INDO-AMERICAN PSYCHIATRIC ASSOCIATION NEWSLETTER

October 2024

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IAPA President's Message: Tarak Vasavada, MD

Dear members of IAPA,

Greetings,

I hope your summer has gone well. We are proud to present our October newsletter, which our editor, Dr. Vanita Sahasranaman, and MIT representative, Dr. Kaushal Shah have put together with great effort. Working in unison, our various committees have dedicated their time and expertise to plan the following year's programs, demonstrating their unwavering commitment to our cause.

Last month, Dr. Vani Rao organized an educational seminar by Dr. Sunil Khushalani, the Systems Medical Director of Behavioral Health at the Atlantic Health System and Adjunct Associate Professor of Psychiatry at the University of Maryland School of Medicine. Dr. Khushalani presented a seminar titled "Portrayal of Suicide in Hindi Cinema," which addressed how mental health issues and suicidality are depicted in Hindi movies and discussed the role of psychiatrists in educating our patients and media. Dr. Rao has been working on organizing stimulating and culturally diverse topics that are usually not covered in the curriculum.

Drs. Rohit Chandra, Zeeshan Mansuri, Kaushal Shah, Rikin Patel, and Bhagirathy Sahasranaman organized a research poster symposium for resident applicants. Much work was done to blind the abstracts and choose the top 10 posters. We appreciate the program directors who participated in the panel discussion and advised the young minds about navigating residency search.

I want to discuss a new initiative our MIT representative, Dr. Kaushal Shah, has proposed. We are asking US and Canadian-based Psychiatric Residents and fellows to write an article, thought commentary, or research abstract. We will publish it in the educational corner and present awards to the top three writers. If you are in that group, send us your write-ups.

We had a successful fall IAPA session in Cherry Hill, NJ. See the news item below.

We are always pleased to add new members to the IAPA. Please encourage your colleagues to become members.

Save the Date: May 17th, 2025: We are already working on the IAPA Annual Scientific Meeting and Banquet, which will be held on May 17th, 2025, during the APA Annual Meeting in Los Angeles. We have signed a contract with the magnificent Alexandria Ballroom near APA's convention center.

Best regards,

Tarak Vasavada, MD
IAPA President 2023-25
president@myiapa.org

Members in Spotlight: Leaders at State Societies

Nita Bhatt, MD, MPH, FAPA
President, Ohio Psychiatric Physicians Association

Dr. Bhatt is an inpatient psychiatrist at Central Ohio Healthcare in Columbus, Ohio, and serves as Associate Professor and Deputy Director of Medical Student Education at Wright State University's Department of Psychiatry. She is dedicated to advising and mentoring psychiatry residents and medical students interested in psychiatry, helping to shape the next generation of mental health professionals. She is honored to serve as the first Indian/South Asian president of the Ohio Psychiatric Physicians Association, a 74-year-old organization where she works to promote inclusivity and positive change. Dr. Bhatt is also dedicated to public health and advocacy, reflected in her service on the board of directors for the Columbus Medical Association and as a delegate for the Ohio State Medical Association. Her clinical focus is on providing care for individuals with severe mental illness, with a solid commitment to treating those with intellectual disabilities and comorbid psychiatric conditions. Dr. Bhatt's commitment to her patients and profession is guided by a desire to improve mental health care and support those in need.

Tanuja Gandhi, MD,
President, Rhode Island Psychiatric Society

Dr. Gandhi is an Adult, Child, and Forensic Psychiatrist practicing in Rhode Island. She completed her residency training from the Einstein Healthcare Network in Philadelphia, Forensic Psychiatry fellowship from the Yale Department of Psychiatry and the Law, and Child and Adolescent Psychiatry fellowship from the Yale Child Study Center. She is an Assistant Professor of Psychiatry at Brown University. She was recently appointed as one of the vice-chairs of the Scientific Program Committee for the APA Annual Meeting 2024 and president of the Rhode Island Psychiatric Society. She was the Resident-Fellow Member Trustee, APA Board of Trustees in 2018-19.

Souparno Mitra, MD,

President, APA Bronx District Branch.

Dr. Mitra graduated medical school from Armed Forces Medical College and served in the Indian Army in Kashmir and Siachen before moving to the US to pursue his psychiatry residency. He completed his residency at BronxCare Health Systems. He was the RFM rep for the Bronx District Branch and a nominee for the RFMTE position on the Board of Trustees at APA. He has won multiple residency awards, including the Nyapati Rao and Francis Lu IMG and AAAP Regional

Travel awards. He then completed a public psychiatry fellowship from Columbia and now works as an Attending at the CPEP at NYU/Bellevue Hospital in New York City. He has published over 20 papers and is actively involved in the APA Assembly.

Badr Ratnakaran, MD

President of the Psychiatric Society of Virginia and the Chair of the American Psychiatric Association's Council on Geriatric Psychiatry. He is also the Division Chief of Geriatric Psychiatry at Carilion Clinic Center for Healthy Aging and an Assistant Professor of Psychiatry at Carilion Clinic-Virginia Tech Carilion School of Medicine, Roanoke, Virginia.

Kamalakar Surineni, MD, MPH
President-Elect for Kansas Psychiatric Society (KPS)
Area #4 ECP Dep Rep Chair- Psychiatry Section- Ascension ViaChristi-Wichita, KS

After completing my medical school at Kakatiya Medical College, Warangal, India, I earned a master's in public health from Missouri State University. I worked hard and persevered through multiple attempts before finally matching into a psychiatry residency. Following my graduation from the psychiatry residency in 2021, I joined the University of Kansas-Wichita as faculty. I have been actively involved in the APA and KPS, having served as a KPS representative for two years. KPS members also elected me to serve as president-elect for 2024-26. As a resident and faculty member, I have mentored numerous IMGs to help them secure residency positions. I understand the challenges, but persistence is the key to success.

IAPA Salutes Our Members Who Are APA Leaders

IAPA recognizes our members who have made meaningful contributions to the American Psychiatric Association through their leadership and advocacy. This year, four IAPA members have been elected to APA leadership roles (pictured below).

