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

President Jeffrey Geller, MD, MPH formed the Presidential Task Force on Structural Racism Throughout Psychiatry (Task Force) in June of 2020. This report includes a description of all activities undertaken by the Task Force during its tenure.

Composition of the Task Force
The members of the Task Force are –

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

Charge of the Task Force:

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

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

The Task Force focused on anti-Black racism.

Surveys:

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

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

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

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

Survey No. 4 was focused on how psychiatrists can support racial equity. The vast majority of respondents believe psychiatrists/physicians should play the following roles in advancing racial equity and supporting underserved communities: reflect inward to identify personal influences and biases; undertake education and training; commit and engage to and for change; understand shared responsibility for care of diverse populations; seek opportunities to mentor minority staff and students; help design and implement equitable policies and processes; advocate and hold leadership accountable; speak up and confront institutional racism; help ensure fairness in decision-making; and partner with the community. Respondents also indicated that engaging in advocacy to advance racial equity as an important action for psychiatrists to take. A more in-depth summary of the survey will be available at www.psychiatry.org/taskforce. There were 316 respondents.

Engagement of APA Membership:

Task Force members met with APA's membership in a variety of forums to share information about the Task Force and its work. Members' input was welcomed via email to SRTaskforce@psych.org. In addition to the mini surveys, the Task Force sought to inform and engage the APA membership by publishing information about the Task Force's charge and membership on the APA webpage. Dr. Geller and Dr. Wills answered questions about the Task Force, including its composition and goals, which were published in the form of a Psychiatric News article on July 30, 2020. Dr. Wills met with APA councils, components, and committees to discuss the Task Force and its work. The Task Force received informal and formal feedback from the membership via numerous phone calls and presentations to Areas and District Branches across the country by the Task Force members (e.g., presentations to Area 4, Kentucky Psychiatric Association, Utah Psychiatric Association, Psychiatric Society of Virginia, North Dakota Psychiatric Society, and Michigan Psychiatric Society). There was a Louisiana Psychiatric Medical Association presentation about the Task Force in its newsletter, and an appointee to the Academy of Consultation-Liaison Psychiatry's Diversity, Equity, and Inclusion Presidential Task Force. The Task Force expanded its reach by including members in many of the work groups and outreaching to allied

organizations regarding the antiracism agenda. Members who have participated in these workgroups are identified on Appendix A of this report, and Appendix B contains a summary of the activities of various Assembly Committee of Representatives of Subspecialties and Sections (ACROSS) organizations over the past year relating to structural racism and racism.

Additionally, the Task Force held a webinar to engage directly with Resident-Fellow Members on March 23, 2021. Resident-Fellow Members were invited to join the Task Force for a discussion focusing on the Task Force's creation, composition, charge, and approach, as well as opportunities for the Resident-Fellow Members to get involved. Task Force representatives discussed their roles within the Task Force and answered questions received from attendees. The event was moderated by Cheryl D. Wills, M.D., DFAPA and included presentations from Frank A. Clark, M.D., F.P.A., Renée Binder, M.D., Regina James, M.D., Charles C. Dike, FRCPsych, MBChB, M.P.H., and Sanya Virani, M.D., M.P.H.

Task Force Web Section:

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

**Task Force, Town Hall & Structural Racism News Items
Page Views by Month, May 14, 2020 – April 27, 2021**
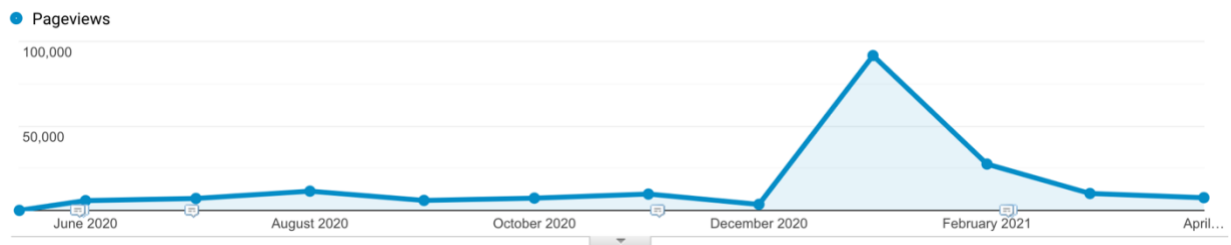
Traffic to psychiatry.org pages about the Task Force, town halls and structural racism news and blog items saw over 187,218 page views between mid-May 2020 and mid-April 2021, with spikes in traffic centered around town hall & survey promotion, and in particular, APA's news release in January, 2021: "APA's Apology to Black, Indigenous and People of Color for Its Support of Structural Racism in Psychiatry." District Branches reported that they used APA's webpage to engage members in education about racism. The apology news release alone garnered 63,519 page views the week of January 17, 2021.

Meetings and Reports of Workgroups:
The Task Force conducted much of its work through issue-specific workgroups as described below. The full Task Force met at least once every month between June, 2020 and April 2021, but oftentimes

weekly or biweekly, and the workgroups, on average, met once a week when completing their tasks. Each active workgroup provided an update to the full Task Force each meeting.

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

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

1) The Board of Trustees voted to approve that a list of Black APA/APAF Fellows be reported to the District Branches to encourage involvement in leadership of the District Branches and also for consideration as APA Assembly Representatives.
   a. In January 2021, the Task Force sent the President and Executive Director of each District Branch a list of all past APA/APAF Fellows who are current members of that Branch and requested that the District Branch consider these psychiatrists in candidate pools for leadership positions within the District Branch and within the Assembly, with the aim of developing new leaders and leaders from minority or underrepresented groups. The vast majority of the Fellows did not give permission for APA to share their race/ethnicity information with other members, so that data was not sent, but the memo explicitly reminded each District Branch that such information may be available to them directly through the DB Window.
2) The Board of Trustees voted to recommend to the Assembly Executive Committee that the Assembly establish a mentor/sponsor program from senior Assembly leaders for Black psychiatrists.
3) The Board of Trustees voted to recommend to the Assembly Executive Committee that the Assembly orientation include a presentation about advancement in the Assembly and the assignment of a mentor/sponsor.
4) The Board of Trustees voted to recommend to the Assembly Executive Committee that the Assembly Nominating Committee be given instructions about the importance of nominating a diverse pool of nominees.
5) The Board of Trustees voted to recommend to the Assembly Executive Committee that the Assembly include the M/UR Caucuses and the MUR Committee of the Assembly in the Assembly nomination process by having them submit nominations directly to the Assembly Nominating Committee.
6) The Board of Trustees voted to recommend to the Assembly Executive Committee that the Assembly leadership identify "Equity Advisors" to advise the Assembly on all aspects related to diversity and equity.

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

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

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

Additionally, the APA Assembly Area 1 Council recommended changes at Council meetings to address racism. These recommendations can be found in Appendix C.

