



MIND

MATTERS

Official Publication of the Illinois Psychiatric Society

SPRING 2024 | ISSUE 58

Welcome to Mind Matters, the official publication of IPS.

Please let us know how we can improve on your user experience so all of our members can continue to find value and enjoy this publication.

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Mind Matters Editor, Jasleen Singh, MD at jksrfu@gmail.com



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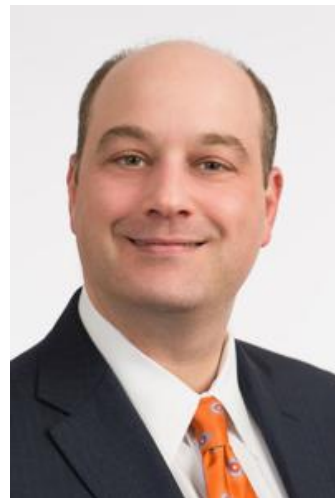
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President's Message

By: Andrew J. Lancia, MD

Commitment to Patients, Commitment to Life – this was the theme for our annual meeting and my presidency. I hope our efforts this year have helped to save many lives and will help to form programs and laws to further broaden access to mental health services while providing greater safety through proper education and oversight. I am overjoyed to

announce that we have two bills, developed out of our Collaborative Care Task Force, **[HB 5045](#)** and **[HB 5046](#)**, which are being sponsored by Rep. Jenn Ladisch Douglass in this legislative season. If approved, these bills will improve understanding of the collaborative care model and most importantly open up much greater access to care. It will allow earlier identification and initiation of treatment. It will give support to primary care clinics who care for the vast majority of patients.

Additionally, several of our members have been hard at work reviewing all the other proposed bills. There is much interest in mental health these days and we are supportive of so many of these efforts. Personally, I have had the opportunity to testify in Chicago at the Joint House and Senate Mental

2024 Virtual Series so far...

Creative Writing - Residency Reflection

Movie Review
Take Shelter: A portrait of schizophrenia and its effects on patient's and families

Member Spotlight:
Sudhakar Shenoy, MD

Mental Health while starting Medical School Rotations

Where Physiology and Psychiatry Collide: A Brief Review of 2 New (to me) Treatments

Contract Negotiations: Questions you should be thinking about

Health and Addictions Committee to discuss workgroup issues and in Springfield at a committee meeting discussing issues on prior authorization. I am thankful for our many members who have assisted in discussions with outside organizations to gain better understanding of their issues and to help educate them on our points of view. These opportunities make certain that the voice of psychiatry is being heard. Believe me, I have seen a growth in the respect for IPS as we are being asked our opinions and guidance regarding mental health issues.

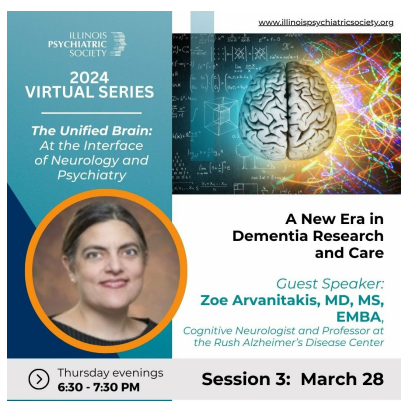
Outside our commitment to advocacy, we have had an eventful year with our member events. Last year our virtual series focused on Psychiatry in the 21st Century: Where Might the Future Take us. This year is already on its way with two great lectures on [The Unified Brain: Interface of Neurology and Psychiatry](#). Last year had several other learning experiences with Addressing the Pediatric Mental Health Emergency in Clinical Settings, the Judicial Roundtable, an Introduction to Finance for residents, and the 2023 Women's Psychiatric Leadership Meeting. Our medical student committee had several talks within their committee. And our residents were able to meet members and learn about our profession through the Fireside Chats series. All can be found on our website in the [Events section](#).

I am thankful for the work Kristen Malloy and Meghan Engelbrecht have done with their efforts keeping up our social media presence. If you are not following us yet, please check us out on [Facebook](#), [X](#), [Instagram](#), and [LinkedIn](#).

Through our commitment to committees (did you know there is actually a committee on committees where I work?), we have had successes beyond the above. Our HEAR-C committee organized the [Carl Bell essay contest](#) which had a huge response.

