NORTH CAROLINA Psychiatric Association news

A DISTRICT BRANCH OF THE AMERICAN PSYCHIATRIC ASSOCIATION

DECEMBER 2022

IN THIS ISSUE

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:
   my.psychiatry.org
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

Conversations With My Mind

Obi Ikwechegh, M.D., F.A.P.A., Race, Ethnicity and Equity Committee Member

What happens when physicians who look and sound like me struggle with their mental health? This question is often on my mind because I have a poorly classified mood disorder.

More importantly, I worry that in the indeterminate future, the support of a loving family, an engaging vocation, and my hobbies will no longer be enough to keep me afloat. If this occurs, I am likely to lose my moorings. This causes me to wonder what would be expected of me. What will be the rules of engagement between my professional colleagues and me? I'd like to think I'll be fine because the rules and standards of care are well established. On the other hand, my limbic brain founders as I recall past care and how often things didn't work out so well. Therefore, I often ponder the dynamic of the therapeutic alliance between patients and their physicians especially when we overlay racial and ethnic difference.

If I were to divest myself of my professional degree but maintain other aspects of my identity, statistics show that my psychiatric symptoms may likely be misinterpreted. Moreover, pharmacological and psychological therapy would likely fail to address the root cause of my ailment. Studies have shown that the misdiagnosis of psychiatric illness is, unfortunately, higher in racial and ethnic minorities as compared to Caucasians in the United States. For example, African Americans are less likely to be diagnosed with mood disorders or to be prescribed antidepressants. In short, research that corroborates these findings reveal that race and ethnicity significantly impact the diagnosis and management of mental health disorders.

This internal dialogue is driven by my lived experiences as a psychiatrist and immigrant.

In my practice, I encounter patients who believe that someone who looks like them will relate better and help them articulate their feelings much faster. Subjectively, our commonality lessens anxiety and supports rapport-building. However, according to the APA, 2% of practicing psychiatrists identify as African American. In the journey to advocate for more representation and diversity, we should consider the experience of patients who may not be able to obtain this unique experience. I wish

...continued on page 13

Resident Poster Session

The North Carolina Psychiatric Association was pleased to bring back the Resident Poster Session which took place during the 2022 Annual Meeting on October 1. The Psychiatric Foundation of North Carolina and the North Carolina Council of Child and Adolescent Psychiatry (NCCCAP) sponsored the Poster Session. This year, 26 research posters were presented from seven residency programs and judges awarded four prizes:

First Place: Alissa Hutto, M.D. (UNC)
Supporting Clinicians After Patient Suicide

Second Place: ***Elizabeth Monis, D.O.*** (Cape Fear)
Blurred Lines: An Overview of Involuntary Commitment Criteria for Pregnant Substance Users with Mental Health Disorders

Third Place: ***Audrey Martinez, M.D.*** (MAHEC)
Feasibility of a Novel Online Cross-Residency Group Dynamics Course with Didactics, Experiential T-Group, and Review

NCCCAP First Place: ***Jordan Midkiff, D.O.*** (WFU)
Case Report: A Complex Case of Catatonia in a Pediatric Patient with Unusual Psychiatric Features




Mehul Mankad, M.D. presented awards to (from left to right: Alissa Hutto, M.D.; Elizabeth Monis, D.O.; and Audrey Martinez, M.D.; Therese Garrett, M.D. presented an award to Jordan Midkiff, D.O.

NORTH CAROLINA Psychiatric Association news

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

MANAGING EDITOR
Robin B. Huffman, Executive Director
Katy Kranze, Assistant Director

ASSOCIATE EDITORS
Lana Frame, Membership Coordinator
Anna Godwin, Education & Public Policy Manager

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.

President's Column

Preventing Workplace Violence

Michael Zarzar, M.D., D.L.F.A.P.A., NCPA President

In the current environment we are seeing an increase in violence generally in our society. Though property crime has shown a steady decrease, violent crime including homicide (up 30%) and assaults (up 12%) have increased (FBI Uniform Crime Report for 2020). The United States has the highest rate of mass shootings of the developing countries (Bloomberg News, International Journal of Comparative and Applied Criminal Justice).

tional Institute of Occupational Safety and Health) states:

"It is important to realize that, although some psychiatric diagnoses are associated with violent behavior, most people who are violent are not mentally ill, and most people who are mentally ill are not violent. Substance abuse is a major contributor to violence in populations both with and without psychiatric diagnoses."

Individuals need to know that their safety is of paramount importance, and that violence is not just "part of the job."

It is within the backdrop of this general increase in violence that we are seeing an increase in violence in health care settings. We are all too familiar with the recent headlines that have highlighted the significant violence against health care workers. The increase in rates of violence predated the pandemic but only grew worse. From 2011-2018 there was a 63% increase in rates of injury due to violence against health care workers (Department of Labor Statistics). Since the pandemic a survey of 2000 nurses conducted by National Nurses United revealed that 48% of hospital nurses reported an increase in violence compared to 21.9% in March 2021. We all have knowledge of the terrible tragedy this year when nurse practitioner June Onkundi was stabbed to death by a patient in a Durham clinic.

