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I am honored and excited to stand as a candidate for President-Elect of the APA. This opportunity comes at a time when our nation faces an acknowledged mental illness and addiction crisis. It comes at a time when our nation is now openly talking about mental illness and addiction and starting to invest in much needed care. It comes as technology is profoundly disrupting traditional care delivery. Therefore, this moment presents an opportunity to transform a system long neglected.

Psychiatry as a field, and the APA as its professional voice, must be leaders shaping the needed changes. My experience working with legislatures, leading the APA Council on Healthcare Systems and Financing, and chairing the American Hospital Association’s Behavioral Health Committee teaches me about the need to bring solutions to the conversation. At the APA, we can bring solutions. We can demonstrate the benefits of psychiatric care, the need to enhance funding for the care we deliver as physicians, and the need to reduce the administrative burdens for our services that will allow more of us to provide care equitably to all of those in need.

If elected, I propose to focus on: Financing models that will allow for equitable access to care; expanding our efforts to improve diversity and inclusion within the APA; supporting psychiatrist wellbeing through enhancing education and practice support, and addressing maintenance of certification challenges; evolving our treatment guidelines to set psychiatric standards for scope of practice; and shaping a DSM-6 that links our growing knowledge to the realities of clinical decision making.

I believe that together we can shape our future as psychiatrists to better meet the needs of our patients and the hopes of their families. This is why I now seek your support and your vote to become the next President-Elect of the APA.
I view the work I have done to treat and empower our patients who become justice involved as my most important achievement. I am co-developer of one of only two validated mental illness screening tools used in our nation’s jails. I was principal investigator on the team that developed START NOW, a skills-based modular psychotherapy for teens and adults available at no cost for use in correctional, forensic, and community settings. START NOW is in use in over a dozen American states and in five countries. I am senior editor of the APA/AAPL Guttmacher award-winning Oxford Textbook of Correctional Psychiatry, a textbook designed to support our trainees and colleagues in delivering evidence-based care. I currently have the privilege of sitting on a Federal Drug Court as the medical expert.

Psychiatry needs to be the leader in diagnosis and evidence-based treatment for those living with mental illness and substance use disorders. We need to be the physician experts caring for those not reasonably treated in primary care, by nurse practitioners, or by physician assistants. We need to leverage our acknowledged leadership with the DSM-5TR to define evidence-based care guidelines that can in turn establish scope-of-practice boundaries. We need to expand APA’s PsychPro to become an outcomes-focused national database providing the needed data to argue for adequate and appropriate reimbursement. We need to continue building a diverse and inclusive workforce. We need to structure our day-to-day workflow to reduce waste and burnout-related distress with educational support from the APA to satisfy maintenance of certification requirements.

Between college and graduate school, I spent several years as a hang-gliding teacher and small business owner in the mountains of North Carolina. I have been a competitive saber fencer for 25 years and was a member of the US Fencing Association on the national competition circuit for the past decade. I am also an avid woodworker and enjoy creating furniture.
The APA has been my “home” for decades at grass roots and leadership levels. I have contributed significantly to federal and state legislative advocacy, to benefit our patients and profession; e.g. lobbying for parity. I received the Ronald Shellow Award for outstanding service to the APA Assembly. In 2002, I passed an Assembly action paper that APA promote telehealth to enhance access to care and ward off psychologists’ attempts to seek prescription privileges. I collected about 800 signatures and placed on the 2011 APA ballot a referendum against burdensome MOC requirements. I founded the APA Caucus on MOC to continue efforts to reduce financial and unnecessary time burdens imposed by certification boards. I have received awards for promoting residents’ scholarly development and wellness. From the beginning of the Covid pandemic I pioneered support groups for physicians and nurses. My research has been in bio-ethics, and treatment adherence in gynecologic cancers, sickle cell disease, HIV and substance use. My clinical, educational, scholarly and leadership activities are in both public and private sectors, and include pharmacotherapy and psychotherapy. I received the SUNY Chancellor’s Award for Excellence in Faculty Service.

I am Board Certified in Psychiatry, Internal Medicine, Consultation-Liaison, Geriatric, Addiction and Forensic Psychiatry. I will lead our APA to: Preserve the quality of care our patients receive, and fight the threat of inadequately qualified people encroaching into psychiatric practice. Promote psychiatrists’ and trainees’ mental and physical health, avert burnout. Promote diversity, equity, inclusion. Ensure satisfactory clinical work conditions and adequate reimbursement. Reduce third party-imposed burdens on public and private psychiatric practice, including unnecessary work imposed by certifying and regulatory organizations, government, and commercial insurers. Advocate for adequate funding for mental health research and service. Foster trainees’ and early career psychiatrists’ professional development. Nurture member satisfaction.

