THE BULLETIN

NEW YORK STATE PSYCHIATRIC ASSOCIATION

Fall 2007, Vol. 50, #2 • Bringing New York State Psychiatrists Together

President's Message: Psychiatry and the House of Medicine

By C. Deborah Cross, M.D.

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As psychiatrists we often appear to hold ourselves apart from other physicians, and other physicians frequently seem not to recognize us as full fledged members of the profession of medicine. How many of us remember our days in medicine, doing internships, treating congestive heart failure, admitting patients to rule out MIs? And yet, we are still very much involved in the practice of medicine every day. Most of us deal on a daily basis with patients who have diabetes, hypertension, and other chronic and systemic illnesses. Our training as physicians, of course, makes us uniquely qualified to understand the challenges involved in treating the physical illnesses of our patients. This is why we make the argument time and again that we, psychiatrists, and not psychologists, should be prescribing the medications used to treat patients with mental illness.

But because we consider ourselves "different" than other physicians most of us do not involve ourselves in the broader field of medicine. This is a mistake, and one that is significantly to our detriment, both individually and to our profession. In this column I would like to illustrate some of the ways in which we are benefiting from being a part of the larger "House of Medicine". Both in New York State and on the Federal level our organizations work in tandem with those medical organizations to advance the cause of psychiatry. Recently, with the help of the AMA, the disparity between the Medicare co-payments for patients for mental health outpatient services is finally being seriously addressed in Congress. The APA has long made this an issue for lobbying, but more recently with the added push from the AMA we are being heard. It has been said, often disparagingly, that the AMA has one of the most powerful lobbies in Washington. If that is true, we (the APA and all psychiatrists) need to put it to work for us! Other wins for the AMA most recently included the approval by the House of Representatives of the bill to reverse the 10% cut in Medicare reimbursement and the reauthorization of the State Children's Health Insurance Program.

At the national level, for the first time ever, the Vice Speaker of the House of Delegates of the AMA is a psychiatrist—Jeremy Lazarus. Dr. Lazarus has been Speaker of the APA Assembly and has served in a host of other offices in the APA and so is well placed to advocate for our issues. Other national psychiatric leaders in the AMA include Dr. Jack McIntyre, past president of the APA (and of course a New Yorker and active in both MSSNY and NYSPA), and Carolyn Robinowitz, current president of the APA, as well as many others. The roles and influence that these psychiatrists have in the AMA are extremely crucial for the well being of our profession.

As we well know, however, politics is not only national, it is definitely local! In New York State, the Medical Society of the State of New York (MSSNY) is a very powerful voice in Albany. I urge all of you to take a moment and look at their web page and check out some of their advocacy efforts over the last year. They continue to fight for tort reform and caps on malpractice awards. They were able last year to have some wins against managed care and timely payments. And, of course, scope of practice! This last year scope of practice bills were defeated for dentistry, podiatry, optometry, pharmacy and naturopathy. NYSPA has worked closely with MSSNY over the years in these areas.

[See **President** on page 2]

NYSPA Representatives Meet with New OMH Commissioner

By Rachel A. Fernbach, Esq.

Edmond Amyot, M.D., Ann Sullivan, M.D., C. Deborah Cross, M.D., Commissioner Michael F. Hogan, Barry Perlman, M.D., and Seth Stein, Esq.

On June 14, 2007, representatives of the New York State Psychiatric Association met with the new New York State Commissioner of the Office of Mental Health, Michael F. Hogan, Ph.D., at the offices of the New York State Psychiatric Institute in New York, New York. Those representing NYSPA at the meeting included C. Deborah Cross, M.D., NYSPA President; Barry Perlman, M.D., NYSPA Past-President and Chair of the Legislative Committee; Ann Sullivan, M.D., Area II Trustee; Edmond Amyot, M.D., Chair of the NYSPA Public Psychiatry Committee; and Seth Stein, Esq., NYSPA Executive Director.

Newly appointed Commissioner Hogan has had a long career in state mental health services. Prior to coming to New York, Commissioner Hogan served as the Director of the Ohio Department of Mental Health since 1991, and prior to that, served as Commissioner of the Connecticut Department of Mental Health from 1987 to 1991. In addition, from 2001 to 2002, he was Chairman of the President's New Freedom Commission on Mental Health. Commissioner Hogan holds a doctorate degree from Syracuse University and a bachelor's degree from Cornell University.