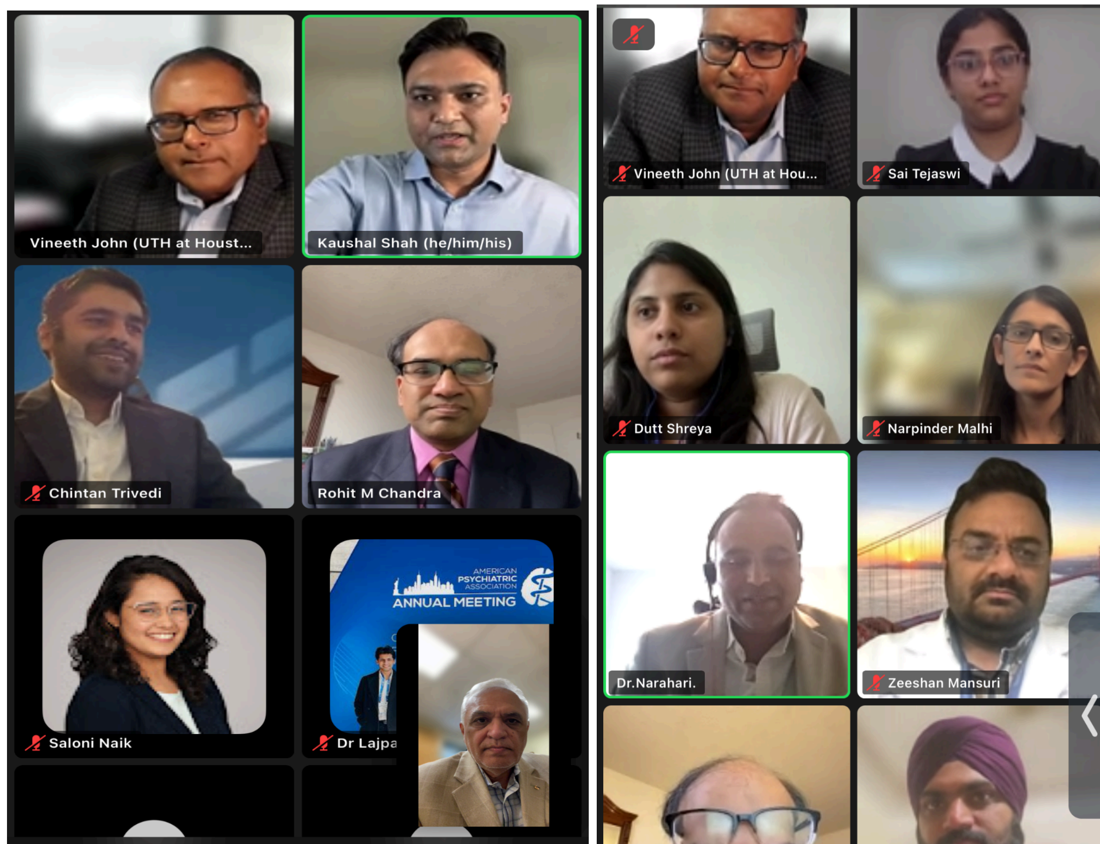
From left to right: Dr. Geetha Jayaram, Area 3 Trustee, 2022 – 2025; Dr. Ramaswamy Viswanathan, M.D., APA President, 2024 – 2025; Dr. Kamalika Roy, APA M/UR Trustee, 2023 – 2025; and Dr. Sudhakar K. Shenoy, ECP Trustee-at-Large, 2024 – 2027

In addition, countless IAPA members have led other voluntary positions at APA, and we appreciate their contributions.

IAPA Psychiatry Residency Applicant's Virtual Poster Session and Education Symposium

The Indo-American Association held the Psychiatry Residency Applicant's Virtual Poster Session and Education Symposium on September 21, 2024. The event was organized by Drs. Zeeshan Mansuri, Rikin S. Patel, Kaushal Shah, Rohit Chandra, and Bhagirathy Sahasranaman. The program was well-attended, with over fifty participants tuning in for the virtual session. The session featured the top ten abstract presentations submitted by psychiatry residency applicants and the selection of the top three abstracts to receive awards. This was followed by a lively and educational panel discussion on the residency application and admission process by Dr. Vineeth P. John, Professor and Vice Chair for Education in the Department of Psychiatry and Behavioral Sciences, Director of the Geriatric Psychiatry Section, and General Adult Psychiatry Residency Program Director at UTHealth McGovern Medical School; Dr. Praveen Narahari, Psychiatry Medical Residency Program Director at North Alabama Shoals Hospital; Dr. Naripinder K. Malhi, Director of Child and Adolescent Psychiatry Clinic and Multidisciplinary Autism Program and Adult Psychiatry Program Director at ChristianaCare in Delaware; Dr. Chintan Trivedi, Child and Adolescent Psychiatry Fellow at UT Health Houston; and Dr. Rohit Chandra, IAPA Mentorship Chair and Instructor in Psychiatry at Harvard Medical School.

IAPA would like to thank the event organizers and the panel participants, who provided valuable insights to psychiatry residency applicants.



IAPA congratulates the three winners of the Residency Applicant's Virtual Poster Session:

First Place: Anushka R. Agarwal – Challenges in Managing Chronic Schizophrenia: Antipsychotic Side Effects Including Clozapine-Induced Myocarditis

Background: Current schizophrenia treatment includes first and second-generation antipsychotics, each with varying efficacy and side effects like extrapyramidal symptoms, metabolic syndrome, hyperprolactinemia, and QTc prolongation. Clozapine, the most efficacious option, requires regular ANC monitoring and poses a myocarditis risk. Despite weighing the benefits versus risks of potent antipsychotics like olanzapine and clozapine, obstacles persist in recommending an effective individualized plan.

Objective: Reporting a case of chronic schizophrenia with multiple failed antipsychotic trials and subsequent clozapine-induced myocarditis (CIM). We aim to explore an effective antipsychotic management plan in such a complex case.

Methods: We followed the CARE protocol guidelines.