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

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

5) The Board of Trustees voted to request that the Administration prepare an annual report to be formally reviewed by the Board of Trustees that documents the demographics of APA leaders, including the BOT, Assembly, and Components and tracks three-year trends.

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

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

The Workgroup on Town Halls was charged with planning 90-minute Town Halls to educate members, through discussion with a diverse group of leaders, about racism and its impact on colleagues and patients. The Town Hall series had a unique landing page, accessible at psychiatry.org/TownHall. Recordings of the Town Halls were also made available through the websites.

APA Addresses Structural Racism, Part One: In the introductory town hall, a distinguished group of panelists discussed the ways in which APA can address structural racism, including the role of associations and allies in supporting this work. Panelists shared their perspectives and participated in a Q&A session with APA members in a dialogue about the way forward for our organization.
- Panelists included Danielle Hairston, M.D., Psychiatry Training Director, Howard University School of Medicine & President of the APA Black Caucus; Thea L. James, M.D., Associate Professor of Emergency Medicine, Boston Medical Center/Boston University School of Medicine & Associate Chief Medical Officer, Vice President of Mission, and Director, Violence Intervention Advocacy Program (VIAP) at Boston Medical Center; Ayana Jordan, M.D., Ph.D., Assistant Professor of Psychiatry, Yale School of Medicine & ECP Trustee-at-Large, APA Board of Trustees; Walter E. Wilson Jr., M.D., M.H.A., Member, APA Council on Minority Mental Health and Health Disparities; and Jeffrey Geller, M.D., M.P.H., President, American Psychiatric Association. The final registration number was 704, the count of unique viewers was 508.

APA Addresses Structural Racism, Part Two: The March Continues examined how structural racism plays a role in inequalities and proposed solutions to improve Black Americans' mental health outcomes.
- Panelists included Altha J. Stewart, M.D., Senior Associate Dean for Community Heath Engagement, University of Tennessee Health Science Center |Past President, American Psychiatric Association; Aletha Maybank, M.D., M.P.H, Chief Health Equity Officer and Group Vice President, American Medical Association; Kevin M. Simon, M.D., 2020-2021 REACH Scholar; with Jeffrey Geller, M.D., M.P.H. President, American Psychiatric Association serving as moderator. The final registration number was 730. Overall, we had 426 unique viewers; a maximum of 382 participants excluding panelists attended the entire town hall.
- To a survey administered immediately after the Town Hall, over 90% of respondents chose "agree" or "strongly agree" for the statement that "The quality of the town hall was excellent"; and 88% chose "agree" or "strongly agree" for the statement that "The town hall met the stated learning objectives."

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

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

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

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

for at least some portion of the presentation was 504. 208 individuals remained logged in for the live question and answer portion of the event.

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

The final town hall was the Presidential Symposium at the APA 2021 Annual Meeting on May 1, 2021. Task Force members engaged in a discussion about their charge and other processes that informed their work. Task Force members shared the recommendations for reform made by it in reports to the APA Board of Trustees and reviewed particular Task Force activities. Task Force member Frank Clark, M.D. moderated the symposium, and the panelists included Cheryl Wills, M.D., Michele Reid, M.D., Renée Binder, M.D., and Charles Dike, M.D.

The Workgroup on Resources (also referred to as the "Clearinghouse Workgroup") was charged with identifying resources APA members can use to understand racism and its impact on patients and colleagues and coordinating the work of the various APA components and Councils on racism issues. Identified resources were made available at psychiatry.org/Taskforce.

The workgroup and several Task Force members reviewed and provided mostly positive feedback regarding a draft of the Resource Document titled *How Psychiatrists Can Talk with Patients and Their Families about Race and Racism*, which was prepared by the Council on Children, Adolescents and Their Families in response to APA President Jeffrey Geller's request for each APA component to engage in a project that addresses the problem of structural racism.

The workgroup collected and reviewed materials produced by APA components or outside entities and added relevant resources to the Task Force webpage. The workgroup worked to make the website more user-friendly, including by placing the information for individuals to contact the Task Force directly on the top of the page to make it more prominent, and making the sections on the webpage accordion/collapse style. Appendix D contains a list of the recommendations of the Communication Subgroup of the Resources Workgroup. The workgroup looked into developing an APA podcasts section on the website, created an intake form to collect information from APA components that the workgroup would review for posting, and created a calendar of events specific to Task Force efforts throughout APA. Appendix E contains a list of the recommendations of the Clearinghouse Subgroup of the Resources Workgroup. Almost every APA Council committed to investigating and reporting on structural racism in the area they cover. Appendix F includes a list of some projects the councils have undertaken. The workgroup also compiled curricula on cultural psychiatry, diversity, equity and inclusion, and structural racism from various residency/fellowship training programs for the webpage, with a goal of identifying gaps to be addressed.

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

Dr. Danielle Hairston, one of the Task Force members, developed a presentation on the role and accomplishments of Historically Black Colleges and Universities. Her presentation identified that one of the most impactful roles of HBCUs is sponsorship. Mentorship, visibility, and dismantling stereotypes are also important. Dr. Hairston also discussed disparities in race among U.S. physicians due to structural racism, cultural mistrust, and socioeconomic status in her presentation.

Dr. Frank Clark, one of the Task Force members, led a project to explore the impact of structural racism on Indigenous Peoples, which involved collaborating with members of the American Indian/Alaska Native/Native Hawaiian Caucus. The workgroup members for this project intend to submit a multi-part article series in *Psychiatric News* over the next few months that will consist of a more in-depth examination of different ways structural racism has and continues to impact Indigenous Peoples.

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

1) The Board of Trustees voted to approve the requirement that in addition to geographic diversity, type of practice diversity, and diversity in relevant content expertise, each standing committee, task force, work group, councils and committees, shall demonstrate having attempted to achieve representation of M/UR groups among the component membership.
2) The Board of Trustees voted to approve the requirement that any Bylaws changes be reviewed to ensure that the change will not adversely impact the inclusion of M/UR Assembly Group members among Component membership such that said membership at least reflects the known demographics of APA membership.
3) The Board of Trustees voted to enhance the nomination process of component appointments to include:
   a) That in order to attain optimal transparency, the APA will broadly disseminate through media at its disposal, details of the rationale and chronology for the process of Component appointment. The 2020-2021 Component Appointment Timeline is an appropriately illuminating example in this regard.
   b) That the APA request that all nominees, appointees, Chairs, and current members of components self-disclose all requested demographic information (age, race, ethnicity, etc.), with the explanation that such data enables the APA to evaluate its important commitment to diversity. These anonymous data will be available on the APA website by means of a report made every three years to track progress over time.
4) The Board of Trustees voted to mandate the APA to widely disseminate information and solicit nominations for Component membership, including annual reminders to District Branch Executive Directors and Presidents.
5) The Board of Trustees voted to approve language in the APA Participation Policy stating that each Component member must ensure that the work of their Component take into account principles of diversity, inclusion and antiracism.
6) The Board of Trustees voted to approve the following total term limits:
   a) Members of Bylaws, Elections, and Ethics Committees: up to two 3-year terms.
   b) Chairpersons of Bylaws, Elections, and Ethics Committees: up to four 1-year terms.

c) Members of Committee and Councils– up to two 3-year terms, with potential reappointment only after a hiatus of one full term.
d) Council Chairpersons – up to two 2-year terms.
e) Committee Chairs – up to five 1-year terms.
f) Waivers to these term limits must be rare and justified after recommendation by the Chair of the component and the President-elect and approved by majority vote of the Board of Trustees.

