

REPORT OF THE PRESIDENTIAL TASK FORCE TO ADDRESS STRUCTURAL RACISM THROUGHOUT PSYCHIATRY

Executive Summary and Requested Actions for Consideration by the Board of Trustees

Executive Summary:

Since its last report to the Board of Trustees, the Task Force held its fourth Town Hall titled *APA Addresses Structural Racism, Part Four: Structural Racism & Psychiatric Residency Training: Recruitment, Retention, and Development*, which examined how structural racism affects diversity in the psychiatric workforce. The final number of registrants was 828, which was the highest of any Town Hall. Additionally, the Task Force is working on a number of new projects. These include working with the Committee on Well-being and Burnout to increase participation in the APA Well-being Self-Assessment 2.0, creating a short film that describes the importance of HBCUs in medical and psychiatric workforce development, and collaborating with the American Indian/Alaska Native/Native Hawaiian Caucus to explore the impact of structural racism on Indigenous Peoples. The Task Force continues to engage with APA membership through a variety of mechanisms and is planning to hold a listening session to engage directly with interested members in March 2021.

Additionally, the Workgroup on Components Review was charged with reviewing APA's component structure, demographics, nomination and election processes to evaluate and make recommendations to improve diversity, equity, and inclusion throughout the process to ensure that APA components reflect the diversity of APA's membership and patient groups. The workgroup has identified [six](#) recommended actions for the Board of Trustees' consideration that are pasted below. The workgroup's full report can be read in Appendix C of the Task Force's full report.

Requested Actions for Consideration by the Board of Trustees:

Action 1: Will the Board of Trustees vote to approve the requirement that in addition to geographic diversity, type of practice diversity, and diversity in relevant content expertise, each standing committee, task force, work group, councils and committees, shall attempt to [have representation of M/UR Groups \(as defined by the Assembly Procedural Code\)](#) among its membership that at least reflect the known demographics of APA membership?

Action 2: Will the Board of Trustees vote to approve the requirement that any Bylaws changes be reviewed to ensure that the change will not adversely impact the inclusion of M/UR [Groups \(as defined by the Assembly Procedural Code\)](#) members among Component membership?

Action 3: Will the Board of Trustees vote to enhance the nomination process of component appointments to include:

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- a. That in order to attain optimal transparency, the APA will broadly disseminate through media at its disposal, details of the rationale and chronology for the process of Component appointment. The 2020-2021 Component Appointment Timeline is an appropriately illuminating example in this regard.
 - b. That the APA request that all nominees, appointees, Chairs, and current members of components self-disclose all requested demographic information (**number of years in psychiatry**, race, ethnicity, **gender** etc.), with the explanation that such data enables the APA to evaluate its important commitment to diversity. These anonymous data will be available on the APA website by means of a report made every three years to track progress over time.

Action 4: Will the Board of Trustees vote to mandate the APA to widely disseminate information and solicit nominations for Component membership, including annual reminders to District Branch Executive Directors and Presidents?

Action 5: Will the Board of Trustees vote to approve language in the APA Participation Policy stating that each Component member must ensure that the work of their Component takes into account principles of diversity, inclusion and antiracism?

Action 6: Will the Board of Trustees vote to approve the following total term limits:

- a. Members of Bylaws, Elections, and Ethics Committees: up to two 3-year terms
- b. Chairpersons of Bylaws, Elections, and Ethics Committees: up to four 1-year terms
- c. Members of Committee and Councils– up to two 3-year terms (**inclusive of time served as Chairperson if applicable**)
- d. Council Chairpersons – up to two 2-year terms
- e. Committee Chairs – up to five 1-year terms.
- f. Waivers to these term limits must be rare and justified after recommendation by the Chair of the component and the President-elect and approved by majority vote of the Board of Trustees

FINAL REPORT OF THE PRESIDENTIAL TASK FORCE TO ADDRESS STRUCTURAL RACISM THROUGHOUT PSYCHIATRY

President Jeffrey Geller, MD, MPH formed the Presidential Task Force on Structural Racism Throughout Psychiatry (Task Force) in June of 2020. The Task Force is pleased to present this final report of its activities since its inception to the Board of Trustees.

Composition of the Task Force:

The members of the Task Force submitting this report are –

Cheryl Wills, MD, DFAPA, Chairperson
Renée Binder, MD, DLFAPA
Frank Clark, MD, FPA
Charles Dike, FRCPsych, MBChB, MPH
Mary Jo Fitz-Gerald, MD, MBA., DLFAPA
Danielle Hairston, MD
Hunter L. McQuiston, MD, DLFAPA
Michele Reid, MD, DLFAPA
Steven Starks, MD, FAPA
Richard F. Summers, MD, DLFAPA
Sanya Virani, MD, MPH

Charge of the Task Force:

Focusing on organized psychiatry, psychiatrists, psychiatric trainees, psychiatric patients, and others who work to serve psychiatric patients, the Task Force is initially charged with:

1. Providing education and resources on APA's and psychiatry's history regarding structural racism.
2. Explaining the current impact of structural racism on the mental health of our patients and colleagues.
3. Developing achievable and actionable recommendations for change to eliminate structural racism in the APA and psychiatry now and in the future.
4. Providing reports with specific recommendations for achievable actions to the APA Board of Trustees at each of its meetings through May 2021; and
5. Monitoring the implementation of tasks 1-4.

The Task Force will initially focus on anti-Black racism.

Surveys:

In order to engage the membership in the Task Force's work and to ascertain what issues the membership believes to be most important, the Task Force conducted three "mini-surveys" to seek quick input from members and non-members on certain topics. The surveys were distributed through Psych News alerts, APA list serves, APA social media, and we asked recipients to share it in their networks. Through APA list serves, the surveys reached approximately 18,000 people.

Survey No. 1 asked the question “What are the top three areas the Task Force should focus on to address the impact of structural racism on our patients?” The top three responses were 1) access to health care; 2) diversity of the profession; and 3) experiences of racism. An in-depth summary of the survey is available here: [Initial Task Force Survey Results](#). There were 485 respondents.

Survey No. 2 asked the question: “What are the top three ways that institutional racism is reflected in APA as an organization?” The top three responses were 1) leadership is not diverse enough; 2) none—no institutional racism in APA; and 3) other—disparate answers that did not fit in other categories. An in-depth summary of the survey is available here: [Second Task Force Survey Results](#). There were 731 respondents.

Survey No. 3 consisted of eight questions and focused on how structural racism impacts everyday psychiatric practice. Most respondents said they had witnessed structural racism, and that it had an impact on them or their teams, but even more so they noted the impact of structural racism on their patients. Specifically, 72% said that “Providers may unknowingly provide disparate care (e.g., who gets certain medications or psychotherapy) to patients based on the patient’s racial or ethnic group,” and of those who’d witnessed structural racism in practice, 50% said it had a major or severe impact on their patients. A more in-depth summary, including age and race/ethnic demographics of respondents, is available here: [Third Task Force Survey Results](#). There were 566 respondents.

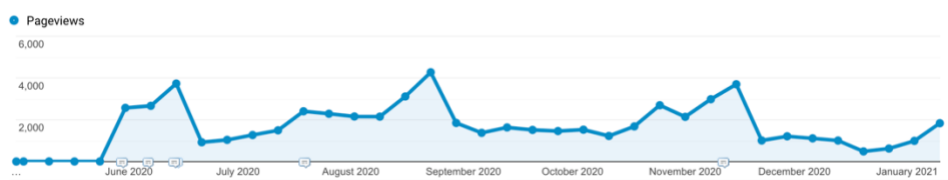
Engagement of APA Membership:

Task Force members met with APA’s membership in a variety of forums to share information about the Task Force and its work. Members’ input is welcomed via email to SRTaskforce@psych.org. In addition to the mini surveys, the Task Force has sought to inform and engage the APA membership by publishing information about the Task Force’s charge and membership on the APA webpage. Dr. Geller and Dr. Wills answered questions about the Task Force, including its composition and goals, which were published in the form of a Psychiatric News article on July 30, 2020. Dr. Wills met with APA councils, components, and committees to discuss the Task Force and its work. There has been informal and formal feedback from the membership via numerous phone calls and presentations to Areas and District Branches across the country by the Task Force members (e.g., presentations to Area 4, Kentucky Psychiatric Association, Utah Psychiatric Association, Psychiatric Society of Virginia, and Michigan Psychiatric Society). There was a Louisiana Psychiatric Medical Association presentation about the Task Force in its newsletter, and an appointee to the Academy of Consultation-Liaison Psychiatry’s Diversity, Equity, and Inclusion Presidential Task Force. The Task Force is planning to hold a listening session to engage directly with interested members in March 2021. The Task Force expanded its reach by including members in many of the work groups. Members who have participated in these workgroups are identified on Appendix A of this report.

Task Force Web Section:

The psychiatry.org/TaskForce site continues to be updated with relevant information, including District Branches and Assembly Actions and activities undertaken by APA’s Councils and other components. Details about the Task Force’s charge, membership, surveys, town halls and news are located here, along with a continuously updated list of resources including webinars, CME, relevant APA press releases, blogs, letters, books, position statements, journal articles and Psychiatric News articles, and other media about structural racism.

**Task Force, Town Hall & Structural Racism News Items
Page Views by Week, May 14, 2020 – January 14, 2021**



Traffic to psychiatry.org pages about the Task Force, town halls and structural racism news and blog items has seen over 178,377 page views since mid-May 2020, with spikes in traffic centered around town hall & survey promotion, and in particular, APA’s news release in January: “APA's Apology to Black, Indigenous and People of Color for Its Support of Structural Racism in Psychiatry.” District Branches report that they are using APA’s webpage to engage members in education about racism. The apology news release alone garnered 63,519 page views the week of January 17, 2021.

Meetings and Reports of Workgroups:

The Task Force has conducted much of its work through workgroups as described below. The full Task Force has met at least once every month but oftentimes weekly or biweekly, and the workgroups have, on average, met once a week to complete their tasks. Each active workgroup provides an update to the full Task Force each meeting.

The Workgroup on Definitions was charged with establishing a common vocabulary for APA to use to understand racism. The workgroup has created a glossary of commonly used terms needed to understand racism and its complexity, with the goal of giving members a common vocabulary to use in discussions. The complete glossary can be viewed [here](#).

The Workgroup on Assembly Review was charged with reviewing APA’s Assembly structure, demographics, nomination, and election processes to evaluate and make recommendations to improve diversity, equity, and inclusion throughout the processes to ensure that APA components reflect the diversity of APA’s membership and patient groups. The following six recommendations submitted by the Task Force have been approved by APA’s Board of Trustees and the Assembly Executive Committee:

- 1) The Board of Trustees voted to approve that a list of Black APA/APAF Fellows be reported to the District Branches to encourage involvement in leadership of the District Branches and also for consideration as APA Assembly Representatives.
 - a. In January 2021, the Task Force sent the President and Executive Director of each District Branch a list of all past APA/APAF Fellows who are current members of that Branch and requested that the District Branch consider these psychiatrists in candidate pools for leadership positions within the District Branch and within the Assembly, with the aim of developing new leaders and leaders from minority or underrepresented groups. The vast majority of the Fellows did not give permission for APA to share their race/ethnicity information with other members, so that data was not sent, but the

memo explicitly reminded each District Branch that such information may be available to them directly through the DB Window.

- 2) The Board of Trustees voted to recommend to the Assembly Executive Committee that the Assembly establish a mentor/sponsor program from senior Assembly leaders for Black psychiatrists.
- 3) The Board of Trustees voted to recommend to the Assembly Executive Committee that the Assembly orientation include a presentation about advancement in the Assembly and the assignment of a mentor/sponsor.
- 4) The Board of Trustees voted to recommend to the Assembly Executive Committee that the Assembly Nominating Committee be given instructions about the importance of nominating a diverse pool of nominees.
- 5) The Board of Trustees voted to recommend to the Assembly Executive Committee that the Assembly include the M/UR Caucuses and the MUR Committee of the Assembly in the Assembly nomination process by having them submit nominations directly to the Assembly Nominating Committee.
- 6) The Board of Trustees voted to recommend to the Assembly Executive Committee that the Assembly leadership identify "Equity Advisors" to advise the Assembly on all aspects related to diversity and equity.

