



Nebraska Psychiatric Society

Summer 2021

Mission: Nebraska Psychiatric Society exists to advance the profession of psychiatry, serve the needs of our members and provide support for psychiatric services across Nebraska.

Vision: To become a trusted voice and resource for psychiatric services in Nebraska.

A Message from the President:

“Only a few know, how much one must know to know how little one knows.”
--Werner Heisenberg

It’s been an interesting 2021 legislative session for NPS--it seems every year that more and more proposed laws deal with some aspect of mental health. This has led to some lively and frank debates amongst the executive committee members as we consider our positions on bills and what actions NPS will take in response. I am proud of our work and appreciate the efforts of the team.

As NPS president, I see my primary role as putting this organization first in our activities, bearing in mind that NPS represents a hard-working, dedicated and diverse membership. To that end, we want a space where we can all bring our unique backgrounds, politics, cultures and priorities together while keeping the focus on our shared mission: to be the standard bearers for mental health information that is evidence-based and clinically informed. The common thread that weaves through our education and our work, and what in turn binds us, is our patients and their need for the best possible medical care we and our health systems can provide. I think one of the most powerful statements we often must offer in response to an issue is: “I don’t know.”

As a profession, we have struggled to say this in our not so distant past. What are the leading causes of death in the United States? Cancer and Atherosclerosis. What are their causes?

We don’t know. There are genetic and environmental factors associated with higher risks, but the actual underlying causes of these devastating diseases remain unknown. (Where have we in mental healthcare heard that before?) But it seems that it is getting harder and harder for us to accept “I don’t know” as a legitimate answer, and that there is a greater willingness to accept answers that are not informed nor backed by evidence.

Whether deep in discussions with patients, people outside of medicine, or NPS board members, it’s a pleasant experience as things start to get lively when we reach a point where we can agree that there is no search engine to provide answers. When we mutually accept that the information we seek simply does not exist. We don’t just make stuff up--that’s the difference between knowledge and training. That’s when things get interesting--because we know that we do not know--and therefore the next course of action is going to require reliance on other types of information such as experience, opinion, beliefs, philosophy, consensus and imagination. I am grateful for your NPS Executive committee and MOMS for making NPS stronger and more relevant each year. For their showing up, pitching in, sharing their expertise, and reaching



Martin Wetzel, M.D.



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consensus in the face of uncertainty. That effort has led to some decisive actions on important policies for NPS and for the state. And know that we are grateful to you, as always, for all that you do to support us, each other, and the patients we serve.

Legislative Update

The first session of the 107th Legislature of Nebraska convened on January 6, 2021. There were 10 days of bill introduction, yielding 684 bills which were subsequently heard by the various committees of the Unicameral. Due to Covid-19, the Legislature expanded procedures for public input on proposed bills, while limiting lobbyists' easy access to senators in the Capitol. Fourteen bills and one legislative resolution of greatest interest to NPS were closely monitored; letters of support or opposition were written on three bills, with written or oral testimony provided on an additional three bills.

Another psychologist prescribing bill (LB392) was introduced by Senator Stinner from Gering. We greatly appreciate our NPS members who wrote personal letters in opposition to the bill. Martin Wetzel, NPS president; Korby Gilbertson, NPS lobbyist; Beth Ann Brooks; and Michelle Walsh (Nebraska Medical Association president) provided testimony opposing the bill during the February 24 hearing, while six psychologists and a social worker testified as proponents.

While LB392 failed to advance out of the Health and Human Services Committee this year, five additional

senators (representing greater Omaha, Lincoln, Norfolk, and Panhandle districts) signed on to the bill.

This indicates broader support for psychologist prescribing, which will require ongoing advocacy because this bill will remain active on into the second ("short") legislative session which begins January 2022.

Five bills on the NPS legislative radar passed the Legislature and were signed by the Governor: LB271 (adopts the 24-Hour Sobriety Program), LB337 (adopts the Step-Therapy Reform Act, which allows providers to override insurer drug prescribing steps if certain conditions are met), LB400 (changes requirements related to coverage of telehealth by insurers and Medicaid, expanding telehealth services and adding audio-only service delivery of behavioral health services to established patients), LB487 (changes insurance coverage provisions for mental health and telehealth pay equity for mental health services in the private insurance market), and LB583 (electronic prescriptions for Controlled Substances).

Governor Ricketts approved the budget without any vetoes, but how to reform property taxes and finance equitable education across Nebraska remain significant ongoing challenges beyond 2022.



Beth Ann Brooks, M.D.

The Speaker of the Legislature announced in early May that the Legislature would adjourn on May 27 sine die, prior to legislative day 90 (otherwise scheduled to be June 10) and then the Unicameral will reconvene late this summer to address legislative redistricting prompted by the 2020 Census

Ethics Update

The APA Ethics Committee is in the process of producing a recorded version of its Ethics Dilemmas in Psychiatric Practice session which is typically presented at the APA Annual Meeting. The session will answer questions from members about ethical dilemmas they have read about or encountered. NPS has not received any ethics complaints in the past 18 months.

