

# ASK THE APA CANDIDATES ...

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**David C. Henderson, M.D.**

Candidate for President Elect

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

While every society has a responsibility to care for those most vulnerable, few have the capacity to do so. The APA can play a major role in accelerating access to care with APA psychiatrists leading these efforts and multidiscipline teams. My priority is to accelerate access to quality care in the US and globally, across generations, populations, and regions for underserved populations such as children and adolescents, underrepresented ethnic populations, and seriously mentally ill, who are at greatest risk and substantial psychiatric and medical morbidity and mortality. I would leverage the APA resources, tools and programs, and foster partnerships and collaborations to accelerate capacity building in care, research, and training. In most health systems, psychiatrists receive the least amount of support compared to other physician disciplines. I would advocate, at the local and national level, for true mental health parity and a public mental health strategy.

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

I first need to understand why now and what is the purpose of starting affiliate membership. is this a solution to financial challenges? The APA is a physician organization and should remain as such. I do not believe the American Medical Association has non-physician memberships. There are numerous professional organizations supporting other mental health professions. The risk affiliate membership for non-physicians would further diminish psychiatrists' roles and leadership in mental health in the US and could significantly change the agenda for the APA. Psychiatrists have unique challenges and issues and the APA provides leadership and guidance for the profession. I would strongly advocate at all levels of the APA including the Board and district branches.

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

The APA offers strong career development programs for medical students, residents, and early career psychiatrists and I have participated in many as a mentor. Other programs exist for mid-career on, but are not as robust. I would strengthen the education and research programs for not only medical students, residents, and early career psychiatrists, but also mid-and late-career psychiatrists. As the mental health landscape is rapidly changing, the APA play a major role continuous learning and in preparing psychiatrists at all stages to be leaders in mental health systems, financial management in private practice, and to lead multidiscipline teams. Finally, the APA can play a major role in the successful transition to retirement.

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## **Vivian B. Pender, M.D.**

Candidate for President-Elect

### **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.

# ASK THE APA CANDIDATES ...

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**Ann Marie T. Sullivan, M.D.**

Candidate for Treasurer

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

As Treasurer of the APA my first priority is to keep the APA financially sound now and in the future.

My experience as Chair of the APA Finance and Budget Committee, Speaker of the Assembly and in running large mental health systems, including hospitals and a state mental health agency, equips me well for that task.

My number one policy priority is access to care for all our patients. As a public sector Psychiatrist I am well aware that access to care is not possible without enforcing parity in access and payment, decreasing disparities in our systems of care, expanding our psychiatrist workforce, ending the discrimination against individuals with mental illness and preventing our patients from living in jails and prisons. And finally real access to care also means access to prevention and early intervention.

I will be honored to be part of an APA leadership team fighting for these goals!

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

APA is a member organization and any change in membership should be decided by our members.

I will advocate for a survey to all our members on possible affiliate membership categories including other physician members such as primary care and family physicians, as well as non-physician members, and in the survey outline various scenarios and their pros and cons.

The responses and level of interest in any affiliate membership category would inform next steps.

As leaders, it is sometimes important to check directly with our membership on significant actions that affect their association.

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

Throughout our professional lives the APA needs to continue to provide and enhance the educational benefits that enable us all to be well informed and effective psychiatrists. More rapidly producing and regularly updating critical practice guidelines, and the grant for the SMI Advisor to inform up to date treatment for individuals living with serious mental illness are just two examples of this important work.

But in addition, we also value collegial interactions and supports that both expand our knowledge and our social connectedness to fellow psychiatrists. I will work to expand creative ways that APA could use modern technology to bring members together for various experiences such as peer supervision groups, interest groups based on stage of career or practice interest, current thought and social trends or just to enjoy fellow members with mutual likes and activities.

Over the years I have greatly enjoyed the networking with colleagues through my district branch and leadership positions in the APA. With today's technology we can greatly expand that important collegial experience for members!

# ASK THE APA CANDIDATES ...

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## **Richard F. Summers, M.D.**

Candidate for Treasurer

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

If elected treasurer, my first priority would be the fiscal health of the APA. The last few years have brought increases in our assets and the impending purchase of the new building space at 800 Maine Ave. in the District of Columbia at a pre-negotiated price has already turned out to be a very good investment.

The long-term health of the organization will depend on carefully reviewing all of the operations of the APA to make sure that we are lean and efficient. This is always an imperative for APA, but especially now that we have committed to important projects like updating practice guidelines, creating a national registry, and supporting Safe Prescribing in a variety of state fights, we need to make sure we maintain fiscal discipline and plan for the future.