I seek your support to achieve this.
Helping scholarly, professional and personal development of residents through our APA. In 1992, when I was President of the Brooklyn Psychiatric Society, I started an annual scholarly presentations contest for the four psychiatry residency programs in the Brooklyn DB. It was innovative then, and the first such program by a DB of the APA. It has led to tremendous research output, publications, collegiality, networking, and residents’ strong involvement with the DB and the APA. It has been written up in Psychiatric News twice. Since 2016 I have been holding poster contests for RFMs from the 30 residency programs in New York state with similar success. From 2014 I have been organizing an annual walk or 5K run wellness event for RFMs and others in Brooklyn.

In some respects we are already there. Look at how competitive and prestigious psychiatry residency training has become, which speaks for our scientific progress and the role models we are to our students. We have to keep up our research momentum. Psychiatry needs to keep developing cutting edge psychopharmacologic, neuro-interventional and psychotherapeutic treatment and preventive approaches. But the amount of data we are required by third parties to enter in our patients’ records, and other regulatory demands, cause frustration and take away from a meaningful doctor-patient relationship. This needs to be reversed. Our reimbursement needs to be increased. There should be an increase in our work force, which combined with telehealth, collaborative care, digital applications, and group education will increase our reach to more patients.

I have a special interest in US presidential history, how the developmental history and the personality of our presidents interacted with the historical period of their times and shaped each other. There are 13 presidential museums recognized by the National Archives, starting from President Hoover’s in West Branch, Iowa. I have visited all of them, and got my children and wife also interested in them. I have also visited museums not recognized by the National Archives, such as houses/museums of Lincoln, Grant, Hayes, Theodore Roosevelt and Harding. It is important for people to visit these places to understand the factors that influenced the shape of our current society, and learn lessons to be applied to our future. You also learn about different sections of America.
CANDIDATES FOR SECRETARY
I am an MD, PhD, JD from Oklahoma, where 1/4 of the population is indigenous. I appreciate that among the APA’s strengths and weaknesses, our greatest strength is our intellectual product, which supports the whole structure of mental health treatment. But we still need to improve the ways we communicate with our members.

Our role is changing. It still includes plenty of direct patient care, but now is emphasizing consulting, treating medically complicated populations, and collaborating with other mental health professionals. We need to use technology more so that people in underserved areas can get the care they need. We must be able to use outcome data to demonstrate our value.

I have had on-the-job training at APA, where I’ve served on the Board of Trustees and on its Executive Committee. I served on the Joint Reference Committee when I was Speaker of the Assembly. I chaired the Governance Task Force for the Board. I served on the Council on Advocacy and Legislative Affairs, where I helped with a pay increase for VA psychiatrists. My legal education enables me to offer a more complex perspective.

I currently work full-time as a Veterans Administration tele-psychiatrist. I have retired from the faculty of the University of Oklahoma. I was an administrator for nine years, so I understand systems. I have worked in community mental health. I was in private practice and experienced pre-authorization and reimbursement problems. I chair a Task Force on the 988 emergency line for my state.

I’ve shared the experiences of most of our members and believe that I can do a lot to help.
Tell us about your most important achievement.

My greatest achievement is ongoing: working on myself. Acknowledging that opinion and evidence are not the same, appreciating being in other’s shoes, and learning from failure come to mind.

I have maintained close relationships in Oklahoma. My husband and I enjoy visiting our siblings, children, grandchildren, nieces, nephews, and friends. This is my wealth.

I have achieved broad educational and professional experience. Each degree—PhD, MD, and JD—required a different perspective. Each taught me new skills, including how to read and conduct research, and how to follow sensible rules. I learned that there are many ways to approach problems and ways I could use to think more clearly about what I was trying to accomplish. I became a clinician, administrator, and writer.

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

We need to guide the public’s interest in mental health issues. We comprise only 6% of mental health practitioners, so we have to increase consultative roles to improve access to quality care.

We need to help educate lesser-trained mental health professionals, while increasing the number of psychiatric physicians.

We must improve decision-making by increasing our understanding of how different backgrounds affect the ways we view others and our profession, so we can best cooperate.

We need to maintain our leadership in teaching, research, and publishing.

Using the Foundation, the PAC, and our relationships with allied organizations can help us achieve our strategic goals.

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

I was raised “outside”. I roamed creeks alone until nightfall. I could tell a bull from a cow and how to get under an electric fence by age 3. I was soon letting the clutch out of the hay truck and cleaning the chicken house. Work was for me.

Character and self-reliance were important in my childhood. No one cared about grades. I lost the “junior miss” contest, but won a debate. I took a new direction.

I am grateful I had the opportunity to find my own way around the creeks. It helped me handle the changes in my life and in our profession and has given me confidence to face the challenges to come.
It is an honor to be nominated for Secretary. I humbly accept this invitation to lend my experiences, communication skills, background, and knowledge to be effective in leadership. As the owner of a private practice, a medical director, and a residency program director, I’m keenly aware of the importance of maintaining effective records, leveraging administrative capacity, and upholding the highest standards in ethics and legal requirements. Working on committees, taking part in scientific programs, and engaging with colleagues and stakeholders in my professional journey has been fulfilling and stimulating.