The Board of Trustees voted to recommend to the Assembly Executive Committee that the Assembly adopt consistent term limits for all Assembly Area Representatives and Assembly Area Deputy Representatives. The AEC Work Group on Consistent Term Limits discussed the recommendation and concluded that a change is not required as the current term limit of the Area Representative and Area Deputy Representative is as follows:

Area Representatives and Deputy Area Representatives shall serve a period of two years and may be re-elected for another two years. After two terms as Deputy Area Representative and two terms as Area Representative (in any order, making no more than 8 uninterrupted years in these offices) a period of two years must elapse before election to either office is permissible. The amount of time served in fulfilling another person's unexpired term of office shall not count as part of this 8-year limit.

All seven Areas were polled to confirm if they are following the procedure and they have all confirmed the term limits are consistent. Therefore, Area Representatives and Deputy Representatives serve a maximum of four years in each respective position. The recommendation from the Task Force would increase the maximum to six years in each position. The Work Group concluded there should be a stronger focus on encouraging diversity in Assembly members who run for both Area leadership as well as Assembly leadership. Therefore, the Work Group recommended that it maintain the current term limits for Area Representative and Deputy Representative.

The Workgroup on Board Review was charged with reviewing APA's Board structure, demographics, nomination, and election processes to evaluate and make recommendations to improve diversity, equity, and inclusion throughout the process to ensure that APA components reflect the diversity of APA's membership and patient groups. The following five recommendations submitted by the Task Force have been approved by APA's Board of Trustees:

- 1) The Board of Trustees voted to approve the development of a formal sponsorship program for URM psychiatrists under the aegis of the APA Division of Diversity and Health Equity (DDHE)

including sponsors who are members of the BOT, Assembly leaders, Council Chairs and other component leaders.

- a. DDHE and the Fellowship Program developed a formal sponsorship/mentorship program that will be implemented with the incoming Fellows in 2021. If successful there, APA will expand it to all URM fellows.
- 2) The Board of Trustees voted to require the Nominating Committee to formally reach out annually to all Council Chairs, Assembly Leadership and District Branch Leaders to solicit suggestions for URM psychiatrists appropriate for nominations for national office.
- 3) The Board of Trustees voted to require the Nominating Committee to create a database that will be used annually to track the pool of potential URM nominees for national office that includes individuals suggested in prior years, new recommendations, and those who recently ran for national office or rotated off terms as elected leaders.
- 4) The Board of Trustees voted to require that the rules for nationally elected APA positions be modified to prohibit all campaigning except through APA-sponsored activities, including the APA Election website with bios and videos, any special events APA might arrange (like an Election Town Hall), and any other activities or venues as the APA Elections Committee may direct or permit. The Board of Trustees voted to give the Election Committee the responsibility to interpret and implement the actions recommended by the workgroup after review and approval by the Board of Trustees at its March 2021 meeting. The Board of Trustees voted to evaluate this new election process to begin in 2022, after two years.
- 5) The Board of Trustees voted to request that the Administration prepare an annual report to be formally reviewed by the Board of Trustees that documents the demographics of APA leaders, including the BOT, Assembly, and Components and tracks three-year trends.

The Board of Trustees voted to consider through its work with a consultant and revisit the following Task Force recommendation at its March 2021 meeting:

- 1) Ask the Bylaws Committee to amend the bylaws to make the M/UR Trustee of the Board of Trustees a full voting member of the Executive Committee.

The Workgroup on Town Halls was charged with planning 90-minute Town Halls to educate members, through discussion with a diverse group of leaders, about racism and its impact on colleagues and patients. The Town Hall series has a unique landing page, accessible at psychiatry.org/TownHall. Recording of past Town Halls and information about future ones are available here.

APA Addresses Structural Racism, Part One: In the introductory town hall, a distinguished group of panelists discussed the ways in which APA can address structural racism, including the role of associations and allies in supporting this work. Panelists shared their perspectives and participated in a Q&A session with APA members in a dialogue about the way forward for our organization.

- Panelists included Danielle Hairston, M.D., Psychiatry Training Director, Howard University School of Medicine & President of the APA Black Caucus; Thea L. James, M.D., Associate Professor of Emergency Medicine, Boston Medical Center/Boston University School of Medicine & Associate Chief Medical Officer, Vice President of Mission, and Director, Violence Intervention Advocacy Program (VIAP) at Boston Medical Center; Ayana Jordan, M.D., Ph.D., Assistant Professor of Psychiatry, Yale School of Medicine & ECP Trustee-at-Large, APA Board of Trustees; Walter E. Wilson Jr., M.D., M.H.A., Member, APA Council on Minority Mental Health and Health Disparities; and Jeffrey Geller, M.D., M.P.H., President,

American Psychiatric Association. The final registration number was 704, the count of unique viewers was 508.

APA Addresses Structural Racism, Part Two: The March Continues examined how structural racism plays a role in inequalities and proposed solutions to improve Black Americans' mental health outcomes.

- Panelists included Altha J. Stewart, M.D., Senior Associate Dean for Community Health Engagement, University of Tennessee Health Science Center | Past President, American Psychiatric Association; Aletha Maybank, M.D., M.P.H, Chief Health Equity Officer and Group Vice President, American Medical Association; Kevin M. Simon, M.D., 2020-2021 REACH Scholar; with Jeffrey Geller, M.D., M.P.H. President, American Psychiatric Association serving as moderator. The final registration number was 730. Overall, we had 426 unique viewers; a maximum of 382 participants excluding panelists attended the entire town hall.
- To a survey administered immediately after the Town Hall, over 90% of respondents chose "agree" or "strongly agree" for the statement that "The quality of the town hall was excellent"; and 88% chose "agree" or "strongly agree" for the statement that "The town hall met the stated learning objectives."

APA Addresses Structural Racism, Part Three: The Trauma of Structural Racism and Its Transmission Across Generations featured discussion by a distinguished panel of experts on their perspective of how disparities in mental health for people of color remain pervasive and persist across generations. Each panelist answered the question how, in clinical settings, does structural racism manifest itself in relation to communities of color particularly in children, adolescents, adults, older adults, and other populations (e.g., LGTQIA+)?

- Panelists included Ebony Dix, M.D., Assistant Professor, Yale University School of Medicine, Department of Psychiatry; Chuan-Mei Lee, M.D, Assistant Clinical Professor in Psychiatry, UCSF, Child and Adolescent Psychiatrist, UCSF Benioff Children's Hospital; and Peter Ureste, M.D., Assistant Clinical Professor, UCSF Department of Psychiatry; with Michele Reid, M.D., DLFAPA, FACPpsych, Clinical Assistant Professor Wayne State University Department of Psychiatry and Behavioral Neurosciences | Chief Medical Officer, CNS Healthcare | Task Force Member | APA Trustee-At-Large Board Member, serving as moderator. The final number of registrants was 657 and the number of unique viewers on the night of the event for at least some portion of the presentation was 300. 285 individuals remained logged in for the live question and answer portion of the event.
- To a survey administered immediately after the Town Hall, 83.1% of respondents chose "agree" or "strongly agree" for the statement that "The quality of the town hall was excellent"; and 84.8% chose "agree" or "strongly agree" for the statement that "The town hall met the stated learning objectives."

APA Addresses Structural Racism, Part Four: Structural Racism & Psychiatric Residency Training: Recruitment, Retention, and Development was held on February 8, 2021 and featured discussion by a distinguished panel of experts examining how structural racism affects diversity in the psychiatric workforce. Topics included the disproportionate number of minority psychiatrists and ways to grow a diverse workforce in psychiatry, their experiences in different practice settings, and why having diversity in the psychiatric workforce is important for everyone.

- Panelists included Sheritta A. Strong, M.D., DFAPA, Director of Inclusion, University of Nebraska Medical Center | Assistant Professor, Department of Psychiatry, UNMC College of

Medicine; Crystal Clark, M.D., M.Sc., Associate Professor of Psychiatry and Behavioral Sciences and Obstetrics and Gynecology, Northwestern University Feinberg School of Medicine; Nhi-Ha Trinh, M.D., M.P.H., Director, Psychiatry Center for Diversity Department of Psychiatry Massachusetts General Hospital | Associate Director, Hinton Society, Harvard Medical School (HMS) Assistant Professor of Psychiatry, HMS; and Michael Mensah, M.D., M.P.H., APA Resident Fellow Member Trustee | Co-Chief Resident, UCLA Department of Psychiatry; with Michele Reid, M.D., DLFAPA, FACPpsych, Clinical Assistant Professor Wayne State University Department of Psychiatry and Behavioral Neurosciences | Chief Medical Officer, CNS Healthcare | Task Force Member | APA Trustee-At-Large Board Member, serving as moderator. The following Resident-Fellow Members were also featured and participated in the pre-recorded section of the Town Hall: Nicole Pacheco, M.D. APA-APAF SAMHSA Minority Fellow; Chair of the Minority Fellowship Program | PGY-3 Resident, Columbia-New York State Psychiatric Institute Psychiatry Residency Program; Anthony Kulukulualani, M.D. APA-APAF Jeanne Spurlock Congressional Fellow, United States Senator Tina Smith | PGY-3 Psychiatry Resident, The Brody School of Medicine at East Carolina University; and Gabriel Felix, M.D. APA-APAF Public Psychiatry Fellow 2020-2022 | PGY-2 Adult Psychiatry Resident at Cambridge Health Alliance / Harvard Medical School. The final number of registrants was 828 and the number of unique viewers on the night of the event for at least some portion of the presentation was 504. 208 individuals remained logged in for the live question and answer portion of the event.

- To a survey administered immediately after the Town Hall, 89% of respondents chose “agree” or “strongly agree” for the statement that “The quality of the town hall was excellent”; and 95% chose “agree” or “strongly agree” for the statement that “The town hall met the stated learning objectives.”

The final town hall will be the Presidential Symposium at the Annual Meeting on May 1, 2021. The final Town Hall will focus on the recommendations from the Task Force.

The Workgroup on Resources (formerly named the “Clearinghouse Workgroup”) was charged with identifying resources APA members can use to understand racism and its impact on patients and colleagues and coordinating the work of the various APA components and Councils on racism issues. The workgroup continues to review and add additional resources to psychiatry.org/Taskforce.

The workgroup and several Task Force members reviewed a draft of the Resource Document titled *How Psychiatrists Can Talk with Patients and Their Families about Race and Racism*. That Resource Document was prepared by the Council on Children, Adolescents and Their Families in response to APA President Jeffrey Geller’s request for each APA component to engage in a project that addresses the problem of structural racism. The feedback that has been received about the draft from the Task Force members and others with whom it was shared (including select Assembly members, academic department leaders, and some MUR Caucus leaders) has been mostly positive.

The workgroup continues to collect and review materials produced by APA components or outside entities. Several of those additional resources have already been added to the Task Force webpage. The workgroup has taken actions to make the website more user-friendly, including by placing the information for individuals to contact the Task Force directly on the top of the page so that it is more prominent, and making the sections on the webpage accordion/collapse style. The workgroup plans to develop an APA podcasts section on the

website, create an intake form to collect information from APA components that the workgroup would review for posting, and create a calendar of events specific to Task Force efforts throughout APA. Almost every APA Council has committed to investigating and reporting on structural racism in the area they cover. Appendix B is the list of projects the councils have undertaken. The workgroup also intends to compile curricula on cultural psychiatry, diversity, equity and inclusion, and structural racism from various residency/fellowship training programs for the webpage, identify gaps, and create a plan to address the gaps in curricula.

The workgroup recognized the need to expand its membership to complete the necessary tasks and create a more diverse representation among the workgroup, with the inclusion of residents and fellows as well. The workgroup has identified seven additional members/residents/fellows to join the workgroup.

