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Ideas of Reference

is the newsletter of the Minnesota Psychiatric Society, a district branch of the American Psychiatric Association.

MPS Fall Scientific Program
SAVE THE DATE!
Friday, November 13, 2015

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Vadnais Heights, Minnesota

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MPS 2015 Honors

2015 MPS Psychiatrist of the Year Jerry Kroll, MD



2015 Honorees Drs. Jerry Kroll and Carrie Borchardt

Dr Kroll received strong support for this award and is a stellar example of Minnesota psychiatry. His long and varied list of accomplishments in the psychiatric community not only in Minnesota, but also nationally and internationally, set him apart. Dr Kroll has a wide range of interests in psychiatric study and education, and has special expertise in borderline personality disorder and cross-cultural psychiatry. His accomplishments additionally include a remarkable body of peer-reviewed journals, conferences presentations, books, and review articles. His decades of contributions as a faculty member of the Department of Psychiatry at the University of Minnesota, a consultant at Wilder, a newsletter editor for MPS, and the head psychiatrist at Community-University Health Care Clinic inspire awe. The Minnesota psychiatric community overwhelmingly supported his nomination for Psychiatrist of the Year, reflecting the appreciation he has earned over his many years of service, from countless others who name him a mentor and role model.

2015 Paul Wellstone Advocacy Award Winner Senator Greg Clausen

MPS recognized Senator Greg Clausen with the 2015 Paul Wellstone Advocacy Award on Saturday, July 11 for his exceptional leadership, advocacy and support to the health and well-being of individuals with mental illness and chemical dependency. "Senator Clausen is a strong advocate for Mental health professionals and we are especially pleased with his rural mental health professional's education loan forgiveness program," said MPS President Lloyd Wells, MD, PhD. "This program will help recruit and retain quality health care professionals to needed areas and facilities in the state and improve mental health care across the board by encouraging medical professionals to stay in rural Minnesota and other high-need areas." MPS is thankful for Sen. Clausen's bi-partisan leadership; he was a voice of reason during difficult negotiations and worked hard to garner support for common-sense mental health legislation.



APA CEO Saul Levin, MD; Kristin Kroeger, Judith Kashtan, MD and Dionne Hart, MD

Judith Kashtan, MD, Distinguished Service

Dr Kashtan has served MPS and the APA in a variety of roles throughout her career. Her dedication to mentoring other women psychiatrists, residents and medical students in each of those roles is profound; many of today's leaders point to those interactions as their introduction to organized medicine. She has served as MPS president, chair of the MPS Membership and Public Affairs Committees and contributed as a member of the Legislative, Private Practice, and Program Committees, and offers much to the U of M in her role as adjunct faculty. Dr. Kashtan has led discussions about Electronic Health Records, and continues to support educational

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Ideas of Reference

The newsletter of the Minnesota Psychiatric Society is published bi-monthly: Jan-Feb, Mar-April, May-June, July-Aug, Sept-Oct and Nov-Dec for members of MPS and others on request. Signed articles express the opinion of the author and do not necessarily reflect policies of MPS. Articles submitted are subject to review by the editors.

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Classified Rates: 25 words or less for \$75 with each additional word at 35¢. All advertising copy is subject to approval by the editors. Meetings and events may be listed on the Calendar of Events free of charge. Ideas of Reference has a quarterly circulation of 450. Deadlines are the 15th of the month prior to publication.

Ideas of Reference

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Editor's Column

Honorees Touch Lives

Allison Holt, MD

This issue of our newsletter is special because in it we recognize several of the great psychiatrists in our community.

I feel lucky to have worked with each of them. They were all attendings of mine during my residency and they helped shape me as a psychiatrist. Each one of them taught me about different aspects of psychiatry, such as how to treat PTSD, take care of myself as a psychiatrist, conceptualize Borderline Personality Disorder, be an effective therapist and psychopharmacologist, etc. More importantly, all of them taught me to see past my patients' distressing behaviors and stories; to recognize each patient as more than a grouping of symptoms but as a human who is suffering; and to treat my patients, who come to me for healing and to relieve their burdens, with respect and to focus on their resiliency and incredible strength in the face of hardship. I know they have touched many lives in our community, psychiatrists and patients alike, and in this issue we thank them for their care and tireless work, which I know took much energy and sacrifice on their part.

MPS Honors (Continued from pg 1)

outreach on this important topic. Service in a number of Area 4 and APA roles recently culminating with her term on the APA Board of Trustees. She has generously volunteered her time, talent, and passion to psychiatry for so long that it feels like this award is long overdue.

