



NORTH CAROLINA
Psychiatric
Association

news

A DISTRICT BRANCH OF THE AMERICAN PSYCHIATRIC ASSOCIATION

SEPTEMBER 2023

SPECIAL EDITION

**Resident
Edition:
Diversity
Equity and
Inclusion**

Image by Matthew Markovetz

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Image by Matthew Markovetz



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

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PRESIDENT'S COLUMN

A VERY SPECIAL EDITION



Constance Olatidoye, M.D.
NCPA President

newsletter, crafted entirely by our resident and fellow members, meticulously centered around the theme of

In the last newsletter, I shared with you my belief that we can strengthen the profession if we come together, share our experiences, and learn from each other. This special edition newsletter does just that.

In February, the Race, Ethnicity and Equity (REE) Committee put forth a proposition: a special edition

Diversity, Equity, and Inclusion (DEI). They pitched the idea to the Executive Council as a way to increase engagement of our members still in training.

I'm truly uplifted as I peruse these compelling articles and learn the unique perspectives each one of them brings. The rich diversity of our profession and membership strengthens NCPA's ability to influence policy decisions, develop innovative solutions, and ensure the delivery of quality mental health care in North Carolina.

My profound appreciation goes out to the authors who generously dedicated their time and insights to contribute to this publication. And, as ever, I extend an open invitation to all members for their thoughts, inquiries, and active engagement. Your involvement is not only valued but vital. 🌱

CELEBRATING THE DIVERSE LIVED EXPERIENCES OF PSYCHIATRY RESIDENTS



Tyehimba Hunt-Harrison,
M.D., M.P.H.

stances that connected the dots to form me as a child psychiatrist.

Oh, how I recall the late nights, the early mornings, the anxiety around being prepared and capable, and the feelings of relief and joy when there was a positive outcome for the kids and families being served. This is not unusual for many residents, regardless of background or experience or personality style. However, none of us are just one thing. None of us are just physicians or just psychiatrists. We are people with multiple identifiers and varied life experiences that impacted us as

This special edition newsletter is filled with the experiences of resident physicians in psychiatry navigating the tumultuous waters that are inherent to development as a physician, as a psychiatrist, and as a clinical team member.

As an attending psychiatrist, I recall fondly and sometimes not so fondly, all those in-

trainees in psychiatry and certainly as attendings and leaders in our field.

It is only recently, that this diversity of lived experiences has been broadly recognized by those within and external to minoritized and marginalized communities.

In this newsletter, we will read about the immigrant experience with acculturation and the dualling positions of acceptance by the majority while also maintaining a sense of one's own self and cultural background. We will also read about the impact of racial identity as a driver to sparking a new path that will educate current and future psychiatry residents in providing high quality healthcare for women of color.

The lived experiences of these authors exemplify and enrich the underlying meanings behind words often used in healthcare but carry limited truth for many in our communities -- patient-centered, collaborative, high-quality, and equitable.

As a Black woman in medicine and psychiatry, I have often been the only one, or only one of a few, who look like me, who share similar ancestry in this country, and who often is reminded of the modern vectors of racism and discrimination limiting healthcare access for those

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NORTH CAROLINA'S ECOSYSTEM



Enioluwafe Ojo, M.D.
UNC | PGY-3

One of my favorite things about the state of North Carolina is its divine geography. Many complex, unique ecosystems pack into this state's 552-mile span: the incredible Smoky Mountains, formidable swamps, impenetrable, tar-laden pine forests, beaches longer than the horizon, and so much more. I am in awe that these

terrains exist in harmony with such proximity to each other. This natural coexistence gifts us with such rich biodiversity. The land can feed us year-round - collard greens, paw paws, apples, and sweet potatoes - just a few NC agriculture staples. Our wildlife is also diverse, from deep-sea tuna to Blue Ridge bobcats.

