THE PSYCHIATRIC SOCIETY OF VIRGINIA

VIRGINIA NEWS

A DISTRICT BRANCH OF THE AMERICAN PSYCHIATRIC ASSOCIATION WINTER 2015

A Message from the President

By Varun Choudhary, MD, DFAPA
PSV President

Thank you all who joined us at our recent PSV Fall Meeting in Chantilly and helped make the meeting a success. I would like to express my gratitude to both the Medical Society of Virginia and the Washington Psychiatric Society for their active participation and contribution. The meeting was unprecedented in that such collaboration between organizations had never previously occurred. It was also one of the most well attended PSV meetings with over 156 registered attendees. We also had more vendor contribution than we had originally budgeted and this also helped make the meeting a victory from an accounting perspective. I would also like to thank Sunovion, who once again hosted our Friday evening reception, in addition to having a booth with high quality representatives to help educate and disseminate information. We presented the Mental Health Advocate of the Year award to Governor Terry McAuliffe for his tireless effort to provide healthcare to Virginians, and specifically for the creation of the Governor's Access Plan (GAP) to help the SMI population gain access to healthcare.

For those of you who were unable to attend, you can still catch up by using the PSV app that can be downloaded from the Apple App Store, Google Play and Blackberry World. Charles Curie, former head of SAMHSA and former Commissioner of Mental Health in Pennsylvania, discussed the history of behavioral healthcare integration and the model he used in the commonwealth. This was followed by a dynamic presentation by Dr. Kent McDaniel on Integral Theory and Integral Communication Skills, and its application to psychiatry and role in healthcare integration (for more information go to **www.integrallife.com**). After the break, Dr. Sterling Ransone, past president of the MSV and current family practitioner, explained the challenges primary care faces in treatment mental illness. He stated that primary care was in dire need of assistance from psychiatrists and mental health professionals, and made a plea for increased collaboration and integration. Following lunch, Dr. Jennifer Lee, the Deputy Secretary of Health of Virginia, discussed the opportunities and challenges in healthcare integration from a policy and regulatory perspective. She was followed by Kathy Tierney, DNP who gave attendees an overview of her program at RBHA, an actual example of a model of behavioral healthcare integration in the community. Dr. Cynthia Romero, past president of MSV, gave an overview of the behavioral healthcare integration process with primary care

Lieutenant Governor Ralph S. Northam, MD and Varun Choudhary, MD, DFAPA at the PSV 2015 Fall Meeting.

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2016 PSV Spring Meeting

THE FUTURE OF HEALTHCARE

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THE PSYCHIATRIC SOCIETY OF VIRGINIA
VIRGINIA NEWS

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Letters to the editor and editorial contributions are welcome. Submissions may be sent to J. Edwin Nieves, MD, DFAPA, or to Kathleen M. Stack, MD, DFAPA, via email at jose.e.nieves3@us.army.mil or to kathleen.m.stack.civ@mail.mil. Paid advertising is accepted on a first come, first served basis. Discounted advertising rates are available to PSV members. To place your advertisement or to request a rate sheet, contact Beverly Bernard at PSV Headquarters via email at beverly@societyhq.com or by phone at (804) 565-6321.

Behavioral Healthcare Integration

By Varun Choudhary, MD, DFAPA
PSV President

Varun Choudhary, MD, DFAPA

What is healthcare integration? According to the American Psychiatric Association integrated behavioral healthcare has been defined as "the care that results from a practice team of primary care and behavioral health clinicians, working together with patients and families, using a systematic and cost-effective approach to provide patient-centered care for a defined population."

Why is this important now in our health care delivery system? In 2006 the National Association of State Mental Health Program directors drafted a report titled "Morbidity and Mortality in People with Serious Mental Illness." They found that on average individuals with SMI are dying 25 years earlier than the general population; that Two thirds of premature deaths are due to preventable/treatable medical conditions, and that 44% of all cigarettes consumed nationally are smoked by people with SMI. It was noted that the primary reason there is a significant gap in mortality for people with SMI is the difficulty that individuals in the public mental health system have in receiving care in a coordinated and comprehensive manner.

As we know, one in four Americans struggle with a mental health or substance use problem. Over 12 million visits to emergency departments on an annual basis are due to individuals with mental health and substance use disorders; many people are unable to make an appointment to see a primary care physician. Over 70% of primary care visits stem from psychosocial issues. Most PCPs are not equipped or lack the time to fully address such issues presented by patients.

Mental disorders are responsible for about 25% of all disability worldwide. Years Lost to Disability (YLD) from depression are 3 times that of diabetes, 8 times that of heart disease, and 40 times that of cancer. The financial cost of inadequately treated mental illness is staggering and the additional healthcare cost of patients with behavioral co-morbidities in 2012 was estimated at $293 billion.

According to the Agency for Healthcare Research and Quality (AHRQ) Academy, 60% of those suffering from a mental disorder get no care. For those who do get care, only 20% are able to see a mental health professional and most receive treatment from their primary care physicians. Only 25% of these individuals who do receive care actually get better. Two thirds of primary care physicians report poor access to mental health services for their patients. More than half of counties in the US don't have a single practicing mental health professional.

The healthcare integration movement is not new. In 2005 the Institute of Medicine released a report titled: "Improving the Quality of Health Care for Mental and Substance-Use Conditions." Within this report they made recommendations specific to the issues of integration of care. They cited that communication must exist between clinicians mutually providing care for a patient; collaboration is necessary to have a shared understanding of goals and roles and for shared decision making to occur with the patient. The report also defined care coordination as the outcome of effective collaboration and corresponds to clinical integration. The report defined clinical integration as the extent to which patient care services are coordinated across people, functions, activities, and sites over time so as to maximize the value of services delivered to patients.

Integrated care encompasses a number of different approaches including co-location, collaborative care, improved primary care for patients with SMI and t elepsychiatry to provide examples. According to SAMHSA, BHI can be visualized on a continuum of collaboration, where periodic psychiatric consultation is viewed as the least integrated while a multidisciplinary co-located comprehensive collaborative team approach would be viewed as a fully integrated model. Collaboration is key to integration and vital to moving beyond the silos of care

established in our current system.

The Triple Aim is the principal philosophy driving health care reform:better access to care, better health outcomes, and at a lower cost. Studies have shown that an integrated approach to care improves clinical outcomes, quality of life, and efficiency in health care delivery as well as cost savings. One study found a 10% reduction can be made in the excess healthcare costs of patients with co-morbid psychiatric disorders via an effective integrated medical-behavioral healthcare program. Or $5.4 million of healthcare savings could be achieved for each group of 100,000 insured members.

In light of this, the APA and the Association for Medicine & Psychiatry (AMP) jointly released a position statement in September 2015 regarding the role of psychiatrists in reducing physical health disparities in patients with mental illness. These tenets are:

1. Screening for common medical conditions, counseling patients to reduce preventable cardiovascular risk factors, limiting harm that can come from use of psychotropic medications (including use of existing guidelines from APA and the ADA).

2. Psychiatrists should identify patients receiving no or suboptimal primary care and may intervene when most appropriate based on their identified competencies, local resources, and patient preferences for care.

3. Appropriate primary care training in the treatment of common medical conditions, including the leading determinants of mortality in populations with SMI, should be made available to psychiatrists seeking to better manage physical health conditions in patients with mental illness.

4. Measurable competencies should be developed in the screening for common medical disorders, knowledge of age and culturally appropriate disease prevention concepts, and current approaches to the treatment of common medical conditions.

5. APA and AMP support the development of partnerships between primary care providers and psychiatrists to provide consultation and oversight of the management of chronic medical conditions.

6. APA and AMP support the development of guidelines that clarify the clinical circumstances in which psychiatrists may become involved in the management of common medical disorders for a subset of their patients.

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Highlights from the 10th Annual PSV Poster Session for Trainees

By J. Edwin Nieves, MD, DFAPA
PSV Past President

It seems like yesterday, but it has been ten years since we added a trainee poster session to our annual fall meetings. The purpose was to encourage the participation of medical students, residents and allied mental health trainees in the state, bringing young professionals to our meetings to mingle with the PSV members, enrich the scientific menu of academic offerings and of course, recruit and promote the participation of residents in organized functions of the discipline.

