



## E-NEWS FOR WOMEN OF PSYCHIATRY

Newsletter of the  
**Association of  
Women Psychiatrists**  
October 2023

### President's Message

Dear AWP Family,

It was so wonderful to see many of you at our annual AWP business meeting at the APA in San Francisco this year! Finally a chance to reconnect again, after recent missed years due to the COVID-19 pandemic.

I would like to acknowledge the wonderful work of our outgoing AWP President, Dr. Christina Khan, who has shepherded us through this most challenging public health crisis. We are most grateful for her steady leadership during these unprecedented times.



How did I end up today as President of AWP? I stand on the shoulders of giants and thank the sponsorship of women psychiatrists Dr. Ludmila DeFaria and Dr. Rona Hu, who nominated me for the AWP EC a number of years ago. And I have been encouraged and supported by many AWP family and mentors, and would especially like to thank Dr. Warachal Faison for her inspiring leadership and wonderful words of wisdom. We continue to miss Dr. Faison here at AWP.

I would like to recognize the generosity and efforts of a wonderful donor, Dr. Jackie Feldman, to increase AWP memberships by offering a matching gift. I would encourage all AWP members to invite other psychiatrists and trainees to join our organization. There are especially wonderful benefits for trainees—including opportunities for year-round networking sessions via Zoom, annual awards that help to pay for travel to APA meetings, meeting potential mentors, and presenting at the APA. Please tell your trainees about AWP and invite them to join!

AWP is open and affirming and we are a group for all psychiatrists who promote and support women's health, women's mental health, and women physicians. This year's Man of Good Conscience awardee is Dr. Francis Lu, who attends our AWP in-person meetings at the APA and our monthly Zoom networking meetings. This is a well-deserved award for a wonderful leader and role model. So, please invite all psychiatrists who are allies to come be a part of AWP.

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## Editor's Message

I hope everyone is enjoying the warmer months! Daily walks and connecting with amazing women have been some of my favorite

moments. It was so wonderful to see so many of you in person at the AWP meeting in May. You will find a photo from the meeting in the pages ahead.

In this newsletter, mentorship runs strong. On the Dr. Leah J. Dickstein Mentorship Page, we feel the presence of the women before us who have set the foundation for us to thrive. This was palpable

at our first AWP conference, Intergenerational Mentoring: Advantage of a Diverse and Inclusive Professional Group for the Advancement of All Members. However, in the Wellness Corner, we are also reminded of the work that remains, with 72% of women in a recent JAMA study reporting gender harassment, a toxic and unacceptable element of the organizational culture in which women physicians work. Additionally, there are useful pearls of wisdom embedded through the pages on preserving the well-being of minoritized women, using integrative medicine in practice, and surviving internships. I hope you will read through our 2023 Awardees and connect with them. I am inspired as I read about the way they are making a difference—such an accomplished group! To keep apprised of the discussions at the APA, I hope you will take the time to look through the Assembly notes.

Anjali Gupta, MD  
AWP Editor

### TRAINEE'S CORNER

## The 5 “M”s of Surviving Intern Year *by Alicia Khan, MD*

*It is well-known that our time is incredibly limited during our first year of residency. As I transition into PGY-2 year, several things come to mind when I think about what anchored me and helped me survive intern year. Prioritizing these five key actions made a world of difference in my mental and emotional well-being:*

**MELLOW:** Plan paid time off (PTO) months ahead to make the most out of it. If your program allows you to schedule your PTO, schedule it right after a difficult rotation to give yourself a break and recover.

**MINGLE:** Count on your co-interns and upperclassmen for social and emotional support. Try to schedule regular hangouts with them that require minimal planning every two to four weeks. Share your triumphs and setbacks with the people who understand it the most.

**MOVE:** Get your blood pumping. Sitting at a desk all day while managing numerous mental tasks can leave your head spinning. Even a brisk walk or 2-minute dance at home is enough to slow down the racing thoughts.

**MAINTAIN:** Create routines. Schedule social activities with

partners and family. Pick a day of the week to group similar tasks such as trash and laundry (such as every Sunday). This can help reduce day-to-day decision fatigue.

**MENTORSHIP:** You can find mentors anywhere. Connect virtually through professional societies (such as the AWP, APA, AMA, or your local/state psychiatric society) or in person by reaching out to upperclassmen and attendings with similar career interests in your department.