Dr. Cross opened the informal meeting by introducing everyone present and describing their role within NYSPA as well as their professional backgrounds. She noted that NYSPA will be pleased to welcome Commissioner Hogan to its Fall Area II Council Meeting in October, 2007.

Commissioner Hogan began his remarks by stating that he looks forward to continued and ongoing conversations with NYSPA and appreciates the opportunity to meet with the leadership of the organization. He shared some of his initial impressions about the current state of mental health services in New York and some of his plans for the future.

One of Commissioner Hogan's first official actions was to appoint Lloyd Sederer, M.D., as OMH Medical Director. Dr. Sederer, a member of NYSPA, formerly served as Executive Deputy Commissioner for Mental Hygiene Services for the New York City

[See **Commissioner** on page 2]

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

By Rachel A. Fernbach, Esq.

Mary Beth Pfeiffer

Mary Beth Pfeiffer, an award-winning investigative journalist based in upstate New York, is the author of a new book called Crazy in America: The Hidden Tragedy of Our Criminalized Mentally Ill (Carroll & Graf Publishers, May 2007). In her book, Ms. Pfeiffer addresses the nationwide problem of people with mental illness who become involved with the criminal justice system, often with tragic results. She tells the compelling stories of six individuals with mental illness who mutilated themselves or completed suicide while in solitary confinement in prison, or who died during interactions with poorly trained police. Ms. Pfeiffer argues that the use of solitary confinement for inmates with mental illness is a cruel and harmful form of punishment that must be eliminated.

Mary Beth Pfeiffer was born and raised in New York City and started her journalism career by writing for the Staten Island Advance. In 1982, she joined the Poughkeepsie (N.Y.) Journal, where she reported extensively on suicides in New York jails and prisons, New York drug laws, violence in local juvenile detention facilities, and many other topics. As a 2004-2005 Soros Justice Media Fellow, Ms. Pfeiffer received a grant to research conditions in the nation's prisons for persons with mental illness. Ms. Pfeiffer has written many newspaper articles on the issue and has become a passionate and vocal advocate for the thousands of mentally ill individuals in prison today.

NYSPA spoke with Ms. Pfeiffer via telephone on June 25, 2007, to discuss her book, her extensive research on the use of solitary confinement for persons with mental illness, and the shortage of mental health care that drives people into New York's criminal justice system, in particular.

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

[See **Interview** on page 4]

Albany Report

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

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

For psychiatry, as with most of the mental health community, it was a mixed year.

In January, while many of us were still savoring the success of Timothy's Law, the new Governor reached a quick accord with the Legislature on a bill authorizing civil commitment of sexually dangerous offenders (Chapter 7 of the Laws of 2007) -- the "Sex Offender Management and Treatment Act." As enacted, the law addresses many of the concerns expressed by NYSPA over several years but the fundamental concern about the possible misuse of psychiatry and financial drain on the public mental health system, remains (see article by Perlman, B.B., The Bulletin Winter 2007, Vol.50, #1,).

However, as far as the 2007-2008 State Budget is concerned NYSPA's interests fared well in several respects. First, the Budget Request for the Office of Mental Health was generous by comparison -- increasing by roughly $225 million (excluding capital) of last year's appropriation -- enabling a host of new or enhanced programs with community-based children and family services a major beneficiary. Secondly, the Executive Budget let stand language in the Social Services Law, added at the request of NYSPA, to the 2006-2007 budget -- which fully restores (effective April 1, 2007), Medicaid "crossover" reimbursement to psychiatrists in private practice who treat dually-eligible patients. Lastly, psychiatry benefited proportionately from the Legislature's restoration of the Governor's proposed Medicaid cuts associated with the implementation of the Berger Commission Recommendations.

