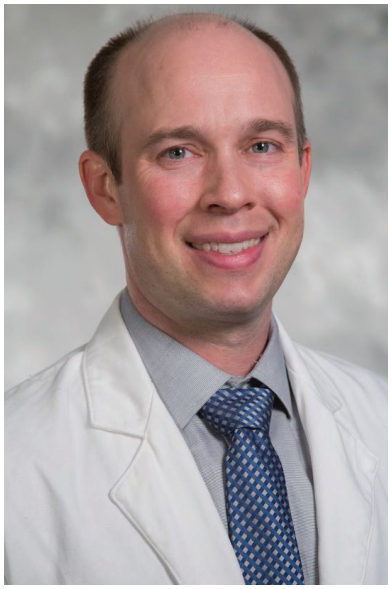
NORTH CAROLINA Psychiatric Association news

A DISTRICT BRANCH OF THE AMERICAN PSYCHIATRIC ASSOCIATION

MARCH 2025

A PSYCHIATRIST'S PERSPECTIVE ON POLITICS



Nathan Copeland, M.D., M.P.H., F.A.P.A.

"What's getting ready to happen to hip-hop?... You know what's going to happen to hip-hop? Whatever is happening with us… If we're smoked out, hip-hop is going to be smoked out. If we're doing alright, hip-hop is going to be doing alright… People talk about hip-hop like it's some giant living in the hillside coming down to visit the townspeople. We are hip-hop. Me, you, everybody, we are hip-hop… So, if hip-hop is about the people, and hip-hop won't get better until the people get better, then how do people get better? Well, from my understanding, people get better when they start to understand that they are valuable."

Disappearing behind my headphones, I walked to my 8 a.m. Organic Chemistry class in the early 2000s at the University of Georgia while listening to the first track off Mos Def's *Black on Both Sides*, "Fear Not of Man." And these lines were becoming reflective and foundational for how I was viewing the world.

As a young Kurt Vonnegut reading idealist, I wanted to be a part of something that brought good to a complex world. Mos Def's lyrics clarified this idea that supporting people in how they viewed themselves and how they engaged those around them was a way to help my community thrive. Helping one person or family at a time was enough because the individual or the family was enough, and the collective of individuals became the community. For this and a variety of reasons, I became a physician to become a psychiatrist.

Similar to many of those reading this column, my clinical definition of success is very often visible. How do those I serve interact with others? Are the families I work with able to do the things that bring them joy and meaning? Are the patients and families I'm supporting able to love, work, and play?

This also reflects my values as an American. I believe in individuals. I believe in Americans, and I believe in those that want to join in this shared journey. I think it is deeply American to care for the well-being of the person. And I believe that if the individuals in our community are doing well, then our community will be doing well.

I also believe that progress is achieved, no matter what the situation, through unrelenting work. If situations are causing damage, we work to mitigate the repercussions. If situations are bringing good, we work to spread the success. But we're always working.

"Straight backs, straight facts, heartbeats, and hard work."

As we head into another legislative season, I wonder how legislation and actions will impact the individuals and families in our community and how this will ultimately affect our society. I know that some legislation will take years to undo the damage, and some will provide unforeseen opportunities for our community to flourish.

I also ache for those in our community who are experiencing overwhelming fear that legislation will extinguish their identity and dreams. What does it mean for our community when so many are being made to feel that they are not valuable?

As psychiatrists, we are experts in thinking through the outcomes of legislation that could impact mental health and well-being, and as Americans, it is our responsibility to inform legislators about these impacts by holding them accountable for harmful legislation and acknowledging them for legislation that brings good to those in our community. Sounds a lot like parent management training!

As a psychiatrist, working so that every individual has the right to "the pursuit of happiness" is not only professional, it is also patriotic.

"There is no reason why good cannot triumph as often as evil. The triumph of anything is a matter of organization. If there are such things as angels, I hope that they are organized along the lines of the Mafia." That was Kurt Vonnegut in The Sirens of Titan.

continued on page 4...

IN THIS ISSUE

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NORTH CAROLINA Psychiatric Association news

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Danielle Lowe, M.D., Ph.D.

MANAGING EDITORS
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Anna Godwin, Education & Public Policy Manager

ASSOCIATE EDITOR
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PRESIDENT'S CORNER

Therese Garrett, M.D., D.F.A.P.A.

One of the opportunities I have had as president of NCPA is around deeper relationships with some of our partner mental health professional organizations, including NASW-NC (Social Work) and the other NCPA (NC Psychological Association), in addition to our partner physician organizations, including NCAFP (Family Practice), NCPeds (Pediatric Society and NCMS (Medical Society). In December, I joined the NCAFP, NCMS and NCPeds at the Grove Park Inn for the NCAFP annual meeting. This conference happened barely a week after the Grove Park had fully reopened post-Helene. In many ways, it was surreal to be back in Asheville for a conference, given our experience in September!

The new NCAFP President, Dr. Mark NcNeill leads a practice, Trillium Family Medicine, in Asheville. During his first welcoming speech to NCAFP members at their gala, he shared about his personal, clinic and patient experience after Hurricane Helene, the challenges they had overcome and all of those who had helped him and his practice. He also spoke to the fact that family practitioners, especially those out west 'Need a Reason to Celebrate!' And a celebration and sharing of joy and camaraderie late into the night ensued!

I would agree wholeheartedly with him, that there are so many things within NCPA and mental health that we should celebrate. So, in my final presidential column to you, I wanted to take the opportunity to celebrate some of the psychiatrists in our community and some of the mental health 'wins' this year.

