



Massachusetts Psychiatric Society

your information source for psychiatry in Massachusetts

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www.psychiatry-mps.org

FROM THE PRESIDENT Jhila Biswas, MD, FAPA



Rooted and Responsive to Local Community

September carries its own kind of electricity. It isn't quite fall, but you can feel the shift—in the crispness of the morning air, the rumble of school buses, and the subtle transition from summer's looseness to a season defined by structure and momentum. Our residents begin to shed their "newness" and step into their roles with more confidence. Research meetings and conferences reconvene with vigor, patients return to clinic, and our inboxes and calendars grow heavier by the day. Yet there is a certain clarity to it all—a brightness that comes with rhythm, with purpose, with re-engaging our local communities and the work that grounds us.

Our Psychiatric Physician Identity in a Shifting Landscape

I have been thinking a lot lately about psychiatric physician identity in our local community—what it means to do this work in this moment. It feels like the world around us is shifting so quickly, and with it, the expectations, boundaries, and very identity of our profession. Many of us who once practiced in hospital and clinic settings have found ourselves folded into larger and larger medical systems or in systems that have tighter budgets changing our job descriptions. While these new environments can offer vast networks, collegiality, and resources, they also leave us a bit unmoored. There's a grief, and maybe helplessness, in the loss of those small spaces where we could sit with each other, talk honestly about the challenges we face, go to bat for each other when our specialty or our patients are being overlooked, and process the emotional toll of our work in a setting that feels human scale.

All this local change and displacement is happening against the backdrop of macroscopic change of an uncertain world. The social, political, and economic currents we are living through inevitably find their way into doctoring—whether it's a patient's anxiety about climate change and war, the impact of technological changes on youth and on public discourse, the erosion of

trust in institutions, or the simple exhaustion so many feel from navigating life in a light-speed and noisy terrain. As psychiatrists, we are often tasked with holding space for both the individual's suffering and the broader forces shaping it, as well as translating societal upheaval into something patients can manage and understand. That is a tall order. This tall order calls for us to have our own places of grounding. We need a supported network that reminds us we are not doing this work in isolation and we are in it together.

We should have a safe place for those conversations with no strings attached—the ones that allow us to name what's hard, share enthusiasm on what is working across the state, and reflect on how we hold onto our sense of purpose and identity as psychiatric physicians within the changing "mental and behavioral health" world, within "medicine," and within the broader context of society. Making sense of this work, and the grief that can come with its changes and losses, requires felt connection. One of my hopes is that MPS can continue to offer that kind of anchoring—a place where psychiatrists come together to support our profession, our patients, and the core values that drew us to this field and through medical school, residency, maybe fellowship, in our careers and beyond.

Youth Mental Health

Addressing the growing challenges of youth mental health has been a part of my agenda this year and that of our recent past presidents. I want to thank so many of you who have lent your voices to our efforts to address this—from research to clinical work, to moral support and to advocacy. One area where our Society took a public and early position was on regulating cell-phone use in schools as a solution to address overall problematic use in young people. To that end, I wrote an opinion piece in the Boston Globe titled "Cellphone-free schools that work for everyone," as the President of MPS, and we submitted testimony

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Healing Within Limits: Moral Injury in Healthcare

It started with an email I barely registered before seeing my next patient. Our institution was no longer contracted with a particular insurance carrier, and all patients covered by that insurance would be immediately terminated from care. I later learned this included three of my therapy patients. Though I hadn't been charging for their care as a trainee, I could no longer see them unless they needed a bridging appointment due to acuity or safety concerns.

Termination in therapy is a significant clinical event that requires a thoughtful, considered approach. In trainee clinics where the end dates are often predetermined, termination can be one of the most critical issues in the therapeutic relationship. It can present itself in various ways throughout therapy. We are taught to discuss termination early and intentionally. We are taught to approach termination by reflecting the patient's growth, encouraging independence, and supporting a healthy closure to the therapeutic relationship. We are taught that abrupt termination can be harmful and should be avoided whenever possible.

In this case, I was unable to meet that standard due to forces outside of my control.

This experience is not unique to psychiatry, residency, any specific hospital system, or even the United States. Across the healthcare system, clinicians frequently face the pain of being unable to provide necessary care due to insurance restrictions, bureaucratic limits, or resource scarcity.