How do we approach this, how do we deal with this, where do we go from here? Many of us ask these questions each day. NIOSH (National Institute of Occupational Safety and Health) states:

The concern is that to equate violence with mental illness is to further stigmatize individuals who experience psychiatric illnesses.

When someone is the subject of workplace violence, we need to be there to support them and help them work through the trauma. Too often we look at terrible situations in retrospect rather than looking at what can be done proactively.

There needs to be a systematic approach to mental health workplace safety that includes the employer, all health care staff and administrative staff. These individuals and patients need to know that their safety is of paramount importance, and that violence is not just "part of the job." There is an opportunity to help people learn, understand and have an impact on all aspects of ways to maintain safety.

We each practice in different settings, and in each of those settings there are many things that can be done to enhance and maintain safety. The more we focus on prevention, training, appropriate physical structure of the setting, adequate treatment intervention, sufficient staffing and open, respectful interactions, the more we can optimize safety. To fully engage with each other across disciplines will help to shape a safe setting in which patients can be fully cared for.

We need to advocate at the legislative level to enforce parity so that the incentives for care are aligned with safety — sufficient staffing, evidence-based therapy, medication intervention, and full coverage of treatment rather than short term interventions. We need to advocate for sufficient funding in the community sector for treating the uninsured.

As psychiatrists we should take an active role in working across disciplines and helping to train the next generations of psychiatrists to work in safe environments across disciplines.

Dr. Zarzar is the Medical Director at UNC WakeBrook and Division Head of UNC Psychiatry-Wake County.

To learn more about how you can ensure safety within your practice, please read the article on page 6.

NCPA Announces 2023-2024 Slate of NCPA Executive Council Officers

Voting Begins in January

When the new year begins you will have the opportunity to help decide who will become the next leaders in psychiatry. Electing leadership for the association is a very important member duty. In January, 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

President-Elect:
Therese Garrett, M.D., F.A.P.A.

Vice President:
Steve Oxley, M.D., L.M.

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

Councilor at Large:
John Diamond, M.D., D.L.F.A.P.A.

Councilor at Large:
April Schindler, M.D.

APA Assembly Representative:
Kenya Windley, M.D.

The current President-Elect, ***Constance Olatidoye, M.D.*** was voted into her position in the 2022 election and will begin her term as President in May 2023, at the end of the APA Annual Meeting.

Members of Executive Council serve staggered term limits to ensure a smooth transition of leadership each year. This slate includes President-Elect, Vice President, Secretary, two Councilor at Large positions and APA Assembly Representative.

Please contact the NCPA office with any questions, 919-859-3370 or info@ncpsychiatry.org.

Therese Garrett, M.D., F.A.P.A.
President-Elect

Steve Oxley, M.D., L.M.
Vice President

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

John Diamond, M.D., D.L.F.A.P.A.
Councilor at Large

April Schindler, M.D.
Councilor at Large

Kenya Windley, M.D.
APA Assembly Rep

Paddling Upstream

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

As I said in a previous column, our practices are in mostly repair shops where we attempt to help our patients overcome mental health issues that often result from devastating past trauma and social determinants of health. We deal downstream with problems that have their origins upstream in earlier times and places under social circumstances that are not conducive to good health: poverty, racism, and lack of insurance, to name a few. Entire population solutions to better mental health will require governmental action in the realm of social policy, but we clinicians can do our part by screening for social determinants of health and pointing our patients to sources of help.

What else can we do? We can paddle a little further upstream by supporting early detection of mental disorders followed by evidence-based care. The United States Preventive Service Task Force's recent recommendation of universal anxiety screening of children ages 8 to 18 is one example. NCPA's recent work with the North Carolina Collaborative Care Consortium to increase the number of primary care practices that integrate behavioral health into their work is another example of moving upstream a bit—early detection with universal depression screening followed by measurement-based care for those patients who need it. Another one has garnered my attention lately: Coordinated Specialty Care for First Episode Psychosis (CSC).[1] CSC, now recognized as a practice guideline by the APA,[2] uses a team approach to provide patients with family support and education, individual or group psychotherapy, medication management, supported employment or education, and case management. When compared to usual care, those participating in these programs stay in treatment longer, are more likely to remain on their medications, report better quality of life and interpersonal relationships and are more likely to remain employed or in school.

There are four CSC programs in North Carolina.[3] But sadly they officially serve only thirteen of North Carolina's one hundred counties. And most of these counties are urban. What can NCPA do? Number one: encourage existing programs to expand their geographic reach. There are models out there to expand CSC programs to rural counties via telehealth.[4] Number two: encourage our mental health agencies that have a regional presence in rural areas to start new programs. Number three: lobby commercial payers to reimburse this service. Number four: Encourage reconfiguring of Assertive Community Treatment team eligibility requirements to include these patients, not just those who have demonstrated chronicity.

