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Don't Forget to Pay Your Dues!

The deadline to pay your 2022 membership dues is December 31, 2021. Here are three convenient ways you can renew today:

1. Pay online:

www.psychiatry.org/PayDues

2. Pay by phone:

(202) 559-3900

3. Send a check to:

APA Membership Dept
800 Maine Avenue, S.W.
Suite 900
Washington, D.C. 20024

The Need for New Solutions to the Mental Health Tsunami of the COVID Pandemic

Samantha Meltzer-Brody, M.D., M.P.H., Assad Meymandi Distinguished Professor and Chair, and Director of the UNC Center for Women's Mood Disorders

The mental health impact of the COVID-19 pandemic is enormous and constitutes a public health crisis. Both national and international data demonstrate worsening mental health globally.¹ Primary drivers of worsening mental health include worry and stress of contracting COVID-19, caring for sick family members, loss of a loved one to COVID-19, disrupted employment, economic hardship, social isolation, school closures, and loss of childcare. This crisis has led to a massive need for psychiatric and behavioral health care that our U.S. health care system is not prepared to absorb.



The following sobering statistics paint the story of the magnitude of the need. Population data estimates from the Household Pulse Survey, a partnership of the National Center for Health Statistics (NCHS) with the Census Bureau, show 4 in 10 adults had clinically significant symptoms of anxiety and/or depression in January 2021, a marked increase compared to a similar time period in 2019 (pre-pandemic).² Communities of color have been disproportionately impacted; 48% of non-Hispanic black adults and 41% of non-Hispanic white adults report symptoms of anxiety and/or depressive disorders, compared to non-Hispanic white adults (41%).^{3, 4} Data from the March 2021 Kaiser Family Foundation (KFF) report demonstrates that younger people and

women, including mothers, have been those who are hardest hit by the mental health impact of the pandemic.

The impact of the pandemic on our youth

If we look specifically at the impact on our children and teens, the pandemic has been particularly cruel. Between March and October 2020, the percentage of emergency department visits for children with mental health emergencies rose by 24 percent for children 5 to 11 years old and by 31 percent for children and teens 12 to 17 years old (CDC).⁵ There has also been a devastating 50 percent surge in emergency department visits for suspected suicide attempts among girls 12 to 17 years old.

continued on page 6...

Member Notes...



Malcolm Vaught, M.D. (PGY2) at Cape Fear Valley Psychiatry Residency has been named one of two Psychiatry Resident-In-Training Examination (PRITE) Fellows for this year. This is a highly competitive, national award. In this two-year position Dr. Vaught will attend several meetings of the

PRITE Editorial board. PRITE Fellows participate in the question writing process by developing an assigned number of questions and then editing and referencing exam items. Dr. Vaught will be doing a Child & Adolescent Psychiatry fellowship at Cape Fear Valley next year.



Victoria Teague, D.O. (PGY4) at Cape Fear Valley Psychiatry Residency is one of 10 residents nationwide to receive the Austin Riggs Center Excellence in Psychotherapy Award. This is a competitive, national award and Dr. Teague will be recognized in an upcoming virtual awards

ceremony with a cash reward. Dr. Teague will serve as a junior faculty member at Cape Fear Psychiatry Residency after she graduates next June, supervising residents in the outpatient clinic and in the psychotherapy division.

To submit an item for Member Notes, please email the NCPA member's name and details to info@ncpsychiatry.org.



NORTH CAROLINA
Psychiatric
Association

news

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Jillianne Grayson, M.D.
Art Kelley, M.D., D.L.F.A.P.A.

MANAGING EDITOR

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Katie Cashwell, Communications Coordinator
Lana Frame, Membership Coordinator
Katy Kranze, Assistant Director

The *NCPA News* is a publication of the NC Psychiatric Association, 222 North Person Street, Suite 012, Raleigh, NC 27601.

To update your mailing address or if you have questions or comments about *NCPA News*, contact NCPA Staff, 919-859-3370 or info@ncpsychiatry.org.

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President's Column

It Takes A Village

Alyson R. Kuroski-Mazzei, D.O., D.F.A.P.A.

NCPA'S MISSION:

Promote the highest care for North Carolina residents with mental illness, including substance use disorders; advance and represent the profession of psychiatry and medicine in North Carolina; and serve the professional needs of its membership.

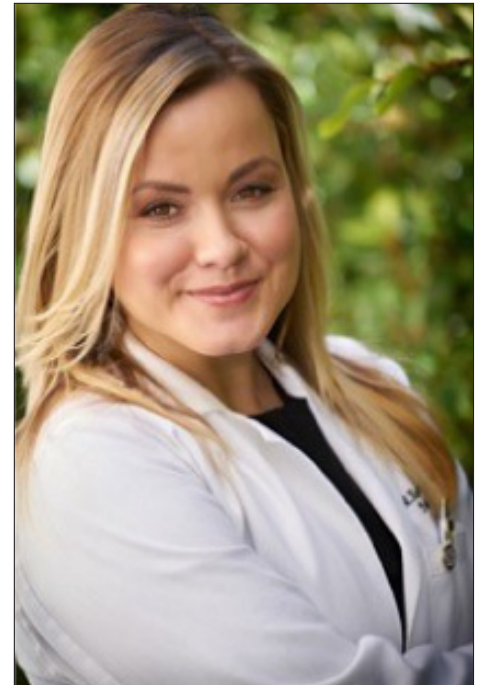
Thank you to those members who made our 2021 Annual Conference such a world-class event! Special thank you to **Mehul Mankad** Program Chair, and his committee for orchestrating such a successful conference. In addition, many thanks to Robin Huffman, Katy Kranze, Lana Frame, and Katie Cashwell for leading our second virtual conference, which is much more difficult than hosting an in-person event. Every bit of the meeting was excellent, from the keynote speakers and local expert speakers, to the tour of the Smithsonian National Museum of African American History and Culture, to the Women's Breakfast and the Business Meeting.

During the Business Meeting, I was able to thank several of our colleagues who have been guiding lights for many of us during our careers. Our work families are crucial to our well-being, and the role of mentorship within our profession is unparalleled. For those who were not at the meeting, I wanted to share my gratitude to a few physician leaders who have been truly inspirational in my life and in the lives of many North Carolina providers: Grace Thrall, **Mehul Mankad**, **Jonathan Leinbach**, the attendings at the old John Umstead Hospital and Dorothea Dix Forensic Unit, Keith Meador, **Harold Kudler**, **Peter Bar-**

boriak, **Nicole Wolfe**, **Sally Johnson**, and David Rubinow.

The past 20 months have been difficult for all of us, and it is now more important than ever to practice self-care and work on advocating and leading our organizations in the right directions regarding safety, security, and equity for ALL. When people do not feel safe, they go to bunkers and hoard ideas, effort, collaboration, and energy. The importance of psychological safety cannot be underscored enough at this time in our history. We need to engender trust in our teams by being competent, caring, and leading by example. An article published by JAMA in June 2020, highlighted the importance of caring for our teams, while understanding and addressing sources of the anxiety among healthcare professionals during the COVID-19 pandemic. The article summarizes that teams want to be heard, protected, prepared, and cared for. As physicians, we have entered this profession to care for our patients. Now is also the time to care for each other and ourselves.

