CARILION CLINIC | VTC School of Medicine

Department of Psychiatry and Behavioral Medicine

CHAIR NOTES

Notes from the Chair – Dr. Robert Trestman

6/27/2022

Following the Supreme Court's decision on Dobbs v Jackson that overturned Roe v Wade, I think it important for each of us to be informed about the consistent perspective of our professional societies. The position statements on this issue from key healthcare organizations include those of The American Medical Association https://www.ama-assn.org/about/leadership/dobbs-ruling-assault-women-s-health-safe-medical-practice , the American College of Obstetricians and Gynecologists https://www.acog.org/news/news-releases/2022/06/acog-statement-on-the-decision-in-dobbs-v-jackson, the American Psychological Association https://www.apa.org/news/press/releases/2022/06/scotus-abortion-decision , the American Nurses Association https://www.nursingworld.org/news/news-releases/2022-news-releases/us-supreme-courts-decision-to-overturn-roe-vs.-wade----is-a-serious-setback-for-reproductive-health-and-human-rights/ , the National Association of Social Workers https://www.socialworkers.org/News/News-Releases/ID/2505/NASW-Condemns-Decision-by-the-US-Supreme-Court-to-Overturn-Roe-v-Wade , and the American Psychiatric Association https://www.psychiatry.org/news-room/news-releases/apa-statement-on-dobbs-v-jackson . I encourage you to read them. In a statement reflecting a pragmatic approach to dealing with the consequences of this decision, the American Hospital Association https://www.aha.org/press-releases/2022-06-24-aha-statement-us-supreme-court-decision-dobbs-v-jackson-womens-health stated, "We expect that today's decision will have practical impacts on hospitals and health systems, including on health care provided across state lines, EMTALA obligations, maternal health care, the clinician-patient relationship, medical education and access to care for individuals regardless of socioeconomic status." As our Department's mission is to "Advance the mental and physical health of our communities," we must anticipate and be prepared to treat the impact of this decision on our patients, their families, and our communities.

6/20/2022

The news of the Emancipation Proclamation finally reached Texas on June 19, 1865, two and a half years after the fact and two months after the end of the Civil War. Juneteenth is the commemoration of that event. As of last year, it became a federal holiday in recognition of the end of legal human slavery in America. While legal slavery ended, it's important to acknowledge that for years thereafter, former slaves remained in economic bondage through sharecropping; Jim Crow laws restricted Black people's freedom; and people of color continue to be exploited, dehumanized, and disenfranchised through countless systemic injustices. I believe it is important to reflect on the need to end structural racism and promote mental health equity for the Black community, other communities of color, and our society overall. The uneven impact of the COVID-19 pandemic has highlighted the prevalence of structural racism in our society, and the disparity in access and treatment quality that Black and other communities of color experience. The efforts of Carilion, of VTC School of Medicine, and of our communities to focus attention on these disparities are central to awareness, improvement, and a just and equitable future. Juneteenth is a reminder for us to insist on more than the mere appearance of progress to address access and equity in the treatment of mental illness and addictive disorders.

6/7/2022

A century ago, Gestalt psychologists described "toleration of ambiguity" as a hallmark of creativity. This is really being put to the test these days. So much is currently uncertain and ambiguous: Is the pandemic over? What is the future of telehealth? Will the federal funding for increased mental health and addiction care have an impact on us and our patients? How do we increase equity in healthcare and healthcare access? How safe are we in our homes, offices, and schools? The list just keeps going. The good news about this incredible level of ambiguity and uncertainty is the opportunity provided to be creative- to develop and implement innovative care models and to build collaborations with local, regional, and national colleagues. While dealing with ambiguity can be exhausting and frustrating, using this ambiguity to be creative, to build and strengthen our teams, is exciting, exhilarating, and very satisfying. Let's focus on the opportunities ahead and the steps we can take to get there together!

5/31/2022

In our Department, we have dealt with the consequences of the Pandemic for a long time. Like the pandemic, the specifics themselves evolve. We have been addressing exacerbated preexisting illness throughout the Pandemic. Over the past year, we have also seen increasing addiction, depression, and anxiety. We have been helping people cope with relationship struggles, parental concerns over interrupted childhood development, financial instability, increasing child and adolescent impairment and illness, and the challenges of perpetual uncertainty. Add to that the ever-increasing fears of gun violence. All too often, the reports focus on the risk of people living with mental illness as causing gun violence. In truth, there are individuals with mental illness who may become violent. However, those with mental illness **are no more likely than those without mental illness to shoot someone else**. They are, tragically, far more likely to use a gun to commit suicide . The biggest factor reported in study after study is access to firearms. We can reduce these risks, but we must find ways to address access to firearms. These discussions are not easy, but by educating ourselves I fully believe

we can find reasonable, incremental steps that enhance public safety and enhance the safety of our patients.

5/17/2022

Over one million people in the United States have been documented to have died from COVID-19. A thousand times-a-thousand lives lost. Such a number can numb us to the stark pain of having lost a parent, sibling, caregiver, or friend. The pandemic has exacerbated mental illness and substance use disorders, impaired the social and educational development of a generation of children, and has highlighted the stark inequalities in healthcare access based on race and income. We have learned a lot from these trying times, though: we have seen the stigma of mental illness and substance use diminish as we more openly address and discuss these shared concerns; funding is now flowing to actively address the “digital divide” to provide broad band access to everyone, allowing telehealth to be provided more equitably; and we are rethinking how best to expand access to treatment to provide needed care to patients and their dedicated families. I am very proud of the work we are doing together here at Carilion Clinic to reach more people in need, and very much aware of the dedication it takes to keep doing this much needed, and little heralded, work. It’s a great time to remember the words and intent of the Alicia Key’s song, “Good job” that she released in 2020 near the beginning of the pandemic: “ . . . You're doing a good job, Don't get too down, The world needs you now, Know that you matter.”

5/9/2022

As most of you are aware, we have been working closely with our primary care colleagues to build stronger connections between primary care and psychiatry. Continuing reports of connections between mental illness and chronic general medical conditions only reaffirms this need. A new cohort study of over 40,000 patients finds pretty dramatic evidence of these risks. In younger men, depression and anxiety disorders increased the risk of subsequently developing chronic general medical conditions by over 70%. In women of all ages, depression and anxiety disorders increased their risks of one or more chronic general medical conditions by over 60%. These are profound risks-- and are potentially preventable. Our challenge is both clear and substantial. There are multiple avenues to expand capacity for care. eConsults and the Collaborative Care Model are two ways we are promoting and growing here at Carilion Clinic. Another is through a change in the culture of psychiatry. Psychiatrists spend four years in medical school and four years (or more) in residency and fellowship training. We should be caring for the sickest patients who cannot be cared for by primary care or other specialties. For those with severe and persistent mental illness or profound substance use disorders, we may indeed need to provide care for them for years. We can nevertheless expand our capacity by accepting referred patients as needed, but once stable, allowing them to return for care by their primary clinicians. This consultative model is consistent with other medical specialties and focuses on the years of specialized training psychiatrists receive. Given the shortage of psychiatrists now and for the foreseeable future, there really is no meaningful alternative.

5/2/2022

Fourteen years ago, the Parity Law (formally the Mental Health Parity and Addiction Equity Act) was passed. For years, this law was honored in the exception- so many times our patients have been discriminated against through unfair insurance practices both directly and indirectly. They were directly affected by denials or lack of access to care. They were indirectly impacted by inadequate reimbursement and extraordinary administrative demands that made caring for people with many forms of insurance unaffordable by clinicians and many health systems. Recently, things are beginning to change. There are audits and lawsuits forcing insurers to provide improving access and reducing the administrative burdens that were previously an industry norm. Just last week, the Substance Abuse and Mental Health Services Agency (SAMHSA) issued new guidance to consumers of care and their families that are designed to help assure that their rights are know to them. We are making a difference in improving access and reducing stigma. This month is Mental Health Awareness Month; let's use this as an opportunity to keep advocating for our patients and their families, breaking down stigma, and helping those who need our care.

4/25/2022

There is a lot of good news for our adolescents: the rates of binge drinking, drunken driving, pregnancies, and smoking have all decreased in teenagers. Tragically, these significant improvements have been more than offset by a dramatic increase in depression, anxiety, compulsive behaviors, self-injurious behaviors, and suicide. The trends were already in place before the pandemic, but accelerated by the social isolation, illnesses, and uncertainties of the past two years. There are many factors to consider in the long term, but our challenge in the short term is clear: improve and expand access to care both internally and with our community partners. As we do so, we will evaluate the benefits of the treatment and programs we implement and continually improve upon our approach and methods. As part of this effort, we have for example embedded several of our Child and Adolescent Psychiatrists in Carilion's Pediatric practices. We are expanding our information-tracking through data-based Health Analytics; working with our primary care practices to provide timely electronic consults (eConsults) and building Collaborative Care initiatives; and growing our school-based efforts. All of this is happening while we are working in parallel to grow our capacity to care for young, mid-life, and older adults who are also experiencing increased levels of anxiety, depression, and addiction. The fact that our society is beginning to address long-held fears and stigma of mental illness and addiction is helping significantly in our efforts. The journey we are on is crucial- and we are making a difference each day with every person we care for!

4/11/2022

The implementation of the Americans with Disabilities Act (ADA) was first focused on those with physical disabilities and has gradually expanded to explicitly include those with mental illness. Recent guidance from the US Department of Justice now officially includes coverage of individuals in treatment or recovery from addiction to opioids. The guidance document "is intended to help people with opioid use disorder (OUD) who are in treatment or recovery understand their rights under federal law and to provide guidance to entities covered by the ADA about how to comply with the law." This is a wonderful development that will actively support the many thousands of individuals living with OUD receive care without facing

discrimination at work or losing their jobs. As we work to address the epidemic of addiction, this is great news and a key tool that empowers people with OUD on their path to recovery.

