



August 2007

In Touch

with the South Carolina Psychiatric Association

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Greetings from the SCPA! I am honored to be your new president. There is a lot going on with our organization and consequently, if this column seems like a hodgepodge, it's only because I want you to know the latest news. Here are the "top four" stories.

First and foremost, the SCPA received an honorable mention from the APA Assembly for the Best Practice Award as a District Branch. Our award was for the project that SCPA organized to teach journalism students about mental illness and psychiatric residents about how to design and run a media campaign to raise awareness of mental illness. Psychiatric residents from both MUSC and USC came to Columbia for a weekend in August 2006 to hear USC and MUSC faculty talk about three mental illnesses (Schizophrenia, Major Depression, and ADHD). Additionally, faculty from the USC School of Journalism spoke about how to design a media campaign to educate the public about mental illness. Psychiatric residents and USC undergraduate journalism students were teamed and divided into two groups with a task of selecting a mental illness around which to design a media awareness campaign.

The SCPA received an honorable mention from the APA Assembly for the Best Practice Award as a District Branch.

After judging by Richard Harding, MD (USC Chair of Neuropsychiatry and Behavioral Science), John Oldham, MD (at the time Chair of MUSC Department of Psychiatry), and David Almeida (SC NAMI president), a print campaign about Schizophrenia that was targeted towards college students was selected the winner. This campaign was run in Columbia newspaper this past spring and is scheduled to run in a Charleston Newspaper in the fall. An awards dinner was held in March during which the winning team was announced and Kara Gormley (reporter with WIS-TV in Columbia) was presented with the SCPA Media Person of the Year Award for her reporting on mental health issues. The SCPA owes a special thanks to Nioaka Campbell, MD for organizing this project.

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Second, in an effort to increase our Member in Training (MIT) participation at the SCPA Annual Meeting, the SCPA is pleased to announce a Member in Training poster competition at this years meeting. I have personally met with residents at MUSC and USC to announce this competition and distribute entry forms. The winner will receive a \$500 award with a \$300 award for second place and a \$200 award for third place. The poster session will precede our Friday night Keynote Speaker at the annual meeting.

Third, the S.C. Department of Health and Human Services has granted \$1.98 million to the South Carolina College of Pharmacy to begin person to person “academic detailing” to physicians around the state about best practices in the treatment of mental illness. This will be similar to pharmaceutical detailing, except the detailer will not be tied to a pharmaceutical company. The initial part of this project has involved the development of written, evidence-based “best practices” for the treatment of Schizophrenia and Major Depression. These guidelines and a review of Medicaid databases will be used by detailers to determine which practitioners could benefit from a one to one “consultation” by a detailer. The SCPA has asked this new program’s director and the S.C. Department of Health and Human Services to review and/or provide input before these best practices are implemented. A stated secondary goal of this program is to reduce drug expenditures in South Carolina. The SCPA wants to make sure that cost containment does not jeopardize quality patient care and that physician autonomy is not intruded upon in the process.

Fourth, the S.C. Supreme Court has recently issued an opinion of interest to psychiatrists, *Doe v. Marion*. In this case, a psychiatrist was treating a pediatrician for his predilection for child molestation. The psychiatrist also treated a victim of the pediatrician who informed the psychiatrist of the molestation. Another one of the pediatrician’s patients who was molested long after his treatment with the psychiatrist ended, alleges that the psychiatrist was negligent under common law principles for her failure to warn “reasonably foreseeable” future minor patients of the pediatrician. However, the Supreme Court held that is not simply foreseeability of the victim which gives rise to a person’s liability for failure to warn; rather, it is the person’s awareness of a distinct, specific, overt threat of harm which the individual makes towards a particular victim. Thus, our duty to warn/protect a third party from harm by our patient is limited to situations where there is a distinct and overt threat of harm to a particular victim.

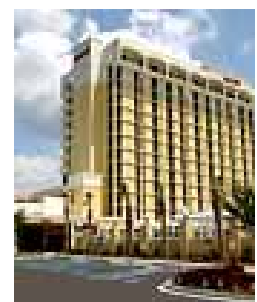
If I can be of assistance to any SCPA member during the next year, please do not hesitate to contact me at (803) 434-2808. With kind regards,

Richard L. Frierson, M.D.