My service to APA, as detailed in my bio, creates fortunate experiences to collaborate with members and officers. Additionally, I have served as an officer or trustee in other medical societies - National Medical Association, Association of Black Women Physicians, California Medical Association, and Los Angeles County Medical Association. Under my leadership, these organizations experienced meeting efficiency, structured by-laws review, and improved communication that increased membership and commitment.

The APA is the professional representative of a field of medicine that combines academic challenges with unique opportunities. I respect the APA officers and staff who have not only shown leadership for psychiatry but also stewardship of the organization. I am to be a servant leader in my own work. Members expect accountability and transparency when investing their money, time, or talent in an organization. I have a deep and abiding responsibility to ensure correct and prompt communication and correspondence to membership.

The APA must continue to be the organization of choice for all psychiatric physicians throughout their lifetime. The Secretary must clarify past practices and decisions, confirm legal requirements, and retrieve relevant documentation. Given my organizational business acumen and a record of successes to make sure that we accomplish these things with maximum transparency, I respectfully ask for your vote.
Tell us about your most important achievement.

My most important achievement has been my ability to advance the psychiatric workforce. I was able to influence future leaders in psychiatry by re-establishing the residency training program in Watts, Compton, and South Los Angeles (the most under-resourced communities in Los Angeles County) after the closing of Martin Luther King Jr. – Harbor Hospital in 2007. It would be ten years before medical residents would return to deliver care to this vulnerable community. As founding director of the psychiatry residency program at Charles R. Drew University of Medicine and Science, I oversaw the candidate selection of community-minded individuals who were focused on responding to community needs and advocating for reforms. My leadership in education & training has been my most fulfilling and beneficial experience.

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

In five years, the profession of psychiatry needs a well-defined identity with a strategically scripted path. We need to prioritize key issues that impact physician practice and tackle the challenges of social inequity, structural racism, and climate change. Our organizational ideals should effectively address the complex issues psychiatrists face. We must overcome the obstacles of our past to improve our image and perception by the public, patient advocates and our colleagues from other medical specialties. We must accelerate innovations in research and training, integrative and functional theories, and novel therapeutics and alternative practice structures. Our expertise and knowledge should connect with the needs of patients as we lead in mental & behavioral healthcare systems.

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

One thing most people don’t know is while I appreciate the respect that people have for me as a no-nonsense, mission-driven, goal-directed, results-oriented, fiscally conscious stickler for organizational procedure, I am also one of the most free-spirited fun-loving people on the planet. People are caught by surprise when they interact with me and have that realization! During the October 2022 California Medical Association House of Delegates, the Young Physicians Section selected me for the Young at Heart Award as “a stalwart defender of physician health and wellness.” Most people rarely experience that fun part of me in organizational settings due to limits in time for these types of interactions. During my candidacy, I’d like to invite others to share joyful experiences.
"Not everything that is faced can be changed, but nothing can be changed until it is faced."

— James Baldwin

Psychiatrists often bemoan our fate in health care and political systems that are unresponsive to our needs, and those of our patients. We are overwhelmed with clinical demands and bureaucracy that are getting worse. It is time to face this reality and make changes. That is why I ask for your support, as I seek to become APA Secretary. I aspire to be an APA leader who is fearlessly committed to change for us and our patients, in high priority areas, such as parity, equity, fairness, and stigma. We must also consider necessary changes in post-graduate education and CME practices, while also addressing the daunting challenges related to the limited numbers of mental health service providers, and how we collaborate with them.

I wish to be not just the Secretary but, rather, the “member responsive” Secretary on the Board of Trustees, where I will identify and eliminate APA and community processes that create “burden without benefit,” for us and our patients, including the onerous maintenance of certification, and the growing amount of paperwork, including prior authorizations.

I am a bilingual, community-based child and adolescent psychiatrist, I have been an active APA member for more than 30 years. I look forward to continuing my work to improve psychiatry, including mentoring the next generation of junior colleagues, especially BIPOC, LGBTQ+, and IMG members, as they navigate their careers and assume leadership positions themselves.

It is a time for change, but not change just for the sake of change. As your Secretary, I will work with you to identify challenges we must face together, and then help lead the APA to make these necessary changes for you and the field of psychiatry.
I am proud of all my work, but especially when I serve traditionally marginalized children, adults, and families as a bilingual (Spanish) psychiatrist in Harlem and the Bronx, as well as on Indian reservations and at border areas in New York and California. I am gratified by my pro bono work assisting immigrant families and youth seeking asylum after suffering unimaginable trauma and adversity. As a teacher and mentor, I have trained colleagues to join in this work and inspired several generations of Child, Adolescent and Adult Psychiatrists to become clinicians, academics, and to be involved in organized medicine, advocacy, and community service, as the next generation of leaders in our field, who campaign for diversity, equity, and inclusion in all areas of medicine.

In the next five years, advances in science and clinical care will allow psychiatry to offer opportunities to lead progress in public health, prevention, early identification, and early intervention, along with equity in clinical and scientific resources.

To succeed, we must thoughtfully address workforce shortages, by increasing training positions and providing opportunities for underrepresented community members to join and be leaders in psychiatry, as we create innovative strategies to address increasing needs for mental health care.