The workgroup is working with the Committee on Well-being and Burnout to increase participation in the APA Well-being Self-Assessment 2.0 and access resources for self-assessment. They have created text and email graphics with a link to the survey and have shared them with various District Branches and APA groups. The Committee on Well-being and Burnout has reported an increase in survey responses following these activities.

Dr. Danielle Hairston, one of the Task Force members, has developed a presentation on the role and accomplishments of Historically Black Colleges and Universities. Her presentation identifies that one of the most impactful roles of HBCUs is sponsorship. Mentorship, visibility, and dismantling stereotypes are also important. Dr. Hairston also discussed disparities in race among U.S. physicians due to structural racism, cultural mistrust, and socioeconomic status in her presentation. Continuing this work, Dr. Hairston will create a short film that describes the importance of HBCUs in medical and psychiatric workforce development.

Dr. Frank Clark, one of the Task Force members, is leading a project to explore the impact of structural racism on Indigenous Peoples, which will involve collaborating with members of the American Indian/Alaska Native/Native Hawaiian Caucus.

The Workgroup on Components Review was charged with reviewing APA's component structure, demographics, nomination and election processes to evaluate and make recommendations to improve diversity, equity, and inclusion throughout the process to ensure that APA components reflect the diversity of APA's membership and patient groups. The workgroup has identified 7 recommended actions for the Board of Trustees' consideration, as further described in the workgroup report attached hereto as Appendix C.

The Workgroup on the Scientific Program Committee was formed to review and make recommendations to improve diversity, equity and inclusion in the process used by the Scientific Program Committee to select submissions for the Annual Meeting. The workgroup identified and provided suggestions to the Scientific Program Committee, as further described in the workgroup report attached hereto as Appendix D.

The Workgroup on Fellow Projects and Leadership was formed to engage with APA/APAF's fellows and work with them to develop projects in areas of interest to the fellows. [The workgroup leaders are focusing on three projects:](#)

1. [Creating a model curriculum on structural racism for the APA.](#)

2. Developing a centralized reporting system.
3. Creating of a comprehensive Fellows alumni directory.

The Fellows are in various stages of each of the projects. Broad topics have been identified for the model curriculum and the Fellows are focused on creating a four-year curriculum. Workgroup leaders working on the centralized reporting system have been reviewing best practices and are drafting the logistics for the system. A survey was conducted with Fellows to determine the features for the alumni directory. Work will commence on developing the directory schematics with a software company.

In addition, APA's Ethics Committee Fellows were instrumental in creating and convening an interactive Ethics Workshop for the inaugural Professional Development Series for Fellows. The workshop was held on January 27, 2021. Task Force members Charles Dike, MD and Sanya Virani, MD are meeting with the APA/APAF Fellows on a monthly basis to develop these projects and identify opportunities for the Fellows to participate in work addressing structural racism.

APPENDIX A TASK FORCE WORKGROUPS

The Workgroup on Definitions included Danielle Hairston, MD; Mary Jo Fitz-Gerald, MD, MBA., DLFAPA; and Michele Reid, MD, DLFAPA.

The Workgroup on Assembly Review was led by Renee Binder, M.D., and included Mary Jo Fitz-Gerald, MD, MBA., DLFAPA; Michele Reid, MD, DLFAPA; and Steven Starks, MD, FAPA.

The Workgroup on Board Review was led by Richard F. Summers, MD, DLFAPA, and included Danielle Hairston, MD; and Frank Clark, MD, FPA.

The Workgroup on Town Halls was led by Frank Clark, MD, FPA, and included Danielle Hairston, MD; Hunter L. McQuiston, MD, DLFAPA; and Michele Reid, MD, DLFAPA.

The Workgroup on Resources was co-led by Michele Reid, MD, DLFAPA and Tanuja Gandhi, MD, and included Renée Binder, MD, DLFAPA; Danielle Hairston, MD; Frank Clark, MD, FPA; Richard F. Summers, MD, DLFAPA; Victor Pereira-Sanchez, MD; Eunice Yuen, MD, PhD; Fiona D. Fonseca, MBBChBAO, MS; Pamela C. Montano Arteaga, MD; Janice Chou, MD; Rana Elmaghraby, MD; Brandon Newsome, MD; and Barbara Robles-Ramamurthy, MD. Members working on the Indigenous Peoples project include Frank Clark, MD, FPA; Stefanie Gillson, MD; and Gaurav Chaudhari, MD, MPH.

The Workgroup on Components Review was led by Hunter L. McQuiston, MD, DLFAPA and included Charles Dike, FRCPsych, MBChB, MPH; and Sanya Virani, MD, MPH.

The Workgroup on the Scientific Program Committee was led by Renée Binder, MD, DLFAPA, and included Frank Clark, MD, FPA; Rana Elmaghraby, MD; Latoya Folov, MD; and Richard F. Summers, MD, DLFAPA. Consultants to the workgroup included Jacqueline Feldman, MD, Scientific Program Chair; Tristan Gorrindo, MD, Deputy Medical Director, Chief of Education; Leon Lewis, Director, Office of Scientific Programs.

The Workgroup on Fellow Projects and Leadership was led by Charles Dike, FRCPsych, MBChB, MPH and Sanya Virani, MD, MPH.

Administration support for the Task Force Projects was provided by Colleen Coyle; Regina James, MD; Camille Bryan; Cheretta Clerkley; Alison Crane; Michelle Dirst; Gabriel Escontrias; Patrick Hansard; Ricardo Juarez; Lynsey Kennedy; Kelsy McCraw; Ashley Mild; Allison Moraske; Monique Morman; Patrick Odai-Afotey; Ginnie Titterton; Ryan Vanderbilt; Ashley Witmer; and Nadia Woods.

Summary of APA Component Activities Regarding Structural Racism/Racism

The **Council on Addiction Psychiatry** will be preparing a briefing on issues related to Structural Racism and Substance Use Disorders (SUDs). This includes a discussion of how SUDs are portrayed in the media and how this encourages stigma. It will also include issues of criminal justice and access to treatment. We are in the process of compiling a workgroup of members and fellows to complete this task. The timeline for completion is May 2021 so that we can discuss the document with the full Council at our May meeting. *(Staff Liaison: Alexis Victor)*

The **Council on Advocacy and Government Relations (CAGR)** is continuing to address structural racism/racism in the following ways: (1) CAGR is working with APA staff to engage with Congress to provide ongoing assistance to House and Senate offices working on legislation to address social determinants of health, health disparities, structural racism, and community trauma. Specific legislative efforts are described below; (2) CAGR has engaged members of other interested councils (CHSF and CMMH) to develop a resource document focused on anti-racist policies that promote access to care. Production of the resource document has an aggressive timeline with a plan to submit in May 2021 for review by the JRC June 2021 meeting; (3) CAGR members are encouraged to address aspects of structural racism in their advocacy articles for Psych News; e.g. CAGR member Dr. Dionne Hart shares her personal experience as a Black physician-advocate and raises awareness about Black anti-racist issues in an upcoming issue of Psych News; (4) Some CAGR members and fellows have submitted workshops to the 2021 APA Annual Meeting that focus on structural racism and/or anti-racist advocacy initiatives and are hoping these workshops will be accepted.

Addendum: Legislative work by APA/DGR with support from CAGR:

- APA's most recent COVID-19 legislative priority letter included requests for funding to collect data, implement policies addressing health disparities, and expand the Minority Fellowship Program.
- APA Administration also worked with APA committees and councils to submit comments to a Ways and Means Committee Request for Information (RFI) in October on the misuse and misapplication of race and ethnicity in clinical algorithms and research, and how it impacts the delivery of health including care for patients with mental illness and substance use disorders.
- Efforts continue to enact legislation like the Medicaid Re-Entry Act (H.R. 1329), the Crisis Care Improvement and Suicide Prevention Act (H.R. 7159 / S. 4282), and other measures to improve and reduce patient interactions with the criminal justice system and, instead, promote access to needed care and services.
- CAGR worked with APA staff on advocacy and lobbying efforts in collaboration with other stakeholders in support of H.R. 5469 / S. 4388, the Pursuing Equity in Mental Health Act, introduced by Rep. Watson-Coleman (D-NJ) in the House and Senator Bob Menendez (D-NJ) in the Senate. The legislation increases the funding authorization for the National Institute on Minority Health and Health Disparities (NIMHD) to study mental health disparities in racial and ethnic minority groups. In addition, the bill also reauthorizes the Minority Fellowship proposal that trains a diverse mental health workforce to serve in underserved areas as well as double the funding for the program. At the end of September, H.R. 5469 passed the House and was referred to the Senate.

- In addition, CAGR supported advocacy for H.R. 7078, introduced by Rep. Robin Kelly (D-IL) which directs HHS to oversee a telehealth study during COVID-19 including utilization rates and trends by race and ethnicity, and H.R. 7077, which would establish and expand programs to improve health equity as they pertain to COVID-19 (*Staff Liaison: Craig Obey*)

The **Council on Children, Adolescents and Their Families** created an APA Resource Document on [How Psychiatrists Can Talk to Patients and Families About Race and Racism \(psychiatry.org\)](https://www.psychiatry.org) to learn to speak with patients, families, and youth about race and racism in a clinical setting. It included strategies for clinical work including questions to prompt discussion during assessment and ongoing treatment. It included screening tools for assessing experiences of racial groups and discrimination with case examples/contemporary issues. Case vignettes were included. The hope is to have this guide integrated into residency and training programs. The Councils on Education and Communication will also coordinate with the dissemination of our work, as approved by the JRC and according to governance. (*Staff Liaison: Ricardo Juarez*)

The **Council on Communications** organized a discussion group on November 18th to consider how to best organize the Council's anti-racism efforts. Numerous topics were explored, ranging from advancing communication about opportunities and openings (as part of expanding meaningful diverse representation), to helping bolster resources for members, to identifying potential partners within APA to advance anti-racism work. Highlights of these discussions will be brought back to the full Council at its upcoming early December meeting. Discussions will also include plans for recommending additional references for the Task Force on Structural Racism to consider adding to its posted library, drawing partly from more than 100 pertinent articles, links, and references collected and shared in recent months among colleagues taking part in anti-racism work.

1. The Council has included in its last two meetings acknowledgment of the vital nature of assessing, as part of its anti-racism work, how the Council itself conducts its work. At its upcoming meeting, the Council will review and consider adapting a version of the Area 1 Council's initiative on including anti-racism messaging and considerations in its meetings.
2. The Council is considering ways that it might recommend APA expand and amplify messaging to minority and underrepresented groups within APA about open positions and opportunities within APA. The chair has consulted with other members of APA about how the Council might assist in amplifying information about open positions as they arise and will be seeking to partner with other components in this effort. This topic will be brought to full Council discussion at its upcoming meeting.
3. The Council will be considering how it might amplify efforts that follow from recommendations of the Task Force on Structural Racism. With a number of its members having broad social media presence, we will seek opportunities to coordinate to get the message out to members and to the public about the action steps APA is taking, in real time.