FEBRUARY
8-10, 2008

Save the date

2007 Annual Meeting
Marriott Charleston
Charleston, S.C.
More information coming soon





SCPA issues ACTION ALERT August 15, 2007

Dear fellow South Carolina Psychiatric Association (SCPA) members:

I am writing to request your help in convincing our U.S. Senator, Sen. Jim DeMint, to release his hold on the U.S. Senate's attempts to vote on the Mental Health Parity Act of 2007. He is preventing this important legislation from coming to a vote on the Senate floor.

On Friday, August 3rd, just before adjournment for the August recess, Senators Domenici (R-NM) and Kennedy (D-MA) moved to bring the Mental Health Parity Act of 2007, S. 558, to the Senate floor. Unanimous consent is needed to bring the bill to a vote, and unfortunately Sen. DeMint (R-SC) registered an objection to having the bill go forward. Thus, there was no vote and this bill had been expected to pass (It has 57 Co-sponsors including our own Senator Lindsay Graham).

The full Senate is expected to consider the bill again when it returns in September, making August an extremely important opportunity to advocate for passage of a federal parity law during this Congress. The Senate bill represents a landmark compromise between the mental health community and the business and insurance communities, and it is likely the only bill that will be able to pass in the Senate.

YOU can make the difference in ensuring that there is federal parity legislation passed this year. The South Carolina Psychiatric Association is encouraging everyone to contact Senator DeMint and urge him to support S. 558. According to the APA, writing letters and sending emails are not as effective as calling his office directly. I urge you to request your non-psychiatric physician colleagues to call Senator DeMint's office as well.

Message for Senator DeMint:

"As a psychiatric physician and your constituent, I urge you to vote for passage of the Mental Health Parity Act of 2007 (S. 558). Congress should pass legislation now to end discriminatory insurance coverage of mental illness treatment."

To reach Sen. DeMint, call toll-free: 866-727-4894. You will be connected to the Capitol Hill Operator. Ask for Senator DeMint by name. Once you are connected, tell them you are a constituent and ask for the staff person responsible for health issues. If you need to leave a message, leave your name, phone number, and address, along with our suggested message.

Let's show the SCPA can make a difference in the fight to end discrimination against our patients! Call me at (803) 434-2808 if you have questions.

Richard L. Frierson, MD
SCPA President

Portable Pulse Oximetry as a Safety Measure

Kim J. Masters, MD

Portable Pulse Oximetry is an inexpensive (\$400- \$600) and non invasive procedure that measures oxygen saturation in 5-10 seconds. It has potential as a prevention strategy to identify patients with acute oxygen deficits that can occur during physical (patient held by staff) or mechanical restraints.

The Joint Commission 1994-2004 summary of sentinel events -deaths or serious injuries in its accredited facilities- found 130 related to the use of restraints in adults and children.(1) The proximate cause of morbidity or mortality in many of these case was asphyxiation (R Croteau MD, personal communication). In a different study of 45 deaths of children and adolescents during physical restraints, 29 or 64% were found to be associated with asphyxiation (2).

Hoping that pulse oximetry might detect oxygen saturation deficits, we began to use it routinely in all restraints in 6 adolescent / child residential and hospital programs over the last 3 years. (3), (4), (5)

Oximetry was measured: a) on admission to obtain a baseline; b) during restraints to assess cardio-respiratory status, and c) several minutes after the restraint ended to detect possible bronchospasm. Additional oxygen saturation measurements were obtained: whenever a patient requested one; if staff members were concerned about the patient's cardio respiratory status, or when a patient fell asleep or became quiet. We set acceptable oximetry saturation as 95% or above. To date we have found 6 abnormally low saturation readings. In the most worrying case, an adolescent in a standing physical hold had a 70% (critical) saturation level.

