

IN THIS ISSUE

- 2 Legislative Update
- 4 System of Care
- 6 Midwestern Psychiatry Association
- 7 Resident Rooftop Event
- 8 Irvin v. Southern Illinois Healthcare
- 10 APA Election
- 11 Subpoenaed for Mental Health Records
- 11 APA Foundation Grant
- 12 Book Review
- 15 The Kennedy Forum Illinois
- 15 Poem

President’s Message

Hossam Mahmoud, MD MPH



The new year is a good time to reflect on our organization’s achievements of the past year and to plan for the upcoming year.

IPS has had multiple successes over 2019, but I would like to focus on two legislative achievements. The first is the passage of SB2085 into law, requiring coverage of the Collaborative Care Model codes, as of January 1, 2020, making Illinois the first state to pass this legislation, based on the APA’s Model Collaborative Care Legislation. This means that many patients throughout Illinois will be able to benefit from mental health services delivered by their primary care physicians with support from consulting psychiatrists and behavioral health care managers. More on the passage of this legislation can be found at <https://psychnews.psychiatryonline.org/doi/10.1176/appi.pn.2019.9b28>. The second legislative achievement was the passage of the prior authorization bill, HB2160, which requires the development of two uniform electronic prior authorization forms, one for private insurance and one for managed care organizations, to make the process of getting prior authorization less burdensome and ensure a more timely response.

In 2020, IPS will continue to focus on mental healthcare access and parity. We will be collaborating with the American Psychiatric Association, other professional societies, healthcare organizations and the Illinois legislature on a bill to ensure parity is extended to include telehealth coverage

throughout Illinois, regardless of payer. For many patients across Illinois, telehealth services can be the only option to receive mental health services, and ensuring parity for telemental health means that more patients will have access to care. Please, join us for Advocacy Day in Springfield on Wednesday March 4, 2020.

With regard to communication with our members, in 2019, IPS created a Twitter with the handle @ILPsychiatry, as a way to engage members and keep them informed on challenges, updates and calls to action. Please, follow us, tweet at us and retweet us.

A survey of our members in 2019 asked members whether they would prefer to receive Mind Matters in its current printed format or an electronic format. Based on member feedback, the IPS Council voted to approve the use of electronic format for Mind Matters for a one-year period. After a year the Council will decide whether to make the change to electronic format permanent. We hope that the transition into electronic format will give members access to the newsletter from different devices and settings and will allow for sharing articles for wider access.

Please, be in touch. IPS is here to serve our members.

Happy New Year!

Sincerely,

Hossam Mahmoud, MD MPH

Hossam Mahmoud, MD MPH

Visit the *new* and *improved* IPS website: illinois.psychiatry.org

Be sure to check out the new Career Center.

IPS State Legislative Update 2019 Veto Session Wrap-up and 2020 Issues

By Betsy D. Mitchell

Just before Thanksgiving, the Illinois legislature completed the fall veto session dominated by issues relating to prohibiting vaping and vaping products, tweaking the new soon-to-be enacted recreational cannabis law and reducing the tax rate for a possible Chicago casino. The legislature considered prohibiting vaping in Illinois. Excellent, data-driven testimony was provided by the Illinois Academy of Family Physicians on the direct dangers of vaping. A high school student also provided compelling testimony based upon his near-death experience from vaping. Supporters of vaping focused on its smoking cessation benefits and forced business closures. No legislation was passed, and everyone was encouraged to return to the table to continue to develop better solutions.

The biggest news out of the Veto Session came from President John Cullerton's retirement announcement as President and Senator from the Illinois Senate, effective in January 2020. This announcement set into motion a race for his replacement as President. As of this writing, Senator Kimberly Lightford (D, Hillside), Senator Don Harmon (D, Oak Park) and Senator Mike Hastings (D, Frankfort), and Senator Elgie Simms (D, Chicago) appear to be seeking this leadership position. The Senate, presided by Governor Pritzker, will choose their next leader on Sunday, January 26. Rep. Sara Feigenholtz is expected to fill Cullerton's Senate seat.

Expected Favorable Bills in 2020

Although no mental health issues were directly discussed during the veto session, these issues will clearly dominate the legislative agenda in 2020 as the demand for increased access to quality mental health services continues to rise. Most likely we will see proposals:

- Demanding increased funding for universities, schools, and pre-schools for mental health services
- Seeking additional funding and solutions for jails and prisons
- Searching for improved public health policies including increasing access to mental health from social service agencies throughout Illinois

IPS Legislation


IPS will be introducing legislation requiring commercial insurers and MCOs to cover telehealth services including telepsychiatry. Senator Laura Fine (D, Glenview) has agreed to introduce this important legislation in the Senate

for IPS. Please contact your legislators NOW and urge them to support this important legislation in 2020. As soon as this bill is introduced in January, we will have a bill number to share with you.

IPS will also continue working with the Illinois Department of Insurance and the Healthcare and Family Services to establish the two working groups each assigned by the passage of House Bill 2160 to develop an electronic prior authorization form.

Adversarial Legislative Expectations

Every year, physicians are faced with more and more health care professionals seeking to expand their scope of practice without additional educational or clinical requirements. Based upon discussions, at the very least, IPS anticipates legislation will be introduced seeking to expand scope of practice for pharmacists, naturopaths, and lay midwives. Pharmacists want to increase their scope of practice and prescribing privileges. Naturopaths will once again seek to become licensed as physicians and be allowed to provide the full range of licensed physician services including special services (i.e. pediatric care, chronic disease, gynecology etc.). Following their licensing task force recommendations, lay midwives will introduce legislation demanding to be licensed as certified licensed professionals.

In addition, onerous physician mandates will likely be introduced again. IPS will be a part of the discussions surrounding these bills and the myriad of other adversarial bills likely to be introduced in 2020. The next legislative session begins on January 28 in Springfield. Everyone expects another fast-paced, busy session. Stay tuned for updates or never hesitate to contact IPS or me (betsy@cook-witter.com) for more information. 

