

The Psychiatric Society of Virginia VIRGINIA NEWS

SUMMER

A District Branch of the American Psychiatric Association

2005

Edward Goldenberg, MD, DFAPA



From the President of PSV

Time passes so quickly. Thirty-five years ago, when I completed high school I wondered if I would be an engineer, or maybe a teacher. College, graduate school, and medical school somewhat changed my thinking.

Twenty years ago when I completed my residency training in psychiatry, I knew I wanted to take care of patients. I still find this most rewarding, but as a psychiatrist in private practice today, I'm very aware that we often wear other hats. We are clinicians, educators, administrators, advocates, and more.

When I came to Virginia in 1991, I was pleased to find a more active local and state psychiatric community than I had previously experienced. So, when the opportunity presented itself over the years for me to serve with the local Tidewater Academy of Psychiatry and the Psychiatric Society of Virginia, I wanted to be involved. It has been a privilege to come to know many dedicated colleagues serving the state and their communities. I would fill this column by listing all those people who have shown caring leadership, devotion, and wisdom. Some of the faces have appeared year after year in leadership roles on the PSV board and committees. They have been diligent workers. They have also served as models and teachers.

I am honored to have been asked to serve as President of PSV and look forward to this

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challenge, and an opportunity to wear another hat. I am thankful to Drs. Yaacov Pushkin, Greg Fisher, Dave Markowitz, John Shemo, Ram Shenoy, Helen Foster and others who have guided us so well in recent years and remain very much involved. Their ongoing efforts, as well as those of our Executive Director Sandra Peterson, and Ruth McDonough before her, have supported our membership. I am very pleased to work together with our new PSV board including Drs. Larry Conell, Steve Brasington, Cheryl Jones, John Shemo, Ram Shenoy, and a host of excellent committee chairs, chapter presidents, and of course past presidents Drs. Pushkin and Fisher.

We were very fortunate to have an excellent group of speakers at our Spring Meeting in Richmond. The topic *Survivor: Psychiatry* allowed nearly 90 of our colleagues to learn and exchange ideas about challenges we face in the survival of our profession. But we must not lose sight that first and foremost as physicians our task is to help our patients. And sometimes to advocate for our patients and our profession, we must ask our colleagues for help. So now, I'm about to don the hat of a recruiter.

I'm going to ask every psychiatrist who reads this letter for help.

A major thrust over the next year will be to encourage further participation from

psychiatrists in Virginia. We hope to further involve members-in-training and early career psychiatrists. We are privileged to benefit from the experiences and wisdom of a number of senior board and committee members who have contributed their time and energies year after year. But pardon the expression, yes, we need new blood.

We need new blood!

I URGE Department Chairmen, Residency Training Committee Members, and leaders in Residency programs to aggressively recruit our young colleagues. We should strive for 100% of residents and fellows to be members-in-training with APA and PSV. There are also many Virginia psychiatrists who don't belong to the APA and PSV—both early career and even senior, “seasoned” colleagues—who would gain so much from the many opportunities for education, advocacy, and fellowship.

Do you have 8 hours a year?

I would like to encourage all six local chapters of PSV to meet for two hours once each quarter to talk about issues of local, state, and national importance—not just “the newest medicine.” Bring someone who usually doesn't attend—share a meal and discuss issues.

Our Fall CME Meeting will be in Norfolk, October 14-15. We will learn about *Pain, Sleep, Fatigue, and Addiction*. On Friday evening there will be a special reception for Residents and Fellows to meet other psychiatrists and legislators who are friends of psychiatry in Virginia. Please encourage your colleagues to attend. There is no charge for psychiatric residents and fellows and nominal cost for those not yet members of APA or PSV. Get involved! Looking forward to seeing you then, and in the future.

Sincerely,

Edward Goldenberg, M.D.

Hopefulness

The following is an essay written by Jim Reinhard, M.D. who has "retired" from his position as editor of the PSV Newsletter. He wrote this for staff in the DMHMRSAS and I received it as an email forward. As the new editor, with his permission, I decided to include it both as a tribute to Dr. Reinhard and also because I believe the message is timely.

This week I joined about twenty thousand psychiatrists in Atlanta for the annual meeting of the American Psychiatric Association. There were hundreds of seminars and workshops to choose from on topics ranging from neurotransmitters to the impact of world terrorism.