[MORE](#)

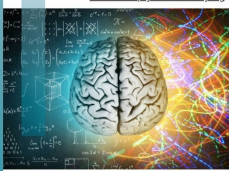
UPCOMING IPS EVENTS:



ILLINOIS PSYCHIATRIC SOCIETY


2024 VIRTUAL SERIES

The Unified Brain: At the Interface of Neurology and Psychiatry



A New Era in Dementia Research and Care

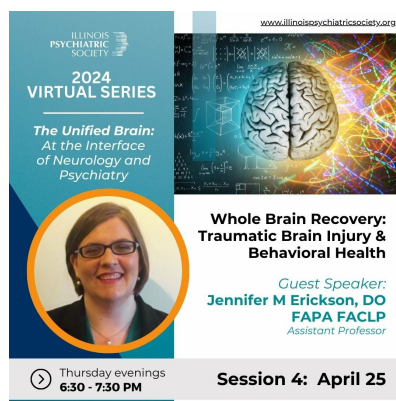
Guest Speaker:
Zoe Arvanitakis, MD, MS, EMBA,
Cognitive Neurologist and Professor at the Rush Alzheimer's Disease Center



Thursday evenings
6:30 - 7:30 PM

Session 3: March 28

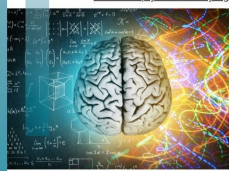
[Virtual Series Session 3 - March 28](#)



ILLINOIS PSYCHIATRIC SOCIETY


2024 VIRTUAL SERIES

The Unified Brain: At the Interface of Neurology and Psychiatry



Whole Brain Recovery: Traumatic Brain Injury & Behavioral Health

Guest Speaker:
Jennifer M Erickson, DO FAPA FACLP
Assistant Professor



Thursday evenings
6:30 - 7:30 PM

Session 4: April 25

[Virtual Series Session 4 - April 25](#)



ILLINOIS PSYCHIATRIC SOCIETY

Riverview Terrace
Happy Hour

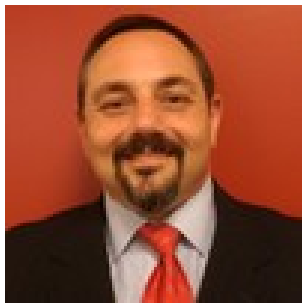


For Young Psychiatric Professional Members

NEW LOCATION!

Thursday July 18
6:30-8:30 pm

[Riverview Terrace Happy Hour - July 18](#)



State Legislative Update

By: Mark Peysakhovich, *IPS Legislative Consultant*

IPS joins fight to end prior authorization and other utilization management controls in Illinois

On March 7, 2024, IPS President Andrew Lancia, MD, DFAPA, FACLP, joined other health care providers and advocates for a hearing of the House Mental Health and Addiction Committee and a news conference in Springfield, to support [House Bill 2456](#) and [Senate Bill 1636](#). This legislation, sponsored by Rep. Lindsey LaPointe and Sen. Sara Feigenholtz, seeks to remove prior authorization and other medication utilization management controls for Illinois Medicaid patients suffering from serious mental illness, including bipolar disorder, depression, and schizophrenia.

"We applaud Rep. LaPointe, Sen. Feigenholtz, and the Governor for putting a spotlight on the dangers to patients of delayed mental health care and treatment because of prior authorization and the impact on our workforce and the time it takes away to treat patients," said Dr. Lancia. "Our hope is the legislature and Governor will consider prohibiting prior authorization and step therapy in the outpatient setting, especially Medicaid. We should be fighting our patients' illnesses, not their insurance companies."

Utilization controls such as prior authorization and step therapy interfere in the patient-doctor relationship and often create insurmountable obstacles for vulnerable patients. Medicaid patients, in particular, face many bureaucratic barriers to receiving the medications prescribed by their physicians. The need for preauthorization stunts access to continuing care while also burdening our overtaxed behavioral healthcare workforce.

[MORE](#)



IPS Mentorship

By: Chelsea Karson, MD

"How do I find a job? What if I find the wrong job? What is an RVU?" There are many questions attendings and senior residents can answer, but sometimes a mentor is the only person who can help.

My experience with the Illinois Psychiatric Society (IPS) mentorship program has been incredible. Dr. Joshua Nathan and I were paired together based on biographies and interests. Dr. Nathan has had a wide variety of experiences since



completing graduation – a perfect fit for me, a then PGY-3 who was exploring job opportunities for the first time and completely overwhelmed.