IPS ADVOCACY DAY Wednesday, March 4, 2020

The 2020 IPS Advocacy Day has been announced.

Sign up now by contacting IPS
Kristen Malloy at
kmalloy@ilpsych.org or 312-224-2600

UNPARALLELED CLAIMS EXPERTISE WITH

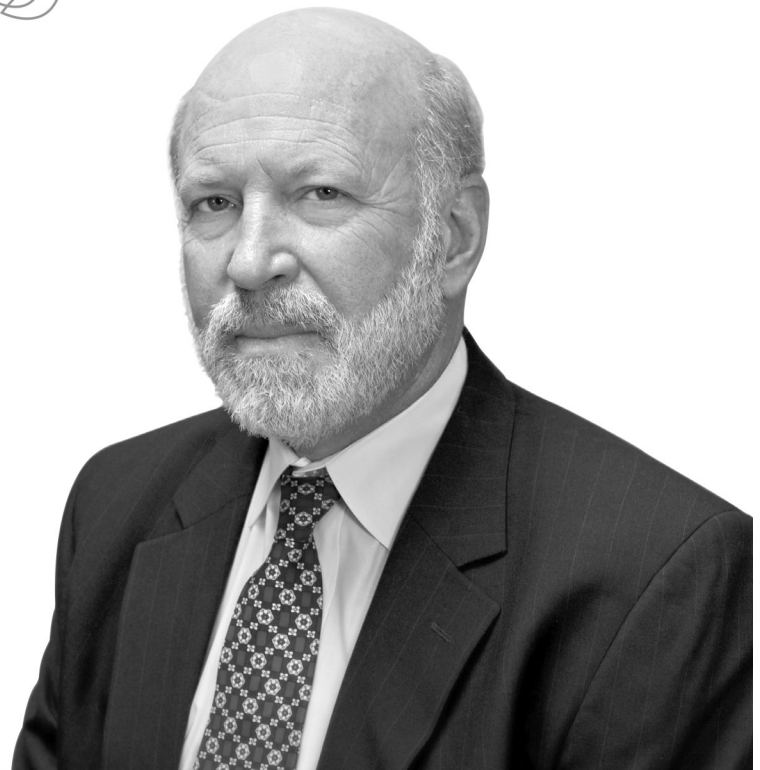
29,000+

PSYCHIATRY-SPECIFIC CLAIMS HANDLED



WE DEFEND YOU

PRMS has managed more psychiatric claims than any other company in the United States. Our experienced claims team has a proven track record of providing exceptional service and expertise for more than 29,000 psychiatry-specific claims, lawsuits and significant events since 1986.



DAVID TORRANS II
SENIOR LITIGATION SPECIALIST

Expert claims handling is just one component of our comprehensive professional liability insurance program.

When selecting a partner to protect you and your practice, consider the program that puts psychiatrists first. Contact us today.

More than an insurance policy

(800) 245-3333 | PRMS.com/Dedicated | TheProgram@prms.com



Let's Build a System of Care that Works for Children and Families

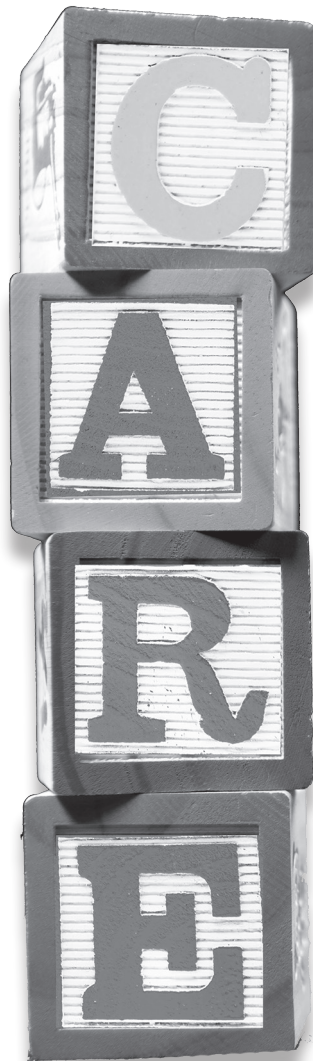
By Peter Nierman, M.D. and the members of Illinois Council of Child and Adolescent Psychiatry Committee on Inpatient Care (Karen Pierce, M.D., Michael Naylor, M.D., Pamela Campbell, M.D., Astrid Herard, M.D., Rahul Bansal, M.D., SunDeep Randhawa, M.D., Jyoti Randhawa, M.D., Matthew Parvin, M.D., Shaheena Hossain, M.D., Thomas Cummins, M.D., Eitan Schwarz, M.D., Alex Chevalier, M.D., Nicholas Hatzis, M.D., Laura Chang, M.D., Susan Scherer, M.D., Saleena Shrestha, M.D., Raunak Khisty, M.D., Hitekshya Nepal, M.D., Syed Ali Imran Bokhari, M.D., Lucyna Puzkarska, M.D., Amer Smajkic, M.D., Adrienne Adams, M.D., Osama Elshafie, M.D.)

In the spring of 2019, the Board of the Illinois Council of Child and Adolescent Psychiatry formed a subcommittee to look at the concerns of multiple members who were engaged in providing inpatient care to children and adolescents throughout Illinois. There was consensus among these providers that children and families were unable to access the effective and appropriate mental health care they needed. This state of affairs prompted the crafting of two articles by this committee, Hospitals Under Duress (July, 2019) and Mental Health Services for Youth: System Prevents Doctors from Helping Kids (September, 2019). These essays described limitations to the current availability and quality of mental health services that are available to many of the state's most vulnerable citizens. The Child and Adolescent Psychiatrists who are members of the Committee on Inpatient Care do not believe that recognizing the problems with our current system is enough. These doctors have recommendations for the investment of resources to build a system of care that provides children access to appropriate and effective treatments while prioritizing family, community, and education.