4/4/2022

We learned during the Pandemic that people living with any mental illness had a 38% increased mortality from COVID-19 and those with schizophrenia had a greater than 2-fold increase risk of dying from COVID. As we hopefully move beyond the acute stages of the Pandemic, it's also important to look to the ongoing threats our patients face. Recent longitudinal studies of large populations affirm what we anticipated for many years: people with mental illness have a reduced life span. One study suggests 7-10 years of lost life for those with any mental illness; couple that with any general medical condition and the number of lost years of life exceeds 11. In particular, the number of life years lost for men living with a substance use disorder is almost 15. As we work to address our patients' conditions, we need to partner broadly with all medical disciplines to assure comorbid illnesses are treated and that we partner with community agencies to develop effective strategies to support enhanced and coordinated care. At Carilion, we are committed to doing this. We are expanding collaborative care approaches that leverage multiple disciplines and technologies to care for the entire person. Simultaneously, we work with community partners, both public and private, to expand and coordinate access to care. This is a transformative process bringing that is genuinely "improving the health of the communities we serve."

3/28/2022

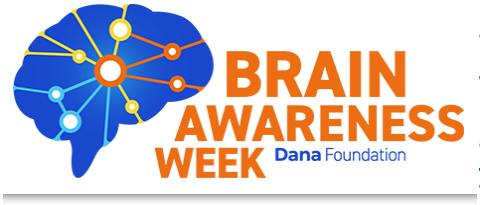
Covid-19 has killed over 975,000 Americans in the past two years. Drug overdoses surged in this period as well, surpassing 100,000 deaths in 2021 alone. We are all too aware of the dramatic increases in depression, anxiety disorders, and other severe mental illnesses in adults and in children. And then there is alcohol. We have all read about increases in the use of alcohol during the pandemic, but the mortality due to this increase were only recently examined in detail. A recent study from the National Institute of Alcohol Abuse and Alcoholism (NIAAA) documents that in the first year of the pandemic there was a 25% increase in alcohol-related deaths, amounting to over 99,000 lives lost. Data from the first 6 months of 2021 reflect that the death toll is still consistently elevated. I raise this issue because we can do something about it. In each patient interaction, let's be sure to discuss alcohol use and impact in addition to the many other risk factors we assess. The first step of treatment is screening- then we can engage, help to motivate, support treatment participation, and consistently empower our patients in the ongoing process of recovery.

3/21/2022

Carilion Clinic is committed to the health of our communities. Implementing this commitment takes many steps and continues to evolve since the formation of our clinic over 15 years ago. The clinic model, when fully achieved, provides integrated care— a seamless process and

coordinated communication as patients move from primary care to specialists, and back again. We have taken many steps to bring world-class care to our region. Carilion has developed robust academic partnerships through the Virginia Tech Carilion School of Medicine, the Fralin Biomedical Research Institute at VTC, and Radford University Carilion's school for allied health sciences. Our Department has been a key participant and has grown rapidly to meet these challenges. We are now continuing that work through a concerted effort to move toward fully integrated care across the enterprise. Led by Dr. Patrice Weiss, our Chief Medical Officer, Carilion is now embarking on a process and culture change to enhance access and integration of our work. The goal is for our patients to be supported at every step: rapid access to care, referral to specialists that is efficient and easy, coordination of treatment with the patient and family (as appropriate), and the leveraged use of technology to prevent waste of time and resources. This step on our journey is just beginning. In the months ahead, we will work together to design and implement these changes to make it easier for us to deliver great care and for our patients to experience it. The work will unfold in many small workgroups in and across our care-delivery settings. We will highlight some of key these efforts in ***Inside Carilion*** as well as in this bulletin. Happy Springtime everyone!

3/14/2022



There are many issues and tragedies unfolding around the world. Despite that (and in part in response to it) I want to highlight a some good things. This is Brain Awareness Week, and a local part of that is ***the FBRI Brain School*** taking place this evening. You can still register by clicking on *register to attend* at this site: (https://fbri.vtc.vt.edu/events/annual-brain-school.html). The in-person program will run from 5 PM to 7:30 PM with talks from 5:30 to 7:00 PM and various activities preceding and following the program. There will be three brief presentations from leading brain experts on: i) how brain share emotions, ii) how children's brains can meet challenges during development and can be rehabilitated, and iii) how our brains can learn to make healthier lifestyle decisions. The program and parking are free and open to the public although registration is required. Masks are recommended and the large auditorium room in the VTC School of Medicine (M203) will allow for spacing of a limited number of attendees.

Another cause for celebration that is part of Social Work Month is tomorrow's World Social Work Day. This year's focus is ***Co-building a New Eco-Social World: Leaving No One Behind***. The theme presents a vision and action plan to create new global values, policies and practices that develop trust, security and confidence for all people and the sustainability of the planet. As we work with our individual patients to help them recover from illness, it is important to remember and celebrate our organizational dedication to improve the health of communities in which we all work and live.

3/7/2022

As we progress through life, it is usually a good idea to reflect on what we have experienced and what we have learned. A group of us has done so regarding the impact the COVID-19 pandemic has had upon the field of psychiatry. A book I co-edited with Arpan Waghray MD is

the newest edition of the Psychiatric Clinics of North America, entitled COVID 19: How the Pandemic Changed Psychiatry for Good. Experts in the field explore the pandemic's impact on emergency departments, substance use disorder treatments, healthcare workers, child psychiatry, geriatric psychiatry, financing psychiatric services, and more. I am delighted that the chapter on Geriatric Psychiatry is written by our own Dr. Kemi Bankole. All of us who worked on this hope it can serve as a foundation to build upon as we work to make our field more resilient- and able to cope with future disruptions and disasters.

2/28/2022

The American Hospital Association is a large organization that has historically advocated for the role hospital systems (like Carilion) play in health care and a community's well being. This has been profoundly apparent during the pandemic. Over the past decade, the AHA has increased its focus on behavioral health. Behavioral health issues- depression, anxiety, addiction, equity, and access (among others) – were significant before the pandemic and have only worsened over the past two years. The AHA is now expanding its focus on behavioral health in general and the role of psychiatry in particular. The AHA Behavioral Health Strategic Priorities include such key issues as integration into general physical health in inpatient, emergency, and primary care settings; health system partnerships with the community to expand access to a continuum of care; stigma reduction efforts; and suicide prevention. Just last week in our AHA Behavioral Health Committee meeting, additional efforts were announced that include a focus on behavioral health workforce support and expansion, improving reimbursement for the work we do, and expanding equity in both access and quality of care. Despite the very real challenges we face, I believe society's growing willingness to openly discuss and address mental illness and addiction is real cause for optimism. The national conversation is opening up to the potential for treatment- equitable, evidence based, and culturally appropriate- to improve the lives of so very many people. I am proud that we are a part of that conversation and the work we do makes a real difference in the lives of our patients and their families.

2/21/2022

America lost over 100,000 people to drug overdoses in 2021; Virginia alone lost over 2650. The problem has escalated during the pandemic and shows no signs of improving in the first months of 2022. Here at Carilion, we have been working very hard to help those dealing with addiction. One of the very successful opioid use disorder (OUD) programs is our Emergency Department Linkages to Care program funded by the Virginia Department of Health. From a report compiled by Dr. Cheri Hartman, here are a few of the highlights. For the three years of the program, between 70-83% of the patients who presented to the Carilion Medical Center Emergency Department with overdoses or withdrawal were successfully started on suboxone and linked directly to our Outpatient Based Opioid Treatment (OBOT) program. For three years in a row, our 30-day retention rates in the OBOT have been between 60-85%. Over those three years, we've incrementally increased engagement and enrollment of patients who presented with overdose. For those familiar with such efforts, these results are nothing short of wonderful. They reflect the dedication and persistent efforts of teams of people from the Emergency Department, Ambulatory Psychiatry, the Peer Recovery Specialists, and of course the OBOT staff. This data is from our initial Roanoke-based program. We anticipate developing and implementing similar efforts throughout our system of care in the months ahead. This is indeed one of the ways we

live up to our mission of advancing the physical and mental health of our communities- and serving as a test bed for innovation that matters.

2/7/2022

We all know that the system of care for people with mental illness and substance use disorders is broken. Improving our ability to deliver care requires that we define the operational and policy problems and then propose solutions. In a recent statement to the Ways and Means Committee of Congress, the American Hospital Association suggested actionable ways to address America's Mental Health Crisis: expanding and adequately funding our workforce (including student loan forgiveness, expanding residency slots); addressing burnout and providing treatment for health professionals; expanding and improving insurance coverage for mental illness and substance use disorders; vigorously enforce the Mental Health Parity and Addiction Equity Act (by eliminating discriminatory insurance practices that exist in Psychiatry but not in other medical areas); effectively integrate physical and behavioral health with evidence based practices such as Collaborative Care; and require effective communication of psychiatric care between all involved providers through electronic health records. It is an extensive list with a lot of meaningful recommendations. We do know ways to improve the system; the more each of us knows about the details, the more we can effectively work to improve our ability to provide the care our patients need- and deserve. We can help shape the conversation. Who better than us to do so?

