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August 31, 2018

Maria Oquendo, MD, PhD, Past President and Workgroup Chair

Madeline Becker, MD, Scott Benson, MD, Julie Chilton, MD, David Gitlin, MD, Kimberly Gordon, MD, Molly McVoy, MD, Uchenna Okoye, MD, MPH, Maureen Van Niel, MD and Linda Worley, MD

Board of Trustees Ad Hoc Work Group on Women's Mental Health

Dear Workgroup Colleagues,

It has been my pleasure to collaborate with you on this imperative matter of Women's Mental Health. Since our Board's commissioning our Workgroup was the result of Action Paper 2017A2 12.O "Council on Women's Mental Health," authored by Nazanin Silver, MD, MPH, Area 3 RFM Representative and Chair, Assembly Committee of Residents and Fellows, that was passed by the Assembly in November 2017 by 78%, we were charged with determining what if anything should be done by our Board regarding the resolve of this Action Paper that the APA establish a Council on Women's Mental Health.

At the beginning of our first meeting, when I introduced myself as the Area 3 Representative, I made the following disclosure:

> "The Area 3 Council endorsed action paper 12.0. I am a sponsor of this Action Paper. Then there is my wife, my two daughters and my two granddaughters. So clearly, the Area 3 Council and I have supported the APA's establishing a Council on Women's Mental Health. However, as a member of this Workgroup, I will keep an open mind and perform my due diligence."

The gather-and-study-the-data approach, which our Board charged us to take, helped me to keep an open mind. We employed the empirical method of "Let's see what the data shows before making any conclusion." I think that Dr Oquendo utilized this method very well, especially in how she directed that the data be organized. I found it very helpful.

Therefore, the data was clear. As I said during our second meeting and repeat now, it is how we interpret the data that will matter in arriving at a conclusion about this and what our workgroup will recommend to our Board. At that time, I offered three possible interpretations along with the corresponding courses of action. Upon further reflection, I have divided the first interpretation into two separate interpretations.

1. Contrary to what we might have predicted, there is a lot being done by our APA on women's mental health. Therefore, we do not need to do anything. This can be further expressed as: "Leave well enough alone." "Don't fix what isn't broke." "Why spend money on a solution that isn't needed."

2. Although there is lot of APA productivity on women's mental health, there are gaps. Dr Chilton highlighted at least two of them – the mental health issues for refugee women and their children and the high rate of suicide of female physicians. Therefore we need to address the gaps and fill these in. But do we really need a Council on Women's Mental Health to do this?

3. Since we discovered a degree of productivity of which we were not sufficiently aware, isn't there a problem of insufficient communication, coordination, and collaboration? Isn't there a problem of fragmentation and components working in their silos and the JRC, which is the coordinating component, cannot be expected to resolve this by itself? Therefore, shouldn't we act to break down the silos and improve the 3 C's?

   This is Dr Gitlin's position. Although our Workgroup embraces the view that women's mental health is paramount and our APA should be active regarding women's mental health, Dr Gitlin adds a "but." But do we need a Council on Women's Mental Health? If it is a problem of insufficient communication, coordination and collaboration, isn't there a less costly solution than establishing a Council on Women's Mental Health?

   A solution could be creating an entity whatever that might be instead of a council, appoint a lead person (a Czar for Women's Mental Health) or charge an existing component to be responsible for improving and sustaining the 3 C's. More efficiently utilizing the existing September Components Meeting and communicating via the APA Website could be other possible solutions to consider.

4. Our APA is being productive regarding women's mental health but there are gaps, and thus, we need to address these gaps and be more productive. There is a problem of communication, coordination and collaboration. There is no entity that coordinates matters on women's mental health.

   So what is the solution? Dr Van Niel points the way when she observes, "There is <u>no home</u> for women's mental health in the APA. " A Council on Women's Mental Health" would be the "home" for women's mental health. A Council on Women's Mental Health would be the entity with the necessary stature, BOT delegated authority and documented purpose to actively work on women's mental health matters, recommend policy regarding women's mental health, reach out to other components to coordinate, collaborate on and communicate about women's mental health matters and have the ultimate responsibly for the APA to efficiently address and be productive on women's mental health. Furthermore, it would have the necessary funds and resources.

In addition, there can be further analysis of the data.

1. I agree with Dr Oquendo that having a council does not guarantee productivity. The data comparison demonstrates that the Council on Addiction Psychiatry has 24 ongoing or completed projects compared to six for the Council on International Psychiatry and five for the Council on Communications. But is volume the only measure of productivity? What about considering the characteristics of the specific projects and tasks and what work and time had been or would be necessary to do them?

2. The 2018 Annual Meeting had many sessions on women's mental health. But this is to the credit of Dr Worley and her 2018 Annual Meeting Scientific Committee. In addition, since educational activities are submitted for consideration, having a lot of sessions on women's mental health indicates that this "an important priority area in our field." "Reflect[s] an important priority area in our field" is one of the requirements for establishing a new council.

3. There are a number of achievements regarding women's mental health that resulted from the Women's Caucus working <u>above and beyond its purpose</u> under the leadership and persistent hard work of Dr Van Niel.

4. There are many items on "Advancing Women in Psychiatry," which is within the purview of the Women's Caucus and would not be the purpose of a Council on Women's Mental Health.

5. The Council on Consult-Liaison has a workgroup on women's mental health that is developing a resource document on infertility and mental health. But this workgroup is of recent vintage.

6. Among the Council on Addiction's 24 items, only one is about women's mental health – "The Council has engaged NIAAA to monitor the issue of rising drinking rates among women. The Council is considering creating a resource with further guidance on how to best treat this patient population."

Hence, there might be less being done about women's mental health in our APA than what appears to be the case upon an initial review of the data.

After keeping an open mind and doing my due diligence by carefully performing a thorough analysis of the data and taking into account the various comments, ideas and opinions that have been voiced, and with one meeting of our Workgroup remaining, I am prepared to state my conclusion.

I am firmly convinced our Workgroup should recommend that our Board vote to establish an APA Council on Women's Mental Health.

Therefore: I have:

1. joined with Drs Gordon, Okoye and Van Niel and signed a letter authored by Dr Van Niel, supporting the establishment of a Council on Women's Council.

   This letter is a concurring opinion and shares many of the same points that are made in the joint letter but in addition explains the process that I took in arriving at my conclusion.

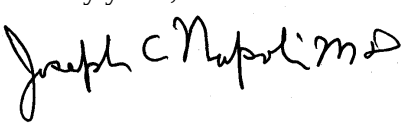
2. written a document in a FAQ format that supports that we should recommend our Board establish a Council on Women's Mental Health.

   I apologize for the length of 28 pages. However, given that this pertains to a crucial decision, it is necessary that it is comprehensive. Most of the document (19 pages) is the appendices, which are a collection of the relevant information on this matter and only for reference. For convenience in reading the FAQs and to advance to a specific question or appendix, there is a Table of Content with hyperlinks. There are "Back to Table of Content" hyperlinks at the end of each question except Question 1 at the end of each appendix.

Please see accompanying "**FAQs with Answers in Support of Establishing a Council on Women's Mental Health.**"

I thank you for your time and consideration.

Sincerely yours,



Joseph C. Napoli, MD, DLFAPA
Area 3 Representative, Assembly of the American Psychiatric Association
Member, Ad Hoc Work Group on Women's Mental Health

FAQs with Answers in Support of Establishing a Council on Women's Mental Health

Question 1 – Does a Council on Women's Mental Health fulfill the requirements for establishing a council?

Yes, a Council on Women's Mental Health fulfills the requirements for establishing a Council because this Council will "reflect an important priority area in our field," be "a response to new knowledge development that represents the interests of patients and families as well as practitioners," "be a rational way to organize the new developments within the field and reflect training and research needs as well as clinical practice," "be an expert advisory and representational resource for organizations and interests of importance to the expanding field both inside and outside of APA" and will be an entity for the "development and [to] implement APA policy related to" Women's Mental Health." [See Appendix 2 – Criteria for Establishing an APA Council]

See list of new developments and knowledge that demonstrate that this is an important priority area. [See Appendix 3 – Women's Mental Health - Important Priority Area]

Question 2– There are Councils on Addiction Psychiatry; Children, Adolescents and Their Families; Consult-Liaison Psychiatry; Geriatric Psychiatry, and Psychiatry and the Law that could focus on the

specific health issues for women that are pertinent to their areas of expertise. Therefore, why establish a Council on Women's Mental Health?

