



Issue 253 June 2025

www.psychiatry-mps.org

FROM THE PRESIDENT

Jhilam Biswas, MD, FAPA



Mental Health Awareness Month

Dear Colleagues,

Thank you for taking a moment to read this amidst the busy rhythm of your days... and I can't promise this message will lower your blood pressure. So, if you're glancing at this newsletter between patients, while reheating your coffee for the third time this morning, I'd suggest a snack before reading this...

In a recent perspective called "*The Power of Physicians in Dangerous Times*," published in the New England Journal of Medicine, former Surgeon General Dr. Vivek Murthy and Dr. Alice Chen remind us that in the face of dangerous times—political instability, budget cuts, and a fraying healthcare system—silence has never been the way of doctors. They write that when we use our voices, our courage becomes contagious. The authors note,

"In the end, the moral test of society is how well it cares for all its people, especially the ill, the forgotten and those who have been left behind. But societies don't pass this test by default. They require people who are willing to speak up boldly and unapologetically for the dignity and well-being of others. Physicians have the power to be these people."

This May, as we recognize Mental Health Awareness Month, their message is particularly timely. This is time for contemplation, education, and renewed energy around the values and mission that brought us into this profession. It is also a time to remember the history behind this national observance and the vital role our society continues to play in advocating for better mental health services and easier access and practice across Massachusetts.

Mental Health Awareness Month was established in 1949 by Mental Health America (MHA), a leading community-based nonprofit in the nation dedicated to promoting mental well-being and preventing mental illness through advocacy, educa-

tion, and research. Founded in 1909 by Clifford W. Beers—a former psychiatric patient who became one of the first mental health advocates—MHA emerged from his groundbreaking autobiography, "*A Mind That Found Itself*," which exposed the harsh realities of institutional care and sparked a movement toward reform. Headquartered in Alexandria, Virginia, MHA continues to lead public health efforts with a focus on prevention, early identification, and intervention through its signature "B4Stage4" philosophy, which emphasizes addressing mental health conditions before they reach a crisis stage. The campaign was created in response to the stigma and neglect that surrounded mental illness at the time. The goal was simple but profound: to bring mental health into public conversation and ensure that those suffering were not suffering alone.

Over the decades, Mental Health Awareness Month has grown into a national movement, supported by countless organizations, healthcare professionals, educators and affected communities and stakeholders. National organizations like the National Alliance on Mental Illness (NAMI), the Substance Abuse and Mental Health Services Administration (SAMHSA), the Centers for Disease Control and Prevention (CDC) and the American Psychiatric Association (APA) use this month to catapult mental health supportive agendas that educate and improve policies into the national spotlight.

At the Massachusetts Psychiatric Society (MPS), we are staying clear on our mission as a district branch of the American Psychiatric Association (APA), which I recently learned was founded in 1844 and is the oldest medical association in the United States. This year, we are moving forward with a focused and strategic plan grounded in four key pillars: Membership, Education, Advocacy, and Communication & Outreach. These pillars form the backbone of our efforts to ensure that MPS remains a vibrant, inclusive, and future-ready professional society.

As part of this plan, I am excited to announce the development

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## RESIDENT FELLOW MEMBER CORNER

### Alexa Hooberman, MD

In light of current events, it is easy to become overwhelmed by the enormity of the challenges we face. Yet maintaining our mental well-being is imperative to effective advocacy. We can't come together if we aren't there for ourselves first.

I have never felt more mentally clear than when I've hiked up a mountain. At the summit, there is a remarkable feeling of an expansive world and an insignificant self. Observing the vast landscape leads to a shift towards openness. Peering down at the ant-like humans at sea level reminds us how small we all are.

On an ordinary spring day, if I remind myself to pay attention, the flowers blooming in my backyard are just as fascinating.

There are likely many neurobiological reasons for this emotional state. However, one particular emotion is thought to be associated with reduced stress, increased prosocial behavior, and enhanced cognitive adaptation: awe.

#### What is awe?

Awe is a complex, distinct emotion in response to vast experiences that challenge our worldview. It is often a positive emotion but can also be felt in conjunction with fear, such as feeling in awe at the horrors of war. Synonyms for awe include wonder, amazement, or astonishment.

