

ASK THE APA CANDIDATES ...

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What is your number one priority, and how would you work towards achieving that?

Psychiatry has two major goals to reach in the near future. We need more scientific advances and we need to improve access. The first goal is to achieve more evidence-based science for diagnosis and treatment in order to maintain our professional standards. This will give our patients access to more targeted and reliable therapies as well as new tools for prevention of mental illness.

The second goal that psychiatry must reach is to improve access to quality treatments. I believe that integration of psychiatric services into general medical care is helping. But further, the APA will be able to reduce stigma by mainstreaming psychiatry into other sectors such as early education, academia, the community, government and the media. Easier access to care will improve the outcome of both mental and physical health.

What is your position on affiliate membership for non-physicians? How will you advocate for your position within this organization?

APA leadership has had several years of discussions at the Board of Trustees. We have tried to come up with something that was palatable, in the end, because scope of practice is an issue. Leadership has not been supportive of having non-MDs be part of our profession. There is the possibility of conflict in advocacy issues. Member feedback on NPs and others predict a negative impact scope of practice. The Board looked at other specialties. The issue within family medicine may be more impactful than with other specialties.

APA should not further explore the establishment of an affiliate member category. There may be more openness to an affiliate membership category for non-psychiatrist physicians. APA should further explore the possibility of an "Educational Subscriber" category. Further exploration may include discussions with non-psychiatrist MH provider associations (e.g., NASW, National Association of Psychiatric Nurses) through a consortium convened. Consideration of broader polling of general members to assess the potential loss of members caused by creating any opportunities for non-psychiatrist practitioners to enhance their linkage to APA. APA should further explore appropriate and effective avenues for coordinating care and addressing the crisis in access to care, in collaboration with our colleagues.

From a member services perspective, what would you do to meet the professional needs of psychiatrists throughout their career from training to retirement?

By every metric, burnout is a pressing issue in psychiatry. This is particularly important because it impacts patient care as well as the psychiatrist. Such factors as student loan debt, mortgages, child or elder care, patient schedules, insurance demands, electronic health records, reimbursement, career development and end of career retirement are just some of the issues that psychiatrists struggle with. The APA can offer a community of resources to help with these issues that lead to stress, burnout, and physician impairment. There are contextual elements that contribute to dissatisfaction, including the electronic health record and the challenges of balancing professional and personal demands. Wellbeing of psychiatrists must be a priority of the APA.

Thus far mentorship has been an informal program. As President I would institutionalize mentorship so that no one psychiatrist in any part of their career feels alone. The APA should represent a resource and a professional community for all its members. Being a psychiatrist should be a proud identity. A mentor,

or several mentors, can give advice on professional advancement and support creative ideas. As more mentees feel successful with such a program they can be asked to give back and become the mentors of the future.