It is fitting that the state's human population is just as rich, complex, and diverse as the flora and fauna of the state. In the past three months alone, I have spoken to a hog farmer from rural Duplin County, a Burmese refugee, a Transgender Durhamite, a member of the Native Lumbee tribe, and the great-grandson of a sharecropper. These people represent just a tiny percentage of subpopulations and people groups in the state. Every group is crucial as they provide essential components to our ecosystems: history, knowledge, and culture. In my humble opinion, the diversity of the populace makes North Carolina a truly exceptional State to live in.

North Carolinian psychiatrists and psychiatric providers are uniquely positioned to provide support for the state.

Still, ours is a fragile ecosystem -- susceptible to climate change, limited resources, and an unbalanced food chain. North Carolinian psychiatrists and psychiatric providers are uniquely positioned to provide support for the state. We care for the sickest patients while promoting quality mental and emotional health care for all. Practicing with a lens of diversity, inclusivity, and equitability is essential.

This is the kind of approach I have focused on developing as a Mental Health Equity Track resident. This track has been the most influential aspect of my residency training period. Through this track, I created several DEI-based passion projects on and beyond the hallowed grounds of our state's flagship university. This particular edition of the *North Carolina Psychiatric Association News* was one of those projects that I am most proud of.

I am so thankful to the North Carolina Psychiatric Association for allowing me to work with residents across our state. I can't wait for you to hear the stories of residents who are toiling daily to improve the state's ecosystem. 🌱

Fun Fact: I love fishing and have caught famed NC species in all our geographic regions, including flounder on the coast, the unique Roanoke bass in the Piedmont, and mountain trout. However, I am proudest of the citation-worthy 3lb, 16 inch+ crappie I caught just five minutes from my home during med school.

APA/APAF FELLOWSHIPS

APA/APAF Fellowships provide psychiatry residents the experiential learning, training, and professional development they need to be leaders in the field of psychiatry. The fellowship programs offer opportunities to work with Congress on health policy, conduct research of your design, expand access to care to minority and underserved populations, focus on child psychiatry or substance abuse, and much more. In addition, APA Fellows get exclusive opportunities to be a part of APA leadership councils and network with APA members from around the country.

The APA/APAF fellowships remain an integral part of building the pipeline for innovative psychiatrists interested in organized medicine. They also support APA's strategic initiatives to advance the integration of psychiatry in the evolving healthcare delivery system and supports and increases diversity in the field.

Learn more: www.psychiatry.org/residents-medical-students/residents/fellowships/available-apa-apaf-fellowships

MY EXPERIENCE AS AN APA/APAF DIVERSITY LEADERSHIP FELLOW



Laila Hussain, D.O.
Cape Fear Valley | PGY-4

As someone who grew up preferring the arts and humanities to science, my journey to medicine has been quite unconventional. A medical career was never in mind growing up as a child in Sri Lanka and an adolescent in the United States. But as is with life, circumstances change, and new passions and goals emerge.

Due to my nontraditional path into healthcare, I have had my bouts of imposter syndrome. Social anxiety has also impacted my journey, given the expectations of physicians to be leaders, advocates, and role models in our communities. Although I may continue to have those moments of doubt, I have learned to counter those thoughts by reflecting on the journey and appreciating how far I have come. I am also fortunate to have peers, family, and mentors who continue to provide immense support and guidance.

After years of preferring to hide in the shadows, I strived to step out of my comfort zone for personal and professional growth. As a resident psychiatrist primarily working with minority and underserved populations in Cumberland County, I often encountered patients with distinctive challenges and needs. Desiring to expand my understanding and knowledge of these challenges and needs, I applied for the American Psychiatric Association/American Psychiatric Association Foundation (APA/APAF) Diversity Leadership Fellowship, which I learned of through the NCPA newsletter.