Awe is characterized by a diminished sense of self (often called "the small self") as something greater than oneself becomes more prominent. Some researchers even contend that awe represents a "self-transcendent experience," an altered state of consciousness similar to those induced by mindfulness or flow states.<sup>1</sup>

Nature is one of the most frequent inducers of awe. It can also be sparked by encounters with moral beauty, music, art, new life, and death. Collective effervescence, the harmonious unity evoked by a group of individuals who gather for a shared purpose, can also induce awe.<sup>2</sup> If you have ever participated in a protest or attended a concert, you may be familiar with this sense of other-worldly connection amongst a large, stranger-filled crowd.

Awe is strongly influenced by cultural context. In one study, Chinese and U.S. undergraduate students were asked to maintain a diary documenting their awe experiences for two weeks. U.S. students were more likely to list personal

accomplishments as sources of awe, while Chinese students were more likely to describe feeling in awe of another person. This difference is hypothesized to reflect the contrasting cultural values of individualism in U.S. culture versus collectivism in Chinese culture.<sup>3</sup>

While anyone can experience awe, some individuals may be more predisposed to it. Research suggests greater rigidity and need for cognitive closure are correlated with being less awe-prone when compared to those who are more comfortable with ambiguity and uncertainty.<sup>2</sup> Appreciation of beauty, gratitude, religiousness, creativity, and a love of learning are also associated with more frequent feelings of awe.<sup>4</sup> Interestingly, compared to those in more privileged conditions, socioeconomically disadvantaged individuals were more likely to experience awe in addition to other interpersonal emotions such as compassion and love.<sup>5</sup>

#### The Psychological Impact of Awe

Awe has been considered challenging to study, particularly due to its overlap with other positive emotions. However, a validated measure of awe called the Awe Experience Scale has been formulated, allowing further research into this complex emotion.<sup>6</sup> The Awe Experience Scale includes 30 questions that evaluate six domains of awe: altered time perception, self-diminishment, connectedness, vastness, physical sensations (e.g., goose bumps), and a need for accommodation.

The "need for accommodation" refers to the necessary re-evaluation of one's environment after being confronted with its overwhelming vastness. This process of adapting to new information is, in itself, a form of learning. Awe has indeed been thought to enhance critical thinking skills. For example, in one study, those induced to feel awe were less likely to be swayed by weak arguments compared to those who performed an emotionally neutral task.<sup>7</sup>

Additionally, since awe makes us feel small, it is not surprising that it is associated with humility. One study found that those who are more prone to awe were rated as more humble by their friends. In experimental settings where awe was induced, participants were more likely than controls to humbly acknowledge their strengths and weaknesses and recognize external contributions to their achievements.<sup>8</sup> Awe fosters humility because it expands our view of our environment, which causes us to reconsider

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of a robust Membership Committee, which I will help organize alongside selected members of the Executive Committee, a longitudinal Co-chair psychiatrist and, ideally, a psychiatrist-in-training. To make this committee powerful, we must start by listening. I intend to embark on a “listening tour”—meeting with MPS members across the state, particularly in the more remote and underserved regions, psychiatrists dealing with care more alone in private practice, and engaging directly with resident cohorts. These in-person and virtual conversations will be instrumental in understanding what matters most to our members and how we can better support them. Plus, I’ll take any excuse to escape my Epic notes and hear real voices in real rooms—hopefully with real snacks.

In addition to our internal initiatives, we have to acknowledge the national challenges facing our field. Just a few weeks ago, the U.S. Department of Health and Human Services (HHS) announced significant cuts to the Substance Abuse and Mental Health Services Administration (SAMHSA) as part of a broader reorganization and cost-cutting initiative.

The APA released a statement on March 17, 2025, condemning the move:

“The reported personnel cuts to the Substance Abuse and Mental Health Services Administration (SAMHSA) will inevitably lead to cutting programs and services that so many people with mental health and substance use disorders depend on. We are currently in a mental health and substance use crisis... Mental health has always been a bipartisan issue and must remain that way.”