*Alicia Khan is a second-year psychiatry resident at Medstar Georgetown University Hospital.*

## The Dr. Leah J. Dickstein Mentorship Page

*AWP history and mentorship were palpable at both the AWP virtual conference in April and the May AWP meeting in person. This is a word cloud that includes all the past AWP presidents. They provide this mentorship in numerous ways. Please note that the generation of the word cloud, size of lettering, and positioning was random.*





# How to Preserve Well-being as Minoritized Women in Healthcare

by Jessica Isom, MD, MPH



## BALANCE

Engage in the purposeful repositioning of one's commitments such that all priorities are addressed

## REFLECTION

Set aside time for contemplation and performing emotional and cognitive audits

## ENERGY

Reinvigorate goals and set a path toward achieving them

## ASSOCIATION

Create and maintain social networks that promote, affirm, and encourage wellness

## TRANSPARENCY

Actively avoid remaining silent about painful experiences

## HEALING

Look for ways to nurture wellness in self and others

## EMPOWERMENT

Enlist one's own agency by accessing internal power sources and taking ownership of one's own wellness

Minoritized women in healthcare face unique challenges that can impact their mental and physical health. These challenges can include discrimination, microaggressions, and lack of representation. As a result, minoritized women in healthcare are more likely to experience burnout, stress, and anxiety. As an early career psychiatrist, I can attest to this personally and I believe a framework for understanding avenues to improving wellbeing is essential. Minoritized women can focus on elements of the **BREATHE** mnemonic adapted from a text highlighting the intersections of vulnerability and strength experienced by Black women.

It is important for minoritized women in healthcare to take care of themselves both physically and mentally. By practicing self-care, building a support system, advocating for themselves, and connecting with other minoritized women in healthcare, they can preserve their well-being and thrive in their careers.

In addition to the list at left, here are some specific tips for preserving well-being that have helped me to keep myself afloat during challenging career moments:

**Be aware of your triggers.** *What are the things that tend to make you feel stressed, anxious, or overwhelmed? Once you know your triggers, you can start to develop strategies for avoiding them or coping with them when they do occur.*

**Set boundaries.** *It's important to set boundaries between your work life and your personal life. This means not checking work emails or taking work calls outside of work hours, and making sure to have time for yourself and your loved ones.*

**Take breaks.** *It's important to take breaks throughout the day, even if it's just for a few minutes. Step away from your desk, go for a walk, or do some deep breathing exercises.*

**Seek help when you need it.** *If you're struggling to cope with stress or burnout, don't be afraid to seek help from a therapist or counselor.*

Preserving your well-being is essential for your mental and physical health. By following these tips, you can reduce your stress levels and improve your overall health and well-being supporting a thriving career!

*Jessica Isom is clinically based in a community health center in Boston, owner and lead consultant for Vision for Equity, LLC and she is a former recipient of the Marian I. Butterfield, MD ECP Award of the AWP.*

# The Use of Integrative Medicine in General Psychiatry

by Adrienne Adler-Neal, MD, PhD, MPH

The use of integrative medicine techniques in the United States is rising, with 14.2% of adults reporting the use of meditation and 14.3% of adults reporting the use of yoga in the 2017 National Health Interview Survey.<sup>1</sup> In comparison, in 2012, only 9.5% of adults reported engaging in yoga and only 4% of adults reported the use of meditation.<sup>1</sup> Yoga is considered the most commonly practiced integrative medicine technique according to the National Health Interview Survey;<sup>1</sup> however, integrative medicine encompasses modalities ranging from meditation and yoga to chiropractic techniques, tai chi, herbal medicine remedies, adaptogens, vitamin and mineral supplements, diet and exercise, spirituality and spiritual-based healers, acupuncture, massage,

and aromatherapy, among others. In my experience working in an outpatient setting during residency, each month several patients voice interest in non-pharmacological therapies and request “natural” alternatives to their treatment regimen, an experience consistent with that of many of my colleagues. This can often lead to mixed feelings on the part of the provider, all of which are valid. Some may feel excited at the request, as they feel comfortable with the data and safety profiles of a few integrative medicine techniques aimed at treating the condition of the patient in front of them. For others less comfortable with non-Western based approaches to care, any question regarding integrative medicine techniques may feel out of their comfort zone and can evoke feelings of

stress. I empathize personally with these reactions, as our current training programs often do not equip us with the tools to “integrate,” Western and non-Western approaches to care. I have been lucky enough to benefit from mentorship in the field of integrative medicine; however, without that, I would feel much more confused as to where to start when it comes to these treatment approaches. However, as more patients request these options and engage in these modalities with or without our recommendation, the question will arise as to our level of responsibility regarding education on these topics. If patients are engaging in integrative treatments to