Results: A 33-year-old woman with chronic schizophrenia underwent trials of several antipsychotics. Haloperidol 10 mg with Diphenhydramine for EPS caused minimal improvement and led to acute dystonia within ten days. Aripiprazole 15 mg over 2.5 months offered inadequate symptom control, leading to Olanzapine. Starting at 5 mg and titrated to 20 mg, Olanzapine showed partial improvement but with residual symptoms. Eventually, Clozapine 25 mg was initiated, but increasing it to 75 mg led to flu-like symptoms, EKG abnormalities, elevated CRP, troponin, and eosinophil levels suggestive of CIM. Clozapine was discontinued, and Olanzapine was increased to 30 mg. Despite five months of stability, persistent delusions and elevated blood Olanzapine levels led to reducing Olanzapine to 25 mg and adding Paliperidone 9 mg. Hyperprolactinemia and high blood levels of both drugs were noted. A retrial of Clozapine is now under consideration.

Discussion/Conclusion: Failure to achieve optimal efficacy with two or more antipsychotic trials qualifies as treatment-resistant schizophrenia, as noted in this case. Consequently, clozapine was initiated, leading to CIM. Various approaches have been suggested in the literature to address this challenge. One such approach is high doses of olanzapine, up to 40 mg. In this case, the patient was given a trial of up to 30 mg, resulting in residual symptoms and toxic blood levels, with levels above 100 ng/ml considered potentially toxic. Another approach is reinitiating clozapine after CIM, which, despite requiring intensive monitoring, has a 60% success rate. Given the benefits and risks, reinitiating clozapine seems a viable option.

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fixed-dose study. Journal of clinical psychopharmacology, 28(4), 392–400. https://doi.org/10.1097/JCP.0b013e31817e63a5
3. Rognoni, C., Bertolani, A., & Jommi, C. (2021). Second-Generation Antipsychotic Drugs for Patients with Schizophrenia: Systematic Literature Review and Meta-analysis of Metabolic and Cardiovascular Side Effects. Clinical drug investigation, 41(4), 303–319. https://doi.org/10.1007/s40261-021-01000-1

Second Place: Jaskaran Singh – Metabolizing the Unexpected: A Unique Case of Rapid Methadone Clearance Without Opioid Abstinence Syndrome

Introduction: Opioid Use Disorder (OUD) is a global crisis, with methadone maintenance therapy being a key treatment option[1]. Methadone metabolism primarily involves the CYP3A4 enzyme, with CYP2B6 and CYP2D6 playing lesser roles[2]. Genetic variations, particularly in the CYP2B6 enzyme, can significantly impact methadone clearance rates. This case report discusses a unique instance of a patient exhibiting rapid methadone metabolism without the onset of opioid abstinence syndrome (OAS), emphasizing the need for individualized treatment approaches.

Case Presentation: The patient is a 44-year-old Hispanic female with a psychiatric history of substance-induced mood disorder and opioid use disorder, along with a history of cocaine and nicotine use. She presented at an Opioid Treatment Program (OTP) clinic for methadone maintenance. Despite being on a stable methadone dose, she consistently showed negative methadone levels in both urine and serum toxicology tests. Clinical course revealed no signs of opioid withdrawal, suggesting rapid methadone metabolism. Her treatment course included dose titrations, regular monitoring, and eventual tapering of methadone, with no recurrence of OAS.

Discussion: This case highlights the phenomenon of rapid methadone metabolism without OAS, which contrasts with other reports where patients with ultra-rapid metabolism required significantly higher methadone doses and experienced OAS[3,4]. Potential causes include genetic factors like the CYP2B6*5 allele polymorphism, as well as behavioral influences such as regular cocaine use, which may reduce methadone exposure[5,6]. Demographic factors, including sex, age, and ethnicity, might also contribute to this unique metabolic response.

Conclusion: The case underscores the complexity of methadone metabolism and the importance of personalized treatment strategies in OUD. Further research into genetic and environmental factors influencing methadone pharmacokinetics is essential for optimizing treatment outcomes in diverse patient populations.

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Third Place: Bhavna Sharma – Opioid Treatment for Pain and Cognitive Impairment: A Case Report

Abstract: A 68-year-old male with a past medical history of dementia, incidental finding of hydrocephalus, and chronic opioid use, was brought in by ambulance from an assisted living facility for altered mental status. He was disoriented with tangential speech and psychiatric consult was called. He was diagnosed with dementia and anomia by his neurologist less than a year ago and reportedly has been worsening since. As per his health care proxy, the patient had long term use of Vicodin for hip pain management and prior to admission, had been misusing his prescription. During the interview, the patient was unable to provide any history due to cognitive impairment, despite being alert and ambulating. His speech was repetitive and nonsensical. Obtaining history involved contacting his health care proxy and pain management physician, as well as his primary care physician. A thorough search of his prescription history revealed continuous monthly prescriptions of Vicodin. Due to his mental status, he was ineligible for transfer to the detox unit and instead was treated on the medical floor with Suboxone. Considering his age and mental status, his worsening trajectory in less than a year was unusual. To investigate whether our patient's history of long-term opioid use could have contributed to his declining function, we reviewed literature on the effects of opioid use on neurocognitive function and it was supportive of such evidence in some, but not all studies. Prescribers should be aware of the potential complications and subsequent effects of higher dosage opioids on cognition and functioning levels, as well as possibly addiction or dependence. Risks and benefits of opioids for pain management and addiction treatment must be weighed, treatment duration should be kept shorter, and dosage as low as possible.

Background: Prescription opiates provide relief and have been vital in improving chronic pain and quality of life for many patients. With increasing quantities and doses, however, there is a rise in opioid dependence and misuse of prescription opioids. Many adverse effects are associated with prescription opioids, as mu-opioid receptors are widely spread in the brain and periphery. In this case report, we aim to focus on the neurocognitive aspects of such adverse effects and highlight potential deficits as a result of long-term opioid use.