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

The Workgroup on Fellow Projects and Leadership was formed to engage with APA/APAF's fellows and work with them to develop projects in areas of interest to the fellows. The workgroup leaders focused on three projects:
1. Creating a model curriculum on structural racism for the APA. The intent is for this to be a four-year curriculum to include the core concepts and effects of structural racism, as well as structural racism as a structural determinant of health. The curriculum will also touch on racism in psychiatry from a historical perspective, reducing stigma in mental health care, and skills for residents to address racism in the clinical setting and in-patient care.
2. Developing a centralized reporting system. The intent is for this to be a confidential reporting system at APA where members can report instances of discrimination, microaggressions, or racial bias that they experience at APA events.
3. Creating of a comprehensive alumni directory for all Fellows.
At the time of this report, the Fellows were at various stages of each of the projects. Broad topics had been identified for the model curriculum and the Fellows were focused on creating a four-year curriculum. Workgroup leaders working on the centralized reporting system were reviewing best practices and drafting the logistics for the system. A survey was conducted with Fellows to determine the features for the alumni directory. Work will commence on developing the directory schematics with a software company.

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

Appendix H contains specific recommendations for District Branches as approved by the APA Board of Trustees.

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

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

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

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

The Workgroup on Resources was co-led by Michele Reid, MD, DLFAPA and Tanuja Gandhi, MD, and included Workgroup: Victor Pereira-Sanchez, MD (Lead, Clearinghouse Subgroup)
Eunice Yuen, MD, PhD (Lead, Communications Subgroup)
Tanuja Gandhi, MD (Lead, Components Outreach Subgroup)
Fiona D. Fonseca, MBBChBAO, MS (Lead, Model Curriculum Subgroup)
Pamela C. Montano Arteaga, MD (Member)
Janice Chou, MD (Member)
Rana Elmaghraby, MD (Member)
Brandon Newsome, MD (Member)
Barbara Robles-Ramamurthy, MD (Member)

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

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

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

Members working on the **Indigenous Peoples Project** include Frank Clark, MD, FPA; Stefanie Gillson, MD; Gaurav Chaudhari, MD, MPH; Susan Daily, MD; and Adriana de Julio, MD.

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

Advisors: Francis Lu, MD, DLFAPA, William B. Lawson, MD, PhD, and Christina Mangurian, MD served in an informal consultative capacity

Appendix B
Summary of ACROSS Groups Responses Regarding Structural Racism/Racism

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American Academy of Psychiatry and the Law (AAPL) - Along with the already established AAPL Diversity Committee, there has been a new additional workgroup chaired by Drs. Charles Dike and Monifa Seawell to address these important issues.

AAPL held the first of two Town Halls on diversity within the organization. It focused on racial and cultural diversity and included Black and Latinx speakers and a southeast Asian discussant along with Dr. Wills. A second Town Hall is planned for June focusing on LGBTQ and other gender-related issues. The Town Halls are being developed by the AAPL Committee on Diversity chaired by Charles Dike, M.D.

The AAPL Council has established the Charles Dike Scholarships, which will be awarded to two early career psychiatrists from minority and underrepresented groups. The details have not been finalized, but it intends to award the scholarships to attend the AAPL Annual Meeting when in-person meetings resume. The program will be piloted for two years.

American Academy of Addiction Psychiatry (AAAP) - AAAP has taken the following related actions in 2020:
1. A letter addressing racism was sent to members in June by AAAP CEO Kathryn Cates Wessel.
2. AAAP President Kevin Sevarino, M.D., Ph.D., announced that AAAP created a diversity position on its board of directors. AAAP identified someone they would like to lead the initiative and are waiting to see if she will accept.

American Association for Emergency Psychiatry (AAEP) – AAEP is currently:
1. Prioritizing this topic by placing it as the keynote talk at AAEP's annual conference (the National Update on Behavioral Emergencies or NUBE). The focus on this topic and the crisis response was very well received as presented by our current past president, Jack Rozel, M.D.
2. Examining its own board membership to make sure that those present are representative of not only those the Association serves but also the agencies that assist AAEP in its mission.
3. Encouraging its membership and sub-committees to consider these challenges as they look to future projects and inclusion of external stakeholders.

American Academy of Child and Adolescent Psychiatry (AACAP) – Over the past year, AACAP has increased member engagement to respond to the COVID-19 crisis and the alarming instances of police brutality against African Americans. The following initiatives implemented over the past year include ongoing activities that encompass research, awareness, advocacy, Annual Meeting programming, and other professional development.
1. A newly appointed Presidential Working Group to Promote Health Equity and Combat Racism, led by Drs. Melvin Oatis, Lisa Cullins, and Tami Benton. The group is charged to steer AACAP's member-developed *Workplan to Promote Health Equity and Combat Racism in the Era of COVID-19*.
2. A new vision for AACAP's Journal of the American Academy of Child and Adolescent Psychiatry (JAACAP) as an antiracist journal.

3. A newly issued JAACAP Call for Papers on Racism and Its Impacts on Child Development and Children's Mental Health with an enduring/continuous submission deadline.

4. A four-part online Lectures Series, developed by AACAP's Diversity and Culture Committee, which offers a look into the challenges facing schools, systems of care, and child and adolescent psychiatry training programs and offers suggestions on how to better utilize these important systems and institutions to promote health equity.

5. A host of online resources available in our Racism Resource Library.

6. A Screenside Chat between AACAP President Dr. Gabrielle Carlson and Past President of the American Medical Association, Dr. Patrice Harris on health equity and structural racism.

7. A Statement Condemning Racism and Police Brutality.

American Psychoanalytic Association (APsaA) – APsaA encourages folks to visit its website (Addressing Racism | APsaA), which provides detailed information on APsaA's response to the problem of structural racism. In particular, ApsaA would like to call attention to the organization's Statement on Racism (https://apsa.org/content/apsaa-statement-racism) and to the work of the Dorothy Holmes Commission on Racial Equality, which has been stood up to lead APsaA in addressing racism in the Association and in society (Holmes Commission on Racial Equality in the American Psychoanalytic Association | APsaA).

Senior Psychiatrists – Members of Senior Psychiatrists are all, also, members of the APA. Accordingly, APA efforts regarding SR are communicated to all of members of Senior Psychiatrists. Senior Psychiatrists do also separately forward APA materials to its membership via inclusion in its various member communications.