I will first acknowledge that you all outnumber the list I have provided below. However, considering the wide-ranging and extensive work needed to continue uninterrupted services through WNC, I did want to highlight a few:

- I want to celebrate the work done by Richard Zenn, M.D., D.L.F.A.P.A. in supporting Vaya members, impacted by Helene, and by his psychiatric leadership in the community out west.
- There are many at Mountain Area Health Education Center (MAHEC) and Mission to celebrate, including Elena Perea, M.D., John Nicholls, M.D., D.F.A.P.A., MAHEC psychiatrists, and all of the amazing residents and fellows, for their continued care for all their patients through challenging circumstances with extended periods of time without water, power and internet. Creative and flexible solutions had to be implemented with lots of juggling and extra hours, despite many having had significant disaster impacts themselves.
- Nick Ladd, D.O. in addition to his work as Child and Adolescent Fellowship Director at MAHEC, developed an initiative solution to specific psychiatry needs within shelters, through deployment of 1-866-WNC-MIND, which served as a hotline for shelters to call in a collaborative care style consultation. Staffing for the line included volunteer psychiatrists from MAHEC/NCPA, taking shifts to answer the calls.
- Katie Dunlap, M.D., M.P.H. managed inpatient, crisis and outpatient care for the far west, in particular for the Eastern Band of Cherokee Indians, while holding space for ways in which historical traumas and valid mistrust change both the impact and the recovery for impacted communities.
- In our community clinics, some of the leaders who went above and beyond include former NCPA President, Don Buckner, M.D., D.L.F.A.P.A. leading psychiatric services across many sites, including both brick-and-mortar sites for Meridian and Blue Ridge Community Health, as well as deployed mental health professionals within many of the shelters. Michael Murray, D.O., Ph.D. balanced psychiatric services spread across the region, through his psychiatric leadership at RHA Health Services, stationing himself outside of the impacted area during initial periods of phone/cellular, and internet blackouts, furiously responding to urgent patient needs and psychotropic medication issues/refills, and working to ensure minimal interruption in care for our patients.
- For our veteran populations, James Furrh, M.D., Josephine Koojiman, M.D. and Mary O'Rourke, M.D. held down the fort, supporting patients through the Charles George VA Administration Center and across Western NC to prevent disruptions and ensure high quality continued care while balancing massive infrastructure and staff impacts.

In addition, we have so many other exciting changes to mental health to celebrate, including the new BH hospital at ECU, the future standalone children's hospital through

continued on page 5...

MEMBER SPOTLIGHT

SAMANTHA MELTZER-BRODY, M.D., M.P.H.

The UNC School of Medicine and UNC Health appointed Samantha Meltzer-Brody, M.D., M.P.H., to serve as new Executive Dean on January 15th, 2025. In this new role, she will provide vision, leadership and support for the UNC School of Medicine, one of the nation's top medical schools and lead the research and education missions for the UNC School of Medicine. She also will co-lead the clinical mission.

Dr. Meltzer-Brody has worked for UNC-Chapel Hill for almost 25 years. She is an internationally recognized physician-scientist and reproductive psychiatrist who has served as the Assad Meymandi Distinguished Professor and Chair of the Department of Psychiatry at UNC since 2019. She has been funded by the National Institute of Mental Health, Patient-Centered Outcomes Research Institute (PCORI), foundations, and industry sponsored clinical trials, including serving as the academic principal investigator for the first FDA approved medication for postpartum depression. She will step down as Chair on March 31st, and the interim Chair will be Kenan Penaskovic, M.D., who currently serves as the Vice Chair of Clinical Affairs for the UNC Department of Psychiatry.

"Dr. Meltzer-Brody has long been an institutional leader, launching the "Taking Care of Our Own" mental health program and the UNC Health Well-Being initiatives that have helped to guide our system's approach to promoting joy in medicine. Her leadership was also instrumental in the partnership with the State of North Carolina that led to the opening of UNC Health's Youth Behavioral Health hospital in Butner," said Dr. Cristy Page, Chief Academic Officer, UNC Health and President, UNC Health Enterprises.

Her work has been recognized by receiving the UNC System O. Max Gardner Award in 2020 and the NIH Clinical Center Distinguished Clinical Research Scholar and Educator in Residence in 2023. She has also been recognized as one of *Forbes* "16 Healthcare Innovators That You Should Know" for her dedicated contribution to advancing women's mental health.

Dr. Meltzer-Brody shares, "The UNC Department of Psychiatry has a longstanding history of excellence across our missions of clinical care, research and education. Now, more than ever, our work as an academic department of psychiatry is vital. I look forward to a very bright future for the UNC Department of Psychiatry."

A national search started in February for the next chair of the department.

... "Politics" continued from cover page

So, let's get organized, and let's make every person in our community feel valuable.

Let us also remember what makes our heartbeat and take time for ourselves and those we love.

If we do this, North Carolina will be doing alright. America will be doing alright.

Nathan Copeland, M.D., M.P.H., F.A.P.A. is Chair of NCPA's Legislative Committee. He is Assistant Professor of Psychiatry and Behavioral Sciences, Psychiatry, Child & Family Mental Health & Community Psychiatry at Duke Autism Clinic.

As an NCPA member, you can access **NCPA's Legislative Priorities and Advocacy Updates** on the NCPA website.

PRIVATE PRACTICE PSYCHIATRY

Aarti Kapur, M.D., D.F.A.P.A.