Carrie Borchardt, MD, Recognized for Presidential Service

Carrie Borchardt, MD served MPS as president from May 2013 through May 2014, and saw MPS through its two year strategic planning and reorganization. Working with her predecessor, Dr. Bill Clapp, they gathered member input through a series of regional meetings and provided leadership in MPS's committee and organizational restructure. The result? MPS has a focus on communication and a process to support members and committees to invigorate the organization with innovation and action. Dr Borchardt continues to be involved in MPS as the chair of our NAMI Walk team, the MPS Stigma Stompers, and also serves on the NAMI Minnesota Board.

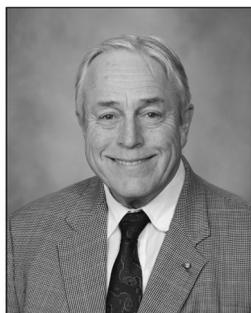
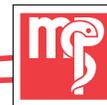


Minnesota Psychiatrists Step up for NAMI! NAMI Walk September 26!

Join the MPS Stigma Stompers Team

Stop by the MPS Table, grab a button and a treat, and leave a donation and a note of support.

All psychiatrists are invited to be in the MPS photo. Call MPS for details.



Reflections

Lloyd A. Wells, MD, PhD
MPS President

Serious Issues

These columns are often full of good news and high aspirations, but I want to devote this one to serious issues affecting many Minnesota psychiatrists and their patients. The news is not good.

Cutbacks and struggles in the Department of Human Services (DHS) are apparent to anyone who reads the newspapers or works with seriously ill patients. Our small, state-operated services hospitals are operating well below capacity, with a great many beds closed, because of budget concerns and staffing issues. There is far less continuity of care than there should be, and far too few beds. Anoka State Hospital has had significant safety concerns, as well, and has had a reduction in beds.

Because of these issues, it is very difficult for judicially committed patients to be admitted to the facilities which the state provides to treat them. This situation is made worse by a relatively new law which provides that mentally ill jail inmates be transferred within a very short time to a state psychiatric hospital. These patients receive preference over other committed patients. The state currently cannot even comply with this law because of bed shortages, and some of the sheriffs are threatening to sue DHS.

Our sickest, committed patients are largely being housed in non-public hospitals, awaiting admission to a state facility. This is certainly not good for them – they are often spending weeks or months on wards designed to keep people for just a few days. This dire situation was brought home to me when I recently participated in a Jarvis hearing for a committed patient awaiting placement in a state facility. The judge said to me, “You do realize, Dr. Wells, that his commitment runs out in three weeks.” The patient had been with us, in an acute-care ward, for that long! Non-public patients in the state, who are usually well served by these short-term units, are additionally affected. The backlog of committed patients awaiting placement can leave other patients waiting for days in emergency departments or sent to places far from their homes and families (e.g. South Dakota). Family involvement is crucial for the care of these short-term patients, and they should be treated near their homes. If they are fortunate enough to be admitted to a local, non-public unit, they are often afraid to come out of their rooms, as these units are now housing more severely ill patients.

Thus far, non-public hospitals and groups have been remarkably cooperative with the state about this situation, but it cannot

continue for long – patients are being harmed because of it. The state is not fulfilling its obligations, but it has a responsibility to do so.

Some words are overused. Crisis is one of them, as is resilience, which is the preferred way to react to a crisis. But I suggest that the current bed situation in Minnesota is a crisis and that the Minnesota Psychiatric Society would be remiss in its duty to its members and their patients if it did not take a stand on it. We have long had a dialogue with the DHS, which we need to continue, but I suggest that we reach out in the immediate future to legislators and members of the executive branch. The Society just honored Senator Clausen with the Paul Wellstone Award for his contributions to our patients and young psychiatrists, and our profession has several other friends in the Legislature. But we can't just tell the public servants and ourselves, “Ain't it awful!” We need a specific agenda and well-crafted action plan. I would appreciate input from as many of you as possible. Please contact me directly at wells.lloyd@mayo.edu. We shall discuss your responses and our strategy at our next council meeting in September, to which all members are welcome. With your help, I hope I can write some happier columns in the future. ■

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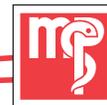
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Remembering Eric Brown

Dr. Eric Brown died on March 12, 2015, of Amyotrophic Lateral Sclerosis at the age of 44. He was a healer, a teacher, and a friend. He graduated from Stillwater High School, Macalester College, and the University of Minnesota Medical School. He completed his psychiatric residency at the

U of MN and also served as chief resident for that program. He practiced in the PTSD clinic at the VA medical center for over 10 years and served as the team's medical director. He spent much of his time teaching and loved working with medical students and residents. We asked some of his colleagues and students to comment on their memories of Dr. Brown and the response was overwhelming.

Dr. Brown started working with MPS while he was still in training, serving as the resident representative. He stayed continuously involved in MPS and served as President from 2011-12. In 2013, he was named Psychiatrist of the Year. His fellow members remarked, "He was such a stalwart member of MPS from residency to becoming President, in his thoughtful, warm and knowledgeable manner." "Dr. Brown's legacy continues to

stand out impressively against the landscape of psychiatry. In his role as President of the Minnesota Psychiatric Society, he established a connection with residents from all three residency programs in our state and founded the Minnesota Resident's Caucus, the first of its kind."

