Massachusetts Psychiatric Society

your information source for psychiatry in Massachusetts

Issue 210 March 2021

www.psychiatry-mps.org

FROM THE PRESIDENT

Sally Reyering, MD, DFAPA

Visions for Mental Health Care and Crisis Intervention

There is growing recognition of the serious fragmentation of the mental health and substance use treatment system in the US. The twin deadly epidemics of suicide and substance use deaths, the criminalization of those with mental illness, the bottleneck for services at Emergency Departments around the country (ED boarding), and the lack of treatment access for almost half or the residents of the Commonwealth and the United States are all exacerbated by Covid-19 and all point to systemic problems in our mental health and substance use delivery services. There have been a number of proposed big-picture solutions starting with crisis intervention services.

Suicide prevention is a key component to any effective crisis intervention system. In October, 2020, the National Suicide Hotline Designation Act of 2020 (S 2661) became law to establish a nationwide mental health crisis hotline accessible to all by July 16, 2022. This law is paired with a Federal Communications Commission (FCC) ruling establishing 9-8-8 as the access number to what is now the National Suicide Prevention Lifeline (1-800-273-TALK), established in 2004. Current calls to 9-8-8 are diverted to this default number. The law provides the resources for Substance Abuse and Mental Health Systems Administration (SAMHSA) and the Veterans Administration (VA) to study and propose the necessary resources to make 9-8-8, a ubiquitous mental health version of 9-1-1. Implementation includes allowing states to levy fees, similar to the fees associated with 9-1-1 to pay for the service delivery associated with 9-8-8. It is anticipated that the number will field more than suicide prevention services and will lead to the development of more robust and coordinated mental health systems on the state and local level.

In 2017 the Substance Abuse and Mental Health Services Administration (SAMHSA) of the federal government, published "National Guidelines for Behavioral Health Crisis Care Best Practice Toolkit (National Guidelines for Crisis Care)" [(1)] which describes a model for effective crisis intervention services as accessible to "anyone, anywhere at any time," involving a call for help (such as 9-8-8), dispatch of a mobile crisis care service, and facilities that receive and stabilize all comers. Effective systems are described as "no wrong door" access to behavioral health services. They start with suicide prevention and addressing the mental health crisis in real time with the appropriate level of resources necessary to resolve the crisis for the individual. The crisis resolution does not entail default reliance on law enforcement (and resultant criminalization of mental illness), or psychiatric emergency department (ED) drop offs (resulting in ED boarding bottlenecks). Unfortunately in the absence of a comprehensive system of crisis intervention, common pathways of last resort often become the first resort, and are a barometer of insufficient crisis resources. The tool kit proposes three core necessary elements of a crisis system including:

- Crisis Call Centers coordinating in real time, regionally or statewide
- 24/7 Mobile Crisis, centrally deployed,
- Crisis Receiving and Stabilization programs.

The **crisis call centers** 24/7/365 should meet National Suicide Prevention Lifeline (NSPL) standards for risk assessment and engagement[(2)] and have the technical capability for caller ID, GPS enabled dispatch with mobile crisis teams, and use air traffic control principles to track individuals through the process to follow up care, using 24/7 outpatient scheduling, coordination tools such as registries for inpatient beds and other services to track handoffs.

The **mobile crisis teams** 24/7/365 are designed to meet the person in the community with key collaborations with EDs and law enforcement to utilize these emergency services when necessary and to truly effect diversion from those over-used common pathways of last resort. Triage and assessment, particularly for suicide risk, de-escalation, coordination with medical and behavioral health services, and crisis planning are key components of the service, delivered with a focus on recovery and trauma-informed care. Members of the team include masters degree level behavioral health clinicians, peer counselors for engagement and follow

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INSIDE

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RESIDENT FELLOW MEMBER CORNER

Arielle Graham, MD, MA

The COVID-19 Pandemic and Youth Mental Health

When I began my term as the Member-in-Training representative to the MPS Council, the COVID-19 pandemic had begun only a couple of months prior. I wrote my first newsletter article about how the pandemic was affecting my training at that time. Looking back on it now, I realize I could not have anticipated the myriad ways in which this transformative event would continue to shape my work. In July 2020, I started my fellowship in child and adolescent psychiatry and began to witness first-hand the detrimental effects that the pandemic continues to have on this population. The youth mental health crisis, exacerbated by the pandemic, weighs heavily on my heart every day.

On a Sunday morning in late January 2021, I woke up to a harrowing New York Times article in my email inbox entitled, "Surge of Student Suicides Pushes Las Vegas Schools to Reopen."[1] The article highlights many disturbing statistics pertaining to youth suicide and mental health crises during the pandemic. It focuses on Clark County, Nevada, and highlights that the county experienced double the youth suicides in 9 months of COVID-19-related school closures compared to the entire previous year. It refers to an alarming statistic from a recent CDC report[2], which indicates that in 2019, 18.8% of youth "seriously considered attempting suicide," up from 13.8% in 2009. Even though the rate of youth contemplating suicide was already startlingly high before the pandemic, data show that rates of suicidal ideation, at least among adults, have increased during pandemic-associated lockdowns[3]. The *Times* piece goes on to describe the many families who have lost a child to suicide in the recent months. Several of the families shared that their children had reported hopelessness in terms of inability to see an end to the pandemic, disappointment and frustration regarding school closures and isolation from friends. The article also emphasizes that more youth than ever are having trouble keeping up with their school work—a stressor that undoubtedly impacts their mental wellbeing.

Regrettably, I have seen many similar themes in my recent work with children. For instance, I have heard several children express a sense of hopelessness, as manifested by a feeling that the pandemic will last forever. The ubiquitous sense of uncertainty and consequent inability to plan seem to be fueling a failure to see any end in sight. Furthermore, I have encountered several examples of disrupted attachments and their consequences. Youth who were previously able to spend quality time with trusted parents, grandparents, teachers and mental health professionals have in some cases become abruptly estranged from these individuals due to pandemic-related circumstances. For example, children with divorced parents who were accustomed to splitting their time between homes might have had to limit contact with one parent in order to reduce travel between households, to limit viral transmission. Children in foster care who were previously able to see their biological parents for in-person visits have in some cases lost contact with their parents for months, leading to significant confusion and distress. Numerous children have reported feeling estranged from their friend groups and feeling like they have no "in-person friends" anymore. Many appear to be turning to online communities to seek comfort and connection. While there are certain merits to connecting on social media[4], several of the youth whom I have met have reported negative experiences with relying on online friendships—at times leading to worsening of their mental health.

One issue that children have emphasized to me repeatedly has been the importance of their personal space—particularly during adolescence. Some children have complained of feeling "suffocated" by their parents and siblings, with few options for temporary healthy escapes to reinforce a sense of independence and freedom. Moreover, certain youth have shared that their parents' stress is often palpable and this tension in turn affects their own emotional health. Conversely, parents have admitted that they are distressed by the deterioration of their child's mental health and thus feel helpless, hopeless and hypervigilant in response. I have witnessed challenges for children and parents alike to confidentially express their concerns to me—due to space limitations—which often adds to the stress and emotional burden in the home. In some cases, the dilemma of feeling stuck in one's home with limited personal space is amplified by the potential for abuse and neglect. Though reports of child abuse have plummeted during the pandemic[5], many professionals surmise that this is due to lack of face-to-face contact with mandated reporters, resulting in gross under-reporting.