What is the future of private practice psychiatry. Can it still exist? Psychiatrists in private practice have been privileged to be flexible with their patient load and schedule and have a good amount of autonomy in their practice. While the integration of behavioral health into larger hospital systems offers many benefits, it can also pose challenges for private practitioners. Competition from hospital systems, financial pressures, and the need to stay updated with technological advancements can make it difficult for private practices to thrive. I do truly believe that private practice psychiatry will always exist. The ability to have that flexible time to see patients, building a stronger therapeutic relationship, is the primary reason I chose private practice over 15 years ago and why I remain in private practice despite the growth of large hospital system integrations surrounding me. While there are a lot of pros to working in a large organization, one can also get easily overwhelmed by the volume of patients expected to be seen and the demands of the system including administrative responsibilities, etc.

Private practice psychiatry is evolving and dynamic. Technological innovations including more advanced Electronic Medical Records (EMR) systems with patient portals allow for more contact between sessions. Telepsychiatry is allowing access to mental health in remote areas that were previously underserved. Telepsychiatry is also able to catch some of those patients that would have otherwise been noncompliant and missed appointments due to work or if they are home sick. Artificial Intelligence (AI) in Psychiatry is now offering opportunities to improve patient care, enhance efficiency and develop more personalized treatment plans. The latest interventional treatments like Transcranial Magnetic Stimulation (TMS) and nasal ketamine have improved clinical outcomes. All of these tools are redefining practice as we speak.

So how do private practice psychiatrists stay up to date and keep up with regulatory and financial challenges and policy changes? As Chair of the Private Practice Committee for NCPA, I have enjoyed meeting with private practice providers and letting them bring their issues to the table. Trying to establish relationships with key members of various insurance entities so that they hear concerns from the psychiatrists themselves has been my main focus over the past year. We now have NPCA members on behavioral health committees for BCBS and Aetna, two of the leading insurance companies in NC and changes have occurred because of the input from these committee members. Several of our committee members have also worked very hard at getting increased Medicaid reimbursements and working on billing challenges. Having a real person to talk to and not an 1-800 phone tree makes a difference. We have had guest speakers keeping us up to date with coding and billing policy changes, accountants to offer some corporate tax structure advice, etc. We have had several physicians starting practice join the committee looking for advice on how to start their practice and getting mentorship and advice for requirements needed to launch a practice. Educating and learning from other providers as well as having a support system is what we are about!

We want to hear from the Private Practice Psychiatrists! Email us at info@ncpsychiatry.org with issues/concerns and let's see how, as an organization, we can tackle them together.

Aarti Kapur, M.D., D.F.A.P.A. is Chair of NCPA's Private Practice Committee. She is Owner of Envision Psychiatric and Wellness Center.

... "President's Corner" continued from page 3

the partnership between Duke Health and UNC Health, continued expansion of residencies and fellowships in many of our universities and health systems, development of new crisis facilities across the state, including Behavioral Health Urgent Care sites and Facility-Based Services, and mobile opioid treatment programs.

I know that I have, in this column, overlooked some of you working to make large and small changes across the state and beyond. We will continue to shine a light on all your wins, so please let us know about all the work you are doing, or any appearances in any media format! We love to see the great work that you all do, and I am honored to have represented you all over the past year. NCPA has become my family over the decade since you all welcomed me with open arms and southern charm.

Therese Garrett, M.D., D.F.A.P.A. is the Behavioral Health Medical Director at Well-Care Health Plans, and a psychiatrist at NC State University Counseling Center.

What Psychiatrists Need to Know

VALUE-BASED CARE IN MENTAL HEALTH AND WHY DENIAL IS A POOR DEFENSE MECHANISM

Mehul Mankad, M.D., D.F.A.P.A.

Traditional mental health care has operated under a fee-for-service (FFS) model, where providers get paid per session, no matter the outcome. Psychiatrists sometimes use FFS to describe practices that don't participate in insurance panels, but FFS really describes the current healthcare environment. Most physicians, regardless of specialty, are incentivized to see more patients. Few physicians, regardless of specialty, are incentivized to improve health outcomes. Would you keep paying your personal trainer per workout, even if you never lost a pound? Would you keep purchasing groceries at the same store even if you knew that the produce was inedible?

The United States healthcare economy exceeds four trillion dollars per year, consumes more than 20% of the entire economic output of the country, and delivers the worst performance of any industrialized nation. In the domain of psychiatry in particular, some studies estimate that half of psychiatrists do not participate in any insurance-based care at all. We can argue about the many factors that have led us here, and whether any individual psychiatrist should feel responsible to fix these systemic problems. Instead, let's focus on an approach to improving the health of a community that is gaining traction. Enter Value-Based Care (VBC)—a system where psychiatrists and other mental health clinicians are rewarded for actually helping patients get better.

What is Value-Based Care and Why Should Psychiatrists Care?

Value-Based Care incorporates outcomes into the payment structure for clinicians. Instead of focusing on how many sessions a psychiatrist can book in a day, it focuses on patient improvement, such as reduced hospitalizations and overall well-being. The idea is simple: pay for quality, not quantity.

The Health Care Payment Learning & Action Network (HCP-LAN) came up with a fancy framework for payment models, ranging from traditional fee-for-service to full-on population health-based payments .

- **Category 1 (Pure Fee-for-Service):** The old-school way—get paid per visit, whether it helps or not. No real incentive for innovation, just keep the appointment book as full as possible.
- **Category 2 (FFS with Link to Quality):** Psychiatrists still get paid per session, but there are incentives based on agreed-upon quality measures. Practices are offered small incentives if they share no risk with the payor and larger incentives if they are willing to put some skin in the game.

continued on page 14...

For additional reading on Value-Based Care scan the QR code.

UNDERSTANDING THE HIDDEN STRUGGLES: A DEEPER DIVE INTO INTIMATE PARTNER VIOLENCE

Sushrusha Arjyal, M.D.