Just prior to his retirement due to his illness in December, 2014, Dr. Brown was awarded the VA Undersecretary's Hearts and Hands award. This is an award given to just one individual at each hospital and designed to recognize someone who goes above and beyond the call of duty for patient care. I can think of no one who deserved this recognition more. "I guess the thing that stands out when I think of Eric is his kindness and humbleness. He was whip-smart and without trying to, taught me a lot about what kind of psychiatrist I wanted to be."

Nearly everyone spoke of his passion for teaching. "Eric was a gifted teacher. He taught like Fred Astaire danced, with grace and such understated style that he made it look easy." He influenced both students and colleagues with his lectures and also with the example that he set. "His passion for educating was evident in each of his lectures." He won several teaching awards in his decade on the faculty. "He was so approachable and laid back but with a wickedly sharp mind. It was a joy to be in class with him. He was always so curious, with a mind that was constantly absorbing from his environment and took great joy in sharing his knowledge and experiences with others." He loved getting medical students interested in psychiatry, "I'm sure by his quiet charisma, and I suspect this was a major factor in the resurgence in recruitment to U of MN psychiatry department in past few years."

In his last weeks and days, he stopped seeing most visitors, but he continued to make time for connecting with others and for saying goodbye. Four days prior to his death, he posted a goodbye message on his Caring Bridge page and managed to respond to the many goodbye emails and text messages he received. "It blew my mind that even in his last days of life he was outwardly focused and able to respond to me."

In November of 2013, Eric gave a 5 minute talk for Ignite Minneapolis titled "What I've Learned from ALS." In that short talk, we were all reminded of why we admired Eric and why many of us aspire to be more like him: his compassion, not only for others, but also for himself, his sense of humor and humanness, his love of teaching and of learning. He was an exceptional human being.

In his own words: *When bad things happen, live anyway.* ■

Editor's Note: The comments and contributions about Dr Brown were too numerous to include in their entirety here, so they have been posted on the MPS website. Please read more there.

DSM-5 & ICD-10 FOR CHILDREN AND ADOLESCENTS

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DSM-5 Updates on Child & Adolescent Anxiety Disorders & Pediatric OCD

DSM-5 Criteria for Feeding & Eating Disorders

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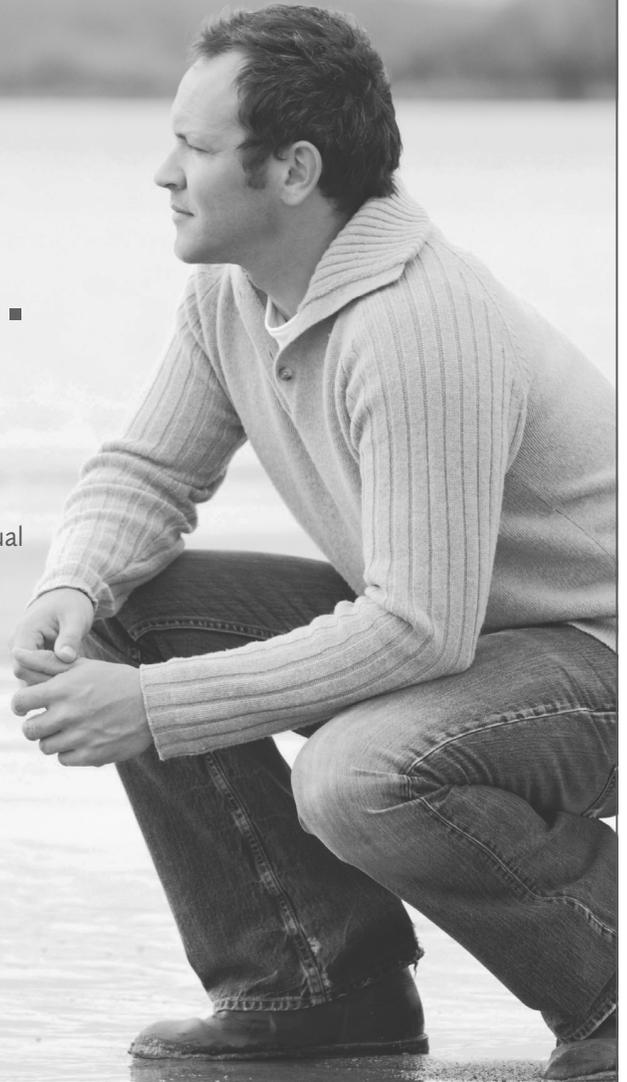


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Free Depression Care and Suicide DVD Sets Available

James Jordan, MD, former Medical Director of the Hamm Clinic, and Mary Hanson, LISW, Executive Producer of *The Mary Hanson Show*, are now working on distributing DVD sets of two TV series that they co-produced on depression and suicide. "Understanding Depression: The Suicide Connection," a five part television series on the connection between depression and suicide, was recently broadcast on public and cable television. This series evolved out of an earlier series on major depression, "Understanding Depression: Hope through Treatment," and both series were done in collaboration with KSTP-TV with foundation and individual donor support.