Although it is difficult as leaders to reach out for help, it is important to take some time to do a thoughtful inventory and see where we might need assistance. Decreasing isolation, improving our connectivity to each other, and enjoying the routine



things that make our lives fruitful is so important right now. To that end, we look forward to hosting several upcoming events to support all of you as NCPA members. Please save the dates for another Women in Psychiatry Breakfast, virtually, on January 8, 2022, and a retreat for North Carolina psychiatrists on March 5, 2022, in person, at HopeWay in Charlotte.

As I mentioned in the Business Meeting, I had the opportunity to talk with Joe Jordan, Ph.D., the CEO of the North Carolina Professionals Health Program. He said "calls have increased 15 to 20 percent this year for physicians seeking assistance from anxiety, depression, and substance use disorders during the pandemic." We are not immune to the physical and mental challenges that increased stress can bring upon us, and I encourage any of you who need support to reach out for confidential assistance from the Professionals Health Program. Dr. Jordan also reported that burnout is

continued on page 6...

Meet Your New Editors

With this issue of the NCPA print newsletter, *Jillianne Grayson, M.D.*, and *Art Kelley, M.D., D.L.F.A.P.A.* begin as co-editors of *NCPA News*.

Born and raised in Miami, Florida, Dr. Grayson completed her undergraduate degree at Johns Hopkins and her medical degree at Florida State University College of Medicine. Following an internship year at Tallahassee Memorial she entered a neurology residency but switched to psychiatry at Johns Hopkins after two years when she realized it was her real passion. After completing her adult training, she entered a child and adolescent fellowship at the Children's National Health System/George Washington College of Medicine, graduating in July of 2021. Dr. Grayson is Cuban/Puerto Rican American, fluent in Spanish, a certified yoga instructor, and has written for SheMD, a virtual community for women in medicine and medical training. She has settled in Charlotte, with her husband and

son, where she is starting a private practice.

Dr. Kelley completed all his graduate education and residency at West Virginia University. He is an adult, child, and adolescent psychiatrist who has been involved in NCPA for 30 years, serving as President in 2015-2016. His career included academics, public psychiatry, and private practice. Having retired in October 2019, he now enjoys being a Master Gardener volunteer, working at a local food bank, and spoiling grandchildren.

As "bookends" of a career in psychiatry, Drs. Grayson and Kelley hope to edit a newsletter that has something interesting and helpful to say to all NCPA psychiatrists wherever they are in their career. Please feel free to offer suggestions for or volunteer to contribute articles for the newsletter.

To contact the NCPA News editors, email info@ncpsychiatry.org.



Jillianne Grayson, M.D.



Art Kelley, M.D., D.L.F.A.P.A.

It's Always a Good Time to Support the Psychiatric Foundation of North Carolina

The Psychiatric Foundation of North Carolina is the charitable arm of NCPA, organized for educational and research purposes, and is primarily focused on providing training, education, and research to improve care for the psychiatric patient, among other goals.

The Foundation also recognizes researchers who make outstanding contributions to the field of mental health research through the V. Sagar Sethi, M.D. Mental Health Research Award, which brings world-class researchers to share their knowledge and findings at the NCPA Annual Meeting.

Please support the Psychiatric Foundation of North Carolina through a tax-deductible donation.

A tax-deductible gift to our foundation makes free registration possible for residents attending the NCPA Annual Meeting and enhances our Resident Poster Session, something we are excited to host again at our 2022 Annual Meeting. We would love to be able to do more. Will you help us?

Tax-deductible donations may be made online at www.ncpsychiatry.org/make-a-donation or by mailing a check to Psychiatric Foundation of NC, 222 North Person Street, Suite

012, Raleigh, NC 27601. We have honor and memorial cards if you would like to donate in recognition of a colleague, mentor, teacher, or friend.

V. Sagar Sethi, MD Award Accepting Nominations

Submit your nominations for the 2022 V. Sagar Sethi, M.D. Mental Health Research Award now! Nominations must be submitted before the March 1, 2022 deadline. Submission criteria and instructions are available online, www.ncpsychiatry.org/sethi-award.

Your NCPA Membership

It's Time to Update Your NCPA Member Profile and Referral Info!

In the past year, have you moved your home or office, started a new job, accepted new patients, transitioned to telemedicine, all the above?

NCPA receives daily calls from physicians, patients, and family members looking for a local psychiatrist (or one doing telemedicine). Our help is often only as good as our database, which means you may be missing out on new patients!

Log into your NCPA member profile to update your contact info and enroll in our "Find a Doctor" search tool. Or, if you've previously enrolled but are no longer accepting new referrals, please log in to note that change!

Visit www.ncpsychiatry.org/login or if you need assistance, give us a call at 919-859-3370 or send us an email at info@ncpsychiatry.org.

Get Another Year of Benefits

Membership of the NCPA and APA are up for renewal on a calendar year basis. All members are strongly encouraged to renew by January 1 each year to avoid losing your membership benefits. Dues for both NCPA and APA are billed together through the APA's centralized dues billing and membership renewal processes.

1. Pay online: www.psychiatry.org/PayDues
2. Pay by phone: (202) 559-3900
3. Send a check to: APA Membership Dept. 800 Maine Avenue, S.W. Suite 900 Washington, D.C. 20024

Get Ahead

Expand your knowledge and awareness with NCPA's member alerts and publications. Be sure to

While you are at it, will you double check that we have your best email and mailing addresses, as well as work and other phone numbers? We try to be careful about how often we reach out to you, but there have been times of crisis and disasters when having a member's mobile number has been extremely helpful.

The NCPA directory is only available to other NCPA members; the "find a doctor" tool uses only your office and work contact information as well as your website and

Get Empowered

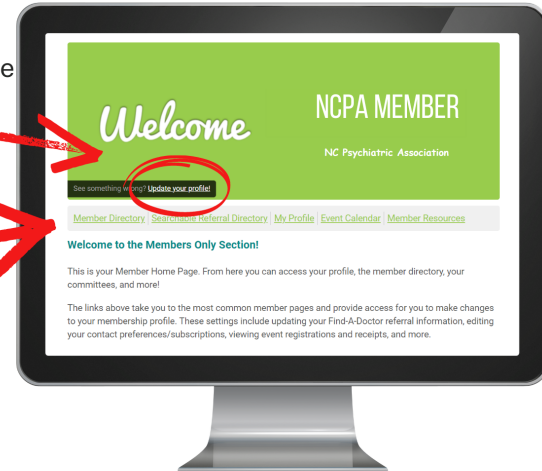
Your work as a physician is essential. NCPA fights to ensure that psychiatry is included in all policy changes made for other physicians, critical now more than ever as the need for mental health care surges. With every member, NCPA gains influence in guiding state and federal policy changes to help you treat your patients.