I've felt helpless countless times in training. The patients who are sick, but not sick "enough" to qualify for services; those whose prior authorization for necessary treatment is denied; and now, the patients who are abruptly cut off from seeing their therapist due to system-level decisions that they nor their therapist had a part in.

In medicine, we are often confronted with the limits of what we can do. We all knew this entering medical school, or have learned it the hard way sometime during our training. Yet some of these defeats remain difficult to swal-

low as they yield tension between our values and beliefs about what should happen and the reality of what is possible right now. Over time, this dissonance can wear us down.

This pain has a name: moral injury.

What Is Moral Injury?

First identified in combat veterans, moral injury was initially used to describe distress resulting not from a threat to life, but from a violation of moral values. Veterans who were forced to act against their moral values were left questioning their moral integrity.

Defined more broadly, moral injury involves "perpetuating, failing to prevent, bearing witness to, or learning about acts that transgress deeply held moral beliefs and expectations... that pierces a person's identity, sense of morality, and relationship to society."¹

Moral injury has since been proposed to apply to healthcare workers. In 2018, Drs. Simon Talbot and Wendy Dean argued that healthcare workers experience moral injury when they are systematically prevented from delivering the care their patients need due to insurance, administrative burden, or system-level failures.²

Moral injury speaks to why many of us entered medicine in the first place: to help others. When the system prevents us from doing that not once, not twice, but repeatedly over a long period of time, this emotional toll can have a profound impact on physician satisfaction at work.

As Drs. Talbot and Dean aptly note, "Continually being caught between the Hippocratic oath, a decade of training, and the realities of making a profit from people at their sickest and most vulnerable is an untenable and unreasonable demand. Routinely experiencing the suffering, anguish, and loss of being unable to deliver the care that patients need is deeply painful. These routine, incessant betrayals of patient care and trust are examples of "death by a thousand cuts." Any one of them, delivered alone, might heal. But repeated on a daily basis, they coalesce into the moral injury of health care."²

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ny on behalf of MPS in support of legislation limiting student phone use during the school day. In August, the Massachusetts Senate passed the bill by a vote of 38 to 2.

That might not sound surprising unless you know how rare it is for a bill like this to go to roll call, particularly during a polarized political era. Most bills pass quietly with voice votes, but in this case, Senate leadership wanted to make a clear public statement. Senate President Karen Spilka even asked to be recorded. That kind of symbolic support tells us that the Senate sees this as a major step forward in improving classroom environments and addressing the mental health toll that comes with constant digital exposure. The attorney general team that first brought forward The Study Act, one of the legislative efforts that have morphed into the Senate bill, have thanked us many times for our support.

The public opinion nationally is clear. Twenty-two other states have already passed into law similar measures including New York, with a law called *The Distractions Free Schools Law*. Most states have cited data around youth mental health and wellbeing as one reason for enacting these laws.¹

Right now, the House has yet to take up the bill, though the House leadership put out a statement saying they “look forward to reviewing the legislation that the Senate sends over.”² The Governor has signaled support to sign it into law. If it continues to move through the legislature, then this new law will apply to the 2026-2027 school year.

Regardless of what happens next, psychiatry is now publicly vital to conversations about youth brain development, education, and technology and that is why continued research is so important in this area. I do want to highlight an important distinction however, given the energy around this issue. Reducing smartphone usage in schools as a form of improving mental wellbeing is a worthwhile effort, but it does not take away from the outstanding work being done by clinicians and innovators developing therapeutic technologies to support those with mental illness. Some of these innovations, the ones that are vetted, are reshaping access to care, reducing stigma, and empowering patients in ways we could not have imagined a decade ago. It is critical that we do not conflate the harmful effects of excessive smartphone use in kids and reducing use in schools with the promise of some technologies that may serve as effective extensions of psychiatric care.

As part of our focus on youth mental health, and in response to interest from so many of you, we are starting a Child and Adolescent Psychiatry Committee. Our aim is to create a forum for ongoing data-driven, trauma informed multifactorial discussion—and to help create smaller task forces to deal with education to the public on issues of youth mental health as they arise.