The next five years will offer choices, including whether we join other professionals in unity or wallow in infighting and become obsolete. This will require new collaborative models for patient care, policy development and research, while delineating psychiatrists’ roles as physician partners in the mental health system.

I am proud to be a bilingual (Spanish) child psychiatrist who was raised in a bilingual household.

While attending Vassar College, I did promotional work for A&M Records, including traveling with the rock band, “The Police.”

As a teen, I studied at The Actor’s Studio, was involved in musical theater, and sang in several bands. My love for all kinds of music and theatre has been incorporated into my clinical practice, as a school consultant, with inpatient therapy groups, and in Community Clinics, allowing me to connect with patients through my knowledge of lyrics and rap, in both Spanish and English.

I have had three generations of therapy pets that worked with me in inpatient units, assisting to reduce the use of seclusion and restraints.
CANDIDATES FOR
MINORITY/UNDERREPRESENTED
REPRESENTATIVE TRUSTEE
I am honored and thrilled to run for the position of M/UR Trustee at our APA, the largest platform for psychiatrists in the nation.

My priority is to represent the minoritized groups of physicians and patients, advocate for under-represented physicians and trainees, gender equity in pay, and equitable opportunity for physicians and patients in underserved areas. Our APA is dedicated to implement the recommendations of the Presidential Task Force to Address Structural Racism Throughout Psychiatry. As a M/UR Trustee, I want to represent all my colleagues to facilitate expansive implementation of these recommendations for a meaningful and equitable engagement from the minoritized groups. Women physicians often spend more time in direct patient care, and indirect clinical communication. This trend is associated with increased burnout in them. In the changing landscape of psychiatric practice and APA membership, we need advocacy for pay parity, reimbursement for expertise and time, and meaningful mentorship for women psychiatrists, and women of color.

I am a proponent of evidence-based and safe expansion scope of practice in a physician-led collaborative model. We should identify measures for safe outcomes in psychiatric care and study the effects of expanded scope of practice on the safety of our vulnerable patients. I want to integrate APA’s endeavors with the scope of practice advocacy at the state and national levels. Our voice at the legislation level is more important than ever to fight for GME funding for psychiatry residency in the changing landscape of practice expansion.

As we recover from the pandemic’s effects, access to psychiatric care in the underserved area remains a growing source of concern. There are practice barriers that need our attention, to utilize the existing physician workforce and innovate ways to increase GME funding. I want to strengthen our advocacy about parity in mental health and substance use treatment reimbursement, expansion of telepsychiatry and psychiatric emergency services, and preservation of women’s fundamental rights.
A few years ago, I joined the American Medical Association’s (AMA) International Medical Graduate Section leadership to explore the avenues to advocate for thousands of internal medical graduates (IMG) facing challenges in practice, immigration, equity, and inclusion at the workplace and organized medicine. I felt humble and proud to represent over 45,000 IMG physicians nationwide as the Chair of the IMG Section of the AMA. This role allowed me to initiate and facilitate policies to help and support IMGs from all over the world, encompassing various areas of interventions, including practice, immigration, equity, licensing parity, implicit biases, scope of practice, academic promotion, and acculturation. This role is a humble reminder of my origin, strength, and scope of growth, like all other IMGs practicing in this land of opportunity.

In the coming years, I envision the practice of psychiatry to be more relevant and aligned in serving the underprivileged, people of color, and people of all genders and sexual orientations. Psychiatrists are trained in listening, understanding, and collaborating, skills that can help build bridges in a polarized society.

I envision our APA leading the field by expanding service to society beyond daily clinical duties. While recovering from the pandemic, our community needs expertise in mediating difficult dialogues. With our liaison skills, I see psychiatry as a force in providing education, insight, and hope about issues that play a crucial role in health and psycho-social distress. We are more equipped than ever to address the problems like intrusion in fundamental rights, inequity, the effects of climate change in our well-being, and the effects of burnout on patient care.

I am a landscape photographer, an avid traveler, and an aspiring small-scale farm grower. I believe in the power of nature in nourishing our spirituality and healing our body and mind. I try to use my photography to encourage others to seek healing and harmony through a feeling of oneness with the land and nature.

Switching from a non-psychiatry specialty, I recognize the crucial interface of psychiatry with other specialties. I believe in advancing medicine through policy and legislation reform while integrating advocacy efforts for all specialties. That way, all physicians can have a united and stronger voice to support and sustain the needs of psychiatry.
I have served the APA as President of the Caucus of Asian American Psychiatrists for two terms and six years. If elected to the Board of Trustees, I would serve the larger APA with this same devotion and energy.

During the pandemic, our caucus didn’t slow, but instead, we held quarterly meetings by Zoom. Responding to the rise in anti-Asian hate, we blogged, published, presented, and even hosted a meeting with Congresswoman Grace Meng. When Ravi Chandra’s blogs about anti-Asian hate were criticized for detracting from the COVID-19 pandemic, I wrote about “Two Epidemics” in Psychiatric News. Other news outlets soon followed APA’s example.

