A Piece of Our Mind
COLORADO PSYCHIATRIC SOCIETY NEWSLETTER

VOL. 34 NO. 4

President's message
By Jennifer Hagman, M.D.

I want to thank the many CPS members who called, sent e-mails or letters about the column, “A Line in the Sand.” The suicide of a patient is clearly an important yet rarely discussed issue for psychiatrists. It was striking to me how intense the experience remains years later for even our more senior members. Many of you discussed feeling isolated and not knowing where to turn, creating the perception that you were the only one to have this experience. It was also clear that having one patient suicide does not mean it will never happen again. Those who have gone through this experience more than once report that it is always a challenge to work through. Members also discussed efforts they are involved in related to suicide prevention and awareness. The newsletter even made its way to Iraq, where Bob House M.D., currently on active duty in Baghdad, reflected that the issue of suicide among our troops is sadly a substantial and difficult experience as well. Several members suggested a University grand rounds on the topic of “Coping with the Suicide of a Patient” which occurred on November 12th. Four CPS members joined me to discuss this sensitive yet important topic: Cheryl Chessick, M.D., Medical Director of the AIP inpatient service; Michael Allen, M.D., Director of Research, Colorado Depression Center; Ethan Swift, M.D., PGY4, Chief resident AIP inpatient Service; and Doris Gunderson, M.D., Associate Medical Director, Colorado Physician Health Program. I am hoping that between CPS and the University Department of Psychiatry, we can continue to heighten awareness, resources and support for psychiatrists in practice and our residents related to the event of a patient suicide. A summary of the grand rounds will be included in the CPS file available to members on coping with a patient suicide.

Now and Then – A Joint Lecture with John Lightburn, M.D.
I was recently invited to speak to an “OLLIE” (Osher Lifelong Learning Institute) class by my mother. When I realized the course director was our esteemed Past President (1967-1969) John Lightburn, M.D., I suggested we do the talk together. John readily agreed and presented a remarkable review of Psychiatry from the late 1800s to the early 1980s. It gave us both a chance to reflect on the past, present, and future of psychiatry. John discussed the evolution of the state hospital system, as Colorado decided where to locate the state capitol (Denver) and the universities (Boulder and Ft. Collins), and the state “insane asylum” in Pueblo. There were 79 patients when the “insane asylum” opened in 1879. The 79 patients included “8 maniacs, 6 melancholics and some imbeciles.” The interventions of the day were described as “moral treatments:” patients worked around the institution, often in the nearby fields, and it was thought that the purposeful nature of the work gave more meaning to their day. By 1899, the population had grown to 800, and the name changed to the Colorado State Hospital. The population grew to over 5000 by the 1950s. At that time, it took a jury and two doctors to certify someone to the hospital. After WWII, there was a push to “reform” the system of care for the mentally ill, and the community mental health system was developed. Patients were often discharged without adequate resources in the attempt to move people out of institutions and back into communities.

Continued on page 2
Continued from page 1

Although care has improved in many ways since the 1950s, there continue to be many challenges for those with mental illness. Sixty years later, in 2008, access to inpatient care is not easily available and stays may be too short for many individuals.

In the early days of Dr. Lightburn’s practice, the only available interventions were insulin comas, electroconvulsive therapy (ECT), ice baths, and chloral hydrate. He recalled the process of inducing insulin comas for up to an hour for the treatment of psychosis and carefully monitoring patients: this would occur multiple times for patients for whom this was prescribed. With the discovery of chlorpromazine for the treatment of psychosis, and later lithium, more patients were able to move outside the hospital grounds, but community resources were slow to respond to the needs. Dr. Lightburn also reviewed how much ECT has changed over the years, with progress in anesthesia, unilateral ECT and medications to decrease muscle spasms. He recalled ECT in the 1950s and 1960s when the associated seizures and memory loss were more severe. We were both pleased to report that mothers are no longer accused of being “cold, aloof and schizophrenogenic” and that family members are now encouraged to be involved in treatment whenever possible, and often serve a critical supportive role in the care of family members with mental illness.

I discussed the dramatic expansion of medications available to treat depression, psychosis and bipolar disorder, but that despite these advances, many illnesses remain severe and unrelenting for some patients. I reviewed progress made in awareness of mental illness in children and adolescents, and the benefits of early interventions. As an example of the remarkable progress being made in understanding some mental illnesses, I also discussed Dr. Robert Freedman’s groundbreaking work on the role of the nicotinic receptor and choline in schizophrenia.