These Councils do excellent work. However, in regard to women's mental health, they do it only piecemeal each from the perspective of a psychiatric subspecialty. A Council on Women's Mental Health will unify all these various aspects. In addition, a Council on Women's Mental Health can call upon and collaborate with each of this Councils as needed in order to have the benefit of their expertise in these specific areas as the Council on Women's Mental Health leads on fulfilling its responsibility to develop and implement "APA policy related to Women's Mental Health."

Furthermore, what is missing when reading the functions of these Councils? Women are missing. The responsibilities of these Councils do not specifically include women's mental health except for the Council on Minority Mental Health and Health Disparities. [Appendix 4 – Charges of the APA Councils]

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Question 3 – These five APA Councils are the recognized subspecialties in psychiatry. There is no subspecialty on the psychiatry of women. Therefore, why have a Council on Women's Mental Health?

Yes, these Councils are the five recognized subspecialties in Psychiatry. However, Psychiatry is in the House of Medicine and in the House of Medicine there is the specialty of Obstetrics and Gynecology. This Council will be Psychiatry's corresponding focus on women's mental health that will complement the advances being made by Obstetrics and Gynecology.

In addition, there are other councils that are not representative of psychiatric subspecialties such as the Council on Healthcare Systems and Financing.

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Question 4 – But won't the Women's Caucus have to end?

No, it will not. The Women's Caucus will continue because it is needed. The Women's Caucus focuses on the issues that are faced by psychiatrists who are women, especially the APA women members. The Council on Women's Mental Health will focus on research, scientific medical knowledge and clinical care that are pertinent to women.

Although the Women's Caucus is within the Assembly, there are presently a total of 13 caucuses that are under the purview of various APA councils. We have an Assembly International Medical Graduates Caucus although we have a Council on International Psychiatry. We have a Caucus on Global Mental Health and Psychiatry that is under the purview of the Council on International Psychiatry. Hence a Council and a Caucus can co-exist and complement each other.

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Question 5 – But if we single women out in this way aren't we saying women are different. Aren't we saying it's "their issue" and women want equality and do not want to be seen as different. Wouldn't establishing a Council on Women's Mental Health hurt the fight for equality?

No, it will not. Different does not mean unequal. If the reality of difference in physiology and the special health needs of women throughout their life cycle are recognized that does not argue against equality for women.

Furthermore, working in concert with the Council on Minority Mental Health and Health Disparities, a Council on Women's Mental Health would address the existing disparities in research and healthcare for women and develop and implement policy that when approved by the APA Board of Trustees and the

Assembly can be applied to advocating for the elimination of these disparities and for the promotion of research pertinent to women's mental health.

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Question 6 – But if we allow a Council on Woman's Mental Health, there will be "Me-too" and a slippery slope. Members will want a council for everything. So shouldn't a line be drawn now by not establishing another council?

No, the "slippery slope" argument is not a reason for refusing to establish a Council on Women's Mental Health that fulfills the criteria for establishing a council. If there is fear that establishing this Council on Women's Mental Health will give birth to a multitude of councils then there shouldn't be any councils because having even one council opens the possibly of having other councils.

Dr Matt Kruse, Past ACORF Chairperson, said it best at the Assembly Reference Committee, which reviewed the Action Paper for a Council on Women's Mental Health, when he said deal with the matter at hand and decide based on its merits not on what others may ask for in the future. In the future, if others ask for a new council to be established, they must prove that the council, which they are proposing, fulfills the criteria for establishing a council. A Council on Women's Mental Health satisfies the criteria for establishing a council as demonstrated in the answer to question Q1.

Furthermore, if there is concern that adding another council will open the floodgates, why did our Board add the Council on International Psychiatry in 2014?

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Question 7 – But if there is an APA Council on Women's Mental Health shouldn't there be a Council on Men's Mental Health in order to be fair?

Having a Council on Woman is affirmative action. Our APA would be making an active effort to level the playing field and to improve healthcare, including mental health care, for women. The APA would be making an active effort to end the disparity and the discrimination. Presently, men have the benefit of research that is male oriented. Men do not need affirmative action. Perhaps in the future when we have an ideal world, we will no longer have to take this affirmative action.

Yes, progress has been made. It is the initiatives and advances in research and clinical care and the new knowledge in the field of psychiatry that is the justification for a Council on Women's Mental Health. Nevertheless, there is still a need to focus on the specific needs of women that have been too long neglected or discriminated against in research and health care delivery. Since progress has been made, one might ask is there still a need to focus on women in this way? Yes, this affirmative action is needed as long as health insurance or government funds pay for Viagra and not for contraceptives. [1, 2]

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Question 8 – But isn't this a matter of disparity in healthcare including mental health care that would be addressed by the Council on Minority Mental Health and Health Disparities?

First, the Council on Minority Mental Health and Health Disparities addresses issues in regard to women but women's mental health is not only a matter of health disparity and discrimination. Women's mental health addresses the advances, new research and new knowledge in the field of psychiatry and how this research informs clinical care for women.

Second, the Council on Minority Mental Health and Health Disparities has an "overflowing plate" in contending to address a multiplicity of unidimensional social identities that are relevant to health

disparity. This can place all of these perspectives in competition for time and attention and there can be winners and losers in regard to which ones receive consideration.

Third, there is the "ampersand problem," i.e., joining "minorities" with "women" via "and." [3] It dichotomizes into two categories of either being a minority or being a woman. This language dictates that women are not viewed as individuals that have a variety of different social identities, such as race, ethnicity, sexual orientation, etc. that intersect. Looking at women's mental health from a unidimenisonal perspective perpetuates the "ampersand problem."

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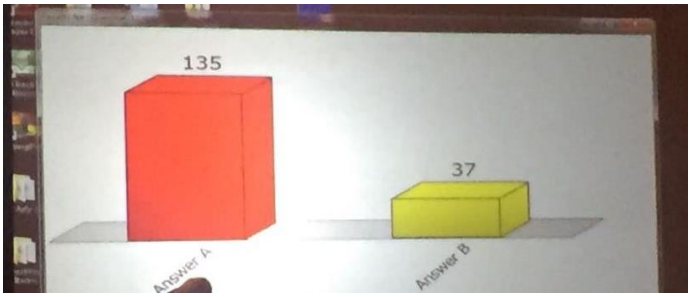
Question 9 – Since there has been opposition within the APA to establishing a Council on Women's Mental Health wouldn't establishing a Council on Women's Mental Health be unfavorable and controversial?

There has been opposition. At the November 2017 Assembly, Reference Committee 5 (Membership & Organization) recommended not supporting Action Paper 12.0. [See Appendix 5 – Assembly Reference Committee 5 Roster – November 2017]

Nevertheless, the Assembly voted 78% to approve the original Action Paper to establish a Council on Women's Mental Health without any motions to amend.



Clearly, the will of the Assembly is to establish a Council on Women's Mental Health.

At the February 2018 JRC meeting, the JRC decided to refer the Action Paper directly to the BOT instead of referring it to the Councils for review which the JRC could have done. Since it is usual to refer matters to the Councils for further review before the JRC sends them to the BOT, the JRC's action was in effect fast tracking the matter of establishing a Council on Women's Mental Health. [See Appendix 6 – Joint Reference Committee Roster – February 2018]

In May 2018, after hearing a presentation in support of establishing a Council on Women's Mental Health, the Council on Consult-Liaison Psychiatry took a straw poll and voted against establishing a Council on Women's Mental Health.

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Question 10 Doesn't the field of Women's Mental Health narrowly focus on reproductive health. and thus, a Council on Women's Mental Health would be parochial.