Many youth who typically rely on special supports have suffered tremendously due to re-

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duced access to services during the pandemic.[6] For instance, children with autism spectrum disorder who benefit from applied behavior analysis (ABA) services, individualized school accommodations and consistent routines are in many cases experiencing the deleterious effects of modified programming. I have personally witnessed an uptick in mental health crises for youth who previously benefited from robust wraparound services, including peer mentorship, in-home therapy and intensive care coordination. Many of the aforementioned services, which were formerly able to provide home visits and check-ins, have had to transition to telehealth, causing youth and their families to often feel helpless regarding how to manage in the home without this assistance. For many children with individualized education programs (IEPs), 504 plans or other specialized educational needs, remote learning can be immensely challenging. Several have disclosed to me that they feel frustrated by falling increasingly behind in school and that they now are facing what feels like an insurmountable amount of catch-up. Many clients in crisis have reported to me that a major stressor preceding their crisis was feeling overwhelmed by remote learning.

At my institution alone, the need for youth mental health treatment has skyrocketed; the dramatic increase in the number of youth and families seeking services, combined with the increased severity and lethality of suicide attempts, has led to significantly prolonged wait times for inpatient hospitalizations.[7] Studies examining the pandemic's effects on youth demonstrate that it is common for youth to experience "fear of asking about the [pandemic] and the health of relatives, poor sleep including nightmares, poor appetite, physical discomfort, agitation and inattention, clinginess, and separation problems."[8] Another report illustrated that, compared to March 2020, 26.9% of parents reported worsening of their own mental health and 14.3% reported worsening of their children's behavioral health during the pandemic.[9]

It would be remiss to not acknowledge the ripple effects of the youth mental health crisis as they pertain to the wellbeing of providers and caregivers. Discussions with colleagues have uncovered the shared feeling of helplessness that we are all experiencing regarding how to better support the youth in our community. I wish deeply that there were more facilities, providers and programming to support children through this unprecedented time. I believe that continuing to discuss this "pandemic within a pandemic" with other mental health providers, pediatricians, parents, and teachers is of utmost importance. Furthermore, advocating for increased funding of youth mental health initiatives and school programming is also crucial. I feel fortunate to be participating in a program at my own institution, developed by medical students and faculty, which involves student volunteers being paired with children in the local community who have been identified by their providers or schools as struggling with their mental health during the pandemic. By increasing connection and support for these children through weekly Zoom check-ins, the hope is to decrease the risk of social isolation and worsening mood and increase their sense of personal wellness. With vaccination fortunately rolling out in most locations, I am hopeful that a time will soon arrive when children and teachers may safely and feasibly return to the classroom and resume their usual routines. In the meantime, adults and children alike must do everything they can to remind each other that, contrary to how they may often feel, this pandemic will not last forever and there will be brighter times ahead.

Refrences:

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Save the Date

Watch for details on our
Annual Risk Avoidance & Risk Management Conference
which is scheduled for **Saturday, April 10.** We are still in a virtual format and will present this conference via Zoom.

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up, and clinical consultation by psychiatrists. Massachusetts has a program of mobile crisis care and call centers called the Emergency Services Program (ESP) which MassHealth and the Massachusetts Department of Mental Health contracted to the Massachusetts Behavioral Partnership in 2009 and a few additional providers in 2013. These services are available to individuals with Medicare, MassHealth, the uninsured, and in some cases, other insurers. Callers can access the services at **1-877-382-1609**. These services are contracted out to human service providers, academic medical centers, and hospital systems, often working in collaboration with shared contracts.

The third recommended element in the SAMSHA toolkit are **Crisis Receiving and Stabilization Services**, a 24/7/365 "no wrong door" place to go to receive services after the mobile crisis service assessment. These facilities are designed to take all referrals from first responders such as law enforcement and from the mobile crisis teams. They are staffed with multidisciplinary teams led by psychiatrist or psychiatric nurse practitioners, nurses, mental health clinicians and peers. The role of the psychiatrist/psychiatric nurse practitioner during the evaluation as laid out by SAMHSA is to "Clarify diagnosis and information within any existing psychiatric advance directive (PAD); Evaluate and define a course of care for substance use, mental & physical health needs; Collaborate with the team to assess risk and level of care needs; Participate in establishing patient-centered treatment goals and plans with the team; Educate the person served about medications and care options; and Partner with the team to engage with the person's support system. The role of the psychiatrist/psychiatric nurse practitioner in continued treatment at the center is to: Monitor patient-centered needs and risk while adjusting treatment as needed; Collaborate to support movement towards recovery goals in a patient-centered fashion; Participate in the delivery of family education as applicable; Educate, train and model best practice care to team members during treatment; and Provide overall clinical leadership and oversight of patient-centered care. The role of the psychiatrist/psychiatric nurse practitioner during the discharge process is to: Collaborate with the team and those served to develop PAD and discharge plan; Prescribe medication to bridge until the person's follow-up appointment; and Support persons served with education about discharge medications and any follow-up needs or recommendations for monitoring side effects." The Crisis centers are meant to function for less than 24 hour service stays but can also incorporate their own or contracted crisis stabilization beds for additional support, collaborate with inpatient bed registries, and coordinate ongoing care at a wide array of community services ranging from traditional outpatient treatment including medications and therapy and evidence based group programs, to partial hospital , community crisis stabilization units, crisis residential, peer run respite centers and others.

The National Association of State Mental Health Program Directors (NASMHPD) Aug. 2020 Report, "Crisis Services, Meeting Needs, Saving Lives,"[3] authored by MPS alumnae Debra Pinals, MD, describes the interconnected continuum of services in this coordinated crisis care model in more detail and also describes some of the more successful state models. The person in crisis calls 9-1-1 or 9-8-8. Both systems have specially trained law enforcement back up. The dispatcher sends the person to the Emergency room or crisis center depending on the nature of the emergency, or the mobile crisis team travels to meet the person in the community. The crisis centers are staffed and designed to be able to accept 90% of referrals with a no rejection policy for first responders. These centers are not meant to require "medical clearance" for admission, and should have the capability to address minor physical health challenges assess for medical needs and evaluate for the presence of significant medical needs requiring a higher level of care. Hospital emergency departments are better suited for diagnostic work up, medical monitoring of severe substance use or diagnostic complexity, and for extreme behavioral dysregulation and crisis centers make the referral in the face of these needs, rather than demanding this of the referral source. One of the more successful examples of an integrated crisis model is The Restoration Center in San Antonio Texas which was featured in this NPR story.[4] This model was funded by pooling funding from poorly integrated aspects of mental health delivery including the Department of Corrections, courts, hospitals, emergency departments, etc. and reaped significant cost savings with significantly less arrest and incarceration of individuals with mental illness.

