni were working in public sector agencies, with over 75% holding academic appointments and over 50% having management positions (Ranz JM, Rosenheck S, Deakins S: Columbia University's Fellowship in Public Psychiatry. *Psychiatric Services* 47:512-516, 1996). This survey revealed that alumni of the Fellowship have made a significant impact in the development of numerous innovative community programs at public facilities throughout the region, and have served in leadership positions in the New York metropolitan area and beyond.

A second survey, on the roles of alumni in public sector organizations, was published in Psychiatric Services in July, 1997, and served as the focus of a full-day workshop "Creating the Role of the Public Sector Psychiatrist" at the Institute on Psychiatric Services in October, 1997 (with 15 members of the faculty and alumni presenting). The survey revealed that respondents who are medical directors reported performing a wider variety of tasks and significantly higher job satisfaction than those who are staff psychiatrists (Ranz JM, Eilenberg J, Rosenheck S: The psychiatrist's role as medical director: task distributions and job satisfaction. *Psychiatric Services* 48:915-20, 1997). An expanded survey is now being conducted with the memberships of two APA–affiliated national organizations.

Fellowship alumni hold a number of key positions in local APA and affiliated organizations:

David Hellerstein is President–elect, New York County District Branch (1997-98).

Hunter McQuistion is Chairperson, Joint Committee on Public and Community Psychiatry, a unique hybrid of the Public Psychiatry Committee of the DB and local membership of the American Association of Community Psychiatrists (AACP). Seven of the nine members of that committee are fellowship alumni. Hunter is Area II representative, Board of Directors, AACP.

Paula Panzer is Chairperson, DB Program Committee and President-elect, NY Regional Chapter, American Association of Psychiatric Administrators (1998-99). Four of the eight members of the chapter's executive committee are fellowship alumni. At the national APA level, Paula is a member of the Annual Meeting Scientific Program Committee, Chairperson of its lecture subcommittee, and a member of the Institute on Psychiatric Services Program Committee.

Roseanne Gaylor and Brad Perry are members of the Committee on Public Psychiatry, and Julia Eilenberg is a member of the Committee on Early Career Psychiatrists, both of NYSPA.

Mary Barber is Secretary, Association of Gay and Lesbian Psychiatrists.

Two current Fellows, Molly Finnerty and Wilfred Raby are co-founders of the Picnic for Parity. Molly is assembly representative, New York County District Branch. Wilfrid is collaborating editor, DB Newsletter.

Information about the Fellowship is available by contacting Dr. Ranz at (212) 543-5655 or e-mail: jmr1@columbia.edu. The Web site address is <http://cpmcnet.columbia.edu/dept/pi/ppf>. ■

MUR

Continued from page 6

input is always useful in assuring that the recommended services will be properly delivered to underserved populations.

Networking is another function. In addition to activities in the scientific program, MUR Caucuses and Committees sponsor a series of more social events, both formal and informal, often jointly with related outside organizations. For many MUR APA members, participation in such activities, including dinner parties, lectures or forums with receptions, and award ceremonies, are opportunities to network with psychiatrists of similar backgrounds.

How Can You Participate?

These activities, broad as they are, require much energy, and there is always a need for more participants. The first step is to get involved with your District Branch. Although there is no formal MUR representation mechanism at the District Branch level, start by getting involved with local activities and address the relevant issues. Within NYSPA, there are currently four MUR representatives (or deputy representatives) in NYSPA whom you can contact with either questions or comments. They are Drs. Ramaswamy Viswanthan, Sylvia Olarte, Nalini Juthani, and myself.

If you wish to be appointed to a national Committee, contact the current chair of the committee as well as the APA President–Elect. Ask the committee chair to recommend your appointment. If you wish to participate in a Caucus, inform the APA Office of Minority/National Affairs, attend the Caucus meeting at the Annual Meeting or contact the Caucus president. This information can be obtained through the APA Office of Minority/National Affairs. If you have specific issues you wish brought up in the Assembly, please don't hesitate to contact me directly. ■

MIT CORNER

MIT News from the NYCoDB

by David Harwitz, M.D.