Wouldn't it be wonderful if fewer patients with psychosis met the chronicity requirements for Assertive Community Treatment (ACT)[5] because their symptoms were under control, and they were already well-integrated into their families and community? Keep paddling!

Dr. Kelley is a past president of NCPA and a retired child and adolescent psychiatrist living in Winston-Salem.

This article and its references can be found by scanning the QR code with your smart phone.

SCAN ME

DON'T FORGET TO DEDUCT (AND PAY) YOUR DUES

Memberships in the NCPA and APA are up for renewal on a calendar year basis. Please renew by January 1, 2023 to avoid losing your membership benefits. Dues for both NCPA and APA are billed together; you should have already received information from the APA related to your membership renewal.

As you prepare your tax documents, remember that a portion of your dues are tax-deductible as a business expense. If your employer covers the cost of your membership, the employer is entitled to the tax-deduction.

According to the APA, you may deduct 93 percent of your national 2022 dues as a business expense. For your 2022 NCPA dues, 96 percent are tax-deductible as a business expense.

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.

If you need assistance determining the amount you paid in 2022 for your APA and NCPA memberships, please call the NCPA office at 919-859-3370 or email info@ncpsychiatry.org.

MEMBERS CAN PAY THEIR DUES IN ONE OF THREE WAYS:

Visit: my.psychiatry.org Call: 202-559-3900 Mail: Return the paper invoice

Seven Actions to Ensure Safety in Psychiatric Office Settings

Denise Neal, B.S.N., M.J. C.P.H.R.M., Assistant Vice President of the Risk Management Group
Reprinted with permission by *Psychiatric News*

Workplace violence can happen in any setting. The Centers for Disease Control and Prevention (CDC) defines workplace violence as "the act or threat of violence, ranging from verbal abuse to physical assaults directed toward persons at work or on duty."

The possibility of being verbally or physically assaulted, stalked, or threatened by a patient is not only a concern but reality for psychiatrists, especially those with limited resources and lack of on-site security. The following actions are recommended to improve safety and security in psychiatric offices and should be tailored to each individual practice.

Workplace violence assessment, response, and prevention plan

- Conduct a workplace violence assessment and create a workplace violence prevention and response plan regardless of the size or location of your practice.
- Assess for workplace hazards within and around the office and plan for the various types of violence that may occur, whether physical violence against staff or verbal violence/harassment/bullying.
- Be sure to include, as appropriate, representatives from each discipline in your office.
- If you sublet space, include the practitioners who use that space.
- Consider involving law enforcement and risk management in your planning.
- Review the plan with staff at least annually.

Office and physical safety

- Control/restrict access to the office by patients, visitors, and contractors by providing individual access card readers and/or locks to staff only or limiting access to restricted areas.
- Ensure patients, visitors, and contractors are escorted within the office and do not wander alone.
- Install video surveillance cameras at entrances and exits and post signs indicating their presence as a deterrent to violence.
- Employ an office "buddy" system—no one works alone, including afterhours, or goes to his or her car alone.

Social media: your patients are not your friends

- Don't accept "friend" invitations from your patients on social media, and do not look up your patients on social media (consider boundary issues and privacy).
- Be mindful of posting personal information about yourself, family, and friends that may reveal your habits.

Be aware of stalking behavior and boundary crossing

- Be aware of behaviors that

are unwanted or distressing including threatening, harassing, and stalking behaviors.

- Develop policies and procedures to identify, communicate, document, and track concerning behaviors, boundary violations, boundary crossings, and patient stalking.
  - For each occurrence of workplace violence/behavior incidents, document it and discussions about behavior expectations in the patient's medical record.
  - Communicate concerning behavior to other multidisciplinary staff members.
  - Seek assistance from your risk manager, legal counsel, and security/law enforcement.

Communicate concerns and plan an escape route

- Avoid having your back to the exit, and turn your body sideways to allow a clear path to the exit if a quick escape is necessary.

- Install panic buttons in each office, at the reception desk, and in bathrooms.
- Wear an audible alarm.
- Designate a safe room within the office should an escape not be possible.

Call 911 if you fear for your safety or the safety of others

- There is a HIPAA exception for disclosure to prevent or lessen a serious and imminent threat to the health or safety of an individual or the public. When disclosing the threat, limit the disclosure to nonclinical information.
- Terminate patients that display violent/aggressive/stalking behavior toward you or your staff and consider whether a restraining order/noncontact order is needed. (See "Risk Management Considerations When Terminating With Patients," which is posted here.)

Education and Training

- Provide clinical and nonclinical staff interactive, site-specific education and training.
- Educate staff about the nonverbal cues of aggression, agitation, and behavior escalation that may lead to an assault.
- Provide de-escalation and response training.
- Consider self-defense/personal safety training.

Denise Neal, B.S.N., M.J., C.P.H.R.M., is assistant vice president of the Risk Management Group, AWAC Services Company, a member company of Allied World.

Recap of the 2022 NCPA Annual Meeting

Mehul Mankad, M.D., D.F.A.P.A.

