



# Massachusetts Psychiatric Society

your information source for psychiatry in Massachusetts

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[www.psychiatry-mps.org](http://www.psychiatry-mps.org)

## FROM THE PRESIDENT

Nassir Ghaemi, MD, MPH, DLFAPA



### Be the Change

And so, the final bell rings. This is my last presidential column. I wish to devote it to a proper departure. A brief goodbye wouldn't feel right. It's good to pause and reflect on what this past year was like, what happened, what didn't happen, what needs to happen. And also, how it felt.

I have to say when I volunteered to become president, I didn't really know what to expect. I knew there would be meetings and emails, and there were. I didn't know how far I would get with my interests, and how things would get done, or not.

It was all vague to me.

But as I took over in April last year 2024, college campuses throughout our state and the country were full of protests and counterprotests. The trigger was conflict in the Middle East, but obviously the foreign tussle had deep roots inside American society. Different ethnic and religious groups debated, and as college students tend to do, going back to Vietnam and the 1960s, social conflict ensued. As I walked those campuses myself, as a professor in two universities, I saw that the experience was traumatic. I felt respect for the protestors' courage, whatever one thinks of their views. College protestors in the 1960s were vilified, but we now see that they were on the right side of history.

I hoped to start a conversation about how MPS might advise universities to manage these protests in ways that minimized psychological harm for all parties on all sides of the debate. Calling police to forcibly arrest students wasn't defensible, at least psychiatrically if not morally. I thought we could get consensus on such ideas. However, ensuing anxiety among some members reflected the fact that political differences impaired consensus.

One of my psychiatric colleagues in New York, who is very active in national APA activities, told me that an APA listserv discussing the topic was quite acrimonious. You would never know that the writers were psychiatrists, he said; their views simply followed their ethnic or religious or political inclinations. Psychiatric insights – such as empathy, compassion, recognition of unconscious bias, denial, defenses, rationalization – were completely absent.

This reality is recognized implicitly, I believe, in the recent APA statement on institutional neutrality. Before last year, the APA did not have a previous standard policy: it would oppose racism during the George Floyd protests, or criticize Russia in its attack on Ukraine, or criticize Iran in its internal conflict – viewpoints consistent with a certain liberal political slant – but on Israel and Palestine, matters were more complicated. It's clear that political attitudes vary, and the APA now holds, as with most universities, that it will not take an official position on political conflict, except and unless it has direct bearing on the mission of the APA, namely around mental illness and mental health.

In my first presidential column, I argued for a similar apolitical approach as to supporting one side or the other in the college protests, in contrast to an initial APA statement in favor of one side. I held that we should focus on psychological harm, like PTSD, when protestors or counter-protestors are harmed. I believe my statement is consistent with the current new APA policy.

Psychiatric wisdom easily gives way to political and social beliefs, however.

Martin Luther King Jr, for instance, is widely revered now and his views against racism and discrimination are supported at least superficially. But during his lifetime, the American Psychiatric Association never invited him to give a speech. Dr. King traveled incessantly 250 or more days a year, giving speeches everywhere. The American Psychological Association did invite him to give a keynote speech in 1967, where he gave a brilliant talk about why it is good to be maladjusted.

There's a reason why our APA ignored him.

Into the 1970s and 1980s, African-American psychiatrists in the APA and MPS like Chester Pierce, Charles Pinderhughes, and Alvin Poussaint tried to push our profession to discuss the psychology of racism and address the important psychiatric impact of racial discrimination. Dr. Orlando Lightfoot pushed the Society to consider a "Rights in Conflict" theme to broaden the discussion.

*(continued on page 2)*

## INSIDE

From the President .....	1	Committees Report - From Chairs & Council Meeting .....	7
Resident Fellow Member.....	2	Massachusetts Psychiatric Society Election 2025 – 2026.....	10
HCSF Committee - Michael I. Bennett, MD.....	5	MPS Classifieds .....	11
MPS News.....	6	MPS Calendar.....	16

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## RESIDENT FELLOW MEMBER CORNER

### Alexa Hooberman, MD

#### Scientific Discoveries in the United States: Historical Perspectives and Future Challenges in Light of Proposed NIH Changes

Pursuing a career in scholarly work, such as STEM research, is financially challenging. Tuition for higher education, particularly medical school, has increased dramatically over the past few decades, and graduate student salaries have stagnated despite inflation. The younger generation that pursues higher education in scientific research is left with a significant debt burden while spending years struggling to meet their basic needs.

I'm sure many of you, like myself, first found your way to medicine due to the draw of scientific inquiry, which fosters critical thinking and aims to solve problems in a complex world. Many of us would not be alive without advances in the medical sciences. Medical research is essential for a healthy, innovative society striving for adaptability and advancement. Research conclusions inform policies, address social issues, shape educational practices, improve quality of life, and extend lives.

On February 7th, 2025, the National Institute of Health (NIH) proposed a new policy to drastically reduce funding for the indirect costs of research. Indirect costs, as defined by the NIH, encompass "facilities" and "administration." "Facilities" is further specified as "depreciation on buildings, equipment and capital improvements, interest on debt associated with certain buildings, equipment and capital improvements, and operations and maintenance expenses." "Administration" is defined as "general administration and general expenses such as the director's office, accounting, personnel, and all other types of expenditures not listed specifically under one of the subcategories of 'Facilities.'"<sup>1</sup> The indirect costs of research are being falsely framed as administrative bloat when, in reality, they are necessary costs to keep the lights on, literally. Electricity is covered by indirect costs.

According to the policy notice, in 2023, NIH allocated 9 billion dollars to indirect costs of research while \$26 billion went towards direct costs. The policy notes that private funding organizations like the Bill and Melinda Gates Foundation typically provide only 0-15% in indirect costs. The notice argues, "The United States should have the best medical research in the world. It is accordingly vital to ensure that as many funds as possible go towards direct sci-

entific research costs rather than administrative overhead."<sup>1</sup>

This is disingenuous. Scientific research cannot continue without the appropriate administrative funding. A few vital roles included in indirect costs are housing research, organizing laboratories, and ensuring compliance with federal clinical and animal studies policies. Private organizations only offer 0-15% because it has been established that the federal government assists in covering these costs.<sup>2</sup> Additionally, some private organizations, such as pharmaceutical companies, may be motivated by short-term profits rather than scientific discovery. This leads to significant bias in research. Supporting long-term goals of innovation, rather than profit, can only be invested in by an entity whose interest lies in advancing the people of the United States. This is the role of government.