Since then, the poster session has become an established part of our meetings, with participation from all training programs across the Commonwealth. This year was no exception.

The poster session this year had representation from all training programs across Virginia, and; as we have seen in the last couple of years, from outside of the state as well. However, there were several new angles. One innovation this year, was the development of electronic boards for presentation. This worked marvelously as the trainees did not need to print their posters, roll them up and bring them in one of those unwieldy poster tubes. Abstracts and posters are uploaded and displayed on an electronic board where they can be exhibited and presented in an area reserved for this purpose. This simplifies greatly the exhibition of the posters and it it provides for one or two central electronic board positions where the trainees can scroll up and down their presentations and posters can be viewed without needing to walk around, etc. Andrew Mann, Cynthia Bolden and Julie Hitt, did a great job staying on top of the submissions and provided technical assistance which was key for this approach to work well and be well received. Thank you guys! This system also had the added benefits of keeping the trainees in one area, where everyone could walk by, listen to their presentations and mingle. Another new feature was the shared venue and participation of the Medical Society of Virginia and the Washington Psychiatric Society.

Daniel R. May, DO, MS, reviews his study on Therapeutic Metaphors with the poster judges.

The posters covered a variety of areas in psychiatry and without exception were well written, relevant and well presented. I would like to congratulate the judges and all PSV and MSV attendees. Everyone did a great job making our presenters feel welcome. I would also like to thank the colleagues that give so much of their time and support to our trainees to make this event a success.

Before you know it, fall will be here again. It is not too early to spread the word, and start thinking about your submission!

The Top Three Posters This Year

FIRST PLACE
Is It Time to Include Behavioral Addictions in the Curriculum?
Kathryn Johnson, DO and Lauren Lehmann, MD
Carilion Clinic/Virginia Tech Carilion School of Medicine and Salem VAMC

SECOND PLACE
Six Ways to Die: A Case Report of a Suicide Attempt via Multiple High-Lethality Methods
Diana Robinson, MD and Pamila Herrington, MD
University of Virginia Department of Psychiatry & Neurobehavioral Sciences

THIRD PLACE
New-onset Seizures and Psychosis: Exploring the Differential Diagnosis
Maureen Murphy-Ryan, MD; Mason Ayobello, MD; Bush Kavuru, MD and Anita Kablinger, MD
Carilion Clinic/Virginia Tech Carilion School of Medicine and Salem VAMC

First Place Poster Winner

Is It Time to Include Behavioral Addictions in the Curriculum?

By Kathryn Johnson, DO and Lauren Lehmann, MD
Carilion Clinic-Virginia Tech Carilion School of Medicine
Roanoke, VA

Background: Addiction has been broadened to include such behaviors as gambling, the Internet, sex, work, and shopping. However, research into biopsychosocial aspects of these

process addictions is minimal when compared to chemical use disorders. In addition, training in identification and management ofbehavioral addictions is not often included in residency curricula. However, fifty percent of patients surveyed within our programs training site for treatment of substance use disorder, identified at least one potential concomitant behavioral addiction. We evaluated residents' and attendings' beliefs and attitudes regarding training in process addictions, given our programs lac k of training in this area.

Objective: Determine residents' and attendings' assessment of their competence and attitudes toward training in behavioral addictions.

Methods: Subjects were sent a brief online Likert scale survey asking them to rate their familiarity with research in behavioral addictions and their competency in assessment and treatment. They also were asked about inclusion of this topic in the curriculum.

Results: 63% of participants responded to the survey. Using a Likert scale range of "not at all" (1) to "extremely (4)," respondents indicated that they were somewhat (2.28) familiar with research on behavioral addictions and believe themselves to be somewhat (2.42) competent to assess and treat them. Over half (56%) of the respondents said it is "extremely" important to include information on behavior addictions in the curriculum.

Conclusions: Faculty and residents at our training program, who may be representative of other training programs in the country, think that instruction in these disorders should be included in the curriculum.

SECOND PLACE POSTER WINNER

Six Ways to Die: A Case Report of A Suicide Attempt via Multiple High-Lethality Methods

By Diana Robinson, MD and Pamila Herrington, MD
University of Virginia School of Medicine
Charlottesville, VA

My name is Diana Robinson and I'm a PGY2 at the UVA psychiatry residency program. This was my first year attending the PSV meeting. It was fantastic getting to meet my colleagues from other programs and to learn about this year's theme of integrated care. I was thrilled to win second place in the resident poster competition.

My poster was a case report on a 44-year-old male with a history of depression and anxiety who had a suicide attempt via multiple high lethality methods that I saw during my psychiatry consult and inpatient psychiatry rotations. He attempted suicide via self-amputation of his forearm, lacerations to the neck and forearms, and overdose on fluoxetine, ethylene glycol, sodium percarbonate (Oxiclean), and hydrogen peroxide. On initial interview, what he described as "anxiety" was actually persecutory delusions. He responded well to a low dose antipsychotic medication and four treatments of electroconvulsive therapy and was discharged on hospital day 19. As a young trainee, my most important take home learning point from his case was the simple but profound importance of clarifying terms that may have different meanings to the patient and treatment team, such as "anxiety", "depression", and "mania." Also, this patient had an atypical lab result pattern for ethylene glycol ingestion and the early administration of fomepizole was critical to this patient's good clinical outcome. Finally, this patient taught me the importance of communication with the patient's family as part of all stages of the hospital admission and discharge process in order to ensure a successful transition from inpatient to outpatient management.

I had a great time at my first PSV conference and look forward to staying involved with the PSV in the future!

THIRD PLACE POSTER

New-onset Seizures and Psychosis: Exploring the Differential Diagnosis

By Maureen Murphy-Ryan, MD; Mason Ayobello, MD; Bush Kavuru, MD and Anita Kablinger, MD
Carilion Clinic-Virginia Tech Carilion School of Medicine
Roanoke, VA

Maureen Murphy-Ryan, MD (left) and Mason Ayobello, MD (center) and Anita S. Kablinger, MD, CPI, Professor and Residency Training Director, shown at their third place winning poster.

Diagnosis of new onset seizures and psychotic symptoms in an otherwise healthy adult involves a complicated differential of relatively rare diagnoses, many of which have poor prognoses. Evaluation includes stabilization, serum and CSF testing, EEG monitoring, head CT, and brain MRI to rule out traumatic, toxic, metabolic, and infectious causes, and further specialized investigations such as testing for auto-antibodies of interest or functional brain imaging. We describe the clinical work-up of a case of new-onset seizures and psychosis, highlighting the importance of history, physical exam and judicious laboratory testing and imaging to reach the correct diagnosis.

A final diagnosis of Hashimoto's Encephalopathy was supported by highly elevated Anti-Tg and Anti-TPO antibodies, elevated CSF protein, recurrent stroke-like symptoms, and improvement with high-dose steroids. Common features of Hashimoto's encephalopathy include insidious onset over months, cognitive impairment, seizures, psychosis, mood symptoms, sleep disturbance (insomnia), and stroke-like episodes. CSF protein is traditionally elevated, CT/MRI is often unremarkable, and most patients are euthyroid at the time of presentation. Treatment involves high-dose steroids. Unlike many other causes of new-onset seizures and psychosis, symptoms of Hashimoto's Encephalopathy invariably improve or resolve over months to two years with prompt treatment. Because of its relatively good prognosis, Hashimoto's Encephalopathy, although rare, should always be included on the differential diagnosis of new onset seizures and psychosis.

PSV FALL MEETING HIGHLIGHTS

Swarnalatha Prasanna, MD, (left) and Manta Sapra, MD, Southwest Chapter President enjoy the Friday evening reception.

Lieutenant Jessica Sierzchula, DO, MC, USN presents her poster on Vaping Special K to the poster judges and interested attendees. Poster judges pictured from right are James Reinhard, MD, DRAPA, Stephen Cunningham, MD and Meredith Lee, DO.