The mentor and mentee pair decide together the frequency and modality of meetings, virtual versus in-person, and set goals. Dr. Nathan and I met on an as-needed basis by phone or virtually through WhatsApp about once a month for 30-60 minutes. During these meetings, my mentor answered my questions about life after residency. I had an excellent problem – every job opportunity appealed to me! Dr. Nathan shared the story of his career path and helped me narrow my focus, enabling me to gain a better understanding of what I truly enjoyed about my experiences during my rotations. When I expressed concern that I may not have opportunities to learn about areas of psychiatry I wanted to explore after graduating from residency (ECT, DBT, etc.), my mentor assured me this was not the case. If I wanted to learn about a topic, there were resources and opportunities available, and reminders to ask about CME.

[MORE](#)



Paying it Forward: Embracing the Spirit of Mentorship and Collaboration

By: Jasleen Singh, MD

This year, the RFM and medical student committees are proud to report another successful set of mentorship events. For the second year, these committees have collaborated to help medical students seek advice and guidance from residents and fellows through a series of virtual resident panels and breakout sessions.

The series kicked off in September with a zoom breakout session for medical students of all levels. Students had the opportunity to rotate through each "room", with a different resident/fellow in each and a different topic designated to each. Topics of discussion included psychiatry as a career, how to get involved in medical school, psychiatry clerkships and 4th year electives, and topics related to applying to psychiatry residency



My APA Assembly Origin Story

By Joshua Nathan, MD, DFAPA

I have just always wanted to help, to use my talents to make a difference in people's lives. For many years, I have also desired to improve the world I live in, to use my days on earth to move the needle a little for humanity. And maybe along the way inspire others to do the same. So, here, I give you the story of how I became a representative for Illinois at the American Psychiatric Association (APA) Assembly.

Let me give a little background, for those not familiar with the Assembly, about its structure, role, and function. As part of the governance of the APA, it is comprised of representatives of each state and district branch and led by the Assembly Executive Committee (AEC). At its biannual meetings, the Assembly discusses and votes on policies, positions, and other actions they would like from the APA Board of Trustees and its Councils. This is done mainly through consideration of action

programs.

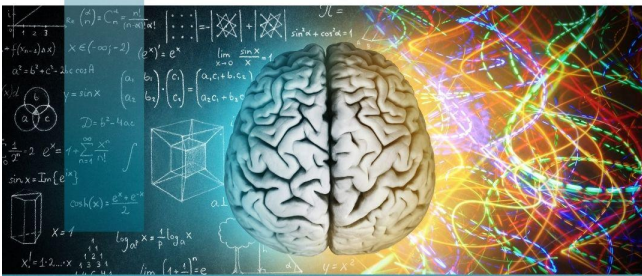
This session was followed by a 1.5 hour panel featuring residents and fellows who shared their experiences and advice with the residency interview process. The panel was held in mid-October. Students were asked to submit questions that they wanted addressed, and this was used to compile a list of topics for panelists to address.

[MORE](#)

papers, which can be submitted by representatives or any APA member. Also, state and district branches are divided into geographic regions, called Area Councils, to set regional priorities, create educational opportunities, and share legislative and other membership activities. Area Councils typically meet 4 times per year, including around the full Assembly meetings. Illinois Psychiatric Society (IPS) is part of Area 4, and we have four representatives in the Assembly.

[MORE](#)

www.illinoispsychiatricsociety.org



ILLINOIS PSYCHIATRIC SOCIETY

2024 VIRTUAL SERIES

The Unified Brain: At the Interface of Neurology and Psychiatry

Thursday evenings **6:30 - 7:30 PM** Jan. 25 | Feb. 29 | March 28 | April 25

Reflections on 2024 Virtual Series so far...

By: Dr. Kimberly Meyer, MD

The IPS 2024 Virtual Series – The Unified Brain: At the Interface of Neurology and Psychiatry started in January. The lectures have been illuminating.

The first session "Functional Neurological Symptom Disorder/Conversion Disorder from Pathophysiology to Treatment Approaches" featured Dr. Kathrin LaFaver. Dr. LaFaver gave an extensive presentation of signs, symptoms, diagnosis and treatment of Functional Neurological Symptom Disorder/Conversion Disorder. She highlighted the importance of collaboration with psychiatrists and other

specialties including neurology, physical medicine and rehabilitation, and physical therapy. The importance of a referral for further evaluation is also of great importance. There were some specialized programs that were cited in the lecture.

The second session "Overview of Pediatric Autoimmune Neurodevelopmental Disorders Associated with Streptococcus Infections (PANDAS)" featured Drs. Pamela Campbell and Careen D. Siri. Being an adult psychiatrist has limited my exposure to patients who have been diagnosed with PANDAS. Dr. Campbell and Dr. Siri provided a comprehensive presentation! I learned the importance of diagnosing and treating the Group A Beta hemolytic Streptococcus infection, as well as the treatment of the Psychiatric sequelae.

