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CANDIDATES FOR PRESIDENT-ELECT
I am honored to be nominated for the presidency of the APA. The APA has inspired me to study, teach, publish, and advocate for our patients and our profession since medical school. It also helped me lead the New York County District Branch at a time when mental health was not on the priority lists of politicians, physicians, or parents.

Since then, mental health has moved from the background of societal concern to its foreground. Psychiatrists are now routinely called to guide both legislators and the public on matters of mental and physical wellbeing, work-life balance, social determinants of health, diversity, equity, and inclusion. And currently, COVID has introduced unprecedented levels of communal anxiety and distress in need of our help.

I would be thrilled to capitalize on this unique moment when people’s awareness of and interest in what we can offer is at its highest.

To achieve this goal, I will lead our APA to:
Expand our Workforce through building more residencies and developing innovative career pathways for young psychiatrists.
Strengthen our Scope of Practice for our patients’ safety and optimal medical care through clear guidelines for supervision and collaboration with our partners.
Fight for Parity in reimbursement of clinical services on par with other medical specialties.
Problem-Solve Maintenance of Certification to best help our members in their professional development.
Amplify the Psychiatrist’s Voice on critical social issues, such as systemic racism, homophobia, and climate change.

My background in academic psychiatry, leadership in key administrative roles for over 20 years, understanding of professional organizations, personal experience of stigma and discrimination as a gay man, media expertise, and passion for teaching and learning will help me lead our association to fulfill both our own commitments and the growing expectations of our fellow citizens.
When I arrived in Newark, the need for addiction expertise was dire. Although opioids were a major cause of mortality, I was the only fellowship-trained addiction specialist on campus. The good news was that several internists, pediatricians, emergency doctors, and gynecologists were passionate about helping their addicted patients succeed. However, committing to a full-time fellowship was “too much,” and self-training was “too little.” I created a third pathway, the Executive Fellowship in Addiction Medicine, which trained physicians from all specialties through “user-friendly” seminars, structured supervision, and retreats. Our innovative program was the first of its kind in the US, moved the needle on the opioid epidemic, and attracted national attention that helped bridge disparate communities within the House of Medicine under Psychiatry’s leadership.

Psychiatry needs to respond to the call for leadership in mental health beyond the assessment and treatment of psychiatric disorders. Scientists, journalists, politicians, athletes, and performers are asking us to explain, contextualize, and make recommendations for both psychiatric conditions and subdiagnostic psychological stress.

In five years, psychiatry can deliver a large-scale approach to mental health drawing from our vast expertise in the care of psychiatric patients; cutting-edge research led by our National Institutes; and effective public health strategies. Psychiatry can also proactively address impending stress, such as climate instability with its profound psychological impact, especially on economically depressed communities. Perhaps most importantly, psychiatrists’ special skills in collaborating, negotiating, and reaching consensus will be invaluable for the wellbeing of a highly divided and distressed society.

I love the Great British Baking Show!

I’ve watched every episode and cannot wait for the next one. It’s sweet, dramatic, beautiful, and oh so civilized. When so much of what’s going on around us can be anxiety-provoking, angry, and downright tough, this armchair reality show comes to the rescue. Yes, the caramel may burn, the merengue can collapse, and the Genoise sponge may be too dense for Paul and Prue, but at the end of the day, we are all in this troubled mess together. Among COVID feel-good novelties, such as “Animal Crossing” and “Ted Lasso,” the Great British Baking Show wins the crown.

I sometimes wonder why all this kitchen kindness speaks to me. Running for the APA presidency may not be unrelated.
It is exciting to contemplate serving as President-Elect of the most important organization in American psychiatry.

One of my overarching goals will be to help create the next-generation version of our field. A key feature must be greater diversity, equity, and inclusion. Improving the mental health of the underserved was integral to my choosing to go into psychiatry, as my path started with treating malaria in West Africa, and during medical school I rotated at a Nigerian psychiatric hospital. As a resident, I served on the APA’s Council for International Health. At Johns Hopkins, we are working to enhance opportunities for underrepresented minorities and increase trainee’s cross-cultural skills. I look forward to building on the APA’s efforts in this arena. The next generation also requires we solidify COVID-era gains in telepsychiatry, so patients can more easily access care, and psychiatrists can have increased flexibility. This means prioritizing legislative and regulatory efforts to ensure telepsychiatry options continue to be allowed and reimbursed. Next-generation innovation should involve things like automated texting to remind patients to take medications, and digital monitoring to provide a richer profile of patients’ condition between visits, as augmentation to psychotherapy.

My other overarching goal will be to bolster the strong foundations on which our field was built. We are the only branch of medicine that not only treats disease, but cares for the whole person. We need to preserve and enhance our ability to comprehensively assess and formulate patients, and provide compassionate care encompassing psychotherapeutic, pharmacologic and neuromodulatory treatment. We want more for patients than surviving illness—we want to encourage thriving lives. Shoring up these foundations will require continuing to promote mental health parity.

None of this will be easy, but “nothing great was ever achieved without enthusiasm,” and I will certainly bring that to the effort.
I take great pride in being part of the effort to uncover the processes that generate mental illness. In particular, I am pleased to have played a role in some of the studies that have explored the nature-nurture nexus in the genesis of our disorders. For example, I led a study showing that high levels of stress hormone can change epigenetic marks in a hypothalamic-pituitary-adrenal (HPA) axis gene that may predispose people to anxiety and mood disorders. The demonstration that biology and life experience interact to give rise to the disorders we treat emphasizes the necessity of paying attention to both the “bio” and the “social” sides of the biopsychosocial equation, and lays the groundwork for discovering new targets for intervention.