The notion that the field of Women's Mental Health only focuses on reproductive health is a misunderstanding of the breath of this field. The frame-of-reference of women's mental health is women in their totality which in regard to mental health includes addiction, anxiety disorders, cardiology, forensic issues, mood disorders, military and veterans, oncology, psychosocial issues, trauma, urology, and so much more although at the core of this array is the physiology of women across their life-spans in which the physiology of reproduction is essential.

[See Appendix 7 – A Sampling of the Data Base of Women's Mental Health Research] [See accompanying PDF with North American Society of Psychosocial Obstetrics and Gynecology 2018 Biennial Meeting Program.]

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Question 11 – Having a council doesn't guarantee that it will be productive. Wouldn't it be better for the BOT to set up a Taskforce on Women's Mental Health, and then, if it proves itself by being productive, a Council could be considered?

There is nothing to justify taking this two-step process. On the one hand, forming a taskforce could be a strategy of "getting a foot in the door," so that "down the road," the taskforce could be changed into a council. It is accepting "half a loaf" now to get a "full loaf" later. On the other hand, since a taskforce is time limited, forming a taskforce can also be a way of killing an initiative. Leaders change. Board members change. When the day arrives for the taskforce to be transformed into a council, a council is not established, the taskforce ends and the initiative dies.

A taskforce is "established to carry out specific, time-limited task." Women's Mental Health does not involve one task and it is not time-limited. In addition, the composition of a taskforce does not require an ECP or a representative from the Assembly.

Nevertheless, a taskforce could be used to test productivity. But a taskforce is given fewer resources than a council and has certain restrictions. [See Appendix 8 – Taskforce vs. Council] Hence, setting up a task force hamstrings the efforts to be productive. What would be the purpose for doing this? Is the intention to set this initiative up to fail? This would be a waste of money.

Therefore, proceed for success! "Bite the bullet!" Give women's mental health the best the APA has to offer in money and other resources. Give it a council. Allocate the resources that will weigh it for success. Appoint members who are not only experts but who are also passionate about women's mental health.

Would a Council on Women Mental Health not be productive? That is very unlikely. But in the off chance that a Council on Women's Mental Health is not productive what could be done? Even a council is not guaranteed to live forever. Our Board can terminate a council. Hence, the outcome of no or subpar productivity is a defunct council.

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Question 12 – Will our APA be able to afford a Council on Women's Mental Health?

Our APA will be able to afford the cost of a new council. The annual $30,400 expense of a Council on Women's Mental Health would be only a small percentage of our APA's annual income and its annual net income in recent years.

Year	Income	Percentage	Net Income	Percentage
2015 [4]	$51,780,226	0.06%	$3,021.563	1.01%
2016 [5]	$50,557,392	0.06%	$1,820,708	1.67%
2017 [6] *	$47,204,163	0.06%	$10,500,000 [7]	0.29%

2017 investment income of $13.2 million," is a "$6.2 million increase" over 2016. [8]

* calculated estimate

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Question 13 – At $30,400 per annum, will our APA be able to sustain a Council on Women's Mental Health?

Actually, a Council on Women's Mental Health could be revenue generating by providing CME courses at the Annual Meeting and the IPS: The Mental Health Services Conference, and thus, off set the cost of the Council. The gross income would depend on a number of variables – the time that the participants register, total number of registrants, number of member registrants vs. number of non-member registrants, length of the course and a course vs. a master course. [See Appendix 9 – APA Course Registration Fees] For the Annual meeting the range of gross income would be $9,000 (4 hour course, 50 registrants that are all members and all early bird registrations) to $22,500 (master course, 50 registrants that are a mix of members and non-members, and all late advance/on-site registrations,). At the IPS: The Mental Health Services Conference, there are only four hour courses and no master courses. Therefore, the range of gross income would be $9,000 (all early bird registrations and 50 registrants that are all members) to $11,375 (all late advance/on site registrations and 50 registrants that are a mix of members and non-members). Therefore. the total annual gross income could range from $18,000 to $33,875. The limitation for these assumptions is not having the data for the number of registrants and the mean ratio of members to non-member registrations for the APA courses. [See Appendix 10 – Calculations of Gross Income for APA CME Courses on Women's Mental Health]

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Question 14 – Still, isn't the cost of $30,400 for a council too much to spend because other components cost less?

Ad Hoc Work Group	$8,000
Taskforce	$12,000
Committee	$12,000
Council	**Priceless!**

Yes, priceless! This is much more than dollars and cents. But it is a matter of common sense. It only takes common sense to realize that our APA should be a leader on women's mental health. The other APA is.

The America Psychological Association has an entire Division on the Psychology of Women with its own Website and You Tube Channel, a quarterly journal and a newsletter. [See Appendix 11 – American Psychological Association Leading on Women's Mental Health.]

How can the organization that embodies "Medical Leadership in Mind, Brain and Body" do any less than the American Psychological Association? How can our APA not elevate its commitment to women's mental health to a council, the highest level of recognition and visibility? How can our APA not lead on women's mental health? What will be the impression of our APA for not doing so?

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Question 15 – Couldn't the APA adequately address women's mental health by establishing an entity other than a council to oversee and coordinate all the APA's initiatives on women's mental health

What are the possible entities?

1. A Czar for Women's Mental Health: There could be an individual who would be responsible for overseeing and coordinating women mental health matters. This would be a full-time job that could not be done by an APA member voluntarily. It would have to be a full-time administrative staff position on the divisional director or assistant director level. This would be similar to the Director of the Division of Education and the Director of the Division of Diversity and Health Equity. But given the present salary scale this solution would be much more expensive than a Council on Women's Mental Health. It would have the additional cost of benefits.

2. Committee: Since a committee needs to be within the domain of a council, where would a Committee on Women's Mental Heath be housed?

In the Council on Minority Mental Health and Health Disparities? There was a Committee on Women under this Council but it was eliminated with the major reorganization in 2009 even though the Women's Committee was productive. This is not the answer because women's mental health is not only about minority issues and health disparities. In addition, there is the ampersand problem. [See the answer to Question 8.]

In the Council of Consult-Liaison Psychiatry? Since Consult-Liaison Psychiatry is the subspecialty of psychiatry that interfaces with general medicine and the scope of women's mental health is greater than that, placing a committee on women's mental health under this Council would constrict the focus of women's mental health in the APA. [See Question 10]

In both cases, women's mental health would be subservient to these Councils and would be a "second class citizen" as these Councils address agendas that focus on many priorities other than women's mental health.

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Question 16 – Since there are unaccredited Women's Mental Health Fellowships, wouldn't the APA be endorsing these fellowships by establishing a Council on Women's Mental Health?

No, our APA would establish a Council on Women's Mental Health because it is the right thing to do. Endorsement of these unaccredited Women's Mental Health Fellowships would not be the reason for establishing a Council on Women's Mental Health. Nevertheless, if there is competition or turf battles between Consultation-Liaison Psychiatry Fellowships and Women's Mental Health Fellowships, it could possibly add to this tension if APA's action is seen as support for the Women's Mental Health Fellowship to gain AGME or AOA accreditation. But the APA should not refrain from establishing a Council on Women's Mental Health in order to avoid the appearance of favoritism of Women's Mental Health Fellowships or to favor Consultation-Liaison Fellowships.

However, with both an APA Council on Consult-Liaison Psychiatry and APA Council on Women's Mental Health "playing nice in the sand box," this could be a role model for Consultation-Liaison Psychiatry Fellowships and Women's Mental Health Fellowships. In this case, what is done in the APA does not have to stay in the APA. A practical method of collaboration could be exported for adoption and adaption.

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Question 17 – Would establishing a Council on Women's Mental Health be achieving our APA's mission?

Yes, establishing a Council on Women's Mental Health is achieving our APA's mission. The first two strategic goals are 1. "promote the highest quality care for individuals with mental illness, including substance use disorders, and their families" 2. "promote psychiatric education and research." The Council on Women's Mental Health would have the responsibility within the APA to achieve these strategic goals primarily in regard to women. The third strategic goal is "advance and represent the profession of psychiatry." [9] By the APA visibly dedicating itself to women's mental health, it would representing psychiatry positively to the public, and thus, advance the profession.

