



# MICHIGAN PSYCHIATRIC SOCIETY

## Mentalnote

The Electronic Newsletter of the Michigan Psychiatric Society

### Fall 2017 Newsletter

#### FROM THE MPS PRESIDENT



Greetings!

Psychiatry finds itself in the 'best of times' and 'worst of times.'

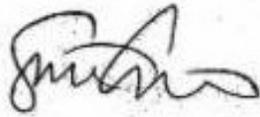
On the one hand ('best of times'), there is a general recognition that psychiatry is foundational to achieving the 'Quadruple Aim' - better patient care, better patient experience, lower cost, and better provider experience. For example, the Collaborative Care Model has demonstrated its effectiveness in supporting all elements of the Quadruple Aim. Indeed, integrating 'physical' and 'behavioral' health care is a top strategic priority for every major health system, public and private. Accordingly, psychiatrists are increasingly in leadership roles and our clinical services have never been more appreciated. These are the 'best of times.'

On the other hand ('worst of times'), health care is struggling with ubiquitous challenges such as illogically structured and managed health systems; financing models that too-often undermine the Quadruple Aim; administrative complexity resulting in patient dissatisfaction and provider burn out; stigma; expensive and ineffective health information technology; etc. Patients and providers are increasingly frustrated with the direction of health care, and justifiably so. People are generally discouraged with an overly complicated, costly, and under-performing health care system. These are the 'worst of times.'

The good news is that we have a clear path forward to build on our collective successes while simultaneously meeting current and future challenges. Of course, the work will not be easy, but the path is clear -- we must maintain our commitment to the Quadruple Aim; promulgate proven clinical models (e.g., Collaborative Care); support sensible financial models; and demand administrative simplification. Finally, all of these elements must be embedded in a milieu of psychiatrists standing shoulder-to-shoulder in collaboration with patients and communities; providers from all disciplines; policy makers; and payers.

Thank you for all that you do every day to build a better health care environment for Michigan.

Sincerely,



Scott Monteith, MD

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**Congratulations to our APA Assembly  
Representatives: Vasilis Pozios, MD and  
Michele Reid, MD**



Congratulations to Vasilis Pozios, MD who was recently appointed as the Area 4 Representative to the APA Assembly's Reference Committee on Continuing Education and Lifelong Learning.

Congratulations also to Michele Reid, MD who recently appointed as the Area 4 Representative to the Assembly Reference Committee 4 - Diversity & Health Disparities.

The MPS extends its thanks and congratulations to our APA Assembly representatives for their appointments

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**THE SILENT TREATMENT  
RACHEL THIEM, MD**

The case report entitled "The Silent Treatment", outlined the importance of early recognition and early diagnosis of catatonia in the general medical setting, as left untreated it can be life threatening. The patient who I will call "John" is 48 year old male with a past medical history of recent pulmonary embolism, hypertension, diabetes mellitus, obstructive sleep apnea and hypothyroidism who was brought to the ER and admitted for observation. Subsequently, psychiatry was consulted to conduct a capacity evaluation. During the initial encounter the patient did not respond to questions, appeared anxious and remained mute. Collateral information was obtained from the patient's father. He stated he and his wife had to go frequently to the patient's home to help him with his activities of daily living. It was noted then that the patient was not responding to questions appropriately, taking minutes to reply. His father reported the patient's current state was a significant decompensation from his baseline and he had no previous psychiatric history. Medical workup including BMP, CBC, LFT'S, CT head and LP was unremarkable.

The ongoing undertone when discussing this patient with other health care workers was, "the patient just did not want to talk". The consultation psychiatry team wasn't so convinced and this is why this case was so important to me. John could be our brother, our father, our uncle, our best friend. So it's vital to keep a few things in mind when seeing a case like this.

In any patient with marked deterioration in psychomotor function and overall responsiveness, catatonia needs to be considered on the differential. Often patients presenting with catatonia, can be subjected to health care professionals thinking the presentation is strictly behavioral or volitional. As providers we owe it to our patients and we owe it to ourselves to be aware. This is crucial so a case doesn't go missed, but most importantly as providers we can assist in removing barriers to diagnosis, by educating others.

So what happened to John? Well, after an Ativan challenge, then man who was mute, motionless, disengaged and "difficult", became verbal, engaging in conversation, making eye contact, and was much more animated. Most importantly, with the proper ongoing treatment, John got better. So in summary, the mute patient isn't always being uncooperative; sometimes this behavior is an indicator as clinicians to open our eyes to other causes of "the silent treatment".

To see Dr. Thiem's award winning poster, please click [HERE](#)



### Are You Interested in the Latest Research?

You may be interested in [Research Gate](#):

ResearchGate is built by scientists, for scientists. Their mission is to connect the world of science and make research open to all.

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If you have an account with ResearchGate, please consider affiliating your account with the MPS. Click [HERE](#) to learn how.