(*Staff Liaison: James Carty*)

The **Council on Consultation-Liaison Psychiatry** has placed addressing systemic racism as a top priority. In its current work, the Council is including the relevant topics in its *Psych News* series such as the use of restraints, intercultural communication, and distrust issues that impact medical care. Additional areas where this topic will be addressed is in its COVID workgroup (with the disproportionate impact of the virus on black and brown communities) and the need for diversity in

subspecialty recruitment. Timelines: (i) Psych News Series: aiming for the next 3-6 months to include a series of topics on systemic racism, particularly how it relates to C-L work; (ii) COVID workgroup: aiming to produce a position statement within the next 1 month, additional work related to addressing the disproportionate impact on communities of color. Additionally, we have added the discussion topic of diversity/inclusion and systemic racism as a standing topic for our Council meetings. *(Staff Liaison: Michelle Dirst)*

The **Council on Geriatric Psychiatry** (1) published in 2018 the book *Culture, Heritage and Diversity in Older Adult Mental Health Care*, edited by Maria Llorente, M.D. and the APA Council on Geriatric Psychiatry; and (2) the council has decided to develop guidelines to help psychiatrists talk about racism issues with patients who are older adults (which may be something similar to what the Council for Children, Adolescents and Their Families has developed). *(Staff Liaison: Sejal Patel)*

The **Council on Healthcare Systems and Financing** has formed a work group to evaluate structural racism in health care systems to create resource documents and position statements. *(Staff Liaison: Agathe Farrage)*

The **Council on Medical Education and Life-Long Learning** is working on a resource document on the impact of COVID-19 on psychiatric education. A part of this document focuses on how COVID-19 highlighted pre-existing health care disparities for patients and doctors. In addition, CMELL is collaborating with the Council on Children, Adolescents, and Their Families (CCATF) and has offered to assist with the dissemination of the Guidance Document on Talking to Patients on Race that the CCATF created to our allied education groups. Anticipated completion date is May 2021 *(Staff Liaison: Kristen Moeller)*

The **Council on Minority Mental health and Health Disparities** (CMMH/HD) advocates for minority and underserved populations and psychiatrists who are underrepresented within the profession and APA. CMMH/HD seeks to reduce mental health disparities in clinical services and research, which disproportionately affect women and minority populations. CMMH/HD aims to promote the recruitment and development of psychiatrists from minority and underrepresented groups both within the profession and APA.

Some of the matters the Council has recently worked on are:

Position Statements

Position Statement Title	Year
Issues Related to Sexual Orientation and Gender Minority Status	2020
Abortion and Women’s Reproductive Health Care Rights	2020
Xenophobia, Immigration, and Mental Health	2020
Mental Health Needs of Undocumented Immigrants, Including Childhood Arrivals, Asylum-Seekers, and Detainees	2020
Racism and Racial Discrimination in the Psychiatric Workplace	2020

COVID-19 Factsheets – Completed

The Council on Minority Mental and Health Disparities created several factsheets to address the mental health impact of COVID-19 in minority and underrepresented communities.

COVID- 19 Letter to HHS Requesting States to Collect and Disseminate Data based on Race/Ethnicity
The CMMH/HD reviewed and approved a letter by the APA to support the collection of data by race and ethnicity related to COVID-19 across states.

Joint Workgroup on Racism in the Psychiatric Workforce - Completed

The Council on Minority Mental Health served as lead on the joint workgroup between CMMHHD, Psych and Law, and the Ethics Committee in response to the JRC's referral of the Action Paper: Proposed Position Statement on Racism in the Psychiatric Workplace. The workgroup produced a Position Statement addressing the asks in the Action Paper that will go the October JRC.
Collaborators: Council on Psychiatry and the Law and the Ethics Committee

Racism in Black Mental Health - Completed

The Council on Minority Mental Health and Health Disparities produced the CME Module Racism in Black Mental Health. The learning module prepares contemporary psychiatrists to practice with an anti-racism framework in the care of all patients, especially African Americans.
Collaborators: Education and DDHE

Reviewed and Approved Position Statements for the Council on Children, Adolescents, and Their Families – Completed

The Council on Children, Adolescents, and Their Families requested that the CMMH/HD review the Proposed Position Statement on Suicide in Black Youth and the Proposed Position Statement on Sexual Abuse of Migrants in ICE Custody. The CMMH/HD reviewed and approved both Position Statements.

(Staff Liaison: Nadia Woods)

The **Council on Psychiatry and Law** (CPL) drafted a *Position Statement on Concerns About Use of the Term “Excited Delirium” and Appropriate Medical Management in Out-of-Hospital Contexts* that was approved by the November Assembly and was sparked by the fact that recent events have raised serious concerns about the use of the term “Excited Delirium” including its disproportionate application to Black men and about administration of Ketamine during situations involving law enforcement. CPL also collaborated with the Council on Minority Mental Health/Health Disparities and the Ethics Committee to draft a Position Statement on Racism in the Psychiatric Workplace that was approved by the October JRC and will be reviewed at the May Assembly. CPL also changed their terminology from “criminal justice system” to “criminal legal system” and has a standing workgroup to consider correctional psychiatry issues. During September Components, the CPL/Committee on Judicial Action joint meeting looked at the issue of police involvement with persons with mental illness and plans to expand upon this discussion at its May meeting. (Staff Liaison: Ashley Witmer)

The **Council on Quality Care** will give greater attention to counteracting structural racism and inequity by strengthening our collaboration with the Presidential Task Force to Address Structural Racism Throughout Psychiatry, the Council on Minority Mental Health and Health Disparities and other relevant Councils. In addition, the Council has tasked each reporting component to identify key tasks they can undertake to address this issue. Reducing healthcare disparities and ensuring everyone receives optimal care are fundamental principles underlying quality of care. The Council provides oversight and leadership in many relevant areas including, but not limited to, the capacity to measure and publicly report on disparities, identification of potential bias in assessment, diagnosis, and treatment of patients, strategies to standardize care (e.g., measurement-based care, treatment

guidelines, quality and performance measures, and accreditation), ensuring patient safety and adaptation of advances in technologies (e.g., electronic health care records, clinician decision support tools, mHealth) to improve mental health and mental health care delivery.

Specific current activities include:

- Committee on Quality and Performance Measures
 - The Committee on Quality and Performance Measures (CQPM) will be exploring ways to use quality and performance measures to detect bias in diagnosis and treatment and identify interventions to address the impact of such bias.
 - The CQPM intends to work with the PsychPRO registry to explore how it could be used to test measurement of bias. One of the registry's goals is to increase the size and diversity of the sites, practices, and patients that are participants in the registry. This would make it an ideal platform to test new measures and permit collection of data on racial, ethnic and socioeconomic factors that may lead to disparities in health care.
- Committee on Practice Guidelines
 - As the Committee on Practice Guidelines (CPG) approaches the time to consider revising the APA guideline for psychiatric evaluation, it will focus attention to the potential ways racial bias may affect patient assessment and consider revisions that may provide guidance on ways to alleviate such bias.
- Committee on Mental Health Information Technology
 - The Committee on Mental Health Information Technology (CMHIT) will be exploring ways to use Information technology to address racial and socioeconomic disparities, including the potential use of clinical decision support algorithms to remove some of the subjectivity and bias that enters into diagnosis and treatment.
- Patient Safety Workgroup
 - The Patient Safety Workgroup (PSWG) will be looking at ways in which bias and racism may impact patient safety, including assessment of variation in use of restraints across populations, adherence to safety standards, and other issues.

(Staff Liaison: Andrew Lyzenga/Becky Yowell)

The **Council on Research** created a Workgroup on Health Services and Health Disparities focusing on gaps in research and mental health care with a focus on social determinants of health. Currently, the workgroup is focusing its work on how climate changes disparately impact individuals from minority and underrepresented groups. Though the Research Colloquium for Junior Psychiatrist Investigators, Research Council is planning to expand outreach to minority groups to provide mentorships to researchers of color who may not have mentor opportunities at their home institutions. *(Staff Liaison: Diana Clarke)*

The **Membership Committee** does not have any items related to the Component discussion and assignments, but as a group we do consider the make-up of the Committee, which is fairly diverse in years of practice and race/ethnicity, though it could be more gender-balanced. We are taking all of these elements into consideration as new seats become available. Additionally, we have begun a discussion about launching a membership campaign for brand and acquisition, and we will commit to ensuring diversity in that campaign (the timing is TBD as the plan was to develop it in 2020 and conduct a photo shoot at the Annual Meeting, but that was delayed due to COVID-19). We will

continue to follow the lead of the Structural Racism Taskforce to adopt any practices that would be relevant to the Membership Committee’s make-up and operations.

The **Ethics Committee**, together with the Council on Psychiatry and Law and Council on Minority Mental Health and Health Disparities as lead, worked on a draft position statement on *Racism and Racial Discrimination in the Psychiatric Workplace*. That statement was approved by the JRC in October and will be considered by the Assembly in May. The Committee also authored a Resource Document on the Interface of Religion, Spirituality, and Psychiatric Practice which was approved by the JRC in October and should be released soon. The document takes into account the longstanding tension that has existed between religion and psychiatry. By explicitly encouraging psychiatrists to engage questions of religion and spirituality with their patients and to partner with faith leaders in support of patients, the Committee hopes it will empower psychiatrists to assist individuals who may have experienced discrimination and marginalization, including BIPOC, to be connected to and receive the benefit of psychiatric care.

The Ethics Committee will also work with fellows through the Task Force to further the proposal developed by Committee fellows to create a toolkit to assist trainees and early career psychiatrists with promoting ethics and professionalism when they encounter instances of racism and/or discrimination within their professional experience. The first step is for the fellows to identify example scenarios for which the experienced Ethics Committee members can provide guidance to comprise the toolkit.

Finally, the Ethics Committee remains responsible for providing guidance to APA members who encounter ethical dilemmas in their practice or professional experience. When providing such guidance, and in reviewing materials and providing feedback on materials produced by other APA components, the Committee remains ever mindful of the ethical principle that psychiatrists *“should not be a party to any type of policy that excludes, segregates, or demeans the dignity of any patient because of ethnic origin, race, sex, creed, age, socioeconomic status, or sexual orientation”* and that issues of systemic racism and equity must be considered when navigating ethical dilemmas. The Committee has been especially cognizant of that principle when addressing questions about resources for persons with mental illness during the COVID pandemic over the last several months and when answering a member’s question that directly asked about police brutality and racism. (See *COVID-19 Related Opinions of the APA Ethics Committee* and Opinion H.11. available at www.psychiatry.org/ethics). Similarly, the Committee recently provided feedback to another APA component that a draft document should include *“explicit ethical consideration of what justice requires in order to not belie the ubiquitous systemic racism, equity, and exclusion of the U.S. criminal justice system.”* (Staff Liaison: Alison Crane)

The **Scientific Program Committee** is incorporating diversity, health equity and racism into the scientific program for the Annual Meeting. There have been several submissions on the topic, and the committee is weighing them carefully to make sure that this topic is prominent within the Annual Meeting program. In addition, the committee has confirmed several prominent speakers to present on topics of race and equity, such as: (1) *“Psychology of Racism and Nonviolence”* by Rev. James Lawson (personal friend and mentor of the late, great Dr. Martin Luther King, Jr., Rep. John Lewis, and Elijah Cummings); (2) *“Advocacy for Health Equity in Diverse Populations”* by Patrice Harris, M.D., M.A.; (3) *“Racism and the Crooked Room: Navigating Distortions of Black Womanhood in Psychotherapy”* by Constance Dunlap, M.D.; (4) *“Asian Mental Health and Racism During and Post Covid”* by Dora Wang, M.D.; (5) *“Balancing the Experiences of Black Psychiatrists, Patients, and Allies*

in the Current Climate of Systemic Racism and Police Brutality” by Philip Murray, M.D., M.P.H.; and (6) a “Presidential Task Force Town Hall on Structural Racism” by Cheryl Wills, M.D. (*Staff Liaison: Leon Lewis/Austin DeMarco*)

The **Psychiatrist Wellbeing and Burnout Committee** holds monthly committee meetings to discuss pertinent issues associated with burnout and wellbeing of physicians, primarily psychiatrists. The Committee has finalized and disseminated Survey 2.0, which has an emphasis on assessing the determinant of burnout among minority and underrepresented (M/UR) psychiatrists. As part of data collection for this survey, the Committee has conducted in-depth interviews with M/UR leaders throughout APA on issues impacting burnout among M/UR psychiatrists, which includes the issue of structural racism. To date, the survey has received over 830 survey completions. The Committee is currently in the process of aggregating survey scores as they come in, and the Committee’s data group will be meeting in about two (2) weeks to discuss the methodology for this. Additionally, based upon the feedback of interviewed M/UR stakeholders, the committee has started to consider potential interventions to increase support to M/UR psychiatrists, including revising current online resources. (*Staff Liaison: Ann Thomas*)

APPENDIX C

THE PRESIDENTIAL TASK FORCE ON STRUCTURAL RACISM THROUGHOUT PSYCHIATRY - REPORT OF THE WORK GROUP ON APA COMPONENTS

Composition of the Components Work Group:

Hunter L. McQuiston, MD, DLFAPA, Chairperson
Charles Dike, MD, FRCPsych, MBChB, MPH
Sanya Virani, MD, MPH

EXECUTIVE SUMMARY

Our Work Group appreciates the opportunity to review APA policies and procedures, assisting the Board of Trustees as it updates them in order to reverse historical operations that have marginalized people of color and other underrepresented communities.