Get Connected

NCPA membership offers many opportunities throughout the year to meet, build relationships, and exchange ideas with fellow psychiatrists. Our partnerships with other

Click here to update your profile

Member Directories located here



Visit www.ncpsychiatry.org/login (your username is your APA number) then click "Update your Profile."

From here, you can enroll in the Find a Doctor search, indicate if you are doing telemedicine, search our directory, and more!

other professional details you include. It is helpful to add areas of special interest, your board certification, and insurance panels, since these are all details that are useful for patients seeking a psychiatrist.

medical associations also enhance collaboration with various physician specialties.

Get Involved

Throughout the COVID-19 pandemic, NCPA has evolved to expand our virtual connection capabilities. Join our private Facebook group, participate in monthly Living Room Chats, attend a meeting, or join a committee.

Get Supported

Members receive personalized attention and assistance to help navigate professional questions and concerns. NCPA's support is more valuable than ever during these unprecedented times.

We look forward to serving you again in 2022!

...“*Mental Health Tsunami*” continued from cover

Suspected suicide attempts climbed in boys by 3.7 percent.⁶ New data from the 2022 Mental Health in America Report confirms and expands the CDC data: more than 2.5 million youth (10.6%) have severe major depression, and 15.7% of youth experienced a major depressive episode in the past year.

In North Carolina specifically, the chronic under-funding of child and adolescent mental health services has led to a dire situation across the state. North Carolina is near the very bottom of all 50 states in terms of funding for child and adolescent mental health services.⁷

This egregious situation has caused our emergency rooms to be filled with our youth requiring care, there is a horrendous lack of inpatient psychiatry beds for children and adolescents, and parents are unable to find outpatient clinicians for mental health care of their children. It is simply unacceptable.

The path forward

Innovative approaches are needed

to address the mental health crisis. This will require new resources, widespread collaboration, and a financial investment from all stakeholders, including federal, state, and local entities. It will also require a robust and coordinated effort to make meaningful change.

I want to share an example of what UNC is doing to tackle the impact of the mental health crisis.

At the University of North Carolina at Chapel Hill, a large public university and health care system, we are working hard to address the mental health impact of the pandemic. UNC Health and the Department of Psychiatry are significantly expanding the scope of clinical services to address the ever-growing need across the state in all aspects: inpatient beds, outpatient services, scope of our training mission, and expanded research programs.

At the university, in response to three tragic deaths of students from suicide over a one-month period, the Chancellor called for a November 15th Mental Health Summit for the UNC Community. The goal of

the Summit was to educate, engage, and foster discussion among faculty, staff, and students, and included opportunities to hear diverse voices and perspectives from students, faculty, and parents, learn from national leaders, and hear from campus working groups focused on prevention, crisis response, and campus culture. The discussions will help distill a set of recommended action items to augment new initiatives already in process and being deployed.

The UNC Mental Health Summit is the beginning of a conversation about where we are now and where we need to go next. It is a great model of what needs to be happening in North Carolina, at all levels, to discuss the mental health landscape. The NCPA has an opportunity to seize upon the current crisis to advocate for changes that are desperately needed. As psychiatrists, it is up to all of us to be part of the solution. 🌱

A digital copy of this piece, with references, can be found on the NCPA website.

...“*President’s Column*” continued from page 3

pushing some providers into early retirement and many folks are pondering working part-time. As we can feel overwhelmed at times, it is also important to take a break and plan that vacation (maybe without the kids!) or schedule a personal retreat to refocus on what’s personally and professionally important to you at this time.

Lastly, the importance of surrounding ourselves with people who lift us up and doing things that bring us joy cannot be overstated at this time. Our NCPA team can serve to

help support you and your practice, advocate for important issues affecting all of us and our practice of medicine and bring members together during our planned social events. We look forward to seeing you soon and getting together in person next year in Asheville at the 2022 Annual Meeting. Many thanks for your dedication, support, and involvement in NCPA. 🌱

Dr. Kuroski-Mazzei first joined the NCPA in 2004 while she was a psychiatry resident at Duke University. She has served on the Psychiatry and Law, Membership and Program Commit-

tees. In 2018, she was elected Secretary of the Executive Council and since worked as Vice President, President Elect and now President. She is board certified in Psychiatry, Forensic Psychiatry and Addiction Medicine. She is the founding CEO & Chief Medical Officer at HopeWay in Charlotte, NC, and continues her forensic psychiatry work through the University of North Carolina School of Medicine. Dr. Kuroski-Mazzei and her husband, Paul, have two sons and she prides herself on being a strong mother, wife, and physician leader.



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NCPA & APA 2022 Elections: Electronic Voting Opens Monday, January 3

When the new year begins you will have the opportunity to help decide who will become the next leaders in psychiatry at both the state and national levels! Electing leadership for the association is one of your most important duties as a member of NCPA. On January 3, you will receive an email with your NCPA voting materials, including information on this year's candidates and your unique voting link. Electronic voting will be available for all eligible members who have an email address registered with NCPA. Please read the election letter and ballot carefully and submit your anonymous vote by the deadline indicated in the voting materials.

NCPA Election Slate

The Nominating Committee presents the following names as its recommendation for the NCPA 2022-2023 slate of officers. All these members and prospective officers are willing to serve.

President-Elect

Constance Olatidoye, M.D.

Vice President

Therese Garrett, M.D.

Treasurer

E. Elise Herman, M.D., F.A.P.A.

Secretary

Reem Utterback, M.D., F.A.P.A.

Councilors at Large

Jim Jenson, M.D., L.M.

Rachel Poliquin, M.D.

APA Assembly Reps

Samina Aziz, M.D., D.F.A.P.A.

Scott Klenzak, M.D.

The current President-Elect, *Michael Zarzar, D.L.F.A.P.A.* was voted into his position in the 2021 election and will begin his term as President in May 2022 at the end of the APA Annual Meeting. We are grateful for the services of *Aarti Kapur, M.D., D.F.A.P.A.* and *Michael Smith, M.D., D.F.A.P.A.*, whose terms expire May 2022. Some members of Executive Council serve staggered terms to ensure a smooth transition of leadership each year.

We would like to thank the members of the Nominating Committee for their efforts in addressing this leadership development task: *Obi Ikwehegh, M.D., F.A.P.A., Craig Martin, M.D., D.L.F.A.P.A., Ranota Hall, M.D., D.F.A.P.A., Chris Myers, M.D., D.F.A.P.A., Jack Naftel, M.D., D.L.F.A.P.A.*

Email info@ncpsychiatry.org if you have questions about the NCPA election process.

APA Election Slate

The APA Nominating Committee, chaired by Jeffrey Geller, M.D., M.P.H., reports the following slate for the APA's 2022 Election. For more election information, please visit the Election section under the Board of Trustees on the APA website or email election@psych.org.

President-Elect:

Petros Levounis, M.D., M.A.

James B. ("Jimmy") Potash, M.D., M.P.H.

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C. Freeman, M.D., M.B.A.

Richard F. Summers, M.D.

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Michele Reid, M.D.