The fourth and final strategic goal is "serve the professional needs of its membership." [10] The purpose of the Council on Women's mental health does not include addressing the professional needs of APA

members who are women and the challenges that they face. The Women's Caucus of the Assembly carries this banner and responsibility and has done outstandingly well in fulfilling that responsibility.

Nevertheless, a Council on Women's Mental Health would help to provide all APA members with the advancing knowledge and tools to care for women patients. This serves the professional needs of all our members. Furthermore, by creating a Council on Women's Mental Health, the APA is saying that it values its women members and welcomes the growing women membership.

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Question 18 – But why can't we keep the *status quo* with the existing Councils and the Administrative divisions all working on some aspect of Women's Mental Health, breakdown the silos, and improve the 3 C's – communication, coordination and collaboration amongst all the Councils along with the Administration?

This is not a solution because it wouldn't work. It maintains a structure that impedes function and purpose in regard to working on women's mental health. It violates a tenet of architecture that "form follows function." Even without silos, it dissects women into various aspects – Women who have addictions / Women who are geriatric / Women who have children / Women who have general medical disorders that interface with psychiatry / Women who face forensic issues / Women who are discriminated against in medical research and healthcare delivery.

Only a new component could be the "home" of addressing whole women while taking into account their multiple dimensions, challenges and identities in regard to their mental health and how their mental health relates to their entire health. Instead of proceeding from the "parts" to the whole person, this recognizes the whole woman with multiple identities, dimensions and complexities. This is respecting a woman as an individual with many facets.

But this would be a paradigm shift for our APA. By creating a Council on Women's Mental Health, our Board of Trustee would be leading us in embracing this paradigm of addressing women's mental health.

But this will take an attitudinal change. Only a council would have what it takes to facilitate this attitudinal change. Only a council would have the necessary stature, BOT delegated authority, documented purpose, and be allocated the necessary money and other resources to actively work on women's mental health matters, formulate and recommend policy regarding women's mental health, reach out to other components to communicate about, collaborate on and coordinate women's mental health matters, and have the ultimate responsibly for the APA to efficiently address and be productive on women's mental health.

But a Council on Women's Mental Health cannot do this alone. There is a role for each of the other Councils to play its part. Once we accept women in their totality and approach women's mental health from this perspective, we still need to look at a variety of aspects and combinations of these aspects. Like a conductor of an orchestra calling upon various instruments during a symphony, there needs to be a conductor that calls upon the expertise of the various councils. Only a Council on Women's Mental Health in concert with the JRC can be that conductor.

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Question 19 – Since the Board of Trustees has the fiduciary responsibility to do what is in the best interest of the American Psychiatric Association would establishing a Council on Women's Mental Health be in the best interest of the APA?

How would it not be in the best interest of our APA?

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Conclusion – By establishing a Council on Women's Mental Health, our APA would be: 1. recognizing that more attention needs to be paid in healthcare to the specific mental health needs of women as a priority area. 2. advancing the mental health of women 3. addressing the growing research on women's mental health and mental disorders in regard to women, and its implications for clinical care 4. providing a vehicle for education on women's mental health, and on mental disorders and psychiatric treatment pertaining to women 5. assigning responsibility to a major component whose only purpose is women's mental health for formulating and coordinating the APA policy on women's mental health pending approval of our BOT and Assembly.

Simply stated, at long last, the American Psychiatric Association will build a "Home" for women's mental health within the APA.

Respectfully submitted,

Joseph C Napoli, MD, DLFAPA

Area 3 Representative, Assembly of the American Psychiatric Association
Member, Board of Trustee Ad Hoc Work Group on Women's Mental Health

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Appendices

Appendix 1 – Action Paper 2017A2 12.0 Council on Women's Mental Health

Item 2017A2 12.O
Assembly
November 3-5, 2017

ACTION PAPER
FINAL

TITLE: Council on Women's Mental Health

WHEREAS:
1. There is no current American Psychiatric Association council on women's mental health

2. There was a component titled "Committee on Women" which was a subcommittee under the Council on Minority Mental Health and Health Disparities

3. This committee was sunset in 2009 when the APA reorganized its components

4. The recommendation and subsequent action was for the committee's charge to be subsumed by the Council on Minority Mental Health and Health Disparities

5. Women comprise approximately half of the US population hence not making them appropriately represented as a minority group

6. Medical illnesses affect women and men differently

7. Gender differences exist between men and women particularly in the rates of common mental health disorders

8. Female reproductive hormones affect the production and transportation of neurotransmitters responsible for mood and are implicated in mood changes in women

9. Reproductive health issues are highly emotionally charged and closely linked to a woman's femininity, sexuality attractiveness, and value resulting in psychological conflict

BE IT RESOLVED:
The American Psychiatric Association develop a Council on Women's Mental Health to address mental health conditions and health related disorders pertaining to mental health that affect women.

AUTHOR:
Nazanin E. Silver, M.D., MPH, FACOG, RFM Representative, Area 3

SPONSORS:
Joseph C. Napoli, M.D., DLFAPA, Representative, Area 3
Annette Hanson, M.D., Representative, Maryland Psychiatric Society
Judy Glass, M.D., FRCP, FAPA, Representative, Quebec and Eastern Canada District Branch
Mary Anne Albaugh, M.D., Representative, Pennsylvania Psychiatric Society
Lisa K. Catapano-Friedman, M.D., DLFAPA, Representative, Vermont Psychiatric Association

Mary Jo Fitz-Gerald, M.D., MBA, DFAPA, Representative, Louisiana Psychiatric Medical Association
Annya Tisher, M.D., Representative, Maine Association of Psychiatric Physicians
Leslie Gise, M.D., Representative, Hawaii Psychiatric Medical Association
Samina Aziz, M.D., Representative, North Carolina Psychiatric Association
Dionne Hart, M.D., Representative, Minnesota Psychiatric Society
Ranga N. Ram, M.D., DFAPA, Representative, Psychiatric Society of Delaware
Manuel Reich, M.D., Representative, Pennsylvania Psychiatric Society
Daniella Palermo, M.D., RFM Representative, Area 1
Stephen V. Marcoux, M.D., RFM Representative, Area 5
David Braitman, M.D., RFM Representative, Area 7

ESTIMATED COST:
Author: $ 15,876
APA: $31,510

ESTIMATED SAVINGS: Addressing mental disorders and health issues relating to mental health in women, medical education and research would result in better quality and access to care. This type of personalized medicine would then reduce the societal cost of women not receiving health care that is specific to them resulting in a reduction in health care cost.

ESTIMATED REVENUE GENERATED: none

ENDORSED BY: Assembly Committee of Resident-Fellow Members, Area 3 Council

KEY WORDS: women, women's mental health, women's mental health issues

APA STRATEGIC PRIORITIES: Advancing Psychiatry, Supporting Research, Education, Diversity

REVIEWED BY RELEVANT APA COMPONENT:

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Appendix 2 – Criteria for Establishing an APA Council

"GENERAL PRINCIPLES AND PROCESS FOR ESTABLISHING AN APA COUNCIL
Approved June 2004

1. Significant changes in our field may rarely lead to a need for the creation of new APA councils. A new council should reflect an important priority area in our field and be a response to new knowledge development representing the interests of patients and families as well as practitioners.

2. A new council should be a rational way to organize the new developments within the field and reflect training and research needs as well as clinical practice. Councils may house committees and corresponding committees as the work requires. Should future needs of an approved council warrant it task forces may be requested and work groups may be created within the council in keeping with procedures set forth in this Operations Manual

3. A council should be an expert advisory and representational resource for organizations and interests of importance to the expanding field both inside and outside of APA.

4. A new council's function should include the development and implementation of APA policy related to its area of expertise.

5. Proposals for a new council should come before the Joint Reference Committee for consideration prior

to recommendation to the Board of Trustees.

6. Proposals should elucidate why existing components are insufficient to accomplish the goals and should include a procedure for review following a period of provisional functioning if approved. (See Form to Propose a New Council, Appendix I-1-a)

7. All proposals must include cost estimates for the component including realistic estimates of the staff time required." [11]

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Appendix 3 – Women's Mental Health - Important Priority Area

1.) **There is significant new knowledge and research in women's mental health in recent years**. This research includes an immense literature examining the risks and benefits of psychiatric medication use during pregnancy and lactation. Other areas of active investigation include the underlying genetic basis of postpartum depression and premenstrual dysphoric disorder. In the last year, there are also multisite studies examining the use of allopregnanolone to treat postpartum depression which will take the field and the treatments we use in a whole new direction.