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## Wellness Corner *Anjali Gupta, MD*

How individuals are valued contributes to their well-being. As healthcare systems consider organizational strategies to improve the wellness of physicians, it is important to consider the gender inequities that remain within academic medicine. Women do equal work for less pay. Career advancement and leadership positions continue to be issues for women physicians. Bias and harassment are still rampant in work environments. In a recent JAMA article by Jagsi et al, 72% of women reported experiencing gender harassment and women rated the general climate more negatively than men.<sup>1</sup> When we consider climate ratings were affected not only by gender but also by race and ethnicity, it is important to understand these findings through

an intersectional lens. 13% of LGBTQ+ participants reported sexual harassment when they were using social media in a professional manner. Climate, harassment, and cyber incivility affected mental health. It is not the responsibility of any individual physician to deal with these atrocities, but rather the work of organizational environments to improve the culture and the psychological safety of its valued constituents.

1) Jagsi, R., Griffith, K., Krenz, C., Jones, R. D., Cutter, C., Feldman, E. L., ... & Settles, I. (2023). Workplace harassment, cyber incivility, and climate in academic medicine. *JAMA*, 329(21), 1848-1858.

*Anjali Gupta is Assistant Professor at Georgetown University School of Medicine.*

## The Use of Integrative Medicine...

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address their mental health concerns, are we obliged to obtain education on the safety and effectiveness of them? My personal feeling on the matter is that we do have an obligation on some level to understand and incorporate these treatments into our practice habits. However, the extent to which a practitioner does so will vary widely depending on that individual's interests and inclinations. For some, simply asking patients if they use herbal supplements and then researching the safety and any potential interactions the supplement may have with the patient's prescribed medications may suffice. For others, reviewing the literature on integrative techniques possessing the highest quality evidence for some of the most common mental health conditions they treat may serve their purposes. For those so inclined, a deeper look into the broad range of options available to patients and a personal tailoring of approaches to meet the needs of the individual patient may come to be their chosen approach.

At this point in my training, my usual approach to patients is to first identify if there could be an underlying physiological cause of their symptoms, including low vitamin D, low B12, thyroid abnormalities, anemia, an infectious cause, autoimmune dysfunction, or other biological etiology. If none seems reasonable or is found on blood work, depending on the severity and quality of complaints, I may provide the patient the option of pursuing traditional pharmacological approaches or a combination of psychotherapy and integrative

approaches with medications added as needed, fully counseling the patients on the risks and benefits of each approach. Modalities I often draw from initially depending on the patient's diagnosis are mindfulness-based interventions (including virtual options via phone applications), vitamin and mineral supplements (often omega-3 fatty acids, broad-spectrum micronutrients, and magnesium), or at times herbal supplements as appropriate. I also focus on encouraging exercise, an anti-inflammatory diet, exposure to sunlight, and social connection. Something I have found helpful is understanding my own limitations while working in a busy outpatient clinic setting. For this reason, it has often worked well to know the literature on a few integrative approaches for each commonly treated condition, and then engage in research as appropriate depending on the patient's requests. The more I learn and begin incorporating these methods, the more comfortable I feel broadening my options. Regardless of one's chosen approach, as more individuals begin using these modalities, we will each need to make a conscious decision as to what our chosen approach will be and how we will incorporate or at least acknowledge these treatments within our clinical practice.

### References:

1 Clarke TC, Barnes PM, Black LI, Stussman BJ, Nahin RL. Use of yoga, meditation, and chiropractors among U.S. adults aged 18 and over. *NCHS Data Brief*, no 325. Hyattsville, MD: National Center for Health Statistics. 2018.

Adrienne Adler-Neal is a fourth-year psychiatry resident at UT Southwestern Medical Center in Dallas, TX.