Currently, the average NIH indirect cost rate is approximately 27-28%, with some institutions allocating around 50% or more of their funding to indirect costs. The proposed policy would establish a uniform indirect cost rate of just 15% for all grants, a reduction in funding by half or more for research's administrative and overhead costs.<sup>1</sup>

How has research historically been funded in the U.S? What do funding changes mean for scientific research in the United States? Which areas of research are most likely to be impacted?

**Research Funding: A Historical Perspective** Before World War II, federal sources seldom funded universities. Tuition, private philanthropy, and industry-driven grants were the primary means of financing research at the time.<sup>3</sup>

There were exceptions to this, but they were rare. For example, in 1922, the Public Health Service, now the National Institutes of Health (NIH), partnered with Harvard Medical School to develop a Special Cancer Investigations laboratory.<sup>4</sup>

Around the same time, corporate-funded research was becoming more prevalent. In 1919, the president of Massachusetts Institute of Technology (MIT), Richard Maclaurin, initiated the Tech Plan. The Tech Plan sought to encourage corporate funding for academic research, a significant development in U.S. higher education funding.<sup>3</sup>

About ten years after the Tech Plan was first

*(continued on page 4)*

**(continued from page 1) FROM THE PRESIDENT**

These leaders met resistance. APA leaders may have been personally liberal, but the profession was in denial.

It's interesting that the recent Middle East conflict was active back then too. Dr. King came out against the Vietnam war officially in April 1967, a year before he was killed. One of his key allies in anti-Vietnam war protests was Rabbi Abraham Heschel. Dr. King was very close to the American Jewish Congress and received financial support from them. A few months later, when the Israeli-Arab war broke out, and Israel occupied the West Bank and Gaza, Rabbi Heschel supported the Israeli invasion. I interviewed Susannah Heschel, who lives in Newton, a few years ago, and asked her about the apparent inconsistency. So, I asked, your father opposed violence in Vietnam, but he didn't oppose it in Palestine? Right, she said. He made a distinction.

Dr. King didn't make a distinction, at least not in principle. He was opposed to violence everywhere. He mostly kept his counsel about the Israel-Palestine conflict, though, commenting only that both sides had rights. His caution contrasted with his harsh comments about Vietnam. America is the greatest purveyor of violence in the world, he said in relation to that war. Few Americans agreed with him in 1968, including psychiatrists.

With Dr. King safely dead for over half a century, we honor him. When he was around, we ignored him.

Dr. Poussaint marched a few steps behind Dr. King in those final years of the leader's life, in the byways of Alabama, with a black medical bag in hand. He was always nearby, Dr. Poussaint used to say, in case someone shot Dr. King in a march. Dr. Poussaint passed away recently at age 90. We had in our midst leaders and heroes who took the risk to be unpopular in the service of what they saw as the truth. That's not easy to do.

Dr. King's nonviolence was all about that approach: it was *a politics of radical empathy*, in which one's opponent isn't demonized personally. We psychiatrists should exemplify that radical empathy.

By the fall the unease of the election held sway, and as I reexamined what to think and do, our state was faced with a new challenge: a ballot question to legalize mescaline and psilocybin and other hallucinogens. The campuses were now quiet but the airwaves and streets were full of a \$10 million PAC that thought it would saunter to hallucinogen legalization in our state. This time, I found that MPS could organize a response with more consensus,

even though, as with any issue, there never can be unanimity. We decided to move forward and in the ensuing months MPS worked with the formal opposition to the ballot question to engage with media and voters and explain why letting every citizen hallucinate whenever they like is a bad idea.

To everyone's surprise, we won.

MPS took the lead on a major social issue related to psychiatry and had a major impact. And MPS is ready to do more. The next president has set social media as her main focus, and I fully agree. It is a ripe topic for our psychiatric leadership.

We are entering difficult times. The tendency to separate will be stronger than the desire to unite. Let's have the courage to lead, and take risks, even unpopular ones.

So here we are. My single year term has ended. I will cede the stage and observe from a certain distance. To say it has been a privilege is an understatement. I hope each of you, as a member of MPS, feels more engaged, and more willing to step forward and volunteer as well. You too could be, and should be, an officer or president of MPS. And if you can't, we all can follow the old advice of the old Indian man who inspired Dr. King so much:

Be the change you wish to see in the world.



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## Reminder....

The MPS welcomes article submissions from its members!

Your submission can be something you are passionate about and think members would like to read about. The deadline for submissions is the 10<sup>th</sup> of the month.

Reach out to Mayuri Patel at [m Patel@mms.org](mailto:m Patel@mms.org) for details to submit your article today!

**(continued from page 4) - RESIDENT FELLOW MEMBER**

implemented, over one-third of researchers at MIT were working with corporate sponsors for funding. Critics of the growing ties between academia and industry cited concern for the requirement of sponsor approval before publication, which compromised the freedom of researchers to publish their work as they desired or intended.<sup>3</sup>

The onset of the Great Depression in 1929 severely curtailed corporate sponsorship of academic research, exacerbating criticism of the model.<sup>3</sup>

In the wake of World War II, President Franklin Roosevelt created the National Defense Research Committee, which later became the Office of Scientific Research and Development (OSRD). The OSRD was developed to coordinate and fund research for the production of military technology. One of the most well-known projects financed by the OSRD was the Manhattan Project, which produced the atomic bomb.<sup>5</sup>

In 1945, Vannevar Bush, Director of the Office of Scientific Research and Development, wrote a report titled *Science, The Endless Frontier*. In the report, Bush argued for government support of scientific research in pursuit of a healthy, secure, and prosperous nation while calling for the preservation of intellectual autonomy in scientific inquiry.<sup>6</sup>

Bush wrote,

*The responsibility for basic research in medicine and the underlying sciences, so essential to progress in the war against disease, falls primarily upon the medical schools and universities. Yet we find that the traditional sources of support for medical research in the medical schools and universities, largely endowment income, foundation grants, and private donations, are diminishing and there is no immediate prospect of a change in this trend. Meanwhile, the cost of medical research has been rising. If we are to maintain the progress in medicine which has marked the last 25 years, the Government should extend financial support to basic medical research in the medical schools and in universities.*<sup>6</sup>

Bush's report led to President Harry Truman's establishment of the National Science Foundation in 1950. Additionally, the U.S. Congress increased funding for NIH, producing institutes within NIH for specific research areas. For example, President Truman signed the National Mental Health Act on July 3rd, 1946, establishing the National Institute of Mental Health (NIMH).<sup>4</sup>

Subsequently, NIH funding for research steadily increased for many years, leading to innumerable medical discoveries and advancements.