<div align="center">

Appendix C

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APA Assembly Area 1 Council Recommended Changes at Council Meetings To Address Racism

Report of Area 1 Subgroup Consisting of Michelle Durham, Jessica Isom, Isabel Norian, Caren Teitelbaum, and Maureen Sayres Van Niel

If Area 1 Council is part of the world we live and work in, why not make its culture and processes more to our liking and reflective of our values? We have added several steps to our meetings to address the ongoing problem of structural racism and its effects on health.

1. Before our meeting begins, we will make the following Native American territorial acknowledgement. The tribal nations we mention will rotate among those from the different states represented in Area 1:

   We would like to acknowledge that we are on the traditional territory of the Missisquoi tribal band of the Abenaki Nation. This tribe's ancestors are honored today as we acknowledge that they have been the keepers of their tribal histories, as well as the shared history of this country and the state of Vermont. These ancestors can inspire us as well in present day, and we recognize that they have endured loss of land, culture, and language and undergone oppression since the time of European contact.

2. After the meeting continues and the Area Council members have been introduced, we will further state the following:

   We would also like to call out the history of Black enslavement and legally sanctioned second class citizenship. We acknowledge the Black, Indigenous, and people of color (BIPOC) who have been marginalized and discriminated against historically and in the present day, and we commit to being part of a comprehensive solution to this severe intergenerational trauma for members of this group. We include in this commitment efforts to address all ongoing structural oppression, including oppression based on race, ethnicity, gender, immigration status, gender identity and expression, sexual orientation, disability, religious beliefs, language spoken, or other aspects of human diversity.

3. Furthermore, we would like to define the working environment we wish to create:

   We wish this meeting to be a liberated space that is inclusive and does not discriminate against any group, requires a respectful attitude toward one another, and allows us to process mistakes or hurtful incidents in a constructive way. This liberated and inclusive space also allows for the sharing of information and real-time learning. We, as members of Area 1, realize that we are all very much "works-in-progress" in our level of enlightenment in matters of bias and discrimination.

4. As an Area Council, we will begin to take a live account of the potential impact of our recommendations on marginalized groups before we pass an action paper or position statement by asking the following questions:

- **What are the equity impacts of this decision?**

- **Will any of these decisions put at risk the respectful treatment of all minority and underrepresented groups?**

- **Will this decision reduce or increase mental health disparities and challenges for these groups?**

- **Who might either benefit from or be harmed by this particular decision?**

We suggest that we conduct this review in real time by delegating two willing individuals from the group for each meeting (on an area-wide rotation) whose task will be to help us monitor our progress on these questions during the meeting and will offer feedback about how we have done at the end of each discussion or decision.

****

We also recommend that as individuals, APA members self-reflect and educate ourselves about racism and that as a group, we openly declare our own intentions and mission to help dismantle the racism that undergirds every aspect of our society. If we hope to be clear and present allies for members of the Black community, we must learn how to avoid our own problematic behaviors and statements about race. To that end, below is a link to an excellent and enlightening scaffolded reference sheet on anti-racist resources, created by members of the Black community. As Assembly representatives, we can also work with our own District Branches and Area Councils to encourage them to provide resources on these topics:

https://docs.google.com/document/d/1PrAq4iBNb4nVIcTsLcNlW8zjaQXBLkWayL8EaPlh0bc/mobilebasic

Appendix D
Communication Subgroup, Resources Workgroup, APA Presidential Task Force to
Address Structural Racism Throughout Psychiatry
-Subgroup recommendations-

Communications - Eunice Yuen, MD, PhD (Lead)
Members: Janice Chou, MD, Victor Pereira-Sanchez, MD, Barbara Robles-Ramamurthy

Goal - Organize a process to streamline and create amplification of communication about the overall activities of the APA anti-racism activites with all caucuses, components, ECPs, Residents, Fellows and Medical Students.

This document summarizes the work done by our subgroup during the time we have been serving at the Resources Workgroup. Our actionable recommendations call for continuous work to maintain and improve an excellent APA anti-racism hub.

1. Internal communications (Janice)
    a. Articulation of goals of continued communication between APA members in service of missions set by the new Social Determinants Task Force.
        i. Continued creation of educational webinars and other materials (similar to Task Force Town Halls) pertinent to antiracism within psychiatry, mental health, and modern medicine at large.
        ii. Liaison with Clearinghouse subgroup functions to continue to gather and disseminate antiracism resources within the organization.
            1. Strategy to continue to advertise Task Force functions and redirect members to submit materials, attend events, etc.
    b. Point person within the new APA Social Determinants Task Force collaborating with organization's administration to identify existing channels of communication between members.
        i. Make available listservs that can be used to reach MUR caucuses and other relevant committees and groups such as fellows or other trainees.
    c. More aggressive strategy of surveying and engaging trainees and early career psychiatrists who are politically active.
        i. Integration with social media strategy described below in "External communications" section, using official APA user accounts to engage with members' personal accounts.

2. External communications

   a. Contact list: non-APA professional organizations

Name of professional organization	Name of person/contact/website
The Center for Cross-Cultural Student Emotional Wellness at MGH	Justin Chen chen.justin@mgh.harvard.edu info@mghstudentwellness.org https://www.massgeneral.org/psychiatry/treatments-and-services/center-for-cross-cultural-student-emotional-wellness
Society for the Study of Psychiatry and Culture (SSPC)	Anna Fiskin fiskin@gmail.com
Asian Pacific Medical Student Association (APAMSA)	YingFei Wu; Dr. B Li (Founder) president@apamsa.org https://www.apamsa.org/
American Society of Hispanic Psychiatry (ASHP)	http://www.americansocietyhispanicpsychiatry.com Ruby C Castilla-Puentes, MD, DrPH, MBA (President)
American Academy of Child and Adolescent Psychiatry-Diversity and Culture Committee	Chairs: Cheryl A-Mateen, Lisa Cullins Contact: Anneke Archer aarcher@aacap.org
Salud America	Director: Amelie Ramirez (ramirezag@uthscsa.edu) https://salud-america.org/

   b. Contact list: professional social media groups:

Name of social media group	Name of contact/email
Psychiatry Network (Facebook)	Christina Girgis psychiatrynetwork@gmail.com
World Network of Psychiatric Trainees (Facebook, Twitter, Instagram)	Victor Pereira-Sanchez (founder) worldtrainees@gmail.com
@psychreschat (Twitter)	Atasha Jordan psychreschat@gmail.com
Early Career Psychiatrists' Section, World Psychiatric Association (Facebook, Twitter)	Mariana Pinto da Costa (chair) mariana.pintodacosta@gmail.com
Women Psychiatry Group (Facebook)	
Child Psychiatry Professional Network (Facebook)	

Private Practice Psychiatry (Facebook)	
AACAP committee of students and trainees (Twitter, @CAP_MSR)	Cindy Chow chous@upmc.edu
The IMG psychiatrist (Facebook group) https://www.facebook.com/groups/IMGPsychiatrists	Tanuja Gandhi tanujagandhimd@gmail.com
Psychiatry Student Interest Group Network (APA network) (Twitter) ▮▮▮▮▮ American Society of Hispanic Psychiatry (ASHP) Twitter, Facebook	
LatinxInPsych	Amalia Londono, MD amalia.londonotobon@yale.edu
APAHispanicCaucus (Twitter)	
APABlackCaucus (Twitter)	
Black Psychiatry (Facebook)	
Salud America (Twitter) @SaludAmerica	
Black in Mental Health (Twitter) @BlackinMH	
Latinx Voces en Salud Campaign (Twitter) @VocesenSalud	

    c. Partnership letter to collaborate with APA
       i. 1 year-commitment to exchange and to help disseminate APA anti-racism resources.
       ii. APA Communication Council as gatekeeper communication.