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Geetha Jayaram, M.B.B.S., M.B.A.

Mark S. Komrad, M.D.

Area 6 Trustee*

Mary Ann Schaepper M.D., M.Ed.

Shannon Suo, M.D.

Barbara Yates Weissman, M.D.

Resident-Fellow Member Trustee-Elect (RFMTE)**

Mary-Anne Hennen, M.D.

Faiz Kidwai, D.O., M.P.H.

Seth L. Daly Stennis, M.D.

Eligible voters are encouraged to review APA's Election Guidelines for 2022. APA voting members may cast their ballots beginning Monday, January 3. Voting closes at midnight on January 31, 2022. Results will be announced in mid-February, and those elected will take office in May.

*NCPA members are not eligible to vote in these categories. North Carolina is part of Area 5, which represents the South & Puerto Rico.

**Only Resident-Fellow Members are eligible to vote in this category.

See page 18 to learn about APA's New Campaigning Guidelines.

Psychiatrist Concludes Service as NCMB Board Head, Remains Focused on Clinician Wellness

Venkata “Amba” Jonnalagadda, M.D., D.F.A.P.A. recently concluded her term as President of the North Carolina Medical Board (NCMB) and only the second psychiatrist to serve on the board in the past 20-30 years. As her six years of service to NCMB ends, she remains focused on clinician burnout and resilience. During her tenure as President, NCMB received positive attention for being the only state medical board to fully implement national recommendations related to clinician wellness. She also established the Wellness and Burnout Workgroup to support the board’s efforts. “I see this moment as a call to action to focus on preventing burnout,” she said in a recent interview with NCPA. “Let’s problem solve together.”

She offered three suggestions for NCPA members to combat burnout. First, the larger field of psychiatry needs to minimize administrative burdens. “We need to have administrative support so that we can care for our patients,” Dr. Jonnalagadda said. “We need support so we can have the bandwidth to provide the care and do the work of psychiatry.” Secondly, “Take your vacation time,” she implored. “I don’t work on Saturdays. We have an onus to prevent our own burnout.” Finally, after more than a year of social distancing and separation, Dr. Jonnalagadda believes that now, more than ever, NCPA members need each other for collegial support. “We miss each other. We need the face to face; we have to find ways to connect” she noted. “Let’s find a way to regularly chat and engage with each other. Serving those in chronic settings and with chronic conditions is what we do. That’s our population of care. Our patients might improve, but

they aren’t cured. We need each other to carry that kind of burden together.”

After more than twenty years of practicing psychiatry, Dr. Jonnalagadda is excited to raise up the next generation of psychiatrists. During her term as President, she worked with NCMB staff to expand its Regulatory Immersion Series to medical schools and PA programs. In this mock disciplinary committee experience, students are immersed in types of ethical and professional issues that regularly come before NCMB. When asked what words of wisdom Dr. Jonnalagadda would impart to residents, fellows, and medical students she said, “Caution and documentation!” She went on, “Be cautious about what you post on social media and about interacting with patients on your cell phone or online. Don’t post anything you wouldn’t be okay with your mom seeing. Anything you have out there, your future employer can see. Also, don’t skimp on documentation. Take that extra minute to put in the details, even if they seem insignificant. It could come up later. Nothing is truly confidential.”

As a fifth-generation physician and a second-generation psychiatrist, Dr. Jonnalagadda has a lot to say about obligations and choices. As NCMB President, she led the board to do more than its basic obligations of licensing and regulatory work. She notes that the NCMB chooses to make a positive impact in the areas of regulation training and clinician burnout because it wants to, and it can. As an organization the NCMB strives to be “proactive and progressive.” When asked where she learned this value of going beyond fulfilling basic obligations



she responded, “Generations of my family have lived that value. I was taught that your role in life is a life of service. Be the voice for those who can’t speak. That’s the essence of providing mental healthcare. For example, we are the gateway for LGBTQ and Transgender patients to get care. All over our country these people are denied care, and we are often the first to listen to them. We are the one group embracing diversity better than any specialty. I want to get this message out to those in training: it is worth the journey and investment.”^ψ

Residencies in APA’s 100% Club

Platinum Level: Wake Forest

Gold Level: Cape Fear Valley, Cone Health, Duke, MAHEC

Silver Level: Atrium

The 100% Club recognizes and awards training programs whose residents join their professional association.



Psychiatry opportunities available

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Driving Racial Equity as a Psychiatrist

Nora Dennis, M.D., M.S.P.H., Chair of the Race, Ethnicity & Equity Committee

As psychiatrists, we are not only physicians caring for individual patients, but also healthcare leaders tasked with setting the tone and agenda for critical thinking about the ways in which the health system functions. There is rising awareness of significant, pervasive, and persistent disparities between sociodemographic groups in both the processes of receiving treatment for psychiatric disorders, as well as the outcomes for individuals in these groups. Among the groups for whom disparities constitute a critical issue, racial groups are a central point of focus. Our investigations into the origins of racial health disparities and action to alleviate them must be underpinned by a valid understanding of race itself.

"Wherever we find ourselves, part of our duty as physicians is to consciously undo the harms of systemic racism on health outcomes through actions large and small."

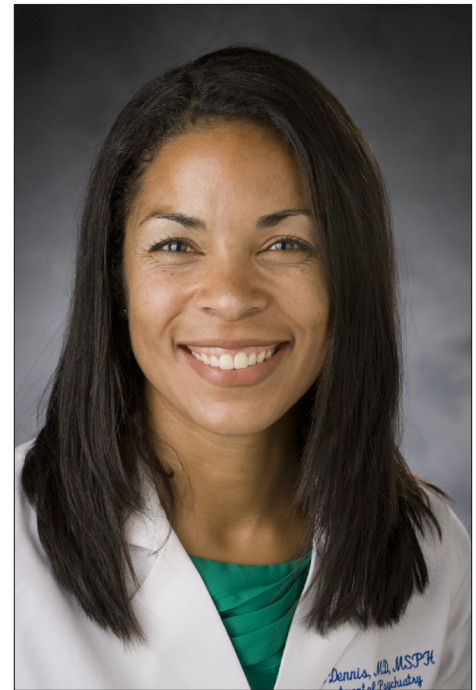
Race is a social construct without biological taxonomic validity. There is far more genetic variation within continental racial groups than between them. This is particularly true for individuals of sub-Saharan African descent- within this group there is as much genetic diversity as that found in the rest of humanity. For example, if race were genetic, then the Basque people of Spain, who are genetically distinct from other Europeans, should be a separate racial group. While certain alleles may track with continental racial groups, these are less consequential to and explanatory for health outcomes than social factors such as racism and poverty. One example in psychiatry that I have used in teaching residents this topic was a study on weight gain with

antipsychotics – self-identified race was a much stronger predictor of weight gain than race determined by allelic markers of African descent. The logical conclusion is that race is not a genetic reality so much as a social determinant of health. As such, as physicians we are obligated to be specific and focused on our language choices to avoid reinforcing the myth of biological race.