For example, the Clinical Antipsychotics Trials of Intervention Effectiveness (CATIE) that explored the effectiveness of first and second-generation antipsychotics was primarily funded by the NIMH, which is part of the NIH. The CATIE trial impacted the daily practice of psychiatry but did not yield a large profit margin. Instead, the CATIE trial found that older, less expensive medications were as effective as newer, more expensive ones.<sup>7</sup> If a profit-seeking organization had funded the CATIE trial, it may have been biased or never have been published, leaving vital questions in our field unanswered.

According to the Association of American Medical Colleges (AAMC), although the dollar amount of funding for the NIH has increased, when adjusting for inflation, NIH funding has decreased when compared to 2003.<sup>8</sup>

This trend, coupled with the recent proposal for further NIH funding cuts, raises concerns about the trajectory of scientific research in the U.S.

**The Immediate Impact**

A swift legal response has been initiated in light of the proposed NIH policy and freeze on grant awards.

On February 10th, 2025, Massachusetts Attorney General Andrea Joy Campbell co-lead a lawsuit against the Trump administration, the Department of Health and Human Services, and the NIH regarding the proposed funding changes. Twenty-one other state attorneys general, including those from our neighbors in Vermont, Maine, Rhode Island, and Connecticut, also co-lead the lawsuit.<sup>9</sup> Medical and academic organizations and universities have also filed lawsuits.

The attorneys general's lawsuit argues that the policy violates the Administrative Procedure Act (APA). It notes the potential financial losses for institutions in our state of Massachusetts. The University of Massachusetts Chan Medical School, the only public medical school in the state, could see a \$40 to \$50 million reduction in funding if the new indirect cost rate is implemented. The lawsuit also includes examples from the private sector. For example, an NIH-funded project titled Massachusetts AI and Technology Center for Connected Care in Aging and Alzheimer's Disease (MAITC) would also be at risk of losing funding. The project is a collaboration between multiple regional institutions, including UMass Amherst, Brigham and Women's Hospital, Brandeis University, Massachusetts General Hospital, and Northeastern University.<sup>9</sup>

The economic ramifications of these funding restrictions are particularly pronounced in regions where academia, biotechnology, and the biomedical sector are vital industries, such as in our state. Senator Edward Markey called the proposal a targeted attack on Massachusetts.<sup>10</sup>

Even more concerning is the potential threat to patients' lives. Patients relying on emerging or ongoing novel medical interventions, including those participating in current clinical trials, would be at risk of losing access to their treatments. Clinical trials, in particular, demand substantial funding for administrative costs, including ensuring compliance with safety policies.<sup>2</sup> For example, Johns Hopkins University reported that 600 clinical trials already in process would be at risk due to the proposed funding cuts.<sup>11</sup>

**The Future Impact**

Amid news of the NIH policy changes, some universities expressed concerns about their ability to admit new graduate students without stable funding streams. The University of Pittsburgh sent letters to graduate school applicants that it was suspending all graduate school admissions. The pause on admissions has since been lifted. However, it is no wonder that the university approached admissions cautiously; if the limit on indirect costs of research is implemented, the University of Pittsburgh would lose more than \$100 million in research funding.<sup>12</sup>

Even if the NIH policy is not ultimately adopted, the prospect of such drastic cuts will likely dissuade future generations of researchers from pursuing careers in academia.

Currently, most PhDs do not stay in academic roles, and most MD/DOs do not pursue research. The erosion of federal financial support for research threatens further decline in academic careers. The stress of applying for grants and working long hours for a low salary already makes academia less appealing to many.

Growth in certain areas may also remain stagnant due to policies targeting gender, sexuality, and diversity, equity, and inclusion (DEI) research. NIH has started to cancel grants funding projects studying these topics as well as environmental justice. NIH staff tasked with reviewing these grants were reportedly provided

*(continued on page 5)*

(continued from page 4)

vague instructions to cancel funding to projects with evidence of “discrimination.” With staff fearing the loss of their jobs, grants will likely be canceled unnecessarily.<sup>13</sup>

On March 5th, 2025, Judge Kelley, a federal district court judge in Massachusetts, issued a preliminary injunction blocking the new NIH policy. This represents a stride forward, but it is only a temporary freeze. The future of scientific inquiry remains endangered. This includes adequate funding for all costs associated with research, as well as the freedom to explore research topics and employ accurate terminology.

As Vannevar Bush wrote, “Scientific progress on a broad front results from the free play of free intellects, working on subjects of their own choice, in the manner dictated by their curiosity for exploration of the unknown.”<sup>16</sup>

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## Healthcare Systems & Finance Committee - Michael I. Bennett, MD

### New Needs for Outpatient Practitioners

The Healthcare Systems & Finance Committee is a group of highly experienced solo outpatient psychiatrists currently taking insurance. We believe it's time to re-prioritize the goals of our committee to meet the needs of younger psychiatrists. When we began, billing insurance was not much more difficult than billing patients privately. We preferred the ease of non-insurance billing, but we did not want to limit our practices to the upper middle class and the fortunate, so we signed onto networks and learned how to submit claim forms. Then, as managed insurance became increasingly complex, we mastered a variety of new administrative skills including the art of pre-authorizing services (now out of fashion, thank goodness), prior authorization of medication, choosing the right service code, audit-proofing records for that code, doing complex ebook-keeping, managing electronic medical records, e-prescribing, and e-billing. In the process, we noted younger colleagues make a different (and very reasonable) choice by confining their outpatient insurance practice to clinics, real and virtual, and delegating administration to clinical managers.

Now, we wonder whether this younger generation needs a practice committee with a new set of priorities focused less on the broad range of administrative headaches (now handled by clinics) and more on conflicts and negotiations with clinical administrators. You may also have risk management questions that require new answers now that insurers control the referral process. If you have an unmet private practice need, please let me know, and I'll see if a re-focused committee can provide the answer. Email me, Michael I Bennett, at [doctorisaiah@outlook.com](mailto:doctorisaiah@outlook.com). You are also invited to attend our meetings held on Zoom the third Tuesday of the month from 7:00 pm to 9:00 pm.