Child and Adolescent Systems of Care is a transformative design to bring effective and appropriate care to youth and families (A System of Care for Severely Emotionally Disturbed Children and Youth, Stroul and Friedman, CASSP Technical Assistance Center, Georgetown University Child Development Center, 1986). The implementation of such a program is guided by principles that emphasize community-based care that is individualized, culturally sensitive, and evidence based. Parents are seen as partners and contribute to all decisions made by the child and family team. The child and family team is a community based care management group that meets regularly to support the goals of treatment.

A functioning System of Care program requires coordination of multiple providers and child-serving agencies. At the center of this coordination is the ability to communicate essential information harbored by families, schools, juvenile justice, child welfare agencies, hospitals, and community mental health providers. Psychiatrists can be much more effective in their treatment when they are able to incorporate hospital records, medication histories, psychological testing, Individualized Educational Plans, clinical summaries from outpatient providers, legal issues, prior DCFS investigations, and past successes.

Psychiatric inpatient hospitalizations play an important role in the system of care as the primary sight to stabilize youth who may cause a risk of harm to themselves or others. Another important function of the inpatient setting is to initiate treatment for youth who are unable to benefit from less intensive levels of care due to their mental health disturbance or the inadequacy of their current holding environment. The child and family team is able to assess and recruit the necessary resources to bolster the capability of parents and guardians to prepare the home for the return of still fragile youth. An unstable home can very quickly precipitate the next crisis and leads to re-hospitalization. Services such as partial hospital programs, psychiatric follow-up, respite, school reintegration, and home-based family therapy can greatly help to diminish triggers that might precipitate another crisis. Diagnostic clarity and proper medication is a critical function of the inpatient psychiatrist and doctors should not be hamstrung by limited formularies and foreshortened lengths of stay. With input from the child and family team, treating child psychiatrists should have the greatest input regarding a child's appropriateness for discharge; they are in the best position to evaluate the condition of their patient and the preparedness of the home.



There are times when the home environment is ill-prepared to maintain the gains seen in the hospital. Some situations may require a discharge to an alternative setting such as residential treatment, therapeutic foster care, group homes, or relative care. For some children, behavioral concerns render the home unsafe; for others, ongoing investigations of abuse or neglect require consideration of an alternative living arrangement. For these cases, Illinois should develop specialized short-term residential resources where mental health treatment can be maintained until an appropriate longer-term solution is found. This resource would limit the time that youth have to remain in psychiatric hospitals beyond medical necessity. The alternative setting will provide greater breadth of educational services, peer engagement, and healthy physical activities.

A functioning System of Care should emphasize continuity. For a child, a familiar face is essential. Trust is built over time. The relationship between a therapist and their client is established through qualities such as reliability, commitment, dependability, and shared experience. While traversing different levels of care, children must have the consistent presence of key members of their treatment team. For many, stabilization seen in the psychiatric hospital is just the beginning of long-term therapy to address the lingering impact of trauma, suicide, or grief. Community mental health programs must be financially stable organizations and recognized as valued community resources where people get the help they need. The system cannot become merely focused on crisis response; mental health is not achieved in a moment; it must be maintained.

A functioning System of Care must possess the acumen to address many different kinds of mental health challenges by adapting to the needs of its' consumers. Today, the system must work with kids who are traumatized by violence in their home or community. Pressure on youth leads to anxiety, depression, and suicide. A growing number of youth express gender dysphoria or shifting sexual identity. School refusal is common. Early childhood trauma and loss result in behavioral problems. ADHD detracts from school performance while autism affects a greater number of children than ever previously identified. Addressing these challenges in therapy often requires specialized training and education as well as experience. The system must assess the complex needs of patients, develop the skills necessary to provide effective treatment, and utilize measurable indicators to provide feedback on their efforts.

A functioning System of Care requires sufficient resources to be stable. Consumers, families, and system partners

must all have a stake in the outcomes. As the state moves into managed care, it is essential that the State-contracted managed care entities use the resources given to them to support the development of a functioning system. The recent California court decision in *Wit v. United Behavioral Health* found that this managed care organization (UBH) gave final decision making authority over clinical guidelines to its financial division.

The court decision concluded:

“The court found by a preponderance of the evidence, that UBH “breached its fiduciary duty by violating its duty of loyalty, its duty of care, and its duty to comply with plan terms by adopting Guidelines that are unreasonable and do not reflect generally accepted standards of care” for both residential treatment and intensive outpatient treatment. Plaintiffs were harmed by being denied their right to fair adjudication of their claims for coverage based on Guidelines that were developed solely for UBH’s benefit. Furthermore, the court found “by a preponderance of the evidence, that UBH’s Guidelines were unreasonable and an abuse of discretion because they were more restrictive than generally accepted standards of care.”

Managed care entities, who are health care insurance companies, undertake the challenge with an expectation of profit. It is essential that fee-for-service reimbursement pays a rate sufficient to guarantee a stable workforce - from doctors to nurses and therapist to respite workers. It is important that statute and regulation work to keep vigilant oversight on the State-contracted managed care organizations to promote quality and effectiveness - not to forfeit elements of the system to profit. Over the last decade, the State of Illinois has not adequately funded mental health services for children. This underfunding of children’s mental health services has resulted in legal action in federal courts. It is incumbent upon State-contracted managed care organizations to utilize their vast technological and organizational resources to bring efficiency, effectiveness, and quality to the most vulnerable children and families of Illinois.