Objectives:
1. Investigate Neurocognitive Deficits: To identify and describe the specific neurocognitive deficits associated with long-term prescription opioid use, including memory impairment, executive functional decline, and attention deficits.
2. Correlate Dosage and Duration with Cognitive Decline: To analyze the relationship between the dosage and duration of opioid use and the severity of neurocognitive impairments.
3. Identify Risk Factors for Neurocognitive Decline: To identify patient-specific factors (e.g., age, co-morbid conditions) that may increase the risk of developing neurocognitive deficits from long-term opioid use.

Methods: We began with an extensive review of the patient's medical records. Prescription history was checked with I-STOP. Initial search using PubMed, Google Scholar, and UpToDate was done to assess available literature analyzing neurocognitive effects of long-term opioid use, as well as opioid use and dementia risk.

Results: Current literature supports statistically significant increased risk of dementia in prescription opioid users when compared to non-opioid users. However, the risk is substantially greater in patients aged 75+. A meta-analysis of the neuropsychological effects of chronic opioid use found verbal fluency and verbal working memory dysfunction in opiate users. Other studies demonstrate general increased cognitive impairment in long-term opioid users. No results were obtained when searching for opioids and anomia.

Discussion/Conclusion: Our patient had worsening dementia within the course of a year and a 19-year history of opioid use. I-STOP revealed continuous monthly supplies of 180 pills of hydrocodone/acetaminophen. We suspect the excessive use of opioids over such a long time period has contributed to the rapidly progressing dementia and anomia. It is crucial to intervene and monitor the effects of opioids as well as monitor patient misuse to prevent dependence. In older patients, cognitive function should be assessed using a standard scale and prescribers should look out for signs of decline.
More research on the effects of prescription opioids on memory and links to aphasia are needed.

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1. A. Baldacchino, et al. (2012). Neuropsychological Consequences of Chronic Opioid Use: A Quantitative Review and Meta-Analysis. Neuroscience and Behavioral Reviews 36, 2056-2068.
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IAPA recognizes all the authors for their hard work and participation in the IAPA Psychiatry Residency Applicant's Virtual Poster Session.

The other top ten abstract titles and authors are listed below:

Elevated Left Ventrolateral Prefrontal Cortical Activity to Reward Expectancy is Associated with Higher Risk of Mania: A Replication Study Including a Direct Comparison with Individuals with BD
Author: Manan Aurora

Protective Role of Breastfeeding in Postpartum Depression: A Systematic Review
Author: Saloni Naik

Vagal Nerve Stimulation for Depression: A Systematic Review of Side Effects in Unipolar and Bipolar Depression

Author: Khutaija Noor

A Lifelong Battle with Crouzon Syndrome: A Detailed Case Report from Craniofacial Surgeries to Complex Psychiatric Care
Author: Saitejaswi Reddy

Unveiling the Complex Interplay: Psychotic Symptoms Induced by TMS in a Patient with Severe Depression and Complex Trauma
Author: Jaskaran Singh

Ketamine Infusion as a Treatment Option for Treatment-Resistant Depression in Patients with Schizoaffective Disorder in Post-Psychotic Remission: A Case Series
Author: Kanuja Sood

Navigating the Future of Psychiatry Training: The Impact of Virtual Reality on Medical Education
Author: Gaurav Taneja

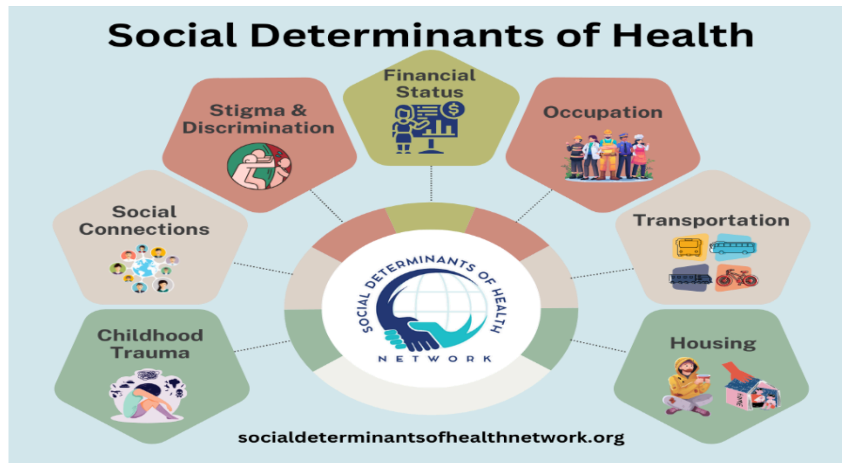
Dr. Dilip Jeste Develops Global Research Network on Social Determinants of Health

A message from Dilip V. Jeste, MD, Director of the Global Research Network on Social Determinants of Mental Health and Exposomics, President-Elect of the World Federation for Psychotherapy, and Editor-in-Chief of International Psychogeriatrics.

"I am happy to share good news with all of you. As some of you know, I have developed the Global Research Network on Social Determinants of Health. This was recently approved by the IRS as a non-profit 501(c)(3) organization. I have attached a brief summary of our work. You will get the details on our website: https://SocialDeterminantsOfHealthNetwork.org. You all are most welcome to join this Network. I would greatly appreciate your comments, suggestions, and support.