## MPS - News

### MPS Annual Meeting

Please join us for the Massachusetts Psychiatric Society's Annual Meeting on **Tuesday, April 29, 2025** at the Massachusetts Medical Society Headquarters. [Click to Register](#)

### Guest Speaker

We are honored to announce our keynote speaker, Mr. Brian McGrory, Chair, Department of Journalism and Professor of the Practice, Journalism at Boston University College of Communication, who will present "*A Conversation with Brian McGrory.*"

We will also honor the MPS 2025 Outstanding Psychiatrist Awardees and our new 2025 Distinguished Fellows.

### MPS 2025 OUTSTANDING PSYCHIATRIST AWARDS

Life-Time Achievement:	Ross J. Baldessarini, MD, DLFAPA
Advancement of the Profession:	Gary Chinman, MD
Clinical Psychiatry:	Suzanne Bird, MD, DLFAPA
Education:	Todd R. Griswold, MD
Public Sector:	Siu Ping Chin Feman, MD, DFAPA
Research:	David Mischoulon, MD, DLFAPA
Early Career Psychiatry:	Margarita Abi Zeid Daou, MD

### DISTINGUISHED FELLOW STATUS IN 2025

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Kerim Munir, MD, MPH, DLFAPA

John Ratey, MD, DLFAPA

### MPS Election 2025 – 2026

Voting begins for the 2025/26 MPS Election on April 1, 2025 at [www.psychiatry-mps.org](http://www.psychiatry-mps.org). Please log on to the MPS website as a member and click on the 2025 Ballot link on the home page to cast your votes.

If you have trouble logging onto the website, please contact the MPS office at (781) 237-8100 or [mps@mms.org](mailto:mps@mms.org). If you would like to opt-out of online voting, please contact the MPS office and we can mail you a paper ballot. Voting must be completed by the close of business on April 18, 2025.

## Committees Report - From Chairs and Council Meeting - March 12, 2025

### **Alcoholism and the Addictions – John Renner, MD, Carly Carlin, MD & Vanessa Reguitti, MD**

The Alcohol and the Addictions Committee hosted two excellent seminars this past fall, both centered around substance use in the adolescent population. The first speaker was Dr. Kevin Simon, who serves as the City of Boston's inaugural Chief Behavioral Health Officer appointed by Mayor Wu. He spoke of the evolving needs in mental health through the Boston Public Health Commission. He also serves as a pediatric addiction medicine psychiatrist at Boston Children's and as an assistant professor of psychiatry at Harvard Medical School. He spoke of systems-level changes needed in school systems and health policy systems across the state as it relates to adolescents and substance use.

Our second seminar speaker was Dr. Amy Yule, Vice Chair of Addiction Psychiatry at Boston Medical Center and an Associate Professor at Boston University School of Medicine. Dr. Yule works with youth with substance use disorders and co-occurring psychiatric disorders in a multidisciplinary outpatient clinic at BMC. Her research is focused on preventing substance use disorders in youth, and she is the co-chair of the Substance Use Committee for the American Academy of Child and Adolescent Psychiatry as well as the co-chair of the Women in Addiction Psychiatry Interest Group for the AAAP.

We were grateful to have both of these incredible psychiatrists educate our committee about the current state of affairs in adolescent substance use and inspire us as to what changes on individual and systems-level are needed moving forward to improve outcomes for these populations.

### **Antiracism Committee – Hannah Larsen, MD & Destiny Pegram, MD**

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 are to advocate for systemic changes to eliminate inequities within our mental health and substance use system; build partnerships with other organizations and efforts; promote equity within MPS activities; facilitate professional development, mentorship, and support of colleagues; and increase engagement in MPS antiracism efforts/activities.

In October, Marcus Vicari partnered with guest Christine Crawford, MD, MPH to host the *Spotlight On: Systemic Race Disparities in Psychiatric Diagnosis & Treatment* learning series. Adeliza Olivero has led the initiative to abolish the practice of shackling and criminal court involvement inherent in Section 12(e) of Chapter 123; *An Act relative to a humane response to a mental health crisis* has been filed in the MA House and Senate. Marie Hobart has continued to spearhead the MPS Mentorship Program, which has matched 26 mentees since March 2023. We are actively planning our next *Spotlight On* series and invite participation from trainees interested in being paired with a faculty mentor to curate a curriculum and host a live discussion on a topic of interest. Our next meeting will be April 8 and will take place in person at a restaurant in the metro Boston area - we welcome all looking to learn, seek solidarity, or take action.

### **Awards Committee – Fe Festin, MD**

The Awards Committee received several nominations for the 2025 Outstanding Psychiatrist Awards. The Committee met on

February 25, 2025, and selected seven exceptional psychiatrists across the following categories: Lifetime Achievement, Advancement of the Profession, Clinical Psychiatry, Psychiatric Education, Public Sector, Research, and Early Career Psychiatry. The names of the 2025 Outstanding Psychiatrists will be announced in our upcoming MPS newsletter.

Additionally, our committee had discussions re: enhancing our efforts to encourage more MPS members to submit names of deserving nominees for these awards. We plan to reach out to the Chairs of all Psychiatry Departments by the Fall. We also wish to see to it that all areas of MA are represented in our committee. We are particularly interested in recruiting a committee member representing Western MA. If you or someone you know from Western MA is interested in joining our committee, please contact the Chairperson, Dr. Fe Festin at [Fe.Festin@gmail.com](mailto:Fe.Festin@gmail.com) or Mayuri Patel at [mpatel@mms.org](mailto:mpatel@mms.org).

### **CME – Margaret Tuttle, MD**

Since the last Chairs and Council meeting, we reviewed and approved the 35<sup>th</sup> Annual Psychopharmacology Update held on Saturday, November 2, 2024 with 148 attendees; and the Psychotherapy Conference held on Saturday, November 16 with 52 attendees. As of drafting this update, the Annual Risk Avoidance & Risk Management conference is scheduled for Saturday, March 8 and currently has 201 registered. Looking ahead, please submit requests for CME programs for the fall months by June 2 for review at our June 9 CME Committee meeting.