We need better treatments, like, potentially, psilocybin, the psychedelic drug which could be approved by the Food and Drug Administration for use in major depressive disorder (MDD) or treatment-resistant MDD in five years. We also need better access to existing treatments for patients seeking help, which requires better reimbursement for mental health care, across both private and public insurance. This must include recognition of and appropriate remuneration for the great value of the time we take with patients that is so essential to excellent care. Continued work on stigma reduction is essential, as this remains an obstacle to seeking care in some individuals and communities. Wider implementation of the collaborative care model, with psychiatrists supervising counselors embedded in primary care will help extend our reach.

Tell us about your most important achievement.

Tell us something about yourself that most people don’t know.

My mother suffered with severe depression for ten years when I was a teenager and young adult. In 2009, when I was preparing to make remarks for a ceremony that would celebrate my installation as the Arlene and Robert Kogod Professor of Mood Disorders at Johns Hopkins, I asked my mother if it would be OK to tell people she had had depression. “Yes,” she said, “but tell them I was a lawyer who had depression.” Mom didn’t want to be defined by the illness, which made perfect sense, as she was indeed so much more. Thank goodness, she recovered from her depression, and her last 30 years were stable and fulfilling. May we all treat our patients as nothing less than full human beings!
CANDIDATES FOR TREASURER
My platform is Competent Transparent Fiscal Reporting and Responsible Oversight. The role of the treasurer is to present the organization’s financial information in a way that can be comprehended by those without a financial background and to do so in a transparent way. The treasurer must also ensure the finances are adequate to support the organization and investments are managed to safeguard the successful financial future of the organization. Further, the role of the treasurer is to see that the funds of the organization are directed in the manner set forth by the membership. These beliefs have resulted in the successful performance of duties in my previous roles as treasurer and I offer my experience in service to the APA.
Tell us about your most important achievement.

My most important achievement is repeatedly earning the trust of my colleagues to oversee the management of financial affairs in organizations. Utilizing basic financial principles acquired when obtaining a Master’s in Business Administration led to saving a national organization from the brink of bankruptcy, putting it in the black, and leaving it with a positive non-dues’ revenue income stream after my tenure ended. This experience has been the template that allowed me to develop a financial prowess brought to other organizations such that they too gained a solid financial foundation and ongoing income streams long after my tenure ends. I am very proud of achieving dependability to all I serve.

Where does the profession of psychiatry need to be in five years?

In five years, the profession of psychiatry needs to have the financial resources adequate to be responsive to the needs of membership, which is increasingly comfortable with technology and because of COVID-19 recognizes that the modes of care delivery have indefinitely changed the course of medicine. APA finances must be solid and must be under the directorship of fiduciaries that understand market dynamics and the objective to maximize return on investment while being socially conscious and funding operations. Strategic and mindful financial investments must yield resources to support programming and other activities to conduct the APA mission and solidify the role of the psychiatrist as a physician team leader. These are considerations that I will execute in the role of treasurer if elected.

Tell us something about yourself that most people don’t know.

What most people do not know about me is that I have cultivated an entrepreneurial spirit and interest in finance since my early teens. My financial literacy is self-taught and was supplemented by business school education. The application of fundamental rules reflected in my personal business and financial success as a solo practitioner is the same technique employed when managing an organization’s finances, which historically improve under my stewardship. These experiences, skills, and integrity are what supported my appointment and subsequent reappointment to the Investment and Oversight Committee. This is what I will bring to the role of APA Treasurer should I be elected.
Psychiatry is at the center of many national conversations because of the crisis in accessing care, impact of COVID, recognition of racial and social injustice, rise in gun violence, and polarization of public discourse. Finally, people are realizing that mental health is integral to addressing these problems and to our ability to protect our democratic institutions and the planet. Our APA must seize this moment and help to lead the discussion about mental health policy. I’m proud of the accomplishments of my first term as APA Treasurer, but eager to push for a better alignment of money and mission to help us communicate, advocate, and lobby to influence decisionmakers and the public. We must wisely use our resources now to deal with the opportunities and threats of the moment.

I want to focus on greater transparency about APA finances to ensure that we are deploying our very substantial assets to fund our most important priorities: advocating for psychiatry and psychiatrists; promoting diversity, equity and inclusion; building cohesion within our organization; promoting cutting edge education; expanding the empirical base of our field; and nurturing the psychiatrists of the future.

During my current term as Treasurer, I oversaw the redesign of the Treasurer’s Report and promoted effective planning discussions among the major components of the APA Finance Team. I have proposed and we will soon implement an APA Board of Trustees Risk Advisory Committee to help us manage risks such as cybersecurity, reputational risk and events like the pandemic. I have been involved in the financing decisions for our headquarters and supported our expansion into new investment areas.

If you re-elect me for a second term, I pledge to continue to strengthen APA’s financial position, help us lead the national conversation, and engage all of the stakeholders in our vibrant organization.
Tell us about your most important achievement.

The professional achievement I’m proudest of is having served as a residency training director for twenty-two years. During that time, I helped mentor and direct the training of almost 250 psychiatry residents who are now all across America taking care of patients, advancing knowledge and teaching. They kept me thinking and learning, challenged me to give them everything I could, and then went on to help build the future of our profession. It is my hope that these many residents left training deeply committed to compassionate psychiatric care, ethical practice, and searching for new knowledge.

Where does the profession of psychiatry need to be in five years?