Amidst all this wisdom and information being shared by national experts I was most impressed by a speaker who was not a scientist, psychiatrist or clinician. This person had done no research and had little formal knowledge about the field of psychiatry—yet she clearly drew the largest attendance of any presentation at the conference.

Monday evening I sat spellbound along with several hundred other psychiatrists and clinicians as we listened to the author of the best selling book *I am the Central Park Jogger*.

Perhaps you have seen Trisha Meili interviewed on Larry King Live or other morning news programs. Ms. Meili kept her identity private for 14 years after the trauma that occurred the evening she went jogging in New York's Central Park. She was attacked, raped, had her skull beaten in, and left to die. She lost nearly 85% of her blood volume and was comatose when she was found and taken to a New York City Hospital where she miraculously survived. She awoke from the coma after 6 weeks and was not expected to be able to do much in the way of speaking, thinking or be able to use much of her body.

In spite of the prognosis, Trisha Meili

*Trisha Meili has a powerful
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unimaginable odds.*

began the slow and painful process of recovery. She recounted the months and months of rehabilitation that required her to literally learn how to speak and use her muscles as if she were learning it for the first time. It was grueling work where small steps were mixed with frustrating setbacks.

During her speech, Trisha reached underneath the podium and pulled out a medal attached to a ribbon. She said that shortly after regaining consciousness, among the myriad of cards and letters of encouragement, there was a letter from a man who said he was so moved by her story that he had decided to run the New York City Marathon in her honor. A few days after the race the medal that the man had received for completing the race arrived in the mail. He wanted her to have it to honor her and inspire her on her road to recovery.



So picture this. Here is a woman who has accomplished amazing things: She has written a best selling book, she has been able to quit her job as an investment banker and now is a highly sought after motivational speaker. She is in a satisfying relationship. She has nearly full use of her mind and body that was believed to be nearly impossible by some of her physicians. And, several years ago, she herself trained for and completed the New York City Marathon in about 4 hours and 30 minutes, running past the place where she nearly lost her life!

And yet, did she show us her own NYC Marathon medal? No. The show and tell that she held up in front of a packed auditorium with loving pride was a medal originally belonging to someone else... someone who had given her the message of hope... given at just the right moment on her road to recovery from her devastating injuries.

Trisha Meili has a powerful story of recovery, determination, and the strength of the human spirit in the face of unimaginable odds. Her story reminded me, again, of how critical it is that we provide a message of hope to the people that we serve. We may be the one person sending the medal. We may be the one person sending the message that no one else has sent. It may be the one message that keeps them alive. It may be the thing that helps them to do what no one thought possible. It may be the thing that they will always cherish, always remember, and always show the world with pride."

One of the leadership staff at the CSB where I work, who is at times mired in

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VIRGINIA NEWS

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*We welcome letters to the editor
and editorial contributions.*

Highlights of the 2005 APA Advocacy Day

I am delighted to report on the recently held Advocacy Day in Washington DC March 15, 2005, as the legislative representative of the Psychiatric Society of Virginia. Fellow Psychiatrists from almost all of the states of the union were represented by their legislative representatives and received a warm welcome from the committee members of the Government relations and Public Affairs, the Council on Advocacy and Public Policy and the APA leadership.

We heard expert analysis of developments in federal healthcare and mental healthcare policy from leading experts on Capitol Hill. They brought us up-to-date on major developments and the do's and don'ts of grassroots in action in Washington.

Our schedule was hectic to say the least. Starting Sunday, March 13th, we were educated on the health policy agenda of the 109th congress and the mental health policy agenda in 2005. Speakers included Kathryn Power, Director Center for Mental Health Services, Stuart Rothenberg, editor and publisher of the Rothenberg Political report, Congressman Michael Burgess, M.D. (R-TX), and other distinguished speakers.

Senator Gordon Smith spoke to the group at a dinner reception on March 14th. As all of you know he lost his son to suicide. With his support the President enacted into law the Garrett Lee Smith Memorial Act (S. 2634) in September 04, authorizing \$82 million in grant money over three years to states, Indian tribes and colleges and universities. The grants will support development of youth suicide prevention and intervention programs. The APA presented him a plaque for his continued advocacy for psychiatric patients.