The series are being distributed to outstate cable systems, regional public television stations, colleges and universities, libraries and family practice and psychiatrists' offices and clinics. The goal is to get the program into the hands of as many people as possible.

The programs in the second series showcase the stories of suicide survivors and experts' efforts to reduce the number of deaths by suicide, while emphasizing alternatives to suicide and resources for help. Dr. Edward Ehlinger, MD, Minnesota Commissioner of Health, Macaran Baird, MD, Professor and Head of Family Medicine and Community Health at the University of Minnesota, and Anne Gearity, LICSW, therapist in private practice, all spoke to the suicide crisis emerging in the young and elderly, the importance of depression detection, risk assessment, and effective treatment that usually begins in primary care practices but may require psychiatric consultation or treatment.

Major depressive illness across the life cycle is the focus of the first series: "Understanding Depression: Hope Through Treatment." In the segments guests talk openly and candidly with Dr. Jordan and Mary Hanson about their experiences with major depression. The guests include Patricia Lindholm, MD, FAAFP, Family Physician and former President of the Minnesota Medical Association; Cheree Langmade, RN, BSN, Public Health Nurse; John C. Hottinger, attorney and former Minnesota State Senate Majority Leader; and Peter Gillette, former CEO of Norwest Bank. Of particular interest is the story of Dr. Lindholm. Patricia discusses the challenges she faced as a busy physician finding access to personalized care, then her struggle with selection of and adjustment to antidepressant medication trials. She emphasizes that effective medication was fortunately combined with finding helpful psychotherapy. Dr. Lindholm leads a physician wellness initiative in Minnesota. Resource

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CALENDAR

Report on APA Assembly meeting, Toronto 2015

Michael Koch, MD

Membership continues to grow for the second year in a row and the financial report is positive with a \$9.8 million gain. Projects include plans to purchase a new headquarters in Washington D.C.

The Assembly is being reorganized. Minnesota will now have 2 voting representatives in the assembly.

Dr. Mora, President and CEO of the American Board of Medical Specialties, made her argument for keeping Maintenance of Certification (MOC) in place but thinks it needs to be more relevant to practice. Changes and proposals include accepting CME participation, reducing burden and costs, and increasing relevance of the exams.

Recently proposed new CMS valuation of CPT codes will result in a roughly 6% increase in psychiatry reimbursement.

The APA responded to a NY Times report recently on psychologists' participation in CIA torture by emphasizing that no psychiatrists were involved. In addition, the American Psychological Association is under investigation and there may be class-action litigation for allegedly imposing a mandatory assignment on members' dues to pay for lobbyists.

At times members question the relevance of the Assembly. Discussions can be long-winded but matters concerning the APA policy on torture, MOC, creating a staff directory and increasing 20 psychiatric slots in the VA originated in the Assembly.

This was my last Assembly Meeting. Thank you for electing me to be your representative. I have enjoyed it and I think I have been effective, but I also think it is appropriate for younger members of our society to take over this role. ■

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Early Career Psychiatry Dinner Program 651-407-1873

September 11, 2015
DSM-5 and ICD-10 for Children and Adolescents
Abbott Northwestern Hospital, Minneapolis, MN

September 12, 2015 9am-noon, Forum at 10 am
MPS Council Meeting - MMA Offices, Minneapolis, MN

September 17, 2015 6-8pm, Moscow on the Hill, St Paul, MN
Residents Caucus (Meet & Greet)

September 23, 2015 5:30-8pm, **PsychCinema** U of M
Masonic Children's Hospital, Wilf Auditorium, Minneapolis

September 26, 2015
NAMI Walk Minihaha Park, Minneapolis, MN
651-645-2948 www.NAMIhelps.org

Contact MPS for info (651-407-1873 www.MnPsychSoc.org)

Depression Care and Suicide DVD Kits

(Continued from page 7)

numbers for the public are given at the end of each of the programs.

Public awareness of the many faces of depressive illness across the lifecycle is at the core of Minnesota's statewide effort (e.g. DIAMOND Project) to detect and treat depression, a public mental health priority. Minnesota primary care physicians and psychiatrists have a shared stake in our state's public mental health mission in early detection and effective treatment of depression in all its forms across the life cycle. Both series are now available for use in patient and staff education.

To receive a free DVD copy of one or both series, contact Nancy Kaiser at nkaiser@scc.net or by phone (612-875-0159). ■