

Melinda Young, MD - Candidate for APA Area 6 Trustee

**EXPERIENCE MATTERS!**

**Knowing what members need  
Knowing how to get it done**

**I know what members need from membership in the American Psychiatric Association; when necessary, I effectively challenge the system; I can get it done (from long experience with District Branches, State Associations, and the APA itself).**

- 27 years - private practice
- Experience in hospital administration, in- and outpatient psychiatry, work in residential facilities, faculty positions in university- and county-based teaching institutions, consultation for non-mental health physicians and non-physician mental health providers
- 27 years - District Branch member (SCPS and NCPS)
- 9 years - DB Council member (SCPS and NCPS, including President of NCPS)
- 9 years – California Psychiatric Association Council member
- 7 years - CPA Federal Legislative Representative
- 3 years - APA Assembly officer, including Speaker of the Assembly
- Participation nationwide with all 7 APA Area Councils and more than 20 District Branches/State Associations as Assembly Speaker
- 3 ½ years - APA Board of Trustees
- Longtime member - APA's Council on Advocacy and Government Relations
- Current member - APA's Council on Medical Education and Lifelong Learning
- Current member - APA Finance and Budget Committee, setting finance/budget policy for the entire APA and its charitable Foundation.

**Maintenance of Certification:** Lifelong learning is of value; how ABPN handles recertification isn't. APA must work diligently with ABPN, developing relevant MOC proven to be of value to physicians.

- ✓ If certification exams are necessary,
  - An integrated, ongoing process of recertification exams, relevant to actual practice, instead of a single, expensive, high-stakes exam every 10 years
  - A single recertification process either in general psychiatry or in a subspecialty, integrating common sense general psychiatry
- ✓ Part 4, Performance in Practice: easily accessible and relevant to each psychiatrist's practice, either through coordination between ABPN and large systems or straightforward materials free of charge through APA.
- ✓ Broad range, readily available CME, both online through APA's Learning Management System and through face-to-face meetings, deeply discounted to members.

**Real parity for psychiatric medicine:** Psychiatry, psychotherapy, physiologic interventions and management are medical interventions involving the brain, requiring years of medical and psychiatric training.

- ✓ APA must be the go-to organization for legislators and the insurance industry, establishing appropriate requirements for coverage and reimbursement.

**Support for psychiatrists entering integrated care delivery systems:** We must be effective physician leaders in integrated systems of care. We need

- ✓ APA support for effective training during residency and during practice, in general medical skills, as effective team members, and as team leaders of integrated care providers.
- ✓ Effective use of APA's four-year \$2.9 million grant for Transforming Clinical Practices-Support Alliance Networks to train 3,500 psychiatrist members, providing leadership training and teaching clinical skills related to evidence-based integrated care consultation.

**Individualized, robust support for DBs/SAs:** APA must

- ✓ Continue its renewed State Legislative Institute, annually training members from all states in effective state-based advocacy.
- ✓ Recognize, acknowledge and support differing states' needs.

**Experience matters! I ask for your vote and for continued opportunities to effectively advocate for what is important to you as a member of the American Psychiatric Association.**