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Being an APA member has a tremendous benefit to us individually and collectively

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## 20 Reasons to celebrate our APA membership in 2020

**The American Psychiatric Association (APA) is the largest psychiatric organization in the world, with >38,500 members across 100 countries. At 175 years of age, it is also the oldest medical association in the United States, 3 years older than the venerable American Medical Association, and 48 years older than its mental health sister, the American Psychological Association.**

I am truly honored to be nominated as the next APA President-Elect, which prompted me to delve into the history of this great association that unifies us, empowers us, and gives us a loud voice to advocate for our patients, for our noble medical profession, and for advancing the mental health of society at large.

Our APA was established by 13 superintendents of the “Insane Asylums and Hospitals” in 1844. Its first name was a mouthful—the Association of Medical Superintendents of American Institutions of the Insane, a term now regarded as pejorative and unscientific. Thankfully, the name was changed almost 50 years later (in 1893) to the American Medico-Psychological Association, which was refined 28 years later in 1921 to the American Psychiatric Association, a name that has lasted for the past 99 years. If I am fortunate enough to be elected by my peers

this month as President-Elect, and assume the APA Presidency in May 2021, a full century after the name of APA was adopted in 1921 (the era of Kraepelin, Bleuler, and Freud), I will propose and ask the APA members to approve inserting “physicians” in the APA name so it will become the American Psychiatric Physicians Association, or APPA. This will clearly reflect our medical training and identity, and underscore the remarkable progress achieved by the inspiring and diligent work of countless psychiatric physicians over the past century.

By the way, per a Google search, the term “physician” came about in the 13th century, when the Anglo-Normans used the French term “physique” or remedy, to coin the English word “physic” or medicine. Science historian Howard Markel discussed how “physic” became “physician.” As for the term “psychiatrist,” it was coined in 1808 by the German physician Johann Christian Reil, and it essentially means “medical treatment of the soul.”

The APA has an amazing structure that is very democratic, enabling members to elect their leaders as well as their representatives on the Assembly. It has a Board of Trustees (*Table 1, page 7*) comprised of 22 members, 7 of whom comprise the Executive Committee, plus 3 attendees. Eight standing committees (*Table 2, page 7*) report to the Board. There are also 13 councils (*Table 3, page 8*), 11 caucuses (*Table 4,*

page 8), and 7 minority and under-represented caucuses (Table 5, page 9). The APA has a national network of 76 District Branches (DBs), each usually representing one state, except for large states that have several DBs (California has 5, and New York has 13). The District of Columbia, Puerto Rico, Western Canada, and Quebec/Eastern Canada each have DBs as well. The DBs have their own bylaws, governance structures, and annual dues, and within them, they may have local “societies” in large cities. Finally, each DB elects representatives to the Assembly, which is comprised of 7 Areas, each of which contains several states.

I am glad to have been a member of the APA for more than 4 decades, since my residency days. Although most psychiatrists in the United States and Canada belong to the APA, some do not, either because they never joined, or they dropped out because they think the dues are high (although dues are less than half of 1% of the average psychiatrist’s annual income, which is a great bargain). So, for my colleagues who do belong, and especially for those who do not, I provide 20 reasons why being an APA member offers so many advantages, professionally and personally, and has a tremendous benefit to us individually and collectively:

1. It makes eminent sense to unify as members of a medical profession to enable us to be strong and influential, to overcome our challenges, and to achieve our goals.
2. The APA’s main objectives are to advocate for our patients, for member psychiatrists, and for the growth and success of the discipline of psychiatric medicine.
3. Being an APA member helps fight the hurtful stigma and disparity of parity, which we must all strive

**Table 1**  
**APA Board of Trustees**  
**(22 members + 3 attendees)**

<b>A. Executive Committee</b>
<ul style="list-style-type: none"> <li>• President</li> <li>• President-Elect</li> <li>• Secretary</li> <li>• Treasurer</li> <li>• Immediate Past President</li> <li>• Speaker of the Assembly</li> <li>• CEO and Medical Director</li> </ul>
<b>B. Trustees</b>
<ul style="list-style-type: none"> <li>• 2 Past-Presidents</li> <li>• Trustee At-Large</li> <li>• Early Career Psychiatrist-Trustee At-Large</li> <li>• Minorities/Underrepresented Trustee</li> <li>• Area 1 Trustee</li> <li>• Area 2 Trustee</li> <li>• Area 3 Trustee</li> <li>• Area 4 Trustee</li> <li>• Area 5 Trustee</li> <li>• Area 6 Trustee</li> <li>• Area 7 Trustee</li> <li>• Speaker-Elect of the Assembly</li> <li>• Resident-Fellow Member Trustee</li> <li>• Resident-Fellow Member Trustee-elect</li> </ul>
<b>C. Attendees of the Board</b>
<ul style="list-style-type: none"> <li>• APA/APAF<sup>a</sup> Leadership Fellow</li> <li>• APA/APAF Public Psychiatry Fellow</li> <li>• APA/APAF/SAMHSA Diversity Leadership Fellow</li> </ul>

<sup>a</sup>American Psychiatric Association Foundation

**Table 2**  
**8 Committees of the APA**  
**Board of Trustees**

Bylaws
Elections
Ethics
Finance and Budget
Joint Reference
Membership
Nominating
Tellers

for together every day for our psychiatric patients.