Social Determinants of Health Network

Welcome to the Social Determinants of Health Network, a dedicated 501(c)(3) non-profit Foundation. Our mission is to enhance the well-being of individuals with mental illness by addressing the profound social factors that have a major impact on both mental and physical health. Please visit our website for details: https://SocialDeterminantsOfHealthNetwork.org "



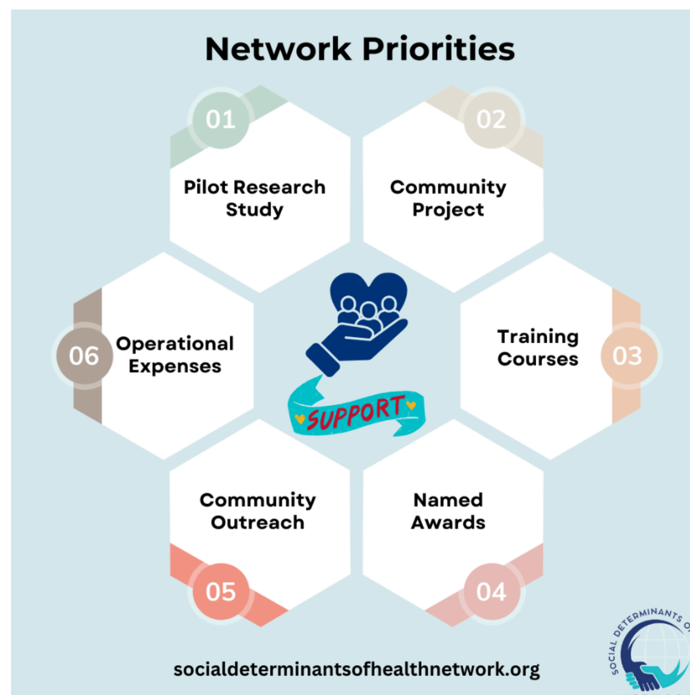
Our Team:

Spearheaded by Drs. Dilip V. Jeste (Director), Charles F. Reynolds III (Secretary General), Eric Rafla-Yuan (Treasurer), and Heather Leutwyler (Newsletter Editor), our leadership is complemented by a distinguished Advisory Board of 20 global leaders.

What We Do:

- **Innovative Research:** Since 2022, we have published 30 papers in important journals, including World Psychiatry, JAMA Psychiatry, Am. J. Psychiatry.
- **Learning "Collaboratory"**: We facilitate global inter-professional learning and collaboration in research, education, practice, and advocacy.
- **Professional and Community Training:** We promote training for healthcare providers and the larger community to address real-life social factors.
- **Free Monthly Webinars Open to All:** We have engaged 300+ participants.
- **Global Recognition:** Presentations at national & international conferences.

Our Priorities:

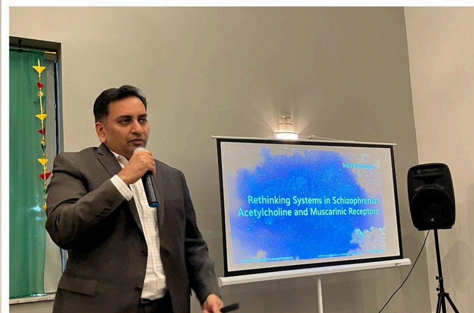


2024 IAPA National Fall Meeting and Tri-State Chapter Meeting

The 2024 IAPA National Fall Meeting occurred on Saturday, September 28, 2024, at the Palace of Asia Restaurant in Maple Shade, NJ. The Tristate chapter of Southern NJ, Philadelphia, and Delaware hosted the meeting. The event commenced with a sponsored talk from Bristol Myers and a lecture by Dr. Narpinder Malhi on Managing Aggression in Developmental Disorders. Dr. Viswanthan, the APA president, was the guest of honor and spoke about his objective in lifestyle medicine and its relevance to him. The discussion panel included Drs. Rao Gogineni, Narpinder Malhi, and Tarak Vasavada.

IAPA expresses gratitude to its platinum sponsor, PRMS; diamond sponsor, Bristol Myers; and gold sponsors, Intracellular Therapeutics and Corium Therapeutics.

The success of the 2024 IAPA National Fall Meeting was a testament to the dedication and hard work of our main organizers, Karuna Poddar and Sachin Mehta. Their tireless efforts and meticulous planning were critical to the event's smooth execution. IAPA extends its heartfelt thanks to them for their exceptional leadership and for being gracious hosts.



IAPA Chapter Updates:

IAPA Tri-State Chapter

The IAPA Tri-State Chapter met at the Palace of Asia Restaurant on Saturday, September 28, 2024. See the IAPA fall meeting news above.

Maryland/District of Columbia (MD/DC) Chapter

On August 8, 2024, the MD/DC Chapter hosted a virtual educational event with a talk by Dr. Sunil Khushalani on “Portrayal of Suicide in Hindi Cinema.” The academic seminar explored the depiction of suicidality and mental health in Bollywood movies, followed by a discussion of the psychiatrist's role in educating patients and the public about mental health issues. Dr. Sunil Khushalani is the Systems Medical Director of Behavioral Health at the Atlantic Health System (AHS) and Adjunct Associate Professor of Psychiatry at the University of Maryland School of Medicine. He has over 25 years of clinical, teaching, and leadership experience. Dr. Kushalani is widely recognized for his passion and commitment to performance improvement in mental health services. He recently co-authored his first book, Transforming Mental Healthcare: Applying Performance Improvement Methods to Mental Healthcare. He also teaches a six-month experiential course on Lean Problem-Solving at AHS, where participants learn to apply performance improvement principles to solve real-life challenges encountered during their work. Dr. Khushalani completed his psychiatry residency at New York University/Bellevue Hospital. He is a distinguished life fellow of the American Psychiatric Association, a fellow of the American Society of Addiction Medicine, and a member of the American College of Psychiatry.

The MD/DC Chapter also held a summer party at a local park on the weekend of August 10, 2024, to promote collegiality and enjoy time with fellow IAPA members.

Above: Pictures from the MD-DC Chapter Summer Party.

Do you have any updates on your IAPA state or local chapter activities? If you want your state or local IAPA chapter activities featured in the IAPA newsletter, contact IAPA at IAPAnewsletter@gmail.com.

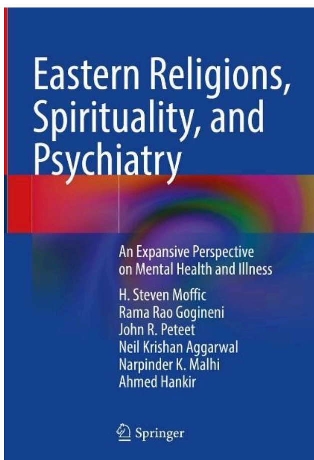
Members' Book Publications:

Eastern Religions, Spirituality, and Psychiatry
An Expansive Perspective on Mental Health and Illness

Editors H. Steven Mofic • Rama Rao Gogineni • John R. Peteet • Neil Krishan Aggarwal • Narpinder K. Malhi • Ahmed Hankir - **Springer,2024**

Congratulations to IAPA Members Drs. Rama Rao Goginani and Dr. Naripinder Malhi, who collaborated with colleagues to edit and publish "Eastern Religions, Spirituality, and Psychiatry: An Expansive Perspective on Mental Health and Illness."

