



TREATMENT WORKS | RECOVERY IS POSSIBLE

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Treatment Advocacy Center survey reveals trends of eliminating state psychiatric beds

The Treatment Advocacy Center surveyed the 50 states and District of Columbia to determine how many state hospital beds remain and whom they serve. The recently published executive summary of *Going, Going, Gone: Trends and Consequences of Eliminating State Psychiatric Beds* includes updates for the second quarter of 2016.

The summary states that the number of state hospital beds that serve the nation's most ill and potentially dangerous psychiatric patients has fallen to its lowest level on record. Largely reserved for those individuals considered unsuccessfully treated and/or too dangerous for other health care settings, state hospitals today are the last resort of the mental health system. When there are no beds for them, people who can't be treated elsewhere cycle through other institutions or live on the streets. They crowd into emergency rooms and languish behind bars, waiting for beds to open.

The closing of state-operated psychiatric beds – a trend known as “deinstitutionalization” – has been ongoing in Western democracies since the mid-20th century. The United States is considered its leader, having started earlier and reduced beds more drastically than others. The trend was the result of financial

incentives, new psychiatric medications and policies driven by the ideal that every patient would be better off in a small community setting than in a larger facility. The ideal, sound as it may have been, was incompletely realized. The hospitals closed, but community-based clinics did not replace them, or opened and later were defunded and closed. In many small communities, the clinics were often not viable to begin with. Meanwhile, the functions the hospitals once performed for people severely disabled by mental illness – treatment, structure, shelter – were lost, and the people who needed those functions were “transinstitutionalized” to other large settings, such as jails and prisons.

Yet the march toward extinguishing state beds continues. *Going, Going, Gone* is the Treatment Advocacy Center's fourth survey of state hospital beds in eight years.

Behind the scenes of the bed shortage, gravely ill and suffering people compete for the inpatient beds that remain.

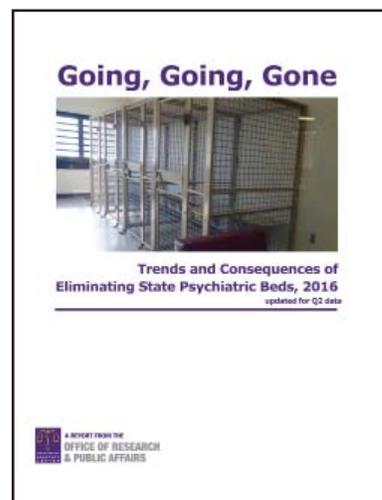
Typically the battle is between civil and forensic patients, but a state official

in Connecticut told us children and adolescents in psychiatric crisis are backing up in ERs because juvenile psychiatric beds are being diverted to adults. The reality that an immeasurable number of people with treatable diseases only get treatment when they get sick enough to commit crimes that send them to jail and then to a forensic bed should be a source of

national shame and outcry for reform.

Reducing emergency room boarding, jail bed waits and the steep price tags that come with these results of bed shortages requires reducing bed demand, increasing bed supply or both. As part of this survey, the Treatment Advocacy Center analyzed bed trends in 25 sample states to identify public policies and practices that hold some promise in altering the bed equation.

Read the full executive summary at www.alabamapsych.org.



HHS announces series of actions to expand opioid treatment, reduce misuse

Expanded access to buprenorphine treatment, proposed elimination of a possible financial incentive to overprescribe opioids, and a requirement for Indian Health Service practitioners to check state Prescription Drug Monitoring Program (PDMP) databases were among the actions taken in July by the U.S. Department of Health and Human Services (HHS) to address the opioid epidemic in this country.

The department also announced the start of “more than a dozen” new research studies on pain treatment and opioid misuse. Additionally, it will compile an inventory of the research being conducted or funded by HHS agencies.

Also issued was a final rule that will expand access to buprenorphine treatment by increasing from 100 to 275 the number of patients a qualified physician can treat. Addiction specialists and those who practice in a qualified health setting will be eligible for the higher patient limit.