SAMHSA plays a pivotal role in mental health education, clinic support, national surveys, and workforce development. It administers critical grant programs like the Community Mental Health Services Block Grant (MHBG), the Substance Abuse Prevention and Treatment Block Grant (SABG), and funding for Certified Community Behavioral Health Clinics (CCBHCs). SAMHSA also provides significant support for prevention efforts, mental health crisis response, and housing services for individuals with serious mental illness and substance use disorders. These programs are essential lifelines for community-based care and access to services in both urban and rural areas. It also runs the 988 Suicide & Crisis Lifeline, which fielded more than 14.5 million contacts in just two years. We do not yet know the full extent of the impact, but the loss of even a portion of these programs would be a devastating setback for the communities we serve.

Council members of MPS recently templated letters to the APA and to their congress people to voice their fears about such cuts that are in the process of being sent out to the state legislature also. We must continue to advocate to protect these programs and services. As members of MPS and the broader APA, we have a responsibility to make our voices heard at the state and federal level.

Speaking up doesn’t mean raising our voices at every turn, all the time. Not every challenge requires a fight, but we must remain clear-eyed about the ones that do. Part of being of medicine, especially now, is learning how to balance that discernment with courage, and making sure our message lands when we do speak. If we speak up constantly, people stop listening. But if we stay silent when it counts, we miss the chance to make a difference. It’s about striking the right balance and using many modalities to have our voices heard.

I say this because we are also facing a broader emotional toll on our profession and in all areas of medicine. This political moment is complex. Our state, our nation, and the world at large are experiencing disruptions in big ways and that creates discomfort and inability to plan too far ahead. I take heart in the fact that, in the recent past, mental health care has been a clear bipartisan issue. Appealing to the universal need for compassionate, evidence-based support is more important than ever—we live in a time when, despite political divides, most people recognize that mental illness and psychological trauma are real, deserving of thoughtful care, and without it, there are dire consequences.

Moral injury—the pain of knowing what care your patients need but being unable to deliver it due to systemic barriers—is real. It is corrosive. With our healthcare and research institutions facing budget cuts, already burdened by financial strain and forced into layoffs, I can only imagine these issues will deepen. Understanding the dynamics of moral injury is not just about naming a problem; it equips us to respond with greater awareness of how to create buffers against it and resilience to face it head on. Being prepared with this knowledge allows us to navigate the uncertainty of the future with more clarity, both for ourselves and for those we serve. And yet, we endure because we believe in the power of healing from mental illness, and in the necessity of showing up. But showing up must include showing up for ourselves.

In my first six to eight years as an attending psychiatrist—while also raising infants and toddlers—I felt both immense fulfillment and a steady, unspoken depletion of energy and spirit. I knew I loved working, but burnout and moral injury crept in quietly, disguised as normalcy, because so many of my peers and other staff were experiencing it too. I didn’t have the words for what I was feeling; I just knew I was running on empty and the infrastructure of medical practice while living in the current society’s expectations (pre-Covid) was not going to be restorative. It wasn’t until I began exploring spiritual healing—not in a religious sense, but through reflection, complementary and energetic practices, and a more intentional way of living—that I began to understand how to truly restore myself. That journey reconnected me to the values that first drew me to this field: to be a healer, to seek understanding of the complexity of the human mind, and to lead only when the call feels purposeful and aligned. Doing that inner work didn’t just help me recover—it brought meaning and energy back into my practice as a physician.

I know I’m writing to an audience of psychiatrists—it’s not lost on me; and I’m chuckling to myself a bit here. But even in our field, where we are trained to hold space for others, we sometimes forget to extend that same care inward. So let me gently remind us all: find what replenishes you—whether it’s creativity, connection, nature, or stillness—because we need you to stay. We need your insight, your expertise, your voice. You have given too much of yourself to get here and be a doctor to give it up. Psychiatry cannot afford to lose more thoughtful, passionate clinicians to burnout or quiet disillusionment. Taking care of yourself isn’t stepping back from the medicine—it’s how we sustain ourselves to stay in it, over the long arc of a career. There will be seasons that require shifting priorities to protect your well-being, and that’s not weakness—it’s wisdom and knowing yourself.