Lieutenant Governor Ralph S. Northam, MD spoke about access to care.

Medical Students and Residents attend a breakout session on Saturday afternoon titled, Finding Your First Job.

Lieutenant Governor Ralph Northan, MD (pictured center), with abstract authors, residents and medical students. The Lieutenant Governor took time out of his busy schedule to visit with the poster presenters and gave a brief update on individual studies.

From left, Douglas Chessen, MD, PSV Past President, with his new associate at Chessen & Associates, Pelin Duzenli, MD and Saturday afternoon's guest speaker Cynthia Romero, MD, FAAFP.

Lieutenant Governor Ralph S. Northam, MD talks to poster authors from several medical schools.

From left, Susan Waller, MD, PSV President-Elect, her husband Kenneth Waller, MD and newly elected state Senator Soibhan Dunnavant, MD at the MSV Gala Event on Saturday night.

Kent G. McDaniel, MD, PhD, Medical Director of Henrico Area Mental Health and Kathy R. Tierney, DNP, PMH-CNS/NRBC presented on different aspects of healthcare integration.

Brian Wood, DO, PSV Past President, third from left, visits with students from Edward Via College of Osteopathic Medicine.

Army Psychiatry: A New Fourth Year Elective

Kathleen M. Stack, MD, DFAPA

By Kathleen Stack, MD, DFAPA
PSV Newsletter Editor

The Army psychiatry medical student elective was added for the 2014-2015 academic year. The goals of this elective are to familiarize future psychiatrist with the care needs of active duty soldiers. The APA identified this as a need for psychiatrists in the future. My own experience in moving from the Department of Veterans Affairs to the Department of Defense verified this for me. The years at spent at the VA did little to ease the transition to DOD.

Military outpatient mental health care is different than general outpatient care in several ways. The population is generally physically healthy and young. The goal of treatment is not only symptom improvement, but evaluation of fitness for duty. There are administrative evaluations not conducted in the civilian sector. There are different resources and requirements.

The psychiatrist treats the service member, but also must consider the different responsibilities of that person. Can this person be sent to live for months in an austere environment? Can and should they carry a weapon? Can their peers, subordinates and command depend on them to fulfill their mission? Will the medication I prescribe effect their ability to be up early and fully participate in the required vigorous physical training? Might it cause weight gain which could cause them to lose their career? These are a few examples of the differences in treating this population.

Some of the goals of the elective are: to become familiar with the lexicon used in the Army; identify the different treatment issues present in the active duty population; to be familiar with the different roles of a psychiatrist in the Army setting.

There are multiple roles for the psychiatrists. The first is the general primary diagnostician and treatment provider. The second is the clinical consultant for the Army Substance Abuse Program. The third is the provider for the Warrior Transition Unit. The fourth is the Integrated Disability Evaluation Services IDES provider. The fifth is the administrator and team leader. The student, in this new clinical rotation, spends some time with providers in each of these roles.

In addition to the more traditional role for outpatient care and those mentioned above, there are certain "clearances" which were new to me. Examples include being "cleared" psychiatrically before being given a supervisory role over students, becoming a drill instructor or a recruiter. A soldier's care needs may require a temporary limitation of duty. An example of this would be when starting a new medication they may need a statement for eight hour of rest in each 24 hour period. The availability of eight hours set aside for sleep is something that I assumed was possible before working for the Army.

One resource present at the Army is an electronic method of administering a variety of psychological measures. This Behavioral Health Data Platform is a laptop which presents the well respected and standardized screening questions on depression, anxiety, PTSD, sleep problems, alcohol problems and self-reported level of functioning for each person to fill out at every visit. A positive on the screening questionnaire automatically triggers a more detailed question set for further assessment. These measures are scored and can be followed over future visits. For example, a positive four question trauma screen results in a PCL check list being added to the assessment. While all such assessments are imperfect, these are measures of the patient's view of their problems. They also provide useful information for the providers to supplement the interview process.

The assessment for, evaluation and treatment of substance abuse problems in the military is more vigorous. There are very specific Army regulations about the treatment process which support seeking help and responsible behavior 24 hours a day. All service members have forensic drug screens. These screens have to be reviewed for a corresponding prescription or explanations. Use of illicit substances is still not acceptable.

The Warrior Transition Unit is not a building but is a duty station. As such, the service member is assigned there to focus on their treatment needs rather than their usual job in the Army. These programs are consolidating to central locations as the combat operations draw down.

The Integrated Disability Evaluation Service (IDES) allows fourth year medical students to experience the administrative and functional DOD/VHA mental evaluation system. In this section they review the mental health treatment history and response to treatment. They learn about the type of interview conducted to render an opinion of soldiers ability to perform their Military Occupational Specialty (MOS) or "Fitness for Duty" determination. They also conduct a similar review in those soldiers that have been placed in a Temporary Disability Retirement List (TDRL). This is when the final determination is made on returning to duty or being placed in permanent retirement. This experience allows students to experience a very specialized mental health evaluation; the capacity to carry and fire a weapon and their capacity to evade direct and indirect fire.

The rotation has some limitations. Currently, it requires the student to have access to the military base. It would be very challenging to get to work every day without access to a common access card CAC. The vehicle would need to be searched every day and that would time consuming. The location is Newport News, VA which is a considerable drive for the average EVMS student. The orientation and logistic could be improved as we have more experience. But I believe it is a valuable and unique addition to the EVMS Psychiatry Elective offerings.

News We Can Use!

Please share news about yourself, a colleague, your practice or news from your area for the next newsletter.
Deadline for submission is **March 25, 2016**.
Send to Andrew Mann, **andrew@societyhq.com.**

Army Psychiatry: a new EVMS fourth year elective

Aiden McCroskey, BS
EVMS Fourth Year Student

Completing an elective rotation in Military Psychiatry was an extremely valuable experience both in terms of learning about outpatient psychiatry in general and issues specific to the military patient population. This clerkship represented the single opportunity available to fourth year students at Eastern Virginia Medical School to experience adult outpatient psychiatry.

As part of this rotation, I had the opportunity to observe and assist with patient appointments at the McDonald Army Health Center Behavioral Health Clinic. I was immediately appreciative of how open each soldier was to having a third party present during their session, despite the fact that many had already worked to open up to and trust their Psychiatrist over the course of months or years. As a student, this was exceptional in that during 14 months of clinical clerkships thus far, it was the first during which not one patient specified, "No students." This openness may have been a function of the time that my preceptors took to carefully explain my role and purpose in being there or the patients' remarkably adaptable mindsets as service members, but it also seemed to involve soldiers personally choosing to help the mental health field along in order to benefit others. It was humbling to realize the extent of service members' commitment to a "greater good". Having heard patients state, "No students" for innumerable reasons or no particular reason at all at local civilian hospitals, this selfless mindset made a significant impression on me.

This was a unique opportunity to begin to learn to navigate the mental status exam in an outpatient setting. Many patients in a military behavioral health clinic are new to psychiatry, so the opportunity exists for a provider to make a "first impression." As a fourth year medical student, it was both an honor and a humbling experience to assume the role of the first mental health provider that a service member would ever encounter. This role was challenging in part due to patients' preconceived ideas about psychiatry and the stigma attached even to certain names used for psychiatric diagnoses. Many terms that add value in describing a patient's symptomatology are used with negative connotation by the lay public such as using the term "psychotic" to refer to an individual one might consider annoying and unreasonable, or "delusional" to refer to someone who fails to see reality the same way most others do. As a student I wanted to balance the requirement of asking patients about symptoms with a desire not to come across as insulting to the patient. When I asked patients if they were hearing voices or seeing things, they were often quick to comment, "I'm not crazy." I wanted to explain to these extremely polite and pleasant service members, particularly those who had never seen a mental health provider before, why I was asking the questions, but the explanation, "I am trying to make sure that you are not psychotic or delusional" did not seem at all helpful in establishing rapport. It was helpful to observe that when patients denied these symptoms, they appreciated it when my preceptor said, "I didn't think so, but we like to check to be sure." Though it may seem an obvious point, it was invaluable to me to learn phraseology that could make a first psychiatric appointment feel more like a normal interaction and as positive of an experience as possible for the service member.