The Work Group met several times to review the composition and structure of APA's Components (councils, committees, standing committees, task forces, caucuses) and spoke with individuals who had run for APA office and also served on APA Components. We reviewed the APA Operations Manual line by line as it pertains to APA Components. Our goal was to evaluate ways in which APA Components could better reflect expertise among APA's minority and underrepresented members (MURs).

Our review resulted in recommendations in the following areas:

- 1) Ensuring Inclusion on Standing Committees/Task Forces/Work Groups, Actions 1 & 2
- 2) Nominations to Components, Actions 3 & 4
- 3) [Operations, Action 5](#)
- 4) [Term Limits, Action 6](#)

We include as an appendix to this report transcripts of two interviews of those who had run for APA office.

RECOMMENDATIONS:

ENSURING INCLUSION ON STANDING COMMITTEES/TASK FORCES/WORK GROUPS:

While the APA has made some progress toward diversifying the Component composition, it has not made as much progress on ensuring that Component leadership is diverse and encourages diversity in APA's [membership](#). To account for this, we recommend the following actions be taken:

ACTION 1:

Will the Board of Trustees vote to approve the requirement that in addition to geographic diversity, type of practice diversity, and diversity in relevant content expertise, each standing committee, task force, work group, councils and committees, shall attempt to [have representation of M/UR Groups \(as defined by the Assembly Procedural Code\)](#) among its membership that at least reflect the known demographics of APA membership?

ACTION 2:

Will the Board of Trustees vote to approve the requirement that any Bylaws changes be reviewed to ensure that the change will not adversely impact the inclusion of M/UR Groups (as defined by the Assembly Procedural Code) members among Component membership?

NOMINATION PROCESSES TO COMPONENT GROUPS:

Starting in 2020-21, the process of appointing Component members gained significant formalization, starting with a clearer process of submitting nominations using an online form (see Component Appointment Timeline: Appendix 1).

Regardless of whether a member applies ad lib, was encouraged to apply by a well-positioned mentor or other stakeholder, or is known to the President-elect as an expert, the 2020 development is a very important and positive step moving towards greater transparency.

However, some members of the APA do not have an understanding of how the APA supports the profession, leading to feelings of marginalization and possible resentment by these members.

The APA must now be committed to maximal transparency within this process, actively offering greater opportunity for less visible members. Thus, we strongly recommend that all Component Chairpersons discuss the nominees for open Component seats with their respective Component members prior to advancing a unified proposal to the President-elect. In addition to tracking current Component membership, APA should also track demographic data of members who apply for these positions.

Targeted recruitment must be undertaken for MUR and younger members, and the President-elect should look to committees, caucuses, and affiliated organized psychiatry associations, from which qualified members can be drawn for component seats. The appointment process must include systematic outreach to individuals who may be good candidates, balancing “affirmative access” with keeping technical qualifying criteria intact for Component appointments.

A District Branch and Area initiative should be part of this, with more emphasis from the APA to the District Branches on the need to advertise through list serves, newsletters, social media etc., the available and open slots on APA Components.

ACTION 3:

Will the Board of Trustees vote to enhance the nomination process of component appointments to include:

- a. **That in order to attain optimal transparency, the APA will broadly disseminate through media at its disposal, details of the rationale and chronology for the process of Component appointment. The 2020-2021 Component Appointment Timeline is an appropriately illuminating example in this regard.**
- b. **That the APA request that all nominees, appointees, Chairs, and current members of components self-disclose all requested demographic information (number of years in psychiatry, race, ethnicity, gender etc.), with the explanation that such data enables the APA to evaluate its important commitment to diversity. These anonymous data will be available on the APA website by means of a report made every three years to track progress over time.**

ACTION 4:

Will the Board of Trustees vote to mandate the APA to widely disseminate information and solicit nominations for Component membership, including annual reminders to District Branch Executive Directors and Presidents?

OPERATIONS OF COMPONENTS:

The Charge of each Component should reflect anti-racism as part of its specific duties and each Chairperson should be responsible for enforcing the anti-racism charge. This would be published in the current APA Participation Policy and Component Guide (See Appendix 2).

ACTION 5: Will the Board of Trustees vote to approve language in the APA Participation Policy stating that each Component member must ensure that the work of their Component takes into account principles of diversity, inclusion and antiracism?

TERM LIMITS:

Our study of the operations manual showed that members could remain on some Components and Committees in some cases for a decade or more and be reappointed after a short hiatus. This may result in the same group of members cycling between Components and not leaving room for diverse candidates.

Understanding that the BOT made certain changes in March 2020, some further term limiting ensures space for new and more diverse membership and enables development of the next generation of leaders.

Action 6 is followed by a table listing Standing Committees and Components and denotes term limitations potentially affected by our recommendations.

Note that membership in the Joint Reference and Nominating Committees are selected by other mechanisms and have no relevance to Action 6.

ACTION 6:

Will the Board of Trustees vote to approve the following total term limits:

- a. **Members of Bylaws, Elections, and Ethics Committees: up to two 3-year terms**
- b. **Chairpersons of Bylaws, Elections, and Ethics Committees: up to four 1-year terms**
- c. **Members of Councils– up to two 3-year terms (inclusive of time served as Chairperson if applicable)**
- d. **Council Chairpersons – up to two 2-year terms**
- e. **Committee Chairpersons – up to five 1-year terms.**

- f. **Waivers to these term limits must be rare and justified after recommendation by the Chair of the Component and the President-elect and approved by majority vote of the Board of Trustees**

Component Name	Component Composition*	Members			Chairpersons		
		Current Term Length	Reappointments # Current, Current Years Total	# Proposed, Proposed Years Total	Current Term Length	Reappointments # Current, Current Years Total	# Proposed, Proposed Total
Committee on Bylaws	(6) voting members, Chairperson appointed from the members	3 years	1, 6 years	1, 6 years	1 year	5, 6 years	3, 4 years
Elections Committee	(4) voting members, Chairperson appointed from the members	3 years	1, 6 years	1, 6 years	1 year	5, 6 years	3, 4 years
Ethics Committee	(6) voting members, Chairperson appointed from the members	3 years	1, 6 years	1, 6 years	1 year	5, 6 years	3, 4 years
Finance & Budget Committee	(9) voting members composed of: (4) BOT members; (2) ASM members; (1) APAF Treasurer; (1) APAF BOD member; and (1) general APA Member. Chairperson appointed from the members. (1) Consultant may be appointed as appropriate (non-voting). (3) Ex Officio Members include: APA President, APA Treasurer, CEO and Medical Director.	2 years	2, 6 years	2, 6 years	1 year	5, 6 years	5, 6 years
Membership Committee	(12) voting members, Chairperson appointed from the members	3 years	1, 6 years	1, 6 years	1 year	5, 6 years	5, 6 years
Tellers Committee	(3) voting members, Chairperson appointed from the members	1 year	1, 2 years	1, 2 years	1 year	1, 2 years	1, 2 years
Councils	(12) voting members, Chairperson appointed from the members (standard composition)	3 years	2, 9 years	1, 6 years	2 years	1, 4 years	1, 4 years
Committees	(6) voting members, Chairperson appointed from the members	3 years	1, 6 years	1, 6 years	1 year	5, 6 years	4, 5 years

Key
Proposed Change

*Non-voting corresponding members may be appointed, and non-voting consultants may be appointed in rare instances to Councils and Committees **except** for the Finance and Budget Committee, which has specific composition requirements related to consultants.

APPENDIX 1: Component Appointment Timeline (2020-21)

Month	Dates	Action/Task
March	Sunday, March 1, 2020	Appointments Orientation
March	Tuesday, March 31, 2020	President-elect receives list of Components detailing the available appointments for 2020-2021
May	Friday, May 1, 2020	Nomination for Appointments open (publicized in Psych News, APA website, sent directly to all APA Components)
June	Thursday, June 4, 2020	An email is sent to the Council and Committee Chairpersons and Administration liaisons outlining the appointments process for the coming year. Component chairpersons work with Administration liaisons to develop recommendation lists for the President-elect. Recommended members are to be submitted using the online appointment recommendation form. These lists are discussed at in-person meetings or on conference calls.
June	June 8-11	AG schedules calls w/ PE, Standing Committee Chairs and Administration Liaisons
June-July	June 29-July 31	President-elect participates in Zoom calls with Standing Committee and APA PAC Chairs and Administration Liaisons to discuss recommendations (where applicable)
July	July 11-12 – BOT Meeting	Education to present recommendations for SPC to President-Elect (see OSP timeline) prior to BOT Meeting (Friday).
August	Monday, August 3, 2020	All Council Chair, APA Administration, and CEO first-round of recommendations due.
August	August 4-7	AG vets recommendations
August	Monday, August 10, 2020	Submit vetted recommendations to PE
August	Monday, August 31, 2020	Deadline to submit nominations via online form by midnight, PT
Aug-Sept	August 31-September 2	Vet and format recommendations
September	Thursday, September 3, 2020	Send member recommendations to PE for review and schedule conference call for week of September 14
September	September 14-18, Date TBD	Hold conference call with PE to discuss members' and additional Component chairpersons' recommendations
September	September 25-26, September Components Mtg	In-person meetings with Council Chairpersons occur on the Friday and Saturday of the September Components Meetings. Conference calls may be held in lieu of in-person meetings. Member Recommendations discussed and considered for appointment
February	February 10, 2021	Begin finalizing appointments with President-Elect
February	February 17, 2021	Finalize all appointments with President-Elect
February	February 22-26	Notify appointees. Send letters to new appointees and members who are reappointed

February	Friday, February 26, 2021	Appointment Cycle completed
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APPENDIX 2: APA Participation Policy & Component Guide

COMPONENT GUIDE

The purpose of this handbook is to serve as a quick reference guide outlining the responsibilities of Components, Component Chairs and Component Members and to provide information and resources to assist in administering those responsibilities. For more detailed information and to ensure the most up to date information before taking action, please refer to the [APA Bylaws and Operations Manual](#) as this handbook may not include all the relevant information since its purpose is to be a quick reference.

APA PARTICIPATION POLICY

The American Psychiatric Association's policy is to promote an environment of mutual respect, well-being, and collegiality. APA values and benefits from the diverse opinions its members hold on the issues with which the Association and the psychiatric profession are confronted. All individuals agree to conduct themselves in a manner appropriate for health care professionals. This includes respect for the intellectual property of others and the avoidance of aggressive or inappropriate behavior towards others including colleagues and APA Administration. Individuals participating in APA Components agree to listen respectfully to all views presented, be courteous to others regardless of whether you agree or disagree with the views presented, and to exhibit the professionalism and collegiality expected of members of the profession. If an individual believes that this policy has been violated or acceptable social decorum has otherwise been breached, he or she shall contact the APA Executive Office and/or APA President to help with the situation. APA reserves the right to remove access rights to any individual violating this policy. In connection with this appointment, please review and comply with the Guidelines Regarding Use of APA Titles in Non-APA Business available [here](#).

COUNCILS*

APA Councils are established by the Board of Trustees dedicated to specific topics of interest and to carry out the work of the Association. Members are appointed by the president-elect of the Association usually for a two-year term. However, some specialized committees may have longer terms. The members of an APA council are responsible for carrying out the work of the Council or committees within the Council they may be assigned to. The Chair of the Council coordinates with the Administration Liaison to ensure that the Council work is done. The Administration Liaison acts as a facilitator to ensure that information flows between the members of the Council and the appropriate APA administration.

Councils are administrative links between their reporting components and the Joint Reference Committee. They are authorized to create and eliminate informal work groups and to act, subject to Board approval, within its area of interest to implement the objectives of the organization.