2.) **Women's mental health centers are being established nationwide** and there is a movement to establish "mother" and in the future "mother-baby" units where mothers suffering from mental illness can receive specialized care.

3.) There is task force for developing a **national curriculum on perinatal mental health** has been established and is working to develop a curriculum to educate all psychiatric residents about perinatal mental health.

4.) There are non-accredited **Women's Mental Health Fellowships** that have been established nation-wide, including Johns Hopkins, Columbia, Brown, Brigham UIC, Case-Western, NYU, and various other programs.

5) There is the North American Society for Psychosocial Obstetrics & Gynecology, "a society of researchers, clinicians, educators and scientists involved in women's mental health and healthcare." [12]

6) There is an international focus on Women's Mental Health: The **International Association for Women's Mental Health** was "established in 2001 to improve the mental health of women throughout the world" [13] and is headquartered in Maryland. The mission of the IAWMH is, "To improve the mental health of women throughout the world, expand the fund of knowledge about Women's Mental Health, promote gender-sensitive and autonomy-enhancing mental health services for women and advance collaboration between Societies and Sections. [14]

7) 2018 Annual Meeting:

- Breastfeeding Mothers and Psychotropic Medications: An Update (Regular Session)
- Women and PTSD: Sex-Based Differences and Military Impact (Regular Session)
- Maternal Mental Health: New Advances in Research to Help Women Now (Regular Session)
- Matrescence: The Psychological Birth of a Mother From Cognitive and Hormonal Changes to Intergenerational Psychodynamics (Regular Session)
- Parental Leave: Luxury or Necessity? (Regular Session)
- Promoting Well-Being Among Women in the Current Political and Social Environment (Regular Session)
- To Treat or Not to Treat Perinatal Mood and Anxiety Disorders: Both Options Carry Risks! (Regular Session)

- To Treat or Not to Treat—Is That the Question? The Evaluation and Treatment of Mood Disorders in Case Examples of Pregnant Women (Regular Session)
- Why Are Women Physicians at Higher Risk for Burnout? Empowering the Next Generation to Do It Better (Than We Have)! (Regular Session)
- Women's Mental Health: Where Are We Now? (Regular Session)
- Fact or Fiction? Antidepressants Aren't Safe in Pregnancy (Regular Session)
- Harnessing the Perinatal Period for Women's and Their Families' Mental Health (Regular Session)

8) The Forum: *Heart and Brain Disease in Women*, T.H. Chan School of Public Health, Harvard University

9) Popular Books: A) Dusenbery, Maya *Doing Harm: The Truth About How Bad Medicine and Lazy Science Leave Science Leave Woman Dismissed, Misdiagnosed, and Sick* HarperOne, 2018
B) Norman, Abby *Ask Me About My Uterus: A Quest to Make Doctors Believe in Women's Pain* Nation Books, 2018

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Appendix 4 – Charges of the APA Councils

1. Council on Addiction Psychiatry

"The Council on Addiction Psychiatry is charged with the following:

- Liaison with the American Academy of Addiction Psychiatry (AAAP) to address mutual interests and priorities and advance shared goals
- Providing psychiatric leadership in the growing field of prevention and treatment of addictive disorders;
- Developing and clarifying the role of the psychiatrist in the prevention and treatment of addictive disorders;
- Formulating policy recommendations related to prevention, education, treatment, and research in addictive disorders;
- Considering important developments in basic knowledge, treatment, methodology, treatment systems, and related matters in the field of addictive disorders, and dissemination of that knowledge;
- In cooperation with other appropriate APA components, enhancing the quality and quantity of medical education in addictive disorders, at all educational levels, including undergraduate, residency, fellowship, and continuing medical education;
- Providing additional liaison to medical, educational, consumer interest, and governmental organizations interested in alcohol and other drug problems;
- Collaborating with other councils and components of the APA on common issues related to the role of psychiatry in addictive disorders; for example, to improve the quality of care and risk management for addictive disorders, to foster adequate research efforts and funding, and to foster adequate reimbursement for treatment.

Scope of work and work product: It is expected that a newly constituted Council will continue the work of its predecessor council and expand on it. It will maintain active communication and collaboration with Federal agencies and offices (i.e., ONDCP, NIDA, NIAAA, CSAT/SAMHSA; (2) provide ongoing consultation to initiatives to train and provide clinical mentorship to physicians who treat opioid dependence in their offices, (3) consult with the Department of Government Relations on legislative and policy initiatives that impact education, research, and clinical care; (4) maintain ongoing collaboration with components focused on other psychiatric subspecialties and seek opportunities to join together in efforts to strengthen the respective fields; (5) work closely and collaboratively with the American Academy of Addiction Psychiatry."

2. Council on Advocacy and Government Relations

"The Council on Advocacy and Government Relations is charged with:

- Advocating at the state and federal governments on all issues of importance for the APA & the field of psychiatry as articulated and defined by the Board of Trustees;
- Proactively analyzing problems and anticipating needs for policies & planning strategies regarding current and anticipated legislative and political situations; Serving as the APA's coordinating body for all legislative activities, & acting as a conduit for efforts by other components and Area Councils to interact with the federal legislative process;
- Assisting the association to bring to fruition resolutions of issues critical to patients and psychiatrists traditionally functioning within public sector psychiatry, & keeping the association abreast of emergent public psychiatric issues & next generation issues;
- Actively collaborating with allied groups with shared goals to progressively move towards improved quality of care & treatment;
- Working with agencies that set policy on funding, access & quality of psychiatric services at the federal, state, & local level to affect legislation, regulations, and guidelines;
- Defining & recommending action to meet the mental health needs of veterans and military personnel & their families;
- Educating members on:

- the identification of & the unique challenges facing military personnel, veterans, & their family members in community settings & existing
- the identification of & the unique challenges facing military personnel, veterans, & their family members in community settings & existing barriers to their care;
- normal patterns of individual and family adjustments to the stress of the deployment cycle with special attention to the needs of military children;
- accurate assessment of psychiatric & morbidities and co-morbidities (including but not limited to posttraumatic stress disorder (PTSD), traumatic brain injury (TBI), major depression & substance abuse)
- best practices available for the management of these & related concerns regarding resilience & recovery;

- Promoting the involvement of members across the full range of military, veteran & community practice in DoD/VA/State and Community Partnerships in service to returning military personnel, veterans and their family members to be rolled out nationally through the District Branches
- Recognizing, promoting and supporting the efforts and expertise of Department of Defense and Department of Veterans Affairs psychiatrists in clinical, research, academic & administrative roles & develop methods for increasing their participation & leadership
- Reviewing & stimulating research to implement the aforementioned."

3. Council on Children, Adolescents and Their Families

"T**he Council on Children, Adolescents and their Families is charged with the following:**

- Work to advance issues related to the diagnoses and treatment of mental health needs of children and adolescents with special attention to vulnerable populations.
- Keeps psychiatric issues involving children, adolescents, and their families in the forefront of APA policy
- Works to assist general psychiatrists in learning more about the diagnoses & treatment of mental illness and the effects of physical illness on mental health in children & adolescents.
- Works with other APA components to advise & assist on matters that impact the emotional lives of children & adolescents such as substance abuse & matters related to juvenile justice
- Works to help maintain effective communication and collaboration between the APA & the American Academy of Child & Adolescent Psychiatry

- Addresses the clinical care & provision of services of children and adolescents with developmental disabilities including autistic spectrum disorders & intellectual disabilities.
- Works to increase the awareness of the prevalence & promote the prevention of all types of violence including the physical & sexual abuse of children and spouse as well as other types of domestic abuse.
- Works to promote policies aimed at improving the awareness of mental health issues and the effectiveness of school based treatments within schools across all age ranges & settings.
- Helps promote the identification, treatment, and prevention of mental health issues of infants, toddlers, and preschool aged children in collaboration with other professional organizations and related programs.
- Oversees the activities of the Council-appointed Child & Adolescent Fellowship Program Work Group"

4. Council on Communications

"The Council on Communications is charged with the following: The Council on Communications works to help shape the organization's message to the public and its members. Coordinating with the Office of Communications and Public Affairs, other APA Councils, and APA leadership, the Council aims to enhance the quality and impact of APA's communications. The council works to boost public attitudes toward psychiatry, mental illness, and brain-based disorders and establish psychiatrists as the physician specialists with knowledge, training, and experience to best diagnose and treat mental illness.