Preface: *"During the worldwide Covid pandemic, the editors realized that they published on Abrahamic religions that came to the Middle East and spread to the West. So, decided to be more comprehensive about religion, spirituality, and psychiatry, and needed to attempt an additional volume on what are called the Eastern traditions that came out of Asia. Realizing that the followers of Hinduism, Buddhism, and the rest number about a quarter of those with religious beliefs around the world, over a 3 billion people, with increasing immigration to the United States and elsewhere from the East. Spirituality was added to the title of this latest volume because it seems especially descriptive of the Eastern traditions, given the common understanding that Buddhism is more of a philosophy and spiritual practice than a religion with a focus on divine worship. Whereas religions are organized systems sharing moral beliefs and rituals, spirituality generally refers to an individual's quest for meaning and purpose in life—though of course a given believer can be both religious and spiritual. Consequently, during the last stages of the pandemic, we proposed this volume and it was accepted. Although there is a robust literature regarding Eastern religions and spirituality, as well as books on specific psychiatric practices derived from various Eastern traditions, this volume was designed to be unique and necessary in covering the major Eastern religions and spiritual traditions and how psychiatric treatments are adapted to and from them, from the perspectives of psychiatrists of both Eastern and Western religions. The editors and chapter authors came from various faiths and had lived—or are living—in various countries, mainly the United States, and also Canada, England, Ireland, Lebanon, Israel, Italy, India, China, and Brazil. There is clear coverage of traditions, but debatable perspectives of some topics due in part to migration and religious adaptations. There are both complementary and conflictual points of view that readers can resolve for themselves. To align the specific chapters with the overall intentions, this book is divided into five parts. Part I(7 chapters) covers general issues, including principles of culture, religion, and spirituality in psychiatry, spirituality in psychiatry, spirituality across the lifespan, child rearing, practice and faith, and how death and dying is approached in these Eastern traditions. Part II(11 chapters) covers specific eastern religions and spiritual traditions, including basic principles and research-based clinical aspects of Hinduism, Buddhism, Sikhism, Taoism, Zoroastrianism, Jainism, as well as Confucian philosophical ideas. Part III(7 chapters) attempts to apply the importance of cultural humility to perspectives on the Eastern traditions from Western psychiatry. These include Christian, Muslim, and Jewish perspectives, not of expertise, but of explorations in learning. Part IV covers specific social psychiatric perspectives, including the psychiatric harm that can come from caste divisions and cults posing as religions, (PART 4-5 chapters) but closes with a perspective on the Eastern connections to the relatively unknown, but unifying, Omnist perspective that brings almost all together, perhaps a desired harbinger for the world's future."*



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Education Corner

Workplace Bullying: Addressing the Hidden Crisis of Workplace Bullying and Promoting Self-Care in U.S. Physicians

By Kaushal Shah, MD, MPH, MBA

Dr. Shah is a senior psychiatry resident at Wake Forest University in North Carolina and the IAPA Member-In-Training (MIT) Representative.

In the hallowed halls of U.S. healthcare institutions, where lives are saved and hope is restored, there lurks a shadow that remains all too often unspoken: workplace bullying. This insidious issue permeates the fabric of our medical profession and represents a silent epidemic with profound ramifications for individual physicians and the entire healthcare system. It compels us to confront an unsettling question: How can we, as stewards of health and healing, allow such behavior to infiltrate our community?

The Unseen Epidemic

Workplace bullying is not an abstract concept; it is a daily reality for many healthcare professionals across the United States. As defined by AMA, it involves repeated abusive, disrespectful, and threatening behavior targeted at individuals or groups. This behavior often arises from a power imbalance and aims to control, embarrass, or harm the target.[1] Studies reveal that nearly 60% of resident physicians have experienced bullying during their training.[2] This is not mere statistics; they represent colleagues grappling with stress, humiliation, and psychological harm within an environment that should encourage their professional and personal growth.

The hierarchical dynamics of medical training can create power imbalances that foster bullying behavior.[3] Trainee doctors, already burdened by the immense pressures inherent in their roles, can find themselves vulnerable to the unpredictable whims of more senior colleagues, leading to burnout and diminished self-worth. When do we acknowledge that those sworn to "do not harm" perpetuate harm amongst their own?

Dissecting the Roots of Bullying

To effectively tackle workplace bullying in healthcare, we must first examine the underlying causes. The traditional hierarchical structure of medical institutions—integral to training—can sometimes be misused as a vehicle for exerting dominance rather than guiding and mentoring.[3,4] When this structure becomes distorted, it breeds an environment where bullying can flourish under the nebulous rationale of "toughening up" junior staff.

Moreover, the high-stress context in healthcare can lead to misdirected frustration manifesting as bullying behavior.[5] Can we justify this because our work is challenging, or should we strive to cultivate resilience and mutual support?

Cultural norms within the medical community further perpetuate a toxic cycle of enduring harsh treatment as a rite of passage.[6] When does this culture of endurance erode the compassion and empathy that form the backbone of our profession?

Leadership—or the glaring absence of it—plays an indispensable role in this context as it involves shaping the institution's culture and ensuring respect and dignity at all levels. Healthcare leaders must set the tone for their institutions. When they fail to confront toxic behaviors, they inadvertently signal that such actions are acceptable.[7]

Furthermore, the competitive atmosphere of medical training and practice, in which stakes are high, creates an environment where aggression is mistaken for competence.[6,8] Is it possible to redefine success by how effectively we can collaborate and uplift one another?