Respectfully submitted,
Beth Ann Brooks, M.D., M.S.A.
Legislative and Ethics Committees
Chairperson

CALL FOR PROFESSIONAL EXPERIENCES

Are you a mental health professional doing something new, unconventional, and/or exciting? Perhaps you're running a private practice. Maybe you're the medical director at a rural psychiatric facility. Would you like to share your experience with other NPS members? Email Dr. Nick Williams, NPS Newsletter Editor, at psychnebraska@gmail.com, and we'll include your story in the next edition.

We love to hear about new experiences.

Hello NPS members,
I hope you are all enjoying the sights and sounds of Spring and anticipating Summer with excitement. As for my family, my daughter is looking forward to swim team and my son can't wait to hit the golf course with me.

The APA Assembly met virtually from April 24-25, and as your Area 4 APA Assembly Representative, one of my responsibilities is to provide you with a report of this meeting. A topic which generated particularly passionate discussion included the PAC's decision to withhold donations to members of Congress who challenged the results of the last Presidential election. MOC issues and telehealth issues also generated spirited discussion.

The Assembly voted to approve the following actions:

- The Assembly voted to elect the following candidates as officers of the Assembly from April 2021 to May 2022: Speaker-Elect: Adam Nelson, MD, Area 6; Recorder: Vasilis K. Pozios, MD, Area 4
- Proposed Position Statement: Recognizing Childhood Trauma in the Setting of the COVID-19 Pandemic and Race-Related Challenges to Human Rights.
- Revised Position Statement: Substance Use Disorders Among Older Adults.
- Proposed Position Statement: Interstate Licensure for Telepsychiatry.
- Proposed Position Statement: Racism and Racial Discrimination in the Psychiatric Workplace.
- Proposed Position Statement: Position Statement on Orchiectomy or Treatment with Anti-Androgen Medications as a Condition of Release from Incarceration.
- Revised Position Statement: Psychiatric Services in Adult Correctional Facilities.
- Proposed Position Statement: Ongoing Need to Monitor and Assess the Public Health and Safety Consequences of Legalizing Cannabis.
- Proposed Position Statement: Moral Injury Among Healthcare Workers During the COVID-19 Pandemic.
- Proposed Position Statement: The Role of Psychiatry in HIV.
- Revised Position Statement: Core Principles for Alternative Payment Models for Behavioral Health.
- Retirement of the Position Statement: Principles for Health Care Reform for Psychiatry.
- Retirement of the Position Statement: Position Statement on Universal Access to Health Care.
- Proposed Position Statement: Medical Supervision of Psychiatry Residents and Fellows.
- Proposed Position Statement: Condemning Rise of White Supremacist Violence.
- Proposed Position Statement: Communicating with the Public during Public Health Emergencies.
- Proposed elimination of extraneous specifiers in Persistent Depressive Disorder.
- Proposed changes in the text of the specifiers for Bipolar and Depressive Disorders.
- Proposed addition of Olfactory Reference Disorder (Olfactory Reference Syndrome).
- Proposed correction of an error in Other Specified Schizophrenia Spectrum or Other Psychotic Disorder.
- Proposal to reconcile discordant versions of Criterion A (symptom criterion) in Substance/Medication-Induced Bipolar and Related Disorder and Bipolar and Related Disorder due to Another Medical Condition.
- That the APA develop disclaimer language about the inability of healthcare providers to acknowledge, address, correct, or refute reviews, especially false reviews; that the APA engage with other professional healthcare organizations to advocate for federal legislation to require attaching the disclaimer developed to any online healthcare review; and that the American Psychiatric Association (APA) develop a position statement regarding this issue.
- That the APA amend its position statement to specifically exclude physicians employed by a law enforcement entity to be mandated to possess or carry less lethal weapons including batons, pepper spray, mace, nightsticks, Tasers, cattle prods, stun guns, in addition to lethal weapons such as firearms; the APA advocate for limiting use of less than lethal weapons in all JC accredited mental health units except during emergency use or when there are significant threats of harm; and that our APA Delegation to the AMA in collaboration with other medical organizations develop similar AMA policy.



Steve Salzbrenner, MD

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2021 Spring APA Assembly Meeting Update Cont.