Dr. Harwitz is a Member–in–Training and a resident at the Mount Sinai School of Medicine. He is a member of the Bulletin Editorial Board and reports in this issue about some of the activities of the residents' committee of the NYCoDB. The Bulletin looks forward to publishing news from MITs from across the entire State of New York. —Ed.

With projects ranging from those well established to others in early stages of development, the 1997/1998 academic year has been an active one for the New York County district branch residents' committee.

Remaining among the most popular programs are the approximately bi–monthly events arranged by the residents' film committee, at which a full–length film is shown at the New York Academy of Medicine (103rd Street at 5th Avenue), followed by discussion with a featured psychiatrist on a topic germane to the movie presented. Selections this year have included: *Betty Blue*, a 1986 french film, followed by a discussion led by Dr. Steven Hyler on borderline personality disorder; *To Sleep with Anger*, an American film followed by a discussion on cultural psychiatry; and *Man Facing Southeast*, an Argentinian film, followed by a discussion of schizophrenia. Anyone interested in attending, or leading a discussion on a psychiatric topic relevant to a film of his or her choosing is gratefully invited to contact the district branch office at (212) 421-4732.

Projects which have begun development this year include: a series of workshops on mental health at area elementary schools; the designing of a residents committee website; an electronic residency and fellowship manual; and a statewide residents' directory.

The committee also actively participated in the planning and execution of the annual "Picnic for Parity," held in May in Central Park. This event is dedicated to promoting awareness of, and support for, the efforts of the mental health community, especially pertaining to the current fight for parity in the financial coverage of service delivery.

As ever, there are continuing efforts to increase representation among area residency programs on the committee, as well as improving communication among district branches statewide, as we prepare to embark on the second annual residents' cruise, currently scheduled for June.

The NYCoDB Residents' Committee welcomes comments, suggestions and inquiries from colleagues and prospective participants throughout New York State. Furthermore, we extend our gratitude to the NYSPA executive council and the Bulletin editorial board who have demonstrated genuine commitment to members–in–training by, for the first time, including them among their editorial staff. Hopefully this initiative, in combination with the on–line resources being developed, will foster new opportunities for communication and cooperation among NYSPA members at all levels of training. ■

APA and NY Academy of Medicine Presentation: The Future of Psychotherapy in Psychiatry

by Brian Ladds, MD

Should psychiatrists provide psychotherapy? This question, rather absurd to us, is however very real in the minds of non-psychiatrists. Dr. Ladds reports on a recent, and very well-attended, presentation on the future of psychotherapy in psychiatry held in New York City.

Dr. Ladds is a member of the Bulletin Editorial Board and is the Director of Residency Training at Saint Vincent's Hospital in Manhattan. –Ed.

The New York County District Branch of the APA, and the section on psychiatry of the New York Academy of Medicine, teamed up on April 29, 1998, to co-sponsor a presentation on the future of psychotherapy in American psychiatry. The idea for this symposium originated with Dr. Norman Straker, Secretary of the section, who recognized that many psychiatrists are very concerned with the constraints that managed care has imposed on them when they seek to provide psychotherapy to their patients. Third party payors, and others, have increasingly asked whether the scope of practice of psychiatry should be re–defined, possibly leaving other mental health professionals as the preferred providers of psychotherapy. Should residents training to become the psychiatrists of the future be taught less about psychotherapy than psychiatrists have been in the past?

Under the leadership of Dr. Herb Fox and Dr. Hillel Swiller, Chair and past Chair of the section, respectively, and Dr. Bill Tucker, President of the APA district branch, Dr. Straker and I organized a presentation by Dr. Jerald Kay, on this topic, with reactions by several residency training directors. Dr. Kay, Chair of Psychiatry at Wright State University, in Ohio, addressed these issues for the audience of approximately 70 psychiatrists, beginning with a survey of several different proposals that have been made to re-define the field of psychiatry. These include, for example, proposals that psychiatry become a sub-specialty of primary care medicine or re-integrate with neurology. These proposals would call for substantially less emphasis on psychotherapy training for psychiatrists. Dr. Kay rejected such proposals and forcefully argued that residency training should continue to require residents to have the experience of doing long–term psychotherapy. There is no substitute for learning about the subtleties of the doctor–patient relationship.