### MSU/Pine Rest Depression Summit

Dear Colleagues,

I'm pleased to announce the availability of our registration page for the first [Depression Summit](#) to be held at MSU/Pine Rest on Monday night, Nov 13 (welcome reception at the MSU Secchia Center) and Tuesday, Nov 14, 2017 (scientific meeting at the Pine Rest Postma Center). We have a great lineup of speakers including Dr. John Mann from Columbia University and Dr. Ray DePaulo from Johns Hopkins University. The event is being hosted to kick off MSU/Pine Rest's entry into the National Network of Depression Centers (NNDC).

The target audience to attend the conference are researchers in and around Michigan who have depression as the focus of their research work as well as clinicians interested in depression treatment. Attendees will be introduced to MSU and Pine Rest as resources for conducting ground-breaking research in depressive disorders. We would ask you to please forward this to your colleagues.

Registration is limited and will fill quickly so please visit the registration website as soon as possible. [www.pinterest.org/depression-summit](http://www.pinterest.org/depression-summit)

We look forward to seeing you in November!

Eric D. Achtyes, MD, MS, FAPA



## APA News and Updates

### October Course of the Month - Neurocognitive Implications of Heavy Marijuana Use in Adolescence

Each month, members have free access to an online CME course on a trending topic. The October course reviews neuroimaging evidence characterizing the neural sequelae of heavy marijuana use in youth using data from several studies. [Click here to access the Course of the Month and sign up for updates about this free member benefit.](#)

### Renew your membership for 2018!

With your support we have accomplished much this past year, from maintaining access to care for patients with mental illness and substance use disorders to launching a Presidential Work Group on physician wellness. Please renew your membership today to help us continue our important work in the year to come! As a reminder, the deadline to [renew your membership](#) is December 31, 2017. Review your [member benefits](#) and consider the [scheduled payment plan](#) when you renew.

### Enjoy your Commute with APA Podcasts

APA hosts a growing number of [podcasts](#) produced by APA staff and members including The Medical Mind Podcast, a podcast about innovation in mental health care from the APA Division of Education.



## The MPS Needs You Do you have expertise you can share?

The MPS is called upon from time to time to comment on current events, or to provide specific expertise for a variety of settings. We need your help! Do you have a specific interest or expertise that you can share? Do you know a respected colleague with a specific expertise? Are you willing to be interviewed by the media, speak with policy makers, or provide this expertise in setting outside of your practice?

The MPS Communications Committee is compiling a list of MPS members with expertise in a variety of psychiatric conditions. Please contact us at [MichPsychSoc@gmail](mailto:MichPsychSoc@gmail.com) to be included in this initiative.

We need a robust list with a variety of experts:

Substance Abuse Disorders  
Integrated Care  
Suicide

Eating Disorders  
Gun Violence  
Forensic Psychiatry

GME  
Private Practice  
Community Mental Health



**We're Live!**

The new MPS website is now LIVE! Be sure to check us out at [www.mpsonline.org](http://www.mpsonline.org)

Keep up to date on upcoming events under the "News and Events" tab, check out our new classified ad section in the "Membership" tab, see who the current MPS officers are under the

"About" tab. There's something for everyone.

Do you have suggestions or feedback? Let us know [michpsychsoc@gmail.com](mailto:michpsychsoc@gmail.com)



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Psychiatrists who are interested in serving adults and providing clinical leadership are encouraged to consider an outstanding practice opportunity and available Medical Director position with Liberty Healthcare at the Henry Ford Wyandotte Hospital in suburban Detroit. Learn more at [libertyhealthcare.com/upload/456.pdf](http://libertyhealthcare.com/upload/456.pdf) or contact Randy Lawrence at (912) 346-4716 [randy.lawrence@libertyhealth.com](mailto:randy.lawrence@libertyhealth.com)



#### Psychiatry Opportunities-Michigan

Corizon Health, the nation's leader in Correctional healthcare solutions is seeking BC/BE Psychiatrists to provide full-time on-site mental health services at the following facilities:

- Charles Egeler Reception & Guidance Center (RGC), Jackson
- Gus Harrison Correctional Facility, Adrian
- Muskegon Correctional Facility, Muskegon
- Parnall Correctional Facility, Jackson
- Woodland Correctional Facility, Whitmore Lake

Must have a current Michigan License and DEA. Competitive compensation and benefits including paid malpractice, medical, dental, life, retirement plan, continuing medical education, CME time and 4 weeks paid time off. RGC and Muskegon qualify for the Michigan Student Loan Repayment Program. For more information, please call, text or email Kim Burley, Director of Recruitment at 517-672-1541 [kim.burley@corizonhealth.com](mailto:kim.burley@corizonhealth.com). Visit [www.corizonhealth.com](http://www.corizonhealth.com)

#### Quick Links...

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[American Psychiatric Association](#)

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