CARILION CLINIC | VTC School of Medicine

Department of Psychiatry and Behavioral Medicine

CHAIR NOTES

Notes from the Chair – Dr. Robert Trestman

11/28/2022

Chair's Note

As the season progresses and winter will soon be upon us, it may be useful to do some strategic planning. According to a new poll from the American Psychiatric Association, nearly 40% of us face a declining mood during winter. While some of us relish the cold and the opportunity for winter sports, many feel the effects of more isolation and darkness. Around 3% of us actually experience Seasonal Affective Disorder (with the apt abbreviation of SAD) and fully 25% of those living with Bipolar Disorder are likely to experience a winter depression. In the more severe cases, bright light therapy or medication may be critical. For many, formal psychotherapy will prove very beneficial. But for nearly all of us, there are a couple of proven, reliable interventions: good company and good food. For those of us fortunate enough to have resources and caring people in our lives, these "interventions" are readily achievable. There are, however, many who are lacking in one or both. Let's do our best to be generous in spirit and with our resources in the months ahead. Not all of the therapy we do is done in the office!

11/14/2022

Chair's Note

In clinical care, accurate diagnosis is the foundation of effective treatment. Given the complexity of so many illnesses, this is often a challenge. **Dr. Gurpreet Dhaliwal**, a Professor of Medicine at the University of California at San Francisco, has focused much of his career on understanding the process of improving diagnostic decision making. His work and approach span not just internal medicine but has relevance for us in Psychiatry as well. He is a great teacher and communicator. Dr. Dhaliwal will be here this Thursday, delivering the upcoming FBRI Maury Strauss Distinguished Public Lecture, "Becoming a Super-Diagnostician: Optimizing Reasoning, Judgment, and Decision-Making." Everyone is welcome. Some background is available here and details for attending the event in person or online, scheduled for Thursday November 17 at 5:30pm, is here . I think you, and your patients, will gain a lot by attending.

11/7/2022

Chair's Note

Yesterday evening, Carilion Clinic celebrated our annual Shine Awards ceremony at the Hotel Roanoke. The Shine Awards are a time to recognize and celebrate individuals and teams who have made a difference above and beyond what we expect in our day-to-day roles. There were many nominations for each of the Quality, Values, and Provider Excellence Awards. The list of finalists and team members for many of these awards is available here . There are several awards I really want to highlight, since they reflect on the great work our department is doing. In Quality, the **ED Bridge to Treatment Collaborative Project** was an awardee. This team of 15 key people included folks from Psychiatry, Emergency Medicine, Community Mental Health, Clinical Research, and Health Analytics. Under Carilion's Values, an award winner was the team **Co-Localized Hepatitis C and Psychiatry**; this team of 8 primary individuals included representation from Psychiatry, Gastro-Enterology, OB/GYN, Internal Medicine, and Pharmacy. There were also two individual award recipients that I would like to highlight. A Carilion Values Award Winner is **Charlie Tarasidis Pharm D** who is not only dedicated to community addiction education and outreach but is also a faculty member of our Department. And the one Resident or Fellow Provider Excellence awardee among over 300 residents and fellows across Carilion, recognized for his caring and commitment to both our patients and colleagues, is **Dr. Kishore Nagaraja**, a PGY4 in our Department. I am so very proud of the people I have the honor of working with, and the great work we do every day in support of our patients, their families, our communities, and each other!

10/31/2022

Chair's Note

As was clear in last week's Newsletter, Carilion Clinic continues to invest in our department. Beyond the wonderful new space that will open at Tanglewood next fall, we have been growing our capacity as well. Across our facilities and divisions, the clinical staff of the Department of Psychiatry and Behavioral Medicine now includes 163 nurses and technicians, 25 LCSW's and LPC's, 33 psychiatrists, 12 nurse practitioners and physician assistants, and six psychologists. These numbers include neither our trainees (over 35 residents and fellows) nor all the great administrative and support staff that make this whole department function. This continued and growing investment in our department reflects the critical work each and every one of us is doing to meet the needs of our communities. Our recruitment continues, with active searches in all clinical disciplines. As our patients, families, and communities face profound challenges, I am proud to be able to say that Carilion fully supports our ongoing efforts to provide much-needed care. The year ahead holds great promise for further growth and innovation in the Department of Psychiatry and Behavioral Medicine.