Highlights of Responsibilities

- Assist the Office of Communications and Public Affairs in the development, implement, and promotion of its communications strategy and initiative.
- Coordinate with and advise other APA components regarding communications issues and activities that affect the public image of psychiatry and public understanding of mental illnesses and advocacy issues.
- Improve the understanding of the growing influence and impact of social media and emerging digital platforms by the APA and its members.
- Develop and effectively disseminate trainings and guidance on the use of social and digital media and tools to help members effectively engage with the media and improve their use of social media platforms.
- Assist the APA in crafting messaging that addresses many diverse attitudes toward psychiatry among all cultural groups, and work to create approaches to improve attitudes about psychiatry.
- Develop recommendations for the Board and the Assembly based on the current public attitudes, world events, and trends that impact psychiatrists and their patients.
- Establishing gifted physician communicators and help develop exemplary and effective communication skills in the next generation of leaders in psychiatry."

5. Council on Geriatric Psychiatry

"The Council on Geriatric Psychiatry is charged with the following: The Council focuses on the special needs of older adults and thus stands at the interface of psychiatry with other medical specialties. It recognizes that integration of care is vital to the well-being of our patients. The council accomplishes its goals by initiatives related to education, research and clinical care in geriatric psychiatry. The specific areas that continue to require significant input by the APA, as embodied by the Council on Geriatric Psychiatry, include:

- Provide leadership in geriatric psychiatry
- Work collaboratively with other professional and advocacy groups to develop best practices in geriatric psychiatry.
- Provide education and training to other physicians (including, but not limited to psychiatrists),

residents, and medical students at scientific meetings and in other settings about the special needs of geriatric populations with mental illness.

- Evaluate existing public policy, services and third-party funding mechanisms for psychiatric care of older adults;
- Develop educational materials on the needs of persons who are mentally ill older adults and about the role of psychiatrists in meeting those needs. These materials may be targeted for medical and non-medical audiences.
- Support and/or lead ongoing efforts to improve the recruitment of psychiatrists into geriatric psychiatry fellowship programs.
- Identify and implement research into end of life issues and advance care planning, especially for people with mental illness, including populations of cultural, racial, and religious diversity.
- Work with other components and/or organizations on health care policy initiatives in geriatric psychiatry

- the evaluation and design of delivery systems, models of care, and payment mechanisms aimed at promoting high degrees of quality and cost-effectiveness for geriatric populations;
- help the APA advocate at the federal and state level, and in public forums, for greater attention to excellence in end of life care, which includes psychiatric and psychosocial interventions;
- develop APA position papers on geriatric psychiatry;
- collaborate with the APA Council on Medical Education and Lifelong Learning to identify and/or create curricula for trainees and practicing psychiatrists on psychiatric aspects of palliative care; and
- create mutual objectives and work collaboratively with other professional and advocacy societies to develop recommendations for quality geriatric psychiatric care end of life care."

6. Council on Healthcare Systems and Financing

"The Council on Healthcare Systems and Financing is charged with the following:

- Work to foster parity and other non-discriminatory policies for mental health coverage, an activity that will require active monitoring and participation in activities generated through federal and state agencies, private commercial insurance carriers, and other fiscal intermediaries and the business community.
- Articulate and advocate for adequate funding and reimbursement for psychiatric and other mental health services in all settings, commensurate with the burden of disease and disability.
- Monitor and evaluate emerging trends in healthcare delivery and financing, including trends in both the public and private sector.
- Work closely with the APA and its components in proposing changes or modifications in public and private policy affecting access, funding and quality of psychiatric and mental health services nationally and regionally.
- Articulate and promote adequate resources for appropriate standards of care including identifying both regions and patient populations lacking in access to psychiatric and mental health services and recommending strategies and/or mechanisms for addressing manpower shortages and other barriers to accessing quality care.
- Work to foster the integration of the delivery of psychiatric and mental health services with the delivery of primary care services, which will involve the development of multiple models of care.
- Collaborate with other APA components involved in carrying out effective educational programs in the area of healthcare delivery and finance.
- Disseminate, broadly, information to the membership on developments relating to healthcare systems and financing through articles in *Psychiatric News* and other APA publications as well as through programs at the Annual Meeting and at regional meetings, as appropriate."

7. Council on International Psychiatry

"The purpose of the Council is to facilitate understanding of problems facing international psychiatrists and their patients. It will do so by focusing on international membership in the APA, and through increased membership in the APA, avail all members of the opportunities in education, advocacy, prevention and clinical care that membership in the APA provides.

1) The Council works in collaboration with the Membership Committee to recruit international members.
2) The Council assists APA in ensuring that APA policies and positions on international issues are current and appropriate.
3) The Council, working in collaboration with the Council on Research, provides recommendations and strategies to enhance the scientific base of international psychiatric care and global mental health.
4) The Council identifies opportunities for partnership with other organizations to foster the creation of financially self-sustaining international programs that will benefit all members of the APA and their patients.
5) The Council will assist APA in establishing mutually beneficial relationships between the APA and other internationally focused psychiatric organizations. The Council may facilitate collaborative development of clinical, research, training, and forensic guidelines by these various organizations, including the APA, for use by psychiatrists globally, with appropriate modifications for specific countries or regions. The Council may facilitate publication of news about these organizations and their activities in *Psychiatric News*.
6) The Council promotes engagement to enhance shared learning and leadership to achieve participation of all APA members, including with international presenters through a poster engagement program

The Council members are experts with experience in global mental health and who are broadly representative (geographically and culturally) of the diverse APA membership. The Council has a standard council composition. APA members who have membership in international organizations may be appointed as corresponding members and serve as liaisons to their international organizations. The Council will utilize freely available electronic communication technology to interact and coordinate with organizations and individuals outside of the United States in lieu of international travel. No APA funds will be budgeted nor used for travel outside the United States by members of this council for the work of this council."

8. Council on Medical Education and Lifelong Learning

"The Council on Medical Education and Lifelong Learning is charged with the following:

Charge: The Council monitors emerging issues and facilitates the development of resources and programs for psychiatric education at every level in the United States and globally. It includes premedical education, medical education, and graduate medical education for residents and fellows in psychiatry (both basic education and subspecialty areas), psychiatric aspects of graduate medical education for other medical specialists and post-graduate continuing medical education and lifelong learning.

The Council advises and assists the APA Division of Education in the development, implementation, and promotion of its education programs and initiatives.

1. The Council acts as advisors for continuing medical education efforts and activities of the Association, meeting the requirements for Category 1 CME credit. (The Annual Meeting Scientific Program Committee has responsibility for CME programming at the Annual Meetings.)

- recommend general policy and standards for continuing education of the APA including the CME and Maintenance of Certification (MOC) mission of the Association;
- through a variety of processes, assess the educational needs of APA members; identify the key learning gaps for psychiatry; and assist in identifying appropriate quality measures and topics for educational programming;
- act in an advisory capacity in the assessment of the overall CME program of the APA
- promote the development and distribution of new types of continuing medical education products;

and work closely with the Division of Education to create educational programs that are relevant, and demonstrate outcomes that add to members' foundation of knowledge in a rapidly changing field and positively impacts professional practice.