As psychiatrists, we are natural communicators with our patients and their families. But, as a profession, psychiatry needs to find its voice as the leader in the national discussion on mental health policy. We need to be more communication forward and serve as the leading source of information and advocacy on population-based mental health, tech-sophisticated care, anti-racism, toxic social media, the impact of trauma, climate anxiety and grief, and what families and communities need for their loved ones’ mental health care. As a profession, we have a lot to say and need to have a better and more coordinated communication capability to lead and influence.

Tell us something about yourself that most people don’t know.

As an author and educator, I have been privileged to be invited to speak and teach all over the country and the world. My book on evidence-based psychodynamic therapy, co-written with Jacques Barber, is used in over forty psychiatry residencies and many graduate mental health training programs. Speaking at workshops and conferences in Europe, the Middle East, Australia, Asia and Africa, as well as all over the US, has given me a perspective on the importance of psychotherapy for psychiatrists and an awareness of our critical role as thought leaders and influencers about the importance of the biopsychosocial model in mental health care.
CANDIDATES FOR TRUSTEE-AT-LARGE
The world is at a major crossroads. Space exploration and science hold immense possibilities and promise. On the other hand the problems of climate change, immigration, refugee, natural and manmade disasters, poverty, racism, and lack of access to care continue to raise their hydra headed nature. Any attempt to contribute to the solution of these problems requires diverse strategies, empathy, and humanitarian and ethical approaches. The American Psychiatric Association as the premier mental health organization in the world will continue to play a major role. My interest and experience in culture, global health, and disability programs prepare me to make some contribution to the American Psychiatric Association and the field. Also, as a past President of the Black Psychiatrists of America and Chair of the American Psychiatric Association Caucus on Global Mental Health I can speak to some concerns of minority and other groups. Some of my contributions include the editorship of the following volumes Mental Health in Africa and the Americas Today, Clinical Methods in Transcultural Psychiatry, Essentials of Global Mental Health, and Innovations in Global Mental Health. As a previous board member and Secretary of Nashville Metropolitan Board of Health, I emphasized the role of mental health in public health. I have also established some working relationships with overseas colleagues which experience will enable me to make relevant contribution to the board. In this regard one ought to mention the interest of foreign members to participate more in the activities of the American Psychiatric Association and to gain greater recognition for their participation and membership. I also anticipate that the American Psychiatric Association in this leadership role will show greater interest in the training and mentoring of overseas young psychiatrists and promote greater interest in population based psychiatry.
Tell us about your most important achievement.

My most important achievement is in the field of mentally ill individuals’ participation in the Social Security Disability Income and the Supplemental Security Income Programs. During the Reagan years there was national concern about reduction of the disability roles. There was an over representation in the termination or denial process of individuals with chronic moderate to severe psychiatric impairment. Based on a study of a sample of such individuals, I suggested that the criteria and guidelines for the eligibility of these two programs were too stringent for individuals with psychiatric impairment and that some of these individuals are unable to provide information necessary to build a proper case for disability because of their psychopathology. I then studied various aspects of the benefit programs.

Where does the profession of psychiatry need to be in five years?

The profession of psychiatry in five years will need to be more relevant, ethical, and humanitarian in its approaches. The current epidemic has taught us to be more far sighted and strategic in developing programs for populations at risk. These populations include minorities, women, immigrants, and refuges as well as victims of non-communicable diseases. The field will need to collaborate more with other branches of health as well as other agencies that can contribute to the relief and prevention of mental disorders. There will be a greater need to reduce suicide in young people as well as the surge of drug use. Attention will need to be paid to the problems of climate change, refugee problems, poverty, and diversity.

Tell us something about yourself that most people don’t know.

Something about me that most people don’t know is my passion for music. At my home I have a Steinway piano and a keyboard. At my office I have a keyboard. I recently acquired a practice pipe organ. I am currently challenged by the use of the pedals for the organ, having played the piano for many years. My secret wish is to compose an orchestral suite based on an African tune. This tune is sung by kids in Western Nigeria when they see the Cattle Egret (a bird very similar to the seagulls). In other words, I am trying to abide by an edict by Freud. He suggested that there should be harmony and balance between work, love, and play.
My threefold platform is to focus on implementing the Board approved recommendations from the Presidential Task Force to Address Structural Racism Throughout Psychiatry (Task Force), improving access to care with the expansion of Certified Community Behavioral Health Clinics and advancing initiatives to promote recovery and eliminate the stigma of mental disorders.

The Task Force concluded in May 2021, and the Board approved the majority of the recommendations. The Board of Trustees Structural Racism Accountability Committee is responsible for monitoring the implementation of the Task Force recommendations. I chaired the Task Force Workgroup on Resources, and will continue to advocate for full implementation of the recommendations as well as those of the current Presidential Task Force on Social Determinants of Mental Health. Progress has been made in addressing structural issues in the election process and at the Board, Component and Assembly. The APA has accepted the challenge to increase leadership roles and meaningful participation to persons from minority and underrepresented groups.

I am committed to advancing initiatives that improve patient access to seamless, available and affordable quality care. I will continue advocating for the further expansion of the Excellence in Mental Health and Addiction Treatment Expansion Act resulting in fully funded Certified Community Behavioral Health Clinics nationwide. These clinics provide comprehensive mental health services and addiction treatment for children, adolescents, adults and older adults with mild, moderate and severe mental disorders who are uninsured, underinsured or underserved. Targeted populations include veterans, Native Americans and the LGBTQ community.