4. A strong APA will fight for us to eliminate practice hassles such as outrageous pre-authorizations, complicated

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**Table 3**

### 13 Councils of the APA

Addiction Psychiatry
Advocacy and Government Relations
Children, Adolescents, and Their Families
Communications
Consultation-Liaison Psychiatry
Geriatric Psychiatry
Healthcare Systems and Financing
International Psychiatry
Medical Education and Life-Long Learning
Minority Mental Health and Health Disparities
Psychiatry and The Law
Quality Care
Research

**Table 4**

### 11 APA caucuses

State Hospital Psychiatrists
VA Psychiatrists
Psychiatrists Treating Persons with Intellectual Disabilities
Religion, Spirituality, and Psychiatry
Rural Psychiatrists
College Mental Health
Maintenance of Certification
Integrative Psychiatry
Global Mental Health and Psychiatry
Psychotherapy
Climate Change and Mental Health

maintenance of certification process, cumbersome and time-consuming electronic medical records, and medico-legal constraints.

5. Unity affords our Association moral authority and social gravitas so that we become more credible when we educate the public to dispel the many myths and misconceptions about mental illness.

6. The APA provides us with the necessary political power and influence because medical care can be

significantly impacted by good or bad legislation.

7. Our economic welfare needs a strong APA to which we all belong.

8. The antipsychiatry movement is a malignant antiscientific ideology that must be countered by all of us through a robust APA to which we all must belong.

9. The APA provides an enormous array of services and resources to all of us, individually or as groups. Many members don't know that because they never ask.

10. While it is good to have subspecialty societies within the APA, we are all psychiatric physicians who have the same medical and psychiatric training and share the same core values. By joining the APA as our Mother Organization, we avoid Balkanization of our profession, which weakens all of us if we are divided into smaller groups.

11. The APA helps cultivate and recruit more medical students to choose psychiatry as a career. This is vital for the health of our field.

12. Mentoring residents about the professional issues of our specialty and involving them in committees is one of the priorities of the APA, which extends into the post-residency phase (early career psychiatrists).

13. The APA provides a "Big Tent" of diverse groups of colleagues across a rich mosaic of racial and ethnic groups, genders, national origins, sexual orientations, and practice settings. Our patients are diverse, and so are we.

14. Education is a top priority for the APA, providing its members with a wide array of opportunities for ongoing and life-long learning. This includes the spectacular annual meeting with its cornucopia of educational offers and newsletters, as well as many initiatives throughout the year.

15. The APA journals, especially its flagship *American Journal of Psychiatry* (AJP), are among the most cited publications in the world. We get them for free, even though the cost of a personal subscription to the AJP alone for non-APA members is equivalent to the entire annual dues!

16. The APA has many top researchers among its members, spread across more than 150 medical schools. Those members generate new knowledge that continuously advances the field of psychiatry and provides new evidence-based tools for psychiatric practitioners.

17. The APA is our community, an ecosystem that sustains us as psychiatrists, and connects us in many gratifying ways that keep us rejuvenated and helps us avoid burnout that may occur in absence of a supportive network of supportive peers.

18. The APA provides us discounts on malpractice insurance and other products.

19. Opportunities for personal and professional growth are available within the APA. This includes leadership skills via participation in the DBs or at the national level via committees, councils, caucuses, and the Assembly.

20. Last but not least, the APA represents all of us in The House of Medicine. It has very productive partnerships and collaborations with many other medical organizations that support us and help us achieve our cherished mission. Besides adding "Physicians" to the APA name, working closely with other physicians across many specialties (especially primary care) will consolidate our medical identity and lead to better outcomes for our patients through collaborative care initiatives.

**Table 5**

## 7 Minority and underrepresented caucuses

American Indian/Alaska Native/Native Hawaiian
Asian-American
Black
Hispanic
International Medical Graduates
LGBTQ
Women

I thank all my colleagues who are APA members or Fellows, and urge all the readers of *CURRENT PSYCHIATRY* who never joined the APA or dropped out for any reason to come home to our Mother Organization. I hope you not only join, but become actively involved in the APA democratic governance structure, and contribute your considerable talents and skills to take the APA (which will hopefully become APPA in 2021) to its next level of preeminence. We will all be better for it.



**Henry A. Nasrallah, MD**

Editor-in-Chief

PS. Please VOTE in this month's APA election! It's our sacred duty.

**I urge all of you who never joined the APA or who have left to come home to our Mother Organization**