The Timothy's Law "technical amendments" bill (S.6234 by Sen. Seward) negotiated by and with the major stakeholders (regulators, insurers, providers, consumers, and the Legislature) was signed by the Governor on August 2nd (Chapter 502 of the Laws of 2007). As previously reported in the Bulletin, Timothy's Law as enacted contained language flaws, not uncommon with amendments to New York State's complex Insurance Law; but if left unchecked, could have resulted in a less than optimal outcome for parity proponents. The technical amendments clarify the legislative intent of

[See **Albany Report** on page 6]

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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.

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

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FROM THE EDITOR'S DESK... By Jeffrey Borenstein, M.D.

This edition of the Bulletin includes an article about a meeting between the new OMH Commissioner and NYSPA Representatives. They discussed key issues about psychiatric care in NY and plans to collaborate on problems which need attention from OMH. The NYSPA Interview this edition focusses on the problem of people with mental illness who become involved with the criminal justice system.


Jeffrey Borenstein, M.D.

The President's Column focusses on the importance of psychiatrists becoming involved with the AMA and MSSNY (Medical Society of the State of NY). The Albany Report provides an update on parity - both at the state level-with technical amendments to Timothy's Law and the national level concerning provisions in the national parity legislation which may have negative consequences for Timothy's Law in NY. The Area II Trustee Report also provides information on the national parity issue as well as other areas in which the Board has taken action.

Finally, we provide information about the upcoming event cosponsored by the NY County DB and the NY Academy of Medicaine entitled "*Critical Ethics Issues in Psychiatric Residency Training,*" as well as the upcoming Legislative Brunches. We also reach out to Members-in-Training to get involved in NYSPA. ■

President's Message continued from page 1

NYSPA's major victory in December 2006 of Timothy's Law for parity for mental illness coverage would never have been possible without MSSNY!

We are extremely fortunate in New York to have dedicated psychiatrists who not only are active in NYSPA and the APA, but are active in MSSNY. I am going to mention a few, but I am sure I do not know all of our members who are active in MSSNY. To those of you who are involved in MSSNY, I would very much like to hear from you and find out what role you play in MSSNY so that our alliances can be even stronger.

Glenn Martin, the Vice President of NYSPA and the Deputy Representative from Area 2 to the APA, sits on MSSNY's Division of Socio-Medical Economics Committee on Interspecialty. This committee reviews Medicare carrier advisory committee policies and watch over medicine's interests. He also sits on the Division of Governmental Affairs/Public Health Commission Addiction and Psychiatric Medicine, which is co-chaired by psychiatrist Ed Amyot, the Rep from the Capital District Branch in Albany, and psychiatrist Frank Dowling the Legislative Rep from the Greater Long Island DB. Ed Amyot is a delegate to MSSNY's House of Delegates from Saratoga County. Frank Dowling is on the Executive Committee of the Suffolk County Medical Society.

MSSNY functions through a House of Delegates (as does the AMA), which is similar to the APA's Assembly. MSSNY's web page says that their House of Delegates "acts as the legislative body of the Medical Society of the State of New York, formulating MSSNY policy and electing the officers, councilors, and trustees of the State Society and delegates to the" AMA. Members of MSSNY's House of Delegates include delegates from county medical societies and recognized specialty societies and from medical students, hospital medical staff, resident physician and young physician sections. Each specialty gets a representative—NYSPA's is Glenn Martin.

I would agree that the AMA and MSSNY sometime appear to take on the wrong battles or not the ones we think they ought to fight (at least for psychiatry!); however, just as with our own APA, what this really means is that we (members) need to take ownership and make our voice heard. I urge each of you to become active in your local medical society. Get involved with our physician colleagues and reclaim our membership in the house of medicine! When is the last time you talked to another physician besides a psychiatrist—and not just to your patient's primary care doctor? Find a way to renew your interest in our broader field and together with the rest of medicine we can make a difference in our professional lives and the lives of our patients!

As always, I look forward to hearing from you, about this topic or any other topic of interest to you, our members. My email is deborahcross@usa.net. ■

Commissioner continued from page 1

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

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

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

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

Dr. Cross then presented Commissioner Hogan with a list of issues and topics that NYSPA has identified as critical to the improvement of the state mental health system. The group discussed a few of the items on the list, including transfer delays from inpatient acute care settings to state psychiatric centers, a lack of appropriate services for persons with mental illness and mental retardation and/or developmental disabilities, and issues involving detoxification of patients on inpatient psychiatric units.