I am also committed to promoting APA initiatives that will provide additional resources to advance recovery and reduce stigma with organizations such as National Alliance on Mental Illness (NAMI), National Council for Mental Wellbeing and Mental Health America. These activities are designed to eliminate the stigma of mental disorders and improve access to high quality evidence-based mental health care.
**Tell us about your most important achievement.**

My most important achievement is expanding mental health and primary care to underserved populations in Wayne, Oakland and Macomb Counties in Michigan. I serve as Chief Medical Officer at CNS Healthcare, a Certified Community Behavioral Health Clinic. We have been awarded over 15.6 million dollars in Substance Abuse and Mental Health Services Administration grants expanding services to children, adolescents and adults with mental disorders. Through community outreach, we were able to focus on traditionally underserved populations including veterans, the LGBTQ community and Native Americans. People now receive primary care, lab and pharmacy services as well as cooking, nutrition and exercise classes on-site. Outcomes include significant increases in blood pressure control, vaccination rates, including COVID-19, and Medication Assisted Treatment for tobacco, alcohol and opioid use disorders.

**Where does the profession of psychiatry need to be in five years?**

In five years, I envision the profession of psychiatry making major progress in advancing recovery and dramatically reducing the stigma of mental disorders resulting in increased access to mental health services, especially for underserved communities. Certified Community Behavioral Health Clinics will expand nationwide, and hundreds of thousands of people will receive evidenced-based services in their own communities.

Through initiatives such as the APA Presidential Task Forces on Structural Racism and Social Determinants of Mental Health, we will address inequities in our field and how they influence the practice of psychiatry. The continuation of these efforts will increase access to care to underserved populations and increase the role of minority and underrepresented residents, fellows, early and later career psychiatrists in leadership and decision-making roles.

**Tell us something about yourself that most people don’t know.**

I feel that it is because of my parents’ influence I have devoted my career to community psychiatry. In college I volunteered in a community mental health center, and during my psychiatric residency, I served on the board of a community mental health center. I credit my interest in community psychiatry and administration to my parents who were Masters prepared psychiatric social workers and served on boards of community mental health centers in my hometown of Detroit, Michigan. My father taught in the graduate school of social work at Wayne State University and had a private practice in our home focusing on marriage and family counseling. My mother was a school social worker and later an administrator with the Detroit Public Schools.
CANDIDATES FOR
AREA 3 TRUSTEE
Serving on the APA board has been extremely rewarding, albeit with a steep learning curve. I would like to continue that service.

The past two years have presented our organization with challenges none of us could have foreseen. The murder of George Floyd unleashed a torrent of protests against racism which is found at all levels and in institutions throughout our society, including APA. The COVID-19 pandemic has wrought changes in our healthcare system, and our world, which continue to evolve. The polarization of the American political system has made it more difficult than ever to develop a unified approach to managing crises. We have successfully converted our practice to virtual treatment for most outpatient care, and struggled to keep our congregate care settings safe for our patients who require this.

My work with the Pennsylvania district branch, the Pennsylvania Medical Society, the APA Assembly, the American Medical Association House of Delegates, the American Association of Directors of Psychiatry Residency Training; my teaching of medical students and residents, and my daily clinical work in emergency, inpatient, and private outpatient psychiatry give me the perspective and real world experience to inform the work of our organization.

I hope to continue to serve APA addressing what continues to confound us. Treading the fine line of increasing access to services while appropriately limiting expansion of scope of practice by those less well trained; assuring competent practice while limiting the power of unchecked monopolistic certification boards; assuring that parity becomes actual practice.

Progress depends on a strong organization. American psychiatrists should be proud of what APA does; many need to be reminded of all we do. I hope to continue to reach out to the many members of our community who need this reminder, and invite them to join in greater activism and leadership.
Like any parent, my first thoughts of important achievement go to the wonderful children I have raised to adulthood. As an educator, I am so proud of the residents and students I have trained. My clinical work made important differences in the lives of those I have treated.

Beyond this, I have been fortunate to represent psychiatry at my state medical association and at the American Medical Association. My work has been rewarded by tangible results, with a dedicated psychiatry seat on the Pennsylvania Medical Society board, and with growing respect for psychiatry at the American Medical Association leading to the election of two psychiatrists (Jeremy Lazarus and Patrice Harris) as presidents of that organization during my tenure.

Now and in the future, psychiatry needs to be front and center in every discussion about what people with mental illness need. We need to be the clearly recognized head of the mental health care team, the go-to consultant for our medical colleagues, the content expert for our the public, our legislators and regulators. We need to have defined what constitutes quality in psychiatric care, settling on what are good outcomes and how to measure them. We need to have crafted an organization which is as diverse as our patients. We need to have set up mechanisms to enforce parity, to have our work paid for by public and private insurers commensurate with the training we have, and to have that training be meaningful.

Things about me that are not widely known abound, or at least I so I hope. All four of my grandparents were immigrants. My grandfathers left Europe in their teens, essentially alone, and never returned to the family and friends they left behind. My father was the first in his generation to attend college. He had hoped to become a physician. Advising him in this quest (after returning from the Army) was his primary care doctor. His doctor told him that the quota for Italians at his medical school was filled that year, but that he could try the next. With a young family he could not afford to wait. I know I am here in part because of his dream, deferred to my generation.
As a Distinguished Life Fellow of the American Psychiatric Association (APA) and a Professor at Johns Hopkins, I have been a leader in national and international organizations.

The APA is the singular force behind targeted scientific discovery; advocacy for our members and patients, leading the world in spearheading treatment efforts, providing consensus and guidance to psychiatrists globally in caring for mentally ill persons. I will be privileged to lead such an organization.

Two major issues face us today that the APA must address:

Nearly every county in the United States became more diverse in the last decade in 2020, according to detailed data on race and ethnicity released by the Census Bureau in August 2021. More than a third of the nation now lives in counties where people of color are a majority. The question we should ask ourselves is this: are we keeping pace in delivering culturally appropriate care to our patients all over North America, meeting the needs of women and minorities, and informing our care with science?

