THE BULLETIN

NEW YORK STATE PSYCHIATRIC ASSOCIATION

Summer 2000, Vol. 43, #2 • Bringing New York State Psychiatrists Together

Prisons and Jails: Hospitals of Last Resort

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

Jim Nininger, M.D.

"On any given day, there are approximately 7,680 people with mental illness in New York State's jails and prisons. At least 2,580 of those are in the New York City jail system, making Rikers Island, *de facto*, the state's largest psychiatric facility. Fifteen to 20% of New York City jail inmates are mentally ill. In 1997, 15,000 New York jail inmates were treated for *serious* mental disorders. Seven to 8% of the 70,000 inmates in New York's state prisons are mentally ill, and 15,000 to 20,000 mentally ill state prisoners are released to New York City each year."

These startling statistics are contained in a report entitled *Prisons and Jails: Hospitals of Last Resort* published jointly by the Correctional Association of New York and the Urban Justice Center. (Note: copies can be obtained by calling the Urban Justice Center at 212-533-0540) The report documents that in New York as elsewhere in the country, jails and prisons may have replaced hospitals for persons with mental illness. The policies of deinstitutionalization and "zero-tolerance" police enforcement of quality of life crimes have resulted in thousands of individuals with mental illness entering the criminal justice system. When we think of persons incarcerated with mental illness, we tend to think of persons serving long sentences. However, many persons with mental illness spend relatively short periods in city and county jails for minor misdemeanor charges.

While persons with mental illness in jails and prisons do receive basic mental health care, upon discharge there is usually no referral to community mental health care, no housing, and no income. These individuals inevitably find their way to public

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NYSPA Needs You To Ferret Out Phantom Networks

NYSPA is very interested to hear from member psychiatrists who have been approached by managed care companies to treat patients out of network at their regular fees. From a recent report, NYSPA became aware of an individual who had difficulties locating a psychiatrist in Manhattan to provide treatment for his child under the NYS state employee plan managed by ValueOptions.

Because the father was unable to find any psychiatrist in the plan to treat his child, ValueOptions agreed to permit the child to receive treatment from a child psychiatrist selected by the father who was not in the ValueOptions panel and to pay for this out–of–network care at the psychiatrist's usual and customary charges.

NYSPA would like to hear from you if you have any patients in this situation. More on this issue will be reported on in future issues of The Bulletin. Direct your correspondence using any of these avenues:

Write:
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■

NIMH Names MHA of NYC as Local Partner in Outreach Program

The National Institute of Mental Health (NIMH) has launched a broad, five–year nationwide initiative to help close the gap between mental health research and services and has named the Mental Health Association of New York City as its local partner in the new program.

The new communications initiative, The Constituency Outreach and Education Program, will initially enlist 18 outreach partners in 17 States and the District of Columbia. According to NIMH, the program is part of its broader effort to deliver science-based information on mental health to the public and health professionals and increase access to research–based, effective treatments.

"This program can help advance the courses of action, proposed in the recent Surgeon General's report on mental health, that will improve the quality of mental health in the Nation," said Surgeon General David Satcher, M.D. "These partnering organizations can lend their voices to efforts at the national level to reduce stigma and to encourage people with mental disorders to seek treatment."

As an outreach partner, MHA will conduct its mental health communications program through its newly developed New York City Coalition on Education and Research (CORE) and in collaboration with 10 MHA chapters around New York State. They include: Clearview Center, Clinton MHA, Dutchess MHA, Erie MHA, Nassau MHA, Orange MHA, Rochester/Monroe MHA, Rockland MHA, Southern Tier MHA and Westchester MHA.

NIMH will provide on-going technical information on cutting edge issues and research findings. Through its partners, it will distribute high-quality educational materials and messages for local dissemination and encourage local constituency

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NYSPA Public Affairs Committee Launches ".Com" Venture

by Jeffery Smith, M.D., Public Affairs Committee Chair

It all started with concern over the costs of NYSPA's website. In the new millenium, things just aren't the same. When I was appointed as Chair of the Public Affairs Committee, I wanted to put our activities on more solid fiscal ground. At the Joint Public Affairs Legislative Institute in the fall, I discussed several proposals with Public Affairs representatives of the DBs, and with my mentor, Michael Blumenfield. The idea had been raised of seeking advertisers on our web site, www.nyspsych.org. We needed a fresh approach, something in keeping with our mission of service, and at the same time attractive to advertisers.

We discussed banner ads, sponsorship, unrestricted grants and more. From previous experience with www.addictionresourceguide.com, a personal web venture, I developed the idea of adding a section to the NYSPA website that would be a kind of yellow pages, featuring goods and services for psychiatrists. This would be advertising, but in a format where psychiatrists could look things up when they were ready, 24 hours–a–day, 7 days a week. This would be valuable for psychiatrists and for advertisers, and in keeping with the professional character of our web site. Other PA representatives, and the NYSPA leadership supported the idea.