Although I was interested in several fellowship opportunities, the Diversity Leadership Fellowship captivated me most due to my interest and goals of continuing to work with minority and underserved populations. Some benefits of the program are the opportunities to develop leadership skills, gain an understanding of APA/APAF governance, develop a network with psychiatrists and other trainees with similar interests in minority mental health, collaborate on research projects of interest, and attend the APA Component Meeting and APA Annual Meeting.

As a current first year fellow of this 2-year fellowship, my experience thus far has been enlightening. A perk of the fellowship includes monthly teleconferences in collaboration with SAMHSA Minority fellows in which various leaders in psychiatry discuss a topic of interest. Some discussion topics have included burn-out and self-care, negotiating contracts and business aspects of medicine, and tips on advocating for patients and ourselves. These meetings also provide a platform for fellows to share their experiences, ideas, and resources, further enhancing learning and developing connections.

Another unique feature is participating in an APA council, committee, or initiative of interest. I am fortunate to be a part of the first class of fellows assigned to the Committee on RBRVS, Codes, and Reimbursements. With the ever-changing coding and reimbursement structures, it has been insightful listening to the thought processes of leaders in the field discussing potential impacts and outcomes that proposed changes can have. A current goal as a resident member of the committee is to assist with improving trainees' understanding of CPT codes and billing. It has also taught me the importance of advocacy for our profession, given the impacts of political influence on healthcare.

APA Fellows are also encouraged to become involved with local and state psychiatry associations, such as the NCPA, and to contribute to publications and scholarly activity.

With funding provided by the APA and APAF, fellows were able to attend the APA Annual Meeting in San Francisco earlier this year. This was my first annual meeting as a resident and the first meeting with my co-fellows in person. I was fortunate to have the opportunity to share this experience with like-minded individuals, attend presentations and workshops, networking events, and support peers and their achievements.

Overall, I am grateful to have been selected by the APA/APAF for the Diversity Fellowship. I am also thankful to have set aside my doubts and insecurities to take a chance on this opportunity and encourage other trainees with similar backgrounds, experiences, or perceptions to take chances on those windows of opportunity. 🌱

Fun fact: I spent two weeks in the Indian Himalayas on a medical trip in between first and second year of medical school.

WOMEN'S MENTAL HEALTH



Sierra Raven Small, M.D.
UNC | PGY-3

Growing up in South Carolina with a mother who worked at a maximum-security women's prison gave me a different perspective on Career Day.

My mother's role at the women's prison was to help decrease recidivism by helping women within 12 months of release find jobs, housing, and ap-

ply for assistance. She held classes on interview skills, effectively creating a resume, and partnered with a local HBCU to offer certificate programs.

From elementary school and beyond, I was interacting relatively regularly with the women in her program whether at career day, during summer lunches with my mom, and later in medical school while teaching a Health Education course as part of her program. I would listen to their life stories, their plans for their future, and sometimes play games. I'd hear them talk about their struggles with substance use, being pregnant and delivering a child in prison, and their battles with mental health concerns. The value of having these experiences so young is that it allowed me to form my own opinions before the societal bias against incarcerated individuals could take hold. It also allowed me to see the magnitude of that bias.

In college, I listened to Ta-Nehisi Coates speak about the injustices of our society and the impact of mass incarceration on the black community. I read Michelle Alexander's *The New Jim Crow*. I went to lectures discussing how disproportionately poor maternal health is in America, especially in the South. These experiences were a catalyst that would drive my passion towards reproductive psychiatry and advocacy for incarcerated individuals. My disgust with the inequities led me to focus my undergraduate research and capstone project on the community sex ratio (the ratio of men to women in a community) and its influence on health outcomes.

As Michelle Alexander discussed in her work, the disproportionate incarceration of black men significantly disrupts the sex ratio in black communities. Research has shown that when the community sex ratio is imbalanced, there is increased partner concurrency, higher economical stress, and poor health self-efficacy, all

of which influence sexual, mental, and physical health. As I disseminated this information, I found that people often did not think about the influence of incarceration on the family. People often did not think about reproductive health as it related to incarcerated women.