Each year that I attend the annual meeting, I come away with some familiar experiences and something unexpected. In the domain of the expected, I know I am going to see colleagues whom I have missed and connect with peers whom I have not yet met. I know I am going to attend plenary sessions and workshops that will boost my knowledge and change my clinical practice. But what surprises would the first in-person conference bring to our community after two prior years of virtual learning? Would psychiatrists value the essential nature of coming together for this common purpose, or would they permanently pivot to online options? And would Hurricane Ian thwart our plans to bring the meeting back!?!

I'm happy to share that our in-person meeting was a resounding success with regards to attendance. More than 200 psychiatrists joined the meeting, availing themselves of opportunities to learn and congregate. The Exhibit Hall, a longtime favorite of our attendees, returned magnificently with every table occupied by groups seeking an audience with our esteemed membership. When the weather was cooperative, we enjoyed the opportunities afforded to us by downtown Asheville, and when the rain started, our experiences seamlessly transitioned indoors.

Feedback from our attendees was similarly favorable. Some quotes from members included: "I was wowed by the Sethi Award presenter, Dr. Vinogradov, and am excited to see a new potential treatment for cognitive retraining in schizophrenia," "I appreciated the review of treatments for adult ADHD [***Dr. Boazak***], which was delivered with humor, that gently eviscerated the myth that one needs neuropsychiatric testing to confirm the diagnosis," and "As a resident in training, it was exciting to interact with so many inspiring and intelligent current and future colleagues. I had a wonderful time at the NCPA!"

The sentiment from the above resident struck a chord with me as I thought about surprises I experienced from our annual meeting. Since our last in-person meeting, psychiatry residency cohorts have turned over by 75%. *None* of the dozens of residents attending the annual meeting had been to a prior meeting! And with *eight* residencies populating our state now, the geographic diversity from our trainees is unparalleled. Watching residents from the coast to the mountains interact with each other and engage with practicing psychiatrists at the Poster Session rekindled my hope for a strong workforce. Seeing other first time attendees grasp the value of the meeting instilled confidence for the quality of mental healthcare delivered to the citizens of North Carolina.

Now, more than ever, the NCPA Annual Meeting serves as an anchor for the service our profession provides. The NCPA Annual Meeting is here to stay and will not be foiled by whatever external forces challenge its operation. In fact, NCPA has begun planning a compelling agenda for next year's meeting. I cannot wait until we see each other in Myrtle Beach at the Marriott Grande Dunes from September 28 - October 1, 2023!

Dr. Mankad is the Chief Medical Officer at PeeqHealth, and Chief Medical Officer for Nevada Behavioral Health. He is a past president of NCPA and served as the 2022 Annual Meeting Program Chair.

Point of Personal Privilege: An End of Year Accounting

Robin B. Huffman, Executive Director

Did you know that this past year we saved some members hundreds of thousands of dollars related to unpaid claims and claw backs from a payor related to a particular treatment for treatment resistant depression? Because a member called the NCPA office as a last resort, we were able to engage the APA, research, determine and organize the facts, and lay out the situation for a positive resolution for our members. It was a big win for those psychiatrists and for our office.

Sometimes we are racing so furiously through the work year, we forget to take a few moments to reflect on what we have done and what we have learned. Yet recognizing these actions and efforts are what ignites your NCPA staff's passion and energy and shapes the work we will tackle in the coming year for our members. So… what else have we been up to this year?

The issue related to Spravato absorbed a lot of time in May and got resolved in a couple of months. But our work related to Collaborative Care has been an effort NCPA has worked on for more than 15 years. Some of you may wonder exactly what is the Collaborative Care Model (CoCM) and doesn't it compete with psychiatrists instead of helping the field? In a nutshell, here are the things we know:

1. 50-60% of people with mental illness never get their condition recognized, diagnosed or treated.
2. The majority of psychiatric medications are prescribed by non-psychiatric physicians and practitioners.
3. The time it takes for a patient to get an appointment with a psychiatrist strengthens the "access" argument that many non-physician practitioners use to justify their attempts to expand their scope of practice to the independent practice of medicine without going to medical school and without medical supervision.

NCPA supports CoCM because it is good for patients and ultimately good for psychiatrists and primary care physicians. The CoCM model encourages screening for disorders like anxiety and depression (just to name a couple) in the primary care setting. The primary care clinician refers appropriate patients to a Behavioral Health Care Manager (BHCM) who is part of the collaborative care team. The BHCM places the patient in a registry and using measurement-based care and caseload consultation with a contracted psychiatrist monitors patient progress, adjusting the treatment plan as necessary. If needed, individual patients can be triaged to more specialized psychiatric care in the community.

One psychiatrist, meeting a couple of hours a week with the BHCM, can oversee the care for more patients in that short span of time than they are able to see in an entire week in individual sessions. As the reach of the psychiatrists' expertise is geometrically multiplied, more patients receive care earlier, and PCPs become more confident in their use of psychiatric medications.