I surfed the web to find something similar. There was nothing. There are sources for physicians, but nothing specializing in the needs of mental health professionals. My excitement began to grow. There was real potential for a "win–win business model."

I wanted the site to be easy to use, easy on the eyes, a useful place for members when they needed anything from printing services to computer consultants to lawyers and pharmaceutical companies. Speaking to potential advertisers, it soon became clear that their budgets for this kind of advertising were national. Why not do this as a national venture? After all, the web doesn't have geographical boundaries.

The idea of a national yellow pages for psychiatrists was exciting, but what about competitition? Would some .com with venture capital move in like Blockbuster vs. the local video store? Our not–for–profit status and official capacity would actually be a competitive advantage, giving us credibility and allowing us to set prices low enough to discourage would–be competitors. We could keep costs down by recruiting volunteers to help find and solicit advertisers. The fact that monies generated would go to causes that are close to our hearts, would help make volunteering a satisfying experience.

The NYSPA Executive Council approved a business plan specifying the following mission statement:

> "The overall goals of PsychYellowPages are: 1) to provide a service to psychiatrists in the form of a compact, easy to navigate resource directory targeted at our specific needs, and 2) to provide revenue for purposes of patient advocacy and for enhancement of public awareness of psychiatry."

With this approval in hand, Donna Sanclemente, our Web site designer and consultant and I went to work to get something ready so that we could

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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 5,500 copies per issue. The Bulletin is received by all 5,000 members of the American Psychiatric Association who belong to a district branch in New York State. The Bulletin is also sent to the leadership of other district branches across the United States and to New York State legislators, medical libraries, and science writers. The Bulletin is published quarterly. Both classified advertisements and display advertisements are available. Please contact the editor for current rates and media requirements. NYSPA members receive a discount of 50% off the basic classified ad rate.

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

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From the Editor… Issue #10: A Milestone


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

The Summer 2000 Bulletin is the tenth issue in the new format. Two–and–a–half years have already passed and I would like to thank our readers for their support.

A big thank you goes to the Editorial Board, whose term expires this month. Editorial board members are responsible for helping to obtain articles, advertisements, and other material, as well as share in the task of proofreading. A call is now being made for NYSPA members who may be interested in participating in the production of The Bulletin by becoming Editorial Board members. Please contact me directly by telephone at 914-398-5595 or by e-mail at citrome@nki.rfmh.org. Appointments are made by the NYSPA President and are for 30–month terms.

A new feature beginning this quarter is a "Spotlight on a DB" column, starting with the Bronx District Branch. Over the next 13 issues Bulletin readers will learn about the DBs in New York State, where they are, how many members they have, how they have evolved and what they have accomplished, as well as contact information. The Bulletin is looking for photographs, both recent and vintage, that DBs would like to share.

This issue brings another interview by Martha Crowner, M.D. This format allows for an informal exploration of an interesting topic. This quarter we'll learn about a New York City–based patient–driven support and advocacy program for mood disorders.

The issue also brings a repeat of a popular column looking back in time through past issues of The Bulletin. I welcome any DBs to send me back issues of their newsletters for inclusion of their material.

A special thanks goes to our loyal advertisers who have provided financial support in these tough fiscal times. We have endeavored to strike an appropriate balance between the quantity of advertising and amount of editorial material, but we are still open to new advertisers. Remember that The Bulletin has a print run of over 5,000 and reaches every corner of New York State. If you know of any potential advertisers, please encourage them to contact me.

Finally, be sure to check out www.psychyellowpages.org (or .com), NYSPA's latest foray into the Internet. You'll be impressed. ■

President's Message

Continued from page 1

shelters and then, with no treatment, are re-arrested and return to the criminal justice system.

When state prisoners are released, the report notes that "the Department of Correctional Services give releasees $40, a bus ticket home, and a list of parole conditions." NYS Office of Mental Health has a policy of providing all releasees with serious mental illness with a two week supply of medication and a prescription for an additional two weeks. However, these individuals often have no health insurance and cannot obtain Medicaid for at least 30 days. While OMH provides discharge planning for some inmates, it is extremely difficult for OMH discharge planners in the upstate regions of the state to access services for prisoners returning to New York City area.

The report recommends a diversion program for low level crimes to identify at arrest and arraignment persons in need of treatment for mental illness. A diversion program instead of short term incarceration could prevent recidivism and rehospitalization. Better coordination of care for releasees to make sure that treatment is available on release is also essential.