As a psychiatrist and sleep specialist who completed a fellowship in sleep medicine, my patient population has predominantly consisted of individuals with sleep disorders, particularly insomnia, often with underlying psychiatric conditions. Although I have not done intensive trauma work in recent years, it would be far from the truth to say that my patients do not include trauma survivors. Many of them are desperately seeking help for sleep, struggling with nightmares, and trying to forget their past.

When I volunteered to write an article for the NCPA as the chairman of the Race, Equity, and Ethnicity Committee, I initially had a different tone in mind—something that could bring a smile to people's faces. However, a tragic event occurred in my community. A person, whose details I won't disclose, was presumably a victim of domestic violence and was found dead. As the community processed the news, they hoped and prayed for the individual's safety before learning of their tragic death. Articles were written, a GoFundMe page was set up for their child, and people generously donated while continuing to hope and pray.

As a psychiatrist witnessing all of this, I could not help but think, sadly, this might not be the last case. Among the comments I read were questions like, "Why did they stay?" This brings me to the central question I want to explore in this article: Why do people feel compelled to stay in abusive relationships? Why is it so difficult to leave, regardless of race, gender, social status, financial independence, or resources? To understand this, we need to explore domestic violence and intimate partner violence.

Understanding Domestic and Intimate Partner Violence

Intimate partner violence (IPV) can be defined as abuse and violence caused by an intimate partner. The U.S. Department of Justice defines domestic violence as any act of physical, sexual, emotional, economic, psychological, or technological abuse. Harassment through technology is also considered domestic violence. Statistics show that in the U.S., 27% of women between the ages of 15 and 49 have experienced domestic violence. Every minute, 32 people experience intimate partner violence, totaling more than 16 million people suffering from intimate partner abuse in the U.S. each year.

Exposure to domestic violence can significantly impact physical and mental well-being, often resulting in symptoms of post-traumatic stress disorder (PTSD), such as nightmares, flashbacks, avoidance, and hypervigilance. It can lead to increased anxiety, depression, decompensation in individuals with bipolar disorder or schizophrenia, and severely disrupted sleep, worsening insomnia. In extreme cases, it can result in suicidal ideation, suicide attempts, and even completed suicides.

Adults are not the only victims of domestic violence. Children, too, are adversely affected. According to the American Academy of Child and Adolescent Psychiatry, three to ten million children are exposed to domestic violence, which severely damages their self-esteem and sense of self.

Why Do Victims Stay?

For someone who has not been exposed to any kind of domestic violence or trauma, it might be extremely difficult to understand what makes people continue to stay in an abusive relationship or what causes the inability to leave an abusive partner? It is a very complex dynamic. Several factors contribute to the difficulty of leaving a domestic partner despite the abuse. Some factors include beliefs around marriage and "holding the family together," pregnancy, economic dependence, and religious and cultural values, which have been found to be the major reasons why people feel compelled to stay in an abusive relationship. Also, physical entrapment, social isolation, and emotional attachment can play a major role. Sometimes, there is a hope the situation might eventually improve. Ironically, there can be a recurring theme of love as well.

Research has shown that people who successfully break free from abusive relationships tend to have strong external support, whether professional or social. In some cases, the fear of harm or concern for their children's safety becomes a powerful motivator to leave.

In my clinical practice, I have personally witnessed financial dependence and cultural beliefs about "keeping the family together" preventing people from leaving abusive relationships. These beliefs are often deeply ingrained, particularly in women, who feel pressured to "pass the test" of maintaining the family, losing themselves in the process.

continued on page 15...

THE RESIDENT SYMPOSIUM FROM A RESIDENT'S VIEW

Brody Montoya, D.O.

As a psychiatry resident, finding opportunities to learn, grow, and build connections is an important part of shaping a career. That's why I decided to attend the NCPA's Resident Symposium & Career Expo in 2024. This annual event provided me with the chance to deepen my understanding of the field, share research, connect with colleagues/faculty outside of my program, and meet with potential employers. Looking back on the experience, I can say it offered meaningful insights and opportunities uniquely geared towards those of us in training.

The learning opportunities at the symposium were one of the most valuable aspects of the event. Opening remarks by Julie Penzner, M.D., F.A.P.A. stood out, as she discussed the importance of finding hobbies within psychiatry to maintain balance and well-being in the profession. Her words struck a chord and set the stage for the sessions that followed. For me, a particularly useful session was the panel featuring early and mid-career psychiatrists who provided practical advice when searching for a job after residency. Hearing about their experiences across a range of clinical settings—from academic to community practices—gave me a better understanding of what to look for, and things to ask for from future employers as I approach graduation. Another highlight was the advocacy talk led by Therese Garrett, M.D., D.F.A.P.A., Anthony Kulukulualani, M.D., and Danielle Lowe, M.D., Ph.D. which outlined ways for trainees to engage in advocacy efforts. From contributing to public policy to addressing inequities in mental health care, the discussion underscored the broader impact psychiatrists can have beyond clinical practice when working within larger organizations like the North Carolina Psychiatric Association and American Psychiatric Association. These sessions helped me gain new perspectives and useful information to apply to my own residency experience.

Another key element of the symposium was the opportunity to present my research at the poster session. I shared a poster on public policy and substance use, which sparked valuable conversations and feedback from attendees. The experience helped me refine my presentation skills and better understand how my work fits into the larger field of psychiatry. It was interesting to explore the poster presentations of other residents, which covered topics ranging from innovative medication studies to health systems approaches to comprehensive psychiatric care and ethical considerations. Seeing the diversity of research being done by my peers was not only a reminder of the breadth of work happening in our field, but also an opportunity to learn about relevant, emerging topics in psychiatry to which I was not previously aware.