As your President, I will continue to promote an aligned agenda at MPS. This month, I also plan to attend the American Psychiatric Association’s Annual Meeting in Los Angeles. I

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hope to see some of our MPS members there—it's always a lovely opportunity to network and learn with colleagues from across the country. I'll be participating in the District Branch Presidents' Meeting during the conference to get a pulse on the most pressing issues facing our district branches nationwide. I look forward to bringing back insights that will help inform our work and strengthen our platform in Massachusetts. My goal is not only to engage in our strategic initiatives and advocacy efforts but also to take the time to truly listen, to hear what you're saying, and to respond with thoughtfulness and action. I see this newsletter as one way to begin that conversation and to build a more responsive society.

All the best,



President, Massachusetts Psychiatric Society  
Jhilam Biswas, MD, FAPA

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our role in it.

It makes sense, then, that awe has been found to increase prosocial behavior. Even simply writing about an awe experience was associated with a subsequent increase in willingness to volunteer time towards a charitable activity compared to those who had written about a happy experience.<sup>9</sup>

#### Awe as a Stress Reducer in Challenging Times

Positive emotions have long been recognized for their ability to reduce stress and foster resilience. One study sought to investigate the impact of awe on stress in the context of the COVID-19 pandemic.

In June 2020, one hundred forty-five healthcare workers in Northern California and two hundred sixty-nine community participants were asked to write daily diaries of their favorite moments of awe. At the beginning of the study, baseline personality measures, including evaluation of each participant's predisposition to awe, and baseline well-being measures were assessed.

Participants benefited significantly. Simply by actively documenting their experience, awe was found to have increased over just twenty-two days when controlled for baseline traits. In particular, awe in healthcare workers, when controlling for other positive emotions, was found to lead to less subjective stress and improved well-being on a day-to-day basis.<sup>10</sup>

This study underscores that awe can be elicited even in seemingly mundane, everyday moments yet can have a significant impact. We could not possibly climb the mountain tops every day, but the stress-relieving benefits of awe are not limited to extraordinary experiences. Further studies on awe interventions in challenging times are needed to further elucidate the link between awe and stress relief.

#### Awe in Psychiatry

The practice of psychiatry is a rich source of awe. I often find myself in awe of both the pervasiveness of mental illness and the incredible resilience of our patients. We are privileged that these

daily experiences allow opportunities to challenge and reshape our understanding of humanity, one of the many reasons I chose this field.

It was difficult to find specific references to awe in traditional mental health care. Mindfulness exercises have highlighted awe; for example, "awe walks" refers to the practice of intentionally seeking awe from one's surroundings.

Yet, awe is likely also playing a role outside of mindfulness techniques. When patients have an "aha" moment in therapy, powerful positive emotions such as awe may present themselves. Additionally, experiencing awe, along with the subsequent need for accommodation, may be able to evoke cognitive or emotional changes. Or, recognizing such changes may induce awe in the patient or the therapist.

Neuroscientific studies have begun to explore the brain mechanisms associated with awe. An fMRI study showed that when participants were immersed in awe-inducing videos, there was decreased activity in the frontal pole, posterior cingulate cortex, and angular gyrus. These areas are within or adjacent to the default mode network (DMN), which has been implicated in self-referential thinking and the feeling of a "small self."<sup>11</sup>

In psychedelic therapy, reduction in self-referential processing and ego-dissolution are also correlated with reduced activity in the DMN, as well as increased whole-brain connectivity. Profound awe has been proposed to be a key component in the mystical experiences evoked by psychedelic-assisted psychotherapy.<sup>12</sup> Ketamine treatment has also been linked to experiences of awe, which some studies suggest may mediate the antidepressant effects of ketamine.<sup>13</sup>

Lastly, with its impact on critical thinking skills and pro-social behavior, awe may be helpful in medical education. In her article, *Compassion, gratitude, and awe: The role of pro-social emotions in training physicians for relational competence*, Colleen T Fogarty argues for the importance of cultivating pro-social emotions, including awe, in medical training. She suggests, "Trainees who work in an environment where recognizing awe is allowed—and encouraged—can continue to expand their cognitive boundaries

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and ensure a stance of life-long learning.”<sup>14</sup>

### Cultivating Awe for Ourselves, Our Patients, and Our Loved Ones

We, as psychiatrists, tend to be keen observers. We are uniquely positioned to explore and nurture awe in our everyday lives. Intentionally sustaining our attention on positive awe experiences is helpful to ourselves, our loved ones, our patients, and our communities.