## Thank-you...



to all who participated in and attended the first

### AWP SPRING VIRTUAL CONFERENCE

Intergenerational Mentoring:

Advantage of a Diverse and Inclusive Professional Group  
for the Advancement of All Members

on April 28, 2023.

Thank you to Conference Co-Chairs

Christina Khan, PhD, MD and Silvia Olarte, MD

# AWARDS

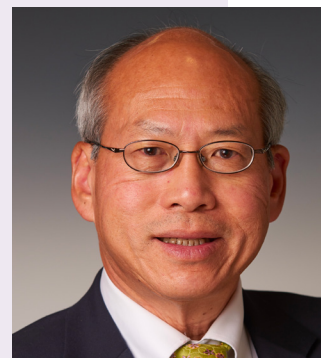


## Jeanne Spurlock Social Justice Award

**Ludmila De Faria, MD** is an adult psychiatrist who brings an intersectional perspective (woman, IMG, Latina, training director, educator) to her work in Psychiatry. Her clinical focus is on College Mental health and transitional-age youth, and she has a special interest in and works closely with minority populations, increasing access and decreasing mental health disparities among minorities and providing a culturally sensitive environment for patients and trainees. She is an Associate Professor of Psychiatry, Interim Program Director for the Residency Training, and the Director of Diversity, Equity, and Inclusion for the Department of Psychiatry at the University of Florida in Gainesville. Dr. De Faria was born and raised in Brazil, where she received her medical degree from the Universidade de Brasilia, and moved to the United States in 1991 to participate in the competitive William J. Harrington Training Program for Latin America and the Caribbean at the Jackson Memorial Hospital/University of Miami, where she stayed for the next 2 decades, as a researcher, resident, and then faculty. Since she joined the University of Florida, she divides her time between seeing patients, teaching, and participating in research. She has developed a Diversity, Equity, and Inclusion curriculum across the four years of residency training and created a Research/DEI elective rotation to foster research and diversity experience in trainees. She is a distinguished fellow of the American Psychiatric Association and serves as the Chair of the Committee of Women's Mental Health, and a member of the Psychiatric News Editorial Advisory Board. Dr. De Faria received a Presidential Commendation in 2022 for her work with the Committee on Women's Mental Health, where she strives to use her intersectional lenses to connect people and ideas and raise topics that are important for overlooked groups. She is a member of the American College of Psychiatrists and the Group for the Advancement of Psychiatry and is part of the Leadership Council for the Florida Psychiatry Society, the Association for Women Psychiatrists, and a founding member of the Association for College Psychiatry.

## Martin Symonds Man of Good Conscience

**Francis G. Lu, MD** is the Luke & Grace Kim Professor in Cultural Psychiatry, Emeritus, at the University of California, Davis. As a Distinguished Life Fellow of the American Psychiatric Association (APA), Dr. Lu has contributed to the areas of cultural psychiatry including the interface with religion and spirituality, psychiatric education, diversity and inclusion, mental health equity, and psychiatry and film. He has presented at every APA Annual Meeting since 1984. APA awarded him the Special Presidential Commendations in both 2002 and 2016 for his contributions to cultural psychiatry, and in 2020, the APA Distinguished Service Award. In 2008, the Association for Academic Psychiatry awarded him its Lifetime Achievement in Education Award; and in 2020, the Society for the Study of Psychiatry and Culture awarded him its Lifetime Achievement Award. In 2021, the American College of Psychiatrists awarded him its Distinguished Service Award. He is the first Asian American to be so honored since the award was presented annually beginning in 1965. He presents Grand Rounds on "DSM-5-TR Outline for Cultural Formulation and Cultural Formulation Interview: Tools for Culturally/Structurally Competent Care" as well as film seminars at Esalen Institute, Big Sur, CA, and Door County Summer Institute, Egg Harbor, WI. Websites: [www.francislumd.com](http://www.francislumd.com) and <https://amazon.com/author/francislud>







## Leah J. Dickstein, MD Medical Student Award

**Molly Fessler** is an incoming PGY-0 in the Psychiatry department at Duke University. She studied sociology and peace studies at Bryn Mawr College before serving as a Peace Corps Volunteer in Belize from 2014 to 2016. She is the co-founder of *Auxocardia Journal*, a creative space for health professional students, and previously served on the board of the University of Michigan Medical School's Wolverine Street Medicine, leading foot care efforts for persons experiencing homelessness and medical education initiatives. She is a 2022–2023 Albert Schweitzer Fellow in the Detroit cohort and a member of the Gold Humanism Honor Society and AOA. Her work has been published in *Intima Journal*, *Tendon Magazine*, *NPR.org*, *Annals of Family Medicine*, and *Academic Medicine*, among others.

