



# Massachusetts Psychiatric Society

*your information source for psychiatry in Massachusetts*

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## FROM THE PRESIDENT

John A. Fromson, MD, DLFAPA



### Carving out stigma

Stigma, prejudice, and discrimination against people with mental illness is still very much a problem. More than half of individuals with mental illness do not receive help for their disorders. Often, people avoid or delay seeking treatment fearing that they will be treated differently, have their health insurance unfavorably permanently changed, or lose their jobs. MPS members know all too well that this is in the context of over 100 Americans dying daily from an opioid overdose, suicide claiming one death every twelve minutes, and a quarter of the working population self-reportedly suffering from burn out.<sup>1</sup>

Mental health carve-outs refer to a specific aspect of health insurance coverage that pertains to the diagnosis and treatment of mental health and substance use disorders. It is an example of the pernicious, insidious, and potentially traumatic manipulation and promotion of health insurance “products” by third party payers that is not evidenced based, perpetuates stigma, and is a significant contributor to health disparities among some of the most vulnerable people in our society.<sup>2</sup> The current state of mental health carve-outs is a complex and evolving landscape, influenced by various factors including legislation, market forces, and societal awareness.

Historically, mental health and treatment of substance use disorders were often not adequately covered by health insurance plans. Many insurance policies excluded or severely limited coverage for mental health conditions, treating them differently from physical health conditions. This disparity was largely due to stigmatization, lack of understanding, and the perception that mental health issues were not as legitimate or significant as physical ailments. However, several legislative and policy changes have occurred to address these disparities.

It was only 16 years ago that the federal Mental Health Parity and Addiction Equity Act (MHPAEA) was signed into law. It prevents group health plans and health insurers that provide mental health or substance use disorder benefits from imposing less favorable benefit limitations on those benefits than on medical/surgical benefits. MHPAEA originally applied to group health plans and

group health insurance coverage and was amended by the Patient Protection and Affordable Care Act, as amended by the Health Care and Education Reconciliation Act of 2010 (collectively referred to as the “Affordable Care Act”) to also apply to individual health insurance coverage. HHS has jurisdiction over public sector group health plans (referred to as “non-Federal governmental plans”), while the Departments of Labor and the Treasury have jurisdiction over private group health plans.<sup>3</sup> While the MHPAEA played a significant role in reshaping mental health coverage, carve-outs and disparities still exist. Instead of being integrated into comprehensive health insurance plans, these benefits are often still outsourced to “specialized” managed behavioral health organizations (MBHOs).

Insurance companies claim that carve-outs manage costs (read: increase profitability) and administrative complexities associated with mental health and substance use diagnosis and treatment. Their purported goal is to achieve more efficient and focused care by working with specialized MBHOs. However, this separation can create fragmentation in healthcare delivery, resulting in challenges such as limited access to providers, difficulties in coordinating care, denials of care at higher rates than medical and surgical care, and potential disparities in coverage.<sup>4</sup> The specific design and implementation of psychiatric carve-outs can vary across insurance plans and jurisdictions. Some carve outs may have more extensive coverage and better coordination with primary care, while others may have limitations and barriers to access.

With MPS advocacy and the guidance of our expert Legislative Consultant, Lisa Simonetti, passage of the Massachusetts Mental Health ABC Act 2.0: Addressing Barriers to Care Enforcing Mental Health Parity Laws makes the possibility of achieving mental health parity a reality. As the legislation informs us, insurance coverage for mental health care should be equal to insurance coverage for any other medical condition. The ABC Act provides the state with a legal platform to implement and enforce current parity laws by creating a clear structure for the Division of Insurance to receive and investigate parity complaints to ensure their timely resolution. Other tools include parity enforcement for commer-

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### The TikTok Prohibition Era

On May 17, Montana became the first state in the nation to ban TikTok.

TikTok is a popular mobile application (app) and short video-sharing website and, now one of the top US social media platforms for teens<sup>7</sup>. According to the Pew Research Center, 67% of US teens ages 13 to 17 use TikTok, and 16% of all teens say they use the app almost constantly<sup>7</sup>.

In May, Montana's House of Representatives voted 54-43 to pass the bill, known as Senate Bill 419 (SB 419). Governor Greg Gianforte signed SB 419 in what he described as an effort to protect Montanan's private information from being compromised and increasing threats to the well-being of children.

### A Threat to US Private Consumer Data

In 2019, former-President Trump attempted to leverage two legal frameworks to restrict TikTok's US operations: The International Emergency Economic Powers Act (IEEPA) and the legal authorities underpinning the Committee on Foreign Investment in the United States (CFIUS).

The IEEPA authorizes the President to regulate international commerce by declaring a national emergency related to a foreign threat<sup>4</sup>. Trump laid the groundwork for the IEEP by making an Emergency Declaration based on "foreign adversaries'" ability to exploit vulnerabilities in the US information and communication technology and services (ICTS) supply chain<sup>4</sup>. He then invoked IEEPA authority to restrict TikTok's US operations due to the ICTS emergency.

ByteDance, which is a Chinese-controlled company, owns TikTok. Under Chinese national intelligence laws, any organization in the country must give up data to the Chinese government when requested, including personal information about a company's customers.

In theory, since ByteDance owns TikTok, if the Chinese government sought information on US citizens, they would likely abide by these rules. Although there is no publicly available evidence, many US lawmakers fear that our "foreign adversaries" in the Chinese government may attempt to use TikTok as an espionage or data collection tool.

Two federal district courts concluded that the invocation of the IEEP was an overreach of the President's authority. Specifically, it violated two exceptions: the inability to restrict (1) telephonic or other personal communication, "which does not involve a transfer of anything of value,"<sup>4</sup> and (2) information, including but not limited to videos<sup>4</sup>.

So, the US government pursued another avenue to restrict TikTok through CFIUS, an inter-agency committee that reviews foreign investments in the US for potential national security risks. The committee advises the President, who decides whether a transaction threatens to impair national security and authorities cannot address it using other laws<sup>4</sup>. The President can then block planned transactions or require divestment from completed deals if they are considered a threat. Both the Trump and Biden Administrations have supported the CFIUS investigation of TikTok.