The Treasurer's job is to make sure the money follows the mission of the APA and that all of the major constituencies in the organization – members, Councils, Assembly, Caucuses, Board – have effective and meaningful input into the priority-setting process.

We live in an uncertain world and we must maintain our financial strength for a rainy day.

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

I do not believe that APA is ready for an affiliate membership category, although interprofessional collaboration is critical in the care of our patients, especially those with severe and persistent mental illness. Most other medical membership organizations have such a category, but in mental health care the combination of stigma, competition and economic pressure have made it very difficult for psychiatrists in some settings to maintain their unique role in care delivery.

As a field, we are torn between the critical need to clarify the role of the psychiatrist as the most highly trained mental health professional, and our wish to collaborate with well-trained and effective colleagues. This is playing out in very difficult ways for psychiatrists in many settings.

We need to figure out how to increase the pipeline of psychiatrists. If there were more of us, there would be less pressure on health care organizations to find alternatives to hiring us. Medical school enrollment has increased over 30% in recent years, while resident spots have only increased 10-15%, and I am advocating for us to work on finding creative solutions to this bottleneck in training and increase the number of psychiatrists in America.

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

The single biggest threat to the professional lives of psychiatrists at this point in time is burnout and problems associated with it. The APA Committee on Psychiatrist Wellbeing and Burnout, which I've chaired over the past three years, surveyed membership and found that 78% of members self-report some burnout and 18% of members rate themselves as having moderate to severe depressive symptoms.

These stunning figures are generally consistent with findings in other specialties, although we may be at somewhat less risk than our colleagues in other fields.

Burnout reflects a physician's experience of the workplace and is a response to workflow and other dysfunctional aspects of the work setting; it is a systemic problem, not an individual one.

Although APA members require many things to support their professional activity – advocacy, education, support, community, member benefits -- I believe that intervening on burnout could be the most important. This means studying and identifying burnout, creating materials to support advocacy with health system leaders, collaborating with other organizations on national initiatives about physician burnout, and creating tools for members to address burnout in their workplaces (please see [psychiatry.org/wellbeing](http://psychiatry.org/wellbeing) for resources about burnout).

# ASK THE APA CANDIDATES ...

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**Frank Clark, M.D.**

Candidate for Trustee-at-Large

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

My number one priority if elected as Trustee at Large would revolve around creating a program to help improve recruitment and retention as it relates to our membership. I would propose developing an APA Membership Ambassador program. The purpose of this program would be to highlight the diverse faces of our organization (general members residents, fellows, and medical students) leading the charge toward mental health equity. Ambassadors are essential to the longevity of our organization and can help promote our brand. I would survey our members to gather their interests in this program. If there were an overwhelming positive response, then the next steps would be to engage various stakeholders in our organization (i.e. marketing and communications). Additionally, I would collaborate with other organizations who have implemented a program similar to the one I am proposing. We could develop proof points for our organization pertaining to “Why should I join the APA?” Furthermore, I believe having ambassadors provide video testimonials as to why they joined the APA and the benefits of such would be impactful in recruitment and retention. I would also advocate that members of our board of trustees consider providing video testimonials for visibility.

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

The topic of affiliate membership for non-physicians has been discussed in recent years within our organization. I will disclose that I am married to a psychiatric/mental health nurse practitioner. Therefore, I do realize that could affect my optics of the situation. The benefits of an affiliate category of membership for colleagues such as PA's, NP's, and non-psychiatrist physicians, would include the following: potential increase in revenue for the organization and collaboration between specialties. However, I do recognize the potential consequences of establishing such a category. We as an organization could experience an identity crisis should we allow this membership category to be offered. If elected as Trustee at Large, I would want to survey our members to gather their thoughts on such a controversial topic before adopting a definitive position on this issue. I also believe that if an associate membership category were adopted, there needs to be restrictions in regards to voting rights and officer positions.

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

Our members must be equipped with the tools/resources in order to provide optimal care for patients. Our APA has a vast amount of resources (i.e. FOCUS, member course of month, and podcasts) to promote lifelong learning for members throughout their life cycle. We must develop innovative ways to engage members who have various diversity dimensions. If elected as Trustee at Large, I would implement initiatives for our members focusing on the concept of flourishing as a psychiatrist. These programs would evaluate several competencies as a way to measure emotional fulfillment, professionalism, and interpersonal skills.