## Alexandra Symonds Fellowships

**Ewurama Sackey, MD** is currently a second-year Child and Adolescent Psychiatry fellow at UCLA. Ewurama attended the University of Pennsylvania where she studied Health & Societies, Africana Studies, and Gender Studies. A college course about race, class, and poverty in the United States, specifically New Orleans, inspired Ewurama to move to New Orleans (recently post-Hurricane Katrina) to teach high school. After forgoing many lesson plans for impromptu Q&A sessions with her students (about dating/sex, friend groups, and mental health), Ewurama decided that she loved talking with kids and wanted to do it for a living. She attended the Perelman School of Medicine at the University of Pennsylvania for medical school and remained for a psychiatry residency.

During residency, Ewurama co-founded the Penn Psych Cultural Psychiatry Certificate Program, started the Penn Psych Resident Recruitment Committee, and served as Outpatient Chief Resident. She has received the APA/SAMHSA Minority Fellowship Award and the Penn Psychiatry Outstanding Senior Resident Award. At UCLA, Ewurama is involved in the Psychotherapy Area of Distinction Certificate program New Center for Psychoanalysis Child and Adolescent Psychotherapy Program, co-founded the Parent-Infant Mental Health Area of Distinction, and is currently a Circle of Security Parenting Program facilitator in the UCLA Perinatal IOP. She is the recipient of the 2023 UCLA Gertrude Rogers Greenblatt Award in Child Psychiatry.

This fall, Ewurama will join Allegheny Health Network (AHN) as the medical director for Maternal-Infant, and Toddler Mental Health.



**Dr. Lauren Dubner** earned her BA in Philosophy-Neuroscience-Psychology from Washington University in St. Louis and her MD from Sidney Kimmel Medical College at Thomas Jefferson University. While in medical school, she was inducted into the Alpha Omega Alpha Honor Medical Society. She is a current PGY4 in psychiatry at the University of Pennsylvania. During her time at Penn Psychiatry, she served as Co-Champion for the Women's Mental Health Certificate Program and as Chief Resident for outpatient psychiatry residents (PGY3 and PGY4 classes). She has completed additional training in women's mental health through Postpartum Support International, from which she obtained a Perinatal Mental Health Certification (PMH-C). During residency, she has been honored to receive the American Psychiatric Association (APA) Resident Recognition Award and the Penn Psychiatry Outstanding Senior Resident Award. After residency, she will remain at Penn, working in the Women's Behavioral Wellness Center, Outpatient Psychiatry Clinic, and Penn Integrated Care.



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## Alexandra Symonds Fellowships

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**Rija Siddiqui, MD** is a current psychiatry resident at UT Southwestern. She is a graduate of Austin College in Sherman, Texas, where she graduated with a Bachelor of Arts in Sociology in 2012 and was a member of Phi Beta Kappa. She then received her Doctor of Medicine at Texas A&M College of Medicine in 2016. She began her time at UT Southwestern as a resident in Pediatrics. During her Pediatrics residency, her scholarly work focused on assessing parental attitudes toward voting and registering unregistered parents to vote at her assigned continuity clinic. She stayed as one of the chief residents in Pediatrics and during her chief year worked on inter-residency projects related to physician voting and trainee voter registration (as well as the transition to X+Y scheduling!). She was also a Dallas Public Voices Fellow in 2020 where she published Op-Eds on resource shortage during the COVID-19 pandemic and the need for hospital-based daycare for healthcare employees.

Following her chief year in Pediatrics, she continued her medical training in the field of psychiatry. Her current scholarly activity includes assessing the longitudinal experience of resident mothers from pregnancy to returning to work, the role of mentorship in medical training, and providing cognitive behavioral therapy (CBT) as a study investigator in the PreVNT trial with Dr. Katie Hoge. She is interested in maternal mental health, reproductive psychiatry, the mental health of NICU parents and parents who care for children with chronic illness, and caregiver psychiatry. After her graduation in June 2023, she will be working in private practice at Thorntree Psychiatric Associates and will be on faculty for Texas A&M COM for their psychiatry clerkship. Outside of medicine, she is a mother to Noah (age 4), Zakariah (age 2), and Isaiah (age 6 weeks). She enjoys being outside, watching documentaries, visiting National Parks with her husband, and exercising.