In 2020, Trump determined that ByteDance's acquisition of a Shanghai-based social media company, "musical.ly," and its subsequent merger with TikTok threatened US national security. As a result, ByteDance was to divest (1) its assets used to support TikTok's US operations and (2) data obtained from TikTok or musical.ly users in the US<sup>4</sup>.

For three years, CFIUS investigated whether TikTok adequately safeguards its US consumer data. In response, TikTok reportedly spent \$1.5 billion on "Project Texas," a plan to enact more robust network security to monitor and filter incoming and outgoing traffic (i.e., firewall) between TikTok and employees of ByteDance. In March 2023, CFIUS rejected TikTok's proposal and stipulated that ByteDance sell the app.

In December 2022, President Biden signed legislation banning the app from government devices, citing national security concerns. Lawmakers in the US Senate and heads of the FBI and CIA mirror these fears. Australia, Canada, New Zealand, and the United Kingdom have followed suit. At least 33 states now prohibit TikTok from being used on state-issued devices. Massachusetts currently has two bills proposing similar limitations (H.82, S.37). Several public postsecondary institutions have also enacted policies that prevent university Wi-Fi or university-issued devices from being used to access the app.

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## The Social Media Dilemma and Children

With the growing fear of information security on social media platforms, the specific vulnerability of child and adolescent populations has also escalated. In May, the US Surgeon General issued a new advisory about the effects of social media on youth mental health. The advisory notes that time spent on the platforms, type of content exposure, disruption to sleep and physical activity, and socioeconomic and cultural factors contribute to the potential risks of social media<sup>6</sup>.

Despite social media offering a sense of community and acceptance for some, there are significant relative concerns of harm in adolescent girls and those already experiencing poor mental health. Risks of cyberbullying-related depression, body image, disordered eating behaviors, and poor sleep quality<sup>6</sup> continue to escalate. Tragically, childhood deaths are also associated with suicide- and self-harm-related content and risk-taking challenges on these platforms as well<sup>6</sup>.

This year, Utah and Arkansas passed legislation (S.B.152 and S.B.396, respectively) restricting access to social media for residents under 18. The laws prohibit minors from using social media between 10:30 p.m. and 6:30 a.m., require age verification for anyone who wants to use social media in the states, and seek to prevent technology companies from luring kids to their apps using addictive features.

Texas, Ohio, Louisiana, and New Jersey have similar proposals. California also enacted a law requiring companies to prioritize children's safety by barring them from profiling children or using personal information in ways that could harm children physically or mentally<sup>1</sup>.

### SB419: The First-of-its-Kind

By becoming the first state to ban TikTok completely, SB 419 proposes that it promotes the "health and safety of Montanans"<sup>4</sup>.

According to the bill, banning TikTok will stop China's potential improper procurement of user data and halt the promotion of "dangerous content" on the app. Specifically, this TikTok "content" includes videos encouraging minors to engage in "dangerous activities," citing TikTok explicit videos that encourage and promote potentially harmful behaviors.

Taking effect January 1, 2024, the ban will prohibit (1) mobile app stores from making TikTok available to users in Montana and (2) TikTok's operation in all places subject to Montana's criminal jurisdiction. The law subjects all platforms that offer the app on their marketplaces, such as Google Play and Apple App Stores, to fines of up to \$10,000 daily for violations. The governor signed a separate executive order prohibiting *any* social media application potentially linked to foreign adversaries.

There is at least one catch. SB 419 would be void if TikTok sold its platform to a county *not* designated as a "foreign adversary."

### Is a Statewide Ban on TikTok Even Possible?

There is no blueprint for the implementation of SB419 in Montana. However, legal and cybersecurity experts have already expressed challenges for any state to enforce such bans.

First, cell phones use the nearest cell towers to understand physical geography. For example, if a phone is in Montana, but the nearest cell tower is across the border in Wyoming, it thinks it is

in Wyoming. So, if there is an attempt to ban a phone or internet app inside the borders of a US state, this becomes foundationless in the architecture of our internet.

This challenge might be averted if Montana instead attempted to ban TikTok by creating a colossal surveillance system of all US internet-connected devices, with the ability to report the exact locations of the devices *and* the contents of all phones. This surveillance endeavor would not only be costly, but ironically, it is similar to the current system in China.

Alternatively, Montana can attempt to cut itself off from the rest of the internet. This level of internet restriction likely involves the destruction of cell towers near enough to the border that could have their signals reach outside it. If successful, Montana must establish its servers inside the state to prevent Montanans from reaching *any* company with servers outside state borders. In this hypothetical setting, no Montanans could electronically access TikTok or, for that matter, Google, Facebook, Amazon, or Microsoft, as all of these entities have servers outside the state<sup>2</sup>. No one outside of Montana could access websites in the state, either.

What if Montana turned off access to TikTok through the app stores of Apple and Google? Banning an app from the app store will not address people who already have them installed. Also, "Montana" does not exist in the app stores. App stores only process countries and regions. Further complicating things is that residents can give the illusion that they are not from Montana by changing their billing address or using virtual private networks (VPN) apps to encrypt their data and hide their IP addresses.

### What Can We Expect in the Coming Months?

For one, lawsuits against SB 419.

On May 22, TikTok filed a federal court complaint, citing several Constitutional rights and provisions violations. TikTok, along with the ACLU and half a dozen free speech and civil liberties organizations, primarily argue that by specifying certain content as one of the reasons for the ban, the state subjects itself to violations of the First Amendment, which protects free speech and association.

TikTok argues that SB 419 attempts to regulate a foreign-owned app to secure US user data, interfering with the exclusive federal powers over foreign affairs and national security. It also alleges that SB 419 violates the Commerce Clause, which allows Congress to regulate interstate and foreign commerce while restricting states from impairing such commerce. Lastly, by targeting TikTok alone rather than regulating social media companies in general, SB419 is potentially an unconstitutional 'bill of attainder' or a law that imposes punishments without first pursuing a trial.