I am asking every District Branch in the state to undertake a review of the system in their local county and municipal jails for providing treatment of prisoners with mental illness and to advocate for local initiatives to divert persons with mental illness who are arrested for minor offenses into the treatment system instead of the correctional system. On the state level, NYSPA will continue to advocate for approval of "deemed eligibility" to permit immediate access to Medicaid benefits for state prisons releasees. New York State should be able to grant Medicaid coverage before a person is released from jail or prison so that medical care and treatment can be accessed immediately upon release without an interruption in treatment.

The report in its conclusion summarizes succinctly the problem:

> "People with mental illness in the criminal justice system are a large and growing population with enormous, complex needs. Instead of treating them, we prosecute them. We must reverse this trend now not only because it is the right and humanitarian thing to do, but also because current practices . . . needlessly waste precious taxpayer dollars."

Deinstitutionalization with adequate community support and the rise of managed care have contributed to a system that is neither humane nor sensible. Patients have been "transinstitutionalized" from community hospitals to jails and prisons. Our Committee on Psychiatry and Law and Committee on Public Psychiatry have expressed interest in these issues, and we will feature more articles and information on this topic in the coming months. ■

NIMH

Continued from page 1

groups to give NIMH direct feedback on research priorities.

The program will be directed to the public and health professionals through media relations, statewide coalition building, and outreach to minorities and special populations such as youth and the elderly. The Association will also sponsor educational efforts focusing on primary care physicians, nurses, employers and other groups and will promote recruitment of participants in NIMH–supported clinical studies.

Among current MHA education/outreach projects are: the Bronx Public Education/Anti-Stigma Campaign; the New York City Depression Coalition which coordinates depression and anxiety education and screenings; programming to increase employment opportunities for mentally ill people by reaching out to public and private employers; campaigns to broaden awareness about mental illnesses among people of all ages and cultural backgrounds; and programs directed to various community organizations to reach persons at high risk for mental illnesses that impair functional ability.

The Agency will also build on its existing relationships with many consumer and professional coalitions and organizations, as well as expand its established contacts with print and broadcast media.

In implementing the program, MHA will work closely with the research facilities of Columbia University's Department of Psychiatry and the New York State Psychiatric Institute. Peter S. Jensen, M.D., Director of the Ruane Center for the Advancement of Children's Mental Health, will serve as scientific advisor to the new program. He emphasized New York's place as a center of research as well as "a culturally diverse and organizationally complex metropolis with many mental health constituencies."

NIMH will provide Outreach Partners with: ongoing technical assistance in project-related activities; research updates through annual meetings and the Web; opportunities to network on-line and in regional meetings with other state and national organizations; educational materials, and an annual stipend. Partners are invited to provide direct feedback to NIMH on its research priorities and will submit reports.

National organizations which have a prominent role in the structure of the new Program include: the National Alliance for the Mentally Ill, the National Association of State Mental Health Program Directors, the National Depressive and Manic Depressive Association and the National Mental Health Association.

A panel of nationally recognized mental health researchers, clinicians and consumers will provide expert assistance. In addition, the program will include an Education Network of some 200 mental health, medical and business groups, whose State or regional affiliates may engage in coalitions with Outreach Partners.

For more information, contact the Association at 212-254-0333, Extension 600. ■

LETTERS TO THE EDITOR

Letters to the Editor are welcomed but are limited to 750 words. Send your submissions to:

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A Distillation of News From the APA Central Office in Washington

by Herb Peyser, M.D.

Herb Peyser, M.D.

Along with positive comments there have also been complaints about APA from the DBs, state societies (SSs) and members. In March the Board reviewed the problems and disconnects, particularly the inadequacies in the information system. These had seriously interfered with billing and membership and dues processing, preventing the DBs/SSs from planning, making budgets, utilizing the membership database, effecting transfers, etc. NYSPA and 12 of its DBs are on central billing and had been particularly hard hit.

A Solution

The Board put the APA's Information and Membership staffs on notice that a solution had to be found in the immediate future. Shortly after, the system began to function and the needs of the DBs/SSs began to be met, not fully at first but progressively improving. The Board also insisted on better staff communication with the DBs/SSs, governance, the members, and with APA's information system Components, utilizing their expertise and keeping the Board fully informed.

Staff Turnover

Problems also resulted from staff turnover consequent on a new Medical Director coming in. The new staff, though well intentioned, did not have institutional memory, did not know APA ways and APA people. Remedial programs were developed and Kathy Dempsey was appointed COO to oversee this. She has been doing an excellent job and things are significantly improved.

Website

APA proceeds with Medem.Com, the website we participate in with the AMA and five other specialty societies, to bring authoritative health information to the public. We have been transferring content into Medem, and Medem will also provide services for the members, who have begun joining up. Members will able to develop web sites and provide information about their practices online as well as clinical information.