Partnership letter draft

Dear Dr:

    The APA would like to extend an invitation to partner with your organization. Our goals are to build sustainable alliance, communication, and delivery of anti-racism resources to the professional network throughout psychiatry.

    Our workgroup is building a collection of resources (articles, books, podcasts, and other materials) in the following topics.

- Models of anti-racist teaching curriculum.
- Best practices to create an anti-racism environment.
- Policy development and implementation.
- Leadership and organizational change.

- Personal management and wellness.

If you are interested, we hope to have at least a year of commitment in our partnership. All communications will be through our colleagues at the APA Communications Council. We look forward to our partnership, and commitment to fight against racism throughout Psychiatry.

Respectfully Sent,

Partnership agreement draft

Dear Dr. _____,

Your organization and APA agree on this partnership for a year, from month/2021 to month/2022. Our main mission will be to sustain alliance, communicate and help share anti-racism resources in your network. Thank you so much for your help in this initiative as we as an organization continue toward the promotion of health equity and antiracist practice throughout psychiatry.

Signature, date

Partnership organization name

Signature, date

    d. Marketing
       i. Media press to announce our task force resources.
        (e.g. Psychiatric News to introduce leadership, subgroup members)
       ii. Create downloadable QR code for easy access.

    d. Evaluation of the program
       i. Feedback survey from our partnerships

ii. Measure viewer access

iii. Feedback survey from taskforce members for constructive improvement, passing on recommendations to the next taskforce.

3. Social Media (Barbara)
   a. Reassess APA's Social Media team to develop/improve plans to increase collaborative engagement, with an increased focus on racism and social determinants of health.
      i. Tag authors of studies shared on social media.
      ii. Create Twitter chats to bring awareness to important topics related to anti-racism.
      iii. Share the work of non-psychiatric associations related to anti-racism work.
      iv. Consider brief reels discussing anti-racism studies, tools.
      v. Consider asking authors of opinion pieces, studies to do a brief video summary of their work and share it on social media.
      vi. Post brief summaries of important presentations (ie from the Annual Meeting, etc).
      vii. Ensure that panels are representative of diverse voices.

4. Liaison with the APA
   a. Coordinate internal and external communications with APA.

Appendix E
Clearinghouse Subgroup, Resources Workgroup, APA Presidential Task Force to Address Structural Racism Throughout Psychiatry
-Subgroup recommendations-

Chaired by Victor Pereira-Sanchez, MD*. Members: Eunice Yuen, MD PhD, Pamela C. Montano Arteaga, MD, Brandon Newsome, MD, Rana Elmaghraby, MD, Barbara Robles-Ramamurthy, MD.
**Contact: vpereira@alumni.unav.es*

Goal: Develop a strategy to get additional resources from APA members and others that will be uploaded and reviewed by the workgroup to increase comprehensiveness of articles, books, podcasts, videos, etc. for the APA anti-racism hub.

This document summarizes the work done by our subgroup during the time we have been serving at the Resources Workgroup. Our actionable recommendations call for continuous work to maintain and improve an excellent APA anti-racism hub.

1. Task Force Website Appearance
The current Task Force website is very comprehensive and, in general, well structured. As it was developed progressively with the constant addition of new resources, the current version is not as pretty and user-friendly as it should be and is not as visible for APA members and the public as the importance of its contents deserves. We have some recommendations to make it easier to be accessed, to navigate its contents, and to enable the search of materials.

1.1. Increase the visibility of the Task Force website at the APA website. Right now it shows up as a short line of text on the APA main page. It is also not clear for the website visitors what is that 'hub'. Could the text-link be transformed into something more similar to what is seen for the image-title-description-link materials right above (eg. 'Stop AAPI hate')?
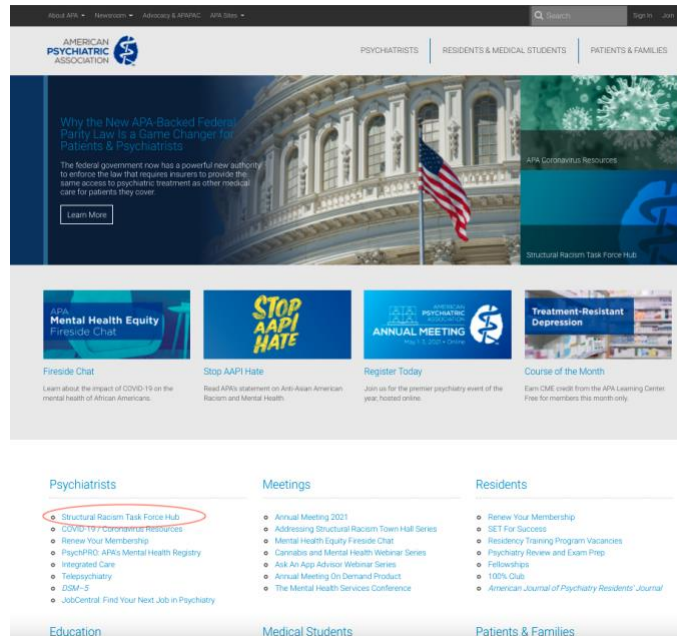
1.2. Some visual improvements could be done in the Task Force website display. It would be nice to convert the current index of the materials of the website (plain text-links [left image, below]) into a button-text-icon-link format, to make it more attractive, as shown in the right image below.
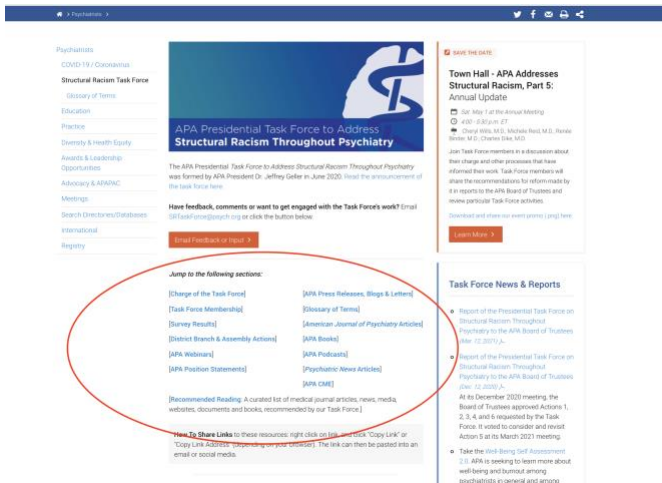
1.3. The current display is perhaps 'too vertical', in the sense that viewers need to scroll down a lot to check out the materials. Of course, having the index at the beginning helps. Perhaps having a simpler main/parent TF (cover, brief description, index, TF membership) site with links to sub/child sites for each item in the index would help?