The Baker Administration on Feb. 25, 2021 (prior to this writing) is also unveiling a new initiative, *Roadmap for Behavioral Health Reform: Ensuring the right treatment when and where people need it.* Per their website [5] , "A critical piece of the Roadmap is to create a "front door" to treatment—a new, centralized service for people or their loved ones to call or text to get connected to mental health and addiction treatment. This front door will help people connect with a provider before there's a mental health emergency, for routine or urgent help in their community, or even right at home. For the first time, this front door will allow individuals and families to fully access the range of comprehensive services offered in the Commonwealth. In addition to this front door, the Roadmap proposes reforms to make outpatient assessment and treatment more readily available through a number of changes including: Expanded access to treatment, including nights and weekends for a subset of behavioral health providers. More behavioral health treatment—mental health and addiction services—at primary care offices. Better, more convenient community-based alternatives to the emergency department for crisis intervention services. These reforms do not replace or disrupt existing services or provider relationships—rather they aim to improve access to these services, for example: More options for care and treatment, because we will encourage more providers to take insurance. Access to culturally relevant care in the person's preferred language, because we will invest in workforce competency. Together with our diverse stakeholders, EOHHS will continue to update this Roadmap—a living document—to ease the burden on individuals and families when accessing treatment by creating a front door to care, ensuring readily available outpatient care in the community for people of all ages and backgrounds so that every resident can have their behavioral health care needs met."

Integrated systems such as these described above, requires continued and expanded clinical leadership and participation from psychiatrists. This vision of an integrated model has the capacity to fix the major over-burdened common pathways of last resort, EDs and jails. The vision that EOHHS lays out continues to move toward integrated collaborative care, such as The Impact Model described in the September, 2020 MPS Newsletter [6] and for which insurers such as Medicare and Blue Cross Blue Shield of MA have already adopted new billing codes to reflect this evolving practice. It also describes a front door, the details of which we await. As a field of psychiatry, let us continue to lead in the development, study of and service provision in innovative systems designed to address the sorely unmet mental health needs of our commonwealth and nation.

1. https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf

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5. https://www.mass.gov/service-details/roadmap-for-behavioral-health-reform

6. https://maps.memberclicks.net/assets/Newsletters/2020/20-09%20MPS%20September%202020%20Newsletter.pdf

Sally Reyering, MD, DFAPA
President
Massachussetts Psychiatric Society

APA Announces Results of 2021 Election

APA's Committee of Tellers approved the following results for the 2021 APA National Election.

President-Elect
Rebecca W. Brendel, M.D., J.D.

Secretary
Sandra M. DeJong, M.D., M.Sc.

Early Career Psychiatrist Trustee
Elie G. Aoun, M.D., M.R.O.

Minority/Underrepresented Representative Trustee
Felix Torres, M.D., M.B.A.

Area 1 Trustee
Eric M. Plakun, M.D.

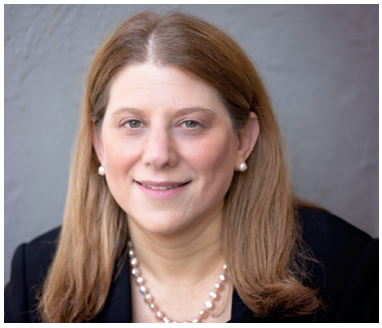
Area 4 Trustee
Cheryl D. Wills, M.D.

Area 7 Trustee
Mary Hasbah Roessel, M.D.

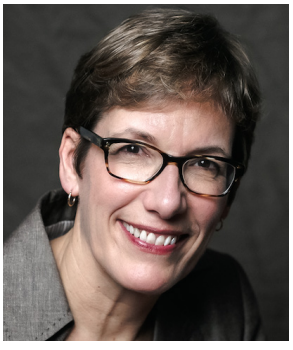
Resident-Fellow Member Trustee-Elect
Urooj Yazdani, M.D.

Congratulations to Drs. Rebecca Brendel, Sandra DeJong and Eric M. Plakum

MPS would like to congratulate some of our own members for winning leadership positions in the 2021 APA Election



Rebecca W. Brendel, M.D., J.D.



Sandra M. DeJong, M.D., M.Sc.

Eric M. Plakun, M.D.

Summary of Tufts Health Plan Meeting with MPS Healthcare Systems & Finance Committee on 1/11/21

Dan Shaw, MD

MassHealth Pediatric Behavioral Health Medication Initiative

Tufts Health Plan (THP) presented their concerns about the low rate of response to correspondences from MPS members regarding the MassHealth Pediatric Behavioral Health Medication Initiative (PBHMI) which is not a Tufts pharmacy benefits management program, but rather is a mandated program that all Medicaid MCOs are required to administer. MassHealth started this initiative regarding polypharmacy and children in 2014 as a standardized approach to ensure safe and effective prescribing of behavioral health medications for members covered by MassHealth who are less than 18 years of age. Please refer to these links for more details:
https://www.mass.gov/info-details/pediatric-behavioral-health-medication-initiative-pbhmi-information
https://www.mass.gov/doc/pbhmi-clinical-document-1/download
Here's how it works. When Tufts Health Plan (THP) has questions regarding a member's pediatric behavioral health medication, a Medical Director from THP will reach out to the provider to have a collaborative consultation, knowing that these are often complex cases. If THP doesn't hear back from a provider after a 2-3 telephonic attempts, they send out a certified letter requesting a discussion regarding safety and prescribing. There are very few cases (5 per month/60 per year) and a high percentage of providers do not respond to phone calls or letters. THP requested that MPS let our members who are participating on Tufts panels know that when THP reaches out to a prescriber, it's very important that the MPS provider respond. MPS recommended to THP that they add a second follow-up phone call as providers might not be getting mail timely and MPS also recommends that we distinguish that this is not a pharmacy benefits management related matter.

Change in deductible and co-pay policy January 1st

THP will be sending a letter to members and providers informing them of a change in policy requiring members to pay deductibles and co-pays starting January 1. This was also presented in an MPS All member Email on Feb. 1, 2021 and is repeated here. Effective for dates of service on or after January 1, 2021, member copays and other applicable cost share will be applied to all non-COVID-19 telehealth services, except for primary care and behavioral health telemedicine services for Rhode Island Commercial members. Member copays and other applicable cost share will continue to be waived for COVID-19-related, in-network, medically necessary services. A COVID-19 diagnosis must be submitted on the claim for the waived cost share to continue to apply.

Prior Authorizations

Prior authorization (PAs) for therapy and 99214's are no longer required for Tufts commercial plans. PAs are still required for the Mass Health Program, Massachusetts Together, but THP is working on eliminating these PAs. In response to the discussion at our previous meeting, THP posted the Massachusetts uniform PA form on its website. In an email we requested that they post the stimulant prior authorization form on the website so that it can be filled out simultaneously with the uniform PA form. That will reduce the delay in getting PAs for stimulants. THP will ask Dr. Dohan in to come to the next meeting to discuss this.

Audits

Tufts conducts fraud audits focused on coding outliers. THP will have a member of the audit team at the next HCSFC meeting to clarify coding that that would prompt a fraud audit THP is still required to conduct Act audits per the Affordable Care.

Tufts Health Plan- Harvard Pilgrim Merger

MPS HCSFC raised concerns about the THP HPHC merger and its impact on reimbursement and emphasized the importance of keeping THP reimbursement profile separate from Unite Behavioral Health/OPTUM rates. When the details of the merger are finalized, we emphasized the importance of maintaining the THP behavioral health model in preference to the HPHC model. THP is aware of our concerns and working to have these concerns part of the merger process.