During medical school, I created and taught a health education course for the women in my mother's program. The curriculum included health education principles related to nutritional, sexual, and mental health. Through the multiple cohorts that I taught this curriculum to, I always got the most robust discussion when discussing mental health as many had dual diagnosis substance use disorders and psychiatric conditions in and around pregnancy. An overwhelming number had been pregnant or in the postpartum period when initially incarcerated. This experience guided me to my passion for reproductive psychiatry.

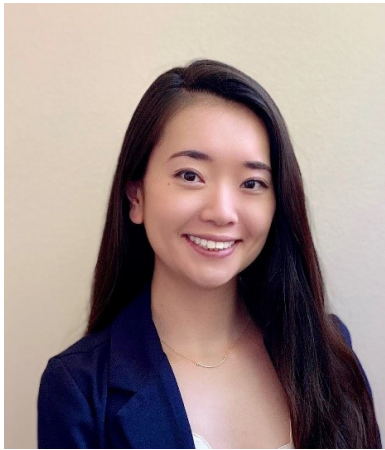
A large factor in my decision to come to the University of North Carolina for psychiatry residency was the opportunities in reproductive psychiatry and specifically women's correctional psychiatry. Soon after starting residency, a co-resident and I collaborated to create a Reproductive Psychiatry track for residents. The track allows for residents to gain skills in the diagnosis and treatment of psychiatric disorders in and around pregnancy, premenstrual dysphoric disorder, and perimenopausal mood disorders in a variety of settings including outpatient, inpatient, and consult-liaison. Residents in the track can select their community psychiatry experiences to align with their specific interests.

I completed my experience at a residential substance use treatment program for women who are pregnant and with young children. Several the women in the program have been incarcerated related to their drug use or have significant others who have or are currently incarcerated. The women I work with remind me of many of the pivotal experiences that have brought me to this point in my career and further affirm my commitment to this field.

I challenge you all to think about how bias has influenced our practices and how we can be agents for change through our practice of medicine. 🌱

Fun Fact: I placed in the top thirty of a national home chef competition.

WATASHINO NAMAWEA (MY NAME IS)



Shizuka Tomatsu, M.D.
Atrium Health | PGY-4
Chief Resident

Hi, my name is Shizuka. It's like bazooka, but Shizuka. This has been my go-to introduction when meeting new people for the past 15 years.

I immigrated to the United States when I was five years old with the ability to only say "Hi, thank you, you're welcome." It took me until 3rd grade to graduate from my English as a Second Language

(ESL) course and I remember feeling like I was finally one of the cool kids. Except I wasn't. Not with a name like "Shizuka." The teasing and name-calling were endless throughout my childhood. And forget about finding a gift shop keychain with my name on it. My friends tried to give me American nicknames throughout my life, but none really stuck because none felt like me.

When I was in 5th grade, we took attendance by standing in a line and sitting in our seats once our name was called. The substitute teacher went down the list of names. "Brian? Leigh? Megan? Uh...." The inevitable awkward pause. I raised my hand and stated, "that's me." I heard my class giggle. The teacher asked, "What's your name?" But before I could answer, one of my classmates shouted, "It's Bazooka!" The teacher looked at me for confirmation. I stated, "It's Shizuka." He then asked, "Bazooka?" "No, Shizuka." "Bazooka?" "No, Shizuka." And so on. After a couple exchanges of this, the substitute teacher got frustrated with me and shouted, "Go sit down or I will write your name on the board, Bazooka!" He thought I was trying to embarrass him. The class was howling with laughter at this point. If only I could change my name into something more palatable. Why couldn't I be a Sarah? A Stephanie? I sat down in the chair that day, teary-eyed, embarrassed of my name, my culture, my ethnicity, and quietly opened the music book to the lyrics of "God Bless America."