1.4. Embed the recent Task Force video to the hub, below the first paragraph, so that it would be the first thing that visitors see. It is indeed a great video that summarizes very well the work of the Task Force thus far. https://www.youtube.com/watch?v=AYm2rC2mBto&t=2s

2. Task Force Website Contents' Display

There are a lot of contents below the Task Force Membership section, which are categorized by 'resource type' (TF survey results, District Branch and Assembly Actions, Webinars...). We think it is right to have them sorted by material type (we add suggestions on our recommendation section 3, below, to make it easy to search specific topics and materials). However, it is difficult to navigate the materials and understand well the source, importance, and hierarchy.

We recommend re-sorting those materials in the following categories and subcategories:

A. Task Force Actions & Results [we think this separate section would be very important, as it specifically highlights what the Task Force is doing and has done]

A.1. Events [move 'Webinars' here, although we would suggest moving here only those webinars and events organized by the Task Force]

A.2. Survey Results [move 'Survey Results' here]

A.3. District Branch and Assembly Actions [move 'District Branch and Assembly Actions' here]

A.4. Anti-racism and Diversity Dictionary [move 'Glossary of Terms' here].

[There is room here to add more subsections corresponding to actions and results from the Task Force].

B. APA Resources

B.1. Position Statements

B.2. Press Releases, Blogs, & Letters

B.3. Events [events and webinars organized by the APA]

B.4. Articles

B.4.1. Psychiatric News

B.4.2. American Journal of Psychiatry

B.4.3. Psychiatric Services

B.5. Podcasts ['Finding our voice' APPI series]

B.6. CME

C. External Resources

C.1. Allied professional societies [events, webinars, resources websites, and other materials from other associations could fit here].

C.2. Scientific Publications [move 'Recommended Reading/Medical Journals' here] (APA members suggested categorizing the publications and books (C3) based on level of sophistication or complexity so that readers new to to the topic won't be overwhelmed.)

C.3. Books [move 'Recommended Reading/Books' here]

C.4. Multimedia [add and subcategorize elements at 'Recommended Reading/News and Media' and 'Recommended Reading/Websites and Documents' here]

C.4.1. News and Stories

C.4.2. Videos

C.4.3. Podcasts

C.4.4. Miscellaneous

C.4. Relevant Organization Website

3. Task Force Website Desirable Add-Ons

Some website improvements would make it easy for users to navigate through the website materials and easily find contents and topics.

3.1. Search function: It would be great to incorporate a search function, where users could enter keywords related to our resources (the search engine would search those keywords/synonymous on the section titles, resource titles, and descriptions of our included resources).

3.2. An additional classification and search tool that would help is 'labels'. All existing and new resources at the website would receive one or more 'labels' related to their topic (eg. 'African Americans', 'Anti-Asian Racism', 'Diversity and Inclusion', 'Research', 'Advocacy', etc.); those labels would be visible under the resource title (see example in the figure below, from another website). The search engine, then, could be bi-modal, allowing both search by keyword (and then, the search would also include keywords in the label names) or by topic (so 'labels' correspond to topics). Additionally, in the labels shown below each resource, users can click on the label icon and be redirected to a search of resources with that label

3.3. A short video that briefly explains how to navigate the hub (website), displayed at some visible part among the first sections, could be helpful.

3.4. *It would be good to think about ways to guide website users to navigate* the resources at the site in a stepwise sequence that would categorize the resources in sections like 'Introduction to the Problem' (resources on epidemiology, state of the art, etc), 'History of Structural Racism in Psychiatry', 'The Anti-Racist Path', etc. Perhaps the 'labels' and/or the video or an infographic can help.

4. Task Force Website Regular Update Plan

We understand that the Task Force Website requires regular updates, for which the contribution of dedicated people and contact persons is needed.

4.1. Update of Current Sections

4.1.1. For materials at the sections 'Task Force Actions & Results' and 'APA Resources' (including position statements, press releases, articles from Psych News, AMJ and Psych Services, etc.), we recommend securing communication threads with persons of contact in the editorial offices of those sites that would notify when they publish new materials relevant to the Task Force.

4.1.2. For the 'External Resources' section, agreement on an update plan in terms of frequency and responsible persons should be sought.

4.2. Obtention, Management, and Publishing of External Contributions

4.1.1. Invitation and Response Letters: the approved drafts can be consulted in the Appendix below.

4.2.2. Contribution Form: a draft can be consulted [here](#).

4.2.3. Invitation Letter and Contribution Form Dissemination. The Resources Workgroup subgroups of Communications and Components Outreach will collaborate with the Clearinghouse Subgroup to make the Invitation Letter and Contribution Form reach components and colleagues.

4.2.3. Material Storage, Reviewing and Publishing Workflow: a workflow for the management of external contributions is needed, and will include the platform where form responses and attached materials will be collected, the persons responsible for reviewing, accepting or dismissing the contributions and responding to the contributors, and the pipeline to regularly upload the accepted contributions.

4.3. Appointing and maintaining a diverse committee to maintain the resources at the hub, and review and add new contributions. This committee will have ongoing work through the year, and should be representative of the membership of APA, especially including colleagues from underrepresented minorities.

Appendix: Contribution letters

A. Invitation to contribute

Dear Dr. _____,

I hope this email finds you well. We are reaching out to you on behalf of the American Psychiatric Association to provide an update on the work being done by all the Councils, Components and ACROSS on Structural Racism.

We are accepting submissions on resources with a focus on diversity, equity, inclusion, and antiracist practice. We are interested in contributions that offer practitioner-focused guidance to help with efforts to effectively build and support inclusivity within communities of practice.

We especially welcome resources that address the experiences and outcomes of individuals from underrepresented and underserved demographics, focus on organizational barriers and challenges, examine patterns of access and achievement, and explore the impact of engagement within diverse environments.

We are also interested in resources that explore issues related to teaching and learning, organizational development, best practices in creating an antiracist and inclusive environments, personnel management, policy development and implementation, and leadership and organizational change in diverse healthcare environments.

Submitted resources will be reviewed, and those accepted will be featured on the APA Website . We look forward to your submissions.