1/31/2022

There is an expression where I was raised in New Orleans. It goes, "When you are up to your (*fill in preferred body part here*) in alligators, it is hard to remember why you came to the swamp in the first place." As we have focused on the immediate and critical demands of caring for those with mental illness during the pandemic, it is understandable that we have not focused as much on the broader opportunities and challenges of Carilion's mission "to improve the health of the communities we serve" and our Department's mission to "advance the mental and physical health of our communities." One of the ways in which we are doing so is our engagement in the National Institute of Health (NIH) funded ***integrated Translational Health Research Institute of Virginia*** (iTHRIVE). This collaboration between Virginia Tech, Carilion, the University of Virginia, and Inova exists to bring improved clinical care to our communities. Carilion has been a key partner in this evolving program from the outset. Now in its fourth year, it has matured to the point of focusing more on community engagement. In the months and years ahead, I look forward to sharing more with you about the opportunities for learners, staff, and faculty to engage with our communities to bring evidence-based initiatives that will advance mental health and psychiatric care. Please feel free to contact me with any questions.

1/24/2022

Last Thursday's Psychiatry Grand Rounds was presented by Dilip Jeste MD. Dr. Jeste is a highly accomplished (check **this** out) geriatric psychiatrist at the University of California San Diego (UCSD). He has spent much of the past decade researching and helping to operationally define *wisdom*. Converging research supports that the construct of wisdom includes six distinct components: competent social decision making, emotional regulation (leading toward contentedness), prosocial behavior (things we do for others: empathy, compassion, altruism), self-insight (self-refection), acceptance of uncertainty (of diverse views and possibilities), and

decisiveness (being able to act). As Dr. Jeste presented his talk (a shorter version of which is a TEDMed **talk**), I began thinking about some implications for us. In many ways, the dimensions of wisdom reflect closely the characteristics of us who work in psychiatry (whatever our discipline or training). While none of us are perfect in all respects, I suggest that most of us have many of these characteristics. These attributes – empathy, self-reflection, acceptance of diversity, decisiveness, social competence, and emotional regulation – when we think about them individually are more easily acknowledged as part of who we are and why we are in our professions. I will bet that few of us considered that, when taken together these attributes explain why people come back to us for help, support, and guidance. Our expert knowledge and skill is of course absolutely necessary for what we do- but I suggest that alone it is insufficient. It seems likely that wisdom plays a role as well. Nice to know.

1/17/2022

One concept most everyone agrees on is the need for fairness. We all want to be treated fairly. We want to be included in decisions that impact our lives. We want a level playing field when it comes to equitable access to resources like health care in general and mental health care in particular. As we celebrate Dr. Martin Luther King Jr. Day today, there are some striking concerns regarding equity in Virginia. 93 of Virginia's 133 localities are federally-recognized areas with inadequate numbers of mental health professionals. Over a third of Virginians live in those localities. Two localities have literally no licensed behavioral health (BH) professionals, while 35 localities have no trained BH prescribers. 20% of Virginians live in communities with no or a few BH professionals. Many, if not most, of the households there don't have broadband access and therefore can't access tele-health services. Virginia localities with no or a few BH professionals have increased rates of addiction, functional impairment, and suicidality. Virginia's behavioral health workforce does not reflect the racial and ethnic diversity of the Commonwealth's population, making culturally meaningful communication and care challenging. And, to top it off, 61% of Virginia's current psychiatrists are age 55 or older and there aren't nearly enough trainees to the replace them. For more detail, please do look at the full **report** . Despite those challenges, though, there is reason for optimism. Major investments are being made in broadband access, which will reduce the "internet divide" and allow people to connect to tele-health services. Investment is being made in expanding BH training programs and in expanded health insurance coverage. And the stigma surrounding mental illness and addiction is diminishing. As we talk about the facts of depression, anxiety, trauma, and addiction, we raise awareness and encourage greater investment in needed care. We are working to level the playing field and are making genuine strides in improving health equity. Don't give up the dream!

1/10/2022

Heroism. We often think of it as an acute event- pulling someone from a burning building or quickly administering a life-saving medication. While true, I believe that image undervalues the hard part of heroism- persistently and with little recognition doing the right thing to make the world a better place. At the beginning of the pandemic, health care workers- all of us- were called "heroes." The adulation faltered over time, but the demands on us have not only continued, they have increased. Overdose deaths have increased remarkably, as has depression, anxiety, and a profound sense of despondency among millions of Americans. We

have nevertheless found ways to care for a growing number of people, young and old, during this pandemic. And it has taken a toll on us- many of us feel tired, frustrated, even angry at times. But we keep coming to work, caring for our patients, and developing ways to improve care and access to care, each and every day. That is what I see as heroism- persistently doing the right thing to make the world around us, one action and one person at a time, a better place. What you do matters and indeed makes a difference. Whether someone else shouts aloud, "You are a hero," please take a moment to acknowledge to yourself that your work and your commitment is at the heart of heroism. And for that, we should all be proud.

1/4/2022

We made it through the incredibly challenging year of 2021. A pandemic, social upheaval, and political instability will be closely tied to any review of the year 2021. So, too, will be the remarkable resilience and dedication of healthcare professionals. And despite the overlapping storms of illness and increasing psychiatric distress and suffering- depression, anxiety, addiction- we continued to innovate and deliver extraordinary and compassionate care. We have learned a lot over the past year- rapid innovation, tolerance of ambiguity, and overcoming whatever challenges we faced each day. That knowledge and those tools will serve us well throughout the future. The first few months of 2022 will likely continue to present us with challenges. The omicron variant is surging and will persist over the next month or two as we transition from pandemic status to a more flu-like endemic illness pattern. For those who are basically heathy, vaccinated and boosted, the threat of serious COVID illness is modest. But many of our patients are not so well protected. We owe it to them to help them overcome fear and misinformation and get vaccinated. We also owe it to them to wear N95's and other appropriate PPE so that we do not spread the virus. The end is in sight; spring will most likely bring with it the end of the acute phase of the pandemic. We have often noted that dealing with the pandemic is like running a marathon- it is critical to pace ourselves. Well, the most challenging part of a marathon is often the last few miles. I believe we are now in that phase and can't let up. Let's be true to ourselves and our mission. Let's support each other and our patients by sharing that most precious gift, built upon our skill and knowledge of healthcare: compassion and hope.

12/20/2021

The year 2021 will be remembered as a year of pandemic losses and of social unrest. Here in the Carilion Department of Psychiatry and Behavioral Medicine, it will also be remembered as a year of accomplishment and pride. Not only have we proven ourselves to be resilient and dedicated professionals, we continued to grow and to achieve meaningfully. Here is a brief review of just some of our accomplishments above and beyond our baseline:

- We recruited great additions to the department: five physician faculty members, multiple psychologists, nurse practitioners, social workers, and nurses, among the many disciplines.
- We implemented or expanded our Comprehensive Psychiatric Emergency Program (with $5M state support); the Emergency Department bridge to ambulatory care and to the Outpatient Based Opioid Treatment (OBOT) program; Collaborative Care with both Community and Family Medicine and with

Pediatrics; an ambulatory Psycho-Oncology Program; Adolescent Eating Disorders programming; the Child and Adolescent Sleep Psychiatry Program; the Center for Grief and Healing; expanded our Interventional Psychiatry efforts; and grew our ambulatory psychiatry access by 20% overall.

- We enhanced our Community Partnerships through expanded clinical care at the Bradley Free Clinic; provided statewide leadership and training for the Virginia Department of Health OBOT initiative; began the Roanoke City Public Schools Fallon Park Child Psychiatry collaborative clinic; completed our Robert Wood Johnson-funded project Re-Think Health; and continued to build our close partnership with the Virginia Department of Behavioral Health and Developmental Services (DBHDS).
- We grew our research productivity with 25 ongoing studies (5 with federal funding), completed 16 projects, and initiated 8 new projects; expanded our scholarly productivity with 21 publications and 38 regional, national, and international presentations; and continued to build our video patient education portfolio in collaboration with Mytonomy.
- Our Department had 10 state and federal regulatory surveys without a single adverse finding.

We did all of this by working together, overcoming extraordinary challenges, and by staying focused on our vision of clinical excellence through the dedicated integration of education, discovery, and recovery. We should take a collective moment to recognize and appreciate all this amazing work! Well done everyone!

12/13/2021

“It was the best of times, it was the worst of times, it was the age of wisdom, it was the age of foolishness, it was the epoch of belief, it was the epoch of incredulity, it was the season of light, it was the season of darkness, it was the spring of hope, it was the winter of despair.” Charles Dickens wrote that over 160 years ago. While it was a different place and a very different time, those words resonate with our current emotional states. Many of us- both our patients and ourselves- are depressed and demoralized with wave after wave of the pandemic and social unrest destabilizing our lives and making it very difficult to plan our lives and -in the immediate future- plan for the holidays. Some are retreating into further isolation, while others are saying “Enough of this!” and trying to ignore pandemic risks completely. This is indeed a season of hope, and there is much to be grateful for. We know so much more than we did in March 2020- we have adapted, we have learned, and we continue to improve our ability to treat those in need of care while taking care of ourselves both physically and emotionally. While risks and uncertainties remain, we can live our lives with some semblance of normalcy through vaccination (now including boosters for all eligible), wearing masks, washing hands, and social distancing when we realistically can. Life has always been a daily balancing act: balancing the risks and the benefits of each of our choices. While we can’t control the pandemic, there is so much in our own lives that we can. Let’s choose to focus on this as the season of light and of wisdom, and continue to learn, adapt, and care for each other and for ourselves!