It is difficult to imagine that in 2019, no programs about Asian or Asian American mental health were accepted for the 2020 annual meeting. Today, the Caucus of Asian American Psychiatrists is one of APA’s most visible groups. Asian American psychiatrists will be the first group featured in a series of exhibits at APA headquarters in Washington, DC.

I am running for the Minority/Underrepresented position. Yet my perspective is not that of a marginalized person. We live in a globalized world, and my demographic, as a woman of Han Chinese descent, is actually a world majority. The APA Board of Trustees needs this perspective.

Like America, I am also multicultural. My name, Dora-Linda, is because of my Brazilian birth. After WWII, Brazil welcomed my family, when the US wouldn’t, due to the Chinese Exclusion Act of 1882. I grew up mostly in California, as a member of a large Asian Brazilian family. I am also honored to have served as Treasurer of the Hellenic American Psychiatric Association for ten years, due to belonging to the Greek community through family and faith.

I would be honored by your vote.
Medicine and psychiatry once prioritized the doctor-patient relationship. Yet patients now have their primary medical relationships with insurance and medical corporations. I felt that someone should write a book to mark this change and to explain how it occurred. I realized that if I wanted this done, I had to do it myself.


Response not received in time for publication.

While I was in medical school, I also earned an MA in English Literature (with a focus on the History of Medicine and Ethnic Literature). I would like to contribute this academic background on medical history, and on race studies, to the APA Board of Trustees.

At the University of New Mexico School of Medicine, I was Chief of the Consultation-Liaison Psychiatry Service, and I earned the rank of Associate Professor. I was also Historian of the School of Medicine.

I was one of the first psychiatrists to systematically use novel antipsychotics on a condition formerly considered a “neuroses”. I initiated the first study of Risperdal to treat OCD, when I was Chief Resident of the UCLA OCD Program in 1994, when Risperdal became available.

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.
CANDIDATES FOR AREA 2 TRUSTEE
I am grateful to be nominated to serve on the APA Board of Trustees. My platform for the APA Board of Trustees is to advance the great work that the APA has done over my decades of participation.

The APA will continue to provide advocacy for our patients and the profession, ensuring equitable access to high quality care. The APA must continue to work on the enforcement of parity legislation to provide for access to care. With the ever increasing need for mental health services it is critical that we as psychiatrists, and our profession, continue to advocate to secure adequate funding for mental health research to allow for advances in treatment. We need to continue to provide support and guidance for training/education such that we nurture a diverse, well-trained work force that reflects the diverse populations that we serve.

To ensure high quality equitable care the APA must continue to focus on both education and mentorship. Clinically useful and appropriate lifelong learning will play a key role in maintaining excellent care for patients and the APA should maintain a role in offering the most up-to-date learning experiences.

The APA needs to continue working both internally and externally to address inequities and issues of bias for both our patients and our members. The organization must remain relevant and engaging to its members, being creative in ways of offering the benefit of membership.

To remain viable the APA must maintain a fiscally responsible approach.

Having these among my goals, I hope that you will consider my candidacy for a position on the APA Board of Trustees.
Tell us about your most important achievement.

My most important achievement is the education and mentorship I have provided to trainees and colleagues throughout the years. I strive to demonstrate the goals and values of sound and ethical practice and I am gratified to have received thanks from a host of people who feel that I have played a positive role in their career path. I thoroughly enjoy being a mentor and educator and I think of these as my most important roles. The APA offers numerous opportunities to mentor and teach and I am active in several of their programs working with trainees. I also engage in similar activities in our residency and fellowship, as well as numerous other organizations.

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

In five years the profession of psychiatry needs to be well respected and recognized as a leader in issues related to mental health. The profession needs to be a well-trained, diverse workforce that has better diagnostic tools and treatment modalities. Both the profession and the people receiving psychiatric services need to be free of stigma. The profession needs to provide education and mentorship utilizing the most up-to-date techniques. There needs to be parity with easy and equitable access to care that is culturally appropriate. The profession needs to be supportive, relevant, and engaging to the members.

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

Something about me that most people do not know is that I worked for the 1984 Los Angeles Olympic Organizing Committee. I was in the Division of Material Logistics setting up and maintaining the Olympic Village at UCLA. It was my first experience in a role of managing staff, as well as work situations dealing with a diverse group of people that required negotiations to achieve a shared goal. These are skills that I have honed with time, experience, and training. It was also great experience to be part of the 1984 Olympics!
When I successful ran for area 2 trustee 3 year ago I wrote...

“The APA is the home and voice of American psychiatry. We need experienced, skilled leaders to continue to resist those forces that intrude on the doctor-patient relationship, needlessly limit our therapeutic options, and increase our time spent on administrative and clerical tasks.”