10/26/2022

Chair's Note

I am delighted to share with you today that with a lot of thought and broad input, Carilion Clinic reassessed the infrastructure for outpatient Psychiatry as we incorporate "lessons learned" from the pandemic. Carilion has concluded and approved a relocation of our Psychiatry and Behavioral Medicine outpatient services to Tanglewood Mall. This great opportunity will enhance our patients' experience, improve our community visibility, and take an important step toward reducing the historic stigma of psychiatric care.

Outpatient mental health services, currently located at 2017 S. Jefferson St., will relocate to space adjacent to Carilion's existing Tanglewood practices. This location will provide easy access and long needed improvements and expansion of office space. It will include group therapy rooms, support groups, clinician offices and telemedicine capabilities. When renovations are complete, we'll provide the following services from the Tanglewood location:

- Child and Adolescent Mental Health
- Geriatric Mental Health
- The Center for Healthy Aging
- Psychiatry Research and Development
- Center for Grief and Healing
- Adult Treatment Programs (mood disorders, anxiety, etc.)

Plans for employee orientation and an open house event will be announced. We appreciate your patience during this transition. Some outpatient services will remain at the South Jefferson Street location for now and plans for inpatient care are in development. Inpatient and outpatient services continue at Carilion New River Valley Medical Center. As a reminder, the new Crystal Spring Garage to be located on the corner of Jefferson and McClanahan Streets will provide 559 free parking spaces and help meet the need for our local facility parking. Our Tanglewood space is scheduled to open in the fall of 2023; the Crystal Spring Garage will open in the spring of 2025 at the same time as the new Crystal Spring Tower. Look for system-wide employee announcements in Friday's ePulse. Thank you for your continued dedication to our patients and our team!

10/17/2022

Chair's Note

Carilion's core mission is to improve the health of the communities we serve. We do that in parge part by providing great psychiatric care every day to our patients. We also do it by working to improve our knowledge so that we can improve the care we provide. This issue of our Newsletter reflects the direction our Department is taking: increasing our focus on scholarship, inclusivity, and research. Consistent with Carilion's Mission and the strategic direction of Vision 2025, we are focusing on research that makes a difference in the lives of our patients. This is often called translational research: bringing knowledge from the lab to the person who needs it. I recently had the opportunity to share some thoughts about the potential

of translational research for our patients in Carilion's magazine, *Carilion Medicine*. That article is available at Inside Carilion. While it addresses patient-centered research for all of Carilion, I think you will find it of relevance for Psychiatry and for what we do to provide better care for our patients every day.

9/27/2022

Chair's Note

On Sept. 20, Carilion's Center for Grief and Healing hosted a virtual town hall event, "Parenting in Traumatic Times: Gun Violence." A panel of local experts answered questions about community safety and how acts of brutality affect our mental health. Panelists included experts from Roanoke City Council, Roanoke City Public Schools, Total Action for Progress, area counselors, and our own Dr. Kate Liebesny (Child and Adolescent Psychiatrist) and Dr. Paula Wolfteich (Director of the Center for Grief and Healing). Several media outlets attended the event, which was also live streamed. Following the event, there were 90 media mentions across the nation with over 1 million impressions online, positioning Carilion Clinic as an expert in trauma treatment and overall mental health. I am very pleased to share with you that Carilion's *Center for Grief and Healing* will continue the event as a series, covering other traumatic community concerns such as suicide and addiction. The more we share this knowledge, the more we reduce stigma and open the door to treatment-- and to recovery.

9/19/2022

Chair's Note

This is Telehealth Awareness Week (Sept. 18-24). While this may seem to be a bit on the tech (even nerdy) side of things, telehealth is clearly impacting our lives as clinicians every day. Whether it is our electronic health record (Epic), or our ability to provide remote care to our patients, telehealth has transformed care delivery. In our Department we have transformed so much of what we do over the past few years. We are routinely delivering ambulatory care by video or audio-only services, dramatically simplifying the lives of many patients who no longer need to take days off of work or travel for hours to see us. Patients are completing self-assessments on line in advance of their visits to provide key objective data on symptom burden and functioning. We are supporting primary care and specialty care colleagues through collaborative care consultations and electronic consults (or eConsults) that can occur at a delay. We are caring for patients in all of our emergency departments by telemedicine visits, and supporting consults at all of our hospitals via the same telemedicine technology. We are soon going to be able to allow our patients to self-schedule appointments. And, we are working with our technology services group (TSG) on building the templates for the upcoming Behavioral Health module of Epic that will roll out in a few months. The Digital Health Team has created a hub on Inside Carilion that contains an array of resources and information for those interested in learning more. These resources include An Overview of Digital Health and What is Currently Implemented and the more detailed Digital Health Resources. The more we know about telehealth, the better we can control the technology in our service and for the benefit of our patients. With all of that said, have a Happy Telehealth Awareness Week!