If you missed the above two sessions, the [recordings](#) are currently available on the IPS website.

We hope you can join us for the upcoming lectures: Register NOW!

March 28: [Session 3: Dementia Research and Care](#) with Zoe Arvanitakis, MD, MS, EMBA
April 25: [Session 4: Traumatic Brain Injury and Behavioral Health](#) with Jennifer M. Erickson, DO, FAPA, FACLP



Creative Writing - Residency Reflection

By: Chelsea Karson, MD

The transition from inpatient, hospital-based care to outpatient psychiatry clinic during the summer between my second and third year of residency was a unique shift and an unexpected learning experience. While seeing patients on the adult inpatient psychiatry units, I witnessed depression, catatonia, mania, and psychosis so severe that the patients could not care for their basic needs like eating or drinking or were at acute risk of harming themselves or others. The medically managed withdrawal unit was where my coresidents, attendings, and I saw patients suffering from potentially life-threatening alcohol and benzodiazepine withdrawal as well as those suffering from very unpleasant opioid withdrawal. These patients required hospital-level care, often in locked units. Then, as a PGY-3, most of my patient panel never set foot in my office at clinic, instead presenting for their appointments through virtual visits. Although I still saw patients diagnosed with depression, bipolar disorder, and schizophrenia, their symptoms were controlled. The diagnoses I learned the most about during my time in clinic were those that received less attention in medical school and were not as common within the hospital – generalized anxiety disorder, obsessive compulsive disorder (OCD), panic disorder, and primary insomnia. On my first afternoon in the clinic, I met the patients who taught me about these conditions.

Some diagnoses demand attention, presenting with a loud voice and pressured speech or vibrant scars.

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Movie ReviewTake Shelter: A portrait of schizophrenia and its effects on patient's and families

By: Nithin Edara, MD

Take Shelter is a lesser known film released in 2011 starring Michael Shannon and Jessica Chastain. At surface level, the film is about a man, Curtis, who is having prophetic visions of violent storm that is coming and going to hurt everyone he loves. Due to these visions, he starts to build a storm shelter to prepare for what he sees as inevitable. As the movie progresses however, we learn more about Curtis. He begins to exhibit more paranoid and erratic behavior. He steals from his work to build his shelter. We witness him hear and see a storm that no one else can. The director of the film, Jeff Nichols, carefully gives the audience just enough to question what is and isn't real and live in the paranoia Curtis is experiencing. We get put into his perspective and start living in the mind of someone we come to realize might be experiencing psychosis. Unlike any other film I have seen, Take Shelter is able to depict what experiencing psychosis might actually feel like and carefully makes sure we understand how it affects those we care about. Intermixed between the storm noises and tornado imagery, significant amounts of time are spent with Curtis's wife and daughter. We see how the obsession with building the shelter is affecting them and even alienating them within their community. Take Shelter is an under appreciated and beautiful portrait of mental health illness in the modern world and the weight of these pathologies on our patients.



Member Spotlight: Sudhakar Shenoy, MD

In this edition of Member Spotlight, IPS RFM (Resident/Fellow Member) Committee Chair, Dr. Jasleen Singh, interviews IPS ECP (Early Career Psychiatrists) Committee Chair and recently elected ECP-Trustee-at-Large for the American Psychiatric Association's Board of Trustees, Dr. Sudhakar Shenoy.

Dr. Singh: Dr. Shenoy, thank you so much for taking the time for this interview. Could you share with our members a little bit about yourself?

Dr. Shenoy: Thank you for this interview, Jasleen. I was born and raised in India. I earned my Medical Degree from the prestigious Bangalore Medical College and Research Institute in Bangalore and graduated as valedictorian of my class. Before residency, I participated in research training at Harvard Medical School in Boston, Virginia Commonwealth University-Medical College of Virginia in Richmond, and the National Institute of Mental Health and Neurosciences (NIMHANS) in India.

Then I completed my residency in psychiatry and a fellowship in child and adolescent psychiatry at the Southern Illinois University School of Medicine in Springfield, Illinois. I am board-certified in both Adult Psychiatry and Child and Adolescent Psychiatry.

When I was young, a life-threatening accident required me to undergo multiple surgeries, and due to a lack of medical resources and access issues, it was difficult for me to receive medical care in India. However, this life-changing adversity and the physicians who treated me with compassion inspired me to become a doctor myself. This continues to have an impact on me and is a driving force to provide exceptional care to my patients.