Corporate Reorganization and Income Redistribution

The corporate reorganization creating a 501[c][6] led by President Allan Tasman was approved, and there'll be further easing of initial APA dues for early career psychiatrists. Funds are available to help the DBs do likewise.

I'm on the committee overseeing sharing of net non–dues APA income with the DBs/SSs, to be used by them as they see fit. The DB distribution will probably be a certain set amount to each DB and the rest apportioned by membership size. APA will take its cue from the DBs and not impose anything top down — no strings attached but some accountability. In NYS we are developing a formula for distributing this between the DBs (handling membership, ethics, etc.) and NYSPA (handling government relations and state–wide managed care).

There is an additional stream for state–level advocacy. The Litigation Fund with $450,000 has been expanded, given $300,000 from the reallocation, and is now under the Commission for Public Policy, Litigation and Advocacy. We in NYSPA have again applied for help with our expensive legislative advocacy around the re-emerging scope of practice bill in the state legislature. APA helped us last year and I've been assured they will do so again.

The $2.3 million these initiatives will cost will come from savings from the APA reallocation. Reorganization of the components and governance (including the Areas and the Assembly) continues. The consolidation of APA publishing with APPI publishing will produce significant savings.

Research Institute

Dr. Darell Regier now heads our research institute and directs our research activities. Planning is beginning for DSM V (seven to ten years hence) in conjunction with NIMH. A text revision (no coding or diagnosis changes) will appear soon. Several of us on the Board are watching to ensure that at this time of remarkable neurobiological advances, clinical, health services and psychotherapeutic factors are adequately included in the DSM V process.

Elections

The Board once again revisited the APA election process. It approved Past President Rod Munoz' Nominating Committee's principles of fairness, openness, access and leveling of the playing field. It set up an Ad Hoc Committee to review the entire process and accepted its proposal that a questionnaire be sent out to the membership.

The Board has always been divided on this matter. Although very reluctant to interfere with democratic openness of the election process it would like to restore the level of courtesy, dignity and professionalism that had been decreasing over the past few years. It would like to stop and roll back the increasing expansiveness, costliness and intrusiveness of the process, so different from that seen in other specialty and professional societies,

I'm on the Ad Hoc Committee and can attest that its review has been a slowly developing one with wide interaction and multiple inputs from other committees, DBs/SSs, members, other specialty and professional societies, etc. It has been open and inclusive, a continuing process. Its effort to determine what the members really want is in contrast to and should allay the concerns and suspicions of Trustee–at–Large Richard Epstein and perhaps a few others, and correct some misrepresentations and misunderstandings at large. I can assure you that there has been no early closure and it will be up to the members to decide.

HCFA Litigation and Other Matters

APA supported AMA's litigation against HCFA and another suit pushing for weakening of the ERISA barrier. APA got Magellan to reimburse residents doing treatment in programs credentialed by Magellan and JCAHO and where they were adequately supervised, to admit them to panels there and not require ABPN certification. It worked on initiatives for parity, confidentiality, patients' rights and anti-trust relief on the national level, supported those on the state level, and worked on problems of scope of practice and prescribing and hospital admitting privileges legislation.

Lack of Success

Much litigation has been useful but one, ardently advocated by Richard Epstein and Past President Harold Eist, turned out to be less happy — the $11 billion anti-trust suit by attorney Joseph Sahid against the national managed care behavioral carve–outs. At the urging of Eist and Epstein and in contrast with the concerns of our attorneys and the skepticism of many (myself included, for I had heard the case argued before Judge Kimba Wood), APA gave Sahid $150,000 and NYSPA $1,000. Shortly after, Sahid unexpectedly settled the case for no damages or relief but ample legal fees to him. APA and NYSPA are strongly requesting their money back. "If something looks too good to be true it may be too good to be true," said someone.

Public Affairs

Other government relations and public affairs initiatives were voted and supported. This, the real work of APA, could be seen in the presentations to us of the three DB Presidents-Elect invited to the Board. The Georgia President-Elect presented a most remarkable and effective public affairs program conducted with the medical society where pamphlets and flyers went out with postcards to be used for contacting legislators.

Other Decisions

The DB Presidents–elect asked for leadership training and APA has been working on developing such programs, to be tried out in pilot form first. The DBs/SSs will become increasingly involved in the Components appointment process. The initiative to approach industry continues, to get employers to realize the value of psychiatric coverage and of taking care of their workers with psychiatric along with other medical illnesses.

The Major Depression guidelines were approved, and APA continues revising old ones and developing new ones, such as Borderline Personality Disorder. The Board looks forward to its next year under Dan Borenstein. ■

Howard Smith of the Mood Disorders Support Group

By Martha Crowner, M.D.