Mental Health Parity

Mentally ill patients seeking treatment are discriminated against when they are required to pay higher copayments, allowed fewer doctor visits or days in the hospital, or made to pay higher deductibles than those imposed on other medical illnesses. The financial and human cost of untreated mental illness is great, while data clearly show that

the cost of instituting equal coverage for treatment of mental illnesses is low. In the 108th Congress, Sens. Pete Domenici (R-N.M.) and Edward Kennedy (D-Mass.) and Reps. Jim Ramstad (R-Minn.) and Patrick Kennedy (D-R.I.) introduced the Senator Paul Wellstone Mental Health Equitable Treatment Act (MHETA/ S. 486). Two thirds of the Senate and over one-half of the House cosponsored the bills. This legislation will help end insurance discrimination against people with mental illnesses, and Congress should pass legislation now to end discriminatory insurance coverage of mental illness treatment.

Medicare Prescription Drug benefits' impact on mental health services for dual eligibles

Jennifer Bright, Vice President, State Policy, National Mental Health Association (NMHA) delivered the keynote address on Sunday March 13th, 2005. In December 2003, Congress passed legislation to establish a Medicare prescription drug benefit that is scheduled to go into effect in January 2006. To receive this voluntary benefit, Medicare beneficiaries will have to enroll in either a private drug plan (PDP) that only covers medications or leave the Medicare fee-for-service program and join a managed care plan (MA-PDP) covering Medicare benefits including medications. As you know on Friday January 21st, 2005 CMS issued the final regulations regarding the new Medicare prescription drug benefit. Although improvements were made to the proposed version issued last summer, a number of concerns were raised by NMHA and these were not adequately addressed. CMS declined to provide wrap-around coverage for dual eligibles whose prescription coverage may not be successfully transferred from Medicaid to Medicare by January 1, 2006 or to include a "grandfathering" requirement in the final rule to protect dual eligibles from harmful gaps in coverage of being forced to abruptly switch medications. CMS has also declined to require that plans cover the medication at issue while the beneficiary appeals a

coverage denial or restriction. The joint testimony before the senate special committee on aging by the APA and several other organizations on March 3, 2005 emphasized what was at stake, indicating that large percentage of patients forced to switch medications will decompensate into psychiatric crisis usually in a matter of days, requiring emergency room admission followed by lengthy inpatient treatment.

Other Issues

Genetic Non-Discrimination; Keeping Families Together Act; Medicaid EMTALA-IMD; Medical Liability Reform; Medicare Discrimination Against Mental Illness Treatment; MMA Implementation; Criminalization of People with Mental Illnesses and Jail Diversion; Medical Records Privacy were some of the other issues we discussed.

On March 15th we met with key health staffers of Congressman and Senators at their offices in the House Office Buildings (HOB) and the Senate Office Buildings (SOB) and made the best possible case for the vital issues related to our profession.

Update

On March 17th, 2005 by a bipartisan vote of 52-48, the Senate stripped a proposal to require \$15 billion in cuts to the Medicaid program over the next five years. The vote came on an amendment to the FY 2006 budget resolution authored by Senators Gordon Smith (R-OR) and Jeff Bingaman (D-NM) to remove the proposed cuts to Medicaid and replace them with a commission to examine long-term reforms to the program. APA appreciates the support of Senators who crossed party lines to oppose cuts to Medicaid: Chafee (RI), Coleman (MN), Collins (ME), DeWine (OH), Smith (OR), Snowe (ME), and Specter (PA). We are still not out of the woods yet and APA strongly encourages members to contact their Senators who supported the Smith-Bingaman Amendment. \$20 Billion in Medicaid Cuts Remain in House Budget Resolution.

Parents Trading Custody for Service: *Tragedy for Children with Mental Illness*

The *Washington Post* and *Roanoke Times* had recent articles focusing on a 34 page report commissioned by the Virginia General Assembly, which showed: “2,008 of the 8,702 children in foster care—or nearly one-quarter—appeared ‘to be in custody to obtain treatment.’” Raymond Ratke, the Deputy Commissioner of Virginia’s Department of Mental Health, Mental Retardation and Substance Abuse Services, who led the workgroup on the assembly’s project, was reported as saying, “The main problem is that there is inadequate access to mental health treatment... and it tends to be extremely expensive if parents are able to receive it.”

I applaud the honesty and foresight of this report. I applaud the press educating us to the level of the crisis. I applaud the quote of Senator Mims that this is a “tragedy” and applaud his vision and the vision of other political leaders in “considering legislation that would add money to the state’s mental health system.”

How did things get so bad? Where do we go from here?