The symposium also offered plenty of opportunities to meet other residents and faculty members in a casual setting. Speaking with peers from other institutions provided insight into how residency programs are structured and how different challenges are addressed. Hearing about shared challenges and experiences also provided a sense of camaraderie between attendees. In addition to the networking, there were representatives from a variety of workplaces, which allowed me to get a clearer picture of the job opportunities available after residency. Whether someone was interested in academic psychiatry, community care, or something else, the symposium provided a glimpse into the possibilities.

Overall, attending the NCPA's Resident Symposium & Career Expo in 2024 was a unique and worthwhile experience that left me feeling better prepared to enrich my training experience and transition from a trainee to an early career psychiatrist. It gave me the chance to gain knowledge, share my work, and connect with others in a way that felt both productive and encouraging. If you're a current student, resident, or fellow, I would highly recommend considering the 2025 symposium as an opportunity to broaden your perspective and make valuable connections. It's an experience that will enrich your psychiatric training and provide useful tools for the future.

Brody Montoya, D.O. is a PGY-3 at Cape Fear Valley Health. He previously served as the NCPA Executive Council RFM Representative for Cape Fear Valley Health and is currently the Area 5 RFM Deputy Representative to the APA Assembly.

RESIDENT SYMPOSIUM
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A Career Exploration Panel
And More!

Scan the QR code to learn more about the Symposium agenda, speakers, and registration

NORTH CAROLINA Psychiatric Association

KEEP ON KEEPING ON

Art Kelley, M.D., D.L.F.A.P.A.

I had the recent privilege of speaking with Richard 'Rick' Zenn, M.D., D.L.F.A.P.A the Chief Medical Officer of Vaya Health in Asheville about the continuing post- Helene recovery efforts as it relates to behavioral health. Dr. Zenn, a medical school graduate of Boston University, completed his general adult psychiatry residency at Zucker Hillside Hospital. After a period of practice in New York he was recruited to lead the psychiatry program at Asheville's Mission Hospital in 2016. In 2022, he left Mission Hospital for the full-time position he currently holds at Vaya Health. As a member of the Vaya Executive Leadership Team he works on strategic planning and oversees Vaya's clinical and quality management functions.

Vaya Health serves thirty-two counties in North Carolina. It manages the Medicaid benefits of 110,000 members, about 40,000 of whom are in Vaya Total Care, their Tailored Plan clients (members with high behavioral health needs). Vaya serves all the western North Carolina counties included in the Helene federal disaster declaration.

Dr. Zenn praises his Vaya staff and its contracted providers for their outstanding work in the immediate aftermath of Hurricane Helene. His staff not only went above and beyond to reach out to Vaya members to meet their needs but also volunteered in their communities, helping their neighbors in need. Vaya providers worked hard to get "back online" to serve clients. This work went on even though many Vaya staff and provider staff struggled with their own hurricane losses and suffered the secondary trauma of dealing with the struggles of clients under their care prior to the storm. Dr. Zenn is also appreciative of Vaya staff that work in counties not affected by the storm. They stepped up to fill in many service gaps created by the storm.

Although the work has now become more routine for Vaya, the long slog of recovery remains characterized by high stress. Social needs are acute. Dr. Zenn says that the need for housing and employment is particularly urgent. (Editor's Note: Mitchell County had an 8.9% unemployment rate in mid-January, 2025. Buncombe County had an unemployment rate of 6.0% in December 2024.)

Apartment stock is down, hampering Vaya's efforts to move Tailored Plan clients to independent community living.

Although mental health visits were down in October and November, Dr. Zenn reports they have begun to increase this winter. He anticipates an increase in many of the behavioral health problems that typically develop in the aftermath of natural disasters such as PTSD and an increase in the use of substances. Anecdotally, there have been some deaths by suicide. Vaya is monitoring this closely and is providing trainings both in suicide awareness and early intervention to public organizations and providers. Also, with the support of the NC Department of Mental Health, Developmental Disabilities and Substance Use Services Vaya is rolling out Hope4NC, a program to conduct door to door outreach to make sure citizens in Helene impacted counties know about behavioral health and other resources available to them. Because Vaya serves many rural counites, Dr. Zenn reports that the use of telehealth by Vaya's contracted pro