Continuing barriers of language, culture, stigma and discrimination impact care delivery. Social determinants of care are being addressed, but have we worked on long lasting solutions?

Additionally, we must continue to adequately represent our District Branches and their concerns at the highest levels of the APA.

My breadth of experience clinically, in research, teaching and administration can bring to our leadership considerable ability to guide and support the mission of the APA and its members, liaison with my Area leaders to reach tangible goals, and improve our timely and critical need for understanding of minority concerns, and women’s issues.

I also believe that time targeted deliverables with a clear strategic plan are necessary to advance our understanding of APA needs.
Tell us about your most important achievement.

My momentous accomplishment is organizing, raising funds for, coordinating, and implementing multi-disciplinary, integrated mental health care for a population reach of millions of poor rural mentally ill in 4 continents. Promoting access to low cost care, providing my own funds, teaching hundreds of medical students, residents, nurses and social workers to develop outreach, prevent suicide, to educate the community and empower women is my life’s work. My work has been recognized by the World Health Organization (W.H.O.), the World Bank, and the Rotary Foundation that provided grants. The Foundation also awarded me the Rotary Global Alumnus Service to Humanity Award given to only one person in the world. I am deeply grateful for the privilege of helping the poor and disenfranchised, particularly women.

Where does the profession of psychiatry need to be in five years?

Today’s narrative shapes the future. Do we provide equality/equity in the care of all patients? Does every citizen have access to mental health care? Despite telemedicine, we still fight an uphill battle to reach those in poverty and without adequate computer literacy.

Should care be delivered only by experts? We have trained those who live in low resource communities successfully to identify and support those in need with low cost models of care that need to be used in the US.

Science must continue to inform our care; universal low cost care in collaborative/integrated care models is essential, not just in the hands of experts in urban settings. Finally, in 5 years I hope we can deliver care with parity.

Tell us something about yourself that most people don’t know.

As the Scientific Program Chair for the APA, in 2003, I was to launch the Annual meeting for 21000 attendees. That morning, I was attacked on the streets of San Francisco by a homeless mentally ill man, leaving me almost dead with severe spinal cord injury. I suffered from almost complete paralysis of all limbs, and excruciating pain. My recovery was slow and set back my career for several years. Recovery came with expert surgery & help from my family. Very few know about the severity of the injury, from which I did recover, with determination. I am happy to have made it to full Professor at Hopkins, only the 4th woman physician in 35 years, and the first person of color to do so.
For over 15 years I have enjoyed the pleasures and challenges of serving the APA for you in the Assembly, the APA Ethics Committee, Area 3, and on the Board of the Maryland Foundation for Psychiatry. I am now seeking a new chapter of service for the organization as a candidate for Area 3 Trustee.

I have extensive experience working in the media (including my own radio talk show about psychiatry, broadcast to 43 million listeners for many years). I speak throughout the country to lay audiences about psychiatry, through close affiliations with consumer groups like National Alliance on Mental Illness. As Trustee, I will build more collaborations between the APA, the media, and consumer advocacy groups to educate the public about the role of psychiatrists in healthcare and the state-of-the-art in our field. We need to educate the public about who we are, what we do, and how we, as physicians, differ from other mental-health clinicians, positioning psychiatrists as leaders of collaborative teams with mid-level clinicians.

Maintenance of Certification has been challenged both within the APA and from other medical organizations as onerous and expensive, without evidence that it improves patient care or lifelong learning. I will work to address this as a method for ensuring competence, and to develop evidence-based alternatives, through the forum of the APA leadership.

I will bring my years of experience as a medical ethicist and clinician to help clarify APA’s core values. This expertise can help guide our moral compass as applied to national policies and social issues affecting mental health like: climate change, gun violence, structural racism, gender discrimination, handling of immigrants and refugees, and assisted suicide.

I will work to address recent setbacks in the administrative and financial relationships between the APA and District Branches, which have become increasingly complicated and challenging.
In 2015 I learned that in Belgium and Holland voluntary euthanasia is legal for psychiatric disorders considered “untreatable” and “insufferable.” Over 100 euthanasia are being performed annually on psychiatric patients there, sometimes administered by the same exhausted psychiatrists who had previously been trying to prevent their suicides! As a clinician and medical ethicist, I was profoundly disturbed by this. In my roles on both the APA Ethics Committee and the Assembly I worked to craft and pass an influential APA position statement — that it is unethical for a psychiatrist to deliberately prescribe or administer death to any non-terminally ill patient. I was able to get the APA to affirm that psychiatrists prevent suicide, not provide it for our patients. That is my proudest achievement.

A large percentage of us don’t participate in insurance, due to inadequate reimbursement and heavy administrative burdens. Our profession needs to break through those obstacles to have our services covered in a more equitable way, that makes insurance participation more desirable for us.

As psychiatric physicians we need to be participating more as teachers, consultants, and supervisors to small and large healthcare systems, and leverage our expertise as leaders of state-of-the-art, comprehensive medical psychiatry across the entire continuum of care. We need to step up our message and educate the public, using the media, about who psychiatrists are, explaining our unique skill sets, which enable us to be leaders and collaborators with other mental health professionals — but not replaceable by them.

I was the host of a radio talk show about psychiatry that broadcast to 43 million listeners, nationwide. I’d often speak on that show about how Hollywood movies misrepresent psychiatrists and psychiatry. This led to an invitation to consult on a movie that featured two psychiatrists, played by Richard Dreyfus and John Lithgow. I helped revise the script to convey more accurate portrayals of the psychiatrists and their work. I also worked on the film set, to help direct Richard Dreyfus, John Lithgow, and Liv Tyler in three different scenes. I’ve since advised other directors on how to more accurately portray psychiatrists. In one film, after being asked to consult on improving the script, I ended up playing the part of the psychiatrist in the movie!
CANDIDATES FOR
AREA 6 TRUSTEE
My platform as Area 6 Trustee is communication, diversity, and innovation.