A functioning System of Care recognizes the importance of prevention and early intervention. There are many factors that contribute to long term behavioral and emotional disorders in youth that are entirely preventable. When trauma or illness is unavoidable, early recognition and intervention can mitigate long-term consequences. Quality child care, early intervention, and social emotional learning in schools helps to prepare children for society’s challenges and builds resilience. According to 2017 data from the

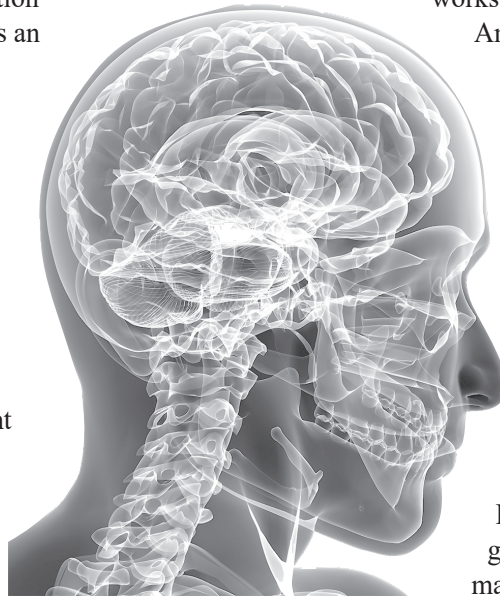
Continued on pg 6

Spotlight on medical students interested in psychiatry: Midwestern Psychiatry Association

By Dipavo Banerjee, MS3

Midwestern Psychiatry Association (MPA), first started in 2011, is an interest group at Midwestern University-Chicago College of Osteopathic Medicine with a current membership of 53 medical students. The goal of the group is to encourage exploration of careers in psychiatry, provide networking and volunteer opportunities for students, and increase awareness of mental health in patient care. Membership and participation in events have seen a groundswell in recent years, as the shortage of psychiatrists to address the ongoing mental health crisis is being recognized.

Speakers, such as child psychiatrists Dr. Jim Mackenzie, DO and Dr. Jennifer Kurth, DO, have fostered interest in psychiatry by sharing clinical anecdotes that appeal to a growing number of medical students. A recent event about what a career in psychiatry looks like drew in 84 students, far exceeding the number of registered members. MPA not only understands the need for better psychiatric care in the general population, but also participates in student wellness events in collaboration with the CCOM Wellness Committee and the “Stop the Crazy Talk” initiative from Student Osteopathic Medical Association. The organization



works closely with Illinois Psychiatric Society, American Psychiatric Association, and NAMI of DuPage County. MPA board officer, Madli Vahtra, is an intern for NAMI of DuPage County, who helped organize events, such as Cookies for a Cause at the DuPage county fair, and “Uncorked & Untapped,” a wine and beer tasting fundraiser for mental health awareness. Past service events include NAMI 5k-Run for the Mind and volunteering at Lawrence Hall, a care center for abused and neglected youth and their families.

In line with the collaborative nature of the group, MPA organizes an annual Post-match Meet and Greet with underclassmen. Midwestern-CCOM has a reputation for matching enthusiastic and compassionate future psychiatrists at institutions across the country. Graduates of Midwestern-CCOM over the past few years have matched to programs such as Loyola, UC Davis, Medical College of Wisconsin, Boston University, RFU Chicago Medical School, and Western Michigan University, among others. Undoubtedly, the enthusiasm to succeed in the world of psychiatry is fostered early on in the journey of medical education, especially within groups like MPA. ■

Let's Build a System of Care that Works for Children and Families

Continued from pg 5

Centers for Disease Control and Prevention, 17.2 percent of Illinois' high school youth have seriously considered suicide and 10 percent made a suicide attempt in the twelve months leading up to the survey (Youth Risk Behavior Surveillance System). We are clearly failing our children.

The transformation of our currently fragmented children's mental health system into a functional system demands that we commit our collective labor and resources toward effective outcomes for our youngest and most vulnerable citizens. Spurred by the federal courts, Illinois' legislators

and bureaucrat agencies are making real efforts to better address the needs of children and adolescents. The State's planning is applauded by this committee and we look forward to working with the government toward our shared objectives. It will not be possible to transform our system without an infusion of additional resources. The expansion of resources into mental health and education will result in diminishing demand for services in substance use, juvenile corrections, and child welfare. As physicians and psychiatrists, we raise our unified voices to advocate for the ethical choice - to achieve a functioning System of Care for children and youth.

Additional Information on System of Care for Children and Youth can be found at: www.samhsa.gov or www.aacap.org.

Reflections on IPS Resident Rooftop Party

By Nicole Shaw, MD

The IPS Resident Rooftop Party was a great experience for me because I am completely new to Chicago. It can be difficult to move away from established connections and relationships in a prior medical community, but events like this help interns get exposure to the psychiatric community in Chicago. The dinner was also a nice opportunity to be around other psychiatry residents, as I am on my six months of off-service rotations and often miss being able to focus on psychiatry. It is never a bad time when I am able to get away from the hospital to enjoy great food and drinks with a spectacular view of my new home city. Overall, it was a pleasant evening that I will recommend to my colleagues in the future. ■



From left: Neal Swartz, MD; Maureen Joyce, MD; Dena Oaklander, MD; Mia Bell, MD; Juhi Kushwaha, MD; Dhruthi Kalangi, MD; Matteo Respino, MD; Hannah Statz, MD



From left: Jackie Hirsch, Jean Vilus, Veronika Hanko, Emma Babb, Justin Spring, Jenny Zhang, Matt Koscica



From left: Chelsea Curry, MD; Courtney Heim, MD; Greer Park, MD; Mariam Aboukar, DO; Michael Swaitkowski, MD; Justin Lam, DO

Irvin v. Southern Illinois Healthcare

This article outlines a case involving Mental Health Code violations in Carbondale Memorial Hospital's ED. In this case, the plaintiff, Anita Irvin, filed a complaint for false imprisonment against the defendant, Southern Illinois Healthcare, who operates Carbondale ED. Initially, the court granted summary judgment in favor of the defendant; the plaintiff then appealed. On April 23, 2019, Justice Chapman delivered an opinion to reverse the summary judgment. We urge IPS members to read the following case and to familiarize themselves with the rights and the procedures outlined in the Mental Health Code.

Anita Irvin had been treated by her primary care doctor, for her chronic swelling and pain in her leg. On August 12, 2014, as she was leaving Dr. Parks' office, Anita Irvin allegedly told his nurse that she was so tired of dealing with the pain and swelling in her leg that she "felt like slitting her wrists." Dr. Parks urged her to seek counseling, but she declined. Her husband assured Dr. Parks that she was not suicidal. Dr. Parks later admitted that at the time, he did not believe it was necessary to take steps to intervene other than urging her to seek counseling. Two days later, she contacted Dr. Parks for her leg pain, and he recommended that she go to the Carbondale ED.