DMH Budget Mostly Restored

I also want to take a moment to acknowledge a big win this summer. Back in January, the Commonwealth’s FY26 budget proposal included \$83 million in cuts to the Department of Mental Health—the largest proposed reductions since the Great Recession according to Massachusetts Association of Mental Health (MAMH). These cuts would have affected adults and children alike, and the consequences would have been devastat-

tating. Through persistent advocacy from organizations across the state, including MPS, nearly all those cuts were reversed. The final budget restored funding for Adult Community Clinical Services, respite care, Clubhouses, youth residential programs, rental subsidies, and jail diversion. It also included \$4.5 million for PACT-Y and \$1.5 million for the Middlesex County Restoration Center. Perhaps most importantly, the budget included language to allow every resident of the Commonwealth—regardless of insurance status—to access crisis services and three outpatient mental health visits per year at Community Behavioral Health Centers. That is a real and tangible impact on access.

Thank you to everyone in our Council, in the Public Sector Committee and in other committees that were vocal in this issue to keep us informed and to get us involved.

Looking Ahead: MPS Advocacy Day and The Membership Committee

Our advocacy is working. It is easy to get discouraged or to feel like efforts are symbolic, but our work is proof that showing up, writing letters, giving testimony, and engaging with legislators makes a difference. As we look to the months ahead, I’m excited to share that our State Advocacy Day will take place on September 24, 2025, at the Massachusetts State House. We are grateful to all the residency program directors who are carving out time so resident and fellow members can attend. Thank you to the members of our Council and leadership who will be there, too. We have a stellar lineup of speakers this year, and I’m looking forward to sharing more soon.

We have also reinvigorated our Membership Committee at MPS. The goal is to think more expansively about what it means to be a member and how we can make sure people feel connected and included at every stage of their careers. We’ve heard from a lot of trainees who want more ways to get involved and find mentorship, and we want to engage the Early Career Committee into this work. We have nominated a resident member to the committee, Dr. Brian Lusby, who is also featured in this newsletter. We’ve also heard from mid-career and senior psychiatrists who are interested in offering that mentorship but are not always sure how to engage. This committee is going to help bridge that gap.

Wisdom from the Past Presidents Dinner

We began the summer with a special gathering of twelve of our MPS past presidents; a warm, thoughtful evening that blended reflection with good company. We have pictures attached from the event. Over dinner, our current Executive Council asked them what they have learned, what they wish they had known, and how they think we should prepare MPS for the future. The conversation was lively and generous, filled with jokes, good food, and a sense of shared responsibility that transcended decades. It was a reminder that while psychiatric care continues to shift, there is a deep continuity—a steady throughline of people who care profoundly about this field and about each other. One past president from the late 1970s observed that the challenges we face as a society are cyclical, destined to return in different forms. Another, with a knowing smile, added, “That’s why it’s all about the relationships. Focus on making good relationships.”

In closing, as we move into the fall, I’m thinking about how we

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hold space for what is hard while also making room for what is possible. I hope MPS continues to be a place where we can do both. Thank you for all you do—for your patients, for your communities, and for our profession.

Warm regards,

Jhilam Biswas

Jhilam Biswas, MD, FAPA
President, Massachusetts Psychiatric Society

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2. Mass Senate to vote on proposed “belltobell” cellphone ban in schools. NBC Boston. Published July 9, 2025. <https://www.nbcboston.com/news/local/mass-senate-set-to-vote-on-proposed-bell-to-bell-school-cellphone-ban/3781437/> Accessed August 5, 2025.

(continued from page 2) - RESIDENT FELLOW MEMBER

Moral injury differs from burnout in that it suggests the issue is not related to a lack of resilience or self-care, but due to systemic barriers to providing necessary, high-quality care. This brings the viewpoint away from individual failings to the system, which can be relieving for those burdened with the notion that their burnout was their fault alone. However, when an issue as broad as “the system” is highlighted, we may also feel a lack of agency and control over improving such a big problem, which can further contribute to helplessness, exacerbating moral injury.

Both can be true: we must take care of ourselves to promote our own resilience while also cultivating resilient systems at the local, national, and global levels.

Moral Injury and Current Events

Amongst significant changes at the White House, I worry about the impact on the healthcare system and the prevalence of moral injury in healthcare workers.

On July 4th, 2025, the Trump administration passed the One Big Beautiful Bill, which includes significant cuts to Medicaid. The Congressional Budget Office, a non-partisan organization, estimates that these cuts will result in over 10 million people losing insurance by 2034.³

Substance Abuse and Mental Health Services Administration (SAMHSA) is the U.S. federal agency that led the initiation of the 988 suicide hotline, supplies grants for mental health research, promotes public awareness of mental health issues, among many other vital roles. However, now SAMHSA faces \$1 billion in funding cuts and a significant reduction in its workforce. SAMHSA is being absorbed under the U.S. Department of Health and Human Services’ Administration for a Healthy America (AHA), where its future remains uncertain.⁴

I think back to my three therapy patients who abruptly lost access to therapy and worry that their situation will become increasingly common.