“We welcome the final rule raising the cap on buprenorphine

patients because it balances the needs for access to quality care and safety,” said APA CEO and Medical Director Saul Levin, MD, MPA. “APA had provided feedback to SAMHSA, and we are encouraged that the agency followed the spirit of our recommendations.”

The American Academy of Addiction Medicine and the American Osteopathic Academy of Addiction Medicine also contributed to the feedback given to SAMHSA.

The government will also eliminate use of Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey questions on pain as a criterion for Medicare payment. Hospitals will still ask patients about pain management but the answers won't affect payments.

“We will continue to work with our members and partner medical societies to curb the opioid epidemic, and we applaud the steps taken by the administration,” said Levin. 🌐

Mental health housing in Athens to be complete by fall

The News Courier

An official with the Mental Health Center of North Central Alabama said a nine-bed triplex group home being built on Elm Street in Athens should be ready for residents by fall.

Before the triplex officially opens, it will require a final inspection from the Alabama Department of Mental Health. According to MHCNCA Development Officer Bill Giguere if that proceeds smoothly, an open house will be held in early November and residents will begin moving in.

The project began because the MHCNCA sought to build sustainable housing for adults with debilitating mental illnesses such as schizophrenia and manic-depressive disorder. The triplex represents a housing improvement for the residents who have been living in old FEMA trailers.

The facility is one building, but technically three town homes located on a lot adjoining the Elm Street counseling facility. Each has three bedrooms and three bathrooms with a communal living and kitchen space. Residents will be able to receive treatment and live in a modern home in close proximity to friends and loved ones.

The project is being built without the benefit of federal dollars. All money is coming from community partners interested in seeing people with mental health disabilities get help. Some of those contributors include the Steelcase Foundation, the MHCNCA and its foundation, the Daniel Foundation, Limestone County Commission and the Melinda and Virginia Hutson Foundation. 🌐

Multi-million dollar grant provides access to mental health services in West Alabama

The University of Alabama School of Social Work has partnered with the Alabama Department of Mental Health on an \$8-million project to start integrated mental health and substance abuse care services in West Alabama. The partnership includes the Tuscaloosa VA Medical Center, Whatley Health Services and Capstone Rural Health Center and will expand substance abuse and related mental health treatment in underserved areas of West Alabama.

The program is known as AL-SBIRT and will run for a span of five years. It is funded by the Substance Abuse and Mental Health Services Administration, a branch of the U.S. Department of Health and Human Services that has worked to implement similar programs in other states across the country.

This program is set to include drug and alcohol screenings, interventions, and will implement referral to treatment into primary care facilities to help further address the issue of substance abuse prevention. The project is expected to impact more than 80,000. 🌐

Addressing gun violence

In light of the wave of gun violence that has recently taken place across the nation, APA President Maria A. Oquendo, M.D. released a statement expressing sympathy and support for the victims of such events, while also highlighting resources for coping with such tragedies that are available for psychiatrists, patients and their families. Those resources can be accessed [here](#). 🌐

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Ready to take the next step in your career? Fellow applications are due Sept. 1



Become a Fellow of the APA and earn the FAPA designation. Fellows are committed to psychiatry and the ongoing work of the APA. Be among the prestigious 25 percent of APA general membership. There are no additional fees or dues payments, just complete the application.

- Fellow status is an honor that reflects your dedication to the work of the APA and signifies your allegiance to the psychiatric profession.
- You are recognized by your colleagues in the Association as a member of a very select group.
- All newly appointed Fellows are publicly recognized at the Convocation of Distinguished Fellows, which is held every year during APA's Annual Meeting.
- You receive a lapel pin in recognition of your status.

Find guidelines and criteria for eligibility online at <https://psychiatry.org/join-apa/become-a-fellow>.



