

## Council on Minority Mental Health and Health Disparities'

### **Outline for the APA Action Plan on Enhancing Diversity**

Rev. 3/9/08

The 1999 APA *Diversity Position Statement* states: "Therefore, the American Psychiatric Association supports the development of cultural diversity among its membership and within the field of psychiatry (including in under-graduate and graduate medical education, in faculty development, in research, in psychiatric administration, and in clinical practice) in order to prepare psychiatrists to better serve a diverse U.S. population."

Consistent with the APA *Position Statement on Diversity* and the charge of the Council, the Council initially drafted an APA Action Plan to Enhance Diversity at the 2006 Fall Component Meeting. (The initial draft has received comment from other APA components. Such comments are reflected in the current draft.)

The rationales for enhancing diversity in APA, consistent with the 1998 APA Strategic Goals include the following:

1. Advocating for culturally competent patient care for increasingly diverse populations that may reduce mental health care disparities
2. Membership recruitment and retention
3. Supporting training and education to prepare psychiatrists to assess and treat an increasingly diverse population
4. Enhancing the scientific basis of patient care

This action plan is divided into the following domains: 1) APA organization, 2) membership recruitment and retention, 3) communications and publications, 4) patient care, 5) training and education, 6) research and 7) disabilities. For each domain and topic area, there is a review of the current status and then recommendations.

This Action Plan proposes that the Council on Minority Mental Health and Health Disparities and its committees in cooperation with the APA Office of Minority and National Affairs (OMNA) will be responsible for monitoring and

oversight of implementation of the plan. However, it is understood that diversity enhancement is an activity that the entire APA will actively need to support and implement.

## I. APA organization

- a. Review diversity at each of the levels of organization: APA headquarters, Board of Trustees (BOT), Assembly, component chairs and members, and district branch presidents
- b. Review *Operations Manual*, policy statements, and action plans with regard to diversity concerns. This review will include assessment of the implementation of existing policies and plans such as
  - Anti-discrimination policy
  - Value of diversity statement (1999)
  - Mission statement of the APA organization and missions statements and mandates of each level of the organization
- c. Identify a responsible person/committee at each level of organization to serve as liaison to CMMHHD and OMNA in this effort
- d. Implement strategic plan to enhance diversity and to remove the barriers to diversity drawing on what is learned from review of the APA organization
- e. Review the APA budget with respect to support for strategic actions to enhance diversity
- f. Implement a diversity assessment process to include baseline and periodic
  - i. Quantitative data: race, ethnicity, gender, international medical graduate (IMG) status at each level of organization (sexual orientation in the future)
  - ii. Qualitative data: online or paper surveys at each level of the organization (similar to the online survey of the component structure). "Climate survey" using either an existing assessment tool or modified one.

## II. Membership Recruitment and Retention:

- a. Review and implement 15 priority recommendations from the 2006-2007 Membership Recruitment and Retention Plan

**Resident focused ideas**

- i. Mail letters/cards congratulating those who successfully “Match” in March introducing those who did not join as a Medical Student Members to the APA [will need agreement from Match to provide names]
- ii. Enlist support of MIT and ECP leadership for the renewal process
- iii. Better publicize APA’s extensive efforts to take into account the needs of residents and early career psychiatrists into its long-term planning
- iv. Develop stronger relationships with Residency Training Directors and Dept Chairs to develop strategies to increase recruitment and retention
- v. Work with the District Branches to identify one MIT in each training program who can serve as a grassroots liaison between the training program and the APA/DB [Council strongly endorsed this idea. Perhaps this role could be incentivized]
- vi. Work with the District Branches to develop “brown bag lunch” sessions at training programs with visits by DB leadership to talk about importance of membership (some DBs have this program; need to help others do same)
- vii. Encourage members, especially younger ones, to become active in APA/DB governance structure, committees and annual meeting sessions and presentations and encourage leadership to make it happen
- viii. Work with the DBs to establish a mentorship program at the local level for residents and ECPs.

