

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*)