When one leg of the system is broken or cut, the vital support for a person with mental illness destabilizes. What happens: incarceration of adults with mental illnesses, as reported in a November 28th *Virginian-Pilot* article, “Local Jails Become Holding Facilities for Mentally Ill”. What happens for children: foster placement to get them treatment. The state is paying the financial price through cost-shifting to other agencies. The parents and children are paying with their lives.

Our tragedy in Virginia resonates with what is occurring nationally as a result of an unfunded and fragmented system. President Bush’s Mental Health Commission Report of July 2003, referencing the General Accounting Office, described this catastrophe clearly: This report “illustrates the tragic and unacceptable circumstances that result in thousands of parents being forced to place their children into child welfare or juvenile justice systems each year so that they may obtain the mental health services

they need. Loving and responsible parents who have exhausted their savings and health insurance face the wrenching decision of surrendering their parental rights and tearing their families to secure mental health treatment for their troubled children.... According to the report, several factors contribute to the consequences of ‘trading custody for services,’ including:

- Limitations of both public and private health insurance
- Inadequate supply of mental health services
- Limited availability of services through mental health agencies and schools
- Difficulties meeting eligibility rules for services

...there exists a significant gap, a widening abyss, between the hope of treatment and the children who need it, bridged in this situation by foster care.

The report further adds that in foster placement children may be at increased risk for abuse and neglect and that there is cost-shifting with increased burden on state child welfare and juvenile justice authorities.

We now have the best biopsychosocial treatments available in the history of the field of psychiatry. Yet, there remains a significant gap between the science and the implementation of evidence-based practices. Funding and fragmented systems of care are supported by the literature as being significant barriers to the ability of psychiatrists and other clinicians to provide services. School functioning, social interactions and family relationships are jeopardized. If there is a lack of community services, mental illness goes untreated, harming a child’s entire development

and future and even leading to suicide. Emerging research supports that intervening early with treatment can significantly impact the lives of children. New understandings of the brain show that treatment, especially early, can sharply improve outcomes for recovery. There is hope.

Yet, there exists a significant gap, a widening abyss, between the hope of treatment and the children who need it, bridged in this situation by foster care.

The American Psychiatric Association’s Vision for the Mental Health System Report establishes that “our advocacy must extend to dramatically improving the funding for treatments for psychiatric illnesses in both government-financed and employer-financed health systems.” Advocacy groups across the nation commended the President’s New Freedom Commission on Mental Health, which testified that “America’s mental health service delivery system is in shambles. We have found that the system needs dramatic reform because it is incapable of efficiently delivering and financing effective treatments....” James Reinhard, M.D., Commissioner of the Commonwealth’s Department of Mental Health, Mental Retardation, and Substance Abuse Services, also prioritizes in his Vision for a New System of Services the need for resources for Virginia’s mental health system as one of the eight foundations for a new Virginia mental health system:

Funding

- The services system will be appropriately funded to ensure sufficient capacity to address consumer needs.
- As services are developed in the community, the state share of services funding is maintained and increased to meet growing consumer needs and provide evidence-based and best practices.
- The state takes full advantage of federal sources of funding.
- Consumer needs drive policies that govern eligibility for and use of state and federal funds.

Continued on page 7

You have just been subpoenaed. *Do you know how to respond?*



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Another Page in My Diary

“Doctor if we tell Jimmy* that I am putting medicine in his food he will never take it and you know what happens then—he is back to misery, danger and God knows what. You must not let him know this”—Mrs. X (Jimmy’s mom) tells me, coercing me to lie or at least agree to the ongoing one. On some level she is hitting every empathic instinct in my body—as a doctor, I want the best for my patient; as a Psychiatrist I understand the uphill battle we all face with Jimmy taking his meds and as a parent I know of no greater pain than to see one’s child suffer.

My mind drifts to when I was asked for the first time in my medical career to lie. I was starting my internship when Sonia, a thin, pale youngster of 16 was brought into the clinic. She sat huddled in blankets, every move on her part an enormous effort. More than anything, I was struck by the sadness and fear in her eyes. Her medical history included a 25lb weight loss over the preceding couple of months with fever, fatigue and night sweats. In the two weeks before this visit she had begun coughing up blood. The work up showed a diagnosis of pulmonary tuberculosis, a relatively common entity in Northern India, where I was training.