12/6/2021

Here's a word for you: liminality. This is a word with a meaning new to me (and I wager most of us). The traditional use is to define a threshold (for example, "That sound is just liminal."- or at the threshold of hearing). The new-to-me meaning that is all too useful now is the disorientation that occurs in the middle of a transition (say, for example, the Pandemic), when people no longer hold their pre-event understanding of the world but do not yet know what the world will look like when the transition is completed. This is where we are in the Pandemic: knowing that the pre-COVID world is gone, but not sure what the post-Pandemic world will be. In general, most of us dislike ambiguity and much prefer predictability. This lack of predictability contributes to the sense of disorientation so many of us are feeling these days. While I don't have a solution, I can at least offer reassurance: it is normal for us to feel this disorientation. In the days ahead, I fully expect increasing clarity and predictability about what the post-Pandemic future holds for us. One other thing to consider: we have learned that, while we may not like it, we can cope with this ambiguity and create new ways of living our lives and providing care to those who need it. Knowing that, let's try to shape a much better, much healthier post-Pandemic, post-liminal world.

11/29/2021

Many of us celebrated the Thanksgiving holiday with family and friends last week. It is a season typically filled with parties, gatherings, and connecting with those we love. Sadly, for many this pandemic is a time of anxiety, despair, and demoralization. Over 100,000 people died from drug overdoses in the past 12 months, 43% more than the previous year. Depression and anxiety are at all-time high levels. But in parallel with these challenges, the national conversation is much more openly inclusive of psychiatric illness and addiction than ever before. In some important ways, our roles as psychiatric healers is empowered: more people are willing to discuss treatment options and receive care. A word I have heard used recently is "remoralization": helping someone recover from a demoralized state, helping them rebuild a sense of meaning and purpose. During this season, there are many reasons indeed to be hopeful. I am very hopeful- and proud- given the fact that we are all working hard to make a difference in the lives of so many. That brings a great sense of meaning and purpose to us as well as to those for whom we care!

11/22/2021

In addition to all the deaths America suffered as a direct result of COVID-19 infections (now approaching 770,000 deaths), there is another loss of epidemic proportions we are facing- deaths from the consequences of untreated addiction. Over the past 12 months alone, over 100,000 Americans died by overdose, fully 30% more than the prior year. Death from opioids make up the majority of our losses. This torrent of death has provoked a national conversation about addiction and there are now a growing number of meaningful responses. Increased funding for a range of services is one such response. The CMS is extending its coverage of telehealth, including audio only, for the treatment of substance use disorders and mental illness- coverage that does not extend is such a comprehensive way to other medical care. Nevertheless, over the past months a collaboration of Departments here at Carilion has enabled us to offer universal Hep C screening and treatment for our inpatients. In a very positive

development, the FDA reclassified Hepatitis C (Hep C) tests and treatment, making it much easier to test and treat this illness that is a very common co-occurrence in our patients with substance use disorders. While there are many challenges, I am delighted with the progress Psychiatry is making overcoming stigma in our country, allowing us to provide the care our patients and communities need. With that, please let me share the very best wishes for a happy and healthy holiday season!

11/15/2021

Today I want to highlight yet another one of our Department's areas of great success: medical education. It is well known that clinical care is very much "performance art"- we are expected to be our best for each and every patient contact. The same holds true for education and our work with students. Our Department has long been ranked at the top of Virginia Tech Carilion School of Medicine clinical rotations. The most recent set of evaluations continues to reflect that. Our Faculty and Residents were uniformly- as in each and every one- praised for their teaching, mentorship, and dedication to creating an excellent learning environment. That is simply amazing. And this is even more extraordinary as it is occurring during the Pandemic. While these reviews and feedback focused specifically on our Residents and Faculty, it reflects the work of the entire team: each and every discipline working together to provide great and compassionate care. I want to express how proud I am, as Chair, of all of our staff, learners, and faculty who have maintained a warm, caring, and educational environment during a very stressful time. Well done everyone!

11/8/2021

We have known about the high prevalence of depression in teenagers for years now. We have also witnessed the increase in depression, anxiety disorders, and substance use in teens over the past few years. A recently published study looks at one excellent approach to helping our teenagers, one that is consistent with growing community comfort discussing mental illness and intervening early to prevent worsened impairment. This large study in multiple Pennsylvania high schools demonstrated the benefits of universal depression screening. Compared to traditional screening (when symptoms become obvious to the school staff), universal screening led to almost six times more students identified with depression symptoms and over twice the number of students starting treatment. Proactive interventions such as universal screening for depression in schools reduce the stigma of mental illness and improve the lives of those who enter treatment. This approach is consistent with so much of what Carilion is already doing in our community partnerships, including our Department's ongoing work with the Roanoke City Public Schools. Many of the ideas and projects our staff and faculty are developing build on this work and help us realize our commitment to improve the health of the communities we serve. I am excited and proud of our community collaborations that are leading to innovation and the implementation of sustainable practices in our communities. Some of them are detailed in this Bulletin's articles, so please keep reading!

11/1/2021

We have known for many months that people being treated for cancer, cerebrovascular illnesses, cardiac conditions, or who are pregnant are at increased risk of severe COVID-19

outcomes (namely hospitalization or death). Now included in that list of serious risk factors are mental illnesses including mood and psychotic disorders. This means individuals with disorders including depression, bipolar disorder, or schizophrenia are eligible for booster vaccinations. We should be encouraging our patients to do so- or if not yet vaccinated at all, to get vaccinated. The risks still persist, with over 1,300 Americans reported dead from COVID-19 yesterday and 99 people currently hospitalized for COVID in the Carilion Clinic system. Of enduring importance, this risk also speaks to the underlying neurobiology of mental illness. The same inflammatory and vascular mechanisms in play with coronavirus infection are involved in psychiatric conditions. This insight is an important tool that can help in the effort to destigmatize mental illness and emphasize that, like so many other conditions, it is biology that drives these disorders- not moral failures or character flaws. This is yet another example of making good use of a dangerous crisis!

10/25/2021

It is always nice to be recognized for our dedication to improving patient care. It is even better to be seen as a leader in these efforts statewide. A recent letter from the Virginia Department of Medical Assistance Services (DMAS; the folks who run Virginia's Medicaid system) invited healthcare systems across Virginia to learn from us. The focus is our Emergency Department Bridge Clinic **Program** that has successfully engaged so many patients into coordinated and consistent opioid use disorder (OUD) treatment . The model developed here is a close partnership between Psychiatry and Emergency Medicine, initiating treatment in the ED and providing a supportive bridge to ongoing treatment in our Outpatient Based Opioid Treatment (**OBOT**) program. Dr. Cheri Hartman and Dr. John Burton were specifically named in the letter. A wonderful team of clinicians have developed this educational program to help us lead in Virginia's support of people with OUD. Well done everyone!

10/18/2021

Things are looking more promising for an end to the acute COVID-19 pandemic in our region. More people are vaccinated, the fourth wave is starting to ebb, and hospitalizations are beginning to drop. Unfortunately, the long-term consequences of the pandemic (called Post Acute Sequelae of COVID-19 or PASC) are emerging and include many psychiatric concerns. A new analysis of 57 studies including over 250,000 COVID-19 survivors finds significant disorders six months or more after the initial illness. At the top of the list: impaired concentration in 25%, anxiety disorders in 30%, depression in 20%, sleep disorders in 20%, and PTSD in 13%. This doesn't even include exacerbations to preexisting psychiatric conditions. Since over 44 million Americans have had COVID and survived, these added illnesses are an enormous challenge to a mental health system that struggled to meet our communities' needs even before the pandemic. And, of course, substance use disorders have increased during the pandemic as well. What are we doing to meet these needs? Here at Carilion we are working to recruit more faculty and staff in our ambulatory settings. We have implemented a Comprehensive Psychiatric Emergency Program and are adding bridge clinics to that effort. We have leveraged technology to reach more people through telehealth. We are expanding our Psychology Division to increase our psychotherapy capacity. We are growing our Interventional Psychiatry Division to increase access to TMS, ketamine, and ECT. We are also growing our neuropsychiatry capacity and now

developing a dedicated sleep psychiatry initiative. These are just a sample of our many efforts. We may not be able to meet all of our communities' needs, but together with our many community partners we will work to meet the needs of as many as we can.

10/4/2021

It should come as no surprise to anyone that people with serious mental illness are stigmatized. Stigma carries many consequences. A new study emphasizes one of those consequences that is life-threatening: untreated cardiovascular disease. In a meta-analysis that included over 24 million patients, those with mental illnesses (including mood disorders and schizophrenia spectrum disorders) received less screening and lower-quality treatment for cardiovascular disorders than did those without mental illness. This is consistent with findings from the Lancet Psychiatry Commission report that also documented greater general morbidity and shorter lifespan in those with mental illness. This is something we can change. When you see someone for assessment and treatment of mental illness, please be sure that they are getting primary care and appropriate health screenings. If they are not, please engage them, discuss the benefits, and refer them for care if they are willing. Let's help our patients lead long and healthy lives!

9/27/2021

Our Vice President for Psychiatry, Bill Wasserman, pointed out something to me last week. Did you know that the clinical services of Psychiatry and Behavioral Medicine here at Carilion have been surveyed by The Joint Commission (TJC), the Virginia Department of Health, and the Virginia Department of Behavioral Health and Developmental Services (DBHDS) at least 6 times in the last 9 months during the pandemic? This reflects the many conflicting regulatory demands during the pandemic when our state's system of psychiatric care has been under unprecedented stress. For those who have been involved in these reviews, it has been at times exhausting but also rewarding. You might very reasonably ask why I use the word "rewarding" in this context. That part is very straight-forward. Looking at the results of all 6 of these evaluations, the surveyors found a total of zero (0)- as in none- findings of any deficiencies. This speaks to the remarkable work everyone performs on a daily basis and why we are designated as a MAGNET© accredited organization. I wanted to highlight this remarkable achievement and congratulate everyone on a job very well done- day in and day out- in service to our patients!