A group of five TikTok users in Montana filed a separate complaint. The users cite the ban as violating the Fourteenth Amendment, which guarantees that the government cannot take fundamental rights to "life, liberty, or property, without due process of law." They argue that the ban deprives Montanans of their "property and liberty" interests in using TikTok and that the state did not provide adequate notice or opportunity for their response.

The results of the legal challenges to SB 419 may further define the scope of the federal and state ability to restrict foreign-owned apps or platforms.

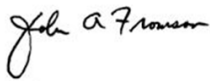
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cial, state-contracted and student health insurance plans, greater reporting and oversight of insurance carriers' mental health care coverage processes and policies, and reasonable penalties and alternative remedies for when an insurance company does not comply with the law.

The extinction of psychiatric carve-outs is now on the horizon. This will result in increased integration, better coordination, and improved access to psychiatric and substance use disorder treatment within comprehensive health insurance plans. However, achieving true parity and eliminating carve-outs entirely will require ongoing MPS leadership and relentless advocacy for continued and sustained policy changes and collaboration among stakeholders in the healthcare industry. With it will come the "carving out" of stigma and bias for psychiatric disorders and their diagnosis and treatment.



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**(continued from page 3) - RESIDENT FELLOW MEMBER****Considerations for Clinicians and the Commonwealth**

When we consider this age of internet vulnerability, my primary question is: What can we do *now* to help? One step is to help ensure that social media is safer for children.

For Massachusetts residents and policymakers, this means improving online protection of children's privacy, supporting digital and media literacy in schools, and funding research on the impacts of social media on mental health.

Parents and providers can assess their apps' privacy and data-sharing policies, establish technology-free areas to encourage in-person relationships, teach children about responsible and respectful online behavior, and encourage reporting concerning content.

Within TikTok, multiple instantaneous ways exist to improve privacy and security: limit posts with personal information (full name, age, geographic landmarks), make profiles private, turn off "suggest your account to others," disable privacy options like "allow your videos to be downloaded," and restrict "who can send you direct messages" to just friends. With all social media apps, arrange settings to restrict access to personal device photos, camera, voice recorder, contacts, and tracking, and avoid linking other social accounts.

As clinicians, we can prioritize social media and youth mental health research that supports understanding pathways through which social media may cause harm to mental health. We can also encourage research to evaluate best practices and standards to support children's and adolescents' mental health. Lastly, as physicians, we can work to understand our patient's social media activity better, and we can use our platforms to encourage safe and secure use.

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## Committees Report - From Chairs and Council Meeting - June 13, 2023

### Alcoholism and the Addictions

The Alcoholism and the Addictions committee has hosted several fantastic speakers this year, including Dr. Peter Friedman to discuss addiction treatment in correctional settings, Dr. Sarah Axelrad, to promote harm reduction practices and addiction care for people experiencing homelessness, and Audrey Lambert, MPH, to address barriers to care in addictions and strategies to address them. We will conclude the academic year with a final meeting on June 21st at 6:30 PM, with Dr. Diana Deister, child/adolescent psychiatrist and addiction psychiatrist, to share her experiences in the Boston Children's Hospital Adolescent Substance Use & Addiction Program.

Of our current leadership, Mason Qualls will be graduating from residency this month, and the committee will have continuity through chair Dr. John Renner and resident chair Dr. Vanessa Reguitti. We are actively recruiting speakers for the Fall and look forward to new opportunities to learn from our peers in psychiatry and addictions treatment.

### Antiracism Committee

The MPS Antiracism Committee was established in 2020 and has remained focused on our mission to inspire and facilitate individual, organizational, and systemic action to dismantle racist structures and adjacent forms of oppression while promoting equity and socioeconomic justice within psychiatry and our communities. We meet on the 1st Thursday of every month. Our goals for the past year have included building partnerships with others engaged in antiracism, promoting equity within MPS, and advancing the professional development, mentorship and support of colleagues of diverse backgrounds and identities. In recent months, this has included providing input on MPS' Section 12 legislation, meeting with Cambridge HEART alternative response program to follow their implementation efforts, and partnering with the Early Career and Retirement Committees to launch MPS' Mentorship Program. We are currently planning a series of learning activities on important equity topics that will feature APA's Striving for Excellence webinars, curated readings, and live lectures or discussion groups. We are eager to collaborate and coordinate with other committees to enrich our perspectives and broaden our impact as an organization, so everyone, please consider joining our meetings!

### Awards Committee

The MPS Awards Committee will be meeting to consider nominations from MPS members who are encouraged to nominate colleagues/MPS members who you feel would be deserving of the following Outstanding Psychiatrist Awards for 2024:

- Advancement of the Profession
- Clinical Psychiatry
- Early Career Psychiatry
- Lifetime Achievement
- Psychiatric Education
- Public Sector Service
- Research

If you have a nomination, please submit the name of the MPS member, with details of their achievements, and your reasons for nominating them. You should also include a CV summarizing their work. Nominations should be sent to the attention of the MPS Awards Committee by January 31, 2024 at [mpatel@mms.org](mailto:mpatel@mms.org).

### CME

The Continuing Medical Education Committee continues to review and approve CME programs. After many, many years as chair of the CME Committee, Dr. David Osser has chosen to step down. However, he will still remain on the committee. Dr. Margaret Tuttle has

shifted from co-chair to chair, and Dr. John Renner has assumed the co-chair role.

MPS recently went through its reaccreditation over the past few months with submission of a self-study review of our accreditation program and interview with MMS accreditors. A decision on our recredentialing will be made on or before June 21, 2023, when our current term expires.