### **Consultation/Liaison – Cristina Montalvo, MD, Elliot Baker, MD & Aashima Sarin, MD**

The Consultation-Liaison Psychiatry Committee is led by chair Dr. Cristina Montalvo (Chief of Consultation-Liaison & Emergency Services, Tufts Medicine) with trainee chairs Dr. Elliott Baker (psychiatry resident, Tufts Medicine) and Dr. Aashima Sarin (psychiatry resident, Boston Medical Center). The committee resumed quarterly meetings over the past two years with topics including management of OUD in outpatient and inpatient setting and incorporating Global Mental Health and Cultural Psychiatry into career practice. This year we have collaborated with colleagues from Child Psychiatry and Neurology on a discussion with working with pediatric and adult patients with autism on a C/L service. For the summer and fall of 2025, we plan to host 1-2 more meetings including careers within the field of C/L and neuromodulation in the ICU.

### **Disaster Readiness – Giuseppe Raviola, MD & Ganaelle Joseph-Senatus, MD**

The Disaster Readiness Committee continues to aim to be a resource for best practices for mental health disaster response in our MA communities. We continue to work on spreading awareness and advancing disaster preparedness through scholarly work, presentations, teaching, and collaborations. Updates since the last Chairs & Council meeting are as follows:

1. The committee has a new co-chair, Dr. Ganaelle Joseph-Senatus! The committee and MPS thank Dr. Katherine Koh for her five years of service as co-chair of the committee!
2. The committee met on Thursday, February 6, and will meet 4:30-6 pm on Monday, May 5, Thursday, September 18, and Monday, December 1.
3. Members of the committee have contributed to a new textbook, *Disaster Psychiatry: Readiness, Evaluation and*

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Treatment, Second Edition. You might consider purchasing this book as it will offer a strong foundation of knowledge for our discussions. This textbook can be found on the APA publishing website at: <https://www.appi.org/Products/Trauma-Violence-and-PTSD/Disaster-Psychiatry-Second-Edition>

- The committee continues to collaborate with national disaster committees, including the APA Committee on Psychiatry Dimensions of Disasters (CPDD) and the Group for Advancement of Psychiatry (GAP).

#### **Distinguished Fellowship – John Bradley, MD**

MPS submitted 4 DF applicants in 2024 and were accepted by the APA Board of Trustees. The DF Committee will convene for its most important annual meeting on March 12. At this time the Committee will review MPS members who are eligible to be nominated for DF status (current Fellows, other names brought by Committee members, applications submitted by interested members). After discussion, the Committee will make its decision about whom we will invite to apply, and how best to move each application forward. The Committee meets again in June 2025, to review the completed applications. At that time the Committee selects the candidates that we will support and forward to the APA for its consideration.

#### **Early Career Psychiatry – Christopher Laboe, MD & Claudia Maynard, MD**

The Early Career Psychiatry (ECP) committee aims to connect with other committees to enhance networking and promote the development of the ECP community. Our committee has been gaining valuable insights through partnerships with MPS, which help us organize events that highlight the resources and opportunities accessible to early career psychiatrists. We are planning to host an event later this year that will offer educational opportunities and support career advancement in the field of psychiatry.

#### **Ethics – Don Condie, MD**

The MPS Ethics Committee currently does not have any open cases for review. Referrals have been very infrequent and that is a good thing.

#### **Geriatric Psychiatry Committee – Eran Metzger, MD & Anderson Chen, MD**

Quarterly meetings are in session, with featured speakers on topics related to anxiety treatment in older adults, TMS in older adults, and sexuality in long term care.

#### **Healthcare Systems & Finance – Michael Bennett, MD**

The Healthcare Systems & Finance Committee is a group of highly experienced solo outpatient psychiatrists currently taking insurance. We believe it's time to re-prioritize the goals of our committee to meet the needs of younger psychiatrists. When we began, billing insurance was not much more difficult than billing patients privately. We preferred the ease of non-insurance billing, but we did not want to limit our practices to the upper middle class and the fortunate, so we signed onto networks and learned how to submit claim forms. Then, as managed insurance became increasingly complex, we mastered a variety of new administrative skills including the art of pre-authorizing services (now out of fashion, thank goodness), prior authorization of medication, choosing the right service code, audit-proofing records for that code, doing complex ebook-keeping, managing electronic medical records, e-prescribing, and e-billing. In the process, we noted younger colleagues make a different (and very reasonable) choice by confining their outpatient insurance practice to clinics, real and virtual, and delegating administration to clinical managers.

Now, we wonder whether this younger generation needs a practice committee with a new set of priorities focused less on the

broad range of administrative headaches (now handled by clinics) and more on conflicts and negotiations with clinical administrators. You may also have risk management questions that require new answers now that insurers control the referral process. If you have an unmet private practice need, please let me know, and I'll see if a re-focused committee can provide the answer. Email me, Michael I Bennett, at [doctorisaiah@outlook.com](mailto:doctorisaiah@outlook.com). You are also invited to attend our meetings held on Zoom the third Tuesday of the month from 7:00 pm to 9:00 pm.

#### **Nominating – John A. Fromson, MD & Jhila Biswas, MD**

Each year the MPS elects members to leadership positions for the next term beginning on April 30, 2025. The Nominating Committee met in the fall to put together an election slate for the membership to vote on.

Positions for Election:

- President-elect (3 years total – President-elect, President and Immediate Past President)
- Treasurer (2-year term)
- APA Representative (2 positions - 3-year term)
- MPS Councilor (2 positions - 3-year terms)
- Nominating Committee (2 positions – 2-year terms)

Watch your emails for the ballot – voting begins April 1 and closes April 18.

#### **Psychiatry & Law – Margarita Daou, MD, & Adeliza Olivero, MD**

The Law and Psychiatry committee co-chairs meet semi-regularly to plan for the year and upcoming meetings. We have had two meetings with the members since we started our tenure in May 2024 and were fortunate with the good turnout and interest from the participants. Our first meeting in December 2024 featured Dr. Paul Noroian, who gave an overview of law and mental health in MA and the practice of forensic psychiatry in our state. We then opened the conversation to the attendees for introductions, questions, and, most importantly, sharing suggestions about the committee's role. Based on one of the requests, Dr. Adeliza Olivero presented on s. 35 in February 2025, from history to current applications. Members in attendance who have experience with substance use disorders (either providing treatment at RAP, in the community, or in forensic settings) shared their perspectives and added to a fruitful and interesting conversation.

Our next meeting is planned for April 2025. It will be exceptionally open to all psychiatry residents in the Commonwealth. We will introduce them to forensic psychiatry fellowship, from applications to interviewing and professional expectations. We would also introduce them to the two MA programs (MGH and UMass). In June, two speakers (Nathan Frommer, JD, and Danielle Rynczak, JD, PhD) will present "Legal Updates on seminal MA cases" pertaining to our clinical and forensic work within the state. They will also cover other recent landmark decisions that set precedents and/or are worth tracking in the future.