Unfortunately, incidents like this were common. It wasn't until high school that I decided to embrace the rhyme and began introducing myself as "Hi, my name is Shizuka. It's like bazooka, but Shizuka." If I couldn't

change my name, I might as well be part of the joke, right? This worked well all throughout my teenage years and young adulthood. Taking the power away from others by self-deprecating myself before they had a chance felt empowering.

But recently, I watched Atsuko Okatsuka, a comedian, introduce herself to the crowd with the proper Japanese pronunciation of her name, and it shattered my heart. Here was someone who just announced her name, just like that! No shame or guilt that others would have difficulties pronouncing it. I was embarrassed for myself. The decades I have been living in this country, adapting to ease those around me, wanting to fit in, I had lost a core part of myself.

Do I want to be "Shizuka like bazooka" or do I want people to know the real me and to call me by the name my parents gave me, the name that represents my heritage? I will admit, it has been very difficult. I have started to introduce myself to new patients as Dr. Tomatsu (TOH-ma-tsu) with the emphasis on the first syllable, not Dr. Tomatsu (toh-MA-tsu). But how do I tell my friends, colleagues, even my in-laws that the name they have been calling me for years has been wrong? But the more I sit with this discomfort, my gut tells me that I need to do this for myself. So, let me introduce myself to you with my actual name.

Hello, I am the chief resident of psychiatry at Atrium Health and my name is Shizuka (SHE-zoo-kah) Tomatsu (TOH-ma-tsu). 🌱

Fun fact: I am a water connoisseur. I can tell the difference between bottled water brands by taste.

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NC Psychiatric Association (Members Only)

This closed group is for all NCPA members to connect and share information. Search "NC Psychiatric Association (Members Only)" in Facebook and request to join the group.

ACCULTURATION IN PSYCHIATRY



Sonia Koul, M.D.
MAHEC | PGY-3

Acculturation. As a young first-generation American, I never realized there was a word to describe the process of assimilating to a way of life that felt unfamiliar to the one I experienced in the comfort of my home.

My parents immigrated to the United States over thirty-five years ago, to seek refuge from the war-torn area of Kashmir. I grew up with my immediate family being the only Kashmiri people I knew for the first sixteen years of my life. I could only speak my native language and share special nuances of my culture with three other people during this time.

I saw my family and I struggling with intergenerational trauma, and the lack of words or knowledge to even identify what that means. The process of acculturation and my journey to recognizing its effects influenced me in many ways, including my career choice in Psychiatry.

I would've excitedly welcomed a chance to talk to someone who looked like me, about how difficult it was to be surrounded by people who weren't. Now, as a PGY-3 resident at MAHEC Psychiatry in Asheville I get the privilege of fulfilling this desire for others.

According to the U.S. Census Bureau data from 2022, BIPOC individuals make up 18.6% of the population. This percentage increases in surrounding counties such as Henderson. When I joined MAHEC, I knew that I wanted a focused experience that allowed me to work with individuals from an array of backgrounds and cultures. As a resident physician, I was fortunate to have the opportunity to work in the child psychiatry clinic at Blue Ridge Health in Hendersonville.

This year, Blue Ridge Health was recently honored by the National Association of Community Health Centers as the 2023 "Outstanding Migrant Health Center" in the nation. My experience at this clinic can attest to that. The clinical staff at the Blue Ridge office reflected the diversity of my patient panel, which I believe helps in creating a safe space for migrant families to receive mental health care. Interpreters are provided for all visits where necessary, and behavioral health often gets priority for our in-person interpreters.

Throughout my year at Blue Ridge, I've worked hard to create an environment that is culturally sensitive and curious to meet my patients' needs outside of the topics of medications and diagnoses. I am conscious to make time in visits to learn about the importance of family structure, faith, immigration experience to not only my child patients, but the parents who raise them. It wasn't until I was involved in a particular case this winter that I realized my own personal mission requires efforts that go beyond the clinic.

continued on page 10...