Account manager Contact

Richard Corbett is the account manager for MPS and Massachusetts psychiatrists. HCSFC has been helpful members of MPS' HCSFC. He should be contacted directly by MPS members when the call center is unable to solve a problem. Contact information is

Richard Corbett
Provider Account Manager
Provider Relations and Communications DepartmentTufts Health Plan 888-880-8699 option 6 then ext. 58263
Fax: 617-673-0631
richard_corbett@tufts-health.com

New Monthly Technology Column, "Dear MPS Tech Committee!"

I worry that my patients don't have as good an experience with my remote clinic as they used to in person. What are some ways that I can optimize my patients' experience of virtual appointments? Sincerely, Zoomed and Confused

Dear Zoomed and Confused,

It can be difficult to connect the same way over telehealth as in person. That said, there are a number of small things that can really bolster a sense of connection, even when meeting remotely. Remember that environmental factors, such as the professional décor of an office or the angle of a camera lens, play a role in rapport building and supporting the therapeutic alliance. Key elements of doctor-patient communication, such as empathy, respect, and a collaborative problem-solving style, remain important in this setting. Nonverbal communication remains important, but requires a little more thought when not meeting in person. And remember, some evidence suggests that we as clinicians may underestimate the strength of our alliance with our patients via telehealth (2)! So keep an open mind, and consider these 8 tips for nonverbal communication that are important for developing and maintaining these relationships, even when not physically present:

1. Strong eye contact
2. Awareness of voice intonation
3. Assuring body posture and gestures
4. Emotional expressiveness and perceptiveness
5. Professional appearance
6. Appropriate use of physical space
7. Facilitative conversational behavior
8. Effective time management

Write back, and let us know what other tips you've found to make telehealth visits successful!

1-Derived from the American Psychiatric Association's Telepsychiatry Toolkit: https://www.psychiatry.org/psychiatrists/practice/telepsychiatry and Toh N, Pawlovich J, Grzybowski S. Telehealth and patient-doctor relationships in rural and remote communities. Canadian Family Physician. 2016 Dec 1;62(12):961-3.

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31st Annual Psychopharmacology Update: Response to Unanswered Questions
By David Osser, M.D., Program Chair

Brief "Additional Note" to the article from Issue 209 February 2021 MPS Newsletter

In the article on the 31st Annual Psychopharmacology Update, on the last question on treatment of clozapine-induced sialorrhea, I should add the following (from Meyer and Stahl: *The Clozapine Handbook*. Cambridge U Press, 2020):

There are some reports of Botox being used successfully for sialorrhea. The medication is injected into the salivary glands (uses a tiny needle so it's not very distressing) and gives relief lasting weeks to months, and then it can be repeated. Also, local use of 1% atropine ophthalmic drops (1-3 drops sublingually at bedtime and up to three times daily – add 5 ml water and then spit it out) is beneficial for some. Both of these enable you to avoid a pill treatment. Anticholinergic pill options like benztropine should be avoided if possible because they add to the anticholinergic effect of clozapine and can lead to cases of paralytic ileus. Glycopyrrolate, though it has the most evidence of efficacy, does add some anticholinergic burden and ileus risk.

Massachusetts Psychiatric Society's

Antiracism Conference Series - Transforming Psychiatric Practice and Ourselves

Tuesday, March 2, 2021 ~ 6:00 – 8:00 p.m.
Tuesday, March 30, 2021 ~ 6:00 – 8:00 p.m.
Thursday, May 6, 2021 ~ 6:00 – 8:00 p.m.

Program Overview

This conference series aims to create a safe and liberated space to learn among majority and non-majority colleagues led by dynamic speakers and moderators in small group activities. The objective is to close the gap in psychiatrists' knowledge about racism as the cause of health inequities as elucidated by researchers, scholars, and authors who have been studying the topic for decades. Significant racial health disparities exist in medicine in general and psychiatry in particular whereby Black, Indigenous and Persons of Color (BIPOC) suffer from disproportionate rates of illness and death. Much data has linked these inequities to systemic or institutional racism, whereby inequities are built into the health, educational, economic, political, and justice infrastructure of our country. The Covid 19 pandemic laid this bare, as BIPOC are suffering disproportionate rates of morbidity and mortality in the pandemic. Data also reveals that for BIPOC who do not suffer from economic or educational disadvantage, health disparities persist and are linked to chronic stress from exposure to discrimination and bigotry to various degrees. An overwhelmingly White mental health work force has been linked with poorer health outcomes for BIPOC. As a professional society, we need to ensure that our actions are not contributing to structural racism and racial inequities in mental health to the detriment of our patients and colleagues.

Learning Objectives

At the conclusion of this activity, participants will be able to:

a) Identify core constructs such as health disparities, health inequities, structural/institutional/personally-mediated racism, and differences in experiences of racial majority and non-majority patients and citizens as described by scholars, authors, and researchers;

b) Acknowledge the fundamental role of structural racism and associated lack of social, political and economic opportunity as causes of inequitable outcomes;

c) Acknowledge psychiatry's place in the history of perpetuating institutional racisms in the history of US;

d) Acknowledge one's own implicit biases which can contribute to health inequitable psychiatric care and learn techniques to minimize their impact;

e) Identify actions that can have measurable impact in patient care and increase workforce diversity

Tuesday
March 2, 2021 - 6:00–8:00 p.m.
March 30, 2021 - 6:00–8:00 p.m.
Thursday, May 6 - 6:00–8:00 p.m.

Virtual conference via Zoom

Faculty

Orlando B. Lightfoot, MD
Emeritus Professor of Psychiatry, Boston University School of Medicine
Consultant, Greenfield Health Promotion Consortium, International

Benjamin Lê Cook, PhD, MPH
Associate Professor, Psychiatry, Harvard Medical School
Director, Health Equity Research Lab, Cambridge Health Alliance
Adjunct Clinical Associate Professor, Albert Einstein College of Medicine, PRIME Center for Health Equity, Montefiore/Einstein

Nicole Christian-Brathwaite, MD
Senior Vice President and Medical Director Insight + Regroup.
CEO Well Minds Consulting Company

Rupinder K. Legha, MD
Child, Adolescent, and Adult Psychiatrist, Assistant Clinical Professor (Voluntary), Department of Psychiatry and Biobehavioral Sciences
The University of California, Los Angeles School of Medicine

Accreditation Statement

The Massachusetts Psychiatric Society is accredited by the Massachusetts Medical Society to provide continuing medical education for physicians.

AMA Credit Designation Statement

The Massachusetts Psychiatric Society designates these live activities for a maximum of 2 AMA PRA Category 1 Credits™ each session. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

This activity meets the criteria of the Massachusetts Board of Registration in Medicine for risk management study.

Program Schedule

Tuesday, March 2, 2021 ~ 6:00 – 8:00 p.m.

Key Note Speaker Orlando B. Lightfoot, MD

One Black Psychiatrist's Perspective, Now and Then, 1937- 2021

Speaker will be followed by breakout discussions.

Click HERE to register for March 2, 2021

Tuesday, March 30, 2021 ~ 6:00 – 8:00 p.m.

