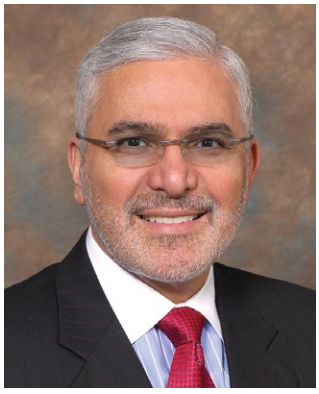

Henry A. Nasrallah, MD
Editor-in-Chief

My vision as a candidate for APA President-Elect

I have been informed by the American Psychiatric Association (APA) Nominating Committee that I am a candidate for the position of APA President-Elect. I am honored to be nominated along with 2 other esteemed psychiatrists, David C. Henderson, MD, and Vivian B. Pender, MD.

The APA has the moral authority and clinical/scientific depth and gravitas to create an agenda of solutions to achieve important societal health goals

You have all known me for many years as Editor-in-Chief of this journal, and probably have read many of my 150 editorials in which I frequently discussed and commented on not only the challenges that face psychiatry, but also the great promise and bright future of our evolving clinical neuroscience medical specialty. You can access all of these at MDedge.com/psychiatry/editor.

In this pre-election editorial, I would like to tell you about my qualifications as a candidate for this critical national psychiatry leadership role. Most of you are APA members who will have the opportunity to vote for the candidate of your choice from January 2 to 31, 2020. I hope that you will support my candidacy after learning about my long-standing involvement within the APA governance, as well as my 3 decades of academic leadership experience and productivity. You also know where I stand on the issues from my writings in Current Psychiatry.

APA involvement

- President, Missouri Psychiatric Physicians Association District Branch (2017-2018)
- President, Cincinnati Psychiatric Society (2007-2009)
- President, Ohio Psychiatric Physicians Foundation (2008-2013)
- Editor, Ohio Psychiatric Physicians Association (OPPA) Newsletter (*Insight Matters*) (2003-2008)
- Executive Council, OPPA (2003-2013)
- APA Council on Research (1993-2000)
- APA Committee on Research in Psychiatric Treatments (1992-1995)
- APA Task Force on Schizophrenia (1998-1999)
- President, Ohio Psychiatric Association Education and Research Foundation (1987-1994)

Academic track record

- Served as Chief of Psychiatry, VA Medical Center, Iowa City, Iowa for 6 years; Chair, Department of Psychiatry, The Ohio State University for 12 years; Chair, Department of Psychiatry, Saint Louis University for 6 years; and Associate Dean, University of Cincinnati for 4 years
- Published >700 articles, 570 abstracts, and 14 books
- Recruited and developed dozens of faculty members; supervised and mentored hundreds of residents, many of whom became medical directors,

To comment on this editorial or other topics of interest:
henry.nasrallah@currentpsychiatry.com

department chairs, and/or distinguished clinicians

- Received numerous awards and recognitions for clinical, teaching, and research excellence
- Serve as Editor for 3 journals (*Current Psychiatry, Schizophrenia Research,* and *Biomarkers in Neuropsychiatry*)

Statement of vision and priorities

I am very optimistic about the future of psychiatry. The breakthroughs and advances in neuroscience all bolster the scientific basis of psychiatric disorders, and will lead to many novel treatments in the future. Psychiatry is a medical specialty that is now much more integrated into the "big tent" of medicine. Psychiatrists are physicians, and I believe the name of our association must reflect that. I was successful in changing the names of 2 district branches to include "physicians" (Ohio Psychiatric Physicians Association and Missouri Psychiatric Physicians Association). If elected, I will propose to the Board of Trustees and the APA members that we change our name to the American Psychiatric Physicians Association, which will emphasize our medical identity within mental health. In its 175-year history, the APA has experienced 2 previous name changes.

I believe the strengths of the APA far exceed its weaknesses, and its opportunities outnumber its threats. However, the following perennial challenges must be forcefully addressed by all of us:

1. The pernicious and discriminatory dogma of stigma must be shattered for the sake of patients, their families, their psychiatrists, and the profession.

2. Pre-authorization is essentially the insurance companies practicing medicine without a license when, without ever actually examining the patient, they tell physicians what they should or should not prescribe. That's felonious!

3. Competent and safe prescribing is the culmination of extensive medical training (approximately 14,000 hours) and psychologists do not qualify.

4. Board certification fees must be reduced, and recertification (Maintenance of Certification) must be simpler and less onerous.

