

Fall '07

# NH Psychiatric Society Newsletter

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November 7, 6:15 p.m.**

## *From the President:*

On May 3, 2007 I was elected President of the New Hampshire Psychiatric Society at our Annual Meeting at the New London Inn.

As one of my initiatives to establish better connection between the Executive Council of NHPS and its members and also nonmember psychiatrists I thought I'd restart our Newsletter after a hiatus of several years. We'll start with issues quarterly, or more often as situations arise. We'll send the Newsletter to your email address if we have it or snail mail if we don't.

**About the NH Psychiatric Society.** We currently have 145 members out of a total of 231 psychiatrists in the state, giving us a 62% market share. I am told we also have approximately 22 psychiatrists who are pending dropouts from membership in NHPS/APA. We hope this Newsletter will convince you that NHPS/APA provides a vital service for all of us as psychiatrists. We could use the support of all NH psychiatrists to be as strong as we can to protect our profession and mental health in general. Enough preaching--except to say that there is a new website at APA for anyone interested in joining NHPS/APA.

NHPS has an Executive Council consisting of seven or eight psychiatrists who come regularly to our Council meetings (see p 2 for list of members). Joy Potter is our executive secretary and she can be reached at our office at the NH Medical Society (Joy.Potter@nhms.org).

We generally meet on the first Wednesday of every other month at 6:15 PM at the New Hampshire Medical Society building in Concord. Twice a year we arrange scientific meetings (a guest lecturer) along with dinner and our Executive Council Meeting. This year however we will not have a Fall Scientific Meeting, so we will have our next Exec Council Meeting on Wednesday, November 7<sup>th</sup> at 6:15 PM at our offices in Concord. Any interested member is welcome to attend. The free buffet dinner starts at 6:15 PM, with the meeting itself beginning at 6:30 PM. Come join us for a short two hour meeting as we discuss issues relating to psychiatry as a profession and mental health care in NH.

**Dual Focus of Activity.** The activities of NHPS focus on two main areas. There are specific issues relative to the *profession* of psychiatry in New Hampshire, and the more general issues of mental health care in our state. Needless to say, these areas of concern often overlap. Furthermore, these two areas often have connections to national issues as well. There is therefore close contact and involvement of the NHPS with the APA.

We also have an initiative relative to members-in-training. We are trying to encourage membership of all the psychiatry residents at Dartmouth Medical School, so that their beginning involvement in the APA and NHPS could be a lasting one and provide *new blood* for the NHPS going forward.

Yours truly,  
Leonard Korn, M.D.

## Commitment of Sex Offenders

At the Annual Meeting of the NHPS in May 2007 we debated the issue of sex offenders being committed after they have completed their criminal sentences. This is not a popular idea as far as psychiatry is concerned for a lot of reasons, not the least of which is the transferring of a criminal matter into a mental health matter.

We discussed a particular issue relating to how commitment decisions are made. The state had already set up a review board consisting of two clinicians and one administrator with the process being that the board had to agree unanimously to refer the offender for a commitment hearing. A proposed rule change would have permitted that process to go forward with only two of three voting to consider commitment. After much discussion we voted 8 to 7 to recommend that the current requirement of a unanimous vote be kept. We then lobbied successfully for that procedure to remain unchanged.

It is interesting to follow this issue on both a state and national level. Recently, on September 11, 2007, U.S. District Court Judge W. Earl Britt ruled that this type of process is "unconstitutional because the federal government cannot hold a person indefinitely out of fear that the individual will commit a crime in the future." He was ruling on 2006 federal legislation that required only "clear and convincing evidence" for such commitment. Judge Britt's ruling would require the government to prove "beyond a reasonable doubt" that the offender is "sexually dangerous." Stay tuned, as this decision is being appealed or possibly reconsidered. By the way, the information on Judge Britt's decision came via the APA service of providing email news to APA members several times a week. It's a valuable service for news of psychiatric research and government-related issues in psychiatry.

## Crisis in State Hospital Bed Availability in NH

On the state level the NHPS is constantly involved in issues affecting mental health care in our state. This involves monitoring bills pertinent to mental health in the legislature and lobbying on those bills when necessary. At our last meeting on September 5<sup>th</sup> we discussed recent developments relative to committed patients in New Hampshire. This matter has to do with the diminished number of beds available in the state for committed patients. Without being too alarmist we called this matter a *crisis in mental health care in New Hampshire*.

In the mid to late nineties there were about seven psychiatric units throughout the state that were able to receive and treat involuntarily committed patients. I worked in one myself at the Portsmouth Pavilion. These resources enabled patients to have such care close to where they lived, thus facilitating better care close to community mental health centers, local practitioners, courts, police departments, social service agencies, etc. *This was what the whole movement of community psychiatry was all about.*

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### ***Crisis in State Hospital Beds (cont'd)***

Unfortunately, that has all changed in the last decade or so as the NH State Government has not provided adequate funding for such services. As a result, the local DRFs (Designated Referral Facilities) have disappeared. The latest to close was the Androscoggin Valley Hospital Unit in the Conway area. There are now only two DRFs in Manchester (Eliot Hospital and the Cypress Center) along with the 208 beds at the State Hospital. Over the Labor Day weekend the State Hospital was full, on diversion although there were no other hospitals to divert to! We've heard that the same situation occurred several times in August as well. This has happened recently in many other states, as mental health services are strained throughout the country.

Another important factor in this mental health equation is the large surge in admissions to the State Hospital. In 1990 there were 850 admissions to NHH, compared to 2200 in 2006.

This crisis will have immediate downstream effects, as patients who need to be involuntarily committed will have not have the availability of beds at NHH or the other two much smaller facilities. This will lead to those acutely suicidal or dangerous patients having to stay and be treated in emergency room settings. Needless to say, this will not be a pretty picture.

Another aspect of this availability problem is that patients who are at New Hampshire Hospital are often being discharged before aftercare plans are in place. This is undoubtedly due to the pressure to have beds available at the state hospital and the increasing lack of resources at our community mental health centers so that appointments with psychiatrists are harder and harder to schedule in a timely manner.

In response to this looming crisis the NHPS is trying to gather a coalition of stakeholders to discuss this issue and likely press the state for more funds for mental health. This is admittedly an impossible dilemma as our state simply doesn't have the resources to deal with this crisis. Stay tuned!! We will be discussing this issue with the NH Society of Emergency Physicians, the NH Hospital Association and NAMI among others. If anyone has any ideas please let us know.

At our last Executive Council meeting in September we also heard of a crisis in staff availability (psychiatrists and nursing) at the Secure Psychiatric Unit in the State Prison. This is another aspect of our mental health system being so inadequately financed that it is on the verge of breaking.



## **In Future Issues**

In future issues of the Newsletter I would like to invite short articles from you regarding clinical or societal issues that you would like to share with other NH psychiatrists. Please think creatively and “out of the box.” It would be very powerful and informative if we NH Psychiatrists had more connection with each other. I invite your participation in fostering better connection with each other. I look forward to hearing from you.

I hope this Newsletter has been informative of the activities and usefulness of the NHPS and the APA. We need your continued membership and if at all possible your active involvement. Please let us know your concerns and comments. We will keep you informed by the Newsletter. Please send us your email address, current mailing address and phone number if we don't have it. That help facilitate our sending this Newsletter via email, as well as other times the NHPS would like to communicate with you.

We need more psychiatrists to become active in the NHPS. That has been an ongoing concern. Please consider becoming active and joining the Executive Council. You can contact me or other members of our Executive Council about issues that impact you or if you have interest in becoming more active in the NHPS.

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