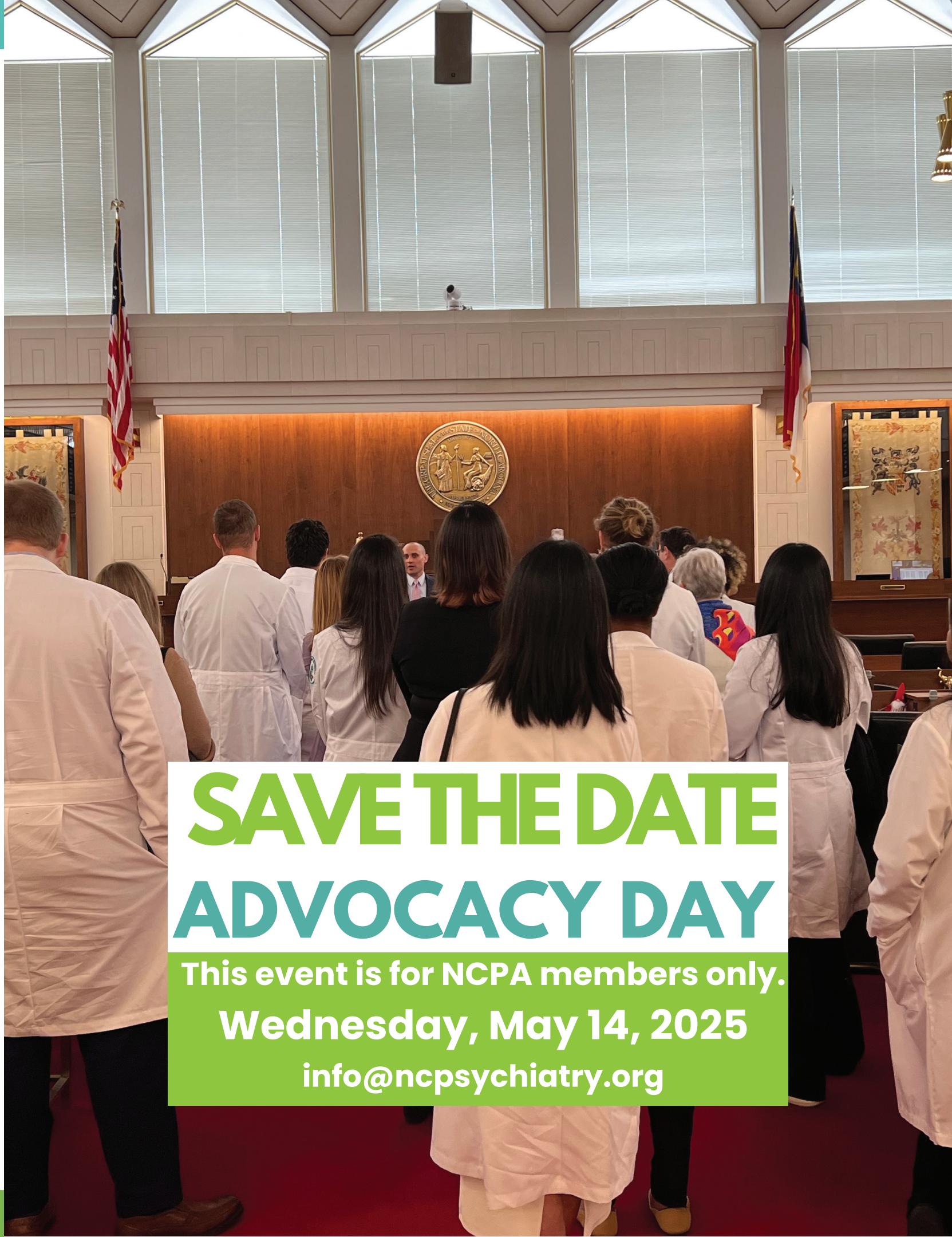
continued on page 14...

Membership Tax Deductions

Both the APA and NCPA are 501(c)6 organizations. Membership dues are not deductible as a charitable contribution for federal income tax purposes. However, a portion of your dues may be deducted as a business expense. If your employer covers the cost of your membership, the employer is entitled to the tax deduction. The non-deductible portion represents the amount of dues used to pay for direct lobbying efforts.

APA - For 2024, the deduction is 96%
NCPA - For 2024, the deduction is 98%

If you need help determining the amount of dues paid, contact info@ncpsychiatry.org



SAVE THE DATE
ADVOCACY DAY

This event is for NCPA members only.

Wednesday, May 14, 2025

info@ncpsychiatry.org

BOOK REVIEW: *WE ARE THE LIGHT* BY MATTHEW QUICK

Megan Pruette, M.D.

I recently read Matthew Quick's novel, *We Are the Light*, with my neighborhood book club where all of the members are women and none are in medicine or mental health. This celebrated novel is a deeply moving story about a person and a town healing from tragedy. It is a beautiful read about the individual and collective human spirit through devastation, healing, and love. Although the book appeals to a large audience, through my book club discussion I noticed reading *We Are the Light* through a psychiatrist's lens was an altogether more enriching experience.

Quick struggled with sobriety after his blockbuster hit, *The Silver Linings Playbook*, and ultimately found healing through Jungian analysis. (Shout-out to all NC Jungians! Quick lives in NC now, but I have no idea where he engaged in analysis.) He used that experience to frame his book, which is written as letters from the narrator to his Jungian analyst begging to be seen by him. The book showcases the transformative and healing power that analysis can bring.

Quick's narrator and use of letter writing adeptly allows the reader to see the world through the main character's eye. It felt like reading a psychiatric interview of a patient with very little insight. There are hints and clues placed throughout that raise a clinician's red flags, but with little insight, those concerns are explained away. Through this lens, Quick describes delusions, interactions with others, and a general unraveling of the main character. As the character's psyche worsens, his narration becomes more fragmented, unclear, and difficult to piece together. While you are reading the book you can feel the world becoming a confusing and scary place without solace, love, or safety. You don't know who to trust and you stop being able to take in support and love from others.

Healing from the tragedy ultimately comes from love and connection with others. The narrator is able to look back and see the reality of his past experiences. He gains insight into how his mind was protecting him from his past experiences. He is able to see himself and the world around

continued on page 15...

PSYCHIATRIC FOUNDATION OF NC HELPS MAHEC RESIDENTS

We all know the devastating effects that Hurricane Helene brought to the mountain areas of NC. Many of us were there to see first-hand the destruction at the NCPA Annual Meeting, but we were the fortunate ones to be able to return to our homes in other parts of the state. However, those who call the mountains their home continue to face the long-term job of putting their lives back together.

Once back in Raleigh, it was quickly brought to our attention by Marvin Swartz, M.D., D.L.F.A.P.A. and Duke University Child and Adolescent Psychiatry Fellow, Chloe Bolon, M.D. the wish to help the Mountain Area Health Education Center (MAHEC) residents who were directly impacted. The Psychiatric Foundation of NC answered the call. Steven Buie, M.D., D.L.F.A.P.A, Foundation Chair, and the Foundation Board of Directors established the Hurricane Helene Relief Fund. The response was immediate from our members and donations came streaming in. Even residents donated to help their fellow residents. Within a few weeks we were able to raise $10,000! The generosity of our membership is moving.