Happy that we had found a cause of Sonia’s illness, I was surprised when Sonia’s family asked that she not be told. Her father told me in no uncertain terms “She is too young and immature to understand this.” Middle class parents often worry in India that the taboo of a communicable disease like TB will mar the family’s social status and their daughter’s marriage prospects. They further wanted me to lie and tell the child that she had a “nutritional deficiency.”

Happy that we had found a cause of Sonia’s Illness, I was surprised when Sonia’s family asked that she not be told.

Not feeling right about this, I insisted on telling Sonia everything and the family finally relented. When I told Sonia about her optimistic prognosis, tears brimmed in her eyes. Her words will remain with me forever—“I thought I was dying with cancer and nobody

wanted to tell me, thank you for telling me that this will go away.”

She responded to treatment amazingly well. One of the fears she had was that she would lose her ability to sing. As she got better, I would often find her singing in the hospital wards, gathering admirers and getting compliments. She made a complete recovery and a part of me always feels that knowing the truth helped her perhaps as much as the right pills.

It was this sweets child’s face and song that was before my eyes now as Mrs. X’s voice jolted me back to the present—“So doctor what do you say—disguising Jimmy’s pill isn’t such a bad thing.”

“Mrs. X I totally respect your good intentions but no matter how bitter the truth I cannot agree to lying to Jimmy. We just have to keep trying harder to convince him.” Tears brim up in Mrs. X’s eyes as my words hang heavy in the meeting room and I say a silent prayer.

*The names have of course been changed to preserve privacy.

Dr Miglani practices Psychiatry in SW Virginia. He welcomes your comments, thoughts and feedback at jmiglani@hotmail.com

Report on the May 2005 APA Assembly Session

The May 2005 Assembly meeting was held prior to the APA meeting in Atlanta. John Shemo and I represented the PSV. The meeting attracted major media attention because of the recognition of same sex marriage. This legislation was not an action paper as such but passed down by the Board of Directors of the APA and presented by the Minority Caucus of the Assembly. After a spirited debate which included grandstanding by some of the members, the measure was put to vote. In the meantime, in a parliamentary maneuver, Area I (which includes Massachusetts) proposed a substitute motion which stressed some of the scientific data on the subject. The substitute motion was defeated and the original motion was carried,

much to the dismay of many members.

The Assembly passed 11 papers. Ten action papers failed and four were withdrawn. Among the passed papers was one suggesting an independent appeals mechanism for disputed managed care denial of treatment. An interesting paper called on the APA to insist that the Chair or Medical Director of a Department of Psychiatry be a psychiatrist. The impetus for this paper stemmed from a case in Pennsylvania where the Department Chair was a psychologist.

The members in training were especially active and got three action papers passed. One recommended adding five seats to each APA course to accommodate MITs. The other concerned assistance in planning for the

Assembly Committee on MITs. One MIT initiative on reclassifying Fetal Alcohol Syndrome in DSM V failed in spite of its excellence because of a controversy on its cost.

The Assembly Best Practices Award went to Maryland. The assembly was given a report on whether to retain Axis V in DSM V. The committee that dealt with this issue presented overwhelming evidence to retain it. One of the highlights was the address by the President of the AMA and the President of the Iraq Psychiatric Association.

May 2005 Action papers and Draft Summary of Actions from the May 2005 Assembly are now available on the APA “Members Corner” of the APA website: www.psych.org.

Parents continued from page 4

The children of Virginia, the nation's 8th wealthiest state, deserve an appropriately funded mental health system. Even reinstating the budget cuts to mental health of the last several years would be a first step. The Bazelon Report of November 2001 showed that "our states now spend 30% less on mental health care, adjusted for inflation, than they did in 1955." This 2001 report was prior to the budget cuts of recent years. States which do not cut mental health services are often motivated by active lawsuits, including Department of Justice involvement, to do the right thing. We should not have to wait until more families are impacted, until more parents give up their children, or until a child dies.

We need a mental health system for children with resources which are appropriate and not fragmented. True mental health parity is essential. The momentum of Virginia's General Assembly Report, the press and our political leaders can start us on the road to recovery. . . one step toward appropriate support so that hopefully no parents next year will trade custody of their children to the state in order to find fundamental psychiatric treatment for their son or daughter.

Yad M. Jabbarpour, M.D., is a Clinical Assistant Professor of Psychiatric Medicine with the University of Virginia School of Medicine and Chief of Staff at Catawba Hospital. He can be reached by email at yad.jabbarpour@catawba.dmbmrsas.virginia.gov.