At the close of the meeting, Commissioner Hogan and the NYSPA representatives discussed plans for the immediate future, including working together to identify one or two distinct problems that need attention from OMH and addressing them immediately. All present agreed that such an approach would go a long way towards improving morale and collaboration between OMH and the mental health community. Two potential problem areas raised were promulgation of Jonathan's Law rules and regulations and the regulation of electronic medical records. ■

Calling all New York State Members-in-Training (MIT)!


Jose Vito (Chair)

Another academic year is upon us, calls, post calls, inpatient/outpatient service, psych ER.....PRITE!

As your Chair and Vice-Chair of the New York State Psychiatric Association (NYSPA) MIT Committee, we invite you to become active members of our organization.

We welcome any issues you would want us to bring to the attention of the NYSPA Council.


Anil Thomas (Vice-chair)

GET INVOLVED!

Jose Vito (Chair) josevito@yahoo.com
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AREA II TRUSTEE'S REPORT By Ann Sullivan, M.D.

Ann Sullivan, M.D.

I hope you've had a great summer! The Board met from July 12 to 14 and wrestled with issues around the federal parity bill, mental health care for returning veterans, membership retention, psychologist prescribing and the DSM V.

Here are some of the highlights:

PARITY

After years of mediocre movement nationally, both houses of the Congress have proposed workable parity laws that may result in effective legislation. The problem has been that the Senate Bill has provisions that could adversely effect some provisions of the hard won Timothy's Law in New York State. In particular, it is unclear at the time of this report whether the Senate Bill will interfere with the mandated limited coverage in the NY State Law that provides for minimum coverage of 30/20/60 days that is in the state law. However recent revisions are looking much better and the Board voted to have our division of government relations work aggressively with the Senate to change any problematic language. The dilemma is that for some states the proposed federal legislation would be a significant improvement.

This is one of the difficult issues for the APA. As a national organization, we represent all 50 states. Choices sometimes need to be made that will favor one state over another. Hopefully the legislation can be improved to prevent such an impasse. At present, the Board voted to work as hard as possible to change the legislation, while continuing to support the federal parity bills. There should be some definitive movement on this national issue soon!

OTHER ADVOCACY ISSUES:

Good News!! There is real hope of eliminating the 50% medicare co-pay! Legislation has been passed in the House and is being worked on in the Senate to change this discriminatory practice. For the first time this really seems possible! Hopefully by my next report there will be good news. The House bill would also provide additional protections for vulnerable patients needing access to psychiatric medications under Medicare Part D, and would require Medicare to pay for benzodiazepines. The successful passage of this bill in the House is primarily due to the effective lobbying of our national government relations staff. Congratulations to Team APA!

More Good News! Psychologist prescribing was defeated in Hawaii due to the Herculean efforts of our Hawaii district branch and the national division of government relations. However, the fight continues , and the Board approved grant support to California where problematic legislation is again moving forward. Support to fight psychologist prescribing is needed long term, and will not be won easily.

VETERANS MENTAL HEALTH NEEDS

The Board heard an excellent presentation from Major Scott Moran, MD, US Army and Dr. Robert Ursano, MD on the need for comprehensive services for the brain injured veterans, as well as the other psychiatric needs of veterans and their families. The Board established a new component: Committee on Mental Health Care for Veterans and Military Personnel and their Families, to develop an aggressive strategy for promoting appropriate services for our veterans when they return home. The APA has been intensely involved in national discussions on this critical issue and is involved in active coalitions to advocate for veterans and their families.

DSM V

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

Since the DSM V will play a vital role in diagnosis and treatment of mental illness worldwide, great care is being taken to vet the possible conflict of interest of all participants in the project, especially as it relates to pharma and other industry involvement. In addition to full disclosure, the board principles state that all task force participants for the years of their involvement in working on the DSM V , must limit their total annual income derived from industry sources (excluding unrestricted research grants) to a maximum of $10,000 in any calendar year. This is particularly important now, as the involvement of pharma and industry in medicine is under the microscope and appropriately so. I have been a member of the Task Force to review these issues, chaired by Dr. Donna Norris, and can attest to the detailed care in reviewing all potential participants. Throughout the course of the development of the DSM vigilance in this area is needed!