#### **Psychotherapy Committee – Margaret Tuttle, MD & Stephen McDermott, MD**

The Psychotherapy Committee meets on Zoom 4-5 times a year. We have a core group of six to seven members dedicated to the importance of psychotherapy as part of psychiatric practice. In November the Committee presented the Psychotherapy CME Conference on: "New Developments in Psychotherapy" via zoom. The committee decided to change the format of the conference, having four speakers rather than five, to allow more time for interactive discussions, both in panel and Q&A formats. This worked well, and the conference received excellent reviews.

The conference had the following topics and speakers: Teach-

(continued on page 9)



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ing Psychotherapy with an Integrative Curriculum by Roberta Isberg, MD, Trauma and Trance: From Shamanism to Psychedelic-Assisted Psychotherapy by Harold Kudler, MD, DLFAPA, Therapeutic Dilemmas with Suicidal Youth and Young Adults: A Recovery-Based Perspective by Robert J. Gregory, MD, and Addressing Social Determinants of Mental Health in an Urban Community by Kevin M. Simon, MD, MPH.

Margo Goldman, MD, a founding member of the Psychotherapy Committee, announced her retirement from the committee. We had time to gratefully reflect on all her contributions and wish her well. Committee Chair Margaret Tuttle, MD, expressed her personal gratitude to Dr Goldman for being a role model for advocacy, new ideas, hard work, networking, and writing articles. Even during her last meeting with the Committee, she proposed a “shared leadership” model that has worked well in another organization. In this model, the tasks of the committee are divided among committee members, often with two people per task. This makes the work of the committee feel lighter and builds in opportunities for collaboration that are an important part of the joy of serving on a committee.

The committee will plan CME conferences biannually rather than annually, to allow time for activities other than conference planning. Some ideas include case presentations with an expert discussant or a group discussion, reading and discussing a paper, or using social media or podcasts to educate the general public that psychiatrists also do psychotherapy. The committee continues to do outreach to residents and early career psychiatrists. Two new resident members attended our last committee meeting. One of the residents presented a case and a lively discussion ensued.

All MPS members are welcome to attend our meetings, and we hope to offer case presentations or papers that will interest MPS members. Participating in the networking, camaraderie, and creativity in our committee can be one of the joys of being a member of MPS.

#### **Public Sector Committee – Hannah Larsen, MD & Marcus Vicari**

The Public Sector Committee meets every 2 months with a mission to advocate for policies and systems that promote mental wellbeing and ensure equitable access to comprehensive mental health and substance use care by collaborating with community partners, advancing legislation, providing education, and supporting/mentoring the psychiatric workforce. In 2024, we recommended MPS action on Section 12 and Section 35 reforms; guardianship reform; abolition of DPH mental health treatment plan requirements; and reinstating funding for community psychiatry fellowships. In September, we partnered with the Early Career Psychiatry Committee to host a panel of accomplished psychiatrists reflecting on their careers within public and community psychiatry, featuring Esther Valdez, MD, Ken Duckworth, MD, Chris Gordon, MD, and Nitigna Desai, MD. In January, we hosted *How to Find Your First Job in Community Psychiatry*, led by Siu Ping Chin Feman, MD, Katherine Koh, MD, and Hannah Larsen, MD.

As federal programs supporting our work and our patients face cuts, we anticipate the need for heightened advocacy on every level. We will remain attentive to efforts to implement single payer healthcare; promote health equity; address homelessness; and improve health systems. We welcome all of those with an interest in public sector work and advocacy to join us at an upcoming meeting (next: March 20 at 7pm).

#### **Retirement Committee – Joseph McCabe, MD & Morris Stambler, MD**

The Retirement Committee meets by Zoom 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 on May 15th.

We welcome all MPS members. We send out invitations to attend committee meetings to our senior members and anyone expressing interest, no matter their age. We have held three Zoom meetings since last year’s report.

#### **Meeting 9/26/24**

The topic was feelings of loss of relationships and/or meaning associated with closing a practice. Presenting were Carl Salzman, Monty Stambler and Jeanne Heiple.

The discussion centered on feelings of relief from feeling so responsible, missing patients, wanting to reach out to them. Discussion of the pain of saying goodbye to patients who had been in treatment for many years. Some members who have retired have had communications from/with former patients. The feelings of loss were often greater for child therapists who saw patients for many years starting at a very early age.

Engaging in new activities, hobbies, volunteering, exercise, and academic programs, such as those offered by institutions like Harvard or Brandeis for retirees, along with staying updated with relevant readings in the field, were highlighted as important.

#### **Meeting 12/11/24:**

The topic was financial planning with invited speakers Doug Gage and Abbie Damico from Gage Wealth Advisors in Auburndale. They focused the talk on a discussion of planning for those retiring from their career, but it was noted that one is never too young to start planning. The importance of finding a trusted advisor was emphasized.

#### **Meeting 2/26/25:**

As a follow-up to the previous meeting, we had a discussion of Estate Planning with an invited speaker, Liz O’Neil from

O’Brien & O’Neil, LLP, in Lexington. The importance of protecting assets from unnecessary taxes, importance of family discussions, trying to avoid conflict were among the topics raised.

#### **Sexual Disorders – Paul Noroian, MD & Fabian Selah, MD**

We are continuing to meet with members of the Interest Group. We will be meeting March 12 and will try to meet on a quarterly basis, if possible. We discuss sexual disorder related matters during these meetings. The discussion includes but is not limited to the treatment and management of patients presenting with and without comorbid medical/mental health issues. Will also discuss diagnostic and legal issues, as needed. We may invite an outside speaker during this calendar year.

#### **Women in Psychiatry Committee – Naomi Dworkin, MD**

The Women in Psychiatry committee meets monthly on the first Monday of the month from 7-8:15pm, with some variations around holiday dates and summers. 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 fall, Ms. Lisa Simonetti came to explain the legislative process around advocating for mental health legislation at the State House. We welcome new members to join the group. Our Chairperson, Dr. Naomi Dworkin will be retiring at the end of May 2025, so we are looking for input about the direction of the committee, and a new chairperson. Please feel free to email or call Naomi Dworkin (naomidworkin@gmail.com, 781-721-8375) if you would like to introduce yourself or have any questions about the committee.