Resources:

www.dmbmrsas.state.va.us/documents/reports/adm-JHCRatke102604.pdf

www.psych.org/news_room/press_releases/visionreport040303.pdf

www.neweconomyindex.org/states/2002/overall_rank.html

www.dmbmrsas.state.va.us

www.bazelon.org

www.mentalhealthcommission.gov

Cal Whitehead, PSV Lobbyist

Advocacy Report

Legislative and Advocacy Activities

- Participating on Joint Commission on Health Care Work Group studying access to mental health services for minority populations.
- Three PSV members will serve on the DMAS Advisory Council on Behavioral and Pharmacy Management. The council will monitor and advise the agency on the new program.
- Awaiting Governor's action on PSV recommendations for the Interagency Civil Admissions Advisory Council (see page 8, PSV member Varun Choudhary was recently chosen to serve on this Advisory Council).
- Letter of support for Steve Brasington's appointment to the Department of Defense (DoD) National Advisory Council on Drug Abuse (NACDA).
- Letter of support for DMHMRSAS application for SAMHSA grant.
- Exploring another outreach partnership with Legislative Black Caucus to coordinate a panel presentation on minority psychiatric and mental health issues.

PsychMD PAC

There was a good response to our April fundraising letter and a boost from the energy at the Spring Meeting. *PsychMD PAC raised \$2525 from April 15 to June 15!*

We need to continue to play a visible role in the upcoming House and statewide office elections. Please make your next (or first) contribution to PsychMD PAC as soon as possible. Strong participation by leadership sends a message to the rank and file members that organized psychiatry is serious about political advocacy. Please see attached lists which include all contributors and 2005 contributors.

2005-06 Outlook: Issues, Threats, and Opportunities

- Medicaid and private insurance reimbursement levels
- Psychologist prescriptive authority
- TDO management
- Drug courts
- Bed shortage; state/private hospital closings
- Minority mental health outreach and education
- Tricare

2005 Primaries and Elections

On November 8, Virginians will choose our next Governor (Kaine v Kilgore v Potts), Lieutenant Governor (Byrne v Bolling), and Attorney General (Deeds v McDonnell). The 100 members of the House of Delegates face re-election campaigns. The Virginia Senate is not up for re-election.

For information on candidates, campaigns, and contributions please visit the Virginia Public Access Project (VPAP) website at www.vpap.org/cands/index.cfm. As always, an election year is the best opportunity to engage and support candidates.

Please contact Cal Whitehead if you would like to get involved in a House or Statewide campaign 804-644-4424 or cwhitehead@whiteheadconsulting.net.



PSV IN THE NEWS

FALL MEETING UPDATE

The Psychiatric Society of Virginia's Annual Fall Meeting will focus on pain, sleep, fatigue and addiction.

*Friday & Saturday, October 14-15 at the Norfolk Marriott Waterside, 235 East Main Street, Norfolk
A block of guest rooms are held until Wednesday, September 14, call 757-627-4200.
Guest room rates are \$119.00 plus tax.*

Dr. Andrew Krystal from Duke University will speak and his topic will be "The Clinical Implications of New Data on the Risks and Benefits of Insomnia Medications" and Dr. Penelope Ziegler from Williamsburg, Virginia will speak on "Pain and Addiction: Complex Interactions of Neurotransmitters, Behavior and Morality."

The Spring Meeting of the PSV was held in April at the Richmond Marriot West. Featured here are members and legislators at the reception on Friday evening.



Drs. Tony Fernandez, Cheryl Jones, Senator John Watkins, Drs. Mary Shemo and Greg Fisher.



Dr. Adam Kaul, Delegate William Janis and Dr. Ram Shenoy.



Members in the News

This past January **Susan G. Kornstein, M.D.**, professor of psychiatry and obstetrics and gynecology, had been named as editor-in-chief of the *Journal of Women's Health*, a multidisciplinary, peer-reviewed journal that publishes clinical papers on health issues that affect women across the lifespan. Dr. Kornstein is co-founder and executive director of the VCU Institute for Women's Health, designated a National Center of Excellence in Women's Health by the U.S. Department of Health and Human Services.