The panel of training directors, including Dr. Ronald Rieder (Columbia), Dr. Amy Hoffman (Elmhurst), Dr. Betsy Auchincloss (Cornell), Dr. Michael Serby (Mount Sinai), Dr. Carol Bernstein (NYU), endorsed many of the points made by Dr. Kay. In short, psychotherapy should remain an integral part of psychiatry residency training. However, some panelists pointed out that residents are under increasing pressures to manage large caseloads of patients whose primary treatment modality focuses on medication, and also that the need to teach advances in neuroscience may force some decrease in the curriculum devoted specifically to classical forms of psychotherapy. Many of the psychiatrists in the audience, including residents in training, emphasized the need to fight vigorously on behalf of preserving the traditional scope of psychiatric practice. However, one member of the audience argued that many graduates of residency training, especially in areas outside of New York, have not mastered competencies in psychotherapy, and have not demonstrated strong abilities in presenting psychodynamic formulations, and therefore residency training programs should no longer claim that they do otherwise. I suggested that the this is a crucial time for the psychiatric community to be having these discussions because the ACGME is currently revising the requirements for residency training, and thereby, potentially directly affecting the role of psychotherapy among future psychiatrists.

The next meeting at the Academy will be held on June 17, 1998 and will focus on the Death Penalty, with a presentation by the chief prosecutor from Queens, Mr. Richard Brown. For information please call (212) 822-7272. ■

Neal Cohen Appointed Commissioner NYC Department Of Public Health

By Ann Sullivan, MD

The New York City Department of Mental Health, Mental Retardation and Alcohol Services will merge with the New York City Department of Health to form a new Department of Public Health, under the leadership of New York City Commissioner Neal Cohen, M.D.

Dr. Neal Cohen has been an outstanding Commissioner of Mental Health since 1996 and has a long tradition of advocacy for the mentally ill and service in the community based mental health system. As many NYSPA members know, Dr. Neal Cohen is a psychiatrist who has been active in both the public and private sector in New York City, and an active member of the New York County District Branch of the APA. Dr. Cohen was responsible for establishing Project Help for the homeless in the 1980's, and has served as Chair for the New York City Community Services Board. Dr. Cohen's appointment speaks to his personal accomplishments, as well as the significant regard for psychiatry in the public health arena.

Dr. Neal Cohen sees this merger as an exciting opportunity to provide improved integration between mental health, substance abuse and general medical services. The newly created department will serve as a vehicle to ensure quality assessment of patients' needs and delivery of services. He describes mental health and substance abuse services as all too often being an outsider in public health planning and development, just as it is often overlooked at the level of primary care assessment. He sees his mission as the integration of treatment services, reducing stigma, and treating the entire person in body and mind.

While the New York City APA District Branches commend Dr. Cohen's leadership, and share his vision, they have collectively raised various issues regarding the position and role of mental health and substance abuse services in this newly created department moving into the future. While the mental health community feels that Dr. Cohen's advocacy will be strong, concerns are raised when the Commissioner of Public Health is not a psychiatrist.

The New York City District Branches recommended to Dr. Cohen that the following priorities be maintained in the establishment of this new Department of Public Health: funding for mental health and substance abuse programs should remain distinct and accountable from any general care funding; the structure of the newly created Department should maintain a separate and powerful Division of Behavioral Health Services, with a Deputy Commissioner reporting directly to the Commissioner of Public Health; in the event that the Commissioner of Public Health is not a psychiatrist, the Deputy Commissioner should be a psychiatrist, in order to maintain a powerful presence of psychiatric leadership in the Department of Public Health.