This experience demonstrated that psychiatric patients face unique challenges in the military setting in addition to overcoming preconceived ideas associated with psychiatric evaluation and treatment. Mental health conditions and medications can threaten a soldier's career and livelihood. Some service members were hesitant to respond openly to certain questions, as the otherwise benign behaviors that they reported had the potential to adversely impact their military career. For example one patient voiced a concern about answering each question fully and was hesitant to reveal that he sometimes had one glass of wine with dinner due to fear of administrative consequences. Additionally, the relatively small population size of the military compared to their civilian counterparts coupled with the requirement for these members to use only the facilities located on their respective posts generates a fear of being noticed entering or awaiting appointments in the psychiatric treatment facility by a soldier's subordinates, colleagues, and supervisors. These factors make military mental health encounters higher-stakes and potentially more stressful than civilian mental health encounters, and I learned a great deal from observing the sensitivity with which my preceptors navigate these issues.

Working in army psychiatry also expanded my understanding of suicide, the importance of identifying risk factors for suicide attempts, and subsequently assessing patients for these risk factors. This is particularly applicable to the military population since the suicide rates in the U.S. Army have risen and continue to rise while those rates among civilians have remained relatively stable.[1] During previous assignments in a civilian setting, a patient's risk factors for suicide attempt or completion at times seemed hypothetical or intangible. In contrast, when patients presented to the behavioral health clinic for a safety check, the interaction was often a negotiation between the soldier and psychiatrist regarding whether or not the service member's weapon would be physically taken from them. These conversations included a specific discussion of the service member's means to harm themselves, experience with weapons, situational factors, and emotional components. These negotiations also included the opportunity for the service member to voice their understanding of why they were being asked questions about their risk factors, why they thought that providers were concerned, and whether they felt that providers needed to be concerned. These negotiations resulted in a clearer, more concrete assessment of risk factors than I had experienced in other settings, and facilitated development of an optimal safety plan.

Reference:

1. Kessler RC, Colpe LJ, Fullerton CS, et al. Design of the Army Study to Assess Risk and Resilience in Servicemembers (Army STARRS). Int J Methods Psychiatr Res. 2013 Dec;22(4):267-75. doi: 10.1002/mpr.1401.

In The News

UVA Psychiatry Department News

By Joseph Otonichar, DO, MS
Chief Resident

While leaves fall from the trees, the University of Virginia's psychiatry department continues to flourish as the academic year is in full swing. Many congratulations to Anita Clayton, MD, for her new appointment as chair of the Department of Psychiatry and Neurobehavioral Sciences here at UVA. Dr. Clayton has served as the interim chair since August 2013 and has long been a leader here both within the department and within the broader psychiatric community.

We continue to welcome our interns, all of whom have been putting forth great effort as they hone their skills and develop into competent, caring clinicians—having already proven to be outstanding in fulfilling their clinical and extra-clinical duties. Our PGY2s have also been working hard and have excelled in their new roles as mentors and leaders. This year, the PGY2s have transitioned to a new night float call system, which has allowed improvements in both resident education and patient care. Our PGY3s have also made smooth transitions into their roles as outpatient providers, learning to manage the bustling demands of the outpatient setting of our third year training. Similarly, our PGY4s have been maturing their interests and expertise through a medley of specific rotations such as child and adolescent psychiatry, psychotherapy, C&L psychiatry, ECT, TMS, forensic psychiatry, cultural psychiatry, addiction medicine, community psychiatry, research electives, and pharmacology. While several of our PGY4s will be pursuing fellowships, others examine options for entering the workforce directly. In addition to specific class achievements, all of our residents and faculty recently participated in our first faculty-resident retreat to help foster communication and improve relations between faculty and residents—an event that will complement our annual spring-time resident retreat.

On top of their clinical duties, a number of our residents have had noteworthy academic achievements. Drs. Derek Blevins, PGY3, Surbhi Khanna, PGY3, and Jordan Rosen, PGY2, recently published an article "Psychosis and Catatonia after Dancing with a Dangerous Partner" in November's edition of *Current Psychiatry*. Drs. Blevins and Khanna also have had a paper accepted to the *Psychiatric Times*, "Substance Use and Abuse on College Campuses: Clinical Implications," pending publication. Dr. Blevins recently attended the ASCP Fall Update Meeting in New York City, while child and adolescent fellows, Drs. Michael Heck, PGY4, and Toral Desai, PGY4, both attended AACAP's 62nd Annual Meeting in San Antonio.

Drs. Souraya Torbey, PGY3, and Diana Robinson, PGY2, recently attended the PSV Fall Meeting in Chantilly, where Dr. Robinson won second place for best resident poster presentation, "6 Ways to Die: A Case Report of A Suicide Attempt via Multiple High-Lethality Methods." Dr. Robinson, who prior to advancing to her PGY2 year was awarded the UVA Emergency Medicine Best Off-Service Intern Award as voted by our emergency department attendings, has been particularly fruitful with her academic achievements. She recently published an article in Neuropsychology, "Asynchrony in Executive Networks Predicts Cognitive Slowing in Multiple Sclerosis" and her poster presentations at the APA Meeting in Toronto (which included "The Prevalence of Burnout Among Premedical Students"), she has authored other posters, including "Nationwide use of hemodialysis and other extracorporeal therapies in poisoned patients," presented at the America Society of Nephrology's meeting in San Diego in November. Similarly, Dr. Robinson co-authored with Dr. Blevins and Dr. Khanna a poster presented at the North American Congress of Clinical Toxicology (NACCT) in San Francisco in October, "The Epidemiology of Alcohol and Substance-Related Emergency Department Admissions within a University Population." Great work to all!

We welcome our newest resident physician, Kalia Ward, MD. Congratulations also go to the several residents who have recently welcomed or will soon be welcoming new members into their own families! Hats off to all of our residents, fellows, and faculty for their continued efforts in providing excellence of patient care and fostering a supportive environment here at UVA.

Virginia Tech Carilion News

By Tenzing Yangchen, MD
PGY-3 Psychiatry Resident

We have several things to reports for this half of the year, ranging from sad goodbyes to congratulatory news.

First, we welcome our interim co-chairs of the VTC Department of Psychiatry and Behavioral Medicine, Thomas R. Milam, MD, MDiv and Tracey W. Criss, MD, as we bid farewell to our department Chairman, Mark D. Kilgus, MD, PhD.

Dr. Kilgus provided strong leadership during the past eight years as the hospital system moved to a clinic model and the Virginia Tech Carilion School of Medicine came to fruition.

Our program had strong wins at the PSV Fall Meeting poster session in Chantilly with Kathryn Q. Johnson, DO awarded first place and Mason Ayobello, MD and Maureen Murphy-Ryan, MD together taking third place.

We also had the first ever VTC child and adolescent fellowship program poster, by Jeffrey J. Wilson, MD, Ruhina Ali, MD and Edward Nunes, MD featured at AACAP's 62nd Annual Meeting in San Antonio. Our not-so-secret source (Dr. Ha) revealed that the poster titled, "The Effects of Maternal Substance Abuse on Mother-Child Interaction and Child Behavior" was very well received.

Speaking of child and adolescent psychiatry, congratulations to two of our current PGY-3 residents, Richard D. Ha, DO and Shady S. Shebak, MD, who have pre-matched to VTC and Michigan State University child and adolescent psychiatry fellowship programs, respectively for the 2016-17 year.

Finally, continuing with the first ever theme, the Big Hokie-Little Hokie Mentorship Event took place on October 26 when Colonel Michael R. Nelson, MD, PhD, Medical Director of Education of Walter Reed Medical Center, spoke on mentoring and leadership at this very successful event, meant to reinforce resident/medical student relationships.

Also with fall being the time for residency application and interviews across the nation, our program continues to have another successful year of applicants. Interviews are in full swing with varied interviewees.