# ASK THE APA CANDIDATES ...

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## **Mark Komrad, M.D.**

Candidate for Trustee-at-Large

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

Serving the APA for 12 years on the Ethics Committee and the Assembly has acquainted me with significant concerns about scope-of-practice issues. Other mental health professionals with a fraction of our education and training are treating psychiatric patients without adequate breadth and depth of medical knowledge. As a seasoned clinician, I have personally seen significant misadventures as a result. I have helped craft and push for action papers and position statements on this issue in the Assembly — to use our collective strength to fight the fiction that we are replaceable by mid-level “providers” and psychologists. In my connections on social media with hundreds of psychiatrists who do not belong to the APA, I’ve learned that our organization’s inadequate accomplishments on this issue is the foremost reason they have not joined. I have extensive experience with mainstream media (including host of a radio talk show about psychiatry that broadcast to over 43 million listeners) and social media. These give me the connections and tools to help the APA better use the media to educate the public about the training and experience of psychiatrists and what constitutes appropriate and safe collaborative relationships with mid-level practitioners.

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

I strongly oppose affiliate membership for non-physicians. I consider the APA not just a professional organization, but a covenantal community that guards and champions the special space of skill and values of physicianship in general, and psychiatry in particular. As a medical ethicist, I am acquainted with the venerable history of our profession and the values we have been “pro-fessing” and developing for over two millennia. Serving on the Ethics Committee for 6 years, I have worked with the APA Code of Ethics, which roots the APA in the groundwork of the AMA’s Code of Ethics for Physicians. There, I learned how our profession has unique aspects meriting our organization’s confining its boundary to physicians. Moreover, the perilous encroachment of other unsupervised mental health professionals into clinical activities for which they are inadequately trained, only adds to society’s confusion in discerning boundaries between us and non-physician practitioners. Affiliate membership will stoke that confusion. It would also dilute the clarity of APA’s advocacy efforts for psychiatrists. As a Board member, I would strongly advocate to the other APA leaders, publish pieces in member newsletters and professional tabloids, and inspire Assembly actions to retain the APA’s physician-only status quo.

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

I have a special interest in ethics and professionalism. I have lectured on ethics to DB’s and academic departments throughout the country, often including a teaching rounds on ethics and professionalism with the residents of these departments. Developing a sense of the fundamental ethos of medicine and psychiatry and learning how to systematically think through dilemmas — both have value that will percolate into a wide variety of professional needs throughout our careers. Besides the daily conundrums of individual patient care, larger questions will confront us as psychiatrists, E.g: effects of climate change on populations, immigration, gun violence, limitations on conscientious objection in healthcare, and growing legalization of assisted suicide (that will eventually touch our psychiatric patients). I would work to make training in ethics and professionalism more accessible to members, starting in residency, as well



as at the annual meetings. An ethics section is needed on the APA's online [Members' Learning Center](#). The APA Ethics Committee is an underutilized resource; its availability to answer questions and provide consultation needs more advertising to members. Open forums at the annual meeting to ask questions of senior and retired psychiatrists would be of great value, drawing upon their lifetime of experiences as seasoned professionals.

# ASK THE APA CANDIDATES ...

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## **Michele Reid, M.D.**

Candidate for Trustee-at-Large

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

My number one priority is Passage of the Excellence in Mental Health and Addiction Treatment Expansion Act which will allow for the creation of additional fully funded Certified Community Behavioral Health Clinics across the nation. With increased access to mental health services and addiction treatment, we will be able to serve more of those in SAMSHA identified underserved populations including Veterans, the LGBTQ community and Native Americans. I will advocate APA resources be dedicated to passing this legislation and members be involved with their legislators advocating for this important issue.

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

The APA is, first and foremost, an organization of physicians; therefore, I do not support affiliate membership for non-physicians. During the assembly deliberations on this topic, I have not supported expansion of membership to non-physicians and would continue to do so on the Board of Trustees.

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

We must continue to vigorously advocate for expanded funding for APA Fellowships. These fellowships provide mentorship and leadership skills for psychiatric residents and fellows who will be the next generation of leadership in our field. The invaluable experience of a 2-year APA NIMH Minority Fellowship changed the trajectory of my early career. This past year, funding for this program was in danger of being eliminated. Thru APA advocacy, funding was restored and expanded. Additionally, advocacy for simplified and expanded loan repayment is imperative, especially for psychiatrists working with underserved populations.

For later stage professionals, the APA must engage the membership and District Branches in more directed ways. The APA must collaborate with members to ascertain and address their needs. The APA can be an important partner efficiently providing psychiatrists with tools and information to address new issues and technologies and improve patient outcomes.

The APA must work to resolve the ongoing pain of Maintenance of Certification for members by continued advocacy to simplify the process and reduce costs.

Additionally, the APA must be mindful of the need of District Branches and members to have timely and actionable policy, clinical and practice information which can be quickly absorbed and implemented.