2. The Council identifies emerging issues related to undergraduate medical education and assists in developing effective, appropriate psychiatric education for all future physicians. The Council also facilitates and supports medical student recruitment into psychiatry.
3. The Council reviews and develops recommendations regarding all aspects of graduate medical education in psychiatry, including but not limited to development and maintenance of the highest quality psychiatric training program planning, curriculum development, career development, residency teaching, interface with medical student education, primary care and other medical specialty education and post residency fellowship training. The Council is charged with facilitating the APA's response to proposed changes in the ACGME Essentials and the Special Requirements for Psychiatry and subspecialty programs.
4. The Council works with other APA components and Divisions to advise and assist on issues related to psychiatric education.
5. The Council maintains effective communication and collaboration with other relevant associations and organizations: the American Board of Psychiatry and Neurology (ABPN) and its subspecialties; the Liaison Committee on Medical Education (LCME); the Accreditation Council for Graduate Medical Education and Continuing Medical Education (ACGME) and the Residency Review Committee for Psychiatry (RRC); the Accreditation Council for Continuing Medical Education (ACCME); the American Medical Association (AMA); the Council of Medical Specialty Societies (CMSS); the American Board of Medical Specialties (ABMS); the Association of American Medical Colleges (AAMC); the American Association of Directors of Psychiatric Residency Training (AADPRT); the Association for Academic Psychiatry (AAP); American Association of Chairmen of Departments of Psychiatry (AACDP); the Association of Directors of Medical Student Education in Psychiatry (ADMSEP); the American Medical Student Association (AMSA); the Student National Medical Association (SNMA); as well as other medical specialty and medical student organizations.
6. The Council will disseminate relevant education information to all members of the APA.
7. Finally, the Council is charged with oversight of various APA awards and components that fall within its purview."

9. Council on Minority Mental Health & Health Disparities

"The Council on Minority Mental Health and Health Disparities is charged with the following: The Council has the responsibility for the representation of and advocacy for both minority and underserved populations and psychiatrists from minority and underrepresented groups. The council seeks to reduce mental health disparities in clinical services and research, which disproportionately affect women and minority populations. The council aims to increase awareness and understanding of cultural diversity* and to foster the development of attitudes, knowledge, and skills in the areas of cultural competence through consultation, education, and advocacy within both the APA and the field of psychiatry** and public policy. The council aims to promote the recruitment into the profession and into the APA and retention/leadership development of psychiatrists from minority and underrepresented groups both within the profession and in the APA. The Council will constitute workgroups of members to implement its charge."

10. Council on Psychiatry & Law

"The Council on Psychiatry and Law is charged with the following: The Council's principal responsibility is to evaluate legal developments of national significance, proposed legislation, regulations, and other government intervention that will affect the practice of psychiatry, including the subspecialty of forensic psychiatry. The council focuses on legislation, regulation, and case law that has the potential to influence the provision, quality or availability of mental health care and services, alter the psychiatrist-patient relationship, affect confidentiality or the rights of patients, or that will otherwise regulate the practice of psychiatry in the public or private sector. Additional areas of attention include child forensic psychiatry, corrections, assessment of violence risk, and psychiatric issues that reflect international

concerns (e.g., abuse of psychiatry and psychiatrists, violence, terrorism, and human rights). In fulfillment of this charge, the Council is responsible for making recommendations concerning pending legislation that may affect effective psychiatric treatment, research and training; preparation of model statutes for district branch use; monitoring regulations (and other forms of implementation of legislation); and drafting appropriate statements, resource documents, and recommendations for APA policy. A function of the Council is to make recommendations to the Board of Trustees regarding appellate cases in which the APA should participate as amicus or support DB/SA participation as amicus, based on input from the Committee on Judicial Action. When there are time constraints, requests from the Committee on Judicial Action may go directly to the Board of Trustees after consultation with the chair of the Council on Psychiatry and Law. If an issue must be acted upon prior to the next meeting of the Board, the President may consider the issue through the Executive Committee. (See Appendix L-1 "Guidelines for Approval of District Branch Requests to the Council on Psychiatry and Law" of this manual.)"

11. Council on Psychosomatic Medicine (Consultation-Liaison Psychiatry)

"The Council on Psychosomatic Medicine (Consultation-Liaison Psychiatry) is charged with the following: The Council focuses on psychiatric care of persons who are medically ill and thus stands at the interface of psychiatry with other medical specialties. It recognizes that integration of bio-psychosocial care is vital to the well-being of patients and that full membership in the house of medicine is essential to the well-being of our profession. It accomplishes its goals by initiatives related to research, clinical care, education, and health care policy. The Council is charged to:

- Provide leadership at the interface of psychiatry with other medical specialties
- Provide training and education to psychiatrists and other physicians, residents (including psychiatric residents), and medical students at scientific meetings and in other settings about the special needs of those with psychiatric illness in medically ill and complex medically ill populations.
- Provide scientific and clinical expertise on issues surrounding co-morbidities such as, but not limited to HIV Psychiatry and Integrated Care.
- Advocate for the enhancement of training in Psychosomatic Medicine (Consultation-Liaison Psychiatry) in medical schools and residency training programs.
- Create educational materials about the needs of those with psychiatric illness in medically ill and complex medically ill populations and the role of psychiatry/psychiatrists in meeting those needs– for medical and non-medical audiences
- Work with other components and/or organizations on health care policy initiatives: the evaluation and design of delivery systems, models of care, and payment mechanisms aimed at promoting high degrees of quality and cost-effectiveness in those with significant medical-psychiatric co-morbidity.
- Support APA's advocacy efforts to increase the funding of research in these areas
- Support and/or lead ongoing efforts to improve the recruitment of psychiatrists into Psychosomatic (Consultation-Liaison Psychiatry) fellowship programs."

12. Council on Quality Care

"The Council on Quality Care is charged with the following: The Council Quality Care is charged to monitor developments and carry out activities to ensure that the highest standards and quality of care remain integral parts of the APA mission. This includes but is not limited to monitoring, participating in initiatives and disseminating information in the following areas:

- Quality Indicators (national quality measurement enterprise) Standards & Survey Procedures
- Patient Safe
- Practice Guidelines (Committee on Practice Guidelines)
- Electronic Health Records (Committee on Mental Health Information Technology)

(national accrediting bodies)
- Psychotherapy by Psychiatrist

Finally, the Council is charged with overseeing various APA awards, fellowships, and components such as committees, task forces, and workgroups that fall within its purview. Specific content areas of importance to the quality of psychiatric care may be represented by membership on the Council in the absence of a formal APA component."

13. Council on Research

"The Council on Research is charged with the following: The Council on Research carries out activities to ensure that the substance and significance of research on mental health/illness remain integral parts of the APA mission and in the 142 APPENDIX D: COUNCILS

forefront of the national health agenda. The Council embodies the Association's commitment to advance evidence-based psychiatric knowledge across a broad range of research fields and issues, which include, but are not limited to, basic science, clinical diagnosis and assessment, treatment research, research training, health services, prevention research, and research ethics, and through the recognition of psychiatrist researchers who have made significant contributions to psychiatric knowledge and practice. These areas may be represented by the Committees and Task Forces under the Council's jurisdiction, and others may be established in response to emerging needs relevant to the Council." [15]

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Appendix 5 – Assembly Reference Committee Roster – November 2017

Brian Hart, M.D., Area 4, Chair	
Patrick Aquino, M.D., Area 1	James Polo, M.D., Area 7
Lisa Bogdonoff, M.D., Area 2	David Gitlin, M.D., ACROSS
Michael Feinberg, M.D., Area 3	Baiju Gandhi, M.D., ECP
TBD, Area 5	Sarit Hovav, M.D., M/UR
Peter Forster, M.D., Area 6	David Braitman, M.D., RFM

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Appendix 6 – Joint Reference Committee Roster – February 2018

Altha Stewart, MD	Chairperson/ APA President-elect
James (Bob) Batterson, MD	Vice Chairperson/ Assembly Speaker-Elect
Daniel Anzia, MD	Immediate Past Speaker
Lama Bazzi, MD	BOT Representative
Saul Levin, MD, MPA	CEO & Medical Director
Philip R. Muskin, MD, MA	APA Secretary
Paul O'Leary, MD	Assembly Recorder
Linda Drozdowicz, MD	APA/APAF Leadership Fellow

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Appendix 7 – A Sampling of the Data Base of Women's Mental Health Research