Marriott Grande Dunes, Myrtle Beach

ANNUAL MEETING & PRE-CONFERENCE

SEPT 28 - OCT 1, 2023

17.5 AMA PRA CATEGORY 1 CREDIT™

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DON'T MISS THE ANNUAL MEETING AND PRE-CONFERENCE — REGISTER TODAY!

SEPT 28 - OCT 1 | MARRIOTT GRANDE DUNES | MYRTLE BEACH, SC

EARN UP TO 17.5 HOURS OF AMA PRA CATEGORY 1 CREDITS™

In just a few weeks, the 2023 NCPA Annual Meeting and Pre-Conference will kick off in Myrtle Beach, South Carolina at the beautiful Marriott Grande Dunes Resort & Spa. We hope you will be there! If you haven't already registered, there is still time. Online registration is fast and easy. Visit www.ncpsychiatry.org/annual-meeting to register today.

The Program Committee, co-chaired by *Mehul Mankad, M.D., D.F.A.P.A.* and *Rebekah Jakel, M.D., Ph.D.*, has secured many outstanding speakers, drawing heavily on the research talent and psychiatric expertise right here in North Carolina in addition to other prestigious, out-of-state institutions. Attendees will have the opportunity to earn up to 17.5 hours of *AMA PRA Category 1 Credits™*.

This year NCPA is offering its first ever Pre-Conference, "Workplace Safety: Empowering Physicians and Supporting Healthcare Professionals," as a direct, timely response to the recent occurrences of workplace violence against healthcare professionals. During this one-day training consisting of four plenary and additional concurrent sessions, expert speakers will discuss topics such as destigmatizing mental health and violence in healthcare, advocacy for the safety of psychiatrists and other healthcare workers, and liability as it relates to discharging a patient due to safety concerns.

You are welcome to attend only the Pre-Conference or add it to your Annual Meeting registration.

In conjunction with the educational sessions, there will also be plenty of time to network and socialize with new and old colleagues throughout the weekend. We are excited to offer several evening receptions and other events we hope you will enjoy!

On Thursday, please join us at our Welcome Reception to connect with your fellow meeting attendees and wind down from your day of travel.

On Friday evening, we are adding a Networking Reception, sponsored by HopeWay. Whether you are seeking a new position, looking for the right candidate to hire, or just meeting up with friends you won't want to miss it.

On Saturday, we are really kicking things into high gear! After spending your morning in either the

General Psychiatry Track or Child and Adolescent Psychiatry Track hearing from our excellent speakers, get ready for a Poolside Dinner Party!

The first thing to know is that we are starting the evening festivities one hour earlier than in recent years, so that our attendees with young children will be able to participate.

From 5:00-6:00, please plan to attend the Resident Poster Session Reception. Enjoy drinks and hors d'oeuvres while viewing research posters presented by residents from across North Carolina's eight psychiatry residency programs.

Then, we encourage you to show off your best Hawaiian shirt at our Poolside Dinner Party! Rather than a formal dinner, we invite you and your family to mix and mingle in a casual, fun atmosphere by the hotel's fabulous pool! This is sure to be the highlight of the weekend!

We can't wait to see you there! In the meantime, feel free to contact the NCPA office if you have any questions about the Annual Meeting. Please call 919-859-3370 or email info@ncpsychiatry.org.



...“Acculturation” continued from page 8

I had met this patient in the hospital, coincidentally, on their last day of a very long admission. “C” was a 14-year-old boy admitted to the hospital in a severe catatonic state that developed secondary to a severe depression. After immigrating from the highlands of Guatemala about two years prior, this child had understandable difficulty adjusting to this new world of a foreign language, where friends weren’t typically made by playing fútbol in the neighborhood, and the local church wasn’t filled with generations of familiar elders.