9/12/2022

Chair's Note

In mid-July, the National Suicide Hotline was substantially enhanced as the 988 Suicide and Crisis Lifeline number. This builds upon the decade-old National Suicide Hotline to develop a more robust and easy-to-use system that will eventually link the caller to any needed locally available services. That said, much of the need expressed by callers to the line have historically been satisfied by on-line counselling. A recent report notes that calls to the lifeline increased 45% compared to August 2021. The report specifies the number of calls, chats and texts made to the 988 lifeline in the month of August and was just released on Friday, September 9. As we are all aware, there is a dramatic expansion in the numbers of people dealing with depression, anxiety, and addictive disorders (among other illnesses). The national 988 resource is an important and timely improvement in linking people in need of immediate care to someone who can guide them. And, speaking of people in need of care, we should never overlook ourselves: the professionals dealing day-in and day-out with the profound emotional distress of our patients. There is now one more on-line set of tools available to support us. Carilion is one of the organizations that has supported the American Hospital Association to test, vet, and implement a freely-available anonymous resource. The AHA's Stress Meter™ is an easy way to assess your stress level and access credible, vetted resources. Check it out!

9/6/2022

Chair's Note

In Psychiatry, the needs of our patients and the way symptoms manifest can change quickly. One new such way just came to my attention. It is called 'digital self-harm." Digital self-harm is using social media to post negative comments about yourself, typically anonymously. A recent study published in the journal *Child and Adolescent Mental Health* examined survey responses of nearly 5,000 middle and high schoolers and found about 9% of American teens have engaged in digital self-harm. Of real concern, those who did post such messages and content were up to seven times more likely to have had suicide thoughts and were 15 times more likely to have attempted suicide. The study did not look at young adults, but it is reasonable to consider this a risk for many as well. I wanted to raise this to encourage us all to inquire about this practice, as appropriate, among our patients. As we work to stay current and aware of risk factors contributing to the risk of death by suicide, digital self-harm has now been added to that list.

8/29/2022

Chair’s Note

One of our Department’s core missions is education. We have many disciplines of learners who work with us. We invest many hours in formal lectures, precepting, and mentoring them. And, in truth, we also gain a great deal ourselves from the process of educating and training the next generations of clinicians. As we assume these responsibilities, we sometimes get feedback directly from learners, thanking us for our efforts. We also get the satisfaction and pride of seeing them grow in skill and empathy. One formal source of feedback comes from our VTC medical students, who complete formal evaluations of our efforts to teach them at the end of each clerkship. We have consistently done well in these evaluations. This time we have exceeded even our routine excellence. On scores that top out at 5 (for Excellent), our Department got scores of 4.7 to 4.8 in General Organization, Learning Environment, Clinical Experience, and Student Assessment. This is extraordinary- and praiseworthy. Thanks to everyone involved in helping directly and indirectly create such a supportive clinical and learning environment. Well done all!!

8/22/2022

Chair’s Note

Everyone in a clinical setting works hard. That is a given. The decisions we make, the treatments we provide, each have the potential to change lives for the better. But how do we know when we are making the best possible decisions? How do we improve the care we deliver? How do we know our treatments work? How do we best engage our patient's families to support recovery? What do we need to do to expand access and keep costs down without impairing quality? These questions are not what comes to mind when many of us think about "research." Those of us who have conducted traditional clinical or laboratory research have often been frustrated that the knowledge created very slowly (if ever) impacts and improves the actual outcomes of care that people receive. To address this disconnect, many of us are looking at ways to bring innovations that may make people’s lives better into the hospital room and clinical office. This work, often called translational research, is intended to make use of what we know to benefit our patients in the "real world" of day-to-day care delivery. Many elements are converging here at Carilion to support this effort. Carilion's Vision2025 specifically includes a focus on patient-centered research. The VTC School of Medicine has a new department of Health Systems Science. Virginia Tech’s Colleges and the Fralin Biomedical Research Institute (FBRI) have faculty, learners, and ideas that may help Carilion clinicians and staff directly address the questions I first posed. In parallel, Carilion Clinic has been actively developing our internal resources to do so as well. These resources aren't limited to our Research Department. It really includes all of us. In the weeks and months ahead, we will work together to implement ideas that reduce wasted efforts, better support our decisions, and take the vast amounts of data we collect and turn it into actionable information to improve the care we- and many others- deliver.