The Greater Good Science Center, a research center at the University of California Berkeley that studies well-being, offers six ways to incorporate awe into daily routines:

- Linger when you experience awe
- Slow down to create space for awe to emerge
- Appreciate your senses
- Unplug from technology
- Go on an awe walk, intentionally seeking awe in your surroundings
- Keep an awe journal to document moments of wonder<sup>15</sup>

On the *On Being* podcast, Kristen Tippet aptly described awe as “a compass for what matters.”<sup>16</sup> Awe can serve as a guiding force, pointing us towards what is important. Such guidance is crucial in times of stress. We just have to notice it.

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## MPS - News

**WMPS Chapter President Opportunity** - MPS is looking for a member to volunteer to become president of the Western Mass Chapter (WMPS).

We are looking for someone enthusiastic to plan meetings for WMPS, which are typically held on the third Wednesday of each month. Meetings are currently held virtually. You will have full support from MPS staff and leadership. As president of WMPS, you will also be a voting member of MPS Council and invited to all Council meetings.

Please contact Mayuri Patel at [mpatel@mms.org](mailto:mpatel@mms.org) if you are interested. Our hope is to have a new president in place as soon as possible so we can re-energize the WMPS chapter.

**Women in Psychiatry Committee Chair** – The committee is currently seeking a new Chair. This is a great opportunity for a passionate and committed member to lead the committee.

If you are interested in serving in this role or would like more information about the responsibilities, please contact Mayuri Patel at [mpatel@mms.org](mailto:mpatel@mms.org).

**Do you like to write?** Have a topic you think MPS members would love to read about? Reach out to Mayuri Patel at [mpatel@mms.org](mailto:mpatel@mms.org) for details on how to include an article in the MPS newsletter.

**Education** - You can now find the APA Monthly Free CME Webinar on the MPS website. Visit [www.psychiatry-mps.org](http://www.psychiatry-mps.org) and click on the Education link.

**APA/MPS Membership** - If your APA/MPS Membership has been dropped as of March 31, we want to remind you that you can pay your dues using your credit card with a monthly payment plan. Please call 1-888-357-7924 Monday-Friday, 8:30am-6pm.

### MPS Newsletter is Available Electronically



The MPS Newsletter is available electronically. Please contact Mayuri Patel at [mpatel@mms.org](mailto:mpatel@mms.org) or at (781) 237-8100, x1 if you prefer to receive your newsletter by email.

### MPS members are welcome to attend all committee meetings

MPS members are welcome to attend any committee meetings of interest noted on the calendar section. Please email the staff person listed for the meeting you are interested in order to receive the Zoom meeting link. We can also add you to any committees that interest you so you never miss a meeting notice!

\*Please note Executive Committee and Council Meetings are only attended by elected members.

## 2025 MPS Annual Meeting



Standing from left- right - Drs. David Osser, Janet Osterman, Rohn Friedman, John Bradley, Frederick Stoddard, Donald Condie, Mark Hauser, Gary Chinman, Sally Reyerling, Gregory Harris, Marie Hobart, Paul Summergard and Eugene Fierman

Sitting from left-right - Drs. John Fromson, Jhilam Biswas, Nassir Ghaemi, Donna Norris and Anderson Chen



## 2025 MPS Annual Meeting



## 2025 MPS Annual Meeting



## MPS is pleased to welcome the following New Members

### General Member:

Alan P. Brown, MD  
Cynthia Berkowitz, MD  
Siddhi Bhivandkar, MD  
Nkechi Conteh, MD  
Haley Euting, MD  
Dheeraj Kaplish, MD  
Naomi Schmelzer, MD  
Byung Kil Kim, MD  
Meghan Kolodziej, MD  
Sarah Q. O'Neil, MD

### Resident Fellow Member:

Daniel DeSimone, MD  
Kristen Jorgenson, MD  
Judy Njeri Kairo, MD  
Samuel Powell, MD  
Olaide Sode, MD  
Shayna Swick, MD

## 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 [mpatel@mms.org](mailto:mpatel@mms.org) for details to submit your article today!



The MPS Executive Committee, Council and staff wish you a safe and happy summer!!!