NCPA and the state's progress toward adopting the CoCM has shifted to high gear this year. We have been part of meetings that have resulted in greater adoption of the

CoCM CPT codes by payors, an increase in the rate that will be paid by NC Medicaid, free trainings and practice support for physician practices interested in adopting the model, and even free access to the sophisticated CoCM patient "tracker" developed by the AIMS Center. Our joint collaboration with NC AHEC, NC Medicaid, the Medicaid PHPs, CCNC, NC Academy of Family Physician and NC Pediatric Society has been exciting, fulfilling and productive in bringing these changes to our state. That collaboration has resulted in the addition of commercial carriers to Medicare and Medicaid as those payers that reimburse the CoCM codes.

In addition to hosting the CoCM Clinical Advisory Committee, chaired by ***Nate Sowa, M.D.,*** NCPA's role is to identify psychiatrists willing to be psychiatric consultants and to match them with PCP practices. (Please let us know if you are interested!) In this model, you, the psychiatrist, are the team lead in helping patients receive behavioral health care in their primary care physician's office.

Promoting psychiatric leadership is the driving force of the NCPA three-year strategic plan. Other

continued on page 11...

What Psychiatrists Need to Know About... Lethal Means Reduction to Prevent Suicide

Harold Kudler, M.D., D.L.F.A.P.A.

Attendees at the opening reception of our recent NCPA Annual Meeting may remember the fellow who distributed an unusual "giveaway:" gun locks. That man was Jonathan Calloway, LCSW, LCAS, Suicide Prevention Case Manager from the Western North Carolina Veterans Affairs (VA) Health System in Asheville. Scores of free gun locks went home with our members to every corner of the Old North State as a cooperative effort to prevent suicide among Veterans and all North Carolinians.

The VA has distributed hundreds of thousands of gun locks to Veterans over recent years as a core element of its lethal means reduction campaign to prevent suicide. Veterans are expert in the safe use of firearms and are likely to own firearms long after they separate from military service. Unfortunately, these can become deadly when a Veteran is in crisis. In 2021, seven out of every ten Veteran deaths by suicide involved firearms. Although women in the general population are more likely to attempt suicide by drug overdose, firearms are now the leading means of suicide among female Veterans. Only about one in ten drug overdoses proves fatal whereas nine out of ten suicides undertaken with a firearm are lethal.

While some suicides are premeditated, many are highly impulsive acts. A familiar scenario involves the convergence of an argument with a loved one, acute intoxication, and easy access to a loaded firearm. Fortunately, research shows that, most suicidal crises last only a matter of minutes and that, contrary to widespread belief, if a person cannot access the method they planned to use, they usually will not seek out other lethal means. Even the brief time needed to find and work the key to a gun lock may provide the opportunity a person in crisis needs to reflect on their situation and seek help instead of self-harm. Lethal means reduction is the single most powerful tool available to prevent suicide.

The VA Keep It Secure program promotes awareness about the simple steps that people can take to protect themselves and their families. In addition to gun locks, there are gun lockboxes (priced as low as $25) and gun safes (available for $250 and up). Similarly, medication lock boxes are available at every pharmacy.

The VA has partnered with the National Shooting Sports Foundation (NSSF), the trade association for the firearms industry, in developing and disseminating these interventions. If you are concerned about suicide risk by firearm for a patient who is not a Veteran, you can access valuable information at their website, www.nssf.org. And, whether you are a Veteran or someone who cares about a Veteran (including their psychiatrist), you can access help 24/7, 365 days a year by dialing 988 and pressing "1" for the Veterans Crisis Line.

Given that approximately one in ten adults in North Carolina is a Veteran, you likely have Veterans in your practice. If you are interested in keeping a supply of gun locks in your office, reach out to the Suicide Prevention Coordinator at your nearest VA facility. They will be glad to provide you with as many free gunlocks as you would like. They will also stand by to help you and your patient to prevent suicide.

The full range of VA Suicide Prevention Services can be accessed by scanning the QR code.

SCAN ME

For more information on lethal means reduction for Veterans, scan the QR code.

SCAN ME

Dr. Kudler is an Assistant Consulting Professor at the Department of Psychiatry and Behavioral Sciences at the Duke University School of Medicine. He previously served as the Chief Consultant for Mental Health Services at the Veterans Affairs (VA) Health System Central Office.

Nominations Open for 2023 V. Sagar Sethi, M.D. Mental Health Research Award

The Psychiatric Foundation of North Carolina invites you to submit nominations for the 2023 V. Sagar Sethi, M.D. Mental Health Research Award. Nominations will be received through February 6.

The award was established in 2011 through an endowment from the late Dr. Sethi, a long-time psychiatrist in Charlotte and NCPA member.

This national award seeks to honor a scientist for significant contributions to basic research in the neurosciences, psychology, or pharmacology at a molecular, cellular or behavioral level. The award criteria include:

- Significant contribution to basic research
- Research has had a significant impact or is highly likely to have a significant impact on clinical psychiatric care
- The nominee is a physician or Ph.D. who is conducting active research in the United States.