The following is an interview with Howard Smith. Mr. Smith is the Director of Operations of the Mood Disorders Support Group, a peer organization founded in 1981. This interview is based on a presentation given in the winter of 1999 at Manhattan Psychiatric Center. Dr. Crowner is a psychiatrist at that facility. –Ed.

Q: What is the Mood Disorders Support Group?

Howard Smith

A: Before I answer that, I can't wait to tell psychiatrists something I believe is extremely important for them to hear. Please, make it clear to your new patients, the ones just starting on medications, that side effects usually go away the longer they stay on the drug. You wouldn't believe how few of the people who come to our groups know that. We found its one of the major reasons for non–compliance. These patients get discouraged. They feel worse. They think their doctor doesn't know what they're doing and they often leave treatment completely.

O.K., now that I said that, the Mood Disorders Support Group is a self-help group for people with depression and manic-depression, their families and friends. It's all volunteer and non–profit. It is a New York City organization. We offer support groups at three sites, a quarterly newsletter, a lecture series, and a website. The newsletter has a lecture schedule and articles on bipolar and unipolar disorders. We host 10 lectures a year by national and international experts in the field which are scheduled on Mondays at 7:30 p.m. at Beth Israel. We also speak before groups, at schools, at grand rounds, to tell people who we are and what we do.

Q: What can the group offer that psychiatrists and other professionals cannot?

A: Psychiatrists and other professionals are very rushed. They don't have time to listen. The people who run our groups, the facilitators, have much more time to listen, so patients feel heard. Psychiatrists don't have time to tell all they should or, at times, patients are too depressed to hear what they're told.

We offer reassurance and hope. Newcomers can meet people who had been very sick who are now feeling much better, who are working. A common misconception is, "I've got the worst case ever. They should write me up for a textbook." People leave with more perspective. They see that lots of others have this illness. Some have it worse, some better.

Patients can hear things from us that they won't accept from their doctor. They often believe, "My psychiatrist doesn't have the illness. How does he (or she) know how I feel." Here's how a group can work: A member complains that she has gained 30 pounds with lithium. I ask, "Tell me again about your past. Have you been in the hospital?" "Yes, six times. And I almost committed suicide last year." I can say, "Isn't it better to be 30 pounds heavier than to be dead? I gained weight. It was a big change but I got used to it." Then others can join in and say the same thing. The group can also share tips on how to control weight gain and encourage others to try.

We tell people what to expect from their doctors. They can't expect to call three times a day and continue to get a friendly response. Many patients are wary of taking more than one medication. They think their doctor doesn't know what he's doing. We tell them cocktails are not unusual.

Q: Speaking from your experience with your own illness and with others in the group, what do you think is necessary for patients to get better and stay better?

A: Number 1 - compliance with meds. Number 2 - compliance with meds. Number 3 - compliance with meds.

There are others: Be specific and frank with your doctor. List which of your symptoms have improved and which have not. Tell the doctor what your life is like. When he or she asks how you are, tell about your past few weeks, not just now. I don't know a depressed patient who doesn't feel better by the time they get to the doctor's office. Just to get there they had to get up, get out of bed, interact. They had to pull themselves together just to make the trip.

Patients too often settle for just OK. If you're somewhat improved, you don't think about suicide anymore, but life is still a drag and you almost never leave the house, tell the doctor! Maybe you could get better.

Get educated. The better educated you are, the better chance you have of getting better.

Write down any instructions you're given with your medication. Its common to forget the details: doses, when to take the pills, whether to take them with or without food.

Also, structure your day. Get out of your apartment. I say, "When in doubt, go out." If you're not working, even a half-day a week volunteer job gives you something to think about besides yourself and how miserable you feel.

What is essential to any non–pharmacologic treatment is hope. We give hope.

Q: How are group facilitators trained?

A: We're very proud of how we train our facilitators. They attend classes with a psychopharmacologist. We give them professional articles to read. They observe at least 12 different senior facilitators, then put in months of co–facilitating. Finally, they run groups with a facilitator-observer. Then they graduate and solo. Several times a year we provide skills and information updates. I like to say, we're not professionals but we try to make our operation more professional.

We are information oriented, action oriented, solution oriented. Of course, we give support, but we offer more.

Q: What advise would you give to psychiatrists?

A: If you, the doctor, don't feel you have a clear view of your patient's life or if you're just not getting through, involve a family member. Family and friends can be real allies in treatment.

Few doctors advise weekly pill boxes, but they should. It's so hard to remember to take your meds, any meds, for any illness, even if you're functioning, and normal. I advise the big weekly kind that have one compartment for breakfast meds, one for lunch, one for 5 p.m. and one for bedtime meds.

Very few doctors tell patients about the "dead morning syndrome." Nearly every depressed patient gets it. It's like whole areas of your brain are switched off. You can't concentrate. You stumble. As the day goes on it lifts. Patients and usually family members too, believe they are weak or lazy or just not trying, but they should know it's common. I advise students going back to school to schedule afternoon classes and employees to try to arrange with the boss to come into work late and stay late.