## President's Message

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Recent legislation has made it impossible to ignore how political decisions affect women and affect women's mental health. I urge our AWP members to get involved politically, vote in local and national elections, and get involved in our local communities.

I hope you can all join us for our monthly AWP networking sessions over Zoom. Our next session will be Thursday, October 26, 5-6 pm Pacific/ 8-9 pm EST.

Next year's APA meeting will be May 4-8, 2024 in NYC and we would love to see you there!

In the meantime, please stay well. I hope to strengthen our membership and engagement in AWP in this coming year and hope you will be a part of this.

We welcome you with open arms to our AWP Family!

*Amy Alexander, MD*  
AWP President

## Alexandra Symonds Distinguished Award

**Mary Kay Smith, MD**

(Bio and photo to come.)

## REMINDER...

Please review your records and renew your AWP membership if you haven't done so. We need your voice and continued involvement!

# May 2023 APA Assembly Meeting Report

*The following Position Statements were approved by the Assembly: (by consent)*

## **4.B.1. Proposed** Position Statement: Physician Identification: Consumer Transparency

This position statement addresses the accurate self-identification of members of the healthcare team to prevent patients from being misled. Individuals and members of multidisciplinary teams should clearly and accurately identify their roles, credentials, license, and training to patients, caregivers, and anyone involved in patient care.

## **4.B.2. Revised** Position Statement on Capital Punishment

This position statement was due for a standard 5-year review and was updated to the new position statement template. The other change was to ensure that the statement could stand on its own and not rely on references to the AMA statement. The statement asserts that psychiatrists should not be participants in a legally authorized execution nor should physicians be asked to determine legal competence to be executed.

## **4.B.3. Revised** Position Statement on Restrictive Housing of Incarcerated Adults with Serious Mental Illness

This position statement was due for a standard 5-year review. The statement was also updated to be more person-centered and references were updated. The statement asserts that restrictive housing be minimized for incarcerated individuals with mental illness and opportunity for treatment should be maximized.

## **4.B.4. Retained** Position Statement: Lengthy Sentences Without Parole for Juveniles

This position statement was due for a standard 5-year review. The statement was updated to the new position statement template (issue and background sections added). This position statement continues to discourage lengthy sentences without parole for juveniles.

## **4.B.5. Proposed** Position Statement: Promoting Health and Protecting Vulnerable Populations from Social Media and Online Harms

This position statement aims to protect vulnerable populations and their personal information from predatory algorithms and deceptive content on on-line platforms. It calls for federal oversight of security and privacy standards to be established. It also calls for research to study:

- 1) the impact of social media on physical, social, emotional, and population health;
- 2) the differences between passive versus active consumption of social media; and
- 3) mental health messaging facilitated by these platforms. Platforms must implement reasonable content standards and engage in transparent self-policing efforts to prevent the proliferation of harmful content such as self-harm, encouraging addiction-like behaviors, predatory algorithms and/or deceptive on-line content, and promotion of marketing of unlawful products or services.

## **4.B.7. Revised** Position Statement on Assessing the Risk for Violence

This position was due for a 5-year review and was amended to conform to the new position statement template (issue and background sections were added). The last sentence of the position statement—"When deciding whether a patient is in need of intervention to prevent harm to others, psychiatrists should consider both the presence of recognized risk factors and past precipitants of violence for the patient being evaluated"—was removed from the position statement because it resembles practice guidelines more so than a position, and thus did not comply with the position statement format.

## **4.B.8. Proposed** Position Statement: Addressing Discriminatory Policies That Prevent Access to Housing and Employment

This position statement urges the repeal of laws that prevent access to housing or employment for people with mental disorders. It also supports laws and policies that provide robust protection for people with mental disorders to access housing and employment.