Since the last Chairs and Council meeting, we reviewed and approved the 33<sup>rd</sup> Annual Psychopharmacology Update which was held on Saturday, November 5 and had 164 attendees, as well as the Annual Risk Avoidance & Risk Management conference which was held on Saturday, March 11 and had 184 attendees. In addition, we also held for the first time, Psychiatry for the Primary Care Physician on Saturday, April 29. This conference gathered 81 attendees including psychiatrists, primary care physicians, and other allied health professionals. All requests for CME for the fall months must be received by June 20 for review at the June 26 meeting and requests for programs to be held in the winter months, planning requests must be submitted by October 30 for the CME committee meeting scheduled for November 6. Please do note that all requests for CME programming that is not one of our approved annual programs must be shared with Debbie Brennan and leadership prior to detailed planning for review and approval to ensure we have the allocated resources and of course prepare our budget with additional programming requests in mind.

### Consultation/Liaison

The Consultation-Liaison Psychiatry Committee is led by chair Dr. Cristina Montalvo (Chief of Consultation-Liaison & Emergency Services, Tufts Medicine) with trainee co-chairs Dr. Katie Crist (psychiatry resident, Boston University Medical Center) and Dr. Elliott Baker (psychiatry resident, Tufts Medicine). After several years of dormancy, the committee resumed quarterly meetings in 2023 with topics including microinduction of Suboxone, Integrated Behavioral Health in Primary Care, and Psychiatry's role in the Guardianship Process in the Inpatient Setting. We have collaborated with other Massachusetts Psychiatric Society Committees (Psychiatry & Law, Alcoholism and the Addictions) through these quarterly meetings. We look forward to continued collaboration with various committees to host thoughtful and exciting meetings. For the summer and fall of 2023, we plan to host 1-2 more meetings related to "hot topics" in Consultation-Liaison psychiatry including applying to the C-L fellowship, career within the field of C-L, and critical care psychiatry.

### Disaster Readiness

The Disaster Readiness Committee continues to seek to be a resource for best practices for mental health disaster response in our MA communities. We have continued to meet quarterly, with our most recent meeting on June 1st. Updates since the last Chairs & Council meeting are as follows:

1. Members of our committee presented a workshop at the APA National Meeting, "Demystifying Disaster Psychiatry," to encourage the creation of disaster committees within district branches and provide examples of what committees can do to advance the field of disaster psychiatry.
2. We continue to engage in scholarly work related to disaster mental health, most recently co-authoring chapters for the new edition of the textbook "Disaster Psychiatry: Readiness, Evaluation, and Treatment."
3. We continue to develop a toolkit of best practices for mental health disaster response for members of the MA community to access online when disasters strike.
4. We continue to collaborate with national disaster committees, in-

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cluding the APA Committee on Psychiatry Dimensions of Disasters (CPDD) and the Group for Advancement of Psychiatry (GAP).

5. Finally, we are encouraging all MPS members to take the “MPS Disaster Readiness Challenge.” The Challenge asks all MPS members to complete the new course developed by the APA CPDD, “Disaster and Preventive Psychiatry: Protecting Health and Fostering Community Resilience,” an 8 hour, free interactive course which includes 8 CE credits and focuses on how psychiatrists can support disaster response: <https://education.psychiatry.org/diweb/catalog/item?id=11565968>. We would like to invite MPS members who complete this Challenge to attend our next committee meeting on September 11, in which we will discuss the application of the principles learned to MA and encourage suggestions for how we can best enhance our capacity for mental health disaster readiness in MA.

### **Distinguished Fellowship**

The DF Committee convenes for its most important annual meeting in March. At this time the Committee reviewed MPS members who are eligible to be nominated for DF status (current Fellows, other names brought by Committee members, applications submitted by interested members and others). After discussion, the Committee made its decision about whom we will invite to apply, and how best to move each application forward. The Committee will review the completed application by email during the second week of June and at that time the Committee will select the candidates that it will support and forward to the APA for its consideration by July 1.

### **Ethics**

The MPS Ethics Committee currently does not have any open cases for review.

### **Early Career Psychiatry**

The Early Careers in Psychiatry (ECP) Group seeks to provide informative content, mentorship, and networking opportunities to psychiatrists in residency/fellowship training, as well as those within 5 years of completing their residency/fellowship training. We plan to achieve this by providing exposure to psychiatry outside of academia, making mentorship accessible, and providing a platform for members to share their own experiences in regards to issues that may arise during or after training. Some activities that ECP has spearheaded in the past include informative sessions about: legal issues in practicing psychiatry, career paths, and the challenges and tips for efficiency during the transition from residency to becoming an attending. Recently, the ECP has enjoyed collaborating with other subcommittees to encourage trainee and early career psychiatrist representation throughout the MPS. In collaboration with the Psychotherapy committee, the ECP hosted a well-attended panel on “the nuts and bolts of starting a private practice.” With enormous support from the Anti-racism committee, we have revived formal MPS mentorship efforts. Finally, the ECP was able to host a face-to-face networking event, with 50 attendees composed of psychiatry residents and early career psychiatrists throughout Massachusetts (the committee’s first in-person event since COVID). The ECP is committed to providing more opportunities for in-person socialization, networking and mentorship, as we continue to create a positive community-like experience in the ECP and encourage engagement in the MPS throughout their careers.

### **Geriatric Psychiatry Committee**

The Geriatric Psychiatry Committee resumed meetings in December 2022. We have had topics on nutritional approach to treating geriatric depression. Future topics will include: supporting sexual health in long term care and updates on disease modifying agents for Alzheimer Dementia.

### **Healthcare Systems & Finance**

The Healthcare Systems & Finance Committee focused on several major problems this last year. Although we achieved no solutions, we’ve certainly gained more information about these problems and,

together with the executive committee, have developed strategies for dealing with them.

But first, the committee owes a great debt to its departing Chair, Dr. Gary Chinman, who kept us on track, managed our meetings with great focus and wit, and helped keep discussions productive and amiable. We’re sorry to lose him for next year because of a change in his career path, but we feel grateful for having his guidance over the last several years.