5. Effective parity laws must have teeth, not just words!

6. Patient care, not computer care! Electronic health records must be more user-friendly and less time-consuming.

7. Patients with psychiatric illness who have relapsed must be surrounded by compassionate medical professionals in a hospital setting, not by armed guards in a jail or prison.

8. The shortage of psychiatrists can be remedied if the government funds additional residency slots as it did in the 1960s and 1970s. The number of applicants for psychiatric training is rapidly rising, but the number of residency slots has not changed for decades. Approximately 100 US medical school graduates did not match last year, along with >1,000 international medical graduate applicants.

9. Lawyers have clients; psychiatrists have patients (as do cardiologists, neurologists, and oncologists). The term "clients" de-medicalizes psychiatric disorders and does not evoke public support or compassion.

10. Psychotherapy is in fact a neurobiologic treatment that repairs the mind via neuroplasticity and synaptogenesis. It should get the same respect as pharmacotherapy.

11. Untether psychiatric reimbursement from "time"! Psychiatric assessment and treatment are medical procedures. Excising depression, psychosis, panic attacks, or suicidal urges are to the mind what surgery is to the body.

12. Clinical psychiatrists have much to offer for medical advances. Their observations generate hypotheses, and if these are published as a case

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7 Century Drive, Suite 302
Parsippany, NJ 07054
Tel: (973) 206-3434
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UC CINCINNATI

report or letter to the editor, researchers can conduct hypothesis-testing and discover new treatments thanks to astute clinicians.

13. The FDA should allow clinical trials to investigate treatments of symptoms, not (often heterogenous) DSM diagnoses. This will enable "off-label use" of medication, which often is necessary.

I believe the strengths of the APA exceed its weaknesses, and its opportunities outnumber its threats

Annual dues. The APA is a great organization that should continue to re-invent itself and re-engineer its procedures and business practices to generate additional revenue streams that could help reduce its annual dues. I know many members who complain about the APA dues, and former members who dropped out because of what they consider to be high dues. I try to remind them that the dues are on average a modest .3% to .5% of a psychiatrist's annual income, and that all of us must unite within our association in order to have the collective power to achieve our goals and solve our challenges.

Public education. The APA must intensify public education across all media platforms. This will help dispel myths, eliminate stigma, enforce parity, and portray psychiatry as a medical and scientific discipline. We have a great story to tell about how neurologic circuitry generates the mind and its mental functions, and the neurobiologic foundations of psychiatric brain disorders.

The APA should advocate for (and perhaps organize) an annual mental health check-up (online) in children, adolescents, adults, and the elderly for early detection and intervention.

Collaborative care. We should have close relationships with obstetricians to help prevent neurodevelopmental pathology due to perinatal complications as well as to manage depression in women in the pre- and postpartum phases. Collaborative care with pediatricians, family physicians, internists, and neurologists is necessary to integrate physical and mental health care for our patients, many of whom have multiple medical comorbidities and premature mortality.

Lobbying. The APA must intensify its lobbying to address the unacceptably high rate of suicide, addiction-related deaths, posttraumatic stress disorder due to trauma in children and adults, threats to mental health due to climate change and pollution, refugee mental health, stressful political zeitgeist, and the woefully high rate of uninsured or under-insured individuals.

Industry. There are many significant unmet treatment needs in psychiatry. Approximately 82% of DSM disorders do not have any FDA-approved medication. The APA should constructively engage the pharmaceutical industry (the only entity that develops medications for our patients!) to do more research and development of therapies for conditions with no approved treatments, and to explore new mechanisms of action for more effective or tolerable psychiatric medications. Importantly, the APA should urge major pharmaceutical companies not to abandon neuropsychiatric disorders because they afflict tens of millions of US citizens and are the top causes of long-term disabilities.

Journals. The APA should consider rebranding its journals as "JAPA," similar to JAMA, which will widen its influence and generate revenue to fund various priorities.

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Telepsychiatry. And why can't the APA create a national telepsychiatry network to meet the needs of underserved populations who have very little access to psychiatric care as in many rural areas? Private companies have filled that space, but the APA and its members can do it better, and this can become a benefit of membership.

Brain bank. Finally, the APA should consider establishing a "Brain Bank" of various psychiatric subspecialties to consult and advise the military, college administrators, corporations, and government agencies about strategies and tactics to solve many problems that arise from overt or covert psychiatric illnesses among their employees, staff, students, or constituents.

The APA cannot solve all societal problems, but it has the moral authority and clinical/scientific depth and gravitas to create an agenda of solutions and to partner with many other stakeholders to achieve mutual societal health goals.

Henry A. Nasrallah, MD
Editor-in-Chief