- That the APA create a task force to draft a position statement on Transcranial Magnetic Stimulation (TMS) for review by the Council on Research and other relevant components.
 - That the Joint Reference Committee appoint a Task Force (or work group) combined of Assembly members, the Council on Research, and members of the upcoming Caucus on Neuromodulation to consider developing an additional component on neuromodulation that can help achieve the APA's Purposes and Objectives as outlined in the APA Bylaws and fill the gaps at the APA by studying the need for a component on neuromodulation at the APA over the next year.
 - That the APA will develop policy to support pre-employment screenings of law enforcement personnel and civilian support staff that includes duty fitness assessments to determine an individual's capacity for adaptability, emotional regulation, stress tolerance, integrity, ethics, and resilience, and implicit bias; That our APA through its Components and Councils review evidence-based screenings and assessment to expose bias for civilian and sworn law enforcement personnel; and that our APA Delegation to the AMA in collaboration with other medical organizations develop AMA policy to recommend assessments and appropriate pre-employment evaluation and screening of law enforcement and civilian support staff e.g., dispatchers.
 - That APA advocate for law enforcement personnel and correctional staff: (1) be required to engage in diversity and inclusion and/or anti-racism training of at the time of hiring and annually, (2) receive training on de-escalation techniques at time of new employee orientation and annually (3) be strongly encouraged to volunteer with community organizations, primarily addressing the needs of underserved populations, in lieu of instructor-led or computer-based annual diversity and inclusion training. (4) receive additional mandated targeted training when there is a substantiated claim of harassment or abuse of authority involving an individual in custody, a member of the public, or a sexual or racial minority member of law enforcement. (5) Law enforcement agencies be encouraged to diversify their civilian and sworn-in workforce at a minimum level of the representation of gender and racial minorities within its jurisdiction. APA should encourage the development of research to track if interventions, such as listed above, succeed in decreasing adverse incidents within law enforcement personnel and correctional staff.
 - APA establish an annual award to the District Branch that has demonstrated through action a commitment to making amends for both the direct and indirect acts of racism in psychiatry.
 - That the APAF aspire to allocate at least Fifty (50) percent of its annual budget to fund programs in work, school, justice, community and/or research initiatives which focus exclusively on minority and under-represented mental health issues, to include health disparities, social determinants of mental health, and cultural literacy.
- The Assembly voted to not approve the following actions:**
- APA PAC Contributions and Preserving Democracy
 - Addressing Grievances During APA Elections by Forming Subcommittees
 - Making APA Elections More Accessible for the Candidates
 - Preventing APA Elections Interference from Outside Organizations
 - Addressing Structural Racism in the APA Through Membership Benefit
 - Addressing Structural Racism in the APA Through Enhancing Research and Education
 - The Role of Social Media Bots in Harming Psychiatric Outcomes
 - Ongoing Moral Behavior as a Requirement for APA Awards
 - Proposed Position Statement: Providing Telepsychiatry Services Across State Lines for College Students the retirement of the Position Statement: Health Care.

Your grateful representative,
Steve Salzbrenner, MD
Area 4 Assembly Representative

Looking for a Psychiatry Podcast?

By Mark Mullen, MD

With the weather warming up, it's time to get outside. Pop in those earphones and head for a walk. And hey, why not learn something while you're at it? Whether you have never listened to a podcast before or you've been binge

listening since 2006, these podcasts are free, informative, and enjoyable. Each podcast offers something completely different, and your preferences will change based on your level of training and the type of information that you

are looking for. Some are more narrative, others a bit more dry and factual. All offer CME credits as well. Give each one a try and see for yourself!



For an easy listening option that sticks to the evidence, this podcast is your best bet. In this series, David Puder delves deeply into a multitude of topics including psychopharmacology, evidence-based psychotherapeutic interventions, novel research areas, and humanistic musings. For me, this podcast represents a perfect balance between enjoyable listening and tenacious fidelity to the literature. As a starter episode, I recommend his two-part series on psilocybin therapy. It's an excellent example of how Dr. Puder assumes the role of "toughest critic" while interviewing an expert who is astoundingly well prepared and passionate about the field. The result is an engaging, patient centered discussion which weighs the known benefits of psilocybin therapy versus the potential risks. This two-part series is closer to an audiobook than a podcast—but each hour is enjoyable, enlightening, and potentially practice-changing. David Puder's podcast will keep you busy for months, and you'll be a better clinician for it!



The best way I can describe the Carlat Psychiatry Report podcast is to say that at times it feels like listening to a string of clinical pearls. Each episode is jam-packed with information that can be used in daily interactions with patients, and it is presented through the eyes of practicing clinicians Chris Aiken, MD, and Kellie Newsome, a psychiatric nurse practitioner. This podcast offers a critical look at the latest developments and research findings published in the field. Rather than asking researchers to present their own findings, the hosts parse through the evidence with an eye toward study limitations and potential biases. Dr. Aiken and Kelly are entertaining through their use of personal anecdotes, though the podcast is at times dense, and you will likely find yourself rewinding a few times throughout each episode order to better understand a clinical pearl. Episode length varies from short 2-minute bites to around 25 minutes. It's great for cramming in some CME on your commute, or quickly catching up on a particular topic.



American Journal of Psychiatry Audio

There is no substitution for primary sources, though this podcast gives it a shot. In essence, the American Journal of Psychiatry (AJP) podcast is exactly what you would expect. Executive editor Michael Roy, MD, interviews authors of recent studies published in AJP and allows them to present their findings. The format is simple question-answer with minimal banter between the host and the guests. On average, these episodes run between 15 and 30 minutes. Topics covered are typically more narrow than the previous two podcasts, covering specific interventions rather than broad overviews of medication classes or diagnostic instruction. This podcast may be most appropriate for experienced psychiatrists who are looking for narrowly focused updates from researchers themselves, rather than a critical review or conversational discussion of a content area. Of all three discussed podcasts, this one feels the closest to a lecture.