9/20/2021

Many months ago, near the beginning of the pandemic, I mentioned the Alicia Key's song "Good Job." Its lyrics recognized the need for emotional support for medical professionals (among other essential workers). That was the beginning of the pandemic. We are now 18 months in- and many of us are feeling tired, emotionally fatigued—and yet there is a new wave of people who really need our care. In some ways, we are much better prepared: most of us are vaccinated, we have access to the PPE we need, and we have many months of practice under

our belts. As I talk with our staff and faculty, I find myself delighted and proud of the commitment and dedication reflected in their speech and in their eyes. I hear many expressions such as "This will pass" or "We will get through this." I also here expressions like "This is why I became a clinician- to care for people in need. I have never felt more needed than now." And that I think is the bottom line: we are needed, this is what we do, and we can take enormous pride in what we (as individuals and as a team) are accomplishing each and every day. Let's remember to acknowledge that to each other, and realize that as a team, we will indeed reflect on this time as one of profound challenge- and amazing accomplishment!

9/13/2021

September is Suicide Prevention Month. Even more critical than in years past, it is important for us to recognize and highlight our collective ability to intervene and protect people when they are most vulnerable. Thankfully, the stigma of mental illness in general and suicide in particular is being reduced by growing awareness and conversation. For the population in general, there are many resources now available. **#BeThe1To** is the National Suicide Prevention Lifeline's message. There are many specific actions we can each take to recognize people at risk risks and prevent suicide. The Lifeline Network and its partners targets actions that can promote healing and overcome despair. There is also now a pressing need to both recognize and support health care professionals at risk of suicide. The National Action Alliance for Suicide Prevention is a public-private partnership with more than 250 partner organizations promoting hope and help. Learn more about the Action Alliance's #BeThere activities, as well as National American Indian/Alaska Native Hope for Life Day and updated Hope for Life Day toolkit. Additionally, check out AHA resources. Further, the American Foundation for Suicide Prevention has produced an on-demand webinar, "Suicide Prevention Services for Health Professionals and First Responders." Learn about federal and state policy initiatives that provide vital suicide prevention services and ways to talk about suicide as well as resources to help our health workforce. We are not immune to the distress of the work we do, particularly at this time. So, don't hesitate to ask how your colleague is doing, and make it clear that you are genuinely willing to hear the distress they may be feeing. You can **#BeThe1To** make a difference!

9/7/2021

This afternoon, a small group of us representing the American Psychiatric Association will be speaking with the policy folks at the Centers for Medicare and Medicaid Services (CMS) to present our case for continuing the expanded coverage of mental health services via telehealth in general and via audio-only in particular. Over the past year and a half, we have learned about the great value telehealth provides to our patients. As we address the inequities in access and income, we have learned that so many of our patients can make use of audio-only sessions: they can't afford a data plan, they live in areas without broad-band access, and so forth. As I prepare for this meeting, I realize that every day is bringing unanticipated change, and that this is the "new normal". I don't believe that we are heading to a post-pandemic "steady state" where we will get comfortable with an established routine. I do think that we will need to adapt to ever

more frequent disruptions in how we deliver care. The part that won't change, however, are the people: we as professionals and those who need our care. Our reliance on compassion, knowledge, and empathy will not change. And the needs of our patients- for insight, care, safety, and empowerment- will persist. So, I can only recommend to you what I recommend for myself: to take a deep breath, to remember that we are in this because the work we do matters, and that we make a difference in the lives of those we care for.

8/30/2021

During these stressful and challenging times, it can be important to recognize some positive things. We recently completed the Engagement Survey across all of Carilion, a formal (and long) survey looking into work-life in detail. Compared to the national average a host of really positive things turned up. We (Carilion employees) feel generally safe at work- that Carilion provides both resources and supplies (like PPE) to help us do our jobs well and safely. We feel that there are meaningful efforts to address our well-being as people (not just as employees) through both formal programs and recognition. We believe that we care about and focus on the quality of care we provide to our patients, and that our jobs allow us to make use of, and develop, our skills. The survey also noted limitations, most notably that we need to continue to recruit and train additional staff. Given all of that, I believe these remarkably positive results reflect the work we have done together to cope with the challenges of the pandemic. Not only have we continued to deliver great care, but we continue to improve care quality and embrace our own wellness. Many, many thanks- and congratulations- for the great work our Department is doing! Be well and stay safe!

8/23/2021

Earlier this summer, we were feeling a sense of relief: the pandemic is done! Many of us were going to restaurants, having parties, going mask-less in the community. Now, in a reversal, we face a dramatic change with surging infection rates and hospitalizations. Over 1,000 people in the US are now dying from COVID-19 every day. People are appropriately anxious, frustrated, and scared. The delta variant is far more infectious, is hitting younger people, and even those who are vaccinated can contract and pass along the infection. There is growing evidence of persisting serious symptoms in those who did not get sick enough initially to require hospitalization, a syndrome called "long COVID." Here in Psychiatry, we are seeing more patients who are hopeless, suicidal, and/ or suffering with severe substance use disorders than ever before. What can we do about this? As health professionals, we need to be leaders and share our knowledge with the community- everyone needs to wear masks, and socially distance for a while longer. And we need to help educate those who are hesitant to get vaccinated. Share the knowledge that: 1) the virus doesn't care about politics; 2) vaccines are our way out of this public health emergency; 3) the vaccines are indeed safe and effective; and4) by getting everyone eligible vaccinated, we reduce the chances for more COVID variants to develop. In our Department, we continue to do great work with our patients- let's be sure to help keep them and our communities safe and get past this pandemic!

8/9/2021

The second pandemic has arrived. No, I don't mean the newest surge in COVID-19 cases. I mean the pandemic of psychiatric illness- depression, anxiety, despair, substance use disorders. They have led to a broken and overwhelmed system of care in Virginia. Groups as disparate as the *Virginia Department of Behavioral Health and Developmental Services*, the *Virginia Health and Hospitals Association*, and the *Virginia Association of Chiefs of Police each have publicly acknowledged this- and we are experiencing it in our practices. While capacity continues to be an issue, we at Carilion are in a far better place to deal with our patients' needs today than we were just a few years ago. We have tripled the size of our Consultation-Liaison Psychiatry program, enhanced our CONNECT program, grown the breadth and depth of Nursing, begun the development of our Comprehensive Psychiatric Emergency Program, have grown our Psychology Division, built a model opioid addiction program, doubled the size of our Child Psychiatry faculty, are starting to build a Center for Hope and Healing, dramatically developed telepsychiatry capabilities to serve much more of Carilion's needs broadly, grown our ambulatory platform at CNRV, expanded our Interventional Psychiatry Programming, and on and on. While we aren't where we want to be yet, we are rapidly building a robust system of care to meet the needs of our patients, their families, and our communities. In that, we can take pride as we take each day- and each patient- in turn.*

8/2/2021

Every step of psychiatric care is difficult. Listening to our patient's story, understanding their culture, making a diagnosis, making recommendations for care that the patient supports and will follow. But even before we begin this process, the person needing help has to recognize the problem, the opportunity that exists to relieve the suffering, and to then reach out for care. Stigma is a key impediment that all too often stops this process before it starts. Stigma is a perceived mark of disgrace. Mental illness and substance use disorders have been stigmatized for countless generations. We may now, however, be at an inflection point- a point in our society where we may be ready to address and overcome the stigma of asking for psychiatric help. We hear it discussed now more commonly in social media and even by athletes. And we are even beginning to hear more voices challenging stigma among healthcare professionals. The ***story*** of her own challenges told by Dr. Termini (a psychiatry resident) in The Journal of the American Medical Association (JAMA) is one I recommend. It is painful, honest, close to home- and a sign that we are a step closer to overcoming the stigma that prevents people in need (including our friends, family, and colleagues) from asking for our help.

7/28/2021

This week I want to share some video resources with everyone. The first is a new 4 part series from PBS. It is entitled *Mysteries of Mental Illness* and explores the history of mental illness in science and society. It is endorsed by the American Psychiatric Association, which stated that the series "traces the evolution of this complex topic from its earliest days to present times. It explores dramatic attempts across generations to unravel the mysteries of mental illness and gives voice to contemporary Americans across a spectrum of experiences." Having non-medical information to destigmatize mental illness is a key to helping us in our work. It may be viewed at: this link .

Last week in the Newsletter I briefly addressed the Virginia decision to take the first steps toward legalizing marijuana. This process begins in a few days on July 1. Later on in the week I participated in a panel discussion sponsored by the Prevention Council last week that was live-streamed on WDBJ7. The panel was moderated by Joe Dashiell (Senior Reporter at WDBJ7) and included Roanoke County Commonwealth's Attorney Brian Holohan, Roanoke County Chief of Police Howard Hall, Certified Peer Recovery Specialist Niles Comer, and myself. It covered a fair amount of information that many may find useful. It is available at the WDBJ7 link here.