Strategies for Identifying and Remediating Health Disparities, Inequity, and Racial Trauma

Speaker: Benjamin Lê Cook, PhD MPH "Strategies for Improving Equity for Racial and Ethnic Minorities in the Midst of the Covid -19 Epidemic."

Speaker: Nicole Christian-Brathwaite, MD. "Racism is Trauma: The Devastating Impact of Racism on Mental Health."

Speakers will be followed by a case presentation with breakout discussion.

Click HERE to register for March 30, 2021

Thursday, May 6, 2021 ~ 6:00 – 8:00 p.m.

The Legacy of Slavery in American Medicine and Psychiatry

Speaker: Rupinder Legha, MD

Speaker will be followed by breakout discussions.

Click HERE to register for May 6, 2021

Breakout Discussion Sessions for each program

- Introductory: For those new to concepts of systemic racism who would like to learn new terms and concepts used in discussions of systemic racism.
- Continued learning: For those who have read on topics of systemic racism, have familiarity with terms and concepts, but wish to know more.
- Further growth: For those who are very familiar with existing literature and have been actively working or are ready to work on dismantling systemic racism in their social and professional spheres.

REGISTRATION FEE – EACH SESSION

[ ] MPS/APA Member $30

[ ] Resident/Fellow/Student $10

[ ] Non-member $45

TO REGISTER ONLINE please click the registration links listed under the above sessions. Please note the Zoom link for each session will be sent the day of the program. If you are unable to register online, please note that we are not in the office due to the pandemic and request that you register by phone.

Questions?

Call (781) 237-8100, 8 a.m.–4 p.m. Monday thru Friday

OFFICE SPACE

Offices available in Coolidge Corner, Brookline townhouse. Included in rent is Internet service for teletherapy, utilities, common waiting room. Close to public transportation. $600 to $1,150.
www.344HarvardStreet.com; Michael, 617-543-8015, mlberger200@gmail.com

PSYCHIATRIST

Cambridge Psychiatric Services
PSYCHIATRISTS: Interested in flexible hours, competitive pay rates, and a schedule that fits your needs?
Qualified psychiatrists needed to provide overnight, weekend, and holiday moonlighting coverage at area hospitals, clinics, and other psychiatric facilities. For more information please call Jessica D'Angio at (617)864-7452 or at jdangio@northcharles.org

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CHA Cambridge Health Alliance AFFILIATED WITH
Beth Israel Deaconess Medical Center · MassGeneral Hospital for Children · Harvard Medical School Teaching Hospital · Harvard School of Dental Medicine · Harvard T.H. Chan School of Public Health · Tufts School of Medicine

Psychiatry Opportunities
Cambridge Health Alliance

Cambridge Health Alliance (CHA) is a well-respected, nationally recognized and award-winning public healthcare system. The CHA Department of Psychiatry is recognized as a leader in patient care, teaching and research. As a leader in mental health for more than 20 years. CHA's psychiatry teams provide compassionate care while having deep connections within the community. As a Harvard Medical School and Tufts University School of Medicine affiliate, we offer ample teaching opportunities with medical students and residents. We utilize fully integrated EMR and offer competitive compensation packages and comprehensive benefits for our employees and their families. Ideal Candidates will have a strong commitment to providing high quality care to our multicultural community of underinsured patients.

Psychiatry Opportunities:
- Adult Inpatient Psychiatry
- Medical Director, Inpatient Psychiatry
- Adult Outpatient Psychiatry
- Medical Director, Adult Outpatient
- Primary Care Integration
- Consultation-Liaison
- Inpatient Child & Adolescent Psychiatry
- Outpatient Child/Adolescent
- Child Integration
- Geriatric Psychiatry
- Division Chief, Geriatric Psychiatry

CHA is a teaching affiliate of Harvard Medical School (HMS) and academic appointments are available commensurate with medical school criteria.
CVs may be sent directly to Melissa Kelley, Provider Recruiter at providerrecruitment@challiance.org..

CHA is an equal opportunity employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, disability status, protected veteran status, or any other characteristic protected by law.

NSMC NORTH SHORE MEDICAL CENTER

MGH 1811 MASSACHUSETTS GENERAL HOSPITAL

DEPARTMENT OF PSYCHIATRY – NORTH SHORE MEDICAL CENTER
In affiliation with **MASSACHUSETTS GENERAL HOSPITAL**
Job opening for brand-new inpatient units in Adult Psychiatry

The Department of Psychiatry at North Shore Medical Center (NSMC), in affiliation with Massachusetts General Hospital (Mass General), has an outstanding opportunity for a full-time or part-time **BC/BE inpatient psychiatrist**. A full-time position may also include an opportunity to provide outpatient care.

The Epstein Center for Behavioral Health is a 120 bed inpatient facility that includes two adult units, one child and adolescent unit, and one geriatric unit, embedded in a full-service medical center. Each unit includes a team of social workers and a psychiatric Nurse Practitioner to support physicians, optimize workflow, and improve patient care.

Qualified candidates will receive a clinical appointment at both NSMC and Massachusetts General Hospital. The Department of Psychiatry at Mass General is consistently ranked among the best in the nation by *U.S. News and World Report* and works with NSMC as a community partner. There are multiple opportunities for teaching on-site, and a Tufts Medical School faculty appointment is available for physicians who participates in medical student teaching. There are also educational and research educational and research opportunities at Mass General and Harvard Medical School for the appropriate interested candidate.

Salaries are extremely competitive. Evening and weekend call are very reasonable and provide significant additional compensation.

Salem is located on the North Shore of Massachusetts, only 15 miles north of Boston. This region features all the advantages of proximity to a wonderful metropolitan area.

Interested individuals should send their CV and letter of interest to Louis Caligiuri, Executive Director of Physician Recruiting at lcaligiuri@partners.org.

North Shore Medical Center is an affirmative action/equal opportunity employer. Minorities and women are strongly encouraged to apply. Pre-employment drug screening is required. The position is eligible to participate in the federal Public Service Loan Forgiveness Program.

Covid-19 Update and Q/A with Dr. Anthony Fauci

Vaccine Access: Massachusetts unveiled a new website, Vaxfinder.mass.gov, in response to criticism of the shortcomings of their previous website for vaccine registration. The new website, while an improvement, still requires navigation to the individual vaccination providers, where they can enroll and book an appointment, as opposed to registering through one, central scheduling tool. The Vaxfinder tool has information for users to determine if they're currently eligible for the vaccine, and translation services are available. The state also rolled out a **2-1-1 call line** for vaccine reservations, especially for residents age 75 and older who have difficulty booking an appointment online. But the 211 call center is available only between 8:30 a.m. and 5 p.m. Monday through Friday. The DPH asks physicians to share with patients that due to extremely high demand for appointments and limited vaccine supply, it may take time to secure an available appointment. Eligible residents should continue to check for appointments, as they will be added on a rolling basis. Finally, an individual who is accompanying a person age 75 or older to get the vaccine may schedule their own appointment to be vaccinated on the same day. A caregiver must schedule their own appointment online for the same day and location as the 75 or older resident. Only one caregiver may accompany a 75 or older resident. Mass vaccination locations will make every effort to take both individuals together to minimize wait time, even if the appointment times are not identical. If individuals are unable to use or have difficultly accessing the internet, they may call 2-1-1 for assistance booking both appointments. The baker Administration warns elderly individuals to only accept offers for accompaniment to vaccine appointments by trusted individuals. Concerns have been raised about the potential risks of elder abuse and that this offer does not improve the lagging racial equity of vaccine disbursement in the state.