Lastly, we would like to invite everyone to the 10th Annual St. Albans Psychiatric Conference to be held on January 22, 2016 at The Hotel Roanoke & Conference Center. This year the focus will be on anxiety disorders. Hoping to see members of PSV there. Happy Holidays!

VCU Health News

By Peter Breslin, MD
Chief Resident

It seems that just as we're calming down from the excitement of welcoming the strong new intern class at VCU, we have a whole new round of excitement ahead of us. Applications for the upcoming 2016 intern class are rolling in and the interviewing process is officially in full swing. As a senior resident, taking part in the many areas of the interview process including interviews themselves, it is both humbling and impressive to see the potential that will follow in this residency program.

VCU Psychiatry is undergoing enthusiastic growth and change in many areas. The addictions fellowship is expected to be up and running by July 1, 2016. Drs. Moeller, Steinberg and Tidler, whom are very well-rounded addictions specialists both in clinical work and research, are looking forward to this extension. The child and adolescent fellowship will also be going through growth that will double the number of fellows in the program. In addition, the psychiatry department at McGuire VA Medical Center held their ribbon cutting ceremony in August for its Mental Health Recovery Enhancement Center. The center emphasizes how important mental health care is for our veterans..

One of our most distinguished professors in the VCU Department of Psychiatry, Dr. Ken Kendler, was awarded the Rhoda and Bernard Sarnat International Prize in Mental Health by the National Academy of Medicine for his research on the role of genes and environment in the development of psychiatric and substance use disorder. Dr. Kendler was quoted in VCU News: "An award like this is important because it means that the scientific work I have done over my career is valued by my peers and colleagues. I am honored that they feel I have contributed something of importance to the difficult, but critical, effort to understand better the etiology of psychiatric and drug use disorders, which are together responsible for so much suffering."

Update on EVMS Department of Psychiatry & Behavioral Sciences

By Lisa Fore Arcand, EdD, *Associate Professor*
Paul Sayegh, MD, *Vice Chair & Residency Director*

The Psychiatry Residency at Eastern Virginia Medical School welcomed four new PGY-1 and two transfer residents this summer.

Allison Stempel MD (EVMS), Stefan Mianowski MD (St. George's University), Aneel Ursani MD (St. George's University) and Zhi Wu, MD (Ross University) joined our PGY-1 class on July 1, 2015. Vintee Narang MD completed her Child and Adolescent Fellowship at Brookdale University on June 30, 2015 and joined our program the next day to complete her general psychiatry residency with us. Finally, on September 1, 2015, Jordan Romero MD joined our PGY-4 year, having completed his previous training at Baylor University.

In Medical student education we have developed some new and unique electives for fourth year medical students including Outpatient Military Psychiatry at Fort Eustis with Dr. Kathleen Stack and Rural Psychiatry on the Eastern Shore with Dr. M. Potter Henderson. The rural psychiatry rotation is part of a larger initiative to develop medical student experiences in the underserved areas of Virginia. The rotation is designed to introduce students to the skills needed in rural settings and familiarize them with life in a rural community, gaining personal confidence and competence in assuming the role of a rural healthcare physician. As we develop additional rural rotations we hope in the long run to assist with the shortage of physicians in rural areas across the country.

APA Debuts "Find a Psychiatrist"

APA's Find a Psychiatrist is a new and growing database to help patients find psychiatrists.

If you are an APA member practicing in the US and accepting new patients, please take a moment to Opt In to be included. When you click on the Opt In link, some of your information will be populated in a brief form for you to complete. Once you complete this form, your information will post instantly to the Find a Psychiatrist website - so please make sure your contact information is correct. Visit finder.psychiatry.org to view the database today.

Questions? Need help? Contact APA Customer Service at 1-888-35-PSYCH or email: apa@psych.org.

News from Your State Medical Society

By Hedi Cho
MSV Communications Manager

The Medical Society of Virginia (MSV) and MSV Foundation (MSVF) elected new presidents, officers and directors during its Annual Meeting from October 22 to 25 at the Westfields Marriott in Chantilly, VA. The MSV Political Action Committee (MSVPAC) also elected new directors.

Edward G. Koch, MD, FACOG, a board certified gynecologist in McLean, was inaugurated as the new President of MSV. Dr. Koch previously served as President-Elect of MSV.

Dr. Koch, a MSV member since 1985, owns a private practice in McLean and has a specialization in menopausal medicine. In addition to his practice, he consults and teaches in the OB/GYN program at the Walter Reed National Military Medical Center in Bethesda. He is a clinical professor of Obstetrics and Gynecology at the George Washington University School of Medicine and associate clinical professor of obstetrics and gynecology at Georgetown University Medical Center.

Cynthia C. Romero, MD, FAAFP, a Virginia Beach family practice physician and global health center director for Eastern Virginia Medical School (EVMS), was elected as the MSVF President.

The **Medical Society of Virginia (MSV)** is the professional association for physicians in the Commonwealth. Dedicated to supporting physicians in the practice of medicine, MSV advocates on their behalf to ensure physician influence on health care legislation and policy improvements and provides a variety of educational and support activities that assist physicians in the practice of medicine.

The **MSV Foundation (MSVF)** is the philanthropic, 501 c3 organization affiliated with the Medical Society of Virginia. MSVF develops sustainable programs and initiatives that equip the physician community to improve the health of Virginians. Building upon physicians' deep, personal commitment to patient care, MSVF initiatives offer them the opportunity to lead and participate in programs that have direct impact on health care quality and access in Virginia.

The **MSV Political Action Committee (MSVPAC)** is the political arm of the Medical Society of Virginia. It is a bipartisan, voluntary, non-profit organization which represents more than 18,000 Virginia physicians and approximately 1,000 Alliance members.

MSV℠
MEDICAL SOCIETY OF VIRGINIA

MSV officers who were elected include:

- **Bhushan H. Pandya, MD** of Danville; President-Elect
- **Alan L. Wagner, MD, FACS** of Virginia Beach; Secretary-Treasurer
- **Kurtis S. Elward, MD, MPH, FAAFP** of Charlottesville; Speaker
- **Arthur J. Vayer Jr., MD** of Stafford; Vice Speaker

Newly elected and re-elected directors are:

- **District 1 - James R. Dudley, MD, MBA** of Tappahannock
- **District 2 - Joel T. Bundy, MD, FACP, FASN** of Hampton
- **District 3 - John F. Butterworth IV, MD** of Richmond
- **District 3 - Clifford L. Deal III, MD, FACS** of Richmond
- **District 5 - Jacqueline M. Fogarty, MD** of South Boston
- **District 7 - Mohit Nanda, MD** of Charlottesville
- **District 7 - Michael S. Amster, MD** of Warrenton
- **District 9 - S. Hughes Melton, MD, MBA, FAAFP** of Abingdon
- **Foundation - Ibe O. Mbanu, MD, MBA, MPH** of Richmond
- **Resident - Jonathan T. Schaaf, MD** of Richmond
- **Medical Student - Ehsan Dowlati** of Roanoke

Newly elected and re-elected members of Virginia's delegation to the AMA include:

AMA DELEGATES

- **Claudette E. Dalton, MD** of Earlysville
- **David A. Ellington, MD** of Lexington
- **Randolph J. Gould, MD, FACS** of Norfolk
- **Hazle S. Konerding, MD** of Richmond

Attention Members! New PSV Voting Method for 2016

For the first time, in 2016 members will vote electronically for the Board of Directors. The online ballot will be made available in early 2016. Members who wish to vote by paper ballot will be given the option to do so. If you wish to receive your ballot by regular mail, please contact Liz at the PSV headquarters office at (804) 754-1200.

Voting electronically will provide a substantial cost savings to the Society and provide a quick and easy way for you to select your leaders. Watch for further details and instructions via email after the first of the year.

Concept of Successful Aging as Demographics Shift

"They shall bear fruit even in old age; they shall be ever fresh and fragrant. Grow old along with me! The best is yet to be, the last of life, for which the first was made." ~Robert Browning

By Mamta Sapra, MD, FAPA
Southwest Chapter President & PSV Board Member

I am honored to serve the psychiatric membership of the Southwest Chapter of PSV.