7/19/2021

This past Friday, I represented the American Psychiatric Association in a series of recommendations made to the ***White House COVID-19 Health Equity Task Force***. My talk focused on what psychiatry has learned during the course of the pandemic and what we believe is needed to prepare ourselves as a nation for the future. I touched on issues of universal health care (the APA position is that health care, including treatment for mental illness and substance use disorders, is a human right); appropriate long-term supported housing for those with serious mental illness; expanding capacity for treatment through expanded training opportunities and through educational loan repayment; leveraging technology to include universal broadband access to support telepsychiatry accessible to all of our patients; increasing acute care capacity throughout the nation; and reducing the culture-specific stigma of mental illness and substance use disorder to reduce the barriers to care. I talked fast! For those interested in the work of the Task Force, the next meeting will be live-streamed at www.hhs.gov/live on July 30th from 2:00-6:00 p.m. ET**.** No registration is needed. To learn more about the work of the Task Force on mitigating inequities caused or worsened by the pandemic, visit www.bit.ly/35tBj7i .

7/12/2021

The impact of the COVID-19 pandemic continues and, like the variants, continues to evolve. Late last week, we were informed by the Commissioner of the Virginia Department of Behavioral Health and Developmental Services, Alison Land, that they were not accepting new admissions in 5 of the 7 state facilities. This unprecedented move has occurred because DBHDS doesn't have the staff needed; they have had 108 staff resignations over the past two weeks alone, leaving them with 1,547 vacant patient care staff positions (out of 5,500 total). The stress DBHDS is experiencing is not unique: I believe most of us are feeling the strain after 16 months dealing with the impact of the pandemic. While we can't eliminate the pandemic's profound impact on mental illness and substance abuse, we can work to prevent it from dragging on. Many of our patients, and some of our staff, have not yet been vaccinated. With almost no exception, there is simply no good reason not to be vaccinated. Please help- the Virginia Department of Health website for vaccination questions has great information for you to share with your patients, your colleagues, your family, and friends who might not yet have been vaccinated. The only way we will end the pandemic quickly is for everyone to be vaccinated- and we all want this to end!

7/5/2021

Last Tuesday evening, the VTC School of Medicine hosting its annual Student Clinician Ceremony, marking the transition for rising third year medical students from the preclinical to the clinical years of training. As part of this process (held in person with a fully vaccinated cohort!), principles underlying the relationship and obligations between the clinical educator (the physician) and the student were formally reviewed. I found it both invigorating and sobering to be explicitly reminded of the responsibilities we have to the next generation of physicians- and they to us. For faculty: continually maintaining our own educational growth and clinical skills; striving daily to be a model of professionalism and integrity; to create an environment conducive to learning excellence. For our students: consistent dedication to learn and to acquire professional skills and attitudes toward caring for patients; understanding and incorporating the critical virtues of integrity, compassion, respect, and altruism; and making the difficult transition from self-focused learning to team based care. None of this is easy, but all of it is invigorating and profoundly meaningful. This is who we are and what we do. As we begin a new academic year, I am genuinely excited for all of us to greet the challenges ahead.

6/21/2021

I would like to share a couple of different thoughts with you today. The first is about the Affordable Care Act (the ACA). Pretty much every organized medical organization and the over 30 million Americans who secured health insurance under the ACA can again breathe a sigh of relief since the Supreme Court once again affirmed its legal status. The ACA is by no means perfect, but it is a significant improvement over no insurance or access to care. Along with Medicaid expansion, so many more people are now able to access the care they need and we are trained to provide. Access to care matters- and makes a difference in the lives of our patients and their families.

And I expect even more people will need access to our care as recreational use of marijuana becomes legal in Virginia on July 1. While I am delighted that people no longer face the risk of incarceration for recreation use of marijuana, it now is expected to increase the frequency of psychiatric consequences: decreased motivation, impaired function (as when driving under the influence), increased risk of psychosis and paranoia, and delayed or derailed development among teens and young adults. We will need to develop more targeted treatments for marijuana use disorders along with our expanding treatments of opioid, stimulant, alcohol, and nicotine disorders. Consistent with the outstanding work we have done to target opioid addiction, I fully expect that in the months ahead we will develop and implement such programs.

6/7/2021

To state the obvious, the COVID-19 pandemic has far reaching impact. While many of these impacts and disruptions are temporary, some will persist. The expanded use of telehealth, for example, is with us to stay. So, too, is a much more open awareness of, and the need to treat, mental illness and substance use disorders. The changes to care delivery are evolving rapidly and include many for-profit and start-up companies providing psychotherapy or medication management. What will the role of our Department in a healthcare system like Carilion Clinic be in this transforming healthcare environment? While the future is far from certain, there are ideas

emerging to guide us. First, we are an integrated care delivery system. Second, we are trained to care for those with complex, serious illnesses. I see an exciting time of innovation ahead of us as we work to coordinate with primary and specialty care in the treatment of our patients' many comorbid illnesses. I further see an opportunity for us to deliver sophisticated treatment to those whose illnesses do not respond to the interventions offered elsewhere. I envision building closer relationships with our community partners to provide much needed care, since no one organization is able to do so alone. Our ability to integrate evidence-based care, education, and impactful research will define who we are in the years ahead. I fully expect that our ideas and energy, collectively, will help shape the future of psychiatric care in our region.

6/1/2021

A lot of things in health care take time and persistence. In 2001, a group of us were working to provide psychiatric care to incarcerated individuals. It was clear that there were very limited options to provide evidence-based cognitive behavioral therapy (CBT) groups to resource-poor settings such as jails and prisons. It was also clear that our patients might really benefit from skills helping them to better manage their emotions, impulsivity, and interpersonal relationships. After getting grant funding to pursue this effort and working with an expanded group of national experts, we integrated motivational interviewing into the treatment process, and worked to reinforce learning through structure and practice. After several years of applied research and development, START NOW was created. It was placed in the public domain and made available free of charge to make it readily adaptable to many settings. Over the years, START NOW has been adapted for use in jails and prisons, forensic psychiatric hospitals (with the support of the National Association of State Mental Health Program Directors (NASMHPD)), residential treatment programs, youth treatment settings and schools (in collaboration with the University of Basel, Switzerland), and community settings. It is in use in five countries and over 19 American states. Multiple studies have been published demonstrating its utility. Here at Carilion Clinic, we have adapted it for use in our office-based opioid treatment program, and train our Psychiatry residents in its use as a manualized evidence-based psychotherapy. Many great collaborators have participated in growing START NOW over the years; here at Carilion, these currently include Drs. Cheri Hartman, David Hartman, Anita Kablinger, and Rob McNamara among multiple others. I am pleased to share with everyone our **website** with updated training materials. Please do take a look- I would be delighted with any feedback.

5/24/2021

There are indeed many reasons for us to celebrate. First, graduation season is ongoing: from high school through graduate school, from medical school through residency and fellowship we are now celebrating the hard work and accomplishments of so many dedicated students and learners (and the families who enabled these achievements!). Then it appears we may be approaching the beginning of the end of the pandemic (note: if you haven't yet been vaccinated, now is a great time to do so.). And, there is national progress in care for those who need treatment for mental illness or substance use disorders. Incrementally, we are chipping away at stigma and expanding access to care. A recent national survey of clinicians and clinical leaders conducted by the New England Journal Catalyst highlights some of these changes. This is all good- because we will need every advantage and resource to reach out to those who need our

care in the months ahead. Every study and survey conducted reflects increasing substance use disorder morbidity and mortality, increasing rates of depression and anxiety disorders, and worsening health disparity among minority and disadvantaged populations. To address these challenges, our teams have been working together to creatively expand access and capacity both at Carilion and in collaboration with our community partners. As professionals, we are energized by the opportunity to evolve and provide the care our communities need- and to enhance the quality and range of services we provide as we do so. We will share more details in the weeks ahead about the growth in our psychology services, our gradual re-expansion of inpatient capacity, our recruitments across disciplines, our developing Comprehensive Psychiatric Emergency Program, our growing interventional programs, and our expanded telehealth reach. Stay safe, stay well, and stay tuned!

5/17/2021

As part of Mental Health Awareness Month, there are important developments in helping us all address and reduce the risk of death by suicide. Surgeon General Jerome Adams has released a Call to Action that details an implementation process for suicide prevention. It includes a significant array of initiatives that build upon the National Suicide Prevention Lifeline (800-273-8255). The Call to Action incorporates a public health approach that targets social determinants of suicide risk; focuses on evidence-based care, crisis care, and care transitions; and supports an expanded research base. This is something that each of us deals with on a daily basis in Psychiatry. I encourage everyone to take some time to access this document and think through how we can each improve the work we do to reduce suicide risk in our patients, their families, and our communities.

5/10/2021

As I noted last week, May is Mental Health Awareness Month. This week is also a week to celebrate and recognize the work of nursing (National Nurses week) and of our hospitals (National Hospital Week). Our nation's dependence on our nurses and hospitals became dramatically apparent during this past year of the pandemic. In just one year, we also transformed much of our care delivery through telehealth and have utilized it in all of our settings: not just in ambulatory care and home health, but in our inpatient settings, consult services, and emergency rooms throughout Carilion. As we have utilized telehealth technologies, the "digital divide" became strikingly apparent- those with access to internet and Wi-Fi were able to make use of more comprehensive video-based telehealth visits; those without had to rely on audio-only calls. In my work with the American Hospital Association and the American Psychiatric Association over the past year, an overarching concern in addressing healthcare inequity clearly became broad-band access and affordability. As part of this month of celebrating mental health awareness, our hospitals, and our nurses, I would like to encourage you to reach out to your elected officials to advocate for universal broadband access through our region. Addressing that digital divide can make great strides in healthcare equity for all of our patients.