BUDGET

The APA is in good financial standing, with a balanced operating budget and 18 million dollars in reserves, about half our operating budget. A recent auditors report was quite favorable. However, the DSM will temporarily deplete reserves by about 19 million over the next five years before there is any revenue received. This will require conservative spending during that time, in order to continue to replenish reserves to keep them at or close to the current level!

MEMBERSHIP

Unfortunately many psychiatrists who belong to specialty psychiatric associations do not feel the need to belong to the APA as well! The Board passed a recommendation of the membership committee to pilot a program of joint membership recruitment between the American Association of Geriatric Psychiatrists (AAGP) and the APA. The proposal would provide a one time 50% discount for AAGP members who join APA and vice versa for APA members a one time 50% discount for joining AAGP. Both associations will work on a joint marketing campaign and member retention. Results of the campaign will determine whether to extend the pilot.

Next, the Board approved an increase to the annual meeting fees to help defray the cost of the meeting. While the meeting is still a bargain, the new fee schedule increases member fees by $50 from $220 to $270 for early registration and $295 to $345 for full registration. Non member fees are raised by $25 for a total of $ 825 and $905 respectively for early and full registration. The cost of CME courses will be increased by 2.5% a year for three years.

Prior to the official Board meeting, the Board held a one day "retreat" to look at APA priorities now and in the future. A key issue was the relevance of APA to members, and how effectively, or not so effectively , APA communicates with members. I believe this is also an area the Assembly Executive Committee will be discussing this year. We need your feedback on this important issue!!!!

GOVERNANCE

A few governance issues were addressed to improve the efficacy and or efficiency of the APA. The Board approved the Assembly action paper that maintained the appointment of members to the Public Affairs Committee in the hands of the Area Councils. It was felt that in the end the Area Councils knew best who could be most effective.

Due to an action paper of our own Dr. Herb Peyser, a task force of Assembly and Board members will be established to revisit the relationship between the Board and the Assembly. The question of increasing the power of the Assembly in APA policy beyond it's current advisory role has been an ongoing issue in the Assembly and will be one of the thorny issues tackled once again by this task force!

Finally, the issue of DB's using their list serves for APA campaigning was referred to the Elections Committee for review and will be discussed at the October Board.

POSITION STATEMENTS AND REPORTS

The Board approved, in a very close vote, to support the repeal of the IMD exclusion in Medicaid, which prevents freestanding psychiatric hospitals and state hospitals from billing Medicaid for adult inpatients. I voted against this as in NY State this opens up a change in a complicated reimbursement system that could result in a decrease in community based services and may adversely affect psychiatric treatment services in general hospitals. Others felt it would be beneficial in some states. As this is a costly issue for Medicaid it is unlikely to get any traction, however it again highlights the complexity of a national organization dealing with issues that affect individual states in different ways.

The Board also passed the following new or revised position statements available on the web site:

-Psychiatric Disability Evaluations by Psychiatrists

-The Use of Jails to Hold Persons without Criminal Charges who are Awaiting Civil Psychiatric Beds

-Patient Access to Treatments Prescribed by their Physicians

-Treatment of Substance Use Disorders in the Criminal Justice System

-Pharmacy Benefit Management

In addition, an excellent must read report on *BIOPSYCHOSOCIAL CONSEQUENCES OF CHILDHOOD VIOLENCE* by Dr. Paul Fink's task force is now online and is an outstanding resource document!

AMERICAN PSYHIATRIC INSTITUTE FOR RESEARCH AND EDUCATION (APIRE)

Last, but not least, I would like to give you an update on APIRE, the research and education affiliate of the APA. APIRE did remarkable work on the problems encountered by our dually eligible patients in the initiation of the Medicare part D program. We were the only medical specialty association to track and promulgate these patient issues to the government, as well as the substantial unpaid additional administrative burden placed on psychiatrists in obtaining medications for their patients.

The APA continues to advocate for improvements in Part D for us as well as our patients.