To nominate a candidate, please send the nominee's name, complete mailing address, email address and CV, along with a one-page letter of nomination by February 6, 2023.

Send nominations by email to info@ncpsychiatry.org; fax: 919-851-0044; or mail: Psychiatric Foundation of North Carolina, Attn: Sethi Award Selection Committee, 222 N. Person St, Suite 012, Raleigh, NC 27601

Self-nominations are not accepted, however, the nominee can assist in providing information.

The winning candidate will receive $5,000 and travel support to attend and present a lecture during the NC Psychiatric Association's Annual Meeting & Scientific Session, held in Myrtle Beach, SC, September 28 - October 1, 2023.

The V. Sagar Sethi, M.D. Mental Health Research Award has been awarded to the following outstanding researchers: Patrick Sullivan, M.D. from the University of North Carolina – Chapel Hill; Charles Nemeroff, M.D., Ph.D. from the University of Miami; P. Jeffrey Conn, Ph.D. from Vanderbilt University; Nora Volkow, M.D. from the National Institute on Drug Abuse; Helen Mayberg, M.D. from Emory University, and David A. Lewis, M.D. from the University of Pittsburg; Andrew H. Miller, M.D. from Emory University; Robert C. Malenka, M.D., Ph.D. from Stanford University; Hilary P. Blumberg, M.D. from the Yale School of Medicine; and Sophia Vinogradov, M.D. from the University of Minnesota Medical School.

We encourage you to identify and nominate a qualified candidate for this prestigious award by the February 6 submission deadline.

For more information visit www.ncpsychiatry.org/sethi-award.

..."Personal Privilege" continued from page 9

ways we are working to do this is pushing to empower psychiatrists and advocate for them. Not only are we working on issues related to fail-first and prior authorization, but this year we are reconstituting NCPA's Private Practice Committee—to support the majority of our members who are doing the work of caring for patients in solo or multi-disciplinary settings. We are grateful to ***Drs. Carey Cottle*** and ***Aarti Kapur*** for being willing to lead this effort.

Other exciting events have and are taking place as well. Anna Godwin, LCAS, has joined NCPA as Education and Public Policy Manager. She joins Katy Kranze, Assistant Director, and Lana Frame, Membership Coordinator to round out our team to support you and your patients. By the time you read this, we hope to be physically moved to new office space in the NC Medical Society headquarters building. And in the planning for 2023, NCPA is now finally able to use the APA Innovation Grant we received in 2020, to host a Leadership Summit with our state's psychiatry training programs.

The recognition of the need for psychiatric care, perhaps a byproduct of the pandemic, has never been higher. NCPA and our members must step up to lead this charge, which is absolutely living up to the NCPA mission: *Promote the highest quality care for North Carolina residents with mental illness, including substance use disorders. Advance and represent the profession of psychiatry and medicine in North Carolina. Serve the professional needs of its membership.*

This is what has driven NCPA for the past year and will be our guide for 2023!

The toughest challenges. The most advanced science.

We fight the toughest health challenges with advanced science, putting our passion to work where the need is greatest. Because our purpose as a global biopharmaceutical company is to make a remarkable impact on people's lives.

It takes all of us to turn possibilities into medicine that reaches millions. So we partner with governments, academic institutions, scientific and advocacy groups to make it happen. Together, we're inventing the future of medicine.

Learn more at **abbvie.com**

abbvie

People. Passion. Possibilities.®

...“Conversations” continued from cover

my patients would be assured of a therapeutic alliance irrespective of the identities of their psychiatrist.

I believe in the need for intentional curiosity as a tool for establishing relationships with people who may not look like us or share a similar background. Relationships built on this principle are likely to be more fulfilling for both parties. While cultural competence may not be readily attainable, maintaining awareness and the willingness to actively learn holds exceptional value in fostering relationships.

These days, while practicing in a diverse community, I remind myself not to assume that my apparent commonality with certain individual patients is enough to overcome the complex issues that they bring. I recently encountered such a patient. Although we were both of West African ancestry, he was exasperated that I could not “quite get” his decision to renege on a previous agreement with his spouse that he get a vasectomy. He stated that this choice of family planning was unsuitable because his religion forbade it. Even though I had grown up and even begun my medical training in Nigeria, I had not encountered this specific psychosocial scenario. I struggled with the realization of the limits to my representation based on my race and ethnicity and I may have passively relied on these to afford me a connection with the patient.

As a patient, I have witnessed the benefit of intentional curiosity in building relationships, especially with providers with whom I had less in common. My first experience in therapy in the US was with a male, Caucasian psychologist who had grown up in Vermont. It is safe to say that we had few common life experiences. However, what made for a successful multi-year therapeutic alliance was Dr. M’s willingness to admit his unfamiliarity with my life. This resulted in his making intentional efforts to understand and accommodate the nuances of my mental health needs. In retrospect, the stark differences in our individual experiences, and the potential for implicit bias proved to be building blocks in creating an effective relationship. My psychologist recognized his deficits in knowledge of my cultural and ethnic background and its associated complexities. This allowed me to define those areas of my care, which felt empowering and inclusive.