Acculturation was the most significant inciting factor, and their discharge plan truly didn’t account for any of this. Discharged into the same environment that created a crisis in the first place, the child decompensated to the point where I urgently advocated for re-hospitalization. I soon realized without collaborative care involving teachers, social workers, principals, and the volunteers who all played a role in the child’s life, progress would not be made.

I, as his outpatient psychiatrist, alongside with other residents at my program who had met this child, spent significant time providing psychoeducation regarding acculturation to the school system and other support figures in this child’s life. Countless meetings, phone calls, and family sessions took place over months. During these sessions, it became clear that signs of this child struggling with their transition to America were missed early on. I started to wonder, are those who work with children in medicine and the school system, regularly considering the effects of acculturation?

...“Celebrating” continued from page 3

within their personal community. Because of that and the experiences of other minoritized and marginalized people, it is my hope and our collective need, that psychiatry will continue to evolve in both its approaches to providing high-quality, meaningful, equitable psychiatric care for all people as well as in its ability to attract, develop, and retain a diverse workforce for the increasingly diverse communities we serve.

I am thankful to the authors in this newsletter who shared their personal stories and who represent the future of psychiatry. 🌱

Tyehimba Hunt-Harrison, M.D., M.P.H. is the Vice Chair of Mental Health Equity and Community Engagement and Director of the Mental Health Equity Residency Training Track for the UNC Department of Psychiatry.

With the encouragement of my program, my co-resident and I have started to attempt to answer this question. My colleague, *Leeallie Carter, M.D.*, was able to present on this case and topic at the national AACAP conference, and will soon publish an article in the *Child and Adolescent Psychiatric Clinics of North America* journal this summer. Our goal is to one day create a training to provide the community and school systems regarding the effects of acculturation. Within my program, we have created a structure for case conferences that are specifically focused on presentations and experiences of marginalized communities.

I am lucky to attend a program and work in an area that allows exploration in mental health equity topics and efforts and encourage my peers to do the same. Not only do I get a chance to develop into the person my younger self wished for, but I also am able to foster this growth in my peers, patients, and community. 🌱

Fun fact: I have never had a pet until I moved to Asheville for residency. The first week I moved here, I found a stray injured kitten, which of course I adopted, and named Taco. The next year I adopted another cat and named him Beans. Stay tuned for whether I adopt my third cat, in my third year of residency!



Psychiatrists Needed for Social Security Disability Exams

NC Disability Determination Services contracts with psychiatrists statewide to perform Consultative Exams (CE) for people who have applied for Social Security disability benefits.

WHY BECOME A CE PROVIDER?

- One-time exams performed in your office
- Reimbursement for broken appointments
- Increased patient referrals
- Exposure of practice
- Hours based on your availability Monday-Saturday
- No treatment involved
- Prompt payment
- Teledictation service provided free of charge
- Conveniently submit reports electronically



NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES
Disability Determination Services

800.443.9360 • ERE.NC@ssa.gov
www.ncdhs.gov/ddp/pro



NCPA ADVOCACY DAY IN RALEIGH

On April 26, Resident and Fellow members (and others) from Atrium, Cape Fear Valley, Cone Health, Duke, and UNC attended our first in-person Advocacy Day since prior to COVID.

The day started with a briefing at our office in Raleigh, followed by meetings in the Legislative Building.

We had several relationship building meetings with key leaders in the NC House and Senate, including meeting with NCPA's own *Kristin Baker, M.D.*

Thank you to the members who took the time to be in Raleigh to advocate for your patients and the profession!





NORTH CAROLINA
**Psychiatric
Association**

ANNUAL MEETING NETWORKING EVENTS

September 28 - October 1, 2023

Thursday, Sept. 28

Welcome Reception
6:00-7:30pm

Friday, Sept. 29

NCPA Business Meeting
12:45-2:00pm

Networking Reception
Sponsored by HopeWay
6:00-7:30pm

Saturday, Sept. 30

Poster Session Reception
5:00-6:00pm

Dinner Party
6:00-8:00pm