APIRE has also been involved in focused research in diverse areas such as depression identification and treatment in primary care, the importance of a strong therapeutic alliance in first episode schizophrenia treatment, and an evaluation of the federal employee parity program. APIRE also administers a wide range of research training activities ranging from mentored fellowships to "grantsmanship" colloquia, to brief research exposures. APIRE also sponsored several international meetings on psychiatric diagnosis in preparation for the research agenda of the DSM V. APIRE's ongoing contributions to training and science represents yet another impact of APA on our profession and our future!!

Once again, I hope you had a great summer and will have an even better fall!! Please let me know any comments etc. at sullivaa@nychhc.org. ■

AREA 2 MEETING

Date: Saturday, October 20, 2007

Location: LaGuardia Marriott Hotel
102-05 Ditmars Boulevard
East Elmhurst, NY
(opposite LaGuardia Airport)

Interview continued from page 1

NYSPA: How did you first become interested in writing about the issue of mentally ill persons in prison?

PFEIFFER: About seven years ago, I began to write about prisons in New York State generally. I wanted to look at why we had this huge build-up in incarceration capacity over the last 20 years, to the point that New York State added about 40 prisons in the 1980s and 1990s, bringing the total number of prisons to 71. I took a look at the Rockefeller drug laws and other trends, such as the decreased tendency to grant parole, the use of longer and harsher sentences, and fewer rehabilitation programs in prisons. Based on that research, I wrote a three-part series about New York State prisons and, after that, I started to look into inmate suicides.

Two things emerged when I looked at prison suicides. First, they were occurring to a disproportionate degree in solitary confinement, what New York State calls "special housing units," which are very harsh environments for sane inmates, let alone for persons with any kind of mental disorder. Second, I was finding that many of the people who were committing suicide had a significant history of mental illness, either having been in psychiatric hospitals before going to prison or having been diagnosed while in prison with a serious mental illness such as schizophrenia or bipolar disorder. Individuals with such illnesses are extremely vulnerable when placed in an environment as stressful as solitary confinement. In New York, solitary confinement means being locked up for 23 hours a day in a very small cell with little natural light. The inmate is taken out of the cell for one hour of court mandated recreation each day and often this takes place in a little cage that is attached to the back of the cell, with no diversion, nothing to do, just an empty cage. It's a kennel essentially, and if they don't have that arrangement available, the inmate is taken out in shackles and brought to some type of outdoor yard. These people are treated almost like animals. The message to the inmates in these units is that you are so bad and that you've behaved so poorly in prison that you deserve these sub-human conditions.

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

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

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

PFEIFFER: That's an excellent way to put it – it is a combined failure. It all began with deinstitutionalization, when new psychiatric drugs and new ideals about the civil rights of patients led governments to empty the huge warehouse-style mental institutions. Instead, governments tried to care for people in the community, providing housing, mental health clinics and support to ensure that the mentally ill were supported to the same extent in the community as they would have been in the hospital setting. But, the hospital system represented a significant allocation of resources on the part of government and society and when the hospitals closed, local governments often saw it as a chance to save money. More often than not, states failed to follow through on building the necessary infrastructure – housing, case management, clinics – and, as a result, people with mental illness began wandering the streets, getting into trouble and becoming homeless. They often built up a record of petty offenses, such as disorderly conduct, and by the time they came before a judge for the 20th time, they would end up in prison and often, in solitary confinement.

People with mental illness also sometimes use recreational drugs as an attempt to self-medicate and many ended up going to jail on minor drug possession or sale charges. Another thing that happens very frequently is that police do not respond accurately or adequately to people with mental illness that are temporarily out of control. They immediately try to subdue the person and, often, the person will be frightened and will fight back and they will automatically be charged with assault or resisting arrest. I know of several cases where confrontations with police or similar minor offenses will land an individual in a county jail. Then, while in jail, the individual will have a fight with a corrections officer, and then will be sent to prison, and the cycle will repeat itself until the person ends up in solitary confinement. In prisons, corrections officers aren't necessarily trained to deal with persons with mental illness, which is a failure in leadership and management. The officers on the front lines are not given the tools that they need to deal with this difficult population.

NYSPA: Based on your research, do you think the unwillingness of higher management to change procedures and improve conditions is more of an attitude problem, an education problem or a fiscal problem?