Since my move from New York City seven years ago, I have seen significant transformation in the mental health field in Southwest Virginia including expansion of clinical services, education programs, new medical schools, and medical centers. I hope to represent and be a spokesperson for mental health providers in the Southwest Virginia chapter.

November is the National Alzheimer's Disease Awareness and Family Caregiver's month. Please take a moment and honor a caregiver that you know and express thanks. Being a geriatric psychiatrist, I have always been interested in a positive aspect of aging. According to a recent UN report, individuals over the age of 60 are the fastest growing age group on earth. Between 2012 and 2050, the United States will continue to experience considerable growth in its older population. In 2050, the population aged 65 and over is projected to be 83.7 million; almost double its estimated population of 43.1 million in 2012. Older people are healthier than their predecessors of just a few generations ago. So aging is the number one public health issue faced by the developed world. The belief that late life can be a rewarding part of the life cycle is not a new one. For years, it has run parallel for decades to a more negative view of aging. So, what is successful aging? Rowe and Kahn's model of successful aging includes three main components – freedom from disability and disease, high cognitive and physical functioning, and social engagement. In recent years, there has been increased focus on cognitive and emotional health in relation to successful aging. Nearly all older adults will experience a chronic disease, so avoiding chronic illness in late life is difficult but cognitive and emotional adaption to these illnesses may be an achievable goal. Cognitive and emotional processes mediate health behaviors that may impact physical health including cardiovascular risk factors. Research supports that successful aging described by older adults is largely based on psychological constructs rather than physical ones.

As the older population increases, older psychiatric patients are also going up. Successful aging may be a key concept in community based psychiatric care. In the mental health care of aging psychiatric patients, it is important to not only control psychiatric symptoms, but also promote and improve quality of life. What can we do for our patients so they age successfully? Extrinsic environment plays a very important role. There is a window of opportunity for modifying processes that regulate aging and is not restricted to early life only, but extends into late adulthood. Greater exercise participation, calorie restriction, Mediterranean diet, and cognitive stimulation have been linked to successful aging. Ask your patients to do something that challenges and engages their mind because it's different from what they normally do. Another vital component of successful aging is social support. Value of promoting and developing social support programs is often overlooked in our busy schedule of treating diseases and symptoms. Our patients will do better as they age if they continue to engage with life and maintain close relationships. Last but not least, as I continue reading about this fascinating and important concept of successful aging, I think being active and involved in your local psychiatry organizations might help as well.

A Message from the President

Continued from page 1

and asked is it myth, madness or must? It was clearly concluded that this is a must and can be effectively created in an informed manner.

Dr. Eliot Sorel from Washington Psychiatric Society concluded by "Tying it All Together" and giving the audience an overview and perspective on integration from years of experience. He moderated a panel that allowed participants to make inquiries and ask questions on this topic to better understand the various models.

Our meeting was also geared toward residents and medical students. Susan Motley, CAE and Ann McNary, JD had a two hour breakout session to help prepare residents to become early career psychiatrists. Also, Dr. Jessica Sierzchula won first place for her poster presentation on a suicide case study. The Medical Society of Virginia had a Friday evening microbrewery tasting followed by karaoke and cocktails aimed at medical students and residents.

The Medical Society of Virginia officially passed the presidential baton to Dr. Edward Koch, who addressed the crowd of delegates like a coach, noting that leadership was a team effort. The delegation voted on a number of topics, including the need for greater education and coordination to fight the opioid abuse epidemic in the Ccommonwealth. Maintenance of certification also con-tinues to be a controversial topic and there is continued motion to push for a voluntary system. Educational seminars included a presentation by Dr. Terri Babineau, Assistant Dean for Student Affairs at EVMS, on Narrative Medicine-A Solution for Physician Burnout. This was a fascinating overview on how greater awareness of humanities can help prevent burnout, and the importance of a patient centered reflective approach to healthcare delivery.

Contact Us

Do you have questions about your society? Call **(804) 754-1200** or email **psv@societyhq.com**.

Welcome New Members

Reeyaz Esack, MD (F).....Richmond, VA
Tayyab Paracha, MD (GM..... Purcellville, VA
Dierich Kaiser, MD (GM)..... Gainesville, VA
Nadia Robertson, MD (GM).....Vienna, VA
Ali Altahir, MD (GM)..... Woodbridge, VA
Sean Kaley, MD (GM)..... Charlottesville, VA
Richard DeWitt Jackson, MD (GM)..... Charlottesville, VA
Jennifer A. Hanner, MD, MPH (GM)..... Charlottesville, VA
Maria Haine, MD (GM) .....Glen Allen, VA
Heather K. Henig, MD (GM)..... Chesterfield, VA
Charles Hall, MD (GM) .....Richmond, VA
Kenneth Richmond, MD (GM)..... Fort Monroe, VA
Jeffrey J. Wilson, MD (GM).....Roanoke, VA
Guyton Register, MD (GM).....Roanoke, VA
Anjela Arbogast, MD (GM)..... Radford, VA
Anne C. Dibala, MD (GM)..... Abingdon, VA
Kenneth Fore, MD (GM)..... Lynchburg, VA
Rhonda N. Sims, MD (GM)..... Lynchburg, VA
Roohi Alikhan, MD (GM) ..... McLean, VA
Chelsea Wolf, MD (RF)..... Charlottesville, VA
Kelli Messina, MD (RF)..... Charlottesville, VA
Amanjot Kaur, MD (RF) ..... Charlottesville, VA
Awtar Rathore, MD (RF) .....Richmond, VA
Zeeshan Faruqui, MD (RF).....Henrico, VA
Peter Breslin, MD (RF) .....Richmond, VA
Sean D. Ziegler, MD (RF).....Norfolk, VA
Mason Ayobello, MD (RF) .....Roanoke, VA
Richard Ha, MD (RF).....Roanoke, VA
Samir Tarpara, MD (RF).....Roanoke, VA
Jennifer Yoon, MD (S).....Richmond, VA

Download the New PSV Membership App!

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APA/PSV 2016 Membership Dues

The deadline to pay 2016 Membership dues is **December 31, 2015**. To renew today, you can pay online, pay by phone at (888) 357-7924, or enroll in the scheduled payment plan to pay your dues on the schedule most convenient for you: monthly, quarterly, bi-annually or annually.

An Update from the Richmond Psychiatric Society

Joan Plotkin Han, MD, FAPA, DFAACAP
President, Richmond Psychiatric Society

Joan Plotkin Han, MD, FAPA, DFAACAP

The current board of the Richmond Psychiatric Society is trying to infuse new life into a group, where numbers have dwindled in recent years. Board members for the 2015-2016 year are President Joan Plotkin Han, MD, FAPA, DFAACAP, President-Elect Martin Buxton, MD, Secretary David Markowitz, MD, and Treasurer Sherin Moideen, MD. Councilors are William Harp, MD and Charles Hall, MD.

Fueled by a mission to promote warm camaraderie between greater Richmond area psychiatrists, the board has reached out by phone and email to encourage psychiatric colleagues from community, state, federal, and private practice settings to join together monthly for wide-ranging and enriching CME based educational programming. The year's schedule is noted below.

Each meeting begins with a dinner and social hour, during which members are able to mingle with medical students, psychiatric residents and fellows, and colleagues throughout the area.