Doctors should hand out articles and recommend books. They should also remember that the major causes of non-compliance are weight gain, GI symptoms, and sexual dysfunction and address those issues early so patients don't freak out when they happen.

Q: Where and when do groups meet?

A: We have groups at New York Methodist Hospital in Park Slope, Brooklyn every other Tuesday, at Beth Israel in Manhattan every

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SPOTLIGHT ON THE DISTRICT BRANCHES

The Bronx District Branch: Beyond Fifty Years

By Patricia Scimeca

Over the next 13 issues, The Bulletin will shine the spotlight on a New York State District Branch. The first in this series will focus on The Bronx, the most northern of the New York City boroughs. With a voting strength of 177 members (as of November 1999), it is the seventh largest of the thirteen NYS DBs. Among its accomplishments, the Bronx DB has been a leader in public affairs and coalition building. –Ed.

The Bronx District Branch of the American Psychiatric Association has been active in the Bronx for 54 years. (The recent 50th Anniversary of the Branch –1996 – was celebrated with two of its founding psychiatrists, Dr. Jacob Miller and Dr. William Sorrell, in attendance.) As the Bronx has evolved into the highly populated, culturally and ethnically diverse Borough of New York that it is today, the Bronx DB was there. It has consistently taken care of the needs of practicing psychiatrists and their patients through continuing education, community activism and participation in the medical concerns of all the citizens of Bronx County.

Though it is a small District Branch, it has big achievements! The recent triumphs of the DB include the creation of the Bronx Mental Health Coalition, which sponsors diverse activities for Mental Illness Awareness Week every October. In alliance with the Mental Health Association of New York, the DB supports Depression Screenings throughout the year. This work has been one of the projects of Harvey Bluestone, M.D., a past leader of the Assembly of the APA and a former Trustee. His leadership and vitality have helped to give the District Branch the active voice it has today. All members of the Bronx DB are grateful for Dr. Bluestone's guidance and mentorship.

This past February, the Bronx District Branch was recognized by the Joint Commission on Public Affairs of the APA for their work in Coalition Building. At a celebratory dinner with luminaries from the psychiatric world in attendance, the Branch was presented with a First Prize (the third award from the Joint Commission on Public Affairs it has received in the past five years) and applause.

The event which garnered this award for Coalition Building was a product of the vision and hard work of the Bronx Mental Health Coalition and its coordinator and Bronx District Branch Public Affairs Representative, Michael

Mary B. Cliffe, Executive Director, and Michael M. Scimeca, M.D., Public Affairs Rep for the Bronx DB

M. Scimeca, M.D. The Coalition sponsored an Art Show called Art on My Mind: Achievements of Artists Living with Mental Illnesses at the Bronx Museum of the Arts, showcasing paintings and sculpture by patients with mental illnesses (see The Bulletin Fall 1999). Yearly activities like this have gone a long way to diminish stigma and bring to television and print media attention the needs of patients and the call for parity.

Under its current president, Susan Stabinsky, M.D., along with President-Elect, Gopal Upadhya, M.D., Secretary, Seshagiri Doddi, M.D., and Executive Council Members, Drs. Bruce Schwartz, Andrea Weiss, Robert Neal, Raman Patel, the DB continues to enhance its membership and broaden its community activities.

Our Bronx DB spotlight would be dim if we didn't include our appreciation to Mary Cliffe — Executive Director of the Bronx DB — who has devoted almost 20 years of dedicated service to Bronx members and the area's mental health community. Mary's organizational savvy and intimate knowledge of the community and its concerns is truly an asset to the organization.

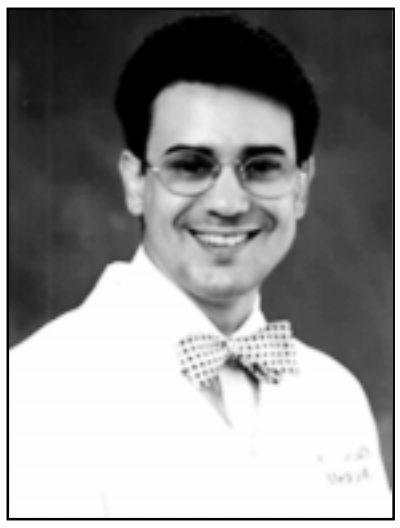
With increasing cultural expansion and the need for readily available mental health treatment, The Bronx District Branch will continue to be a leader and innovator in the improvement and access to treatment in the new century. ■

MIT CORNER

Quality in Health Care

By Desiderio Pina, M.D., M.P.H.