It is three years later and I am running for re-election. No matter what I or others might have thought the APA should have been working on, reality had a way of intruding. The APA had to address the impact of the pandemic. National events compelled our organization to address long simmering tensions around racism, diversity and equity within the APA and the impact on our profession and patients. The BOT had to adjust to the fiscal realities of remote meetings, inflation, stock market reversals and economic uncertainty. All of this while the board transitioned to and from remote meetings itself. I was able to contribute actively to solutions, especially as I sit on the finance and budget committee and was a part of the board’s Structural Racism Accountability Committee.

I continue to believe support for our patients has to define our actions, all the while keeping the focus of the APA on its members. The robust functioning of the DBs and Area/State Associations remains vital to our organization and national support and smoother coordination of efforts are needed. I assure you that I am an active member of the BOT come prepared to meetings, take part in the conversations and actively advance our efforts to improve our efficiency, relevancy and impact. I firmly believe that my tenure has demonstrated that I do, in fact, have the skills needed to be an effective 21st century Board member and I ask for your support.
**Tell us about your most important achievement.**

While Assembly Speaker was the best APA position I have held, I think my highest achievement in the APA has been my work around the DSM.

I had the privilege of heading up the Assembly’s Committee on DSM and served on the DSM’s final internal review body. I worked to make the DSM usable by clinicians who need it to communicate with one another, advance care for individual patients, and to drop an accurate bill.

I was key in seeing that the GAF and multi-axial diagnostic scheme were removed. I successfully worked to have the proposed rewrite of personality disorders and mandated cross cutting measures moved to section 3 for further study.

I am proud of my contributions to the process and the resulting improvements.

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

We need to be a respected, valued and fairly compensated branch of medicine. We need to be seen as the experts. We need to be integrated into the leadership of integrated care models, not just the final signatory on a treatment plan or prescription. We need to be inclusive because no matter what the planners think there will always be diverse practice patterns and locations. We need to have a more sustainable fair insurance system for all. We need to have better treatments. We need to be more focused on primary and secondary prevention. We need to understand the sickest patients will always be ours and we should be honored to help them.

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

I’m pretty sure that many don’t know that I am bilingual having studied medicine in the south-east Belgian city of Liege. Nor do many know I graduated with high honors, despite all the exams being oral and in French. But I am positive virtually no one knows, given my bulk and obvious athletic prowess, that I am the proud winner of a University of Rochester Intramural cup for Ultimate Frisbee. I had a great short pass that dove to the ground under the hands of defenders, caught air and rose to the hand of my team-mates. The cup remains proudly stashed in a cupboard somewhere in Forest Hills.
I am very honored to be nominated for Area 5 Trustee. I have spent the last 6 years as a member of Area 5 Assembly Council representing the Society of Uniformed Services Psychiatrists. In that role, I have worked diligently to learn about this organization and grow in my advocacy for our profession and patients. I believe that I have more to offer APA and Area 5 as a Trustee. Our Area is the largest in APA and represents a tremendous number of psychiatrists and patients. We are a diverse group working for a very diverse patient population as well. I will not take representing you for granted or lightly. I have worked in the Assembly on multiple action papers fighting scope of practice, for education of residents, and for increasing awareness of military patient needs. I will continue to bring the passion that I have for these topics. Scope of practice and ensuring that the general public is well educated on why psychiatrists are vital in the care of our patients is a priority for me as it has been for Area 5 which is clear in ongoing legislative actions in many States. I will seek to enhance communication between the District Branches and the Board bidirectionally. I look forward to serving you as your Area 5 Trustee.
I purchased my first home on my own at age 21 during my first year of medical school. I bought it on a whim and had no idea what I was doing, but I learned a ton. I closed on my home about 3 months before the big crash in 2007. After medical school, I had to rent my home because of the ongoing difficulties with housing market. Becoming a landlord going into residency is not ideal. I learned certainly about finances, but that home taught me about patience and commitment. It taught me about goal setting. Through that experience, I really had to look at the idea that not everything turns out the way promised, or how it “should” be. I think those lessons have really carried me and helped shape me over the time that has passed.

We need to regain our place as physicians through increased emphasis on science based interventions but also remind others of what makes us unique in medicine. We should be leading teams because we are well versed in the science but also the art of medicine. We know the value of medicines but also psychotherapeutic and social interventions which gives a unique perspective. We are solely able to integrate all aspects of the care of psychiatric patients.

I have always loved the arts. My father played guitar and sang in a band professionally early in his life with his brothers, and my mother and maternal grandmother are talented singers. I started playing instruments at age 4. I "lettered" in theatre in high school but my first performance was in a musical in 3rd grade. I was drum major of my high school marching band and was selected to play in a concert band during undergraduate. Now I channel my love of the arts into collecting art. My collection ranges from modern artists like Michael Godard and Autumn DeForest to masters like Picasso and Dali.
Hi, I’m Sudha Madakasira, a longtime member of the APA and the Assembly from Mississippi.

I’m running for Area 5 Trustee position because I want to bring to the Board of Trustees my experiences and passion as an immigrant, IMG and psychiatrist that underscore the importance of diversity. As an IMG it was not easy to find a residency or university faculty position and as a person of color, it was difficult to find an apartment when I first moved to Mississippi. These discriminations did not deter me and helped me adjust and succeed through determination and hard work and also helped me develop a deep passion for helping the mentally ill who are likewise stigmatized and discriminated.