Dr. Cohen will be meeting again in the near future with representatives from the New York City branches to discuss the structure of the new Department of Public Health in more detail. There will be opportunities for further suggestions from the APA and NYSPA, as well as community groups and individuals at public hearings to be held in the Spring before the City Council.

In addition, the District Branches strongly support Dr. Cohen's suggestion that a formal Planning Advisory Council be established within the new department, that will always include the Deputy Commissioner for Behavioral Health Services. Finally, the District Branches suggested that the new Department of Public Health would be more effective in its advocacy role for behavioral health services, if these services were included in the department's title.

Once again, the core of the APA's recommendations will be to maintain the high level of advocacy, financial control, and psychiatric medical leadership in the Division of Behavioral Health Services in the newly created Department of Public Health. ■

Gordon

Continued from page 1

Thanks also to Leslie Citrome, newly appointed Editor and the rest of the editorial board of the rejuvenated Bulletin and to Bob Campbell, distinguished Editor Emeritus, who led it so well and for so long.

I want to thank Seth Stein, whose performance as Executive Director and General Counsel is the envy of all other professional organizations. Seth brings erudition and legal, organizational and management skills to the office. He is enormously productive and very much appreciated, as are his able staff, but especially Nancy Hampton and Barbara Capuano.

NYSPA was organized nearly 30 years ago. The current structure, although effective and well organized, has developed spontaneously and without strategic planning over the last ten years. The leadership has worked well together for the last four years.

However, coincident with the change in leadership, there has come a proposal for a "Strategic Planning Process," emulating APA. At the March NYSPA meeting, a Work Group on Planning for a Strategic Planning & Evaluation Process was established to define the task of a subsequent Strategic Planning Committee. This 19 member committee is chaired by Ann Sullivan, Representative from New York County. The stated purpose is to begin the process of reviewing NYSPA's structure, finances, mechanisms for setting priorities, relation of DBs to each other, to NYSPA and the APA, especially in view of the APA's Strategic Planning process and its effect on NYSPA, and the costs of operating NYSPA and the District Branches. A review is appropriate and necessary. The varied background of the committee members should assure the fair perspective necessary for a successful outcome of the strategic planning process.

Finally, as Past President, I will continue to sit on the Executive Commit-tee and continue to contribute to NYSPA's work. However, with additional free time available to me, I suggest you watch for a return of my "MediComment" column, providing help and tips on coding, documentation, Medicare, managed care and other economic aspects of practice, as prompted by member questions and needs.

I leave the Presidency in the able hands of Jim Nininger whose recognized qualifications and dedication led to an unopposed nomination.

So, goodbye, but not farewell. ■

Nininger

Continued from page 1

Peyser, M.D., has made great efforts to travel the state and make himself available to District Branches to improve communication from national APA to its members (beginning well before it was stressed as one of APA president Herbert Sacks', M.D. initiatives).

As we approach the year 2000, fin de siécle observations are inevitable. Nearly one hundred years after Freud's "Interpretation of Dreams" we are in danger of abandoning psychotherapy as a mainstay of our therapeutic armamentarium. As an examiner for the Boards, I'm often dismayed by candidates' poor grasp of the patient as an individual, at times forsaking empathy for an inventory of possible symptoms and diagnoses. In this issue of the Bulletin you will find more information on this topic.

I recently served on a work group examining APA's governance structure as a part of the national APA strategic review. I feel there is a serious effort being undertaken to make our organization more streamlined and efficient, and focused on relevant priorities. As noted in the last issue of the Bulletin, (and in Dr. Gordon's final President's Message in this issue) this is a priority for NYSPA as well, and I urge the District Branches to do the same. Though NYSPA has not increased dues in seven years, we must make sure that dues are set appropriately and spent in ways that reflect members' needs. Consider increased involvement with your District Branch, NYSPA, and the APA. Let's have greater communication at all levels and move ahead. ■

The Crisis in Inpatient Child Psychiatry

by Richard Perry, M.D.
Chairperson, Committee for Children and Adolescents of NYSPA

Dr. Perry is Unit Chief at Bellevue Hospital's Child Inpatient Unit, and Clinical Professor of Psychiatry at New York University. He is Chair of NYSPA's Committee for Children and Adolescents. He is also on a committee of the American Academy of Child and Adolescent Psychiatry — the Workgroup for Healthcare Reform and Finances. In this article Dr. Perry outlines the current crisis situation regarding the psychiatric care of New York City's children. Readers are encouraged to send their feedback to the Bulletin. — Ed.