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#### **4.B.9. Proposed Position Statement: Regulatory Oversight of Data, Apps, and Novel Technologies in Mental Health**

This position statement asserts that data privacy and patient protection frameworks need to be updated frequently to protect patients' on-line mental health data. Platforms need to be held to HIPAA standards if they collect health data or they need to clearly state in simple language that the consumer should not expect privacy while using the app. Finally, it demands that treatment-focused apps should be held to evidence-based care standards and can be complementary to mental health care but not in place of a licensed clinician.

*The following Position Statements were approved by the Assembly: (by vote after discussion)*

#### **4.B.6 Proposed Position Statement on Studying the Decriminalization of Illicit Substance Possession and Use**

There is growing interest in policies to decriminalize illicit substance possession and use. As such, the APA believes that changes in criminalization policy should occur incrementally with a careful ongoing study of each step's benefits and costs to enable evidence-based decisions about a further extension to other substances and jurisdictions. Where adopted, decriminalization should be complemented by increased implementation of evidence-based prevention and treatment of substance use disorders, including expanded access to treatment, harm reduction, and other health and social support services. In addition, governments should invest in education, housing, and vocational programs, with a specific focus on serving communities that have experienced disproportionate harm within the current system of criminal sanctions and penalties. In lieu of criminal penalties, states might sensibly consider civil interventions including referral for treatment.

*Action Papers approved during this meeting included: (by consent)*

#### **12B – Interference with Psychiatry Resident, Physician-in-Training**

This action paper called on the APA to create a Position Statement in the service of patients and the field of Psychiatry concerning the training of Psychiatry residents and non-physician practitioners. The position statement should also clarify the appropriate relationships for interdisciplinary education, recognizing and emphasizing only physician-led, team-based collaborative care models with education for non-physician practitioners. Finally, the action paper called on the APA to work with the AMA, ACGME, AAEM, AAD, and other medical societies to preserve the training of physicians as the head of collaborative care models, make physician education the priority in any combined post-graduate interprofessional education, and work to assess and ensure in such settings where non-physician trainees are integrated into the program their inclusion does not diminish the institutional expectations of the role of the physician expert.

#### **12C – Exemption to the Crack House Statute (21 U.S.C. S856) for Overdose Prevention Centers**

This action paper asserts that the APA should support the development of overdose prevention centers as a harm reduction strategy to reduce overdose deaths in the US. It asked that the Council on Advocacy and Government Relations seek federal legislation or regulation to provide exemptions to 21 U.S.C. S856 for Overdose Prevention Centers. It calls on the APA to share educational information on the benefits of Overdose Prevention Centers with members of the US House of Representatives and the US Senate and that this resolution should be referred to the AMA HOD for adoption and partnership in advocacy nationally.

#### **12F – Expanding Post-Graduate Opportunities for Unmatched Psychiatry Residency Applicants**

This action paper asked that the APA expand its web page of residency/fellowship vacancies to host, and continually update, opportunities for paid/unpaid research, clinical rotations or observerships, or other clinical work. It also called on APA to partner with other organizations (such as AADPRT and ADMSEP) to help update the web page.

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### **12I – Dismantling Racist Policies in Black Mental Health: APA to Repudiate the Moynihan Report**

This action paper calls on the Board of Trustees of the American Psychiatric Association will issue a position statement on the APA website as well as publications in the editorials of the American Journal of Psychiatry and Psychiatric News that:

1. acknowledges the fallacies of the Moynihan Report and its multigenerational negative impact on Black mental health,
2. repudiates all misguided psychotherapeutic theory and practices based upon it, primarily the fallacy of “tangle of pathologies” as being direct consequences of dysfunctional family structure.
3. that the APA consider drafting a Position Statement on this topic.

### **12M – Making the Nomination and Election Process Fair for Petition Nominees for APA**

Some APA members feel that the process for petition nominees is costly and time-consuming. The current process involves obtaining 400 signatures for petitions for APA nominations. The timing, number of signatures, and ways of obtaining signatures need to be re-evaluated to be simpler and give sufficient time to candidates who pursue the petition process to reach the membership. This action paper called on the APA to evaluate the nominating and election rules and procedures for petition nominations for various APA officer positions to make them more in line with the pronounced goals of The Equity of Access and Economic Principle, The Fairness Principle, The Collegiality Principle, and The Membership Engagement Principle. It also called on the APA to submit a report on its evaluation for a review by the Assembly at the May 2024 meeting.