Guide to Surviving Residency a great resource for new psychiatry residents

Written by residents and fellows, for residents and fellows, to help with the day-to-day challenges of training, the online *Guide* offers practical advice on more than 50 topics – ranging from surviving on call and writing effective notes, to subspecialty training and negotiating for that first post-residency job.

APA free course of the month

Updates in Women's Health: Psychopharmacologic Approaches in the Perinatal Period: Mood Stabilizers and Antipsychotics

Psychiatric disorders during pregnancy and the postpartum period are common. Unfortunately, psychiatrists often do not feel well-equipped to manage treatment of perinatal patients, especially with the use of mood stabilizers and antipsychotics. This is in part because of concerns about the potential impact of medications on the fetus, pregnancy and delivery itself, and/or lactation.

Trying to navigate the literature on the safety of these medications during pregnancy and lactation can also be confusing and frustrating because of conflicting and controversial evidence. This *webinar* provides an overview of the current evidence for the using mood stabilizers and antipsychotics during pregnancy and lactation. Additionally, information as to how to document these conversations with patients will be provided.

Registration is open
for APPA's FALL
Conference
October 8, 2016
see pages 5 & 6

SAVE *the* DATE

Coming Attractions

2016 APPA Fall Conference

October 8 | Embassy Suites Hotel | Tuscaloosa
Reserve your room by calling (800) 362-2779

2017 APPA Spring Conference

April 21-22 | Montgomery Renaissance Hotel and Spa

2017 APPA Fall Conference (Tentative)

October 14 | Ross Bridge Resort, Birmingham

2018 APPA Spring Conference

April 20-21 | Embassy Suites, Montgomery

Smart & Safe partners with Walgreens for medication drop boxes

Alabamamedicine.org

The Smart & Safe prescription drug abuse awareness program recently partnered with Walgreens to bring awareness to medication drop boxes to allow residents to safely dispose of the unused medications.

Birmingham internist Darlene Traffanstedt, MD, was among the guest speakers at a news conference including Hoover Mayor Gary Ivey and Attorney General Luther Strange who addressed the problem of prescription drug use in Alabama.

“Young people who are full of promise but are somehow exposed to opiates... can face a lifelong struggle,” Dr. Traffanstedt said. “Drug overdose deaths now outnumber car accident deaths. We as a state must make every effort to change the situation. We applaud Walgreens for giving our families a safe place to dispose of their medications that carry the potential for abuse.”

The kiosks provide a free, safe and convenient way to dispose of unwanted, unused or expired prescriptions, including controlled substances, and over-the-counter medications. As part of Walgreens drug take-back program, the kiosks make the disposal of medications easier and are available year-round to help reduce the misuse of medications and the rise in overdose deaths.

Alabama is one of 21 states where the Walgreens Safe Medication Disposal Programs has been implemented. 🌐

**Assurex Health Presents:
Clinical Applications of Psychiatric Pharmacogenomics
with Artie C. Nelson, MD**

Wednesday, August 24, 6:30-8:30 p.m.

Surin West – 5 Points, 1918 11th Avenue South, Birmingham, AL 35205
Space is limited please RSVP by 8/19 to Lauren Belcher 205-657-7905
or lbelcher@assurexhealth.com. Dinner is included.

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Physicians Association.
Comments and letters to the
editor are welcome.*

Tides of Change in Mental Health Care

October 8 • Tuscaloosa Embassy Suites

APPA 2016 Fall Conference Agenda

SATURDAY, OCTOBER 8

7:00 a.m. – 7:50 a.m.

Registration and Breakfast with Exhibitors

7:50 a.m. – 8:00 a.m.

Welcome

8:00 a.m. – 12:30 p.m.

Practice Managers Mini-Conference

Location: Psychiatry South, Tuscaloosa

8:00 a.m. – 9:30 a.m.