Race as a construct originated concomitantly with colonialism – its purpose was to justify enslavement and genocide. The “science” of race sought to provide biological explanation for observed differences in phenotype, and then to extrapolate those observed differences into a justification for exploitative economic relationships.

The relationship between the persistence of this categorization schema and our own practice of medicine might be unclear. Ultimately, clinical practices that are not accessible to all groups and do not have functional awareness of the context of racism and its impacts upon them may unintentionally reinforce segregation and inequity.

What then are we to make of race, which seems to be so tightly correlated with a large array of outcomes but has no clear biological underpinning? Race functions as a proxy measure for exposure to racism. While this definition may seem tautological, ultimately it is more accurate to view racism as the progenitor of race rather than vice




versa. Our interpretation of data on race then requires constant evaluation and clarification of the meaning of the category itself. Quantitative exploration of racial disparities is more accurately viewed as an exploration of the impacts of racism – both systemic and interpersonal.

Our own nation, far from being well past its racist origins, is only in the early stages of reckoning. Residential and social segregation were more extreme and prolonged in the United States than anywhere else in the world and occurred in the context of simultaneous genocide of Native Americans.

The extent and duration of this intergenerational trauma continue to impact the health of minoritized populations and to undermine confidence in the healthcare system. And indeed, it is not unreasonable to have limited confidence in a healthcare system that produces such disparate outcomes. We can see clearly that intersectionality is key to understanding all that we

continued on page 13...



What Psychiatrists Need to Know About...

Telehealth Across State Lines

As the pandemic continues, many psychiatrists are raising questions about their options for providing out-of-state telehealth to their patients. One psychiatrist recently wrote us and asked: "I'm not ready to see patients in-person, and have patients scattered across several states. These patients either formerly came to NC for their visits with me, moved out-of-state with the pandemic, or started receiving care from me while out-of-state during the pandemic. Many states have rescinded emergency authorization to allow telehealth by out-of-state physicians. Before I communicate that I can no longer provide care for them, I wanted to see if NCPA had some advice about other options for NC providers in this situation."

We hope to address these concerns and answer questions about out-of-state telehealth here. Please note this is not legal advice, for legal advice please consult your attorney.

How did COVID have an impact on out-of-state telehealth?

Prior to the pandemic, telehealth adoption was constrained by federal and state laws and health plan policies. To maintain access to treatment during COVID-19, federal and state agencies temporarily eased many telehealth restrictions. Every state implemented regulatory changes, and licensure requirements were loosened. However, policies for these adjustments were

far from uniform. These regulatory solutions were also time limited. Many states only allowed out-of-state physician care for a month or so; for patients residing in those states that have rescinded those allowances, it is recommended that psychiatrists send letters out to their patients as soon as possible. The Federation of State Medical Boards has compiled a state-by-state guide to COVID-19 policies related to telemedicine and other topics. To view the guide visit: <https://bit.ly/3HKn2VH>.

My patient is not currently residing in North Carolina. Is it legal for me to conduct assessments via telemedicine and prescribe to them?

If the patient's home state, or current state of residence, allows it, then yes. Most medical boards require a physician or PA to be licensed in the state in which the patient care is given. Each state has different laws and rules regarding licensure, telemedicine, and prescribing. Some of these restrictions may be lifted during a state of emergency, but you would need to contact the corresponding medical licensing authority of that state to determine its individual requirements.

But I have a long-time relationship with a patient who has moved!

Yes, it is a conundrum. The emotions that come with a patient relocating are complicated, regardless of how matter of fact the regulations are. It is important to make clear to patients at the outset of treatment that you are bound by state regulations and licensing requirements. Moving is a part of life and as a psychiatrist you have an important role in supporting patients through that transition and change. You can provide referrals and provide good care for your patients by maintaining strong connections with your out-of-state psychiatry colleagues. Perhaps this is an opportunity to draft or edit your list of out-of-state networks and contacts. The NCPA office may be able to assist with directing you to other APA district branches.

What's the bigger picture here?

The pandemic has highlighted the need to update medical licensing while preserving state authority and revenue.

One approach that has been suggested is that Congress could regulate telemedicine across state lines as interstate commerce and establish the "place of service" of a telehealth visit as the location of the clinician, not the location of the patient. This definition would allow physicians to provide telehealth services if licensed by the state from which they would conduct telehealth visits. Such legislative action would not override state licensure

or insurance regulations but would increase access to telehealth services by removing state licensing as a barrier.


Another alternative would involve expansion of the Interstate Medical Licensure Compact (IMLC). The IMLC, established in 2014, is a legally binding agreement in which 26 states agreed to adopt uniform standards for licensure. These states also agreed to recognize each other's vetting processes for medical licenses but not each other's licenses. Congress could encourage more states to join the compact through incentives.

While both of these changes might be attractive on the surface, there are also reasons why the regula-

tions currently in place make good sense. Without them, there's a risk of corporate telehealth pulling patients out of their therapeutic relationships with their local psychiatrists. Whatever reforms are considered, it is important to hold firm on the value of therapeutic relationships and understand the local continuum of care.

Once the COVID-19 pandemic is resolved, will we revert to the old regulations governing licensure, malpractice, and prescription of controlled substances?


That remains to be seen. Policy makers and payers are now con-

sidering which of these flexibilities should be maintained. We are hearing from members that telehealth could be the best form of treatment for some patients, in some circumstances. The pandemic could bring about systemic changes related to telehealth and a cultural change for out-of-state care, but for the time being, a state's medical board is your best source for determining out-of-state telehealth regulations. We also suggest reaching out to your risk management resources. 

...*"Racial Equity"* continued from page 11

see in the data. The theory of intersectionality holds that there is an additive burden that stems from an individual's inclusion in multiple marginalized groups, and that the whole in terms of disparate impact may well be greater than the sum of its parts. Sociodemographic factors compound to create adverse health outcomes, such that race cannot be separated from all that it connotes in this society in terms of poverty, language barriers, or educational barriers.

Ultimately, most healthcare systems and practices have not been designed with minoritized communities in mind. As we collectively approach the work of eliminating racial health disparities, the perspective that all patients have the same right to consideration of their needs and preferences is foundational. Systemic racism and the attendant segregation silence the perspectives of members in minoritized groups. However, our respon-

sibility is to use our clinical skills to understand their experiences in seeking and receiving healthcare and to create systems that protect their right to access safe, responsive, high-quality care. Each psychiatrist has different resources at their disposal – some might start with simply observing the contrast between the demographics of their community versus that of their clinical population. Others might be in a position that allows quality improvement at a health system level to quantify and intervene on health disparities. Wherever we find ourselves, part of our duty as physicians is to consciously undo the harms of systemic racism on health outcomes through actions large and small. 

A digital copy of this piece, with references, can be found on the NCPA website.

Classified Advertisement

Recruiting a Psychiatrist to Join Well-Established Group in Raleigh

Raleigh Psychiatric Associates, established in 1978, is seeking a BC/BE general, child/adolescent or addictions psychiatrist to join our team. Work would be 100% outpatient with shared call, now 1:8. Planned start date would be summer 2022, but a qualified candidate could likely begin sooner if desired. Our practice offers full administrative support including electronic scheduling and billing. Physicians are eligible for participation in group 401k as well as health, disability, and life insurance. For inquiries, please email: pam@raleighpsych.com.