PFEIFFER: It's really all of the above. There definitely has been a learning curve, though. People who run prisons are finally starting to realize that they are dealing with a much different population than they had dealt with in the past and that change is necessary. Also, the press plays a large role in this issue and frankly, there isn't enough press coverage about what goes on in prisons. We need a lot more disclosure about the conditions for people with people mental illness behind prison walls. That was one of the reasons why I decided to write Crazy in America and it certainly was why I reported so consistently on conditions in prisons. The press often plays a large role in reform.

Also, prisons need to be more open to journalists. Prison officials usually try their hardest to keep reporters out of the physical environment of prisons, aside from visiting rooms. In addition, prison procedures make it very difficult to get documentation of what goes on. If prisons would be more open to sharing what goes on behind the walls, they might be able to get the money they need from legislatures to make necessary changes. So, basically, there are a lot of components that need to come together in order to address this problem.

One other element that has caused significant change over the years is lawsuits, but litigation is also a vehicle that is fraught with issues. Based upon the notion that prisoner lawsuits are often frivolous, the federal Prison Litigation Reform Act of 1995 made it much more difficult for inmates to file lawsuits and created many more hurdles to winning in court. Also, there has been a real shift in the attitude of courts towards these kinds of lawsuits, making them harder to win because of the era in which we live and because there are many conservative judges on the bench. Nonetheless, we are reforming the system to an extent. There have been changes in New York, for example, that have been led by coverage in newspapers, by lawsuits, and by legislative changes, but they are not nearly enough and that statement could easily apply nationwide.

NYSPA: What is your view of the recent settlement in the Disability Advocates v. New York State Office of Mental Health lawsuit in New York, which provides that mentally ill inmates kept in special housing units must be provided with at least two hours of out of cell treatment per day? Is this is a good result or just the tip of the iceberg?

PFEIFFER: I have significant issues with the settlement in that lawsuit. On one hand, the settlement provides increased funding for treatment for persons with mental illness in prison and includes some other beneficial changes, such as adding 400 more treatment beds in prisons. However, the state has a checkered history of following through with lawsuit settlement stipulations. In my opinion, the settlement doesn't go nearly far enough, doesn't specifically exclude people with serious mental illness from being placed in the "box," and there are also very legitimate questions of whether the state will actually follow through.

NYSPA: Is the settlement requirement for two hours of out of cell treatment actually mental health treatment or is it just an extended recreation period?

PFEIFFER: The two hours out of cell treatment requirement is technically "treatment," but it's done in a group setting where the inmates are taken out of their cells and placed in individual plexiglass-covered cages for group therapy. The reason the system resorts to these types of techniques is because being kept around the clock in a small cell tends to bring out the worst in people. Inmates become angry, paranoid, delusional and obsessed with hating the people keeping them there and it's not unusual for them to throw urine or feces at corrections officers. So that's why they provide the treatment under these kinds of unusual circumstances. But, to me, it's the environment that fosters the behavior. It's my belief that if inmates with mental illness are kept in a much more therapeutic environment, then you wouldn't have these kinds of behavioral problems.

NYSPA: What would be your ideal situation for mentally ill persons who do end up in prison?

[See **Interview** on page 5]

THE ETHICS COMMITTEE OF THE NEW YORK COUNTY DISTRICT BRANCH

INVITES YOU TO A CONFERENCE:

"Critical Ethics Issues in Psychiatric Residency Training"

co-sponsored by the NYDB and the NY Academy of Medicine at the New York Academy of Medicine, 1216 Fifth Avenue (entrance is on 103 Street)

Wednesday, November 7, 2007 at 7:00 P.M.

Teaching Ethics to Psychiatric Residents
Ethics Issues between Residents and Supervisors
The Role of the Pharmaceutical Industry in Residency Education

Discussants will include: Robert Michels, MD, Walsh McDermott University Professor of Medicine, and University Professor of Psychiatry at Weill Medical College of Cornell University.

David J. Rothman, Ph.D., Bernard Schoenberg Professor of Social Medicine Director, Center for the Study of Society and Medicine, Columbia College of Physicians and Surgeons.