Respectfully Sent,

_____

B. Accepted Response

Dear Dr. _____,

On behalf of the, we thank you. We have reviewed your submissions, and have accepted it to be posted on the APA Website.

Thank you so much for your help in this initiative as we as an organization continue toward the promotion of health equity and antiracist practice throughout psychiatry.

In Solidarity,

_____

C. Denied Response

Dear Dr. _____,

On behalf of the APA, we thank you. We have reviewed your submissions, and have declined to post it at this time. If you have any questions about this decision, please feel free to reach out to _____. You can consult published resources at the APA Website.

Thank you so much for your help in this initiative as we as an organization continue toward the promotion of health equity and antiracist practice throughout psychiatry.

In Solidarity,

_____

Already Submitted Response

Dear Dr. _____

On behalf of the members of the APA, we thank you. In our review of your submissions we found that "_____" has previously been submitted by another party for review. You can consult published resources at the APA Website.

Thank you so much for your help in this initiative as we as an organization continue toward the promotion of health equity and antiracist practice throughout psychiatry.

In Solidarity,

_____

Appendix F
Summary of APA Component Activities Regarding Structural Racism and Racism

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

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

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

- APA's most recent COVID-19 legislative priority letter included requests for funding to collect data, implement policies addressing health disparities, and expand the Minority Fellowship Program.
- APA Administration also worked with APA committees and councils to submit comments to a Ways and Means Committee Request for Information (RFI) in October on the misuse and misapplication of race and ethnicity in clinical algorithms and research, and how it impacts the delivery of health including care for patients with mental illness and substance use disorders.
- Efforts continue to enact legislation like the Medicaid Re-Entry Act (H.R. 1329), the Crisis Care Improvement and Suicide Prevention Act (H.R. 7159 / S. 4282), and other measures to improve and reduce patient interactions with the criminal justice system and, instead, promote access to needed care and services.
- CAGR worked with APA staff on advocacy and lobbying efforts in collaboration with other stakeholders in support of H.R. 5469 / S. 4388, the Pursuing Equity in Mental Health Act, introduced by Rep. Watson-Coleman (D-NJ) in the House and Senator Bob Menendez (D-NJ) in the Senate. The legislation increases the funding authorization for the National Institute on Minority Health and Health Disparities (NIMHD) to study mental health disparities in racial and ethnic minority groups. In addition, the bill also reauthorizes the Minority Fellowship proposal that trains a diverse mental health workforce to serve in underserved areas as well as double the funding for the program. At the end of September, H.R. 5469 passed the House and was referred to the Senate.
- In addition, CAGR supported advocacy for H.R. 7078, introduced by Rep. Robin Kelly (D-IL) which directs HHS to oversee a telehealth study during COVID-19 including utilization rates and trends

by race and ethnicity, and H.R. 7077, which would establish and expand programs to improve health equity as they pertain to COVID-19 (*Staff Liaison: Craig Obey*)

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

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

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

The **Council on Consultation-Liaison Psychiatry** has placed addressing systemic racism as a top priority. In its current work, the Council is including the relevant topics in its Psych News series such as the use of restraints, intercultural communication, and distrust issues that impact medical care. Additional areas where this topic will be addressed is in its COVID workgroup (with the disproportionate impact of the virus on black and brown communities) and the need for diversity in subspecialty recruitment. Timelines: (i) Psych News Series: aiming for the next 3-6 months to include a series of topics on systemic racism, particularly how it relates to C-L work; (ii) COVID workgroup: aiming to produce a position

statement within the next month, additional work related to addressing the disproportionate impact on communities of color. Additionally, we have added the discussion topic of diversity/inclusion and systemic racism as a standing topic for our Council meetings. (*Staff Liaison: Michelle Dirst*)

The **Council on Geriatric Psychiatry** (1) published in 2018 the book Culture, Heritage and Diversity in Older Adult Mental Health Care, edited by Maria Llorente, M.D. and the APA Council on Geriatric Psychiatry; and (2) the council has decided to develop a document to help psychiatrists talk about racism issues with patients who are older adults, a workgroup has been formed and discussions are underway to create this document. (*Staff Liaison: Sejal Patel/ Yvvone Hill*)

The **Council on Healthcare Systems and Financing** has members on CAGR's work group which drafted a Resource Document on Anti-Racist Policies in Mental Health. The Committee on Reimbursement, which falls under the Council, has updated their Position Statement on Core Principles for Alternative Payment Models for Behavioral Health to include core concepts of health equity, inclusiveness and diversity. It was approved by the Assembly last weekend and will go to the BOT for consideration at their next meeting. (*Staff Liaison: Agathe Farrage*)

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

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

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

Position Statements:

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

COVID-19 Factsheets – Completed

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

COVID- 19 Letter to HHS Requesting States to Collect and Disseminate Data based on Race/Ethnicity

- The CMMH/HD reviewed and approved a letter by the APA to support the collection of data by race and ethnicity related to COVID-19 across states.

Joint Workgroup on Racism in the Psychiatric Workforce - Completed

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

Racism in Black Mental Health - Completed

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

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

- The Council on Children, Adolescents, and Their Families requested that the CMMH/HD review the Proposed Position Statement on Suicide in Black Youth and the Proposed Position Statement on Sexual Abuse of Migrants in ICE Custody. The CMMH/HD reviewed and approved both Position Statements. (*Staff Liaison: Nadia Woods*)

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

The **Council on Quality Care** will give greater attention to counteracting structural racism and inequity by strengthening our collaboration with the Presidential Task Force to Address Structural Racism Throughout Psychiatry, the Council on Minority Mental Health and Health Disparities and other relevant Councils. In addition, the Council has tasked each reporting component to identify key tasks they can undertake to address this issue. Reducing healthcare disparities and ensuring everyone receives optimal

care are fundamental principles underlying quality of care. The Council provides oversight and leadership in many relevant areas including, but not limited to, the capacity to measure and publicly report on disparities, identification of potential bias in assessment, diagnosis, and treatment of patients, strategies to standardize care (e.g., measurement-based care, treatment guidelines, quality and performance measures, and accreditation), ensuring patient safety and adaptation of advances in technologies (e.g., electronic health care records, clinician decision support tools, mHealth) to improve mental health and mental health care delivery. Specific current activities include:

Committee on Quality and Performance Measures

- The Committee on Quality and Performance Measures (CQPM) will be exploring ways to use quality and performance measures to detect bias in diagnosis and treatment and identify interventions to address the impact of such bias.
- The CQPM intends to work with the PsychPRO registry to explore how it could be used to test measurement of bias. One of the registry's goals is to increase the size and diversity of the sites, practices, and patients that are participants in the registry. This would make it an ideal platform to test new measures and permit collection of data on racial, ethnic and socioeconomic factors that may lead to disparities in health care.

Committee on Practice Guidelines

- As the Committee on Practice Guidelines (CPG) approaches the time to consider revising the APA guideline for psychiatric evaluation, it will focus attention to the potential ways racial bias may affect patient assessment and consider revisions that may provide guidance on ways to alleviate such bias.