## Massachusetts Psychiatric Society Election 2025 – 2026

Below is the slate of candidates for the 2025/26 MPS election. We want to thank the MPS members who nominated candidates, and to the candidates who have agreed to run for office. We would also like to thank the Nominating Committee (Co-Chairs: Drs. John Fromson, Jhilam Biswas and committee members, Drs. Nitigna Desai, Eric Lederman, Daniel Morehead, Manuel Pacheco, and Kimberly Yonkers) for their work on the committee.

According to the Massachusetts Psychiatric Society Bylaws, additional nominations to those listed below may be made by a petition signed by twenty-five (25) or more members eligible to vote. The nominating petitions must be filed with the MPS Secretary by March 25, 2025 and can be submitted via email to [mps@mms.org](mailto:mps@mms.org).

Voting begins for the 2025/26 MPS election on April 1, 2025 at [www.psychiatry-mps.org](http://www.psychiatry-mps.org). Please log on to the MPS website as a member and click on the 2025 Ballot link on the home page to cast your votes. If you have trouble logging onto the website, please contact the MPS office at (781) 237-8100 or [mps@mms.org](mailto:mps@mms.org). If you would like to opt-out of online voting, please contact the MPS office and we can mail you a paper ballot. Voting must be completed by the close of business on April 18, 2025.

### **President-Elect: (1 Position)**

Anderson Chen, MD

### **Treasurer: (1 Position)**

Mark J. Hauser, MD, DLFAPA\*

### **Councilors: (2 Positions)**

Siu Ping Chin Feman, MD, DFAPA\*

Elizabeth Langmore-Avila, DO., MA., R-DMT

Hannah Larsen, MD\*

Ashwini Nadkarni, MD

### **APA Representative: (2 Positions)**

Cynthia S. Peng, MD

Adrienne D. Taylor, MD

Olga Terechin, MD\*

Rick Peter Fritz Wolthusen, MD, MPP

### **Nominating Committee (2 Positions)**

Daria Hanson, MD, MBA

Amy Harrington, MD, CPE, FAPA

\*Denotes Incumbent



## 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

### UMass Memorial Health

**Facility Medical Director (Brockton Multi-Service Center, Brockton, 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.

**Attending Psychiatrists, Southeast Area** –Brockton, Fall River and Taunton MA

**Assistant Director of Psychiatry, Director of Child and Adolescent services, Adolescent Continuing Care Units (ACCU)** -provides child and adolescent clinical leadership and comprehensive psychiatric care to adolescents admitted to the ACCU in Worcester, MA

**Full-Time Attending Psychiatrist, Worcester Recovery Center and Hospital (WRCH)**

**Full-Time Attending (Forensic) Psychiatrist, Worcester Recovery Center and Hospital (WRCH)**

Full-Time Child & Adolescent Attending Psychiatrist, Worcester Recovery Center and Hospital (WRCH)

Forensic Psychologist, Law and Psychiatry Program, Mobile Forensic Evaluation Service, Worcester, MA

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

**Medical Director- Health Alliance** with clinical consultation  
Part-Time

**Medical Director- Community Healthlink**  
Part-Time

**Attending Geriatric Psychiatrist – Clinton Hospital** provide direct clinical services and work with medical students & residents on this teaching unit  
Full-Time

**Attending Psychiatrist – Inpatient Psychiatric Treatment and Recovery Center**  
Full-Time

**Attending Psychiatrist- Inpatient**  
Full-Time

**Attending Psychiatrist- Inpatient Consultation-Liaison**  
Full-Time

**Attending Psychiatrist- Emergency Mental Health Services**  
Full-Time

**Interested applicants should submit a letter of interest and curriculum vitae addressed to Kimberly A. Yonkers, MD c/o Krystal Vincent**  
[krystal.vincent@umassmemorial.org](mailto:krystal.vincent@umassmemorial.org)

[Careers \(myworkdayjobs.com\)](https://www.umassmemorial.org/careers)

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**Back Bay, Boston** - Prestigious professional building, a former 19th century mansion with all original detail, on Marlborough Street near Public Gardens. Beautiful offices with large windows, high ceilings, and fireplaces, with hours to sublet. Shared waiting areas, friendly, collegial atmosphere, elevator, internet. Call Elizabeth: 617-267-0766 or email: erm82@aol.com

**Cambridge between Harvard Square and Central Square** - Attractive, fully furnished office available to rent (option to assume lease) June 1, 2025. Office is part of a 4-office suite in a desirable building with many collegial therapists and psychiatrists located in Cambridge between Harvard Square and Central Square at 875 Mass Ave and includes a parking space in the underground garage. The office comes furnished with beautiful cherry furnished furniture including couch, desk, bookcase, and patient and therapist chairs.

Contact: Jeffrey Friedman MD at 617-864-5560 or jeffrey\_friedman@hms.harvard.edu or Dolan Power, PhD at dolanpower09@gmail.com or 617 354-7209.

**Harvard Square** sublet available Wednesdays and Fridays: furnished office in a historic psychotherapy suite. Beautiful windowed space with hardwood floors, high ceilings, AC, large waiting room, and private bathroom. One block from Charles Hotel/Red Line. \$475/month for 8 hours weekly. Please contact ssanders@challiance.org if interested.

**Winchester** - Offices for rent in charming, fully renovated 19th century building on Main Street. High ceilings, large windows, beautifully furnished, with WiFi, common waiting rooms. Full or part-time. For more information, contact Dr. Michael Marcus at mwm82@aol.com.

**Riverside Community Care** seeks a psychiatrist for Regional Medical Director with experience in adult psychiatry, addiction medicine, ideally child and adolescent psychiatry, administrative responsibilities, direct patient care, and developing innovative treatment programming. We serve all ages, socioeconomic backgrounds, and diversity. Compassionate care saves lives.

<https://jobs.silkroad.com/RiversideCC/Careers/jobs/11119>



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.

Donald S. Gair, M.D. died in July 2021 and Joyce R. Gair, R.N died in October 2024. As they would tell us, they live on in all of our hearts. We are hosting a Celebration of Life on May 10th for both of them. We hope to reach as many of their friends, colleagues and students as possible, to gather together, share stories and make new connections in their honor. If you are unable to attend please feel free to send us a story. We are also planning to have a Zoom link for this event. Contact Jane for details and to let us know if you might attend.