Q/A with Dr. Anthony Fauci

On 2/8/21 I had the pleasure of participating in a Q/A with Dr. Anthony Fauci with The Covid Collaborative (https://www.covidcollaborative.us/), moderated by Co-Chairs former MA Governor Deval Patrick (D) and former Idaho Governor Dirk Kempthorne (R). Dr. Fauci began by reminding us that 59% of the spread of Covid -19 is due to asymptomatic or presymptomatic carriers.

Q: What do you say to skeptics about the seriousness of covid-19, i.e. that the 450,000+ deaths are not all due to Covid? A: The cause of death is Covid, even if there are co-morbidities. There are probably many more uncounted Covid deaths that balance out the other co-morbid deaths. Hospitals are overrun by sick people. How is there any doubt about this? Q: What is different in terms of public health measures after vaccination? A: Not much until we get herd immunity. We still need to do public health measures. Shooting for 85% herd immunity. When we get there, we could pull back on mask wearing, re-start indoor venues etc. Q: How long after herd immunity, when can we ditch the masks? A: The herd immunity concept depends on the ability of the virus to transmit. The more transmissible, the higher the percentage of people needed to vaccinate so that the virus has less wiggle room to infect others. Think of the term herd immunity like the behavior of a herd in the wild. The herd surrounds the vulnerable under threat. Herd immunity is like a blanket of protection around the society, e.g. Measles is so highly transmissible, that you need an extremely high % immunity to achieve herd immunity, over 90%. Measles outbreaks happen when herd immunity drops to around 80%. This covid virus is not as transmissible as measles, and the vaccine is highly efficacious 94-95% but not as effective as the measles vaccine (98%). Q: What should states do about disparities for black and brown people? A: Disparities are very severe. It shines a light on our failings in society. Black, Indigenous, People of Color, (BIPOC) suffer from infections disproportionately e.g. more exposure in workplace and community and also have more co-morbidities (HPTN, DM, kidney disease, obesity). They suffer from associated with higher degree of Covid related comorbidities and death. As part of his Covid plan, {President Biden announced outreach to communities of color, vaccine distribution to pharmacies in disproportionately affected communities, mobile units, and started an inequities task force (https://www.whitehouse.gov/briefing-room/press-briefings/2021/02/10/president-biden-announces-members-of-the-biden-harris-administration-covid-19-health-equity-task-force/) led by Yale Associate Professor Dr. Marcella Nunez-Smith, a minority physician. Q: When can schools re-open. A: Pres Biden has made it clear all K-8 students should be in school by the first 100 days of his administration. Some teachers unions, and some parents are resistant. The default position should be back to school and stay in school to avoid disruptions to kids psychologically and educationally, and disruption to families. The Covid Relief Act has funds to make schools safe. Q: What about virus variants? A: The SARS COV 2 RNA virus mutates readily and continually. Most mutations have no functional relevance. Occasional variants creates a new lineage with functional consequences. B.1.1.7., originating in U.K. has been shown to be more easily transmissible and unpublished data suggests it is more virulent. That variant is now widely in US, at least several hundred. By the end of March, that will be the dominant variant. Fortunately the two vaccines are adequate in prevention of that variant. It's a race to get as many vaccinated as possible before the new variants take hold and even more new variants come into creation. More problematic is B.3.5.1., originating in South Africa. It is totally dominating there. It is alluding monoclonal antibodies in treatment, and the vaccines are not as protective, although still confers some protection against severe disease and death. Companies are already making upgraded versions of the vaccine in case B.3.5.1. becomes the more dominant strain in the US. Q: What about Rapid antigen covid testing? A: It's now available in pharmacy without a prescription. The US is scaling up to get 19 million per month. It is a game changer. Q: What about supplements and strategies to boost immunity? A: We have a long way to go for a cure rather than just prevention. The best way to improve your immune system is good diet, sleep avoid stress, exercise. Supplements such as Vit C and zinc have no effect other than placebo. Vit D deficiency shows some vulnerability to Covid so it's good to correct that. Q: When will the vaccine be available for children. A: Vaccine is only available for >15. In vaccine development you generally wait until safety and efficacy is established in adults, then follow with age de-escalation testing, 16-12, 12-9, 9-5 etc. Those are in Phase 1 or 2a testing now and will be complete in several months, if not longer. Q: What about plexiglass dividers? A: Plexiglass dividers; can catch big droplets but are not a substitute for mask wearing. Q: What about the mental health symptoms of covid? A: Mental health stress and strain on children, families is apparent with increases in suicide, alcohol use, and domestic violence. It's a very serious concern. Q: Will we have to get an annual vaccine like the flu vaccine? A: I hope not. We hope to be able to eradicate the virus. We don't know how long the immune protection lasts, At least 6 months. We are following folks. Studies are ongoing. Q: What is happening with the common cold? A: No influenza in Australia. This year lowest influenza season thus far. They think it was because of social distancing, wearing masks, avoiding congregate settings etc which protects from respiratory illness. Q: What about the folks who refuse the vaccine? A: For 30% of folks who don't get vaccine, it will put them at risk but will also delay or weaken our herd immunity. It's a global pandemic so the whole world will impact the herd immunity question. If it is rampant in rest of the world, it will continually

(continued on page 12)

(continued from page 11)

threaten us. COVAX is designed to prevent this. Q: What about a federal vs a states plan? A: Cooperation, collaboration, synergy between states, cities and feds is key. Local jurisdictions need a plan, goals and resources from the federal govt. Q: How are you taking care of yourself in the pandemic. A: Unfortunately I work all the time starting about 5 a.m., but I exercise every day. If you see an old couple power walking in the northwest suburbs of Washington DC at night, that's me and my wife. Guilty snack is a Nathan's hot dog.

Italian Home for Children | 100 YEARS
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Medical Director/Psychiatrist
Board Certified in Child and Adult Psychiatry

The Italian Home for Children provides an integrated network of powerful and effective programs to help children and families with emotional, behavioral, and educational challenges thrive in their communities. We are seeking a Medical Director/Psychiatrist responsible for shaping and defining the goals of the psychiatric department, as well as the psychiatric care and treatment of clients. Provides oversight of the mentoring and training of prescribers and nursing, and some direct psychiatric treatment for clients of all ages as well as consultation across agency programs. Participates in multi-disciplinary team meetings to review evaluations, diagnosis, and treatment plans. Review and actively participate in ongoing treatment discussions of clients presented at regular team meetings.