The Human Cost - Burnout and Beyond

The ramifications of workplace bullying in the medical field go beyond the immediate emotional impact. Bullying can lead to physician burnout, which affects patient care quality, increases medical errors, diminishes patient satisfaction, and contributes to high turnover rates.[9,10]

In a profession dedicated to prioritizing others' well-being, how can we afford to neglect our own? When physicians feel burnt out, isolated, and demoralized, the entire system suffers. The stigma surrounding bullying frequently deters victims from seeking the support they need.[10,11] It's crucial to address this issue as it impacts the well-being of physicians and the entire healthcare system.

Unique Challenges Faced by International Medical Graduates (IMGs)

IMGs encounter distinctive challenges that render them particularly susceptible to workplace bullying. These physicians, who enrich the U.S. healthcare system with diverse perspectives and skills, often confront cultural and occasional perceived linguistic hurdles frequently misinterpreted as incompetence.[12] Additionally, IMGs navigate job insecurity and immigration concerns that might deter them from reporting mistreatment.[12,13]

The biases and stereotypes they encounter—based solely on their training outside the US—serve to undermine their confidence, creating an environment where bullying can thrive

unchecked.[13,14] How can we reconcile these layers of complexity in addressing workplace bullying and fostering a culture of inclusivity?

Rethinking Our Approach to Workplace Bullying

Healthcare institutions need to address workplace bullying to improve work environments and patient care. This involves following the Joint Commission's recommendations, educating and training team members on professional behavior, holding them accountable for modeling positive behaviors, and implementing policies to address bullying and reduce fear of retaliation.[15] Are we ready to make them accountable?

Actionable Steps for Promoting Self-Care

Given the impact of workplace bullying on health, it's crucial for physicians to prioritize self-care.

1. Establish Boundaries: Protect mental and physical health by setting firm boundaries, which include saying no to unreasonable demands and taking regular breaks.

2. Engage in Regular Physical Activity: Incorporating exercise such as walking, yoga, or gym workouts into daily routines is essential for reducing stress and enhancing overall health.

3. Reflective Practice: Engaging in reflective practices, like journaling or reflective rounds, facilitates processing emotional challenges.

4. Mindfulness and Meditation: Practicing mindfulness through meditation and deep breathing can reduce stress. Online apps like Headspace, Calm, Insight Timer, and Yoga with Adriene offer valuable resources for all levels.

5. Prioritize Rest: It is crucial for cognitive function and emotional stability, and institutions should promote reasonable work hours. The National Sleep Foundation provides free tips for better sleep hygiene.

6. Nutrition: A balanced, mindful, and anti-inflammatory diet with fruits, vegetables, whole grains, and healthy fats can help reduce stress in the body and improve overall well-being.

7. Spiritual Wellness: Nurturing one's spiritual aspect can foster grounding and a sense of purpose, enriching resilience in adversity.

8. Social Support: Develop a strong support network in the healthcare profession. Cultivate relationships with colleagues, mentors, and friends, and consider joining peer support groups for sharing experiences and coping strategies.

9. Access Mental Health Services: Seek mental health support through counseling, therapy, or peer support groups. Contact your organization's Employee Health Services for tailored support and resources. Also, check these resources: Physician Support Line, PeerRxMed, Physician Coach Support, NAMI Peer Support Resources, NAMI Warmline Directory, Therapy Aid, and National Suicide Prevention Lifeline.

10. Promote a Culture of Self-Care: Healthcare institutions should implement wellness initiatives and encourage open discussions about mental health.

A Call to Action - Let's Make a Difference

Workplace bullying is a deeply entrenched issue within U.S. healthcare, necessitating not just acknowledgment but assertive action. It demands a collective reassessment of our values and practices—a readiness to face uncomfortable truths regarding our treatment of one another within the profession.

Are we cultivating a culture that supports the well-being of all healthcare professionals, or are we inadvertently allowing an environment where bullying is tolerated, if not condoned? The answers to these questions will impact not only the future of our profession but also the quality of care we deliver to those who rely on us.

As we move forward, let us envision a healthcare landscape where every physician thrives—physically, emotionally, and spiritually. By embracing a holistic approach to self-care, we can shield ourselves from the detrimental effects of workplace bullying while elevating the quality of care we provide to our patients.

References:

Mental Health Awareness Week: Mental Health at Work

My Mental Health at Work

MENTAL ILLNESS AWARENESS WEEK
OCTOBER 6-12

WORLD MENTAL HEALTH DAY
OCTOBER 10

Access the Indian Psychiatric Society Journal

Click the link below to read the latest articles from the Indian Journal of Psychiatry. Content is free to explore and download.

https://journals.lww.com/indianjpsychiatry/pages/currenttoc.aspx

APA Volunteer Leadership Opportunities

APA Members willing to share their expertise and make a significant time commitment to serve APA, the field of psychiatry and patients are asked to submit their names or nominate a colleague for a position on an APA Council or Committee.

https://www.psychiatry.org/membership/awards-leadership-opportunities/volunteer-leadership-opportunities

Indo-American Psychiatric Association (IAPA) Announces Opportunity for Resident/Fellow MIT Members

The Indo-American Psychiatric Association (IAPA) offers psychiatric residents and fellows an opportunity to contribute to our newsletter with recognition for the best write-up at our Annual Meeting.

What: Call for Indo-American Psychiatric Association (IAPA) Newsletter Write-Ups by IAPA Resident/Fellow Member-in-Training (MIT) Members. One selection will receive the IAPA President Special Recognition Award at the IAPA Annual Meeting in May.

Eligibility:
Who: Psychiatric residents and fellows enrolled in training programs in the United States who are also IAPA Member-In-Training (MIT) members.
Requirements: Submit a viewpoint/commentary for publication online in our newsletter. Each submission will be reviewed, and IAPA reserves the right to make edits and corrections.

Submission Requirements:
Deadlines (encouraged to submit as early as possible)
Quarter 1 November 08, 2024
Quarter 2: January 15, 2025
Quarter 3: March 15, 2025
Quarter 4: June 15, 2025 (Eligible for the award selection in years 25-26)

Manuscript Style:
Viewpoint/Commentary
Unpublished, Unplagarized, single-spaced
Maximum words, including references: single-spaced 1,200
References: Up to 20 (AMA Style)
Cover Sheet: Listing contact information (full name, degree/s, residency program, email, phone, mailing address).