Committee on Mental Health Information Technology

- The Committee on Mental Health Information Technology (CMHIT) will be exploring ways to use Information technology to address racial and socioeconomic disparities, including the potential use of clinical decision support algorithms to remove some of the subjectivity and bias that enters into diagnosis and treatment.

Patient Safety Workgroup

The Patient Safety Workgroup (PSWG) will be looking at ways in which bias and racism may impact patient safety, including assessment of variation in use of restraints across populations, adherence to safety standards, and other issues. (*Staff Liaison: Andrew Lyzenga/Becky Yowell*)

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

The **Committee on Psychiatric Dimensions of Disaster**, in collaboration with other APA committees and councils, produced several COVID-19 pandemic guidance documents that address health disparities and health equity. Key examples of such guidance documents include "Health Equity and COVID-19," "Changing the System: Cultivating Preparedness for Future Public Health Emergencies," "Impact of

COVID-19 on Incarcerated Persons with Mental Illness," and "The Role of the Psychiatrist in the Equitable Distribution of the COVID-19 Vaccine." All of these and additional guidance documents by the Committee on Psychiatric Dimensions of Disaster are available to APA members and to the public via APA's online COVID-19 Info Hub. (Staff liaison: Ben Doty)

The **Membership Committee** does not have any items related to the Component discussion and assignments, but as a group we do consider the make-up of the Committee, which is fairly diverse in years of practice and race/ethnicity, though it could be more gender balanced. We are taking all of these elements into consideration as new seats become available. Additionally, we began a discussion about launching a membership campaign for brand and acquisition, and we will commit to ensuring diversity in that campaign (the timing is to be determined – the plan was to develop it in 2020 and conduct a photo shoot at the Annual Meeting, but that was delayed due to COVID-19). We will continue to follow the lead of the Structural Racism Taskforce to adopt any practices that would be relevant to the Membership Committee's make-up and operations. (*Staff Liaison: Lisa Diener*)

The **Ethics Committee**, together with the Council on Psychiatry and Law and Council on Minority Mental Health and Health Disparities as lead, worked to develop the position statement on Racism and Racial Discrimination in the Psychiatric Workplace. That statement was approved by the Assembly in May. The Committee also authored a Resource Document on the Interface of Religion, Spirituality, and Psychiatric Practice which was approved by the JRC in October 2020 with revisions approved in April 2021. The document takes into account the longstanding tension that has existed between religion and psychiatry. By explicitly encouraging psychiatrists to engage questions of religion and spirituality with their patients and to partner with faith leaders in support of patients, the Committee hopes it will empower psychiatrists to assist individuals who may have experienced discrimination and marginalization, including BIPOC, to be connected to and receive the benefit of psychiatric care.

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

The **Scientific Program Committee** is incorporating diversity, health equity and racism into the scientific program for the Annual Meeting. There have been several submissions on the topic, and the committee is weighing them carefully to make sure that this topic is prominent within the Annual Meeting program. In addition, the committee has confirmed several prominent speakers to present on topics of race and

equity, such as: (1) "Psychology of Racism and Nonviolence" by Rev. James Lawson (personal friend and mentor of the late, great Dr. Martin Luther King, Jr., Rep. John Lewis, and Elijah Cummings); (2) "Advocacy for Health Equity in Diverse Populations" by Patrice Harris, M.D., M.A.; (3) "Racism and the Crooked Room: Navigating Distortions of Black Womanhood in Psychotherapy" by Constance Dunlap, M.D.; (4) "Asian Mental Health and Racism During and Post Covid" by Dora Wang, M.D.; (5) "Balancing the Experiences of Black Psychiatrists, Patients, and Allies in the Current Climate of Systemic Racism and Police Brutality" by Philip Murray, M.D., M.P.H.; and (6) a "Presidential Task Force Town Hall on Structural Racism" by Cheryl Wills, M.D. (*Staff Liaison: Leon Lewis/Austin DeMarco*)

The **Committee on Physician Wellbeing and Burnout** holds monthly committee meetings to discuss pertinent issues associated with burnout and wellbeing of physicians, primarily psychiatrists. The Committee has finalized and disseminated the APA Wellbeing Self-Assessment 2.0, which attempts to assess the determinants of burnout among minority and underrepresented (M/UR) psychiatrists. To date, the survey has received nearly 1500 submissions. The Committee is engaged in a preliminary review of the data and is considering potential interventions to increase support to M/UR psychiatrists, including revising current online resources. (*Staff Liaison: Ann Thomas*)

APPENDIX G

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

Members of Work Group   Consultants to Work Group
Renee Binder M.D. Chair   Jacqueline Feldman, M.D., Scientific Program Chair
Frank Clark M.D.   Tristan Gorrindo, M.D., Deputy Medical Director, Chief of
Rana Elmaghraby MD   Education
Latoya Frolov, MD   Leon Lewis, Director, Office of Scientific Programs
Rick Summers, MD   Staff support: Debbie Gibson

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

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

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

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

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

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

Membership of the Scientific Program Committee (SPC)

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

Mentorship on the SPC for members and for submitters of abstracts

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

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

Review of Submissions

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

Abstract Submission Process

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

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

Scientific Program Committee Abstract Grading

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

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

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

Scientific Program Composition

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

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

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

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

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

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

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

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

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

The Meeting Experience

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

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

MYTHS and MISCONCEPTIONS

- DEI presentations don't get accepted because they are not hard data. NOT TRUE. These submissions are reviewed by SPC members with expertise in this area. DEI presentations represent a high percent of the total scientific program compared to other topics.
  Please note: The rate of acceptance is partially determined by the number of submissions on any topic. We need to have a balanced program. If there is only one submission on brain imaging and it is accepted, submissions on this topic will have a 100% acceptance. If there are 207 submissions on DEI, and 100 are selected, there will be the perception that many abstracts on this topic are not selected, although they have a very high representation in the overall program compared to other topics.

- DEI presentations are put in small rooms. NOT TRUE. The room assignment for submissions is very complicated. Sometimes, there is a request for a small room, e.g. diversity walk to increase socialization and then 200 people show up. Sometimes DHEA sessions have been added after the program was complete and all the rooms are already scheduled and only small rooms are available. APA doesn't control space.

- DEI sessions conflict with "hot shot" presentations. NOT TRUE. The APA has to put big presentations someplace and there will inevitably be conflicts when there are so many presentations going on at the same time. The APA doesn't want to put all DEI presentations in one time slot so they conflict with each other. Often, scheduling for "hot shot" presentations is done at the preference of the presenter, e.g. the presenter may say that they are only available on certain days or times.

Recommendations for consideration

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

Appendix H
District Branch Recommendations

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

2) The Board of Trustees voted to mandate the APA to widely disseminate information and solicit nominations for Component membership, including annual reminders to District Branch Executive Directors and Presidents.