The APA is famously known for the DSM (the Diagnostic and Statistical Manual) but I think it should be known for a better DSM, i.e., “Diverse, Strong and Meaningful”. APA has boldly welcomed racial reconciliation and diversity but these need to be widely incorporated where “no psychiatrist will be judged by the color of their skin, or their country of origin”. APA is financially strong but it can benefit from investing in or endorsing alternative board certifications and non-pharma therapeutic products. A financially stronger APA may be able to reduce membership fees which is partly the reason some members do not join or dropout.

The Psychiatric profession has a huge image problem among the public and fellow medical professionals who do not seem to know what we do and what our worth is. It is time for the APA to prioritize and invest in a campaign to build a good image and respect for our profession. This in turn will increase the meaning and value of the organization to its membership.

Please help me make the APA more Diverse, Strong and Meaningful!
Tell us about your most important achievement.

My most important achievement was about ten years ago when the MS Supreme Court ruled in my favor and the US Department of Justice sided with me in my fight with a prejudiced coastal town in Mississippi that denied an operating permit for my partial hospitalization program thus denying the mentally ill there access to proper care. My proudest moment was when I received the Assembly Profile of Courage Award for my standing up for the rights of the mentally ill.

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

The psychiatric profession lacks a good image among the public and fellow medical professionals as they do not seem to know what we do and what our worth is. At a clinical level, we get passed over by many clinical entities for mid-level practitioners. The media picks psychologists and therapists, not psychiatrists, on mental health matters. I would like to see our profession gain a good image and respect in the next five years by actions that the American Psychiatric Association can take in this regard.

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

There are a few things about me that most people don’t know. I’m very passionate about the English language, I used to write poetry and almost chose English over medicine before my uncle, an English professor, talked me out of it. I am an avid tennis player and organized and captained several teams over the years with some of them winning state and championships. I’m also a runner and managed to finish a dozen or so half and full marathons. I can also fly and safely land a Cessna 172!
CANDIDATES FOR

RESIDENT-FELLOW MEMBER

TRUSTEE-ELECT
Our world is being shaped by various factors whose full influence we are yet to understand. Psychiatry, with its special attention to the biopsychosocial, has become a witness to a time of both great uncertainty and opportunity. My platform, as such, is rooted in a simple but pro-active mentality: that the best way to keep up with a changing world is to help co-create it.

Suffering caused by global changes is ideally addressed collectively. I would like to imagine a world where accessible, dynamic, holistic and inclusive community care is available to patients long before they spiral into crisis. I also value safety networks and hope to see Psychiatry increase its partnerships with different members of the medical and non-medical community who are working towards similar goals.

My second goal is to care for the carers and help prevent burn-out. Residents and fellows, before being doctors who help heal others, are also people living in these same uncertain times. I would like to advocate for them to be more involved in building the systems of care that they function within. I would also like to help provide them with transparent and affordable mental health support among other forms of support that they might require.

Kinder and more compassionate systems are what I think our world needs right now. I hope to use my global experience and diverse education and lived experience in Lebanon and the US to serve my fellow residents and the APA. I am excited to work and learn with you all. Or as we would say in Lebanon, yalla (let’s go!).
This is a difficult question to answer because I derive some sense of an achievement’s importance from how useful it is to others. Back in medical school, I was caring for a patient with cancer. The patient's son and his daughter in law, who were expecting a baby girl, were visiting the patient at the time. The family and I connected so well that the son and his wife, with the patient's support, decided to name the child after me. I still think of this as one of the most touching moments of my career especially that at the time, my mother had recently recovered from cancer. My most important achievement is a constellation of the moments of my life where I help highlight people’s humanity.

In a more creative and collaborative space. I envision the profession cross-collaborating even more with other disciplines like the humanities, ethics, social sciences and the arts. Seeing others closely and through different lenses is a very good way of helping assess and fulfill their needs. Diversity to me is not only diversity of being but also a diversity of perspective and problem solving.

I’m a poet. From a very young age, I appreciated poetry's power to name what evades naming and to give language to life in all its intricacies. I also love spoken word poetry and see it as an opportunity to help connect and heal communities. I have performed in several places in Beirut including the Arts in Medicine festival at my medical school, the American University of Beirut. My poetry focuses on grief, social justice and communal healing.
My candidate platform is focused on two primary areas: Increasing resident and fellow engagement in advocacy with respect to growing mental health needs and predicted physician shortages, and the expansion of understanding the impact that telehealth services have on providing access to care in rural and underserved areas.

A report prepared for the AAMC estimates that within the next decade 2 of every 5 physicians will be older than 65 years. This combined with the anticipated shortage of nearly 14,000 psychiatrists, creates a unique challenge for our profession.