## SAVE THE DATE

**36th Annual Psychopharmacology  
Update**

**Saturday, November 1, 2025**

Please join us to celebrate Dr. Michael Gill who recently retired from the practice of Psychiatry.

His wisdom, skill, and empathic treatment of chronic mentally ill patients has been a transformational influence for a generation of trainees and colleagues. This event will give us a chance to thank him personally with an informal gathering at the Tembo restaurant in Waltham on September 7th from 2-5 pm.

Please RSVP to Dr. George Sigel 781-762-3987.



# SAVE ON YOUR APA/DB MEMBERSHIP DUES

Looking for Ways to **Save** Time and Money on Your **Membership Dues**?

Check Out These Ways to Save:



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## Ready to Start Saving?

Contact APA Member Services for more information and to sign up.

Call: 202-559-3900; 888-35-PSYCH  
Email: [membership@psych.org](mailto:membership@psych.org)



## OFFICE SPACE

**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

**Harvard Square** sublet available: furnished office in a historic psychotherapy suite. Beautiful windowed space with hardwood floors, AC, large waiting room, and private bathroom. One block from Charles Hotel/Red Line. Please reach out to 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.



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

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

**Your application must be  
submitted to the APA on or  
before September 1, 2025.**

**Harbor Health Services, Inc** is seeking a part time or full time Psychiatrist to provide psychiatric services at our health centers primarily in Boston, flexible 24-40 hrs wkly, position can be hybrid, willing to customize position to meet the interest & skills for our candidate. Current MA license, BC in Psychiatry, experience in addiction medicine, integrated healthcare teams & community health preferred, Interested candidates please apply online at <https://www.hhsi.us/about-us/join-our-team/> or email C.V. to jtranford@hhsi.us For more info, please call J. Tranford at 617-533-2342. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, disability or veteran status.



JUNE:

**ALZHEIMER'S AND BRAIN  
AWARENESS MONTH**

MEN'S HEALTH MONTH

# Find a Psychiatrist

Participate in APA's public online directory



**Find a Psychiatrist** is a searchable database for patients to find psychiatrists, like you.

Once you opt-in, patients and families can search for a psychiatrist by:

- Location
- Disorders Treated
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- Insurance/Medicare/Medicaid Participation

To opt-in, visit  
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## Calling all Mentors and Mentees!

Many thanks to those of you who have participated in our mentorship program and events! As we move into a new year with many challenges this is a great opportunity to make meaningful personal connections.

Mentoring is crucial for growth, development, support and networking. This is especially true early in our careers or at any time we seek to make a change or to expand our horizons. It also helps us to stay on track with all the challenges we navigate in psychiatric practice.

Mentorship for BIPOC members of MPS has been identified as an important need in our discussions in the Antiracism Committee. Though Massachusetts continues to be a strong advocate for LGBTQ+ and Women's rights, there remain many challenges and ongoing need for mentorship.

Please join us as a mentor, mentee, or both! Fill out the attached mentorship interest form, and we will help to connect you.

<https://docs.google.com/forms/d/1JvcmljFo5vBw1qWCdyOjWZClzTB3vpvb-gjsZt3p3vs/edit?ts=63fc0a5e>

For any questions or to discuss the program, contact Marie Hobart MD, Member of the MPS Public Sector and Antiracism committees, at: [mariehobart@icloud.com](mailto:mariehobart@icloud.com)



## 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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860 Winter Street  
Waltham, MA 02451-1411

ADDRESS SERVICE REQUESTED

## MPS Calendar of Events

Women in Psychiatry	June 2 at 7:00 PM via Zoom	mpatel@mms.org
Psychiatry & Law	June 3 at 7:00 PM via Zoom	mpatel@mms.org
SEMPs	June 4 at 7:00 PM via Zoom	mpatel@mms.org
Antiracism	June 5 at 7:00 PM via Zoom	mpatel@mms.org
CME	June 9 at 7:00 PM via Zoom	dbrennan@mms.org
Chairs & Council	June 10 at 5:00 PM via Zoom	dbrennan@mms.org
Healthcare Systems & Finance	June 17 at 7:00 PM via Zoom	dbrennan@mms.org
Executive Committee	June 17 at 5:00 PM via Zoom	dbrennan@mms.org