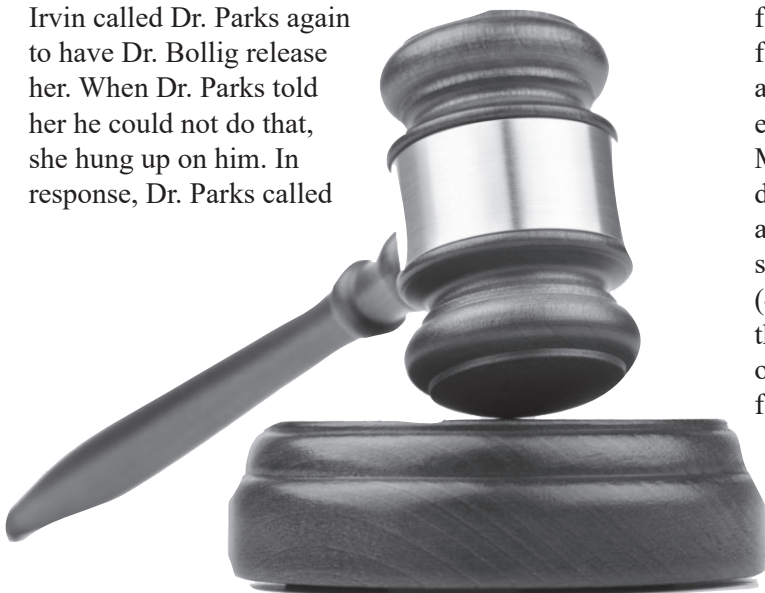
Anita Irvin claims she was told by Dr. Bollig, an ED physician who evaluated her, that there was nothing that could be done for her leg in the ED. Anita Irvin then called Dr. Parks, told him that Dr. Bollig was not helping her, and asked him to call Dr. Bollig. Dr. Parks called Dr. Bollig and told him the history of the pain and swelling in Anita Irvin's leg as well as her suicidal ideation. Later, Anita Irvin called Dr. Parks again to have Dr. Bollig release her. When Dr. Parks told her he could not do that, she hung up on him. In response, Dr. Parks called

Dr. Bollig again, who allegedly informed him that "he had confronted (the plaintiff) about her suicidal ideation and she would not confirm that she did not intend to hurt herself." In the records, there is no indication that Anita Irvin engaged in any behavior that indicated a mental health evaluation was necessary, and she stated that none of the hospital staff indicated to her that there was any concern about her mental health during the 4 hours she was in the ED.

Allegedly, Dr. Bollig told Anita Irvin to follow up with her family doctor, and she left the ED. Upon her departure, a nurse came running after her in the parking lot. The plaintiff refused to go back into the ED, and the nurse called security, who contacted the police. Anita Irvin then was detained in an exam room by 2 security guards, a nurse, and 3 police officers. Anita Irvin claims she was not told why she was being detained. In the exam room, before the staff would even request a mental health evaluation, she was required to put on a paper hospital gown, provide blood and urine samples and had to turn over her purse to the security guards, which she refused to do, leading to a struggle. A police officer claimed she bit him during the struggle, and she was shackled to the bed until she was taken to jail on a charge of battery. No further medical or psychiatric evaluation took place.

The detention described above was lawful only if the staff complied with the requirements of the Mental Health Code. According to Justice Chapman's Opinion, there are genuine issues of material fact on the question of whether or not the defendant detained the plaintiff lawfully, for the following 4 reasons: (1) There are genuine questions of fact concerning whether the ED staff made any efforts at all to persuade the plaintiff to submit to a mental health evaluation voluntarily before deciding to detain her. Mental Health Code states that, before a patient may be detained for an evaluation, the petitioner must be able to attest that a diligent effort was made to convince her to submit to the evaluation willingly. 405 ILCS 5/3-603(b) (4). (2) It was not clear whether the hospital complied with the requirement of presenting a petition to the director of a mental health facility to have the plaintiff detained for examination. See *id.* §§ 3-601, 3-603. A "mental health facility" includes an ED. (3) While the MHC Code authorizes the detention of a patient in a mental health facility, it does not authorize the detention of a patient in an ED to comply with the hospital's internal

(Continued on pg 9)




policy of imposing prerequisites, such as obtaining a urine sample, on a patient's access to mental health services. (4) The detention of a patient for a mental health evaluation is only authorized if the hospital believes that the patient is or may be subject to involuntary admission and that immediate hospitalization is necessary to prevent harm to the patient or others. See id. §§ 3-600, 3-601, 3-603.

The original language of the law is included for reference:

A patient is subject to involuntary admission on an emergency basis if immediate admission is necessary to protect the patient or others from imminent physical harm. Id. § 3-601(a). To have a patient admitted, an adult must present a petition to the director of a mental health facility.

Id. The petition must include a "detailed statement" setting forth the reasons the patient is subject to immediate involuntary admission. Id. § 3-601(b)(1).

A petition for emergency involuntary admission must be accompanied by the certificate of a physician, psychiatrist, or other qualified examiner who examined the patient within the previous 72 hours. Id. § 3-602. As noted earlier, however, a patient is generally not required to submit to an examination for this certificate. See id. § 3-208. If the patient refuses to be evaluated, she "may be detained for examination in a mental health facility." Id. § 3-603(a). We note that the statutory definition of a mental health facility includes any section of a licensed hospital that provides treatment for people with mental illnesses. Id. § 1-114. 

Center for Clinical Neuroscience YELLOWBRICK®

State of the art & research neuromodulation treatment
for adolescents and young adults

Are your patients' response to medications not providing sufficient symptom relief?

Are patterns of brain deregulation interfering with getting optimal benefit from therapy?

Are symptoms interfering with optimal cognitive and functional performance?