Responsibilities

A council's primary responsibilities are: to serve the mission and goals of the APA by implementing the council's charge; communicate with the Board, JRC, Assembly and other leadership groups; provide information and feedback to the Assembly on relevant issues to both the Assembly and the councils; work collaboratively with other councils on topics.

Standard Composition

- Up to 12 voting members (including the Chairperson) with a vote on council actions (one member of the Council must be an ECP; one member of the Council will be from the Assembly);
- Corresponding members, without a vote on council actions, may be appointed at the discretion of the President;
- Appointments/End Tenures will be staggered to ensure continuity on the Council;
- Up to two consultants may be appointed as needed, but only in very rare instances and you should seek Governance feedback before making such a recommendation; and
- where applicable, a current member of a Council may be identified as a liaison to a subspecialty organization.

Fellowship Program Participants on Councils

- One Fellow assigned to the Council will have voting privileges on the Council for the tenure of his/her assignment as a Fellow to the Council.
- This individual will be chosen from amongst the fellows assigned to the council, by the fellows themselves.

Budget/Conduct of Business

- One in-person meeting each year (Fall Components Meeting) and one meeting at the APA Annual Meeting (at no cost to APA other than Administration time and meeting room);
- Electronic Meeting Budget [Video/web conferencing; conference calling];
- Expenses/costs above and beyond these standard costs must be requested, along with a rationale, during the APA budget cycle.

Council Position Tenures

Chairperson

- Appointed to a two-year term as chairperson (individual must be a member of the council)
- The chairperson will be eligible for one additional two-year term for a total of four years of service as chairperson

Vice Chairperson

- Appointed to a one-year term as vice chairperson (individual must be a member of the council)
- The vice chairperson will be eligible for four additional one-year terms for a total of four years of service as vice chairperson

Member

- Three-year terms
- Eligible for up to two reappointments of three-year terms for a total tenure not to exceed nine years
- A total of three years must pass, after the individual has reached the nine-year tenure limit, before the individual may again be appointed to the component as member or consultant.

Corresponding members

- One-year appointments if appointed.
- Tenure shall not exceed a total of three contiguous years of service on the council
- One year must pass before a corresponding member with three years contiguous service may be reappointed to the council as corresponding member.
- Corresponding members may be appointed to the council as members after serving three years or less as corresponding members.

COMMITTEES*

Committees are established within a council to perform ongoing functions (as opposed to time and task limited). Councils assess the need for a committee every three years.

Standard Composition

- Up to six voting members with vote on committee actions;

Budget/Conduct of Business

- No in-person meetings except in extraordinary circumstances and only with prior approval of Council and Joint Reference Committee;
- May meet at Annual Meeting or APA's Fall meeting at no cost to APA (other than Administration time and meeting room);
- Electronic Meeting Budget (video/web conferencing; conference calling).

Committee Position Tenures

Chairperson

- Appointed annually to a one-year term

Member

- Three-year terms
- One additional three-year term permitted (if the number of years to be served does not exceed six)
- Six years of membership on a committee makes one ineligible for reappointment to the same committee until two years have passed

Please note the APA Scientific Program Committee and IPS Scientific Program Committee have special circumstances related to their composition, conduct of business, tenure, and committee member roles and responsibilities. Please refer to Chapter Six of the APA Operations Manual for detailed information or contact the APA Administration Liaison assigned to these committees.

TASK FORCES*

Task Forces are established by approval of the Board of Trustees to carry out specific, time-limited task, on recommendation of a council chair to the JRC (and Board), that includes charge and time frame for completion and are discharged upon submission of a final report. Task forces are assigned to report to a council.

Standard Composition

Four members, including the chairperson, appointed by President

Budget/Conduct of Business

Most do not have a budget and will conduct their business via email and conference call.

Task Force Position Tenures

Chairperson

- Appointed for duration of the task

Members

- Tenure for the duration of the task assigned (membership customarily remains the same for the life of the component unless there are reasons to replace or add members)

WORK GROUPS*

A council is authorized to create and eliminate informal work groups under its aegis. Participation on these work groups are not deemed formal component appointments. To serve on a council's work group one does not need to be a member of the council, but one must be an APA member. The composition of a work group must include members of the Council.

CHANGES IN MEMBERS' STATUS ON A COMPONENT

Resignation

A component member is able to resign from his or her position on a component at any time. To resign, a component member should send a letter of resignation to the component chairperson and /or Administration liaison. To process the resignation, please forward the letter to the Appointments Coordinator in the Department of Association Governance.

The President will be informed of the resignation and an individual will be appointed to complete the tenure of the member who resigned. In the event a consultant or corresponding member resigns it is possible that no one will be appointed to replace the resigned member.

Removal from Component

Component members may be asked to resign or may be removed from a component in the event that they are not actively participating on a component. If a member of an APA component misses two consecutive meetings, the component chairperson contacts the President who shall ask the member to resign from that component unless there are

extenuating circumstances that prevent his/her attendance. The President will appoint an individual to complete the tenure of the member removed from the component.

APPOINTMENTS TO COMPONENTS*

The Board of Trustees delegates to the President-elect the authority to make appointments to components for his/her upcoming presidential year. During one's Presidential year, the President will continue to make appointments when vacancies arise. The President-elects appoints the participants to components – chairpersons, vice-chairpersons, members, corresponding members and consultants.

During the September Components Meetings, the President-elect meets with each council chairperson and Administration liaison to discuss preliminary appointment recommendations. These recommendations provide valuable information on the individuals currently serving on the council and individuals who they've identified for potential appointment. Final recommendations from the council chairpersons are required by mid-November.

In making appointments, the President-elect receives recommendations from a number of sources. Individual members, other psychiatric organizations, members of the Board of Trustees, Assembly and the Administration liaisons will make recommendations for individuals to serve on the councils and other components.

RESPONSIBILITIES OF COMPONENT CHAIRPERSONS

The chairperson is responsible for actively leading the council, engaging council members in council projects and activities, representing the council before the Joint Reference Committee (JRC) and presiding over each meeting.

LEAD

- Ensure that the council is an effective and productive entity within the APA leadership structure.
- Lead the council.
 - Provide updates and information on the issues within the purview of council of importance to the APA and the field of psychiatry to the Joint Reference Committee and the Board of Trustees.
 - Assess the effectiveness and work product of committees and work groups that report to the council.
 - Ensure that referrals from the Joint Reference Committee are reviewed and reported to the JRC as requested and by the noted deadlines.

COMMUNICATE

- Encourage council members to actively participate in the council's activities including in- person meetings, conference calls, discussions, projects and requests for review

and feedback from the JRC and the APA Administration.

- Maintain regular communication with the council members and Administration liaison.
 - Ensure that ongoing programmatic work is initiated and completed via regular interactions of the council. (e.g. regular conference calls).
 - Hold two in-person meetings per year, one at the Fall Components Meetings and one at the Annual Meeting, if possible.
- Report on the council's activities, plans and issues to the Joint Reference Committee at their three yearly meetings.

PARTICIPATE

- Ensure that the work of the council stays within the council's scope and adheres to APA Policy and Procedures.
- Receive and act on reports and recommendations of any subordinate components.

TIME COMMITMENT

- Monthly conference calls.
- September Component Meetings (SCM)
 - Meeting with President-elect to discuss appointment recommendations (Held at SCM).
 - Work with the Administration liaison to develop recommendations for appointments.
- Meeting at the APA Annual Meeting, if possible.

SPECIFIC DUTIES OF A COUNCIL CHAIRPERSON*

- Administers the affairs of the Council and its components, according to APA policy, in a fiscally responsible manner.
- Participates in the deliberations of the JRC (by phone) to represent the Council as a non-voting member. If unable to attend, designates the Vice-chairperson or another member of the Council to attend (at invitation of JRC chairperson).
- Schedules meetings of the Council, ensures that the agenda includes matters referred to the Council and/or components, and chairs the meeting.
- Reports on activities of the Council to the JRC and to other components where appropriate.
- Presents items and issues requiring action to the JRC together with the recommendation of Council. Includes pertinent information items in the report.
- Ensures that minutes of meetings and records of other activities of Council between meetings are kept.
- In concert with the Council, makes recommendations to the JRC and the Board concerning establishment of committees, task forces, or caucuses, or concerning termination if the need to proceed with work no longer exists or progress with a particular task is not proceeding.
- In concert with the Council, informs subcomponents of charge, time limitations if any, and budget allocations.
- Receives and acts on reports and recommendations of subordinate components in collaboration with other members of Council.

- Ensures that actions and information items for the Joint Reference Committee and Assembly are prepared in time to be included in the backup for the meetings.
- Collaborates with the Board and Assembly liaisons and assigned American Psychiatric Association Foundation Leadership, APAF Public Psychiatry, and SAMHSA Minority or APAF Diversity Leadership Fellows in all matters pertaining to their respective functions.
- Ensures that all components understand that reports they develop under the auspices of the APA are the property of the Association and must be approved for publication or released by the Board of Trustees for publication elsewhere.
- Ensures that all components understand that approval to seek outside funding must be approved by the Board of Trustees.
- Meets with the President-elect and Speaker-elect to discuss appointments to the Council and its components.

COUNCIL CHAIRPERSON'S INVOLVEMENT WITH APA OFFICE OF CORPORATE COMMUNICATIONS AND PUBLIC AFFAIRS

From time to time, the APA Office of Corporate Communications and Public Affairs may contact a Council Chairperson to participate in their activities: to answer incoming media calls as Chairperson of the Council, for potential blog opportunities (specific topics or topic of their choosing), or for review of public education content in the Patients and Families section of the APA website. Media questions come typically from Erin Connors, Senior Media Relations Specialist, and blog and website inquiries from Debbie Cohen, Senior Writer. In this capacity, Chairpersons would not be speaking as an official spokesperson for APA but offering their expertise as a head of one of APA's Councils and using that APA title. If Council Chairpersons are interested in these activities, please contact Ginnie Titterton, Acting Director at gtitterton@psych.org.

DELIVERABLES*

- Work product of a council includes feedback or review on issues, reports, monographs, position statements, resource documents, etc.
- All work product developed by an APA Council is the intellectual property of the Association and may not be published elsewhere unless authorized by the Board of Trustees.
 - Each council member acknowledges that council work product is the intellectual property of the APA when s/he signs the Component Acceptance Form.
- All councils are encouraged to consider ideas for publications and may or may not be involved in the writing of the manuscript.
- A copy of all component reports should be sent to the appropriate council chairperson and Administration liaison. Chairpersons or their designees may also make verbal reports to the councils enabling them to take necessary actions on recommendations and report to the next meeting of the Joint Reference Committee.
- The APA is the repository for documents and records of councils. Copies of all correspondence should be sent to APA headquarters to maintain complete records.
- APA Administration facilitates the work of the council, assisting in the development of agendas, projects, etc.

RESPONSIBILITIES OF COMPONENT MEMBERS

Component members are typically appointed to three-year tenures. Consultants and corresponding members have one-year tenures. Tenure information is included within an appointment letter.

Reappointment to a component, if one is eligible, is at the discretion of the President-elect. Component members are expected to actively participate in the work of the component.

COMMUNICATE & PARTICIPATE

- Actively participate in the work and projects of the component.
 - apply your expertise and experience to the issues before the component by voicing your thoughts and opinions
 - attend component meetings
 - participate on conference calls
 - respond to requests for feedback and review
 - read and review the supporting materials for each component meeting
 - maintain regular communication with the component chairperson and members
- Adhere to the APA Disclosure of Interests and Affiliations Policy.

TIME COMMITMENT

- Monthly conference calls.
- One to two in-person meetings per year.
 - One at the September Components Meeting. [Councils]
 - One at the APA Annual Meeting or at APAs Fall meeting, if possible. [Councils and Committees]
(travel to the Annual Meeting is not reimbursed)

**Note: Two consecutive unexcused absences may result in being asked to resign from the component*

COMPONENT WORK PRODUCT*

Component work product consists of a number of tangible and less tangible deliverables. These include policy documents (position statements, practice guidelines, DSM) and non-policy documents (resource documents, task force reports, other documents). The selection of award and fellowship recipients, constituent advocacy, consultative advice, and clinical review are a few examples of other types of component work product. An important function of Councils is to provide timely expert opinion and counsel to the APA on issues within the scope of the Council's charge including action papers and ideas stemming from Assembly.