NCPA staff reached out to the MAHEC program and with Elena Perea, M.D.'s help, we heard from resident members directly about their experiences and hardships. The stories that were told are heartbreaking. Some were without power and water. Then there were others who endured devastating loss. We heard from some who lost vehicles. Others were totally displaced from their homes due to flood damage and forced to evacuate with young families to stay with relatives or in hotels. This is just a sampling of physical loss, not to mention the emotional toll and lost wages.

Before the holiday season the Foundation was able to disperse funds directly to our MAHEC resident members in proportion to their reported loss. It will take years for some to recover from this disaster. We can take solace knowing if the need ever arises again we will answer the call.

NCPA EXECUTIVE COUNCIL ELECTED

In February, NCPA members cast their ballots, overwhelmingly approving the slate of officers proposed by the Nominating Committee. The newly elected officers will begin their terms following the APA Annual Meeting in Los Angeles.

Congratulations to the incoming NCPA officers and new Executive Council member for 2025-2026! These results will become official upon approval by the Executive Council at its May meeting.

President-Elect: Megan Pruette, M.D.
Vice President: Tyehimba Hunt-Harrison, M.D., M.P.H., D.F.A.P.A.
Secretary: Reem Utterback, M.D., D.F.A.P.A.
Councilor at Large: Laura Paschall, M.D.
Councilor at Large: John Diamond, M.D., D.L.F.A.P.A.
APA Assembly Representative: Samina Aziz, M.B.B.S., D.L.F.A.P.A.
APA Assembly Representative: Jennifer Kemper, M.D.

Each year, NCPA members receive ballots and candidate information for their review and anonymous vote. Occasionally, members inquire about the nomination and voting process. The Nominating Committee selects at least one candidate for each open position, reports the slate to the Executive Council, and then presents it to the full membership for voting. The Tellers Committee oversees the voting process to ensure fairness and integrity. Voting is conducted by secret ballot, and all slated officers must receive a majority of votes cast to be elected. More details on the election process can be found in NCPA's Constitution and Bylaws.

Beyond selecting candidates for the election, the Nominating Committee plays a crucial role in identifying and encouraging member engagement in NCPA's broader work. If you are interested in serving on a committee, task force, or Executive Council, we encourage you to let us know by emailing info@ncpsychiatry.org.

APA ANNOUNCES 2024 HONOREES

Congratulations to the following NCPA members who have achieved Distinguished Fellowship and Fellowship status. New honorees will be formally recognized at the APA Annual Meeting in Los Angeles in May. Please note, honorees listed below may hold additional distinctions than those most recently awarded.

Distinguished Fellows
Vivian Campbell, M.D., D.L.F.A.P.A.
Therese Garrett, M.D., D.F.A.P.A.
Tyehimba Hunt-Harrison, M.D., M.P.H., D.F.A.P.A.
Samuel Pullen, D.O., M.P.H., M.S., D.F.A.P.A.
Reem Utterback, M.D., D.F.A.P.A.
Theresa Yuschok, M.D., D.L.F.A.P.A.

Fellows
John Beyer, M.D, F.A.P.A.
Boris Kiselev, M.D., F.A.P.A.
Jeremy Landvater, M.D., M.B.A., F.A.P.A.
Dwight Lysne, M.D., L.F.A.P.A.
Aung Ngu, M.D., F.A.P.A.
Muhal Sahil, M.D., F.A.P.A.
Phillip Smith, M.D., M.B.A., F.A.P.A.

Members who achieved "Distinguished Fellow" status did so by invitation and have been recognized for making significant contributions to psychiatry; as the APA describes, "Excellence, not mere competence, is the hallmark of a Distinguished Fellow."

"Fellow" status is an honor that reflects a psychiatrists dedication to the work of the APA and signifies allegiance to the psychiatric profession. If you are interested in learning more or being considered for one of these honorary titles, please reach out to the NCPA Fellowship Committee by emailing info@ncpsychiatry.org.

... "Value-Based Care" continued from page 6

- **Category 3 (Alternative Payment Models - APMs):** This is where things start to get interesting and where I think psychiatrists shine as compared to other mental health clinicians! Payments are tied to performance, patient outcomes, and coordination across care teams.

- **Category 4 (Population-Based Payment):** The whole enchilada—clinicians are responsible for the whole person health of a defined population. As we have known for decades, our patients (particularly our patients with SMI) have poorer physical health outcomes than the general population. Treating the mind and body with coordinated resources is the best solution for an aging and ailing populace.

Why Would a Psychiatrist Want to Join Value-Based Care?

There are plenty of reasons an individual psychiatrist might want to jump into the VBC pool:

1. **Less Burnout, More Impact:** With VBC, psychiatrists may work as part of integrated care teams that include primary care providers, social workers, and case managers. This means more holistic care and better long-term outcomes.

2. **Serving the Community:** VBC isn't just about individual patients—it's about population health. Instead of only treating those who can afford out of network care, VBC models emphasize equity and access.

3. **Fewer Administrative Headaches:** While switching to a VBC model can seem complicated at first, many psychiatrists end up with less paperwork. Instead of billing every single session separately, they may receive bundled payments and fewer prior authorizations.