Please apply directly at our website here
And send any questions to: mryan@italianhome.org

MPS is pleased to welcome the following New Members

General Member:
Daniel Abraham Brenner, MD
Emily Jane Deringer, MD
William DiLauro, MD

Resident Fellow Member
Chinedu Anyaeji, MD
Santiago J. Castro, MD
Brandon Chin, MD
Anastasia Evanoff, MD
Kritika Kulkarni, MD
Aisha Lott, MD
Bryan Michael Rego, MD
Alejandra Elizabeth Rodriguez, MD

Transfer In
Marian F. Aboukar, MD
Azeesat Batajide, MD
Reema Dilip Mehta, MD
Jean Daniel Mesquita Melo, MD
Stephanie Ann Stramotos, MD
Mercedes Szpunap, MD

Are you eligible and interested in applying for Fellow or Distinguished Fellow Status?

Contact the MPS Office.

We would be glad to assist you in completing your application.

Renew Your Membership for 2021

As a friendly reminder, it's time to Renew Your Membership for 2021. If you have any questions about your dues, please e-mail or call MPS Mayuri Patel at mpatel@mms.org (781-237-8100 x 1) or Sheneka Wilkins at swilkins@psych.org (202-559-3066)

Beth Israel Lahey Health
Beth Israel Deaconess Medical Center

HARVARD MEDICAL SCHOOL
TEACHING HOSPITAL

AMBULATORY PSYCHIATRY POSITION

Beth Israel Deaconess Medical Center, a 650+ bed tertiary care teaching affiliated with Harvard Medical School, is recruiting for a part time ambulatory psychiatrist to provide general psychiatry and psycho-pharmacology services at our flagship community health center in Dorchester. The successful candidate for this position may be considered for a Harvard Medical School appointment at the rank of Instructor or Assistant Professor, Part-Time, commensurate with experience, achievements and teaching contributions

The **Bowdoin Street Health Center** is a multi-specialty practice serving the Bowdoin-Geneva community. We provide comprehensive primary care and behavioral health services, and are staffed by 12 medical providers as well as five clinical social workers and two part- time psychiatrists. Our behavioral health department is highly collaborative and is very committed to meeting patient need. In addition, the behavioral health department is fully integrated within the health center as a whole and there is ample opportunity for close collaboration with the primary care providers.

Applications are made online at www.hmfphysicians.org/careers . Please respond to requisition #201385. We are an equal opportunity employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, gender identity, sexual orientation, pregnancy and pregnancy-related conditions or any other characteristic protected by law.

Founded in Boston's Dorchester neighborhood in 1972 by community residents, Bowdoin Street Health Center remains focused on providing outstanding medical care while maintaining a tradition of working with residents to identify and meet their unique health needs. The mission of the health center is to provide excellent, compassionate care to our patients and support the health of the entire community.

Recognizing how social and economic factors in the community can also influence an individual's health status, Bowdoin Street actively engages with community organizations and public entities to prevent violence improve access to healthy, affordable foods and promote wellness through exercise and stress reduction.

For more information on the health center please visit our Web Site:
http://www.bidmc.org/CentersandDepartments/Departments/CommunityHealthCenters/BowdoinStreetHealthCenter.aspx

Please apply via https://pm.healthcaresource.com/cs/hmfp#/search to requisition #201385 for the Part-Time Ambulatory Psychiatrist position.

HMFP respects diversity and accordingly are an equal opportunity employer that does not discriminate on the basis of race, color, creed, religion, national origin, ancestry, citizenship status, age, disability or handicap, sex, marital status, sexual orientation, veteran status, genetic information, or any other characteristic protected by applicable federal, state, or local laws.

Psychiatry Training Director/Adult Inpatient Psychiatrist

Steward Health Care, St. Elizabeth's Medical Center, Brighton, MA

St. Elizabeth's Medical Center in Brighton, MA is seeking a Training Director/Adult Inpatient Psychiatrist to join our expanding Psychiatry team. This is an exciting opportunity to be training director of an established Psychiatry Residency program in Boston with connections to Tufts University School of Medicine and Boston University School of Medicine. Leadership and faculty highly value the residency program and work closely with the residents both clinically and academically. Our Behavioral Health program offers a full range of treatment services, including inpatient Adult and Geriatric Psychiatry services, an Outpatient Clinic, and Partial Hospital program.

About Steward St. Elizabeth's Medical Center

Steward St. Elizabeth's Medical Center, a teaching hospital of Tufts University School of Medicine, offers patients access to some of Boston's most respected physicians and advanced treatments for a full-range of medical specialties including family medicine, cardiovascular medicine and surgery, vascular surgery, hepatobiliary surgery, robotic surgery, neurosciences, bariatric surgery, bone and joint health, hematology/oncology, and emergency medicine. St. Elizabeth's is a member of Steward Health Care System.

Steward Health Care, the largest private, for-profit hospital operator in the United States, is a physician-led health care services organization committed to providing the highest quality of care in the communities where patients live. Headquartered in Boston, Massachusetts, Steward operates 38 community hospitals in the United States and the country of Malta, that regularly receive top awards for quality and safety. The company employs approximately 40,000 health care professionals. The Steward network includes more than 25 urgent care centers, 42 preferred skilled nursing facilities, substantial behavioral health services, over 7,300 beds under management, and approximately 1.5 million full risk covered lives through the company's managed care and health insurance services. The total number of paneled lives within Steward's integrated care network is projected to reach 3 million in 2018.

Steward's unique health care service delivery model leverages technology, innovation, and care coordination to keep patients healthier. With a culture that prioritizes agility, resourcefulness, and continuous improvement, Steward is recognized as one of the world's leading accountable care organizations. The Steward Health Care Network includes thousands of physicians who help to provide more than 12 million patient encounters per year. Steward Medical Group, the company's employed physician group, provides more than 4 million patient encounters per year. The Steward Hospital Group operates hospitals in Malta and states across the U.S. including Arizona, Arkansas, Florida, Louisiana, Massachusetts, Ohio, Pennsylvania, Texas, and Utah.

If you are interested in learning more, or would like to apply, please contact:

Jeff Maloney, *Sr. Physician Liaison, Steward Health Care*
339-213-3921 • Jeffrey.maloney@steward.org

All inquiries will remain confidential. EOE.

Steward

Additional information is available at: steward.org

Beth Israel Lahey Health
Beth Israel Deaconess Medical Center

HARVARD MEDICAL SCHOOL
TEACHING HOSPITAL

PSYCHIATRY POSITIONS

Beth Israel Deaconess Medical Center in Boston, a 650+ bed tertiary care teaching hospital of Harvard Medical School, is recruiting highly qualified staff psychiatrists. The Department of Psychiatry is a major teaching site for Harvard Medical School and the BIDMC Harvard Psychiatry Residency Training Program; positions will include opportunities for teaching medical students and residents and for faculty development. A Harvard Medical School appointment at the rank of instructor, assistant, or associate professor may be commensurate with the level of accomplishment and dependent upon fulfilling teaching requirements. Opportunities exist on the following services with the possibility of combining work on different services to make a full- or part-time position:

AMBULATORY PSYCHIATRY
This part-time position involves clinical care and opportunities to participate in the training of psychiatric residents. The clinical care involves psychiatric evaluations and ongoing treatment of outpatients in our general psychiatry clinic located within the medical center.

CONSULTATION-LIAISON PSYCHIATRY
This part-time position involves clinical care, teaching, and supervision and combines coverage of inpatient CL and ED. The service sees 2500 Emergency Department and 1000 Inpatient Medical-Surgical consultations annually. Certification (or eligibility) in Psychosomatic Medicine is desirable.