We found no increase in the length or number of restraints when oximetry was used. Instead it appeared that there were psychological restraint prevention benefits to the procedure: a) admission discussion of oximetry increased patient and family awareness of potential medical risks of restraint; b) the use of oximetry sometimes ended a restraint, particularly when the patient was permitted to take his/her own saturation readings. It also heightened staff concerns about medical complications. c) Sometimes resistance to oximetry measurements was a sign of underlying depression, or as in one case, of suicidal wishes which had not been previously detected.

I would be pleased to share our protocol, references, and provide follow up, with the hope that it might be of interest to South Carolina district members and hopefully also to collect anecdotal information from those who use this procedure. Please contact me at kimjmasters@brontsaur.org

Kim J Masters MD

Medical Director 3 Rivers Midlands Campus Residential Treatment Center,
Clinical Assistant Professor in the College of Health Professions MUSC,
and Assistant Clinical Professor of Health and Behavior, Medical College of Georgia

CONGRATULATIONS!!

We would like to congratulate the South Carolina Psychiatric Association (SCPA) member that recently received **Distinguished Fellowship** status:

Lorraine R. Dustan, M.D.

We would like to congratulate the South Carolina Psychiatric Association (SCPA) members that recently received **Fellowship** status:

Todd M. Alford, M.D.
Raymond F. Anton, M.D.
Mark Beale, M.D.
John C. Caston, M.D.
Douglas F. Crane, M.D.
Steven P. Cuffe, M.D.
John R. Cusack, D.O.
Cheryl Dodds, M.D.
Martha C. Freibert, M.D.
David Justice, M.D.
Edward M. Kendall, M.D.
Paul Lowe, M.D.
R. Bruce Lydiard, M.D., Ph.D.
Michael Mithoefer, M.D.
Pratap Narayan, M.D.
Radhika D. Patel, M.D.
Lucy W. Preyer, M.D.
James D. Sexauer, M.D.
Eugene F. Smith, M.D.
Ravindra P. Srivastava, M.D.
Russell B. Wolfe, M.D.

Congratulations to these members on this professional accomplishment.

SCPA and the Caucus of Black Psychiatrists



During the APA Annual Meeting in San Diego, the Caucus of Black Psychiatrists met. **Stephen McLeod-Bryant**, SCPA member from Charleston and former SCPA President, served as chair of the May 22 meeting. He has been the Caucus' representative to the APA Assembly for the past four years. At the meeting, the Caucus' Nominating Committee, which included **Kimberly Bush**, chief child psychiatry fellow at MUSC, nominated Stephen to serve as both President of the Caucus and Representative to the Assembly.

A caucus, such as the Caucus of Black Psychiatrists, is defined as a group of self-selected special interest psychiatrists, formed at no or low cost to the APA, for whom there is no other vehicle or subspecialty organization already relating to the APA. The purpose of an APA caucus is to promote communication and networking among members of the Association who share a special interest; and to provide a voice for caucus members to bring to the Association's attention important or emerging issues that will affect patient care and the practice of psychiatry within that special interest area.

If interested in the Caucus of Black Psychiatrists, please contact Steve at mcleodbs@musc.edu or Alison Bondurant, APA staff liaison, at abondurant@psych.org.



Mark your calendars now for the North Carolina Psychiatric Association Annual Meeting on September 6-9, 2007. The meeting will be held in Wrightsville Beach at the newly renovated Holiday Inn SunSpree. The NCPA Program Committee has put together a line-up of speakers that will inform, educate and entertain attendees. Call 1-919-859-3370 or visit www.ncpsychiatry.org for more information.

Grand Rounds: 2007 - 2008 Series Medical University of South Carolina

Psychiatry Grand Rounds are held on Fridays from 11:00 a.m. to 12:00 p.m., in the Institute of Psychiatry Auditorium. For more information, please visit http://www.musc.edu/psychiatry/education/cme/gnd_rnds.htm

Do you have an item for the *In Touch* newsletter? If so, please send it, along with any corresponding pictures, to ericwilliams@sc.rr.com. The next edition is scheduled for January. However, if there are plenty of submissions, there may be an earlier issue!