The use of neuroscience technologies has enhanced the understanding and treatment of complex conditions and insufficient response to treatment. Yellowbrick's Center for Clinical Neuroscience has developed a research-based Neuromodulation IOP. Following a neuroscience informed assessment, Yellowbrick employs an individually prescribed bundle of neuro-modulation technologies designed for achieving maximal symptom relief and supporting optimal brain health and healing.

- Pharmacogenomic testing; Genetically informed psychopharmacology
- Nutraceuticals & adaptagens
- Deep Transcranial Magnetic Stimulation (dTMS). FDA approved for depression & OCD and promising results in research trials for PTSD.
- Neurofeedback for impulse regulation, anxiety, information processing
- ReCognition: Brain gym for cognitive enhancement
- tDCS...low current stimulation for anxiety and insomnia
- MBSR: Mindfulness/ Meditation Training
- CBT protocol for insomnia
- Nutritional (traditional and integrative nutrition) and activity counseling
- Mind-Body sensorimotor integration
- Collaborative consultation with emerging adult, family and professionals
- User-friendly assessment report & recommendations

For more information, contact Yellowbrick today.
The Assessment Center @ 866.364.2300 ext. 233
www.yellowbrickprogram.com



APA Election: Resident-Fellow Member Trustee Elect (RFMTE) Nominee, Dr. Mariam Aboukar.

Mariam Aboukar, DO

www.drmariamapa.com

- PGY-3, Advocate Lutheran General Hospital
- IPS Resident-Fellow Member (RFM) Chair
- APA RFM Caucus, Board of Directors, Director of Medical Student Mentoring
- United Nations, Task Force for the Identification of Human Trafficking Victims in the Emergency Setting, Member
- Graduate Certification in Emotional Intelligence (EI), Wright Graduate University
- MEDspiration© Chief Communications Officer and Director of Wellness
- EMPATH MED© Founder and Chief Executive Officer

My goal is to promote wellbeing, professional development, and advocacy for trainees and patients. My experiences in EI, global psychiatry, multicultural background and commitment to trainees and leadership provide me with confidence to serve as your APA RFMTE.


WELLBEING:

- Utilize EI for professional development
- Expand EMPATH MED© EI curriculum

PROFESSIONAL DEVELOPMENT:

- Organize online workshops for career development
- Facilitate access to educational tools

ADVOCACY:

- Implicit bias prevention training to advocate for minority trainees
- Human Trafficking Victims through protocol development 



2020 SAVE THE DATES!

Advocacy Day – March 4

IPS Annual Meeting – March 28

Mid-America Club, Chicago IL

Join us for an afternoon of educational sessions and then an evening of dinner, dancing, and awards. More information coming soon.

For more information,
contact Kristen Malloy at
kmalloy@ilpsych.org

What To Do When Subpoenaed For Mental Health Records

By Meryl Sosa, Esq.

Garton v. Pfeifer illustrates that mental health providers should only respond to subpoenas if there is a written court order for the subpoena. In this case, an attorney for the defendant in a post-dissolution case, subpoenaed a plaintiff's mental health records. The court ordered that the records be sent to the court for in camera review. Instead, the healthcare provider sent the records to the defendant's attorney, who presented the opened records to the court claiming that his law partner opened them without realizing what the documents were and that the defendant's attorney himself had not seen the contents. In response, the plaintiff alleged that his former wife, her attorney, and the healthcare system violated the Mental Health and Developmental Disabilities Confidentiality Act (MHDDC). He alleged that he suffered extreme mental and emotional distress because of the release of his records. The circuit court granted the defendant's summary judgment against these claims. The appellate court affirmed the summary judgment for the claims against his ex-wife but reversed the summary judgment against the attorney and healthcare provider.

Section 10(d) of the MHDDC Act provides that no party or his or her attorney shall serve a subpoena for mental health records unless the subpoena is accompanied by a written court order or the written consent of the person whose records are being sought. Because the plaintiff had never introduced "his mental condition or any aspect of his services received for such condition as an element of his claim or defense" in the contempt proceeding he initiated against his former wife the subpoena would not have been granted. Clearly and unquestionably, the initial subpoena sought records for which no exception to the privilege against disclosure applied. Furthermore, both the defendant's issuance of the initial subpoena and the hospital's response thereto were in direct violation of the Act, (1) because the subpoena was issued without a written court order, (2) because no motion was filed and no hearing was held at which any objections could be made by Plaintiff or the mental health provider prior to issuance of subpoena, and (3) because the subpoena lacked mandatory disclosure language required by the Act. Anyone who gets a subpoena from a lawyer should contact the lawyer and state that you need a court order. ■

SIU SOM Clinches APA Foundation Grant!

Jeffrey Ivan Bennett, MD, FAPA

Southern Illinois University School of Medicine in Springfield recently received a competitive American Psychiatric Association Foundation (APAF) Helping Hands grant for their project, "Improv for Resilience and Reintegration," in which medical students provide group classes in healthy expression through improvisational theater to adults and youth in the Sangamon County criminal justice system. This project involves members of the Department of Family and Community Medicine and the Department of Psychiatry at SIU School of Medicine. The program coordinators will be working to bring in a trainer for December.

With the support of a staff member trained in improvisational theater techniques, medical students will teach class participants strategies such as self-expression and

storytelling. There will be 9 sessions in January, with the final session being a performance with the youth participants.

The APAF has awarded 2019 Helping Hands grants to six medical schools. Each school will receive a grant of up to \$5,000 to support community mental health service projects that were initiated or are managed by medical students under the supervision of medical faculty. Award recipients will also have an opportunity to present their work at a poster session at an APA Annual Meeting. The APAF established the Helping Hands Grant Program, with the support of Otsuka America Pharmaceuticals Inc., to encourage medical students to participate in community mental health and substance use disorder activities, particularly those focused on underserved populations. ■

IPS member publishes a book: “The Curious Case of the Alexian Brothers Behavioral Health Hospital and Other Controversies in Psychiatry” by Dr. Anthony D'Agostino.