INPATIENT PSYCHIATRY SERVICE
This full-time position includes clinical care, teaching, and supervision on an active 25 bed inpatient teaching unit.

NEUROPSYCHIATRY
This part-time position is for a neuropsychiatrist who will be part of a multi-disciplinary team within the Cognitive Neurology Unit.

Please apply via https://pm.healthcaresource.com/cs/hmfp#/search to requisition #201271 for the Part- Time Ambulatory Psychiatrist; #201245 for the Part-Time Consultation-Liaison Psychiatry; #201276 for the Full-Time Inpatient Psychiatry Service and #201272 for the Part-Time Neuropsychiatry.

HMFP respects diversity and accordingly are an equal opportunity employer that does not discriminate on the basis of race, color, creed, religion, national origin, ancestry, citizenship status, age, disability or handicap, sex, marital status, sexual orientation, veteran status, genetic information, or any other characteristic protected by applicable federal, state, or local laws.

Boston University Human Resources

ASSOCIATE DIRECTOR OF PSYCHIATRY, Student Health Services

Job Description
We are seeking an Associate Director of Psychiatry to join our strong team. The Associate Director of Psychiatry reports to the Director of Behavioral Medicine and is responsible for providing management of clinical services delivered by prescribing staff, including psychiatry and psychiatric nurses.
Other responsibilities include providing administrative guidance, leadership, and consultation to staff and members of senior leadership, providing clinical care and crisis intervention to a diverse student population of graduates and undergraduates, oversight of quality assurance and initiatives for the department, and strategic planning for the department's success.

Required Skills
- MD or DO. Must be Board Certified in psychiatry - (licensed or license eligible to practice in the Commonwealth of Massachusetts).
- Minimum of five years of experience, preferably in college mental health, crisis assessment, brief intervention, confidentiality requirements, and referral.
- Administrative and technological skills required to effectively document in an Electronic Health Record.
- Demonstrated skill in working well under pressure to prioritize and manage situations and to coordinate these efforts as a part of a team.
- Demonstrated awareness, knowledge, and skill to interact effectively with persons from widely diverse backgrounds.
- Self-motivation and self-direction anda dedication to high professional ideals.
- This position includes rotated on-call responsibilities.

We are an equal opportunity employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, disability status, protected veteran status, or any other characteristic protected by law. We are a VEVRAA Federal Contractor.

Apply online:

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Contact: Afia Boadi-Acheampong | Talent Acquisition Specialist
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University of Massachusetts Medical School
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Department of Psychiatry
Transforming Lives Through Research, Clinical Care and Education

UMass Memorial Health Care and the University of Massachusetts Medical School currently have openings within the Department of Psychiatry.

The Department of Psychiatry is a national leader in public sector psychiatry, child and adolescent psychiatry, neuropsychiatry, biological psychiatry, psychosocial rehabilitation, women's mental health, and addiction psychiatry. We integrate our clinical, research, teaching and community partnership activities to help individuals and families transform their lives through recovery from mental illness and addiction. We work in an inclusive, responsive and equitable environment. We are interested in having Faculty with diverse backgrounds join our Department who are motivated for a career that reflects excellence in clinical practice, scholarly activity and clinical research. We are the largest provider of psychiatric services in central Massachusetts, with over 400 faculty members and 12 hospitals and community mental health centers. Our settings vary and include urban clinics and beautiful shore-side facilities such as Cape Cod.

Our residency program trains 7 residents per year, including general psychiatry and specialty tracks for combined adult and child psychiatry and combined neurology. We offer fellowships in Child and Adolescent Psychiatry, Addiction Psychiatry, Forensic Psychiatry, Neuropsychiatry, and Adult Developmental Disabilities. Interested candidates should send their curriculum vitae addressed to Dr. Kimberly A. Yonkers.

UMass Medical School	UMass Memorial Health Care
Facility Medical Director (Cape Cod and Islands Mental Health Center, Pocasset, MA): Provides administrative and clinical oversight for the DMH-operated and contracted state hospital and community support programs. Clinical Care in our Partial Hospital program. **Full-Time Psychiatrist (Worcester Recovery Center and Hospital, Worcester, MA)**: Inpatient Services **Forensic Psychiatrist (Worcester Recovery Center and Hospital, Worcester, MA)**: Inpatient Services **Part-Time Psychologist (Center of Excellence in Addictions, Worcester Recovery Center and Hospital, Worcester, MA)**: Addiction Research **Full-Time Psychiatrist (Brockton Multi-Service Center, Brockton, MA)**: Outpatient services. For additional information, please contact: ***Marie Hobart, MD, Vice Chair, Public Sector Psychiatry*** marie.hobart@umassmed.edu **Interested applicants should apply directly at** https://academicjobsonline.org/ajo/UMASSMED/Psych **(J-1 and H-1B candidates are welcome to apply)**	**Chief Medical Officer (Community Healthlink, Worcester, MA)**: Supervision of a large group of professionals and participation in development efforts serving >22,000 individuals each year. **General Adult Outpatient Psychiatrist, (Community Healthlink, Worcester and Leominster, MA)** **Medical Director (Adult Inpatient Psychiatry, Marlborough, MA):** Provide psychiatric and medical supervision and direction to a 22-bed behavioral health unit **Interested applicants should submit a letter of interest and curriculum vitae addressed to** **Kimberly A. Yonkers, MD:** ***c/o: Jessica Saintelus, Physician Recruiter*** Jessica.Saintelus@umassmemorial.org http://jobs.jobvite.com/umassmemorialmedicalgroupphysicians/search?q=&d=Psychiatry

As the leading employer in the Worcester area, we seek talent and ideas from individuals of varied backgrounds and viewpoints.

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ADDRESS SERVICE REQUESTED

THE DEADLINE FOR SUBMISSION IN THE APRIL 2021 MPS NEWSLETTER IS March 15, 2021.
FOR ADDITIONAL ADVERTISING INFORMATION,
PLEASE CONTACT THE MPS OFFICE AT
(781) 237-8100 x1
OR
MPS@MMS.ORG

MPS Calendar of Events

Antiracism Conf Series – Part 1	March 2 at 6:00 PM via Zoom	dbrennan@mms.org
SEMPS	March 3 at 7:00 PM via Zoom	mpatel@mms.org
Women in Psychiatry Committee	March 8 at 7:00 PM via Zoom	mpatel@mms.org
Alcoholism & Addictions and Multicultural/Diversity Committee - Engaging minorities in OUD treatment during the COVID-19 pandemic - Miriam Komaromy, MD	March 8 at 6:30 PM via Zoom	dbrennan@mms.org
Chairs & Council	March 9 at 7:00 PM via Zoom	dbrennan@mms.org
Healthcare Systems & Finance	March 16 at 7:00 PM via Zoom	dbrennan@mms.org
WMPS	March 17 at 6:00 PM via Zoom	mpatel@mms.org
Public Sector	March 18 at 7:00 PM via Zoom	mpatel@mms.org
Psychotherapy	March 18 at 7:00 PM via Zoom	dbrennan@mms.org
Antiracism Conf Series – Part 2	March 30 at 6:00 PM via Zoom	dbrennan@mms.org