### **12N – Furthering our APA’s Initiative on the Collaborative Care Model**

There are significant problems with the implementation of collaborative care driven by payment contracts and fee schedules that can make collaborative care difficult to implement even though

the model is a good solution for the shortage of mental health care at present. This action paper calls on the Assembly leadership to convene a meeting with Assembly Representatives and DB Presidents in each of the State DBs that have not passed APA’s State Collaborative Care Model legislation to encourage them to aggressively pursue enactment in their States. It also asserts that APA Administration makes available CoCM materials for advocacy and practice on the APA members-only area of the website, including advocacy talking points, lessons learned in states, contracts for psychiatric consultants, and reimbursement mechanisms.

### *Action Papers approved during this meeting included: (by vote after discussion)*

### **12A – Incorporation of Medications for the Treatment of Opioid Use Disorder by Opioid Treatment Programs into Controlled Substance Databases**

This action paper asked that the APA develop a position statement for the inclusion of Methadone or any other controlled substance dispensed from an Opioid Treatment Program be included in controlled substance databases. It also asks that the APA encourage SAMHSA to amend § 2.36 of 42 CFR Part 2 to require (not just allow) reporting of any controlled substance medication dispensed or administered to a patient by an OTP to the applicable state prescription drug monitoring program if allowed or required by applicable state law. Further, this disclosure would not require patient consent.

### **12J – Improving the Public and Healthcare Professionals’ Perceptions of Psychiatry and Psychiatrists**

This action paper states that:

1. The APA shall embark upon the creation of a comprehensive and strategic public relations campaign with both short and long-term strategies that improve the public and healthcare professionals; perception and understanding of psychiatry and psychiatrists.

*Continued on page 13...*

*...continued from page 12.*

2. To this effort, and in coordination with the APA Council on Communications, the APA shall identify and utilize an outside public relations firm to assist in developing this campaign, with the following specific considerations:

- \* Informing the public about the more rigorous training and greater capabilities of psychiatrists compared to other disciplines that treat psychiatric disorders
- \* Dispelling the false equivalency of psychiatrists with advanced practice nurses, prescribing psychologists, and other disciplines that seek to expand their scope of practice to be equal to that of psychiatrists
- \* Targeting the general public, government officials, and healthcare industry leaders with messages specific to their relationship with the profession of psychiatry
- \* Effectively leveraging and integrating the current efforts within the APA, including the Council on Communications and Public Relations Department, to support these aims
- \* Including methods to assess the effectiveness of such strategies.

3. The Assembly reviews the strategies and recommendations from the public relations consulting firm at its 2024 spring meeting.

4. The Assembly receives yearly reports on the progress of this campaign.

## **12L – Text Communication to Improve APA National Election Participation**

This action paper asks that:

- In addition to its other communications (email and mail announcements), the APA should pilot a text-to-vote in cooperation with the district branches, to send texts to APA members during the four weeks prior to the APA National Officer Elections;
- The opt-in to receive texts to vote in the national

APA officer election should be added to the annual membership renewal process, the annual meeting registration as well as other membership communication opportunities;

- The texts or messaging should be limited during the four weeks prior to the election, have a conversational style, include a link to vote in the APA National Election, and not exceed more than seven reminders;
- That the APA and the Council on Communication re-evaluate this program after two election cycles to see if the percentage of voters in the national election improves;
- In a separate action, the Assembly voted to approve that this Action Paper be sent directly to the APA Board of Trustees so that they may approve sufficient funding, at their next meeting, to allow the pilot to be organized by the Council on Communications in time for the 2024 APA National Officer Elections.

*Action Paper approved during this meeting as a part of Old Business: (by vote after discussion)*

## **2023A1 13.A (previously 2021 A2 12L) – Addressing Structural Racism in the APA: Replacing Minority and Underrepresented (MUR) Terminology (re-titled)**

This action paper asks that the APA, through the ongoing efforts of the Structural Racism Accountability Committee (SRAC), collaborate with the Council on Minority Mental Health and Health Disparities, the MUR Committee, and its representative caucuses over the next six months, but before the next Assembly meeting, to identify a replacement for the M/UR term, which is a historically informed and culturally progressive term that has been identified as inclusive and representative of the diverse history, experience, and membership of the Individuals in the groups.



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