Let me briefly recap our approach for those who may be puzzled by our name. Yes, we’re interested in health care finance, but most of us are private practitioners who take insurance, so our awareness of the impact of insurers’ policies and procedures and authorizations is more direct than if we were working in an outpatient clinic. We are, in effect, our own administrators. We are interested in comparing the quality and ease of use of different claims processing software, electronic medical records, prescribing software, e-faxing software, and video conferencing software. We are also interested in identifying templates that help us remember and record information about patients that will be appropriate for risk management and meet audit criteria for the service codes we’ve chosen. In addition to helping one another and any members who consult with us, we also may identify the impact of bigger issues that need to be and are being addressed by the MPS, the MMS, the APA and the AMA. We offer a perspective from the front line.

Our second major focus derives from the fact that, at least until now, we’ve always had some members who, like me, have had experience in managed care administration. Given the fact that three major insurers are local, we’ve tried to establish a dialogue with our MH colleagues who are administrators in these insurers by meeting regularly and trying to solve problems together. In most cases, our values are the same. What’s hard to move are large bureaucracies in which MH is a sub-sub division with little power over pharmacy benefits managers, claims processing decisions, and audit departments. Confrontation on this level always backfires. But respectful strategizing is sometimes surprisingly helpful, at least on a one-insurer-at-a-time basis.

Our current concerns...

First, we wonder whether more members would be interested in joining the committee if they knew what it did.

Second, we should report a good liaison with Tufts, but much change coming with the new Point 32.

Third, we remain very concerned about the criteria insurers use for auditing procedure codes and will try to learn more and then perhaps teach our colleagues something about it.

Fourth, prior medication authorizations are driving us crazy and we’re grateful the MPS, APA and AMA are trying to do something.

We particularly want to thank Grace and John for their responsiveness and for keeping us informed about what’s happening on the state and national level. And thanks to Debbie Brennan for her untiring support and practical advice.

### **Nominating**

Each year the MPS elects members to leadership positions for the next term beginning on April 30, 2024. The Nominating Committee will begin to solicit nominations from the membership. The committee encourages broad participation in the election process and to fully represent the diverse membership of our organization.

Positions for Nomination:

- President-elect (3 years total – President-elect, President and Immediate Past President)

(continued on page 7)



- Secretary (2 year term)
- APA Representative (1 position - 3-year term)
- MPS Councilor (2 positions - 3-year terms)
- Resident-Fellow Member (2-year term)
- Nominating Committee (2 positions – 2-year terms)

Watch your emails in September when we begin the process and share nominations.

### Psychiatry & Law

The Psychiatry and Law Committee had a very busy season this year. This month, on June 5, we had a joint session with the Consult Liaison Committee on Guardianship with Lisa Lovett, who runs the guardianship service at MGH and with Jhila Biswas, the forensic psychiatry liaison on the C/L service at Brigham. We discussed the process of guardianship in the hospital, when to involve the courts, when to consider healthcare proxies and what a Guardianship service actually is.

On March 13, MPS Psychiatry & Law had a joint meeting with the Public Sector Committee on exploring the history, present use, and possible future changes to Massachusetts involuntary commitment statute Section 12. The talk covered the legal framework including current statute language, regulations, and relevant case law. We discussed COVID and current workforce capacity challenges with ED boarding and talked about potential solutions to current challenges.

In November and December, we also worked together as a committee to discuss with Lisa Simonetti on upcoming legislative priorities. Lisa Simonetti provided a legislative update, and we had a brainstorming session on ideas of what more needs to be done legislatively to improve mental healthcare in MA. The Section 12 Commission and other filings resulted from this meeting.

We want to thank our wonderful resident Co-Chair, Celeste Peay as she heads off to a C/L Fellowship in California. Congratulations!

### Psychotherapy Committee

The Psychotherapy Committee has been experimenting with new formats for meetings. We acknowledged that since 2020, the multiple national and worldwide societal traumas and upheavals were continuing to take a toll on us, even as the Covid pandemic was receding. Therefore, we decided not to plan a full-day Psychotherapy CME conference for 2023, and instead focus on lower-hanging fruit that would help to rejuvenate us. Our meetings have focused more on interactive discussions on topics of interest, rather than conference planning. Topics have included psychotherapy in the context of psychopharmacology visits, how to set up a private practice, and psychotherapy with psychedelics. We have reached out to psychiatry residents to encourage attendance and show some of the benefits of ongoing membership and participation in MPS. We have enjoyed these lively discussion groups and have begun to consider ideas for a Psychotherapy CME conference in 2024.

### Public Sector Committee

The Public Sector committee remains committed to addressing crucial issues affecting the wellbeing of individuals living with serious mental illness and physicians working with this population in the public sector. A priority issue for the committee remains critically assessing the Section 12 process as well as exploring strategies to reduce the risk of adverse outcomes involving law enforcement response to mental health crisis calls. To support our ongoing advocacy efforts, committee members have met with leadership from the Boston Emergency Services Team to better understand the changes in Boston Police Department response to Section 12 as well as the role of police co-responders. We were thrilled to have a joint meeting with the MPS Psychiatry & Law committee where we gained valuable insights from Dr. Celeste Peay's expertise, specifically regarding the legal framework of the current Section 12. We have followed the

petitions H.2012 and S.1411 proposing legislation to review the involuntary commitment process in the state. At the most recent Public Sector Committee meeting, we have also discussed S.942 which is a petition for legislation that would bring involuntary outpatient treatment to Massachusetts. Further, the committee has continued to follow the roll out of 988 crisis lines in the state as well as Community Behavioral Health Centers. Lastly, we continue to discuss strategies to mitigate the critical challenge of workforce shortage in the public sector as well as strategies to promote trainee interest in careers within the public sector.

### Retirement Committee

The Retirement Committee will continue to meet by Zoom three or four times a year to discuss issues that include retirement planning, closing practices, and early and later post-retirement concerns. Our next meeting will be in the fall. We have not yet determined specific agendas or dates for the meetings.

We welcome all psychiatrists interested in retirement. We send out invitations to be on the committee mailing list yearly to all MPS members turning 65, and every 5 years to all members not on the mailing list who are between the ages of 70 and 75.

We have held three Zoom meetings since the last report in the fall.

On December 12th Drs. Elissa Arons, Judy Feldman, and Joe McCabe led a discussion of Adjusting to Early Retirement.