My first duty as Trustee is to act, speak and vote in the best interest of all American Psychiatric Association (APA) members.

Connecting effectively with Area 6 District Branches (DB), Area 6 Council of the Assembly, and the psychiatric advocacy organizations, where leaders feel free to communicate their challenges and requests to the APA Board of Trustees (BOT), is important in California. Equally significant, is the APA sharing its common vision, support, and resources with our members. I commit to being the liaison, accessible, sharing information via monthly reports to the DB, Council, advocacy organization newsletters and to attending and participating in Councils and the APA BOT meetings.

Area 6 is geographically large, diverse, and has unique mental health needs. Area 6 is home to one of the highest numbers of APA members. The APA and Area 6 DBs are taking steps to ensure our organization reflects this diversity. I will actively support Area 6 in moving toward inclusive and equitable leadership.

Area 6 is experiencing the challenge of the dissolution of a singular state organization. With two growing and distinct psychiatric advocacy organizations which include members of the APA, Area 6 is poised to find a common purpose, and to determine each organizations unique contribution to the profession. Within the context of the California psychiatric community, it is reasonable to expect these two organizations to make innovative contributions to local, state and national mental health.
Tell us about your most important achievement.

My greatest achievement is living my dream and staying connected with those who are important in my life independent of circumstances.

In my mid-thirties I chose the study of medicine. My daughters, in elementary school, experienced their mother in medical school and residency up close. Together we cultivate a rich and mutually supportive relationship. One daughter is a doctor in Marriage and Family Therapy. The other is an Ophthalmologist.

In medical school I started a women’s group. Twenty-six years later, through illness, death, career changes, the eleven women continue monthly group calls and participate in an annual retreat, fostering well-being of women physicians. I bring this same commitment to our profession, and to the Area 6 Trustee position.

Where does the profession of psychiatry need to be in five years?

The profession of psychiatry will present pathways for mental health in all communities. Our profession will collaborate with law and policy makers at the state and national levels. Psychiatrists will utilize all resources to promote mental health. Psychiatric treatment will be compensated equitably with other medical providers.

Membership, at an all-time high, with the enrollment of psychiatrists from all educational and practice settings, will create value and promote leaders and talents locally and nationally. Diversity, equity, and inclusion will be the norm in the practice of psychiatry.

Tell us something about yourself that most people don’t know.

My first profession was a teacher. I taught French in Austria, Chemistry, Physics and English in Switzerland. I thought it could not get tougher, until back in the United States, I chose to be an inner-city teacher. Teaching French and German to students whose collective trauma was overwhelming, who carried knives for protection, made me profoundly aware of inequities in my country. I determined to be part of the solution. The students and I formed a traveling dance and art troop to offer alternatives to drugs, violence and suicide. This shared experience informs me every day as a psychiatrist.
The position of Area 6 Trustee is an important voice on the Board of Trustees as it represents nearly 10% of psychiatrists in the APA. It is also important to me as individual from a minority group (Asian) from a “small” (<1000 members) District Branch (DB), that the voices of our less well-represented members are heard and represented. The “small” DBs of California have not often presented candidates for statewide election. In fact, the Trustee position for Area 6 has been held by a Northern California Psychiatric Society member for the past 8 years. I hope that by my example and through my position as Trustee to reach out to underrepresented individuals in California and encourage, promote and/or mentor them into more leadership positions. Because the Board of Trustees is primarily a composite of individuals elected by each specific Area/group (e.g., Minority/Underrepresented, Early Career Psychiatrists, Resident-Fellow Member), it is hard to ensure diversity except through the election within each Area or group. Not only would I contribute to the diversity on the Board, I would seek to ensure that that APA is continuing to honor its pledge to antiracist work and hear and implement the recommendations of the Task Force on Structural Racism and the Structural Racism Accountability Committee. I want to continue the excellent work of current Trustee, Melinda Young, and work with all of the DBs to communicate what is happening at the Board and elicit concerns they have that may need to rise to the Board. I plan to be accessible and available to all California members. My experience in the Assembly for the past 7 years, California Psychiatric Association Council for 10, and Central California Psychiatric Society Council for 20 have given me foundational experience for a position representing California psychiatrists on the APA Board of Trustees.
I pursued dual board certification in Family Medicine and Psychiatry and 24 years later still feel it’s the best professional decision I ever made. The additional knowledge and skills that my family medicine training brings to my work as a psychiatrist, especially in the realm of collaborative and integrated care, is invaluable in my work with patients and primary care physicians. The challenge of maintaining both board certifications requires that I stay current in my knowledge of both medicine and psychiatry, and my teaching of psychiatry to primary care gives me access to the vast pool of allied physicians who are seeing and providing primary care to our patients. Working in both arenas also allows me to work towards a more equitable health care system.

Psychiatrists are facing an unusual crossroads: we both don’t have enough psychiatrists for the patients who need us and we have psychiatrists who are losing jobs to non-psychiatrists. Psychiatrists are retiring and burning out faster than we can replace them with new graduates from residency. This shortage will only exacerbate the problem of replacing highly skilled physicians with non-physicians. It is essential that trainees and early career psychiatrists be familiar with collaborative care models and that organized psychiatry continue to fight for appropriate reimbursement, non-onerous documentation requirements, and appropriate supervision of non-physicians practicing psychiatry. We also need to continue to support our more experienced colleagues who might otherwise retire in the face of overwhelming demands from insurance companies, medical boards, and medical board societies.