I and many of my colleagues in child psychiatry, are alarmed at recent attempts to either eliminate city and state inpatient beds, or reduce staffing on inpatient units to the point of undermining care. Particularly alarming is the fact that there are many more children being referred for hospitalization than there are beds. The dual forces of managed care, and state and city budget cuts, has all inpatient psychiatry under siege. Child units are not exempt.

We look upon psychiatric hospitalization as part of the safety net for children and are convinced that while efforts are currently being made to reduce hospital beds, there are no existing alternative, less restrictive, programs for these children. The prototypical child admitted to an acute care hospital exhibits such dangerous and/or disorganized behavior that treatment in the community is not appropriate. Many of the children have failed outpatient treatment. Many come from foster care. Once admitted to the hospitals, many of these children require disposition to foster care, therapeutic foster care, state hospital or residential treatment centers and facilities. There are far too few beds available in these programs so that the children may languish on the acute care units even after stabilization. Managed care often judges that these children no longer need acute care and carves out periods of hospitalization. These decisions fail to recognize that beds are not available in lower levels of care and that to discharge the child to the community would be unduly risky. The child may also be placed on "alternate level of care" (ALOC) with the result that the hospital receives a much reduced reimbursement. Carve outs and ALOC reduce the revenues generated by the inpatient units, thereby giving more ammunition to those who would close down beds. In this way, inpatient units can be "choked" out of existence.

There is, in addition, concern that just as adult patients were discharged from state hospitals decades ago with the rationale that they could and will be treated in the community, that child hospital beds will be closed without appropriate alternative programs in place. Then, as now, the bottom line is money. What is different now is that we should have learned something from the experience with adult state hospital patients and that we are now dealing with children. Nonetheless, managed care and NY State and NY City budget cuts are moving at reckless speed to reduce costs and the most expensive service, hospitalization, is the number one target.

Manhattan Children's Psychiatric Center closed some years ago and its beds were distributed to Queens Children's Psychiatric Center and Bronx Children's Psychiatric Center. Many of those beds were not staffed and are still not staffed, increasing the pressure on acute care units who cannot discharge these patients and then must turn away new patients in need of care. A new installation, Brooklyn Children's Hospital has never staffed its beds to the number that was promised. Within inpatient units, there is a rapid whittling away at the infrastructure. There are reductions particularly in nursing and social work staff. In three municipal hospitals and one voluntary hospital, social work staff in the child inpatient units has been reduced from two social workers to either one or one and one–half social workers. This leads to further reduction in productivity, further increased length of stay, further criticism of the inpatient staffs and further difficulty for the staffs when dealing with managed care and oversight administrators.

It is all quite frustrating when the staffs of the units are providing the only appropriate and/or available care and protection to these children. We are concerned that if public administrators and managed care have their way, there will be an increase in mortality and morbidity within the child mental health system. Money can not be the only determining factor in what we provide for these children. People should be reminded that years ago citizen organizations and the courts mobilized themselves to offer protection to neglected, abused, and exploited children who could not fend for themselves. Although cost reduction or containment should not and cannot be ignored in planning, the guiding principal in child mental health should remain the necessary care and protection of our children. ■

NYS Attorney General Opens New Health Care Bureau

by Seth P. Stein, Esq.


Seth Stein, Esq.

On April 20, 1998, NYSPA representatives including Edward Gordon, M.D., Herbert Peyser, M.D., Barry Perlman, M.D., and Seth P. Stein met with Jeffrey S. Gold, Bureau Chief of the Health Care Bureau and Katherine Brooks, Assistant Attorney General, to discuss the newly created Health Care Bureau in the Office of the New York State Attorney General.