As More Choose Psychiatry, More NC Programs to Choose From

Art Kelley, M.D., D.L.F.A.P.A., NCPA News Co-Editor

Over the last few years, North Carolina has seen four new psychiatry residency programs begin training a new generation of psychiatrists. Each of these recent programs will have a resident representative on the NCPA Executive Council.

MAHEC Psychiatry Residency

Led by NCPA member *Stephen Buie, M.D., D.L.F.A.P.A.*, the Mountain Area Health Education Center (MAHEC) Psychiatry Program in Asheville began in 2017 with the aim of addressing the severe shortage of psychiatrists in the sixteen western counties of North Carolina, thirteen of which the NC Department of Health and Human Services has designated as underserved. The program received start-up funding from the NC General Assembly and is affiliated with the Department of Psychiatry at the UNC School of Medicine, Chapel Hill. Beginning with four residents per year, the program now has approval for six residents per year. The training program is deeply embedded in the western North Carolina region with training sites in several hospitals, including Mission Hospital, the Asheville Veterans Affairs Medical Center, and Broughton State Hospital. Community rotations include the UNC Asheville Student Health Center, the Cherokee Indian Hospital, ACT teams, and a community center for the unhoused. Substance use disorders training is enhanced with EMS ride-alongs to opioid overdose calls. A unique focus of this program is its integrated care approach and training in the Collaborative Care Model that provides population management of patients with mental illness in primary care practices. Residents have elective time

to explore areas of special interest. *Abraham Bombeck, M.D.*, serves as the current NCPA Executive Council Resident Representative from the program.

Cape Fear Valley Psychiatry Residency

Located in Fayetteville, the Cape Fear Psychiatry Residency is a collaboration between Cape Fear Valley Health and Campbell University and School of Osteopathic Medicine. The program, designated by the federal government as a rural psychiatry residency, was given access to federal start-up funds. Begun in 2017, the program will graduate its first group of residents in June, one of whom will stay on as a junior faculty member. NCPA member and Program Director, *Scott Klenzak, M.D.*, says the program has D.O. and M.D residents. The program is "military friendly," with resident rotations at the Womack Army Hospital and in outpatient clinics that serve veterans. Dr. Klenzak hopes the program will continue to grow with the addition of a child and adolescent psychiatry residency. The ACGME application is in process. *Laura Williams, D.O.*, serves as the current NCPA Executive Council Resident Representative from the program.

Atrium Psychiatry Residency

The Sandra and Leon Levine Adult Psychiatry Residency Program began in 2017 in Charlotte with a \$3 million dollar gift from the Leon Levine Foundation and graduated its first group of residents in July of 2021. The program director, NCPA member *Susan Gray, M.D.*, sees having a small program (four residents per year) in a large health system as an advantage. The small

program provides residents with valuable one-on-one experiences with faculty. All residents are also provided a year of personal psychotherapy and in the third year each resident rotates in a private psychiatric practice. Training in a freestanding psychiatry emergency department, telepsychiatry, and a first break psychiatry program offers unique experiences for residents. Dr. Gray describes the ECT training as particularly robust. Residents see the program as supportive with close professional bonds among residents. *Shilpa Krishnan, D.O.*, serves as the current NCPA Executive Council Resident Representative from the program.

Cone Health Psychiatry Residency

Located in Greensboro, the Cone Adult Residency is the newest in the state. The program, under the direction of NCPA member *Archana Kumar, M.D.*, welcomed its first four residents this past July. The training of the residents occurs in the various behavioral health sites within the Cone system. Of note, the residents have an opportunity to train at the new Crisis Care Center, a collaboration with Guilford County that provides comprehensive care to patients with serious and persistent mental illness. The program also sees telepsychiatry training and integrated care as strengths. All faculty members hold academic appointments through its affiliation with the University of North Carolina. The NCPA Executive Council looks forward to the appointment of a resident representative from the program in 2022.

Well-Being Through Yoga

Marilyn Granger, M.D., C-IAYT

Yoga is a practice that dates back over 5,000 years as the answer to the human condition of suffering. "This world is not for sissies," as my yoga teacher would say. Life is an ever-changing kaleidoscope that brings both sorrows and joys. The practice of yoga is to establish balance in all domains, including our environment, personal relationships, as well as our own body, breath, and mind. Balance brings a peaceful, steady, and clear mind through all that life can present to us.

Several years ago, I offered Yoga for Stress Management group sessions in a mental health clinic, taking referrals from other physicians and therapists. I would begin class with a pre-screening form, rating aspects of physical, emotional, and cognitive status on a scale of 0 to 10 (10 being the most problematic). In the category of thought content, they could rate the level of suicidal thinking. On one occasion a woman rated herself as a 6. I had never met her before, and I made a mental note to talk to this participant after class and assess whether she would need immediate intervention.

I did my usual introduction and proceeded with the yoga practice consisting of movements coordinated with the breath. Gentle movement bending the front knee with arms upon the inhalation. Gentle movement straightening the front knee with arms down during the exhalation. (Movement was either simple standing poses that they could do in comfortable footwear or movement seated on chairs - no yoga mats, no spandex.)

After the practice the participants completed their post-session forms, and this participant went from a

6 to a 1 without ever sharing her narrative surrounding the suicidal thinking. When I asked her how she accounted for the change she said, "I had permission to breathe."

The act of moving her body with coordinated breathing turned her thinking away from suicidal thoughts. This event had a great impact on me regarding the power of a yoga practice, using the body and the breath, to impact the mind. Through this practice she was aligning her body and breath, and this "balance" then drew her mind into alignment. The resulting union of body, breath, and mind brought her closer to her authentic self, a state of well-being, which does not contemplate suicide. This is the goal of yoga: to liberate our minds from restrictive, negative thoughts that can ensnare us into suffering.

Of course, it takes much practice to make results like this stick, but even still it is empowering to make such change in a short time without any greater effort than to coordinate breath and movement. Sometimes the entrance to an agitated or dependent mind is to start with the body, particularly when the mind forms resistance to change.

In our profession as psychiatrists, we have very little opportunity during the day for movement as we see patients. The movement encouraged at work are fingers typing along the computer keyboard to document each patient's encounter - movement that tends to create more tension in the wrists, neck, back, and shoulders. There can be a tendency to get top heavy by exercising our thinking mind, and forget that we have a body that needs to be moved. I encourage you to take mini breaks to stretch and move



with the breath. Give yourself permission to breathe. Coordinating the breath with simple movements can begin to awaken us to our true inner being that is restorative.

When this class participant said she had permission to breathe she was connecting closer to her true essence. That connection was liberating her from the restrictions she had formed in her head, leading her to think that life was not worth living. Do we as physicians give ourselves permission to breathe as we manage the health of others? If we don't have permission to breathe, what negative afflicting thoughts begin to emerge? Does the mind become judgmental, impatient, angered, or frustrated while reaching for perfection in patient healthcare? To what degree does your workplace give permission to breathe? Do the relationships among administrators, clinicians, and other office staff support relaxed breathing?