- All work product developed by an APA Component is the property of the Association and may not be published elsewhere unless authorized by the Board of Trustees.
- Members of and consultants to APA components are asked to sign a form when they accept their appointment acknowledging that work produced as a member of an APA Component is APA property.
- All components are encouraged to consider ideas for publication and may or may not be involved in the writing of a manuscript.

- A copy of all component reports should be sent to the appropriate component Administration liaison.

APA Administration liaisons facilitate the work of chairpersons and component members. They collaborate with the component chairperson to develop the agenda and supporting materials for each meeting/conference call. These materials are distributed via email to component members.

COMPONENT WORK PRODUCT				
Review and Approval by Whom				
	JRC	ASSEMBLY	BOARD OF TRUSTEES	APA POLICY
Position Statements	Review	Approval	Approval	Yes
Resource Documents	Approval	FYI	FYI	No
Task Force Reports	Approval	FYI	FYI	No
DSM		Approval	Approval	Yes
Practice Guidelines		Approval	Approval	Yes
Component Charges	Review		Approval	No
Creation/Sunset Components	Approval		Approval	No
Requests to Publish Work Product	Approval		Approval	No

COUNCIL REPORTS TO THE JOINT REFERENCE COMMITTEE, ASSEMBLY AND BOARD OF TRUSTEES

The Board of Trustees (BOT), Joint Reference Committee (JRC) and Assembly (ASM) meet several times each during the year.

- The BOT receives reports and actions from the standing committees of the APA (including the Joint Reference Committee).
- The JRC receives reports and actions from the councils.
- The Assembly receives reports and actions from the Joint Reference Committee and informational reports only from the councils and standing committees.

Report Format

The Department of Association Governance will send out report deadline reminders and report templates prior to each scheduled meeting to Administration Liaisons who will assist the Component Chair in drafting the report for submission.

The appropriate report format must be followed for submission. Reports not received in the correct format will be returned.

Report Deadlines

Per the APA Operations Manual, members of the Board of Trustees, JRC and Assembly are required to receive all meeting materials at least two weeks prior to the meeting. To comply

with this requirement, report deadlines must be followed. When writing the report, please factor in adequate time for review to ensure meeting the submission deadline.

COMPONENT MEETINGS

The success a Component Chair achieves will largely depend on his or her ability to preside and guide the group to a definite goal. The following guidelines should assist with running productive meetings:

How a Meeting is Structured

Following is the generally accepted sequence, or order of business, that is observed for a meeting:

1. Call the meeting to order ***on time***;
2. Roll Call;
3. Review the minutes of the previous meeting;
4. Discuss and resolve agenda items as they are listed;
5. New Business;
6. Adjourn the meeting ***on time***.

An agenda needs to be developed and sent to all members of the component prior to the meeting. It should include all topics to be discussed at the meeting and should also include the date, location, starting time, scheduled breaks, and anticipated adjourning time. Any supporting or background material to further explain or detail the items on the agenda should also be included.

Meeting Facilitation Tips

- The Council belongs to the association, not the Chair. The Chair's primary role is as facilitator.
- Guide, mediate, probe and stimulate discussion. Monitor talkative members and draw out silent ones.
- Encourage a clash of ideas, but not of personalities. If emotions run high over a difficult issue, return the floor to a neutral person, seek a purely factual answer or take a break.
- Keep discussions on track; periodically re-state the issue and the goal of the discussion.
- In moving toward a decision, call on the least senior or vocal members first to express their views. Discussion tend to close down after senior members express strong views.
- Seek consensus; unanimity is not required.
- Announce the results of actions taken and explain the follow-up to be taken and by whom.
- Closed the meeting by noting achievements.
- Following adjournment, meet briefly with the Administration liaison to agree on follow-up actions and by whom.

Parliamentary Procedure

Components are not required to operate using parliamentary procedure; however, the objectives and principles of parliamentary procedure should be employed.

The objectives of parliamentary procedure include expediting business, maintaining order, ensuring justice and equity for all, and accomplishing the objectives for which the group is organized.

The principles of parliamentary procedure include courtesy and justice to all, rule of the majority while respecting the rights of the minority, partiality to none, protection of the absentee, and taking one item of business at a time.

Component Meeting Summaries

After each Board of Trustees', Joint Reference Committee and Assembly meeting, Association Governance develops a summary of actions that includes all actions taken by the particular governing body. A copy of the summary will be provided to Administration liaisons for review of items assigned to the component and dissemination to Component Chairs, which will include a deadline for reporting back to the assigning body. Component Chairs may find it helpful to start a draft agenda and insert items from the previous component reports that need additional follow-up as well as assignments from the summaries of actions so that items are not overlooked.

Administration liaisons are typically responsible for taking notes during component meetings and drafting summaries of the component meetings. These documents should detail any actions taken by the component and summarize the proceedings. Please note that they are not a detailed record of the discussions. In addition, the summary should be free of personal opinions and judgment, and descriptive phrases. Once drafted, the summary is reviewed by the chairperson for accuracy, placed on the component's next meeting agenda and then approved by vote of the component at its next meeting. Accurate minutes of a component's meeting that reflect the actions taken are important records as they document the decisions of the members and the proposals and reports of each component.

The meeting summary should include the name of the meeting; date, time and location of the meeting; list of attendees both present and absent; oral disclosures of interests; corrections and approval of previous meeting summary; actions taken and follow-up; unfinished business; and next meeting date and time.

AWARDS OF THE ASSOCIATION*

The American Psychiatric Association has numerous awards which honor a broad spectrum of psychiatric practice. Lists and descriptions of these awards may be found in the APA Operations Manual. Each award is overseen by an administrative component or one of the APA's Councils.

Nominations for an award are solicited and award nominees are selected based on the criteria established for each award. Once award nominees are identified, the administrative group that selected the slate of nominees approves one nominee for approval by the appropriate Board. The component and the liaison must ensure that all due diligence is

completed on nominees before they are sent forward for approval by the JRC. This included google searches on the individual or organization to ensure that the material received is accurate and to help inform decision making.

Awards that are funded through the American Psychiatric Association Foundation are approved by the Board of Directors of the American Psychiatric Association Foundation while awards funded by the APA are approved by the APA Board of Trustees. In both cases the name of the nominee(s) along with an Award Review Form and any additional information found through searches are submitted to the approving Board. The deadline for all award submissions to the approval groups is October 1 and is sent to either the American Psychiatric Association Foundation or the Joint Reference Committee for final approval by the APA Board of Trustees.

APPENDIX D

Structural Racism Task Force Scientific Programs Work Group Report 1/5/21

Members of Work Group

Renee Binder M.D. Chair
Frank Clark M.D.
Rana Elmaghraby MD
Latoya Frolov, MD
Rick Summers, MD

Consultants to Work Group

Jacqueline Feldman, M.D., Scientific Program Chair
Tristan Gorrindo, M.D., Deputy Medical Director, Chief of Education
Leon Lewis, Director, Office of Scientific Programs
Staff support: Debbie Gibson

EXECUTIVE SUMMARY

The Work Group carefully reviewed data about the Scientific Program and discussed current policies and processes related to Diversity, Equity, Inclusion (DEI) and anti-racism. We elicited information from the Chair of the Scientific Program Committee (SPC), the Director of Scientific Programs, and the APA Chief of Education.

The data and information showed that the membership of the Scientific Program Committee is currently very diverse and there are mentorship opportunities for new members of the SPC and for submitters of abstracts. The abstract submissions on DEI topics are reviewed by experts on DEI issues. The Scientific Program needs to include a breadth of topic areas determined by a taxonomy created by the ABPN which covers all domains within psychiatry. Most submissions that APA receives related to Diversity, Equity, and Inclusion (DEI) are tagged by abstract submitters to the topics of “*Diversity and Health Equity*”, “*Global, Political, and Social Issues*”, and “*Community Psychiatry*”. There are a very large number of submissions related to these topics and about 48% of these submissions are accepted. When there are a large number of submissions on a topic, the acceptance rate cannot be 100%. When there are a smaller number of submissions on a topic, the acceptance rate is high, e.g. in 2020, there was one submission on brain imaging. and it was accepted so the acceptance rate on that topic was 100%. The three DEI topics make up about 14% of the 400 scientific sessions and have the highest representation within the meeting compared to the other 53 topics represented in the meeting. During the meeting, DEI sessions are highlighted through multiple communication channels. The meeting also includes multiple opportunities for career development for members of MUR groups.

One of the most significant changes that will be instituted in 2021 is that the SPC has added a question on the abstract submission form that will require authors to describe how diversity, equity and inclusion will be incorporated into their submission. The work group also recommends that consideration be given to having a third plenary at the annual meeting focused on DEI issues. In addition, the work group recommends that consideration be given to having a statement in the Operations Manual that codifies and specifies that the membership of the SPC should include expertise in issues related to ethnic/racial/gender/age diversity in addition to expertise in other contents and methodology

Methodology

The Work Group met twice. On 12/9/20, Dr. Binder met with the consultants and on 12/15/20, the entire work group met with the consultants.

The Work Group addressed the following issues: Membership of the Scientific Program Committee (SPC), Mentorship on the SPC for members and for submitters of abstracts, Review of Submissions (including the process and grading), Scientific Program Composition (including Accept rate and Proportion of Scientific Program related to DEI topics), Meeting Experience (including Identification of DEI sessions within the meeting and

opportunities for mentorship for meeting attendees), Myths and Misconceptions, and Recommendations. All of these issues were addressed to determine what we are already doing and how we can increase our efforts to address racism and encourage diversity, inclusion and equity.

Membership of the Scientific Program Committee (SPC)

Each year in October, the APA President-elect, in consultation with the Chair of the SPC, makes appointments of members to replace members/consultants whose terms are up. The membership of the SPC needs to include a balance in demographics and expertise e.g. gender, age (RFM and ECP), content, methodology. At the present time, of the 40 people on the SPC, 17 have expertise in diversity and health equity (including Structural Racism task force members Danielle Hairston, Frank Clark and Steven Starks)

Mentorship on the SPC for members and for submitters of abstracts

For members of the SPC: Each early career psychiatrist (ECP) member who is appointed to the SPC is assigned a senior mentor who helps coach them and guide them through the program planning, abstract reviewing, and session development processes. This includes MUR ECP and MUR more senior members of committee.

For submitters of abstracts: The SPC has offered medical students and resident-fellow members an opportunity to request a “pre-review” of their abstract from a member of the program committee. The goal of this program is to promote the scholarly work of those who may not have academic mentors at their institutions, furthering inclusion and opportunity for underrepresented groups among medical students and residents.

Review of Submissions

Each year, the Scientific Program Committee reviews over 680 general session abstracts. Each abstract is reviewed and graded by three (3) members of the Scientific Program Committee. On average, approximately 56% of abstracts are accepted each year.

Abstract Submission Process

Topics - During the abstract submission process, the Scientific Program Committee (SPC) asks submitters to select a primary and a secondary topic to describe their submission. The APA uses a taxonomy created by the ABPN which covers all domains within psychiatry. Most submissions that APA receives related to Diversity, Equity, and Inclusion (DEI) are tagged by abstract submitters to the topics of “Diversity and Health Equity”, “Global, Political, and Social Issues”, and “Community Psychiatry”.

Abstract submission question on DEI - The Scientific Program Committee has added a question to the abstract submission process that will require authors describe how diversity, equity, and inclusion will be incorporated in their submission. are represented within a particular submission. The question reads: “Please describe ways in which you have included diversity, equity, and inclusion within your program.” This question will be required of all abstract submitters starting in June 2021, when faculty can begin submitting abstracts for the 2022 APA Annual Meeting.