The seniors in the class had complex questions about the genetics of mental illness, the dangers of the insulin coma therapy in the past, chemical dependency, issues related to suicide in teenagers and in the elderly, and adult children with mental illness. Many reflected on the stigma related to mental illness, stigma that continues today.

We also tried to look into the future of psychiatry, wondering “What will we be discussing 50 years from now?” Dr. Lightburn and I both thought significant progress would be made in genetics and hoped that medications will be even more effective, with fewer side effects. We do think that psychotherapy and the principles of psychoanalysis will continue to be important components of psychiatric training and practice. We both hope that full parity will be achieved for everyone and that stigma will continue to lessen, and maybe even disappear.

APA Awards CPS Grant for Outreach to Members

I am pleased to report that the grant request that CPS submitted to the APA for membership outreach was successful.

We are planning to use the small grant to visit areas outside of the Denver Metro area, hosting evening dinner meetings for CPS members and psychiatrists who may be interested in joining CPS. We’ll be in touch with members in Northern Colorado, the Western Slope, and Southern Colorado to determine dates and topics of interest. In addition to updating members on CPS and APA activities and resources, we also hope to gain a better understanding of the issues and con-
Continued from page 4

The stigma towards mental illness in the military is changing. Support is emphasized daily over the military television stations by very senior leaders. Posters can be seen all over the base regarding mental health and suicide. During free time, soldiers may wear unit specific T-shirts and ours clearly spells out our mission “You Are Not Alone.” The allocation of mental health resources is large. Reserve/National Guard units may be called every 4 to 5 years for a year tour; a mental health unit will be called every 3 to 4 years. There has been much press about the incidence of suicide among service members, 18 per 100,000. This has become a major concern. Recently the Army and National Institute of Mental Health announced a five year project to identify causes and risk factors for suicide. Common triggers seem to be marital or relationship problems, poor job performance, feelings of failure on the battlefield, and substance abuse. Domestic violence has also seen a rise among returning veterans.

Everyone in today’s military is a volunteer. Those I have met during this tour are accepting of being deployed to Iraq, even those doing the very dangerous work. Those going outside the wire and dealing with IEDs and small arms fire are very dedicated and professional. It has been an amazing and rewarding experience to have had a chance to work with them. Many psychiatrists with Colorado roots are serving or have served recently including LTC Graham Hoffman, M.D., (Iraq x4), MAJ Matthew Goodwin, M.D. (Iraq x2), CPT Valeh Karimkhani, D.O. (Iraq), LTC Scott Babe, M.D. (Afghanistan and Iraq), MAJ John Jackson, M.D. (Iraq), to name a few.

I recently started a new practice: I started ripping out the ads in every journal I receive. It started rather innocently, I was reading on my front porch enjoying the nice evening weather we have in Colorado, and found myself annoyed by having to flip through ads to find the articles I wanted to read. So I just ripped one out, and admittedly my OCD nature took over and 3 minutes later I had ripped all of the ads out of the journal I could (some of them are sneaky and have the journal articles on their back side preventing such removal).

Without any intention I had placed my journal on the fastest diet ever conceived. It had lost nearly half a pound, over one-third of its weight.

I’d like to think I am not naive, but frankly, as I held the ads in my hand, I was thunderstruck by the sheer volume of the ads. This can’t be the case with other journals, particularly the more established ones.

I went inside and conducted a randomized controlled trial of my bookshelf journals; that is to say, I randomly grabbed a few different ones. I used a ratio of pages devoted to ads to pages devoted to articles to measure the volume of the ads. The four journals I used had the following ratios: 37/52 (71%), 44/103 (43%), 17/93 (18.7%), and 43/150 (29%).

Now before this article becomes a diatribe about the evils of the pharmaceutical and advertising worlds working together, I should say that I imagine the pharm companies pay a pretty nickel for these ads and this helps keep many journals afloat. It could be argued that such ads make possible the dissemination of medical knowledge by helping to defray some of the cost. An in-depth discussion on the finances of an academic journal is beyond the scope of this brief article.

---

Dr. House is at Denver Health Medical Center and is the Chair of the CPS Program Committee.

Dr. Hagman is President of CPS and Chair of the CPS Legislative Committee, Medical Director of the Eating Disorders Program at The Children’s Hospital, and Associate Professor at UCDHSC.