Mostly we live in an imbalanced state which is disconnected from our true essence of being. Yoga is about establishing balance with our environment, our body, our mind,

continued on page 18...



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Engaging Virtually at NCPA Annual Meeting

As members and colleagues continue to navigate the pandemic, NCPA assembled national and local speakers to make the 2021 Annual Meeting and Scientific Session virtually amazing. Despite being stationed in front of computer screens, 252 attendees gathered for a weekend that was filled with enlightening speakers, meaningful conversations, engaging social events, and informative exhibitors. Many of you shared what this year's meeting meant to you. **Scott Wallace, M.D.** remarked, "Thank you and everyone for a truly top-notch meeting. I learned quite a bit and have already improved my practice."

Our virtual platform afforded participants the opportunity to hear from two national keynote speakers, Glen Gabbard, M.D. and Patrice Harris, M.D. Both encouraged attendees to practice self-care and to be agents of change. Dr. Gabbard commended eight points centered in a "Culture of Well-Being" that run counter to the culture of physician burnout. Immediate Past President of the AMA, Dr. Harris presented information on systemic and macro issues in the field of psychiatry. She charged NCPA members, "We need to arm ourselves with education, be willing to have conversations about our own implicit biases, and make sure we have a diverse workforce. A shared commitment to equity across health care must be the requirement. It has to be owned by all of us and not just the folks on the DEI committee."

A highlight from this year's meeting was a virtual tour of the Museum of African American History & Culture, the only national museum devoted exclusively to the documentation of African American life, history, and culture. It opened in 2016 and, to date, has collected

more than 36,000 artifacts. On Saturday evening nearly 70 members took an hour-long interactive tour of the newest museum of the Smithsonian Institution, and then stayed for a discussion hosted by NCPA's Race, Ethnicity, and Equity Committee.

On the closing day of the meeting, 40 women logged on for the Women in Psychiatry "Breakfast." While there was not an actual meal provided, there was much food for thought. NCPA President **Alyson R. Kuroski-Mazzei, D.O., D.F.A.P.A.** led a panel discussion on "Culture, Communication, and Leadership" with the state's three women chairs of academic departments of psychiatry-- **Samantha Meltzer-Brody, M.D., M.P.H.**; **Ruth Benca, M.D., Ph.D.**; and **Moira Rynn, M.D.** These leaders shared their insights, challenges, and leadership strategies.

We were especially grateful for a grant from AHEC that supported registration and a special social event for a record-breaking 69 residents, fellows, and medical students who attended the conference. These trainees are not just the future of psychiatry, they are a vital part of our present psychiatry community, and we celebrate their attendance and contributions to the conference.

During the NCPA Business Meeting, awards were presented to members who have made positive contributions to the NCPA and to the mental health field in 2020-2021. Honorees included:

- **Zach Feldman, M.D., F.A.P.A.** for service as the 2020-2021 NCPA President



Women in Psychiatry Panel (from top left): Alyson Kuroski-Mazzei, D.O., D.F.A.P.A. (HopeWay); Moira Rynn, M.D. (Duke); Samantha Meltzer-Brody, M.D., M.P.H. (UNC); Ruth Benca, M.D., Ph.D. (WFU)

- **Mehul Mankad, M.D., D.F.A.P.A.** for service as the 2021 Annual Meeting Program Chair
- **Drew Bridges, M.D., D.L.F.A.P.A.** for service as NCPA News Editor, 2015-2021

Hilary P. Blumberg, M.D. was the recipient of the V. Sagar Sethi, M.D. Mental Health Research Award. The award honors a scientist for significant contributions to basic research in the neurosciences, psychology, or pharmacology. Dr. Blumberg also gave a lecture on her research, "Targeting Brain Circuitry in Mood Disorders to Reduce Symptoms and Suicide."

One final thanks to **Mehul Mankad, M.D., D.F.A.P.A.** for service as the 2021 Annual Meeting Program Chair and to the program committee members: Therese Garrett, M.D.; Nadyah John, M.D., D.F.A.P.A.; Art Kelley, M.D., D.L.F.A.P.A.; Alyson Kuroski-Mazzei, D.O., D.F.A.P.A.; and Michael Zarzar, M.D., D.L.F.A.P.A.

Mark your calendar. Next year's meeting will be September 29-October 2, 2022 in Asheville. If you have any ideas for the meeting, please share them with our NCPA office by emailing info@ncpsychiatry.org.

...“Yoga” continued from page 15

and our highest self. Connection to our highest self rises above likes, dislikes, and judgments. This higher self exists free of any restrictions that block our potential as human beings. This true essence of our self is always in a state of well-being. Demands that we place on ourselves can draw us away from this well-being.

Yoga offers a range of tools besides the breath and movement to self-regulate our autonomic nervous system. Another tool of yoga is meditation, which expands the awareness and power of the mind to know our true essence more in depth as a source of inspiring joy and a pervasive peace. The image often given is the lotus flower that grows and shows its beauty even

amid murky waters.

Yoga practices are meant for us to feel our best so we can bring our best into a world in need of healing. Coming into balance with this deeper knowing of our authentic self, we can approach the range of human experiences with the best that we have to offer - no more and no less. 🙏

Become a Fellow or Distinguished Fellow

Take the next step in your psychiatric career and become a Fellow or Distinguished Fellow of the American Psychiatric Association. The specific processes for each option are outlined below.

Fellow status is an honor that reflects your dedication to the work of the APA and signifies your allegiance to the psychiatric profession. To be eligible for Fellowship, you must be a current APA General Member or Life Member in good standing, have board certification and no ethical issues. To learn more and to apply, www.psychiatry.org/join-apa/become-a-fellow. All applications must be submitted by September 1.

Distinguished Fellowship

Distinguished Fellowship is awarded to outstanding psychiatrists who have made significant contributions to the psychiatric profession in at least five of the following areas: administration, teaching, scientific and scholarly publications, volunteering in mental health and

medical activities of social significance, community involvement, as well as for clinical excellence. Distinguished Fellowship is by invitation only. Distinguished Fellow is the highest membership honor the APA bestows upon members.

What are the requirements to be nominated for Distinguished Fellowship?

- Eight or more consecutive years as a General Member or Fellow of the APA.
- Certification by the American Board of Psychiatry & Neurology, the Royal College of Physicians & Surgeons of Canada, the American Osteopathic Association or equivalent certifying board.
- Three letters supporting your nomination from current Distinguished Fellows or Distinguished Life Fellows.

To be considered for Distinguished Fellowship, a nomination from the NCPA Fellowship Committee is required, but please let us know

your interest by emailing info@ncpsychiatry.org. The application process for Distinguished Fellowship is more involved and starts earlier in the year with a submission deadline by the district branch to the APA by July 1.