Upcoming Events

February 4, 2016	**Health Professions Monitoring Program** Sherman Master, MD
March 3, 2016	**VA Board of Medicine** William Harp, MD
April 7, 2016	**Nephrology and Psychiatry** Sherin Moideen, MD
May 5, 2016	**Psychiatric Treatment of SA Patients** Martin Buxton, MD
June 2, 2016	**VCU LGBTQ Clinic** Ike Wood, MD

In Memory of Dr. William H. Grey, PSV Past President

Dr. William Hugh Grey, 92, of Charlottesville, died Sunday, November 1, 2015 at Hospice House. The son of Matt McMurray and DeBerniere Smith Grey, he was born in Davidson, NC, and grew up in Charlotte. He attended the University of North Carolina School of Medicine when it was a two-year medical school and then earned his MD from the Medical College of Virginia. He completed his psychiatric residency at the University of Virginia. His professional positions included Clinical Associate Professor of Behavioral Medicine and Psychiatry at the University of Virginia School of Medicine; Deputy Director of Training and Research and Deputy Director of Medical Affairs at Western State Hospital; Psychiatric Consultant, Valley Community Services Board; and Medical Director, Harrison-Rockingham Community Services Board. Dr. Grey was a member and past president of the Psychiatric Society of Virginia, a life member of the American Psychiatric Association, a former member of the Forum Club of Staunton and the Medical Societies of Augusta and Albemarle Counties. He belonged to Christ Episcopal Church, the VAF of Davidson, MCV-VCU, and UVA alumni associations. There will be a private graveside ceremony at Thornrose Cemetery in Staunton and a reception for family and friends after the holidays. It is suggested that memorial contributions be directed to the Hospice of the Piedmont, Doctors without Borders, or the Blue Ridge Community College Educational Foundation.

Membership Questions?

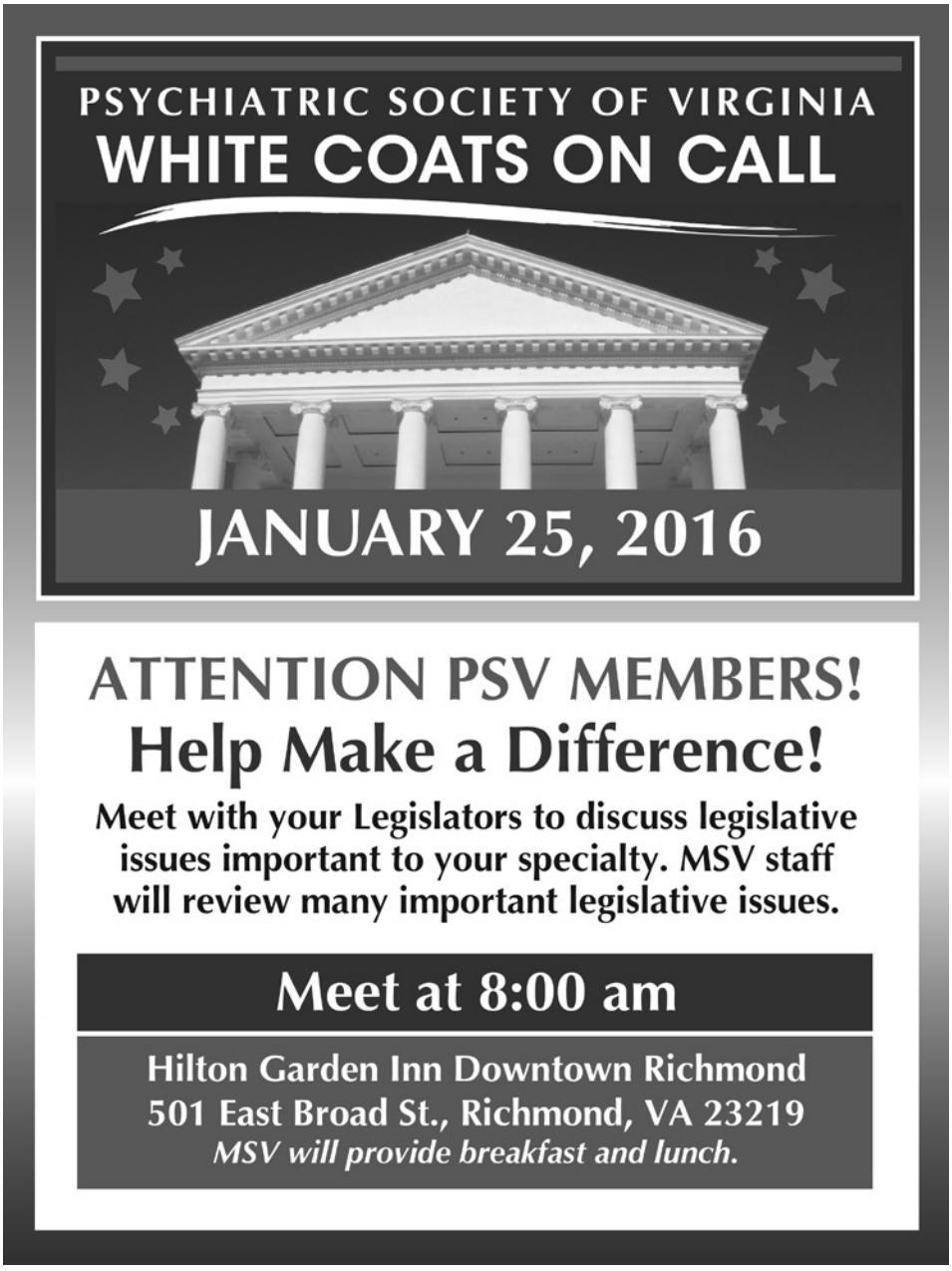
Contact the PSV Membership Manager, Greg Leasure at greg@societyhq.com

PSV Bids Farewell to Our Lobbyist

Ralston King

As some of you may have heard, we recently bid farewell to our lobbyist, Ralston King. Ralston is now the Senior Director of Government Affairs at the Medical Society of Virginia. While we are sad to see him go, we are thrilled for his new opportunity and are glad we'll continue to work together on physician issues.

PSV will continue working with Cal Whitehead and our team at Commonwealth Strategy Group. James Pickral and Lauren Schmitt will be joining Cal to work on our issues. If you did not have a chance to meet James and Lauren at the recent PSV Fall Meeting, you will have a chance to meet them soon. We are glad to be in good hands through this transition and the upcoming legislative session.



Welcome to the New Members of Our Lobbyist Team

James A. Pickral, Jr.

James A. Pickral, Jr. has significant experience in the economic development, renewable and alternative energy, and pharmaceutical industries, with a focus on health care legislative and regulatory issues.

Mr. Pickral has over a decade of experience in government affairs and previously served as Manager of State Government Affairs for Troutman Sanders Strategies. While there, he represented such diverse clients as pharmaceutical manufacturers, economic developers, hospital systems, and an alternative and renewable energy association among others.

Mr. Pickral also served as the Director of Policy for the Virginia Pharmacists Association where he was responsible for developing association policy and advocating on the state and federal levels. While at the Virginia Pharmacists Association, James was the federal point person for the Virginia members of the National Association of Compounding Pharmacists and the National Community Pharmacist Association. James' legislative experience also includes serving three sessions as Legislative Assistant to Delegate John O'Bannon.

Mr. Pickral has been involved in several state and federal public health and safety campaigns including the "Virginia Meth Watch Program" instituted by former Attorney General Jerry Kilgore, aimed at reducing methamphetamine production. He served as the Virginia representative and the Virginia program coordinator for the Food and Drug Administration's "Looks Can Be Deceiving" campaign, which educates the public on the risks associated with illegally imported prescription drugs.

Mr. Pickral is a veteran of the U.S. Army, serving as an infantryman during Operations Desert Shield, Desert Storm, and Provide Comfort. After his military service, James attended Virginia Commonwealth University graduating in 2000 with a Bachelor of Arts in History and a minor in German.

Lauren B. Schmitt

Lauren B. Schmitt works with a number of clients in the health care field and with both non-profit organizations and corporations. Lauren grew up in Northern Virginia and graduated from James Madison University with a Bachelor of Science degree in Media Arts and Design. She also holds a Master's degree in Social Work- Policy, Planning and Administration from Virginia Commonwealth University. Prior to moving to Richmond in 2009, Lauren worked as the associate director of advocacy for a women's health organization. She was able to build a strong reputation for her organization as a valuable partner and community health provider.

Mrs. Schmitt has established professional relationships in Richmond and is a familiar presence at community meetings, coalition groups, and legislative hearings. Lauren is married and lives with her husband Joe in Midlothian.