On February 23rd Dr. Margo Goldman led a discussion titled The Retirement Continuum: Personal Reflections, Emotional Responses and Practical Considerations for Senior Psychiatrists.

On May 10th Dr. Monty Stambler described groundbreaking work of the Boston Psychoanalytic Society and Institute Ethics Education Committee on preparing for an unexpected absence from one's practice. The discussion included possible legal liability resulting from not making such preparations. We plan to coordinate with planners of the next MPS Risk Management CME program.

We have encouraged members to sign up as mentors for the MPS mentorship program.

### Sexual Disorders

We continue to have our meetings and aim to meet 2-4 times per year. During these meetings we discuss complex cases involving patients with problematic sexual behaviors.

### Women in Psychiatry Committee

The Women in Psychiatry committee meets monthly on the first Monday of the month from 7-8:15pm, with some variations around holiday dates. The group provides a forum for peer supervision and for the exchange of information about resources for the practice of psychiatry. We also have invited speakers from time to time, including this past February, Dr. Ruta Nonacs who presented on the Management of Mood and Anxiety Disorders in Pregnancy. We welcome new members to join the group. Please feel free to email or call Naomi Dworkin ([naomidworkin@gmail.com](mailto:naomidworkin@gmail.com), 781-721-8375) if you would like to introduce yourself or have any questions about the committee.

**SAVE THE DATE**

**34th Annual Psychopharmacology  
Update**

**Saturday, November 4, 2023**



## 2023 MPS Annual Meeting





## 2023 MPS Annual Meeting



## Health Care Systems and Finance Committee

If you're interested in managing the clinical and administrative challenges of running your own private practice, including remote treatment, telepsychiatry, and virtual visits as well as the ins and outs of insurance billing, you'll always find support, valuable information, and advice, and good ideas in the MPS' Health Care Systems and Finance Committee (formerly the Private Practice Committee and Managed Care Committee).

Officially, the charge of HCFC is to advocate on behalf of MPS membership with private and public insurers, regulators and legislators, communicate with and educate MPS members, and to serve as a conduit for member input on reimbursement issues. The committee is additionally charged with an advisory role to the MPS Council and Executive Committee in urgent or timely issues that may arise in these areas.

We also take pride in our outpatient administrative skills, particularly in dealing with insurers, claims, PBMs, prior authorizations, EHRs, government regulations, and audit-ready record-keeping. The committee provides opportunities to be a mentor or a mentee. Several of our members meet periodically with leadership and clinical managers for the major insurers to improve the quality of care and to streamline procedures. We educate one another about methods that make our own practice administration simpler and easier. We share clinical experiences. We try to make our committee a clinical home for private practitioners.

We meet by Zoom at 7PM the third Tuesday of every month. If you're interested in becoming an active member of HCFC, contact Debbie Brennan, MPS Administrator, at [dbrennan@mms.org](mailto:dbrennan@mms.org)

All members are welcome.

Michael I. Bennett, MD  
Chair



MASSACHUSETTS  
GENERAL HOSPITAL

### DEPARTMENT OF PSYCHIATRY – SALEM HOSPITAL A MASSACHUSETTS GENERAL BRIGHAM FACILITY ADULT INPATIENT PSYCHIATRIST POSITION

The Department of Psychiatry at Salem Hospital has an outstanding opportunity for a full-time or part-time **BC/BE adult inpatient psychiatrist**.

The Epstein Center for Behavioral Health is a 120-bed inpatient facility established in affiliation with Massachusetts General Hospital (Mass General) 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.

Other clinical opportunities involve possibility of participating on the Consultation-Liaison service or in the Adult Outpatient Department.

There are multiple opportunities for teaching on-site, and a Tufts Medical School faculty appointment is available for physicians who participate in medical student training. There are also 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](mailto:lcaligiuri@partners.org).

Salem Hospital 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.



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

The Department of Psychiatry is a national leader in addiction, biological, child and adolescent, and public sector, psychiatry, neuropsychiatry, psychosocial rehabilitation, and women's mental health. 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 are the largest provider of psychiatric services in central Massachusetts, with over 400 faculty members and 12 hospitals and community mental health centers in varied settings across the state.

Our residency program trains 7 residents per year, including general psychiatry and specialty tracks for combined adult and child psychiatry and combined psychiatry and neurology. We offer fellowships in Addiction, Adult Developmental Disabilities, Child and Adolescent, Forensic Psychiatry, and Neuropsychiatry.

Diversity, equity, and inclusion are integral to the commitment of the Department and University. Accordingly, the Department seeks qualified candidates who can contribute to racial equity, diversity and inclusion through service, mentorship, teaching and scholarship. Candidates from historically underrepresented group(s) in higher education and medicine are encouraged to apply. Candidates who possess personal characteristics that might be considered as diversifying elements among the clinical team and the larger psychiatry faculty at UMass Chan are invited to identify themselves during the application process.

### UMass Chan Medical School

**Area Medical Director:** DMH Southeast Area - Support the delivery of clinically effective and high-quality behavioral healthcare to the diverse persons served by DMH.

**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 (WRCH)** - 2 inpatient positions.

**Director of Therapeutic Services, Child and Adolescent Psychologist, Worcester Recovery Center and Hospital (WRCH)**

**Part-Time Researcher, Implementation Science and Practice Advances Research Center (iSPARC), UMass Chan Medical School**

**Geriatric Researcher, Psychologist/Psychiatrist, UMass Chan Medical School**

For additional information on the above, please contact **Brian Daly, MD, Vice Chair, Public Sector Psychiatry**  
**bdaly@communityhealthlink.org**

Interested applicants should apply directly at <https://academicjobsonline.org/ajo/UMASSMED/Psych> (J-1 and H-1B candidates are welcome to apply)

### UMass Memorial Health

**Medical Director, Psychiatric Treatment and Recovery Center (PTRC)** - oversee all program functions for this 26-bed locked, acute psychiatric unit as well as coordinate and deliver clinical care

**Attending, Psychiatric Treatment and Recovery Center (PTRC)** - provide direct clinical services and work with medical students & residents on this teaching unit

**Attending, Psychiatrist (Rotating/Cross Coverage)** - provide clinical rotating cross-coverage within the Department of Psychiatry for vacations and extended medical leaves.