A light dinner will be served.

RSVP by email (executivedirector@nycodbapa.org) or phone (516-542-0077)

Interview continued from page 4

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

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

PFEIFFER: That woman typified the problem that the police have, corrections officers have and mental health clinics have – and that problem is that they are overwhelmed. They have far too large a population of people to deal with and far too few resources on hand to deal with them. So, when someone likes Elizabeth walks in the door, a homeless woman who has bounced from shelter to shelter, from motel to motel, being supported by some minimal housing program, shelter officials say "she's not our problem, take her somewhere else." Involved and informed local leadership would help in a case like that, so people don't slough off their responsibilities, but at the same time, direction from the top would make a big difference so that those on the front lines have more to work with.

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

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

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

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

NYSPA: In a recent newspaper editorial, you mentioned that several states had actually banned the use of the "box" for mentally ill inmates.

PFEIFFER: No, not in entire states, but specific facilities in certain states have banned the use of solitary confinement for mentally ill inmates as the result of successful lawsuits in those local districts. Connecticut and New Mexico are probably the closest to an across the board ban on the use of the box for persons with mental illness. If New York adopted a ban on use of solitary confinement for mentally ill inmates, we would really make a national statement and national splash.

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

PFEIFFER: I strongly support such legislation and have written several editorials expressing that view. (Editor's Note: In July 2007, New York State Governor Eliot Spitzer and the New York State Legislature reached an agreement on a final SHU bill that would, in many but not all cases, prohibit the use of solitary confinement for inmates with severe psychiatric illnesses. Instead, severely mentally ill inmates facing disciplinary action would be housed in newly created alternative housing units, where they would receive mental health care and treatment and would be allowed out of their cells for up to four hours a day.)

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

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

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

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

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

LEGISLATIVE EVENTS

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

LET YOUR VOICE BE HEARD

The New York City Branches of the American Psychiatric Association

will be hosting its

Ninth Annual Citywide Legislative Breakfast

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

The Psychiatric Society of Westchester

will be hosting its

21st Annual Legislative Brunch

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

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

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

Albany Report continued from page 1

Timothy's Law with respect to scope of the mandate and enabled the Insurance Department to fully implement the coverage requirements across various product lines. The law is better and more enforceable for the effort and NYSPA is pleased to have been a participant in every agonizing minute of endeavor.

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

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

In addition, NYSPA is pleased to have worked with MSSNY in support of S3986-A by Senator Hannon/ A8128-A by Assemblyman Gottfried in relation to managed care reforms. The legislation, signed by the Governor on August 1st (Chapter 451 of the Laws of 2007) provides:

- greater assurance to physicians and hospitals that they will be paid by a health plan when such providers receive preauthorization to provide a needed health care service;
- patients with a greater ability to obtain specialized out of network care by allowing patients to seek an independent external appeal when a health plan denies the patient's request to seek such out of network care that the patient and the patient's physician believe is "materially different" from the care that is available in-network; and
- that health plans continue to abide by the terms of their contract for two months following termination of the contract or for two months following the end of the contract when it is non-renewed.

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

http://www.ins.state.ny.us/press/2007/p0708141.htm

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

"Troopergate," the widely used moniker to describe the Spitzer Administration's use of the State Police to monitor Senate Majority Leader Joe Bruno, has taken the existing acrimony between the Governor (a Democrat) and the Senate Republican leader to a new level of Albany-style political feuding.

From "day-one" of his administration, Eliot Spitzer has made no secret of his aspirations to wrest the Senate majority from the Republicans; a status the GOP has enjoyed for all but one (1965) of the past sixty-eight years. However, for a variety of reasons, including Mr. Spitzer's general popularity and early legislative successes, the Senate Republicans appeared especially vulnerable heading for the 2008 elections. In politics, as in high stakes poker, fortunes can change quickly and dramatically as the result of a single hand played badly. "Troopergate" could be such a hand. Rest assured the Senate Majority will portray it as such, since the stakes could well include the Capitol real estate they currently occupy. Clearly, if the dynamic continues the 2008 Legislative Session will be challenging to say the least, as even non-controversial issues become embroiled in the larger struggle. ■

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