5/3/2021

It is National Mental Health Awareness Month! As at no time in recent memory, psychiatric illness is receiving much more of the attention it requires to address access to care and to reduce stigma. A recent Senate panel examined the current state of our nation's mental/behavioral health. The committee members acknowledged that COVID-19 has severely damaged the nation's mental health, citing survey findings that half of adults say the pandemic has affected their mental well-being, there is a nationwide increase in drug overdose deaths, and an increase in youth suicide rates. Committee members and hearing witnesses agreed that the pandemic has exacerbated gaps in access to mental health and addiction treatment. Witnesses called for a multifaceted approach to include: expanding coverage of audio-only and video telehealth services; funding start-up costs for modernizing electronic health records; expanding the roles of community health workers and social workers; training health professionals to provide trauma-informed care; and eliminating barriers to medication-assisted treatment. And this month, there are many organizations helping to raise awareness. Mental Health America has a toolkit https://www.mhanational.org/mental-health-month-2021-toolkit-download and NAMI has listed a range of virtual events https://www.nami.org/Get-Involved/Awareness-Events. Special populations are also highlighted: May 5 is Maternal Mental Health Day https://wmmhday.postpartum.net/ , May 6 is Older Adult Mental Health Awareness Day https://connect.ncoa.org/oamhad-agenda-live , May 7 is National Children's Mental Health Awareness Day https://www.heath.gwu.edu/national-childrens-mental-health-awareness-day-virtual-event, and May 9-15 is National Substance Use Prevention Week https://www.samhsa.gov/prevention-week .

I am very proud to say that we have a growing community helping recognize and support the work we have dedicated ourselves to.

5/26/2021

As most of our patients acknowledge in surveys, we are really quite good at delivering care to people with mental illness and substance use disorders. We are limited, though, in our capacity and our range of services. Over the past few years, our department has worked to expand our capacity and specialization to meet the increasing needs in our communities. During the pandemic, we have rapidly leveraged technology to deliver far more care and learned how to protect our patients and ourselves during needed in-person treatment. As the pandemic has progressed, we have seen increasing anxiety, depression, and substance use in our patients as they deal with isolation, job insecurity, and uncertainty. We are now getting ready for a new phenomenon: long COVID or a post-COVID syndrome. From emerging studies, at least 20% of those who have had even mild to moderate infections not requiring hospitalization appear to develop medical and psychiatric conditions months after acute recovery. In the Carilion system alone, that means over 14,000 people may be at risk. We are now working with multiple departments to develop a clinic to evaluate and treat these patients. We still have a lot to learn about these post-viral disorders, but as usual, we are working together to be prepared to help our patients and our communities. We will share more details as the program is ready to schedule patients.

5/19/2021

This past year saw an overall 5% decrease in known deaths by suicide in the United States. Tragically, that good news is not universal. In many regions, the rate of death by suicide among Black Americans and people of color increased . The causes for this observed increased risk of suicide during the pandemic are, as always, likely to be manifest: greater risk of job loss, food and housing insecurity, and greater risks of exposure to, and harm from, COVID. This is yet another example of our need to address pervasive health inequity and healthcare access limitations. One element in this is for us, as clinicians, to consciously target our unconscious assumptions and persisting structural biases. We can genuinely embrace diversity in our culture, our community, and in our workplaces. Please let me encourage those who have not yet viewed Nancy Agee's brief video to do so. It is an affirmation of our values and a commitment to improving the health of our workplaces and communities.

5/12/2021

Carilion Clinic had in place a strategic planning process over the past few years, guided by the ***Vision 2020*** document. After a year of collaborative work and input, Carilion's new strategic plan, Vision 2025, is almost ready for us. It outlines a bright, engaged, and substantive set of goals for the years ahead. The broad domains include Engage our Communities; Connected, Convenient, and Collaborative Care; Clinical Advancement and Patient Safety; Community Benefit; Innovation and Research; Workforce Now and Tomorrow; and Financial Vitality. It is a logical outgrowth from Vision 2020 with a strong focus on positioning us for the decade ahead. The roles for our department are integrated into every domain. In the upcoming months, we will be participating in a wide range of initiatives that will enhance access to care, significantly expand our research platform, support digital health growth and innovation, and continue our work to partner with the broad array of disciplines and stakeholders across Carilion and in our communities. It is a very positive focus that will guide us beyond the pandemic!

5/5/2021

One of the many challenges we face in psychiatry is working with individuals in crisis. During a crisis, their ability to make informed, autonomous decisions may be impaired. Clearly, hospitalizing someone against their will to protect them from dying from suicide is one such crisis. Another is the issue of restraint or medication against will. While mental health law, our training, and our policies guide our behavior, it is also important for us to look beyond the immediate crisis to consider the individual's future. An evolving discussion about the compassionate use of force is the focus of the newest issue of AMA Journal of Ethics. Included in this multidimensional issue is an article authored by **Dr. Kishore Nagaraja** (one of our own PGY2 residents) and myself entitled, "How Should Clinicians Execute Critical Force Interventions With Compassion, Not Just Harm Minimization, as a Clinical and Ethical Goal?". As an AMA case, reading it and taking the quiz provides CME/CE credit. As professionals dedicated to reducing suffering and improving

care, consciously integrating compassion into our decisions may be an important step toward supporting our patients' recovering and empowerment. I look forward to any feedback or discussion.

3/29/2021

I think most of us have recognized the stigma associated with mental illness. It is both pervasive and harmful. We convey stigma, intentionally or unintentionally, through our language. And as we know, words are powerful. They can help heal or they can be used to cause pain. They can encourage people to seek treatment or they can be used to disparage and to create barriers to care. It can be difficult to know what to say, however. The American Hospital Association has launched its new People Matter, Words Matter poster series to help combat behavioral health stigma by encouraging us to adopt respectful, patient-centered language. The first poster in the series provides information on using people-first language, which primarily acknowledges the person rather than the illness or disability. Download the poster here. I encourage us all to use words that reflect the person first and any illnesses or differences as secondary. After all, don't each of us wish to be recognized for whom we are, and not for what conditions we might have?

3/22/2021

Social injustice has a profound impact on mental illness. It clearly increases anxiety and distress and can worsen underlying mental illness among those impacted. It also creates community-wide trauma and hate affecting us all. Recently, the long-existing racial and social injustices in our nation have focused on people of Asian descent. Over the past year, there has been a 1900% increase of hate crimes targeting people of Asian descent. The Virginia Tech Office for Inclusion and Diversity has collected resources to help us reflect upon and learn about the issues driving racism and destructive stereotypes. They are available at https://www.inclusive.vt.edu/ . When we view individuals as "other" or "less than," it is tragically easy for us to inadvertently cause harm. As professionals dedicated to helping others, we have a responsibility to actively support and engage each other as equals. By doing so, we work toward a long-sought goal of psychiatry: preventing mental illness from occurring in the first place.

3/15/2021

Happy Brain Awareness Week! As part of the occasion (International Brain Awareness Week), the Fralin Biomedical Research Institute at Virginia Tech Carilion is hosting its Brain School (Brain School). The virtual programs are free and open to the public at 5:30 p.m. on Tuesday, March 16 and on Thursday, March 18. To watch the virtual lectures and ask questions, tune in via Zoom at the appointed times for the events, or watch the live webcast. (As a bonus, attendees will receive an official brain school graduation certificate!). As outlined by Dr. Friedlander, head of the FBRI, the four 30 minutes sessions are:

- **Tuesday, March 16, at 5:30 p.m.:** ***Healthy Moms, Healthy Infants: Maternal Influences on Brain Development***. Studies show that when expecting and new mothers are stressed, it can affect the baby's development. Nutrition, feeding habits, sleep, and social interactions can also influence brain development during the first few months of life. **Brittany Howell**, will explore how environmental factors, nutrition, and mother-infant bonding influence early brain development.
- **Tuesday, March 16, at 6 p.m.:** ***Fishing for Insights: What Zebrafish Tell Us About How The Brain Works***. **Yuchin Albert Pan** studies the development and function of cellular circuits in the brain in one of nature's most fascinating vertebrate species — the zebrafish. The transparency of the fish's body, combined with the power of genetics and molecular tools to label cells, allows for unprecedented views into the living functioning nervous system in health and disease to study disorders of eye movement control and characteristics of autism.
- **Thursday, March 18, at 5:30 p.m.:** ***Building Baby's Brain*** . Consisting of billions of base pairs, the human genome serves as a blueprint that guides brain development and function. **Anthony-Samuel LaMantia**, an acclaimed neuro-geneticist, and a leading investigator of DiGeorge syndrome, which has been linked with autism spectrum disorder and schizophrenia, will explore how genes regulate brain development.
- **Thursday, March 18, at 6 p.m.:** ***Why Do We Eat What We Eat?***. Diet and food choices are not only influenced by our environment, but also by our biology. **Alexandra DiFeliceantonio** will discuss how our brain biology and physiological factors influence why we choose certain foods.

Celebrate your brain this week with a bit more brain food!

3/14/2021

We have been living with the COVID-19 pandemic for a full year. 29 million Americans have tested positive for it, over 525,000 have died from it, and over 30 million have been fully vaccinated. We are sick of it and sick of dealing with it. We want it to stop. And yet it is still here. And, while the numbers of those hospitalized and dying from COVID-19 have dropped sharply, they are leveling out at still-significant numbers. It is not yet going away. The new mutated variants are here and are predicted to cause an upsurge in the weeks ahead. What can we do? Exactly what we have been doing: wear masks, wash hands frequently, maintain social distancing, and support each other as well as our patients. When at work, wear all of the PPE appropriate to the care environment. We will get through this in another few months. We have accomplished so much together: so much to be proud of. Let's not let our hopes overcome our clear-eyed logic. Stay safe so that we can all be here to enjoy the years ahead!