I’m an Air Force brat who was born in California, but moved 5 times in 12 years before returning. I attended 4 elementary schools, which forced me to become a much more outgoing person than I might have been. Traveling the world also expanded my view of culture, indigenous peoples, and race and informed my perspective of how people interact and treat each other. I enjoy the diversity of geography that California provides: from small, rural or coastal towns in Northern California to mid-sized cities like Sacramento or Fresno, to large cities like San Francisco and Los Angeles. I am proud to claim California as my home and gratified by the opportunity to care for different patients throughout our state.

Tell us about your most important achievement.

Where does the profession of psychiatry need to be in five years?

Tell us something about yourself that most people don’t know.
As Area 6 Trustee, I would ensure APA is active in many areas. Of worldwide importance is climate change, which affects both us and our patients, and should be addressed in all organizations we belong to. Another global challenge is around issues of justice, equity, diversity, and inclusion, where APA needs to continue to examine how they have contributed to inequities in the past and how they can be part of the solution. Finally, the recent COVID pandemic has created ongoing challenges in care. My role as an alternate delegate to the American Medical Association would effectively complement my trustee position in addressing these federal and global issues.

I would also advocate for APA to support our state issues. For example, there is an initiative that could dismantle the state Medical Injury Compensation Reform Act (MICRA) creating lawsuits not subject to the cap on non-economic damages thereby increasing health care costs and reducing access to care to those who need it most. I have just finished a six-year term on the California Medical Association Board of Trustees and would also continue to work on bills that have already passed such as AB890 which allows the independent practice of nurse practitioners in certain settings and must be appropriately narrowed in its scope.

At the community level, I have worked in county behavioral health for the past 25 years. I do peer review for an adjacent county and have struggled in a third county seeking services for a family member. It is becoming harder to get appropriate care for our underserved populations, especially those that are dually diagnosed. As President of my county medical society, I would like to find a way to address this and as Trustee, the connections I would bring between the national and local levels should be helpful.
My greatest achievement lies in my ability to connect people. As San Mateo psychiatric chapter president, my outreach efforts doubled our membership. As president of my district branch, I worked in collaboration with other organizations such as the National Alliance for the Mentally Ill and even the California Medical Board. As president of our state organization, I met in person with staff between council meetings to facilitate communication. At the Assembly level, I am particularly proud of chairing the reference committee that first systematically addressed gun violence; we started with very disparate views and were able to develop consensus. I worked hard to keep all the district branches working together effectively at the national level despite recent state conflict.

I hope that in 5 years APA will have continued to build membership and will represent the united voice of psychiatry. Our field is facing many challenges, and APA must continue to represent the needs of both psychiatrists and patients. Psychiatrists need to have a leadership role in shaping the healthcare system. As reflected in the position statement above, I believe APA should keep a balance between issues that are specific to physicians and patients such as scope of practice and care for the underserved as well as larger issues that affect us all such as climate change and structural racism. I would hope in five years that APA could continue to be an ally to psychiatrists at the local, state, national, and global levels.

I love the theatre, singing, and dancing. In the past, I’ve performed on stage with my son, daughter, and husband in a production of “The Pirates of Penzance”, and my husband and I are currently Sir Joseph’s porters in a production of “HMS Pinafore”. I’m definitely an amateur, but I really enjoy the community aspect of community theatre. I’ve also enjoyed arranging singing opportunities for like-minded individuals of the APA Assembly for performance at the Assembly meetings; we were even able to prepare a song for the virtual Assembly that was held last Spring. During the pandemic, my husband and I kept the entry room in our house furniture free and called it “the ballroom”; we can’t wait to get back to dancing with others!
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Over the years, I’ve come to understand myself as an inquisitive person whose passions in life include advocating, serving, and teaching others. My background, even long before entering medical school, has been heavily influenced by a passion for education and advocacy for those who might not have the voice or resources to do so for themselves. Accordingly, my platform is founded strongly upon the same call for increased literacy, access, and transparency in our field.

In our current milieu, I believe that one of the issues facing the field of psychiatry is the stigma surrounding mental illness, and pursuing treatment and services to address the same. The most important ways psychiatrists can combat this challenge are in educating, normalizing, and advocating for patients with mental illness. By engaging in open, non-judgmental dialogue with patients, their loved ones, and other members of their care team, and by positively modeling how to interact with those with mental illness, psychiatrists can effect small, gradual change to combat bias. On a larger scale, the APA can help by acting as a liaison with other medical associations to educate and spread awareness about these issues. In this respect, I feel strongly that my experiences as a resident psychiatrist caring for one of the most underrepresented, socioeconomically disadvantaged, and marginalized urban populations in Newark, New Jersey has lent me invaluable everyday experience in advocating for patients. Moreover, working with such a diverse community that is comprised largely of minority populations has given me excellent training in learning to educate patients from vastly different backgrounds. I feel that my experiences have naturally fostered my stance, and that I can bring these experiences to the APA as a Resident-Fellow Member Trustee.
As an undergraduate student interested in pursuing a career in medicine, I participated in summer enrichment programs for pre-medical students. At that time, my dream of going to medical school seemed a distant one, and I wanted nothing more than to be just like the medical students who were teaching us, and to get to where they were. Of course pursuing my goal of entering and completing medical school was significant, and I feel very fortunate to have had this opportunity. Perhaps more privately meaningful on a personal level, for me, was the moment I was able to go back years later as a medical student and participate in those same programs again as a mentor to prospective undergraduate students was personally rewarding and meaningful.