Involvement in the work of a district branch, chapter, and state association activities is one of the criteria for eligibility for both Fellows and Distinguished Fellows. NCPA is here to support your application. We can help you strengthen your application through committee appointment and service. More information about NCPA committees can be found on our website at www.ncpsychiatry.org/leadership-committees. We can also connect you to Distinguished Fellows who can write recommendation letters, and we can answer your questions about eligibility criteria and the application process. Contact NCPA today at info@ncpsychiatry.org to start the conversation.

New APA Campaigning Guidelines Now in Effect

This is a reminder that the APA Election Guidelines have changed. All APA members must follow the new campaign rules that are meant to ensure an inclusive process. All campaigning may be done only through APA-managed activities as determined by the APA Election Committee.

Highlights of approved APA-managed activities include: Virtual meet-the-candidate Town Halls, a special edition APA election newsletter emailed to all voting members around December 1, *Psychiatric News* December election issue, APA Election website expanded to serve as a centralized location for all election and candidate-related information. Review the complete guidelines at the election section of the APA website.

2021 Membership Report

New & Reinstated Members

Sushrusha Arijal, M.D.
Eric Bishop, M.D.
Dana Doctor, M.D.
Rachel Frische, M.D.
Predrag Gligorovic, M.D., F.A.P.A.
Karen Graham, M.D.
Boris Kiselev, M.D.
Archana Kumar, M.D.

Requita Demery Lee, M.D.
Robert Matlack, M.D.
Cathleen Miller, M.D.
Lydia Miller-Anderson, M.D.
Dennis Nutter, M.D.
Allen O'Barr, M.D.
Diana Perkins, M.D., D.L.F.A.P.A.
Hashini Precht, M.D.

Sarah Ralston, M.D.
Anne Richardson, M.D.
Dinesh Sangroula, M.D.
Nathaniel Sowa, M.D.
Rodney Villanueva, M.D., F.A.P.A.
Jiping Xiao, M.D.
Nina Yokochi-Funkhouser, D.O.

New Resident-Fellow Members

Hussein Ahmed, M.D.
Allison Arp, M.D.
Kathryn Clary, M.D.
Anjali Dagar, M.D.
Vandana Doda, M.D.
Anna Dorsett, M.D.
Christopher Doxey, M.D.
Dara Fazelnia, D.O.
Sophie Fourniquet, M.D.
Gabrielle Gonzalez-Gray, M.D.
Jonathan Greenberg, M.D.
Erin Heimbach, M.D.
Bradford Hutcheson, M.D.

Maheen Islam, M.D.
Adriana Kavoussi, M.D.
Sonia Koul, M.D.
Tomasz Kowalski, M.D.
Jeffrey Lee, M.D.
Tanner Mabry, D.O.
Daniel Majorwitz, M.D.
Matthew McMullen, D.O.
Jai McQuilla, M.D.
William Meyerson, M.D.
Gualberto Balbarais Morco, D.O.
Krishna Munshi, M.D.
Jennifer Ondreyka, M.D.

Samantha Ong-Martin, M.D.
Meera Patel, M.D.
Amanda Price, M.D.
Sukhdeep Rahi, M.D.
William Salmon, M.D.
John Stathopoulos, M.D.
Julia Stephens, M.D.
Lindsey Szakasita, M.D.
Lara Thibodeau, M.D.
Michelle Usala, M.D.
Sophia Hui Wang, M.D.

Members Transferring In

Todd Augustus, M.D. (WA)
Ruth Benca, M.D., D.L.F.A.P.A. (CA)
Ketankumar Bodarya, M.D. (MD)
Suzanne Bruch, M.D., F.A.P.A. (CA)
Arnab Datta, M.D. (NY)
Neil Dolan, M.D. (CT)
Numan Gharaibeh, M.D. (CT)
Jillianne Grayson, M.D. (MD)
Andrea Green Boyer, M.D. (SC)

Gary Henschen, M.D., D.L.F.A.P.A. (GA)
William Hathaway, D.O. (FL)
Laura Hodges, M.D. (RI)
Mona Ismail, M.D. (NJ)
Imad Khan, D.O. (WI)
Kavita Kothari, M.D., F.A.P.A. (GA)
Catherine Louis, M.D. (SC)
Danielle Lowe, M.D. (SC)
Regina Nagarajan, M.D. (CT)

Margo Nathan, M.D. (MA)
Aishwarya Kamakshi Rajagopalan, D.O. (MA)
Brian Schultz, M.D. (WA)
Umang Shah, M.D., F.A.P.A. (PA)
Justin Uzl, M.D. (CT)
Sierra Witte, D.O. (MI)

Members Transferring Out

Richard Blanks, M.D., D.F.A.P.A. (IL)
Nkechi Conteh, M.D. (MA)
Julie Gauss, M.D. (GA)
Krystal Graham, M.D. (GA)
Sharon Halliday, M.D. (Int)

Erin Heimbach, M.D. (TX)
Steven Khoubian, M.D. (CA)
Shang Joon Lee, M.D. (NY)
Afrayem Morgan, M.D. (NY)
PG Shelton, M.D., D.F.A.P.A. (Int)

Shanna Swaringen, M.D. (OH)
Mufida Wadhwanian, M.D. (GA)
Brett Ziegler, M.D. (SC)

Don't Forget to Deduct Your Dues!

As you prepare your tax documents in the new year, remember that a portion of your APA and NCPA dues are tax-deductible as a business expense. Likewise, if your employer covers the cost of your membership, the company is entitled to the tax-deduction.

NCPA 2021 Dues: You may deduct 94 percent. (In other words, all but

6 percent of your North Carolina dues are tax-deductible.)

APA 2021 Dues: You may deduct 93 percent. (All but 7 percent of your national dues are tax-deductible.)

The non-deductible amount represents the portion of dues that is used to pay for direct lobbying efforts, such as NCPA's paid

lobbyist and the time that NCPA staff spends on lobbying efforts. Both figures are found on your APA dues statement.

If you need assistance determining the amount you paid in 2021 for your APA and NCPA membership, please send an email to info@npsychiatry.org.



NORTH CAROLINA
**Psychiatric
Association**

North Carolina Psychiatric Association

A District Branch of the American Psychiatric Association

222 North Person Street, Suite 012

Raleigh, NC 27601

P 919.859.3370

www.ncpsychiatry.org

Calendar of Events

December 16, 7:00 - 8:00 pm
Living Room Chat

January 6, 6:00 - 7:00 pm
Race, Ethnicity and Equity Committee

January 8, 9:00 - 10:30 am
Women in Psychiatry Breakfast

January 20, 5:30 - 6:30 pm
Addictions Committee

January 20, 7:00 - 8:00 pm
Living Room Chat

January 30, 9:00 - 11:00 am
Executive Council

February 2, 5:30 - 6:30 pm
Practice Transformation Committee

February 3, 6:00 - 7:00 pm
Race, Ethnicity and Equity Committee

February 4, 1:00 - 3:00 pm
Public Psychiatry and Law Committee

February 17, 7:00 - 8:00 pm
Living Room Chat