3/1/2021

Some of us in the field of Psychiatry have expressed concerns that as we develop more evidence based treatments and more decision-support protocols, the art of caring will be diminished. I disagree. I believe that it will always take a human connection and an ability to understand the needs and motivations of our patients to help make a difference in their lives. One example of this is medication prescribing. We can be great at diagnosing an illness and choosing the appropriate medication based on the best available evidence, but if our patient does not choose to take the medication, what good have we done? The article available at https://www.jmcp.org/doi/pdf/10.18553/jmcp.2021.27.2.223 discusses non-adherence to

treatment of major Depression with antidepressants. Bottom line: half of the 224,000 people in the analysis stopped taking their medications prematurely resulting in more hospitalizations, more ER use, and higher total medical costs compared to those who were adherent to antidepressants at 6 months. The way to make a difference: listen to our patients, pay attention to their needs and concerns, and be sure that we are really addressing what matters to them in their lives. That is indeed the art of medicine.

2/22/2021

Integrated psychiatric care (often called integrated behavioral health care) has long been known to be a valuable component of healthcare. It is finally becoming recognized more broadly for its critical role in improving overall health and healthcare. A recent publication of the American Hospital Association (AHA) addresses this role specifically and concludes that "Hospitals and health systems are integrating behavioral health to reduce barriers to accessing behavioral health services, enabling them to more effectively treat the whole person, thereby improving outcomes, enhancing the patient experience and reducing the total cost of care. Integrating behavioral health is an opportunity for hospitals to comprehensively address the physical and mental health needs of their patients while improving value and affordability." While it may seem obvious to us in Psychiatry, to have the AHA advocate for this approach marks an important milestone in the need for recognition and treatment of mental illness in all healthcare.

2/15/2021

Just last week, our med school released the VTCSOM Task Force Report on diversity and inclusiveness, reflecting months of work of over 100 faculty, students, and staff. While the report addresses many domains, I would like to focus on one domain that affects many of us in our clinical work: the learning and working environment. The task group that worked on this area was led by Dr. Michael Nussbaum, Chair of Surgery, and included members of our faculty (Dr. Felicity Adams) and residency (Drs. Aisha Aydogan and Felicia Gallucci). The findings and recommendations of that group are detailed on pages 26-28 of the linked report and cover 4 themes: Website content related to the learning and working environment is insufficient; Diversity education and training opportunities should be available to all VTCSOM and Carilion Clinic faculty and staff; VTCSOM learners at all levels deserve safe and retaliation-free learning, clinical, and working environments; and Structured, ongoing assessment will contribute to continuous improvements within the learning and working environments. I want to thank Drs. Adams, Aydogan, and Gallucci for their work and believe that this report, and the implementation that will follow, helps us all affirm the very first Value of the VTCSOM: "Virginia Tech Carilion School of Medicine values human diversity because it enriches our lives and the School. We acknowledge and respect our differences while affirming our common humanity. As caregivers and educators, we value the inherent dignity and value of every person and strive to maintain a climate for work and learning, based on mutual respect and understanding."

2/8/2021

It should come as no surprise that psychiatric emergency room visits have increased during the pandemic compared to pre-pandemic levels. A recent study in JAMA Psychiatry has documented those increases across the US for suicidality, drug overdoses in general and opioid overdoses in particular, and for all psychiatric illnesses. We fully expect that pattern to continue and likely increase as the full impact of the pandemic drags on. And among us all, one group may be at the greatest risk for anxiety, depression, and despair: the country's mothers. While situations had incrementally improved for most mothers caring for families, the pandemic has worsened job inequality (with Hispanic, Black, and single mothers hit the hardest) and food insecurity. What can we do? We can work as hard as possible to increase our capacity and improve access to care. We can continue to look for ways to improve efficiency. We can continue to partner with our community agencies to leverage our limited resources. There is no easy solution, but as usual, when we work together, we will keep getting better at providing the care our patients, their families, and our communities need.

2/1/2021

There is a lot of talk about vaccines for COVID-19 and many people for many reasons are hesitant to take it. Some argue about relative effectiveness or fear of side effects. Aside from the general logic of the benefits to individuals and society for effective vaccines (think polio, smallpox, measles, and tetanus among many others), it is also important to look at what the term "effectiveness" means and what matters to us all. Ultimately, becoming infected with COVID-19 is not what matters. What matters is dying from COVID-19; over 441,000 Americans have died from it as of today. What about the data from the 75,000 people who were in one the vaccine trials? Not one died and not one was hospitalized 28 days after being vaccinated. By comparison, in a matched group of 75,000 Americans who were not vaccinated, 150 died and several hundred were hospitalized. Please look at the facts and encourage everyone who is eligible to be vaccinated to get vaccinated. That is the quickest and safest way for us to get through this extraordinary time.

1/25/2021

Communication is hard. As any clinician quickly learns, what we wish to share with our colleagues and with our patients is not always what is conveyed. This is certainly the case in our chart notes. Years ago the written records were often scribbled or unreadable. Today, with our electronic versions, they are often "cut and paste" versions with a lot of stuff, but little critical information. They may also contain language that is sometimes jargon and sometimes jarring: containing words that may inadvertently belittle or infantilize the person we are trying to help. This may be changing with the implementation of the 21st Century Cures Act. One part of this mandatory legislation is that our electronic notes, laboratory results, and so much more will be immediately available to our patients through such means as MyChart. This change expands the opportunities to engage our patients in their treatment. It also carries responsibilities to write notes that are clear and affirming. We will need to consciously think about the potential impact of our words to engage our patients and not alienate them. All clinicians have received several required Cornerstone trainings; an additional education assignment is forthcoming related to Confidential Notes and Lab Orders. Carilion is holding provider webinars twice a week until golive on **Friday February 5.** These webinars provide an overview of changes and an

opportunity to ask questions. They are held each Tuesday at 7 a.m. and each Wednesday at noon. Providers can log on to the webinar at this URL: https://carilion.webex.com/join/stracz.

1/18/2021

On March 25, 1966 in Chicago Dr. Martin Luther King, Jr. said (in part), "Of all the forms of inequality, injustice in health is the most shocking and the most inhuman because it often results in physical death." This morning, in recognition of Dr. Martin Luther King, Jr. Day, the American Psychiatric Association issued an historic apology. The apology begins, in part, with the following: "Today, the American Psychiatric Association (APA), the oldest national physician association in the country, is taking an important step in addressing racism in psychiatry. The APA is beginning the process of making amends for both the direct and indirect acts of racism in psychiatry. The APA Board of Trustees (BOT) apologizes to its members, patients, their families, and the public for enabling discriminatory and prejudicial actions within the APA and racist practices in psychiatric treatment for Black, Indigenous and People of Color (BIPOC). The APA is committed to identifying, understanding, and rectifying our past injustices, as well as developing anti-racist policies that promote equity in mental health for all." In full, it is available here, and a historical addendum is here. Apologies can be an important step in personal, and cultural, change. To be meaningful, the next steps involve changes in our understanding and behavior towards each other. Some relevant **Resource Documents** from the APA are available and include "How Psychiatrists Can Talk with Patients and Their Families About Race and Racism." Along with so many others, let's work together in the year ahead to bring significant opportunities for us, as individuals, communities, and as a nation, to make genuine progress toward equality in health and healthcare.

1/11/2021

The new year is here. While the pandemic is raging, social unrest and soul-searching continues to occupy much of our attention. Close to home, and to our profession, so many people are suffering with new onset or a worsening of established mental illness and substance use. We continue to do our best to help them ease their suffering. As we continue our work to build an academic department of psychiatry, simply working hard to provide great care with each patient is still necessary, but no longer sufficient. How do we know that we are getting the best possible outcomes for our patients given our resources and efforts? Over the past months, we have utilized telehealth to extend our reach during the pandemic. In the (near) future, added

technologies will hopefully play a key role in making this system more efficient: facilitating appropriate patient-provider matching, scheduling, communication. But the biggest change will come from efficiently integrating measurable outcomes. Basic things like if, when, and how we're actually helping patients (we are doing a little of this now with our OWL platform). But the big things are yet to come. Things like whether in our own patients novel psychotherapies, medications, or interventions move the needle on the biology underlying psychiatric disease. And things like using data to incrementally improve the care system as a whole. This is our future- and the future for our patients: leveraging technology to enhance our ability to provide better care every day for every patient. I look forward to our work together in 2021 to realize this vision!

1/4/2021

There is a sense of excitement and hope in the air- 2020 is over! It is now 2021, and with it comes hope and the accrued knowledge of all we learned in 2020. We learned that we are resilient: we can deal with profound challenges and threats and keep our focus. We learned that we can rapidly innovate: we dramatically transformed our healthcare delivery using PPE and technology. We learned that communication is critical: sharing valid information and providing up-to-date understanding shapes optimum decision-making. And we are building our clinical teams: we have recruited many great clinicians of all disciplines and retained or recruited great leaders. As we work on receiving COVID-19 vaccinations ourselves and vaccinating our communities, we will be looking beyond the pandemic. We will be taking all of this hard-won knowledge and growth, in collaboration with all of Carilion and the VTCSOM, to build our Department into a regional and national leader in psychiatric care and innovation. I think I speak for us all as we look with great optimism to 2021 and the opportunities for us to work together to build a future where excellent care is the standard, where great colleagues and teamwork daily inspire us, where we train the next generations of clinicians and thought leaders, and where we make a difference each and every day.