8/15/2022

Chair's Note

In psychiatry, we have long known that many of the physical complaints made by people living with serious mental illness are discounted as "functional" by the clinicians examining them. This has often led to delayed or missed diagnoses of potentially life-threatening illnesses. In multiple studies, the origin of this discounting by clinicians is considered a form of cognitive bias. Recently, The Joint Commission (TJC) has used a term to describe this process directly relevant to the medical arena: diagnostic overshadowing. It is pretty easy to see how a physician may unconsciously misinterpret complaints of abdominal distress, for example, in the context of a primary diagnosis of schizophrenia. In this setting, knowing the diagnosis of schizophrenia may bias the reasoning and any subsequent differential diagnostic workup. What is new is not only the medical jargon of "diagnostic overshadowing," but the fact that TJC has published this as a Sentinel Event Alert. These publications focus awareness of healthcare personnel across the country. When we, as clinicians, are aware of the potential for bias, we are able to take a step back and examine our decision making process to assure our patients of the very best care. I am delighted with this development and want to thank Rodney Fultz, Senior Director for Quality and Operations at CNRV, for bringing this to my attention.

8/1/2022

Chair's Note

So, how many psychiatric beds does the country really need? A couple of years ago, the then-president of the American Psychiatric Association, Jeff Geller, pulled together a Taskforce charged with drafting a model to help guide various regions across the US in understanding the dynamics of managing inpatient psychiatric care. What impact would changes in partial hospital capacity, crisis beds, emergency room capacity, and so forth have on the number of needed inpatient beds? The task force included over forty people and took almost two years of work. The initial result for the adult system is now available at https://www.psychiatry.org/psychiatricbeds . It turns out that the answer is, well, complicated. It is really about the whole system- not just the number of inpatient beds. The bottom line will not be much of a surprise: we need to invest a lot more money and thought into the system to make it work well to benefit our patients and communities.

7/25/2022

Chair's Note

Only 40% of patients dealing with unipolar major depression achieve remission with the first antidepressant medication. Wouldn't it be wonderful if we could run a simple test to determine which medication would work before we started the often months-long process of treatment to remission? This is the promise of pharmacogenomic testing: using a blood test to determine which medication will work. There are multiple companies now marketing such tests. Do they work? Until recently, there were at least seven peer-reviewed studies done on this issue: five found no significant benefit in treatment selection using pharmacogenomics and two found some benefit. In a new large scale featured study in JAMA, pharmacogenomics made no improvement in the depression severity versus treatment as usual six months after starting medication treatment. This is frustrating for many of us looking for guidance to improve care, but an important cautionary note about using a scientific approach before the science is proven valid. For now, a careful history and thoughtful collaboration with the patient remains the best option for a good outcome.

7/5/2022

Chair's Note

It is a new academic year. The birds are singing, the flowers are blooming, and excitement (perhaps anxiety?) is high as all our learners are figuring out their new roles. Those who were medical students a month ago are now first year resident physicians; recent second year residents spending most of their time on inpatient settings are now dealing with the vagaries of ambulatory offices. These past years of learning and providing care during the pandemic shaped us and taught us about our flexibility, creativity, and ability to handle distress: that of our patients and of ourselves. The field of psychiatry is rapidly evolving as well. New medications, new psychotherapeutic techniques and interventions, and any number of disruptive technologies are transforming care delivery. Two things that remain constant are our commitment to our patients and to our learners. As clinicians we are there for our patients, trying our level best to ease suffering, treat illness, and help them become empowered to lead full and satisfying lives. As educators, we are dedicated to our students, residents, and fellows so that they in turn can become the next generation of dedicated healers. Here's to Academic Year 2022-2023!