Scientific Program Committee Abstract Grading

Abstract review – Once an abstract is submitted for review to the program committee, it is assigned for review by three (3) committee members with the expertise in the topic. Below are the 2021 Annual Meeting SPC review assignments for submissions that are tagged to capture abstracts related to DEI.

<u>Diversity and Health Equity</u>	<u>Community Psychiatry</u>	<u>Global, Political, and Social Issues</u>
Ike Ahmed, M.D.	Margarita Abi Zeid Daou, M.D.	Lama Bazzi, M.D.
Elie Aoun, M.D.	Lama Bazzi, M.D.	Rustin Dakota Carter, M.D.
Lama Bazzi, M.D.	Rustin Dakota Carter, M.D.	Michael T. Compton, M.D., M.P.H.
Rustin Dakota Carter, M.D.	Michael T. Compton, M.D., M.P.H.	Nancy Diazgranados, M.D.

Frank Clark, M.D. Michael T. Compton, M.D., M.P.H. Robert Cotes, M.D. Nancy Diazgranados, M.D. Vikas Gupta, M.D. Danielle Hairston, M.D. Abhisek Chandan Khandai, M.D. John Luo, M.D. Adrienne Mishkin, M.D., M.P.H. Michael F. Myers, M.D. Bernardo Ng, M.D. Uchenna Okoye, M.D. Steven Starks, M.D. Glenda L. Wrenn, M.D., M.S.H.P.	Robert Cotes, M.D. Xiaoduo Fan, M.D., M.P.H. Jackie Feldman, M.D. Vikas Gupta, M.D. John Luo, M.D. Lawrence Malak, M.D. Adrienne Mishkin, M.D., M.P.H. Uchenna Okoye, M.D. Steven Starks, M.D. Glenda L. Wrenn, M.D., M.S.H.P.	Jackie Feldman, M.D. Abhisek Chandan Khandai, M.D., Adrienne Mishkin, M.D., M.P.H. Michael F. Myers, M.D. Uchenna Okoye, M.D.
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Scientific Program Composition

Accept rate of DEI related submissions - Over the years, the SPC has noticed a significant increase in submissions with primary and/or secondary topics associated with to DEI. For the 2020 Annual Meeting, these submissions had roughly a 46–52% acceptance rate to be included into the program (**See Table 1, yellow highlights**). Acceptance rate is statistically related to the total number of submissions a particular topic received, such that topics with fewer submissions tend to have a higher overall acceptance rate.

Proportion of total program related to DEI - For the 2020 Annual Meeting, each of the DEI topics made up 4–5% (total of 14%) of the 400+ scientific sessions for Annual Meeting (**See Table 2, yellow highlight**). DEI-related topics accounted for the second, third, and fifth most represented topics within the meeting and in total make up the highest represented topic within the meeting.

Table 1: Below are the 2020 AM percent accept rate and relative ranking for “Diversity and Health Equity”, “Community Psychiatry”, and “Global, Political, and Social Issues” across primary and secondary topic

Topic	Total Submissions (primary + secondary)	Total Submissions Accepted	Percent Acceptance
Brain Imaging	1	1	100.00%
Obsessive-Compulsive and Related Disorders	2	2	100.00%
Sexual Dysfunctions	2	2	100.00%
Patient Safety	22	18	81.82%
Emergency Psychiatry	21	15	71.43%
Personality Disorders	20	14	70.00%
Bipolar and Related Disorders	15	10	66.67%
Dissociative Disorders	3	2	66.67%
Psychiatric Rehabilitation and Recovery	9	6	66.67%
AIDS and HIV	8	5	62.50%
Consultation-Liaison Psychiatry	48	28	58.33%
Gender and Sexuality	24	14	58.33%

Practice Management	26	15	57.69%
Topic	Total Submissions (primary + secondary)	Total Submissions Accepted	Percent Acceptance
International Collaborations	7	4	57.14%
Residents, Fellows, and Medical Students	69	39	56.52%
Eating Disorders	9	5	55.56%
Ethics	42	23	54.76%
Administrative Psychiatry	22	12	54.55%
Quality and Outcome Studies	37	20	54.05%
Integrated and Collaborative Care	49	26	53.06%
Forensic Psychiatry	53	28	52.83%
Diversity and Health Equity	67	35	52.24%
Suicide and Risk Evaluation	31	16	51.61%
Somatic Symptom Disorders	4	2	50.00%
Technology (EHR, Telepsychiatry, Apps)	39	19	48.72%
Psychopharmacology	42	20	47.62%
Global, Political, and Social Issues	79	37	46.84%
Women's Health	28	13	46.43%
Community Psychiatry	61	28	45.90%
Autism Spectrum Disorders	11	5	45.45%
Depressive Disorders	20	9	45.00%
Geriatric Psychiatry	27	12	44.44%
Psychotherapy	60	26	43.33%
Physician Well-Being and Burnout	45	19	42.22%
Biological Psychiatry	17	7	41.18%
Trauma- and Stressor-Related Disorders	51	21	41.18%
Addiction Psychiatry	56	23	41.07%
Academic Psychiatry	81	31	38.27%
End of Life and Palliative Care	8	3	37.50%
Psychoanalysis	8	3	37.50%
Child and Adolescent Psychiatry	59	22	37.29%
Integrative Medicine (CAM)	11	4	36.36%
Neurocognitive Disorders	17	6	35.29%
Diagnosis/Assessment	40	13	32.50%
Military/Veterans and Their Families	18	5	27.78%
Neuropsychiatry	19	5	26.32%
Treatment (other non-pharmacological)	31	8	25.81%
Anxiety Disorders	8	2	25.00%
Prevention	24	6	25.00%
Religion and Spirituality Psychiatry	16	4	25.00%
Wellness	33	8	24.24%
Neuroscience and Genetics	9	2	22.22%

Topic	Total Submissions (primary + secondary)	Total Submissions Accepted	Percent Acceptance
Schizophrenia Spectrum and Other Psychotic Disorders	18	4	22.22%
Sleep-Wake Disorders	6	1	16.67%
Somatic Treatments (ECT, rTMS, DBS, etc.)	12	2	16.67%
Pain Management	2	0	0.00%
Paraphilias	2	0	0.00%

Table 2: Below are the 2020 AM percent of total program and relative ranking for “Diversity and Health Equity”, “Community Psychiatry”, and “Global, Political, and Social Issues” across primary and secondary topic

Topic	Total Submissions (primary + secondary)	Total Submissions Accepted	Percent Total Program
Residents, Fellows, and Medical Students	69	39	5.49%
Global, Political, and Social Issues	79	37	5.21%
Diversity and Health Equity	67	35	4.93%
Academic Psychiatry	81	31	4.37%
Community Psychiatry	61	28	3.94%
Consultation-Liaison Psychiatry	48	28	3.94%
Forensic Psychiatry	53	28	3.94%
Psychotherapy	60	26	3.66%
Integrated and Collaborative Care	49	26	3.66%
Addiction Psychiatry	56	23	3.24%
Ethics	42	23	3.24%
Child and Adolescent Psychiatry	59	22	3.10%
Trauma- and Stressor-Related Disorders	51	21	2.96%
Psychopharmacology	42	20	2.82%
Quality and Outcome Studies	37	20	2.82%
Technology (EHR, Telepsychiatry, Apps)	39	19	2.68%
Physician Well-Being and Burnout	45	19	2.68%
Patient Safety	22	18	2.54%
Suicide and Risk Evaluation	31	16	2.25%
Practice Management	26	15	2.11%
Emergency Psychiatry	21	15	2.11%
Gender and Sexuality	24	14	1.97%
Personality Disorders	20	14	1.97%
Diagnosis/Assessment	40	13	1.83%
Women's Health	28	13	1.83%
Administrative Psychiatry	22	12	1.69%
Geriatric Psychiatry	27	12	1.69%

Topic	Total Submissions (primary + secondary)	Total Submissions Accepted	Percent Total Program
Bipolar and Related Disorders	15	10	1.41%
Depressive Disorders	20	9	1.27%
Wellness	33	8	1.13%
Treatment (other non-pharmacological)	31	8	1.13%
Biological Psychiatry	17	7	0.99%
Psychiatric Rehabilitation and Recovery	9	6	0.85%
Neurocognitive Disorders	17	6	0.85%
Prevention	24	6	0.85%
Neuropsychiatry	19	5	0.70%
Autism Spectrum Disorders	11	5	0.70%
AIDS and HIV	8	5	0.70%
Eating Disorders	9	5	0.70%
Military/Veterans and Their Families	18	5	0.70%
Schizophrenia Spectrum and Other Psychotic Disorders	18	4	0.56%
Integrative Medicine (CAM)	11	4	0.56%
International Collaborations	7	4	0.56%
Religion and Spirituality Psychiatry	16	4	0.56%
Psychoanalysis	8	3	0.42%
End of Life and Palliative Care	8	3	0.42%
Neuroscience and Genetics	9	2	0.28%
Anxiety Disorders	8	2	0.28%
Obsessive-Compulsive and Related Disorders	2	2	0.28%
Somatic Treatments (ECT, rTMS, DBS, etc.)	12	2	0.28%
Sexual Dysfunctions	2	2	0.28%
Dissociative Disorders	3	2	0.28%
Somatic Symptom Disorders	4	2	0.28%
Brain Imaging	1	1	0.14%
Sleep-Wake Disorders	6	1	0.14%
Pain Management	2	0	0.00%
Paraphilias	2	0	0.00%

The Meeting Experience

Identifying DEI sessions within the meeting - The primary and secondary topics attached to each abstract are used to promote sessions through multiple communication channels such as the printed program guide, the meeting mobile app, and the session search tool located on APA’s Annual Meeting homepage. On the mobile meeting app and the online session search, attendees can easily search and sort their desired session(s) by topic. For the 2021 APA Annual Meeting Online, The Division of Education along with APA’s Communication team, will be developing similar filtering tools on the virtual meeting platform.

Mentorship during the meeting - Onsite at the Annual Meeting, APA offers a number of RFM and ECP career development activities, including, but not limited to, a leadership bootcamp, ECP and RFM townhalls, curriculum vitae and resume reviews, minority fellow mentorship breakfasts, *Psychsign* mentors' lunch, research program for SAMSHA fellows and minority fellows.

MYTHS and MISCONCEPTIONS

- DEI presentations don't get accepted because they are not hard data. NOT TRUE. These submissions are reviewed by SPC members with expertise in this area. DEI presentations represent a high percent of the total scientific program compared to other topics.
Please note: The rate of acceptance is partially determined by the number of submissions on any topic. We need to have a balanced program. If there is only one submission on brain imaging and it is accepted, submissions on this topic will have a 100% acceptance. If there are 207 submissions on DEI, and 100 are selected, there will be the perception that many abstracts on this topic are not selected, although they have a very high representation in the overall program compared to other topics.
- DEI presentations are put in small rooms. NOT TRUE. The room assignment for submissions is very complicated. Sometimes, there is a request for a small room, e.g. diversity walk to increase socialization and then 200 people show up. Sometimes DHEA sessions have been added after the program was complete and all the rooms are already scheduled and only small rooms are available. APA doesn't control space.
- DEI sessions conflict with "hot shot" presentations. NOT TRUE. The APA has to put big presentations someplace and there will inevitably be conflicts when there are so many presentations going on at the same time. The APA doesn't want to put all DEI presentations in one time slot so they conflict with each other. Often, scheduling for "hot shot" presentations is done at the preference of the presenter, e.g. the presenter may say that they are only available on certain days or times.

Recommendations for consideration

- (1) The composition of the SPC is already diverse. However, we should consider having a statement in the operations manual codifying and specifying that the membership of SPC should include expertise in issues related to ethnic/racial/gender/age in addition to expertise in other contents and methodology. Wording will be determined.
- (2) We could ask the SPC to consider adding a third major plenary focused on DEI issues. Currently we have two plenaries (opening session and convocation) and nothing else is scheduled during these plenaries.
- (3) Starting in 2021, all submissions for the Scientific Program will have a required question stating, "Please describe ways in which you have included diversity, equity, and inclusion within your program." (already being done)