Sincerely,

Peter, Jane, and Nancy

When: Saturday May 10, 2025 2:30-5:30pm

Where: The Beech Street Center, 266 Beech Street, Belmont, MA

Contact: Jane Gair Prairie prairiejg@gmail.com 207-838-8633





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## Cambridge Health Alliance Child and Adolescent Psychiatrist Opportunities in Outpatient

**Cambridge Health Alliance (CHA)**, a well-respected, nationally recognized and award-winning public healthcare system, is seeking **full-time/part-time Child and Adolescent Psychiatrists**. CHA is a teaching affiliate of Harvard Medical School (HMS) and Tufts University School of Medicine. Our system consists of three hospital campuses and an integrated network of both primary and specialty outpatient care practices in Cambridge, Somerville and Boston's Metro North Region (Medford, Malden, and Everett). CHA also provides mental health services through its high school-based health centers within the Cambridge, Everett, Malden, and Somerville Public School districts.

### Available Opportunities:

- Full-time or half-time hybrid opportunities within our outpatient clinics in Malden or in Cambridge
- Half-time in-person opportunities within our high school-based health centers

### Successful candidates will:

- Possess a strong commitment to and passion for working with our multicultural, underserved patient population
- Have clinical and/or academic interests in supporting or developing trauma-informed, evidence-based programs for culturally and linguistically diverse youth
- Work collaboratively with multidisciplinary staff; including psychologists, social workers, primary care providers, nurses, and administrative support
- Provide clinical supervision of Harvard-affiliated trainees
- Be board-eligible or board-certified in Child and Adolescent Psychiatry

### Clinical practice supports include:

- Innovative clinical model allowing our providers to focus on patient care and contribute to population health efforts
- Integrated electronic medical record (Epic)
- Robust interpreter service
- Multidisciplinary team-based care with case worker support

Academic appointments are available commensurate with the criteria of Harvard Medical School

Opportunities for scholarship and clinical research in community mental health

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Please visit [www.CHAproviders.org](http://www.CHAproviders.org) to learn more and apply through our secure candidate portal. CVs may be sent directly to Melissa Kelley, CHA Provider Recruiter via email at [ProviderRecruitment@challiance.org](mailto:ProviderRecruitment@challiance.org). CHA's Department of Provider Recruitment may be reached by phone at (617) 665-3555 or by fax at (617) 665-3553.

*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.*

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## MPS Psychiatry and Law Committee Meeting - Tuesday, June 3 from 7pm-8pm

**Tuesday, June 3 from 7pm-8pm:** Attorney Nathan Frommer, JD and Dr. Danielle Rynczak, JD, PhD will do presentation on *Legal Updates in Massachusetts*.

If you're interested in attending, please RSVP to Mayuri Patel by email @ mpatel@mms.org or (781) 237-8100 x1 in order to receive the zoom link.

## MPS Women in Psychiatry Committee - Monday, April 7 @ 7:00 pm

The next meeting of the MPS Women in Psychiatry Committee is scheduled for Monday, April 7, at 7:00 p.m. via Zoom. Please join us to share your ideas and input on topics you would like the committee to address, any concerns, or preferred formats for future meetings. We look forward to your participation!

If you're interested in attending, please RSVP to Mayuri Patel by email at mpatel@mms.org or by phone at (781) 237-8100 x1 to receive the Zoom link.

Dr. Dworkin will be stepping down as Chair of the MPS Women in Psychiatry Committee. If you are interested in learning more about the responsibilities of the Chair, please contact Dr. Dworkin at naomidworkin@gmail.com or Mayuri Patel at mpatel@mms.org.



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## Inpatient Child/Adolescent Psychiatrist Opportunities Cambridge Health Alliance (CHA)

**The CHA Center of Excellence for Child & Adolescent Inpatient Mental Health Care** at Somerville will provide a transformative continuum of patient- and family- centered care for diverse youth with mental health needs. Including specialized autism spectrum/ neurodevelopmental beds at our Somerville Campus. Cambridge Health Alliance is already one of the region's leading providers of behavioral and mental health care.

We are passionate about helping children and their families, join our expanding team and make a difference!

### CHA provides Competitive Salaries starting at \$300,000!

- Provide clinical care to patients during periods of inpatient/partial hospitalization
- Develop and maintain comprehensive treatment plans
- Participate in teaching opportunities with psychiatry residents, fellows, and other mental health trainees
- Work in a collaborative practice environment with an innovative clinical model allowing our providers to focus on patient care and contribute to population health efforts
- Fully integrated electronic medical record (Epic) and robust interpreter service
- Academic appointments are available commensurate with criteria of Harvard Medical School

CHA is a teaching affiliate of HMS. This position carries an HMS appointment of Instructor, Assistant or Associate Professor, commensurate with HMS appointment criteria, candidate qualifications and commitment to teaching responsibilities.

Qualified candidates will be BC/BE in psychiatry and share CHA's passion for providing the highest quality care to our underserved and diverse patient population.

Please submit CV's through our secure website at [www.CHAproviders.org](http://www.CHAproviders.org), or by email to Melissa Kelley at [ProviderRecruitment@challiance.org](mailto:ProviderRecruitment@challiance.org). The Department of Provider Recruitment may be reached by phone at (617) 665-3555 or by fax (617) 665-3553.

*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.*



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## MPS Calendar of Events

Psychiatry & Law	April 1 at 7:00 PM via Zoom	<a href="mailto:mpatel@mms.org">mpatel@mms.org</a>
SEMPS	April 2 at 7:00 PM via Zoom	<a href="mailto:mpatel@mms.org">mpatel@mms.org</a>
Antiracism	April 3 at 7:00 PM via Zoom	<a href="mailto:mpatel@mms.org">mpatel@mms.org</a>
Women in Psychiatry	April 7 at 7:00 PM via Zoom	<a href="mailto:mpatel@mms.org">mpatel@mms.org</a>
Council	April 8 at 5:00 PM via Zoom	<a href="mailto:dbrennan@mms.org">dbrennan@mms.org</a>
Psychotherapy	April 9 at 7:00 PM via Zoom	<a href="mailto:dbrennan@mms.org">dbrennan@mms.org</a>
Healthcare Systems & Finance	April 15 at 7:00 PM via Zoom	<a href="mailto:dbrennan@mms.org">dbrennan@mms.org</a>
Geriatrics	April 23 at 7:00 PM via Zoom	<a href="mailto:mpatel@mms.org">mpatel@mms.org</a>
MPS Annual Meeting	April 29 at 5:30 PM @MMS	<a href="mailto:dbrennan@mms.org">dbrennan@mms.org</a>