Dr. Pina is a PGY-2 Resident in Psychiatry at Cabrini Medical Center/Mount Sinai School of Medicine, and is currently the co-vice-chair of the Resident's Committee and the Chair of the Computing Committee, for the New York County DB. He also runs the New York County DB website and is the acting webmaster until it is completed and running on its own. –Ed.



Desiderio Pina, M.D., M.P.H.

Quality in health-care. You know you want a lot of it, but what is it really? No ... really?

Classified as a "moving target" by some (Intagliata 1982); structured as a ringed "bull's-eye" by others (Donabedian 1988), the definition of what quality 'means' in health care has eluded many learned researchers and heavily funded institutions.

What does it really mean to a practicing clinician? Is it truly that different between specialties or different health care professionals? And more relevant to this column, what would be the definition of quality of care in mental health?

Over the past several months, there's been an increase in the dissemination of information regarding errors in the practice of medicine in United States. If we will endeavor to describe what quality is, measure when it is present, and render how to achieve it, we must first draw upon what it isn't, where it's not present and what it cannot be.

As members in training, (either those currently in training or those who can remember those days) we know that "to err is human" (as the recent Institute of Medicine [IOM] report on the quality of care was entitled) (Kohn, Corrigan, et al. 2000). Depending on what level of training you reflect upon, some of those "bloopers, blunders, bungles, mistakes, lapses, goofs, or slip-ups" could have been associated with *your* care of the patient.

No matter who defines it, how it's described, or even *if* it's measured, quality is something we all want when it comes to the care of our patients. Specifically, individuals who suffer an impairment of their mental health, have traditionally been patients associated with a long chronicity to their illnesses. They therefore have been connected with longer lengths of stay, relapse, and by definition recidivism (Intagliata 1982).

No American has any doubt that the present level of medical errors is unacceptable (Brennan, Leape, et al. 1991). Patient advocacy groups, patients themselves, their caregivers, loved ones, and even prominent American medical societies have all agreed that mandatory reporting is an essential part of patient safety improvement (Booth 2000). No matter where you are in your career, or what level of training you've achieved, you have been exposed to the bureaucratization of medical care in our country (Brennan 2000; Prager 2000). Nonetheless, we must scrutinize without impunity, yet another level of oversight and possible finger pointing. Will this lead us down the line to more legislation requiring greater public disclosure, which in turn would lead to more lawsuits (Weiler, Hiatt, et al. 1993)? The IOM report calls for a 50% reduction in the incidence of errors, and recommends confidential, voluntary reporting of injuries due to medical care (what the FAA and NASA already do).

Quality of care, and more specifically excellence in mental health care, will continue to be an elusive goal for some. Let us never forget, though, that specific patient populations are inherently more prone to be exposed to higher iatrogenic risks. As residents, we who are at the front line of their care, should strongly and sincerely advocate for any measure that could decrease the reprehensible amount of errors made by their caregivers — namely us.

Depending on what we are doing, we as trainees may, by the very nature of our position, lack experience in a given clinical situation. Increasingly, residents are thrown into practicing medical specialty techniques and procedures (specific to this column – Psychodynamic Psychotherapy lets say) with very little practical experience and at times little theoretical review (and with what is sometimes poor supervision at already financially strained public hospitals). If one adds to this the time and paper constraints inherent to residency training, compound it by the pressures of managed care, and multiply it by patient load, what you have is a formula for mistakes in any milieu.

From the MIT perspective, one of the many questions that this discussion begs is, "Do the number and severity of the mistakes by trainees have any correlation with what occurs in private practice?" Equally importantly, as mistakes are part of learning, how much error can be tolerated in training settings from both a clinical and medico-legal perspective (Brennan 1999; Paterson & Brennan 1990)?

Among the many sobering points made by the IOM report, is the bottom line: we *NEED* to do better. We *CAN* do better. Resident's at many programs need to be able to discuss, in a voluntary and confidential manner, errors in judgment & practice (not only their own but those they have witnessed others committing). Perhaps more programs should institute surgery–style "Morbidity and Mortality" conferences (as some institutions, like my own, have

[See **MIT Corner** on page 7]

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MIT Corner

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already begun) (Milamed, Hedley-Whyte, et al. 1994). These multidisciplinary reviews tempered by psychiatry's inherently patient and thoughtful style, would be one innovative way to grapple with the issue of quality of care in mental health.

After the acknowledgment of 98,000 deaths, the report is already doing just that, by causing introspection and discussion with analysis and hopefully continued research into the types, causes and methods of preventing future morbidity and mortality.