Diversity, Equity, and Inclusion programs are vital and engender organizational strength. My participation in the NCPA Race, Ethnicity, and Equity Committee (REE) has resulted in significant professional and personal development. It has affirmed the value of representational diversity. It has also exposed my “Minority Hubris” which allowed me to rely on the belief that my lived experiences had imbued me with the comprehensive understanding to provide solutions to issues concerning diversity and inclusion. In addition, my interaction with other members of the committee in grappling with complex questions that demand answers has shown me the benefit of inclusivity across a broader spectrum. Our conversations led me to realize that a willingness to embrace and understand the unknown, when accompanied by humility and a sincere desire for growth, are powerful complements to representational diversity in achieving therapeutic alliance. One means of embracing the unknown is to immerse ourselves in the stories that facilitate our understanding of “what we don’t know.” I am convinced that such steps towards a more culturally-competent care environment will empower both participants in the therapeutic alliance.

I am hopeful that, even if I were to fall off my well-constructed rampart in that off-the-beaten-path county, where I am unlikely to find anyone with whom I share any commonality, the efforts of the REE committee will ensure that I can forge an effective alliance with my psychiatrist. The intentionality of the efforts to learn and grow as discussed above will be the difference that will allow me to tell a story of triumph that embodies the deep conversations of Diversity, Equity, and Inclusion.

Dr. Ikwechegh is a Staff Psychiatrist with Novant Heath, and sees patients at Kairos Medical Consulting in Winston-Salem.

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 to provide training, education, and research to improve care for psychiatric patients.

The Foundation recognizes researchers who make outstanding contributions to the field of mental health through the V. Sagar Sethi, M.D. Mental Health Research Award, which brings world-class researchers to share their knowledge and research 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 were excited to host again at our 2022 Annual Meeting. We would love to be able to do more. Will you help us?

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, Box 11, Raleigh, NC 27601.

Be Recognized for Your Contributions: Become an APA Fellow or Distinguished Fellow

Have you considered taking the next step in your psychiatric career? It may be time to become a Fellow or Distinguished Fellow of the American Psychiatric Association.

Fellowship

Fellow status is an honorary designation that reflects your dedication to the work of the APA. Fellowship was created by the APA to recognize early career psychiatrists and their 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 apply, go to www.psychiatry.org/join-apa/become-a-fellow. All applications must be submitted by September 1.

Distinguished Fellowship

Distinguished Fellowship is the highest membership honor the APA awards outstanding psychiatrists. It is by invitation only to those who display clinical excellence and 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, or community involvement.

Other requirements include:

- 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.
- A nomination from the NCPA Fellowship Committee

Please let us know of your interest by emailing info@ncpsychiatry.org. The application process for Distinguished Fellowship starts in late winter 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.

2022 Membership Report

New & Reinstated Members

John Bocock, M.D.
Claudine Carter, D.O.
Eric Christopher, M.D.
Cerrone Cohen, M.D.
Dan Cotoman, M.D.
Elizabeth Cox, M.D.
James Disney, M.D.
Samuel Dotson, M.D.
Jamie Evans, M.D., M.P.H.
Uzma Faheem, M.D.
Amy Fairchild, M.D.
Randy Gergel, M.D.
Andrea Hernandez-Gonzalez, M.D.
Tyehimba Hunt-Harrison, M.D., M.P.H.
Ryan Kaufman, M.D.
James Lefler, M.D.
David Litchford, M.D.
Isaac McFadden, M.D.
Gregory Narron, M.D.
Lora Lee Pacaldo, M.D.
Christopher Peterson, M.D.
Shelby Register, M.D.
Kris Ruangchotvit, M.D.
Norma Safransky, M.D.
Anna Steffan, M.D.
Robin Stone, M.D.
Sandeep Vaishnavi, M.D., Ph.D.
Mark Weaver, M.D.
William Wolters, D.O.
Stephanie Yarnell, M.D., Ph.D., M.B.A.