**Associate Medical Director, Community Healthlink (CHL)** - the ideal candidate will have a demonstrated commitment and passion for community psychiatry and an interest in a leadership role advocating for and promoting the wellbeing of traditionally underserved populations.

Interested applicants should submit a letter of interest and curriculum vitae addressed to  
**Kimberly A. Yonkers, MD**  
**c/o Carolina Mallea**  
**[carolina.mallea@umassmemorial.org](mailto:carolina.mallea@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*

## OFFICE SPACE

**Cambridge Harvard Square 1105 Massachusetts Ave.** 11th floor. Quiet, well maintained renovated 3 office suite. 2 offices: prior master bedroom \$1280/month; prior 2nd bedroom \$1080/month. Waiting room. 1 ½ baths. Utilities, weekly cleaning included. Photos available. donaldmeyer@earthlink.net 617-491-6868

## LEXINGTON- Beautiful, Large Private Therapist Office to Sublet at Custance Place (76 Bedford St, Lexington)

Offering full- time private therapist office with 2 windows and deck in recently renovated/redecorated Condo suite. Beautifully furnished, large, sunny office and shared waiting room. 24/7 access, handicap compliant, elevator and free abundant parking. Easy commute to/from Rte.2, Rte.128, and Rte.3. Next to Starbucks. Priced at \$1300. plus \$40 electric per month. Contact: Noelle Cappella (617) 875-8717 nmcapp22@gmail.com

## OFFICE SUITE 1180 BEACON STREET BROOKLINE

3 offices available. Central air, kitchen, large waiting room, parking.

Price range: \$1100 - \$1475 per month

Derek Polonsky MD derekpolonsky@gmail.com



THE DEADLINE FOR SUBMISSION IN THE  
SEPTEMBER 2023 MPS NEWSLETTER  
AUGUST 13, 2023.

FOR ADDITIONAL ADVERTISING  
INFORMATION,

PLEASE CONTACT THE MPS OFFICE AT  
(781) 237-8100 x1 OR MPS@MMS.ORG



**VA BOSTON IS RECRUITING A  
PROGRAM DIRECTOR FOR THE  
HARVARD SOUTH SHORE PSY-  
CHIATRY RESIDENCY TRAINING  
PROGRAM!**



VA Boston Healthcare System is seeking candidates with a strong record of academic excellence and leadership experience in graduate medical education to lead our Psychiatry training program and coordinate psychiatry training with our affiliate training programs. The Harvard South Shore Psychiatry Program is a large (32 Residents), ACGME-accredited residency affiliated with the VA/Harvard Medical School Department of Psychiatry and enjoys a rich clinical environment and outstanding faculty dedicated to clinical research and teaching.

**Qualifications:** Applicants should have at least three years of major administrative and leadership experience in Graduate Medical Education and have strong interpersonal, clinical, and leadership skills. BC in General Psychiatry, qualifications for academic appointment at HMS, a commitment to serving Veterans, strong clinical teaching and supervisory skills, and a desire to work as part of an exceptional interprofessional team.

The VA Boston Healthcare System is an Affirmative Action / Equal Employment Opportunity employer. Women, under-represented minority candidates, Veterans and their family members are strongly encouraged to apply. The successful candidate must be a US Citizen. This position offers a highly competitive VA salary, a generous leave and benefits package, \$200,000 Educational Debt Reduction Program, and a faculty appointment commensurate with your experience.

Please email your letter of interest, CV,  
[BostonPsychiatryPositions@va.gov](mailto:BostonPsychiatryPositions@va.gov)



**Are you interested in  
applying or Fellow status?**

**Visit the APA at  
[www.psychiatry.org](http://www.psychiatry.org)**

**Your application must be sub-  
mitted to the APA on or before  
September 1, 2023.**



## **UHS** Universal Health Services, Inc.

### **Psychiatrist Opportunities in Massachusetts**

Universal Health Services (UHS), one of the nation's leading hospital management companies is seeking psychiatrists at behavioral health hospitals in Massachusetts. The new associates will enjoy a Monday – Friday schedule, and there is no call requirement; opportunity for per diem work is available for additional stipend. The region offers a plethora of recreational activities allowing for a professional career and a fulfilling personal lifestyle while in close proximity to Boston and Cape Cod.

Psychiatrist opportunities are available at the following locations:

**Fuller Hospital in Attleboro**  
**Pembroke Hospital in Pembroke**

#### **We are proud to offer:**

- \$375k Base Compensation
- Commencement bonus
- Resident/Fellowship Stipend
- 30 Days Paid Time Off
- Health Insurance
- \$3,000 CME
- Matching 401k
- Employee stock purchase plan
- Relocation
- Malpractice

Scan to view job descriptions  
and to apply directly



For consideration, please contact **Stephanie Figueroa**, In-house Physician Recruiter, Universal Health Services, at [stephanie.figueroa@uhsinc.com](mailto:stephanie.figueroa@uhsinc.com) or **(484) 695-9913**.



**MASSACHUSETTS  
GENERAL HOSPITAL**

#### **DEPARTMENT OF PSYCHIATRY – SALEM HOSPITAL** In affiliation with **MASSACHUSETTS GENERAL HOSPITAL** **Job opening for Consultation-Liaison Psychiatrist**

The Department of Psychiatry at Mass General Brigham Salem Hospital has an outstanding opportunity for a Consultation-Liaison (CL) psychiatrist. While completion of a CL, psychosomatics program is preferred, this position is also open to other candidates who have demonstrated interest and experience in consultation-liaison psychiatry. There is a potential leadership opportunity for the appropriate candidate.

Salem Hospital is unique in its breadth of psychiatric services a general hospital setting. 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, all fully part of the Medical Center and available to take patients from the emergency department and medical floors. There are also 3 outpatient sites, a separate partial hospital program for adults and for adolescents, and a team of psychiatric crisis clinicians in the emergency department 24 hours/day, 7 days/week.