1.) **Menarche/Puberty**

(Halbreich and Kahn 2001) (Ko et al. 2014) (Yazici et al. 2013) (Hazen, Goldstein, and Goldstein 2011; Hoyt and Falconi 2015) (Martino and Lester 2013) (Wolfe and Mash 2008) (Kiesner 2017) (Santos-Cubiñá et al. 2013) (Kiesner 2017)

2.) **Pregnancy**

(Hendrick 2008)(Hendrick 2008; Yonkers and Little 2000) (Bye et al. 2018) (Abramowitz, Larsen, and Moore, n.d.) (Cohen 2005) (Yonkers and Little 2000) (Watkins and Jeffrey Newport 2009) (Hardy 2017; Croicu, Piel, and Murray 2017; Rodriguez-Cabezas and Clark 2018) (Friedman, Hall, and Sorrentino 2018) (Osborne et al. 2018) (Seeman 2014) (Di Florio et al. 2018) (Taylor et al. 2018) (Galbally et al. 2018) (Galbally, Snellen, and Lewis 2014)

3.) **Post-partum**

(Halbreich and Kahn 2001; Polona and Stanek 2013) (Hendrick 2008) (Bye et al. 2018; Abramowitz, Larsen, and Moore, n.d.) (Webb, Howard, and Abel 2003) (Wieck 2006) (Cohen and Nonacs 2007) (Goveas et al. 2012; Taylor et al. 2018) (Di Florio et al. 2018) (Cohen 2005) (Franko, n.d.) (Temme 2015) (Franko, n.d.)

4.) Addiction In Pregnancy & Post-Partum

(Taghavi et al. 2018; Diclemente 2016) (Stover and Davis 2015) (Volkow 2016; Rasul et al. 2018) (Connery 2014) (Moyer et al. 2018) (Blandthorn et al. 2018) (Davis et al. 2018) (Wright 2018; Escalona-Vargas et al. 2018; Maltz 1989) (Kuczkowski 2002) (Stabler et al. 2017) (Oga, Mark, and Coleman-Cowger 2018) (Oga, Mark, and Coleman-Cowger 2018; Chasnoff 2012; O'Connor et al. 2018) (Moyer et al. 2018)

5.) **Infertility**

(Bloch et al. 2011) (Cohen 2005; Davidovitch et al. 2018) (Siegel and Ravitsky 2018) (Katibli, Mammadzada, and Hajiyeva 2012) (Jasani et al. 2015) (Stevenson, Sloane, and Bergh 2014) (Deliduman et al. 2017) (Deliduman et al. 2017; Kahyaoglu Sut, Sut, and Kaplan 2014) (Chaudhari, Mazumdar, and Mehta 2018) (Chaudhari, Mazumdar, and Mehta 2018; Rooney and Domar 2018)

6.) PTSD in non-military women & PTSD in veterans

(Jonker et al. 2018; Wenzel 2009) (Ogoh et al. 2018) (Remch et al. 2018; Buchholz, King, and Wray 2018) (Cloitre, Garvert, and Weiss 2017; Polimanti et al. 2017) (Miller and Ghadiali 2018) (McSweeney et al. 2009) (Zlotnick, Johnson, and Najavits 2009; Tangir et al. 2017) (Vignato 2016)

7.) **Menopause & Cognitive Changes During Menopause**

(Halbreich and Kahn 2001) (Sundermann, Maki, and Bishop 2010) (Bergemann and Riecher-Rössler 2005) (Vargas et al. 2016) (Gordon and Girdler 2014) (Hoyt and Falconi 2015) (Goveas et al. 2012, 2011) (Boele et al. 2015; Kittell et al. 1997) (Boele et al. 2015; Kittell et al. 1997; Woods, Mitchell, and Landis 2005) (Arjumand Banu and Banu 2013) (Henderson 2008) (Levin and Becker 2010) (Boele et al. 2015; Hoyt and Falconi 2015)

8.) Urinary Incontinence, Prolapse, & Interstitial Cystitis

(Rothrock et al. 2002) (Novi et al. 2005) (Felde et al. 2015) (Rockwood TH 2018) (Boland 1991) (Vrijens et al. 2017) (Larouche et al. 2018) (Ai et al. 2018)

11.) **Cancer & Cognitive Changes Related to Cancer Treatment**

(Boele et al. 2015) (Kenne Sarenmalm et al. 2017) (Rothrock et al. 2002)

12.) **Cancer and Fertility Preservation**

(Maltaris et al. 2008) (Maltaris et al. 2008; Fabian and Klemp, n.d.) (Revelli et al. 2015) (Revelli et al. 2015; Imai, Furui, and Yamamoto 2008) (Silber 2014)

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Appendix 8 – Taskforce vs. Council

Component	Definition	Member Commitment	Conduct of Business	Cost *
Taskforce	Established to carry out specific, time-limited task and are discharged upon submission of a final report.	Four members, including the chairperson, appointed by the President.	The budget will determine whether a task-force will meet in-person or conduct their business via email and conference call.	$12,000
Council	Administrative links between their reporting components and the Joint Reference Committee.	• Up to 12 voting members (including one Chairperson) • One member must be an ECP and one must be a member of the Assembly. Appointments/End Tenures will be staggered to ensure continuity on the Council.	• Monthly calls • Regular email communications • Two in-person meetings each year: Fall Components and APA Annual Meeting.	$30,400
* includes: staff time, conference calls, travel				

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Appendix 9 – APA CME Course Registration Fees

APA Member Course	Early Bird	Advance	Late Advance/Onsite
Half Day (4 hours)	$180	$200	$225
Full Day (6 hours)	$240	$275	$310
Full Day (8 hours)	$285	$335	$355
Master Courses	$380	$410	$440

Nonmember Course	Early Bird	Advance	Late Advance/Onsite
Half Day (4 hours)	$205	$225	$250
Full Day (6 hours)	$290	$325	$375
Full Day (8 hours)	$385	$435	$455
Master Courses	$480	$510	$540

APA Website [16]

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Appendix 10 – Calculations of Gross Income from APA CME Courses on Women's Mental Health

Annual Meeting					IPS: The Mental Health Services Conference				
Range	Registrant Category	N	Fee	Gross Income	Range	Registrant Category	N	Fee	Gross Income
Low Half Day Early Bird All Members	Members	50	$180	$9,000	Low Half Day Early Bird All Members	Members	50	$180	$9,000
High Master Class Late Advance/ On Site Mix	Members	45	$440	$19,800	High Master Class Late Advance/ On Site Mix	Members	45	$225	$10,125
	Non-Members	5	$540	$2,700		Non-Members	5	$250	$1,250
Total High				$22,500	Total High				$11,375

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Appendix 11 – American Psychological Association Leading on Women's Mental Health

"Division 35: Society for the Psychology of Women provides an organizational base for all feminists, women and men of all national origins, who are interested in teaching, research, or practice in the psychology of women. The division recognizes a diversity of women's experiences which result from a variety of factors, including ethnicity, culture, language, socioeconomic status, age and sexual orientation. The division promotes feminist research, theories, education, and practice toward understanding and improving the lives of girls and women in all their diversities; encourages scholarship on the social construction of gender relations across multicultural contexts; applies its scholarship to transforming the knowledge base of psychology; advocates action toward public policies that advance equality and social justice; and seeks to empower women in community, national and global leadership. We welcome student members and affiliates. Members are provided two publications: *Psychology of Women Quarterly*, which is a journal of research, theory and reviews, and the *Feminist Psychologist*." [17]

"The Psychology of Women Quarterly (PWQ) is a feminist, scientific, peer-reviewed journal that publishes empirical research, critical reviews and theoretical articles that advance a field of inquiry, teaching briefs and invited book reviews related to the psychology of women and gender. Topics include (but are not limited to) feminist approaches, methodologies and critiques; violence against women; body

image and objectification; sexism, stereotyping and discrimination; intersectionality of gender with other social locations (such as age, ability status, class, ethnicity, race and sexual orientation); international concerns; lifespan development and change; physical and mental well-being; therapeutic interventions; sexuality; social activism; and career development." [18]

Society for the Psychology of Women Website
http://www.apadivisions.org/division-35/index.asp

Society for the Psychology of Women You Tube Channel
https://www.youtube.com/channel/UCjcDVAlHc3bh_S02BKk_BrQ

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