The committee on Psychiatric Administration and Management of the APA and the American Association of Psychiatric Administrators are pleased to announce that **Gabriel Koz, M.D.** is their 2005 Award Recipient. He received his award at the APA Annual Meeting in Atlanta on May 23rd. His lecture was on *Administrative Adventures in Public Psychiatry: 1967-2005.*

Varun Choudhary, M.D. was recently chosen by Governor Warner to participate in his interagency civil admissions regulations task force. This is Governor Warner's interagency civil admissions advisory counsel and the group's purpose is to streamline the procedures and process of the TDO/Civil Admissions process and create new guidelines to make the process more efficient.

**Join the PSV at its fall meeting on October 15th
and support your PsychPAC MD and PSV Foundation by participating in a
silent auction for two Virginia products baskets. You may be the lucky winner!
Support your PAC and Foundation!**

A special thank you to James S. Reinhard, M.D. for his dedication to the PSV Newsletter as our editor from the Summer of 2001 to the Spring of 2005. Dr. Reinhard's Spring 2004 editorial "See One, Do One, Teach One" was selected for an Honorable Mention Award from the American Psychiatric Association in the Newsletter of the Year Award—Best Editorial category. The Psychiatric Society of Virginia now welcomes James Krag, M.D. as our new editor.

Virginia Association of Community Psychiatrists News

On June 10 the VACP held a meeting in Richmond attended by approximately 40 people.

James Reinhard, M.D. discussed the current restructuring of Virginia's MH/MR/SA System with the need to increase the treatment capacity in the community with such programs as: crisis stabilization units, PACT teams, residential services, waiver slots, hospital bed purchase money and other services. There is general agreement that new funds overall are needed in the system as well as re-distribution of funds.

Crisis Stabilization Units (CSU): Anand Pandurangi, M.D. of MCV and Arnold Woodruff of Rubicon in Richmond described 2 CSU in the Richmond area. Both began in fall 2003 and are considered successful models to replicate elsewhere in Virginia.

Medicare part D prescription drug benefit: Mary Ann Bergeron (Exec. Director of Virginia Association of Community Services Boards (VACSB)) reviewed what is known thus far about Medicare part D prescription drug benefit and how our patients may be affected by the changes in terms of accessing medications.

P&T Committee. Asha Mishra, M.D. described current projects of this VACSB committee, including efforts to better manage the cost of the Virginia Aftercare Pharmacy.

Elections for 2005-2007. Jim Krag reviewed VACP by-laws. Roster of new VACP officers for 2 year terms:

President: *David Moody*

President-elect: *Lillian Mezey*

Information Coordinator: *Jim Krag*

Treasurer and CME Coordinator: *Jim Laster*

Regional Representatives

HPR I: *unconfirmed*

HPR II: *Millie Osborne & R. Maximilien Del Rio*

HPR III: *Rizwan Ali*

HPR IV: *Norma McKenzie*

HPR V: *Bill Forte*

Next Meeting: *October 7, 2005*

Hopefulness continued from page 2

(Dr. Krag continues) cynicism and the related hopelessness, asked me if I thought Dr. Reinhard is overly optimistic and wanting us to use hope in lieu of needed financial resources. He wondered whether hope is really some sort of independent variable. I told him that optimism and realism are related attitudes.

One of the nation's leaders in promoting Recovery is Mark Raggins, M.D. of The Village Integrated Service Agency, in Long Beach, California which began in 1989. He wrote an essay called "The Road to Recovery" (that I will send to anyone that requests it jkrag@vacp.net) detailing what he feels are the four stages to Recovery: (1) hope, (2) empowerment, (3) self-responsibility and (4) a meaningful role in life.

Dr. Raggins states that, "During times of despair, everyone needs a sense of hope, a sense that things can and will get better. Without hope, there is nothing to look forward to and no real possibility for positive action. Hope is a great motivator, but for hope to be truly motivating, it has to be more than just an ideal. It has to take form as an actual, reasonable vision of what things could look like if they were to improve. It's not so much that people with mental illness will attain precisely the vision they create, but that they need to have a clear image of the possibilities before they can make difficult changes and take positive steps."

I just returned from a great trip to China where I observed how the hopefulness, and hard work of a developing country can accomplish great things even when there was not enough money. Of course more money in the mental health system will always help but what I believe is also needed is the can-do attitude often more present in developing countries than in our own developed country. Thank you Dr. Reinhard for your hope and for your leadership in Virginia both in pushing for more resources and for your realism and encouragement of continuing to work for growth with the resources we have.

VIRGINIA NEWS

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FALL MEETING UPDATE

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