As I've alluded to in my Platform Statement, I think that we as psychiatrists, both individually and as a national organization, need to continue in our efforts to destigmatize and normalize mental health, and work towards lowering barriers and increasing access to resources for seeking help. I firmly believe that these goals can be achieved primarily through continuous education and exposure, as well as being part of a collective voice petitioning for policy change. Realistically, while five years may not be enough time to have conquered this idealized viewpoint, I hope that it should be enough time to see some gradual changes in our profession so that we can look back at today and see growth.

While my platform revolves around education, something that might surprise people about me is that I have always loved both creating and appreciating art. From a young age, I've always enjoyed making art through different mediums like sculpting, painting, sketching, and charcoal drawings. The process of creating art can be healing, meditative, and even cathartic at times. Appreciating the work of others may seem a somewhat more passive process, but can truly inspire emotions and revelations within us that we'd not thought possible.
Psychiatrists must be attuned to the health inequities in the United States and the systemic policies which they allow them to thrive. But a mere recognition of these structural challenges is not enough. Channeling this consciousness towards action is predicated upon sophisticated advocacy. As the specialty where outcomes are perhaps most dependent on social determinants, this should be the continuation of our work in the clinical setting.

I want to be a voice which challenges the APA to be better advocates for both our profession as well as our patients, particularly when it comes to health inequities which are inextricably linked to structural racism. At least in this regard, my career has been a model of consistency: From the concentration I chose for my MPH (Health Law, Ethics, and Human Rights); to the Boston based non-profit where I was fellow which advocates for patient centered care – Health Care for All; to the opinion pieces I have published, championing political engagement among medical students and pushing for harm reduction approaches like supervised injection facilities to name a few; to the central theme of my commencement address at the Boston University School of Public Health; to the topic of my recent appearance on public radio; to the specialty I ultimately chose. It has all been geared towards amplifying voices that frequently go unheard by wielding whatever platform or privilege that I have either earned or simply enjoy as an accident of birth.

My presence on the Board of Trustees as an osteopathic physician would also serve to diversify the perspectives in the room. As the contingent of osteopathic physicians among psychiatrists continues to grow, it behooves the preeminent psychiatric organization in the country to have leadership that is representative of all of its members.
Tell us about your most important achievement.

I believe my most important achievement was being chosen by my peers to deliver the student address at the 2016 Boston University School of Public Health Convocation Ceremony. My peers were not only some of the most intellectually gifted individuals I have ever come across, but also the most compassionate. The fact that they would choose me to speak on their behalf is one of the honors of my life. It showed me that my voice carries weight, and the responsibility to use it to champion the causes I feel passionate about. On a personal note, the address gave me the opportunity to publicly thank my parents for all they have done for me.

Where does the profession of psychiatry need to be in five years?

I would like the field of psychiatry to be where I would like all of medicine to be: more inclusive and more inclined towards activism.

Tell us something about yourself that most people don’t know.

I immigrated to the United States when I was 16 years-old from Pakistan. I have lived in subsidized housing, was on free lunches in high-school, and did not have health insurance for the first 4 years of living in the US. My immigrant’s perspective informs my outlook in life, and indeed why I am running for RFMTE. Health equity is a deeply personal cause for me.

I also play the acoustic guitar.
My platform is built on three core tenets: an understanding of increased debt burden amongst trainees and the drive for its reduction, an awareness of the lack of psychiatrists within the US and supporting initiatives to address this disparity, and an acknowledgement of the lack of diversity within our field and the need for recruitment and support of minority and underrepresented trainees.

There has been a large increase in medical school tuition over the past two decades with the average medical school graduate owing nearly $242,000 in student loan debt. This financial burden is unsustainable, especially for those of us going into non-procedural specialties such as Psychiatry. If elected, I will bring greater awareness of the debt burden to the APA and strive to increase awareness and marketing of debt-forgiveness programs.

By the year 2025, we’re projected to have a shortage of at least 14,000 psychiatrists. With the advent of the pandemic and increased awareness of mental health by the populace, the need for skilled mental health providers has never been greater. If elected, I will address the psychiatrist shortage by pushing for increased throughput of psychiatry trainees and mutually beneficial modalities to supply rural areas with psychiatrists.

The field of Psychiatry has historically lacked minority representation and has been intertwined with practices that have negatively impacted those from underrepresented backgrounds. Change is necessary and this begins with representation. If elected, I will lobby for initiatives that will not only recruit more minorities and underrepresented peoples into Psychiatry but will provide support for them as they traverse training and beyond.
Tell us about your most important achievement.

My most important achievement is now being in a position to serve others. Through my medical school education and my further training within Psychiatry, I’ve reached a position where I’m not only able to care for patients but I’m able to be a mentor to those within my community and abroad. There is no greater satisfaction than telling a young boy that he can be a doctor and that someone who looks like him has done it.

Where does the profession of psychiatry need to be in five years?

In five years’ time, the profession of psychiatry needs to have a more comprehensive approach to how we view mental illness. We, as a field, need to be more in tune to the cultural differences that make us unique and how they fit into the schema of which we determine sickness.

Tell us something about yourself that most people don’t know.

Most people don’t know that I’m a first generation American. My grandmother immigrated from Montserrat to the US in the early 1970s with the hope of a better life for her and her children. She always dreamed of becoming a nurse but was unable to get the schooling due to financial restraints and the need to provide for her family. She spent the entirety of her career working as a nurse’s aide and was overjoyed when my mother later became a nurse. When I graduated from medical school, my grandmother said it was the greatest day of her life. I too thought it was a noteworthy day because it showed that all her hard work and sacrifices had paid off.