Changing the Culture in Public Schools

Edgar W. Finn, MD, Assistant Professor of Psychiatry; Program Director, Child and Adolescent Psychiatry Fellowship, University of South Alabama College of Medicine

Sandra Parker, MD, Associate Professor of Psychiatry; Vice Chair, Department of Psychiatry, University of South Alabama College of Medicine

9:30 a.m. – 9:50 a.m.

Morning Break with exhibitors

9:50 a.m. – 11:05 a.m.

From Monotherapy to Polypharmacy: An Update

Godehard Oepen, MD, PhD, DFAPA
Grayson & Associates

11:05 a.m. – 12:05 p.m.

Catching Chameleons: Diagnosing and Managing Mood Disorders During and After Pregnancy

Christina Talerico, MD, Child and Adolescent Psychiatry Fellow, University of South Alabama College of Medicine

12:05 a.m. – 12:25 p.m.

Lunch with exhibitors, Poster Awards and Presentations

12:25 p.m. – 1:40 p.m.

Adverse Childhood Events: Who Pays for It?

Tarak Vasavada, MD, Professor of Psychiatry, University of Alabama at Birmingham

1:40 p.m. – 2:40 p.m.

Agitation in the Patient with Dementia

W. Bogan Brooks III, MD, Assistant Professor of Psychiatry; Director, Medical Student Psychiatry Clerkship, University of South Alabama College of Medicine

2:40 p.m. – 3:00 p.m.

Afternoon Break with exhibitors

3:00 p.m. – 5:00 p.m.

Risk Management when Prescribing Controlled Substances

Charles D. Cash, JD, LLM, Assistant Vice President, Professional Risk Management Services

5:00 p.m.

Evaluation/Adjourn

Objectives

- Acquire the knowledge and skills to implement principles of rational polypharmacy.
- Recognize how adverse events in childhood can affect adult patients and their risk for psychopathology.
- Summarize federal and state laws regarding controlled substances, societal pressures, and the changing practice of medicine in order to reduce potential liability.
- Compare various treatment options for patients with mood disorders during pregnancy and the post-partum period.
- Review effective treatment options for patients with agitation in the context of dementia.
- Develop effective models for integrated mental healthcare settings, utilizing the specific example of school-based mental health assessment and treatment.

REGISTRATION

Register online at www.tinyurl.com/APPA2016FallConference or print a registration form at www.alabamapsych.org/physicians and mail to APPA Fall Conference, Attn. Jennifer Hayes, PO Box 1900, Montgomery, AL 36102-1900.

ACCOMMODATIONS

The room rate at the Embassy Suites Tuscaloosa for Friday, Oct. 7, is \$159. Call (800) 362-2779 with room code ALP or use the link from the APPA website: www.alabamapsych.org/physicians. Note: The APPA Room block closes Sept. 9. We expect the resort to sell out. We urge you to book your room early.



Tides of Change in Mental Health Care

October 8 • Tuscaloosa Embassy Suites

APPA 2016 Fall Conference Registration

PLEASE PRINT CLEARLY

Name _____ Organization Name: _____

Professional Designation:

MD DO Psychologist RN Resident Student Practice Manager Other _____

Organization Address _____

City/State/Zip _____ Dietary Needs _____

Phone _____ Fax _____ E-mail _____

REGISTRATION FEES (Before September 24 | After September 24 add \$100)

APPA Fall Conference – October 8, Embassy Suites, 2410 University Blvd., Tuscaloosa, AL 35401

- Member \$250 Non-Member \$350 Nurse Practitioner \$250 Non-physician Clinician \$150
- Early Career Psychiatrist - Free Resident - Free Student - Free

Practice Manager Mini-Conference – October 8, Psychiatry South, 825 Rice Mine Rd N, Tuscaloosa, AL 35406

- Practice Manager - Free

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DETAILS

More conference information is online at www.alabamapsych.org. If you have special needs and/or need assistance, please contact Jennifer Hayes, at (334) 954-2500 or JHayes@alamedical.org.

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