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Interview

Continued from page 4

Friday, and at the Jewish Board for Family Services on 57th Street between 6th and 7th Avenues every other Wednesday. All groups start at 7:30 in the evening and we try to limit them to 10 members. We usually run four groups at both the Park Slope and Jewish Board sites: one for bipolars, one for unipolars, one for friends and family, and one for newcomers to the organization. We run 10 groups at Beth Israel: three for bipolars, two for unipolars, one for friends and family, two for patients under 30, one for newcomers, and a topic group. The topic is announced before we meet. It might be, for example, sex and depression, or working while depressed, or anger and depression, or spotting mania before it gets out of hand.

Q: What phone number could readers call for more information?

A: Our telephone number is 212-533-MDSG or we can be reached at our website at <www.mdsg.org>

Public Affairs

Continued from page 1

begin to solicit advertisers among the exhibitor booths at the APA Convention in Chicago. We are hoping that before the end of the summer, we will have enough charter advertisers to launch the site.

You can see the results of this work at www.psychyellowpages.org. The site is set up so that potential advertisers can see what it will look like with sample listings and an online sign up form for further information.

Currently we are recruiting members and other volunteers to go through journals and direct mailings to find vendors who could benefit from advertising. If you are interested or know someone who might be, please direct them to the site or contact Jeffery Smith, MD at jssmith@mac.com.

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BULLETIN FLASHBACK

35 Years Ago in The Bulletin

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

Headlining the June 1965 issue of The Bulletin of New York State District Branches is a story on how New York City "Plays Genial Host to 1965 APA Meeting," with emphasis how the Ladies' Committee excels. "Every one of these women is implicitly a staunch supporter of her husband's participation in local, state, and national APA programs — as well as functioning so effectually in the milieu of the National and Divisional Meetings of the APA. The Bulletin salutes these little–recognized supporters of American psychiatry."

Harvey J. Tompkins, M.D., President-Elect of the APA and President of the New York County District Branch prepared a special message for Bulletin readers. He concluded that "Psychiatry is increasingly dependent on what happens in the 'market place.'"

Editorials centered on two issues. The first was on "Coerced Confessions," the second on "Birth Control and Poverty." Both addressed the broad social issues of their day.

The West Hudson District Branch reported that at its April meeting the membership voted against the proposed lowering of professional qualifications for staffs of mental health clinics. A letter reporting this action was sent to the State Commissioner of Mental Hygiene.

The Honorable Sidney H. Asch, Judge, Civil Court of the City of New York, wrote an invited article on the "Problems of Privilege and Confidentiality." Other features included "A Survey of European Psychiatry" and "Some Questions Are Put to Synanon."


The Bulletin

THE NEW YORK STATE DISTRICT BRANCHES, AMERICAN PSYCHIATRIC ASSOCIATION

New York Plays Genial Host to 1965 APA Meeting

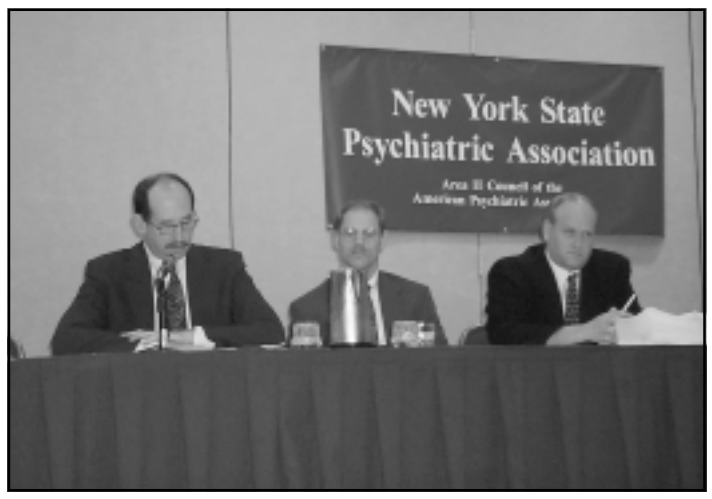
Tompkins Stresses Psychiatrists' Opportunities and State DB Goals

News Index

Classified notices were quite popular at $1.50 per line. Child Psychiatry Fellowships appeared to be well paid at stipends of $8,000 for the first year. Clinical Director at the Westchester County Penitentiary paid $15,120 to $18,120.

NEW YORK STATE & THE PUBLIC SECTOR

OMH Commissioner Speaks to NYSPA



Addressing the Area II Council/ New York State Psychiatric Association were (from left to right) James Stone, C.S.W., Commissioner of the New York State Office of Mental Health (OMH), John Tauriello, Esq., Deputy Commissioner and General Counsel, and Glenn Liebman, Director of the Assisted Outpatient Treatment (AOT) Program.

The AOT Program was reviewed in detail and questions from the audience were entertained. Mr. Liebman was formally the Executive Director of the Alliance for the Mentally Ill – New York State (AMI-NYS) and contributed to The Bulletin in the Spring 1998 issue.

Take Note!

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