Nomination for the Interdepartmental Serious Mental Illness Coordinating Committee (ISMICC)

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Nomination for Robert S. Laitman MD

 Thank you for giving me this opportunity to nominate myself for the Interdepartmental Serious Mental Illness Coordinating Committee (ISMICC). I am the father of a son with Schizophrenia, I am the president of a Mental Illness Charity, I am very involved with NAMI, BBRF, and SARDAA, and I practice Psychiatric Internal Medicine with expertise in the optimal management of clozapine.

 I have over 30 years of caring for the sickest of the sick. I have learned that with “Bad” disease you will have a bad outcome unless you provide appropriate care. We need to reeducate our mental health community to use the appropriate evidence based tools at our disposal. For example, the underutilization of clozapine, lithium, ECT, and CBT has contributed to the increase in suicide. We need to equip our families with knowledge so that they can direct the often intransigent Psychiatric community to provide the best care. SAMHSA is making a major push to increase clozapine utilization. Lewis Opler, MD PhD, my family and I are writing a book that describes our journey with clozapine and our current therapeutic approach. I spent six months working with OMH at Bronx State as their clozapine consultant. NASMHPD estimates that people with serious mental illness live 25 years less than the general population. 30 % of this excess risk comes from Suicide. The other 70 % comes from “life style”. Cigarettes (the 4 % of the seriously mentally ill smoke 50 % of all cigarettes leading to 14 years of life lost), nutrition, lack of adequate hygiene- overall self-care, and absence of exercise all decrease life expectancy. We need to change this formula and in my practice I have succeeded in doing so. The big elephant in the room is Anosognosia which affects approximately 50 % of those with Schizophrenia. This leads to no treatment in this group and an increase in violence, homelessness, incarceration and endless heartbreak. We need to expand the use of Assisted Outpatient therapy, involuntary commitment, and Guardianship. Finally we have to realize that despite our best efforts our loved ones may not recover. These people should not be warehoused in institutions or worse yet allowed to die pitiful deaths on the street or be trans-institutionalized somewhere in the criminal justice system. We need more Psychiatric beds not less, and we need funding for supported housing and wrap around services that include educational and vocational opportunities. We need to treat this population with the best evidence based medicine and psychosocial approaches that we have and we must continue to support research always striving for better approaches.

 I identify myself as a doctor, parent, husband, son and runner. My father is a clinical Psychologist and, now a month past 94, is still working. I always knew that I wanted to follow in his footsteps but at Washington University Medical School (Graduated in 1983) I fell in love with the depth and breadth of Internal Medicine. I went on to train in Internal medicine, Nephrology, and Geriatrics at the Montefiore Medical Center in the Bronx from 1983 through 1988. I became Board Certified in Internal Medicine in 1986, Nephrology in 1988, and Geriatrics in 1990. I love being a physician. It has been my belief that care starts with a therapeutic relationship. I involve myself in the total care of my patients. My wife and I practiced together as residents in Internal Medicine and continue to practice together. I am the owner and president of the multispecialty group Bronx Westchester Medical Group. I have had that role since 1990 to the present day. My wife and I have 4 wonderful children, a great medical practice, I even got to coach my kids in AYSO soccer for 14 years and run 3-5 Marathons a year (the count is now 82 with 4/17 making my 19th consecutive Boston). When my son developed Schizophrenia in 2006 things got a bit more complicated.

 This not only changed my son’s life trajectory, but affected my entire family. I was shocked at how low the bar was set for meaningful recovery. Living in the Mecca of Psychiatry and being blessed with unlimited resources the care my son initially received was surprisingly abysmal. Both my wife and I read voraciously and it soon became apparent that clozapine was the only medicine that would offer him any hope. Despite this, Daniel was subjected to 4 different antipsychotics, 3 concomitantly, until we finally prevailed and Daniel 18 months into full blown psychosis began clozapine and his recovery. Daniel became our n of 1. Though we were initially thrilled with Daniel's improvement after commencing clozapine, we soon came to realize that clozapine by itself was not going to be the entire answer.

 We found that we needed an integrated global approach to optimize care. We learned to ameliorate side effects and enhance benefits. We combined multiple other medications, running (of course), cognitive behavioral therapy, cognitive remediation, and social and educational support. Daniel I am happy to report continues to exceed our high expectations. He graduated on the Dean’s list from SUNY Purchase 5/15 and now lives independently in the East Village and is actively pursuing a career as a Stand Up comic (Daniel Laitman.com). Is he yet financially independent, not even close, but he is a happy socially engaged delightful young man. We have more work to do but I look forward to the future with great optimism.

 Now during this time my wife and I were given tremendous support and guidance by many notable mental health providers. We remain eternally grateful to them. We decided we could not accept the status quo. It just was not fair that so many people suffer and that so much learned hopelessness prevailed. It is our belief that everyone should have the same opportunities as our son. For this reason in 2011 we officially started our life of charity and advocacy. Since that time our family charity (Team Daniel Running For Recovery From Mental Illness) has run to raise awareness and money, over $300,000, in support of mental health research and other groups that support people with mental illness. Others have become aware of our efforts and we have become more involved not only with the Brain and Behavior Research Foundation (BBRF), but the National Alliance on Mental Illness (NAMI), Fountain House, SARDAA and the Mental Health Association (MHA). I presently serve on the Board of Directors of both NAMI NYS and Westchester. I am in the process of running for the National NAMI Board. My wife is a member of the woman’s committee of BBRF and is on the Board of MHA Westchester. Because of these efforts and affiliations I have been given a voice. I have given talks at a variety of NAMIs 2014-2016, MHA’s 2014 Ira Stevens Conference, Pilgrim State’s Wellness day 2014-15, and given Grand Rounds at Stony Brook Psychiatry 2014, Bronx State 2016, and in 2017 Mid-Hudson Forensic (Columbia) and Rockland State Psychiatric Center. I am scheduled to speak about my clinical approach at optimizing Clozapine management at Manhattan Psychiatric Center in June and Rutgers Psychiatric in August.

 I shared my experience with Daniel with colleagues, friends, patients, and family. My existing patients were soon asking me to help with their family and friends. At first I was reluctant, because despite reading thousands of pages of the psychiatric literature I had no formal training. I did attend Harvard courses in Psychopharmacology and CBT but I lacked hands on experience. My patients were relentless and eventually I consented, and for the last 6 years I have expanded my practice to include the optimal management of clozapine. I have now been involved with over 100 individuals on clozapine and personally have over 50 active patients that I write clozapine for on REMS. I have found that the approaches that we used with Daniel can often bring remarkable results with others. Schizophrenia is not one disease, and it is a disease that affects the patient and their families in so many ways. What I have learned over these years is that if you practice excellent internal medicine, and develop a true therapeutic relationship with the patient and the family significant progress is often made. At this writing, under my care, I have mitigated the metabolic side effects so that only a half dozen people have gained significant weight while taking clozapine. The remaining patients have either lost weight or maintained an optimal weight. One area of frustration for me remains the limited scope of intervention that I can provide my patients. We need new approaches, as anosognosia often limits all of our efforts. For example, I dream of the availability of both a short acting and long acting IM clozapine. My hope is that I can take what I have learned in my population and bring it to others. I also have so much more to learn and I hope my collaboration will lead to further growth for all of us. We have so much to do. There is far too much hopelessness and suffering. The best treatment matters. It is time for us all to step forward and support this evidence based approach. We can help millions.