As the future of psychiatry, we are in a position to guide and shape it into a profession we are proud of: a desirable specialty for students to pursue and one which is invaluable to patients in areas of need. Many of us underestimate the impact our voices as residents and fellows can have in situations like this. If elected, I would address this by coordinating with the Assembly Committee of Area Residents and Fellows and any other residents and fellows passionate about advocacy to begin identifying changes we would like to see in the profession, and fostering advocacy on a national level to bring greater awareness to the needs we recognize in our patient populations - to give residents and fellows a more accessible voice in our future.

Additionally, with the end of the Covid-19 Public Health Emergency, telehealth restrictions that were relaxed will be reinstated. These will largely impact patients in rural and underserved areas who may now be forced to travel extended distances for care or even be unable to access care in their areas. If elected, I will strive to increase awareness of these disparities and the impacts they will have on our patients and providers while providing support for advocacy and policy changes to address these concerns.
Tell us about your most important achievement.

My most important achievement to date was serving as Vice President for the Student Osteopathic Medical Association. In this role I represented the collective interest of over 31,000 osteopathic medical students nation-wide and advocated on their behalf as a delegate within both the American Osteopathic Association’s House of Delegates and the American Medical Association's Medical Student Section, presenting resolutions and advocating for policy changes on a wide variety of topics. Recognizing the importance of setting aside any personal feelings, in order to represent the collective whole, and being able to confidently and successfully argue in support of these resolutions when faced with opposition on the house floor, were invaluable lessons that I plan to bring to my position of Resident-Fellow Member Trustee-Elect.

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

The next 5 years will be a crucible for our profession. Our current population of patient’s and physician’s continues to age - creating a burden on an already taxed system. We need to increase advocacy for legislation in congress regarding expansion of resident positions. We need to continue lobbying for initiatives to recruit underrepresented peoples and minorities in psychiatry. We need to further examine the impacts, risks, and benefits of telehealth for rural and underserved communities now that the Covid-19 Health Emergency Order is ending and previously relaxed restrictions are being reimplemented. We need to increase engagement with residents, fellows, and physicians currently in the field of psychiatry and to reduce barriers to communication and understanding in our continually evolving field.

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

Most people are not aware that I used to be an archaeologist before changing careers to pursue medicine. I participated in two international excavations. One at Moche Barago Cave in Sodo, Ethiopia examining human habitation in the area 40,000-90,000 years ago to determine the area’s importance in Homo sapiens evolutionary exodus from Africa. The second was in Mosselbaai, South Africa examining the evolution of modern human behavior and cognitive development through its influence by shellfish and coastal sea levels between 40,000 and 120,000 years ago. Both were incredible and humbling experiences that taught me so much about physical and mental resilience, flexibility in the face of unknowns, and effective communication with multilingual and multiculturaly diverse teams.
I receive an article from the Association of American Medical Colleges proclaiming that nearly 150 million people in the United States reside in communities lacking adequate mental health care. As I continue to read the text, these statistics alarm me. I felt more determined to play a significant role in changing the way we value mental health. I perseverated on the question, how does a country with such great advancements fall short in empowering the future of psychiatry?

My platform is built primarily on advocacy for early-career psychiatrists. Having been the President, President-Elect, and Region 6 Chair for the American Psychiatric Association’s National Psychiatry Student Interest Group Network, I have spent the past three years cultivating a community of medical students across the United States who share the principal interest of advancing mental health care. Now, as a resident in psychiatry, I am prepared to advocate for initiatives to expand training across metropolitan and rural communities.

The opportunity to work alongside a seasoned community of psychiatrists through this organization will allow me to address how we can begin to invest in and prioritize training more psychiatrists, and in return do justice to all individuals who suffer from mental illness and lack access to adequate care.

If elected, I will honor this role with the utmost integrity to have the best interest of all residents and fellows across the nation. I will strive to engage even those with the mildest curiosity in exploring a career in psychiatry as it has proven to be a field that cultivates progress and leadership with the intent of bettering the lives of our patients.
March 14, 2022, marked one of the greatest achievements of my life. That date corresponds to Match Week, where I successfully matched into the field of psychiatry. This day was instrumental for me, not only because I had survived four grueling years of medical school training, but because this meant that my future would be comprised of providing mental health care for all of those in need. I began to appreciate what it would mean to call myself a psychiatrist. I felt humbled and empowered to embark on this journey to help transform the lives of others.

In five years, I envision the field of psychiatry to explore mental health care in settings we have not yet placed ourselves effectively. I hope to play a role in branching psychiatric care into communities where resources and psychiatrists have been lacking. I would hope that our field continues to make strides in equality and equitable care, but also in becoming an inclusive field with the collaboration of other specialists. I have a particular interest in Women’s Mental Health, and I hope to see more trainees interested in pursuing Reproductive Psychiatry as a career.

I am a first-generation Armenian American, one of the first in my family to receive a higher education, and the only physician. From a cultural standpoint, the expectations of a young female were limited to domesticated life. Having been raised by an independent and strong-willed mother, I have been granted the opportunity to pursue any inquisitive thought that may have come to my mind. With the support and guidance of my family, I have been able to create a meaningful career for myself, which in turn I hope to use to encourage the youth in my community.