Review by: Lala Park, MD

"The Curious Case of the Alexian Brothers Behavioral Health Hospital" is more than tales within the walls of the Alexian Brothers Hospital, where Dr. D'Agostino has practiced for 40 years. Rather, the Alexian Brothers Hospital, or how it survived the “power of managed care to influence all aspects of psychiatric care,” is used as a backdrop for a broader discussion about our broken healthcare delivery system.

Dr. D'Agostino challenges the idea of free market healthcare and advocates for a single payer system. He builds his arguments carefully yet unapologetically. He first shows that psychiatry is “definitely not a recent trend or a fad” by taking us through the history of psychiatry. We have been taking care of the mentally ill for hundreds of years. He demonstrates that the successes and failures in our field are legitimate attempts to understand and treat mental illnesses, by drawing similarities to the way advancements were made in cancer treatments or surgical knowledge. Then, we get an insider's views on “the most interesting decades in the history of American psychiatry,”

or the last 40 years, during which managed care has greatly affected and altered the way we practice psychiatry. It is important to note the various roles Dr. D'Agostino served during this time. Locally, he served as President of IPS and also on Insurance and Ethics committees. He was a hospital surveyor for the Hospital Licensing Division of IDPH. Nationally, he served as an Illinois delegate to the Assembly of the APA and also as Vice Chair of Managed Care Committee.

This book will motivate members to take a stand on our healthcare system — and, of course, it will be an interesting read for anyone with love for our profession and our patients. More information for this book can be found online at www.AnthonyDAgostinoMD.com



The Curious Case of the
Alexian Brothers
Behavioral Health Hospital
(AND OTHER CONTROVERSIES IN PSYCHIATRY)

Anthony M. D'Agostino, MD. Foreword by Gregory A. Teal, MD



QUALITY CARE THAT'S RAISING THE STANDARD

Wexford Health Sources, one of the nation's leading providers of innovative correctional health care services, offers fulfilling opportunities for medical professionals who want to make a difference. We offer a work environment that is unique, challenging and always secure. Join us to learn more about a day in the life of a correctional health care provider.

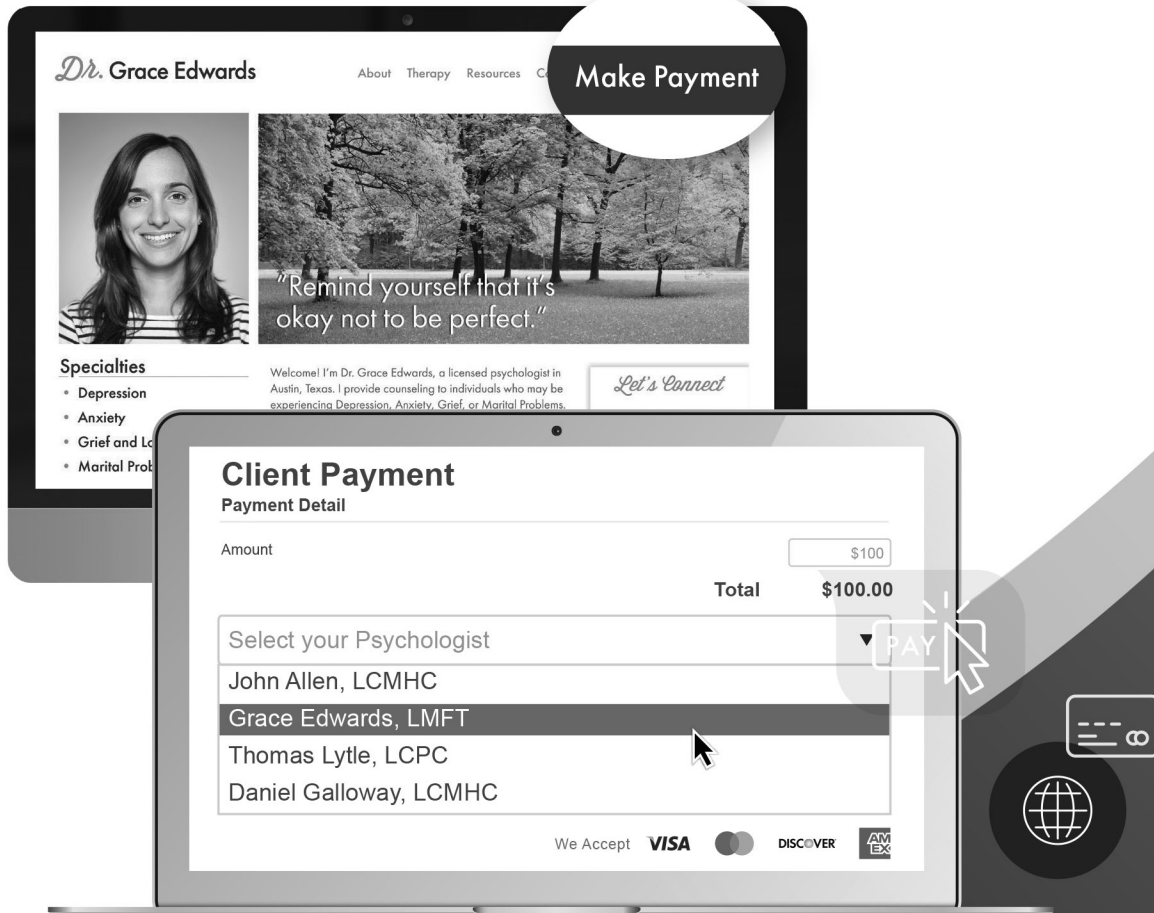
Opportunities available for **Psychiatrists** throughout the state of Illinois.

To learn more and apply, please contact Sharon Holder at: sholder@wexfordhealth.com or (312) 504-3686.

Wexford Health Sources is an Equal Opportunity Employer M/F/D/V

jobs.wexfordhealth.com

GET THE MOST OUT OF EVERY SESSION BY SIMPLIFYING PAYMENTS



The easiest way to get paid.

Simple online payments | No swipe required | No equipment needed

AffiniPay's cost saving solution is designed to work with psychologists, group practices, or multiple independent psychologists sharing a space. Allow clients to pay in your office, online, or on the go. CPA members get their first three months free.