PSV Legislative Update

By Lauren B. Schmitt
Commonwealth Strategy Group

With the elections now over, it is time to gear up for the 2016 Virginia General Assembly! It will be here before we know it and will once again be a busy legislative session for PSV.

As many of you already know, there have been changes at the Department of Behavioral Health and Developmental Services. Debra Ferguson stepped down from her post as Commissioner on October 20 and has taken a position within the Governor's policy office. Dr. Jack Barber, who has served as the Medical Director, will assume the role of Interim Commissioner. Daniel Herr will remain the Assistant Commissioner of Behavioral Health Services. We were honored to have Mr. Herr join us at our recent legislative reception to accept the PSV Legislative Award on behalf of Governor McAuliffe.

PSV has been actively participating in numerous policy issues over the past few months. The TDO workgroup, that was a result of legislation we worked on last year, will continue to meet after the 2016 legislative session. The overall complexity of emergency physicians evaluating for TDOs and communicating with the CSBs left the stakeholders unsure if this is the proper time to move forward. When the workgroup resumes, psychiatrists will be the focus.

We continue to work with the Chas Foundation and the Treatment Advocacy Center on reforming mandatory outpatient treatment in Virginia. The Treatment Advocacy Center presented at the recent SJ47 Mental Health Joint Subcommittee meeting. We are planning to meet with Delegate Dave Albo soon to discuss next steps.

The Medical Society of Virginia is currently conducting a workgroup regarding their policy on reforming the Certificate of Public Need program in Virginia. PSV submitted comments to the workgroup requesting that psychiatric and substance abuse services be eliminated from COPN.

We continue to monitor the work of the Governor's Prescription Drug and Heroin Abuse Task Force. DMAS is currently looking to improve the delivery of Substance Abuse Disorder services that will be built on its current Medicaid delivery system and will include a restructuring of the SUD benefit design. They are looking for SUD specialists to assist the Task Force. PSV will be submitting names of interested members.

As you can see, PSV is very active in the policy arena and engaged in the political process. An important tool that enables us do this work is our political action committee, PSYCHMD-PAC. Through this, we are able to support candidates who support our issues and help advance our advocacy of mental health issues, the advancement of psychiatry and service to the community. Please consider contributing to our PSYCHMD-PAC today to help us continue this important work!

We will continue to keep you updated as the 2016 legislative session approaches.

American Psychiatric Association Assembly Meeting
October 29, 2015

John P. D. Shemo, MD, DLFAPA
Rizwan Ali, MD, DFAPA
PSV Representatives to the APA Assembly

John P. D. Shemo, MD, DLFAPA

The Psychiatric Society of Virginia held its Fall Board and Scientific Meetings in Chantilly, Virginia, on October 23-24. We held this meeting co-sponsored by and in concert with meetings of the Washington Psychiatric Society and the Medical Society of Virginia. The theme of the meeting was the integration of medical and psychiatric care. The meeting was very well attended.

Additionally, we had a very good turnout of members in training and medical students with the presentation of 16 MIT/student research posters.

The Psychiatric Society of Virginia has been working very closely with the Medical Society of Virginia on legislative concerns including the expanding scope of preauthorization requirements.

Virginia is facing significant psychiatric workforce problems. While we have, depending on how you count, six or seven residency training programs in Virginia, few of the trainees stay in Virginia after training. As many as 80 percent leave to practice elsewhere. This is in part due to the extremely low insurance reimbursement schedules for psychiatrists in Virginia. Anthem Blue Cross/Blue Shield, for example, reimburses for procedure codes 99213/90836 and 99214/90836 at less than half of the Medicare reimbursement rates.

The temporary detention order work group remains in place but no clear resolution is yet in place. The work group has been trying to address the issue that in Virginia, TDO evaluations even in emergency rooms must be done by often only bachelor level trained community service board employees. The goal of the PSV is to re-empower emergency room physicians and psychiatrists to do clinical evaluations and render opinions on the need for hospitalization as was the case in the past. Interestingly, the emergency room physicians are reevaluating their willingness to be so empowered given the combination of time, liability, and paperwork demands associated. Virginia, to our knowledge, is one of the only, if not the only, state where a psychiatrist cannot do the evaluation for the issuance of a temporary detention order or its state-by-state equivalent.

The Evolving Process of a Student-Run Mental Health Free Clinic

Martekuor Dodoo

By Martekuor Dodoo

When EVMS students founded the HOPES Free Clinic nearly four years ago, the project was designed to help fill a gap in healthcare for Norfolk's uninsured. With about 25% of Americans lacking access to mental healthcare, the addition of the Mental Health Specialty Clinic was an understandable continuation of that mission. The clinic started off small, taking patients as walk-ins from the co-scheduled primary care clinic. Within the past year, however, it has expanded to handle a dedicated patient population once a month.

In addition to serving the community, the specialty clinic plays an important role in carrying out the second part of the free clinic's mission – providing a valuable learning environment for the school's students. For many pre-clinical student volunteers, their night at HOPES can be their first exposure to psychiatry. Using a junior/senior model, pre-clinical medical students and physician's assistant students are paired with an upper level clinical psychology PhD candidate or a psychiatry resident to tackle the patient session. The pairs are then supported by a licensed EVMS psychiatrist or clinical psychologist. This arrangement allows students to take an active role in psychiatric patient care early in their careers and provides an interprofessional environment for the students to experience and learn from different viewpoints of mental health.

As the clinic has grown over the past six months, the question arose of how best to provide our patients with consistent and long-term care within the environment of a student-run free clinic. To this effect, the Mental Health Clinic partners meet with the Primary Care Clinic each night and patients are treated by care teams of doctors from both fields. This way patients can be monitored by a doctor between their monthly mental health appointments through the primary care clinic. With strong communication and improved hand offs between the two clinics, patients are able to receive the care they need and deserve. Those that require more frequent or more extensive care are also escalated to outside services. Through a partnership with EVMS Department of Psychiatry and Behavioral Sciences, more high need patients are referred to the Outpatient Training Clinic for treatment at a discounted rate.

The plan for the future for the HOPES Mental Health Clinic is to continue evolving in order to improve the care we offer our patients. The Mental Health Clinic Coordinators, second year medical students Dhara Shah and Andrew Hogrogian, have begun work on an analysis of the patient population to review the patients' needs and care solutions provided to them through the clinic. This information will be used to make adjustments to the clinic model and decide how best we can serve the patients who come to the HOPES Mental Health Clinic.

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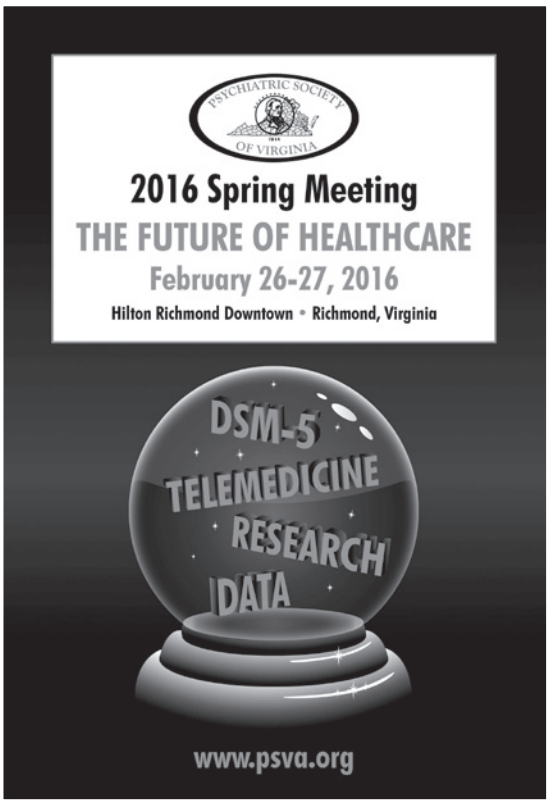

Mark Your Calendar Now for the PSV 2016 Spring Meeting!

Visit www.psva.org for updates.