The Health Care Bureau was created to assist patients and physicians in dealing with managed care and to facilitate access to medical care and treatment under health insurance plans. The Bureau is focusing on assuring that managed care companies comply with the requirements of the new managed care law.

The Bureau is prepared to become directly involved on behalf of patients and physicians in disputes, including contacting managed care companies and health plans to advocate for patients' rights. The Bureau recently conducted a survey of 35 HMOs operating in New York and found that 18 HMOs failed to comply with the requirements of the managed care law regarding providing information to patients on their rights.

At the meeting, NYSPA raised several issues of concern regarding the operation of several managed care companies in the state. Questions were raised regarding referral practices under the Empire Mental Health Plan for state and local government employees administered by Value Behavioral Health (VBH). VBH is supposed to provide patients with three referrals when they call VBH. Instead, patients receive the name of a VBH clinical group, the name of a provider in the VBH clinical group and a third independent provider. Patients are not aware that two of the three referrals are essentially the same. This practice circumvents the plan requirements that patients get three referral names.

Seth Stein reviewed the practice of sale by pharmacies to drug prescription plans of the names of patients and the medications prescribed for them by physicians. Prescription plans use this information to solicit psychiatrists to change patient medication to drugs sold by the pharmaceutical firm that owns the prescription plan. Some prescription plans have gone so far as to prepare a printed prescription form with the doctor's name and ID number, the patient's name and the drug that the company wants the doctor to prescribe.

Dr. Perlman brought up the issue of patient confidentiality in the light of the recent spate of corporate takeovers, mergers and acquisitions in the behavioral managed care arena. When these corporate takeovers occur, enormous databases containing confidential patient information about treatment for mental illness are sold, transferred and exchanged. Dr. Perlman questioned what safeguards are in place to protect patient confidentiality.

Other issues discussed included failure of managed care companies to provide reasons for denials, plan benefits and lists of participating physicians as required by state law, and the failure of DOH to promulgate regulations implementing the managed care law.

Mr. Gold described a successful intervention regarding coverage for treatment of substance abuse. Previously, a carrier in central NY had told providers that it would review claims for substance abuse treatment based upon nationally accepted standards. In 1996, the carrier told the providers that it would now implement a retrospective review procedure before paying claims. The carrier did not tell providers that it also intended to apply different standards in reviewing treatment. Shortly thereafter, the carrier began denying claims on a wholesale basis. When complaints were received, the Bureau investigated and determined that the new review standards were so restrictive that the benefit was rendered illusory since no treatment could ever meet the standard. The Bureau then served a notice of intention to file a complaint based upon improper notification of change in standards and deceptive practices. Subsequently, the carrier agreed to set aside $700,000 to pay disputed claims, to adopt an independent review process for claims, and paid for the cost of the Bureau's investigation.

Dr. Gordon noted that this is precisely the type of activist government intervention that patients and physicians need to be able to grapple with managed care. The Bureau's approach is to intervene immediately to see if a rapid resolution can be achieved.

The Bureau's complaint hotline number is (888) 692-4422. If complaints are forwarded to NYSPA and the Bureau, NYSPA will also follow up to make sure that complaints receive appropriate attention. ■

DB NEWS

District Branches are encouraged to send in news from their organizations. Please e-mail or fax items you would like to see in the Bulletin. –Ed.

The **Central New York DB** would like to announce that the following members were elected to APA Fellowship: John Tanquary, MD, and Prakash Masand, MD.

The **West Hudson Psychiatric Society** was the recipient of the 1998 APA Public Affairs Network Award in the category of Coalition Activities/Small District Branch. This achievement was due in large measure to the energy and enthusiasm of the WHPS Public Affairs Chairperson, Dr. Lois Kroplick.

NON–PROFIT ORG.
U.S. Postage
PAID
New York, NY
Permit No. 4556

New York State Psychiatric Association
Area II Council - American Psychiatric Association
100 Quentin Roosevelt Blvd.
Garden City, NY 11530