A great initial opportunity would be to engage in follow-up after psychiatric inpatient discharge. We know that the first few weeks after discharge are a high risk time period for self-directed violence. The National Committee for Quality Assurance (NCQA) has identified follow-up within seven days of discharge as a high priority. Incentives to outpatient practices for helping meet this quality measure are a great introduction to value-based care and directly benefits patients.

Final Thoughts: It's Time to Rethink Our Role

The FFS model will always have its place. But VBC provides an alternative, giving psychiatrists more room to innovate and to participate in impactful change. You may be thinking that you have seen attempts at healthcare reform come and go. I challenge you to consider VBC as finally recognizing your value and encourage you to allow your ears to perk up when the opportunity arises.

Mehul Mankad, M.D., D.F.A.P.A. is an APA Assembly Representative and former NCPA President. He is Chief Medical Officer at NovumHealth, a value-based behavioral health management company.

... "Keeping On" continued from page 10

viders will be essential to preserve access to mental health and substance abuse services.

Dr. Zenn reports that prior to Helene organizational health was a strategic priority. Having this emphasis in place has been invaluable in supporting their large workforce through this horrific natural disaster. This emphasis led to All-Staff meetings, "Mindfulness Mondays" that staff can attend virtually, and Emotional Recovery after Disasters, a specific training that includes information on the physical and psychological impact of disasters aimed at increasing awareness and implementation of adaptive coping skills.

Of course, all this recovery work is ocurring simultaneously with the recent launch of Medicaid Tailored Plans on July 1, 2024. Tailored Plans must manage the behavioral health and the physical health care of beneficiaries with serious mental health illness, substance use disorders, traumatic brain injury, and/or intellectual and developmental disorders. Managing the physical health care of members is new for Medicaid managed care organizations in North Carolina but Dr. Zenn says it has advantages in the aftermath of Helene. For example, having access to complete pharmacy data of Tailored Plan members significantly benefits client care. And the opportunities for integrating care have exciting potential to improve the coordination of care as well as access to care.

Having interviewed Dr. Zenn, my sense is that the structures and processes are in place for Vaya to manage the behavioral health needs of their members during the long recovery ahead. It will be a matter of quality execution of its strategic plan and the ongoing support of its contracted providers.

Art Kelley, M.D., D.L.F.A.P.A., is Co-Editor of *NCPA News* and former NCPA President. He retired from Community Care of North Carolina.

... "Intimate Partner Violence" continued from page 7

There is also the perceived value of the abusive partner's presence in their children's lives. In minority communities, visa issues and dependence on a partner for legal status can further entrap individuals. Sometimes, victims hold on to false hope—if they endure just a little longer, things will get better, and their "happily ever after" will come true.

As a psychiatrist, I have been asked many difficult questions by my patients, mostly but not exclusively from women:

"How can I improve myself so my partner doesn't get upset with me?"

"Do you think this is my fault?"

"Should I believe my children when they say they're afraid of him?"

"Maybe it's a cultural thing—he just doesn't know how to express his emotions."

"Doctor, can you please tell him I'm doing great at work? Look at my reviews."

"Please tell him I don't have bipolar disorder; I just haven't been well since my miscarriage."

"Do you think my children will hate me if I leave?"

And most of all, I hear: *"I don't think he meant to hit me."*

These are endless questions, and I often don't have a simple answer—at least not one I can explain in a single session.

Breaking the Cycle

First and foremost, we must dispel the myth that victims of domestic abuse are free to choose. We need to rise above the sentiment of "Why don't they just leave?" and develop a deeper understanding of the barriers that make escaping a traumatic relationship so difficult—and, for some, nearly impossible. We must prioritize validation and acknowledgment of victims' experiences. Responsibility for change should not fall solely on the individual; it must be a collective effort, involving family, friends, and the broader community.

We also need to understand the bystander effect—the phenomenon where the presence of many witnesses makes individuals less likely to intervene. Our society has been affected by the bystander effect for centuries. We must be willing to come together as a society to overcome this and build a united front against intimate partner violence. We will need to change the question from "How did she/he let that happen?" to "How did we (as a society) let it happen?"

Access to professional help can be vital for people struggling with intimate partner violence but can be extremely challenging as well. Providing pharmacologic and nonpharmacologic management of symptoms can improve their quality of life, although continuous validation and awareness are just as important. More healthcare professionals trained in trauma therapy can play a significant role in healing.

As much as it pains me to watch people struggle in abusive relationships, holding on to hope that things will change, I want my sessions with my patients to be about healing and resilience, not just trauma and despair. I see them as warriors—survivors who, despite facing adversity, continue to push forward.

For me, they are my heroes!

Sushrusha Arjyal, M.D. is the Chair of NCPA's Race, Ethnicity, and Equity Committee. She is CEO and Owner of BLISS Sleep and Psychiatry, PLLC. She is a former Duke Assistant Professor of Psychiatry and Neurology.

... "We Are the Light" continued from page 12

him with different lenses and the world becomes tolerable again.

Interestingly, a big sticking point for my book club is when the narrator describes the love between himself and his analyst. My group members thought that was "creepy, inappropriate, and weird." Their reactions are not completely unfounded and a reminder to maintain clear professional boundaries, given the emotional vulnerability and transference that can evolve in a therapeutic relationship. For me, it is inevitable that I develop a deep love for my patients. It is a love that is much closer to maternal love than intimate love, although that doesn't completely describe the relationship either. It is the love that develops naturally when getting to know a patient deeply, always viewing them with positive regard, and always rooting for their growth and happiness.

I hope everyone has a chance to read this beautiful book. I'd love to hear what you think, especially the Jungians out there!

Megan Pruette, M.D. is Vice President of NCPA. She is an adult psychiatrist and Clinical Assistant Professor at UNC School of Medicine, Psychiatry.

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