Dr. Singh: Wow, what an inspiring story! Thank you for sharing that with us. Could you tell us about your professional career? What does work currently look like for you?

Dr. Shenoy: As an International Medical Graduate (IMG), I served three years in underserved areas and am currently finishing up five years of the same service, as required by IDPH (Illinois Department of Public Health) and HHS (Health and Human Services). I previously worked at a Federally Qualified Health Center (FQHC) and I currently work at Clarity Clinic in downtown Chicago.

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**Mental Health while
starting Medical School**



**Where Physiology and
Psychiatry Collide: A Brief**

Rotations

By: Radhika Patel

The transition from classroom learning to clinical rotations can be an exciting yet overwhelming time. Many students, including myself, look forward to starting on a new journey where we get to put our hard-earned knowledge to the test. It is exciting knowing that the long study hours will soon be behind us, and we will finally get to have hands-on clinical experience. Along with the excitement comes anxiety about direct patient interaction, performance evaluations, and fast-paced learning environments. Each rotation brings new challenges and unfamiliar situations. The uncertainty of what to expect can create anxiety as medical students can feel unprepared for the clinical scenarios they will encounter. Here are some tips to help ease the transition and make the most of your clinical rotations:

1. Preparation: Review relevant medical knowledge before starting each rotation to refresh your memory on important concepts.
2. Build relationships: Establish positive relationships with your preceptors and residents. It is important to ask for feedback and improve on constructive criticism.
3. Effective communication: Practice presenting patient cases, discussing treatment plans, and writing progress notes.

[MORE](#)

Review of 2 New (to me) Treatments

By: Luke Lammers

As a 3rd year medical student, I am finally exposed to clinical medicine and witnessing the “art” of being a physician. In contrast, during my first two years of medical school, I was inundated with a multitude of mechanisms, pathways, and anatomy that all boiled down to a clear, black or white, right or wrong, multiple-choice answer. For many specialties, these mechanisms that occupied my psyche still prove useful. For example, family medicine practitioners know that ACE inhibitors block the RAAS cascade to lower blood pressure. The infectious disease physician understands that the cephalosporins bind to penicillin binding protein to interfere with peptidoglycan formation, and all the ramifications of this as it pertains to treating infection. Psychiatry, however, does not adhere as closely to these physiologic pathways. The waters are muddied by human experience, a lack of an objective measure of emotions and spiritual well-being, and the difficulty of understanding the complexities that lie within the brain and underlie our consciousness. It was precisely these muddy waters that enthralled me with psychiatry in the first place. It was a specialty in which so much more was yet to be discovered, and I would be able to learn and innovate alongside the field itself.

[MORE](#)

Contract Negotiations: Questions you should be thinking about

By: Jordan Romero, MD

When I finished residency and began working at my first private outpatient practice, I quickly discovered the business was not managed ideally. As a result, my compensation was not commensurate with the work I performed.

Below are some questions I wish I'd asked to gauge the financial



and overall health of the practice:

-Where does the practice receive referrals/their patient base from?

This should give you an idea of the relationships a practice has with the community. Do they receive referrals from therapists, primary care physicians, hospitals, insurance websites, universities, or advertising? Where do they get the majority of their referrals from?

-What is the payment source for the patient base?

Are they a self-pay practice? Do they accept private insurance, and if so, which insurance companies are they contracted with?

Do they accept Medicare/Medicaid? Is billing done internally or outsourced to a billing service? Do they have unique arrangements with local employers (universities, medical, law, or other professional schools, hospitals, etc.)?

Note: The answers to these questions will determine your income if you are entering into a percentage split of revenue sharing with your prospective employer.

-Will you be a salaried employee, or will you receive a split of the gross revenue?

If you are entering into a revenue-sharing or "split" scenario (70/30 is a common split), ask whether the practice is willing to guarantee you a base salary for a designated period of time (6 months to 1 year) until you have built up a caseload that generates an adequate salary. Ask to see an example of another psychiatrist's reimbursement summary (there should be a report generated with every pay cycle enumerating the amount billed to insurance, the amount paid by insurance, the amount outstanding, and the amount "adjusted", or written off, that insurance will never actually pay). This reimbursement summary should give you insight into how, even in the world of private insurance, reimbursement rates between insurance companies can be very different.

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The Carl C. Bell Memorial Award 2024

ESSAY COMPETITION

Illinois Psychiatric Society

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