**ECP focused ideas**

- ix. Enlist support of MIT and ECP leadership for the renewal process

- x. Better publicize APA's extensive efforts to take into account the needs of residents and early career psychiatrists into its long-term planning
- xi. Congratulatory letters to all psychiatrists that become ABPN certified
- xii. Encourage members, especially younger ones, to become active in APA/DB governance structure, committees and annual meeting sessions and presentations and encourage leadership to make it happen [Council strongly endorsed this idea]
- xiii. Work with the DBs to establish a mentorship program at the local level for residents and ECPs.

#### **Assessments**

- xiv. Conduct a Need Assessment/Satisfaction Survey of members on a regular basis to determine whether the organization is meeting the needs of its members
- xv. Survey former members and those who have never joined to learn what would motivate them to join. [Council thought surveying those who never joined would be informative]

### III. Communications and Publications

- a. *Healthyminds.org* campaign—continue outstanding outreach to culturally diverse communities. CMMHHD will maintain liaison with APA Office of Communications and Public Affairs
- b. *Psychiatric News*—continue outstanding coverage on diversity topics
- c. American Psychiatric Publishing Inc. (APPI)—recommend APA collaborate with APPI to

- i. Collect baseline and periodic quantitative data: Race, ethnicity, gender, and IMG status of APPI leadership, editorial boards of all journals, reviewers
- ii. Develop an APPI strategic plan to enhance diversity and to remove the barriers to diversity
- iii. Insure editorial policy review re diversity: valuing diversity, criteria for manuscript quality
- iv. Review [www.psych.org](http://www.psych.org) with respect to content reflecting diversity issues

#### IV. Patient Care

##### a. Practice Guidelines

- i. Continue to integrate diversity into new and revised Practice Guidelines through systematic and explicit inclusion of the DSM-IV Outline for Cultural Formulation as was begun with the second edition of the guideline on psychiatric evaluation.
- ii. Continue to include culture, ethnicity, race, gender, and age variables in the Clinical Features Influencing Treatment section of all practice guidelines.
- iii. Include a information on current literature on cultural identity variables that impact bio/psycho/sociocultural approaches to treatment.
- iv. When evidence regarding cultural variables is lacking insure that this is made explicit in the Future Research Needs sections of the guidelines.
- v. Continue to work with the Steering Committee on Practice Guidelines to assess the need for new Practice Guidelines for the evaluation and treatment of specific demographic groups (such as racial/ethnic minorities, women, children and adolescents, geriatric patients, transgender patients or sexual minorities) in addition to guidelines for treatment of specific diagnoses and consistent with the principle of provision of individualized patient care.

#### V. Training and Education

- a. Residency training: APA to monitor and suggest revisions to Accreditation Council for Graduate Medical Education accreditation standards that involve diversity, cultural competence and disparities. APA supports activities designed to enhance and to remove barriers to recruitment of the Underrepresented in Medicine (URM) into psychiatry (See APA Action Plan to Reduce Disparities).
- b. Annual Meetings
  - i. Expand the Topic index to include “diversity” and “disparities in healthcare” in addition to current topic areas
  - ii. Continue to encourage submissions and publicize sessions (focus on awards) on above topics
  - iii. Collect and review quantitative data: race, ethnicity, gender, IMG status at each level of Scientific Program Committee
  - iv. Recognize of needs of the URM and other marginalized groups at the Annual Meetings by considering such issues as on site childcare, language translation, ASL interpretation, onsite prayer rooms, or onsite 12-step meetings.
  - v. Possible advocacy for new APA awards concerning diversity, such as an award that will honor an individual or a program that has made notable contributions to the treatment of addictive disorders in minority populations
- c. Identify new mechanisms to enhance URM junior faculty development
- d. Continue the National Minority Mentors Network and speaker’s bureau

## VI. Research

- a. Increase researchers from URM groups: Program for Minority Research Training in Psychiatry
- b. Increase skills of researchers in conducting research with culturally diverse populations
- c. Increase racial/ethnic minority patient participation in research
- d. Facilitate access to literature via use of key terms such as diversity, disparities, etc

- e. DSM-V: Monitor the systematic and consistent inclusion of cultural issues as voted by BOT in July 2003

VII. Disabilities:

- a. Recommend a Task Force to review the above issues as it relates to disabilities. Definition: vision, hearing, physical, mental