AFFINIPAY®

affinipay.com/ips | 855-656-4684

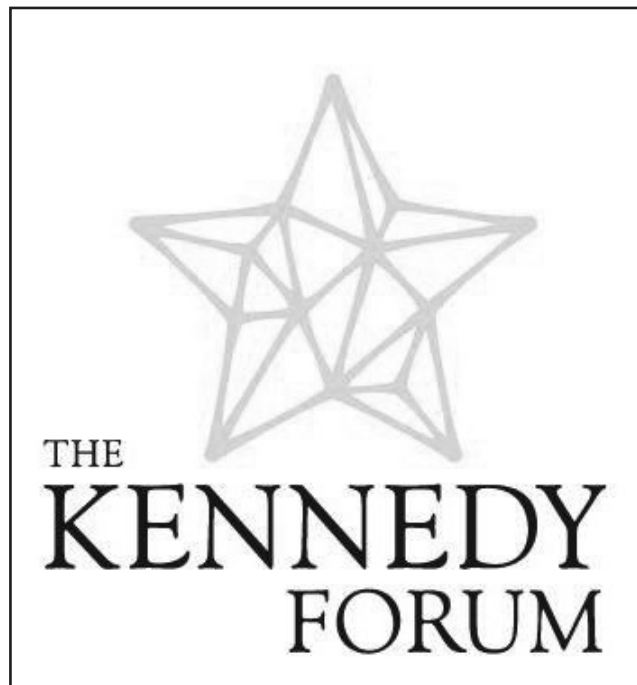


AffiniPay is a registered agent of Wells Fargo Bank N.A., Concord, CA and Citizens Bank, N.A., Providence, RI.

The Kennedy Forum Illinois

Have you experienced instances where patients did not receive medically necessary care because their insurer would not provide coverage? The Kennedy Forum is looking to hear from providers, billing staff, and/or patients regarding instances where insurers would not provide coverage for medically necessary treatment for mental health and/or substance use disorders.

If you have stories you are able to share or would like more information, please contact David Applegate at The Kennedy Forum Illinois (dapplegate@thekennedyforum.org).



JUNE 18-21, 2020

**CHICAGO
2020**

ISBD2020.com

The International Society for Bipolar Disorders is pleased to invite you to the ISBD Annual Meeting 20/20: Vision for Bipolar Disorder and Depression. The 22nd Annual Meeting will be held from June 18-21, 2020 at the Chicago Marriott Downtown Magnificent Mile.

We are accepting abstract proposals for consideration and registration is now open! For additional information regarding registration, submissions, the schedule of events, or to view our keynote speaker lineup, please visit our conference website at ISBD2020.com.



Countertransference: Worlds Collide

By Michelle Murphy MD

Words, affect, feelings, emotions

Turning tides — elevation

Anger, resentment, hostility

I check out

I check back in

Sharp words, severe tone, negative projection

Darting daggers

I check out — anger, fear, sadness, vulnerability, struggle for power and control

I peak back in

Stay with her, I say

Find and ground yourself in the pain

Hostile dependency

A breath — a break

I check out — awareness, distraction, dissociation, avoidance

I invite myself back in

“I’m sorry” she says, “I’m scared”

Insight

The violent storm subsides, the swelling tides quell

We observe the wounds — hers and mine

I pull the daggers out, cruel and worn,

They rest in front of us

Blood, tears, unhealed hurt

“I need this,” she says, “and you need to give it to me”

I check out — desire to escape, fear of violence

I pull myself back in

A breath — a break

And our worlds collide

IPS MIND MATTERS

Illinois Psychiatric Society
8926 N. Greenwood Ave., Suite 285
Niles, Illinois 60714

PRSR STD
U.S. Postage
Paid
Documentation

IPS Mind Matters

is published by the Illinois Psychiatric Society, a District Branch of the American Psychiatric Association. Views expressed by various authors are not necessarily those of the IPS

President:
Hossam Mahmoud, MD
2019-2020

Early Career Psych Rep.:
Chandan Khandai, MD
2019-2020

President-Elect:
Susan Scherer, MD
2019-2020

Resident/Fellow Rep.:
Mariam Aboukar DO
2019-2020

Treasurer:
Abdi Tinwalla, MD
2019-2021

Downstate Councilor:
Andrew Lancia, MD
2019-2021

Secretary:
Steven Weinstein, MD
2019-2021

Immediate Past President:
Joshua Nathan, MD
2019-2022

Councilors:
Adrienne Adams, MD
2019-2021
Cathy Gould, MD
2018-2020
John Korpics, MD
2019-2021
Aida Mihajlovic, MD
2018-2020
Sandra Swantek, MD
2019-2021

APA Representatives:
Arden Barnett, MD
2019-2022
Jeffrey Bennett, MD
2010-2022
Linda Gruenberg, DO
2019-2022
Shastri Swaminathan, MD
2017-2020
Mind Matters Editor:
Lala Way, MD



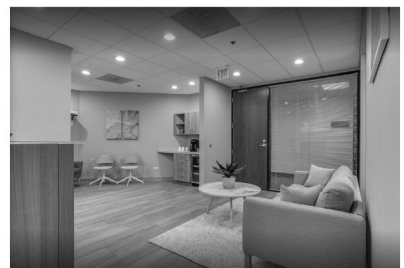
mindfulTMS
NeurocareSM

Rediscover the colors in your life

For the first time in the Chicagoland area:

Mindful TMS exclusively provides neuronavigation-guided Transcranial Magnetic Stimulation (nTMS) treatment. TMS is a non-medication treatment for depression, OCD, and other psychiatric conditions that is virtually free of side effects.

Members of the Illinois Psychiatric Society are encouraged to visit Mindful TMS for a Lunch and Learn, including a demo of our TMS and Neuronavigation technologies!
Reach out to schedule your visit.



Wheaton ● Hinsdale ● Chicago ● Brookfield

Ms. Sameen Hosseini, Business Development Manager ● 847-873-9916 ● shosseini@mindfultms.com