Judging Criteria:
- Timeliness of the topic
- Applicability to general psychiatry
- Clarity and coherence
- Evidence and support
- Impact and significance

Submission Instructions:
Email To: president@myiapa.org
IAPA Membership Information: https://myiapa.org/membership-account/membership-levels/

Please prepare your viewpoint/commentary according to the provided guidelines and submit it before the deadline for a chance to win this special recognition at the IAPA Annual Meeting in May 2025.

Upcoming Events

Interested in Attending the National Meetings? Save the Dates

IAPA Annual Meeting: May 17th,2025, Alexandria Ballrooms, Los Angeles

APA Annual Meeting: May 17th-21st 2025. Los Angeles

ANCIPS: IPS Annual Meeting: January 22-25 Hyderabad, INDIA

AACAP Annual Meeting October 14-19, 2024, Seattle

Are you interested in Contributing to the IAPA Newsletter? We need you!

We want to highlight the work of our IAPA members in the newsletter. If you would like to contribute, we invite you to send any article you have written, such as a clinical topic, poem, humor piece, or synopsis of your work. Please send it to us at iapanewsletter@gmail.com.

Chapter Support

IAPA leadership would be delighted to support chapter activities, reviving existing chapters and creating new ones. If interested, contact the IAPA president or any EC/EEC members.

Become a Member of the IAPA!

The Indo-American Psychiatric Association continues to grow and contribute to education and advocacy in psychiatry. **We encourage everyone to become more involved in IAPA! Please visit myiapa.org for more information. If you or somebody you know are not a life member and would like to become one, please contact IAPA at president@myiapa.org**

**Thank you for your support and being a part of the IAPA family!
We encourage our readers to join IAPA. Please spread the word among your colleagues to join our growing organization! We hope to see you all at the IAPA Annual Meeting in New York on May 5th, 2024!**

Live!
IAPA is now available on Instagram, LinkedIn, and Facebook.

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Visit the link below for IAPA's contribution to the PRMS blog!

Social Determinants of Mental Health Across the Lifespan - Guest Blog - Professional Risk Management Services (prms.com)

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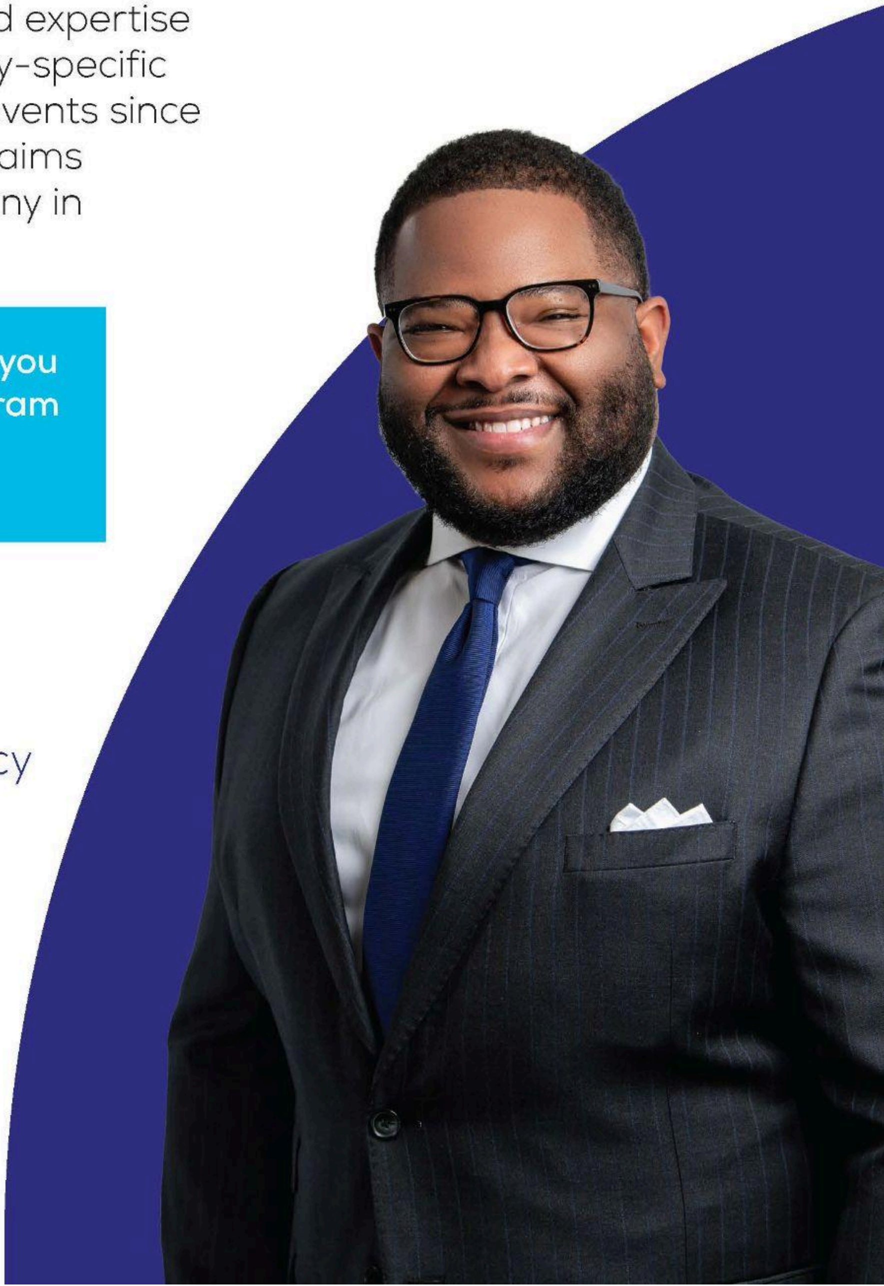

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