Qualified candidates will receive a clinical appointment at Mass General Brigham Salem Hospital and have opportunity for a Tufts Medical School faculty appointment. There are multiple opportunities for teaching on-site. There are also 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](mailto:lcaligiuri@partners.org).

Salem Hospital 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.



### 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.

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>

Applications are made online at [www.hmfphysicians.org/careers](http://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.



MASSACHUSETTS  
GENERAL HOSPITAL

### Child Psychiatrist Opportunity, Near Boston, MA

Mass General Brigham - Salem Hospital has an exciting opportunity for a child psychiatrist to join a thriving and growing psychiatric service in Salem, MA about 15 miles north of Boston. Salem Hospital is part of the prestigious Mass General Brigham health care system, and the Department of Psychiatry is closely aligned with Massachusetts General Hospital (MGH).

There are opportunities for this to be an inpatient, outpatient or combined position, depending on the candidate's interest and experience and matching this with Department needs.

Salem Hospital provides a full spectrum of psychiatric care, including adult inpatient psychiatry, an older adult inpatient unit, a child and adolescent inpatient unit, separate partial hospital programs for adults and for adolescents, and several outpatient clinics. Inpatient care is provided at the Epstein Center for Behavioral Health, a spectacular, newly renovated facility that provides unique outdoor recreational space for patients. The Department is involved in clinical research in collaboration with our Mass General Brigham colleagues, and is a hub for the Massachusetts Child Psychiatry Access Project (MCPAP), a state supported outpatient consultation service for area pediatricians. We have a vibrant educational program, and teaching opportunities and an academic appointment are available. Physicians in the department enjoy a collegial and supportive practice environment.

Compensation is very competitive. The call schedule is very reasonable and requires no in-house coverage.

Interested candidates should forward their CV to Louis Caligiuri, Executive Director of Physician Recruiting at [lcaligiuri@partners.org](mailto:lcaligiuri@partners.org). Salem Hospital, a member of Mass General Brigham, is an affirmative action/equal opportunity employer. Minorities and women are strongly encouraged to apply.





**VINFEN & MASSACHUSETTS MENTAL HEALTH CENTER SEEK LICENSED, BOARD-CERTIFIED PSYCHIATRISTS. FULL AND PART TIME OUTPATIENT POSITIONS AVAILABLE IMMEDIATELY**

**\$8,000 Sign on Bonus Available**

The Massachusetts Mental Health Center (MMHC) seeks licensed, board-certified psychiatrists to provide psychopharmacologic treatment and clinical leadership in the outpatient clinic. The clientele are primarily adults cared for by the Department of Mental Health who experience a variety of difficulties including major mental illness, disruptions in attachments, trauma, poverty, substance abuse, homelessness, and involvement with the criminal justice system. Desirable qualifications include experience with the pharmacology of complex illness, psychiatric rehabilitation, and integration with physical health and wellness. Areas of responsibility can be tailored to the particular interests and expertise of the individual selected, but will involve clinical care, supervision/ teaching, administration, and program development. An academic appointment with the Harvard Medical School is possible for the appropriate candidate.

For details about available positions, contact MMHC's medical director, Elizabeth B. Simpson MD at [elizabeth.simpson@mass.gov](mailto:elizabeth.simpson@mass.gov)

**About MMHC:** From its home in Boston's Longwood Medical Area, the Massachusetts Mental Health Center, the largest of the Department of Mental Health's state-operated outpatient clinics, persists in its century-long mission of exemplary care, research, and training of young professionals. MMHC intentionally positions itself to provide integrated treatment to patient populations who are poorly served by the private sector. Service lines are in a constant state of development, adapting to the changing distribution of needs and diagnoses within the DMH population and the emergence of new evidence-based treatments. Unique programs include multidisciplinary teams dedicated to personality disorders, problematic sexual behaviors, young adults emerging from DCF, a co-located primary care clinic, and an emergency shelter. In addition, the Vinfen Corporation works with the clinical teams to extend rehabilitation services into the community. An affiliation Beth Israel Medical Center and the Harvard Medical School, and collaboration with other local colleges and universities, feed an extensive integrated training program in public sector mental health treatment and rehabilitation.

Interested candidates should submit a CV and cover letter to Jon Murphy ([murphyj@vinfen.org](mailto:murphyj@vinfen.org)).

**About Vinfen:** We offer a generous benefits package including:

- ♦ A fully funded, employer-sponsored retirement plan that requires no employee contribution as well as an employee-funded 403(b) plan
- ♦ Competitive Medical, Dental and Vision plans
- ♦ Employer-paid Life, Accidental Death & Dismemberment, and Long-Term Disability Insurance
- ♦ Generous Vacation, Holiday, Personal and Sick Time Benefits
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- ♦ Educational Assistance and Remission Programs
- ♦ \$500 Employee Referral Bonus with no annual cap!
- ♦ Other generous benefits and perks!

To learn more about Vinfen, and/or to apply to this or other Vinfen positions, please visit our website at [www.vinfen.org](http://www.vinfen.org). Recruiters, please no calls.

Vinfen is an Equal Opportunity Employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, pregnancy, sexual orientation, gender identity, national origin, age, protected veteran status, or disability status.



MASSACHUSETTS  
PSYCHIATRIC SOCIETY  
860 Winter Street  
Waltham, MA 02451-1411

ADDRESS SERVICE REQUESTED

## MPS Calendar of Events

Antiracism Committee	July 6 at 7:00 PM via Zoom	mpatel@mms.org
Council	July 11 at 7:00 PM via Zoom	dbrennan@mms.org
Public Sector	July 20 at 7:00 PM via Zoom	mpatel@mms.org
Women in Psychiatry	July 24 at 7:00 PM via Zoom	mpatel@mms.org
Antiracism Committee	August 3 at 7:00 PM via Zoom	mpatel@mms.org
Executive Committee	August 22 at 7:00 PM via Zoom	dbrennan@mms.org