New Resident-Fellow Members

Emily Aarons, M.D. (Duke)
Farishta Ali, M.D. (Cape Fear)
Conner Belson, M.D. (UNC)
Angus Bennett, M.D. (MAHEC)
Lindsey Boyd, D.O. (Atrium)
Cheyanne Brandt, M.D. (ECU)
Gabriel Brotzman, D.O. (Cape Fear)
Hannah Campbell, M.D., Ph.D. (Duke)
Shannon Coats, M.D., M.P.H. (Duke)
Alexander Coburn, M.D. (MAHEC)
Justin Coley, M.D. (UNC)
Alexis Collier, M.D. (Duke)
Jamie Courtland, M.D., Ph.D. (Duke)
Noorin Damji, M.D. (Duke)
Joseph Dayaa, M.D., M.S. (UNC)
Mountasir El-Tohami, M.D. (Duke)
Nicholas Gabrielle, M.D. (CO)ne)
Alicia Gallo, M.D. (ECU)
Geoffrey Green, M.D. (Cape Fear)
Alexandra Grzybowske, D.O. (Cape Fear)
Katrina Hazim, M.D. (Atrium)
Adam Howard, M.D. (Duke)
Garett Jacobson, M.D. (MAHEC)
Andrew Ji, M.D. (Cone)
Reginald Johnson, M.D. (UNC)
Julia Jordan, M.D. (MAHEC)
Emily Kauwe, M.D. (Duke)
Linda Kerandi, M.D. (Duke)
Asif Khan, M.D. (UNC)
Jay Kirby, D.O. (MAHEC)
Lydia Livas, M.D. (UNC)
Christopher Luccarelli, M.D. (Duke)
Barra Madden, M.D. (Duke)
Jordan Midkiff, D.O. (WFU)
Maxwell Miller, D.O. (ECU)
Brody Montoya, D.O. (Cape Fear)
Christina Murray, M.D. (UNC)
Blessing Nduka, D.O. (ECU)
Jordyn Newmark, M.D., M.S. (Atrium)
Julie Nguyen, M.D. (Cone)
Enioluwafe Ojo, M.D., M.P.H. (UNC)
Catherine Parker, M.D. (UNC)
Sima Patel, M.D. (ECU)
Saagar Patel, D.O. (Cape Fear)
Nikita Patel, M.D. (ECU)
Simon Pitman, D.O. (WFU)
Julia Rothschild, M.D., M.S. (Duke)
Dillion Rutland, M.D. (Cape Fear)
Brice Thomas, M.D. (UNC)
Tyler Thompson, M.D. (WFU)
Lukas Vilella, M.D. (WFU)
Layne Walker, M.D. (Duke)
Ifeanyi Walson, D.O. (ECU)
Austin Weld, M.D. (Cape Fear)
Candice Wolf, M.D. (ECU)
Joyce Wong, M.D. (ECU)
Rebecca Yoon, M.D. (UNC)

Members Transferring In

Huseyin Bayazit, M.D. (TX)
Anthony Becker, M.D. (CA)
Beth Boyarsky, M.D. (TX)
Sanghamitra Chowdhury, M.D. (AZ)
Daniel Eskenazi, M.D., Ph.D. (NY)
Jennifer Hu, M.D. (MA)
Jean Claude Jubert, D.O. (AK)
Michael Kelley, M.D. (ME)
Swanpnil Khurana, M.D. (MD)
Arthur Lazarus, M.D. (FL)
Laura Lockwood, D.O. (AL)
Nathan Massengill, M.D. (OH)
Afrayem Morgan, M.D. (NY)
Nona Nichols, M.D. (PA)
Lorraine O'Conor, M.D. (NY)
Anne Owens, M.D. (ME)
Rikinkumar Patel, M.D., M.P.H. (OK)
Colleen Pettrey, M.D. (WV)
David Pollock, M.D. (IN)
Lori Raney, M.D. (CO)
Julia Riddle, M.D. (MD)
Haroon Saeed, M.D. (NY)
Kaushai Shah, M.D., M.P.H. (OK)
Zhixing Yao, M.D. (GA)

Members Transferring Out

Mihika Batavia, D.O. (TN)
Alexa Beilharz, M.D. (WA)
Avee Champaneria, M.D. (IN)
Anjali Dagar, M.D. (OH)
Meenakshi Denduluri, M.D. (IL)
Guiliana Gage, M.D. (FL)
Danielle Guinan, M.D. (FL)
James Horst, D.O. (FL)
Haesue Kim, M.D. (CA)
James Mayo, M.D., M.P.H. (TX)
Wasim Muhammad, M.D. (MA)
Kathy Niu, M.D. (TN)
Fredrik Palmer-Picard, D.O. (DC)
Veronica Ridpath, D.O. (SC)
Ivan Roldan, M.D. (FL)
Samantha Salem, M.D. (NY)
Alissa Stavig, M.D. (MO)
Nicole Steinsiek, M.D., M.P.H. (DC)
Olga Thompson, M.D. (VA)
Stanley Traylor, D.O. (FL)
Jayson Tripp, D.O. (AZ)
Mack Whitehead, D.O. (UT)
Erika Wilson, M.D. (NH)

NORTH CAROLINA
Psychiatric
Association

Advertise with NCPA

Whether you're hiring psychiatrists, selling your practice, renting office space, or seeking new business for your service, NCPA has several digital and print advertising opportunities to suit your needs and budget. To see current postings and ad rates, visit www.ncpsychiatry.org or email info@ncpsychiatry.org.

All NCPA members are eligible for special discounts. Mention this newsletter for 15% off your next ad!

Calendar of Events

January 5, 2023
Race, Ethnicity & Equity Committee; 6pm

January 12, 2023
Addictions Committee; 5:30pm

January 24, 2023
Private Practice Committee; 6pm

February 1, 2023
Practice Transformation Committee; 5:30pm

February 2, 2023
Race, Ethnicity & Equity Committee; 6pm

February 4, 2023
Executive Council Meeting