Proposed Antidotes

The understanding of moral injury in healthcare is relatively limited, let alone within the field of psychiatry, so it is challenging to provide specific solutions without properly characterizing this phenomenon. I also want to recognize that there is an inherent privilege in having the time and capacity to consider this issue, and that those suffering most may not be able to.

In the follow-up article to their initial article in STAT news, Drs. Dean and Talbot offered a few practical, system-level solutions. Suggestions include encouraging collaboration amongst administrators and clinicians, making clinical satisfaction a financial priority, ensuring physician leaders are involved in legislation, and reestablishing a sense of community among clinicians.⁵

In addition, others have proposed that enhancing medical trainees’ meaningful transformation into physicianhood by purposefully highlighting the joys that remain in the practice of medicine may help protect against moral injury.⁶

At the Stanford School of Medicine Diversity and Inclusion Forum, students, residents, fellows, faculty, and interprofessional healthcare members participated in a workshop dedicated to moral injury and strategies to combat it.⁷

The workshop started with a definition of moral injury, noting that there are two elements of moral injury: a troubling event and a moral trespass. This is important because although distressing events may occur, not every person will experience them the same way. A moral injury occurs when a distressing situation interferes with one’s sense of moral identity.

Therefore, to understand why a situation may be morally injurious, the values of the individual and those of the system must be acknowledged. Sometimes these values may match, and sometimes they may differ.

The workshop had participants explore cases and identify values that were transgressed, reflecting on their values and exploring

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institutional-level values.

Proposed actionable steps to identify and initiate change in the context of moral injury included both personal and system-wide approaches:

Personal:

- "Identify peers and leadership members who share the same values
- Find a safe space to talk about these shared experiences of injury
- Identify if there are opportunities in your organization to make a change
- Identify people advocating for change, with whom you can align
- Ask to for a "seat at the table" of conversations for systems level change
- Identify and address moral injury before it becomes burnout"

System-Wide:

- "Creating an anonymous reporting system of moral injury experiences
- Promoting accountability in addressing these reported incidents
- Improving transparency of current efforts to promote equitable, safe, and welcoming work environment
- Creating a way to identify values in a system
- Promoting metrics to evaluate how well values are carried out"

These ideas won't solve everything, and they won't speak to everyone. But we owe it to ourselves and our patients to keep trying. As James Clear wrote in *Atomic Habits*, "You do not rise to the level of your goals. You fall to the level of your systems."⁸

As we strive to build better systems, let's support each other. Because despite the healthcare's challenges, we're still here. And that, in and of itself, is a form of resilience.

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3. Congressional Budget Office. (2025, June 4). Letter from Ron Wyden, Frank Pallone Jr., and Richard E. Neal to the Congressional Budget Office Director regarding CBO estimates of uninsured Americans [Letter]. Congressional Budget Office. https://www.cbo.gov/system/files/2025-06/Wyden-Pallone-Neal_Letter_6-4-25.pdf
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Presence Is Power - Brian J. Lusby MD, MSC

I'm Brian Lusby, a psychiatry resident at Brigham and Women's Hospital. I'm honored to join our Membership Committee at such a pivotal moment in behavioral health.

For me, our psychiatric society is where we can come together to address this crucial moment by leveraging our collective expertise.

I saw first-hand the power of organized psychiatry in Washington State where there were no physicians in our healthcare committees or even our legislature. Whether or not we were present, decisions will be made—about our profession, our patients, and the systems we work within. If we're not at the table, someone else will be.

As healthcare systems become more intricate, I see organized psychiatry as a vital way to both maintain and extend our work beyond the clinic. For those like me who are early in our careers, it's one of the most effective tools we have to shape the future of our field, and not let it be shaped for us.

Call for Nominations for MPS Leadership

Each year the MPS elects members to leadership positions for the next term beginning on April 29, 2026. The Nominating Committee will begin to solicit nominations from the membership. The committee encourages broad participation in the election process and to fully represent the diverse membership of our organization.

Positions for Nomination:

- President-elect (3 years total – President-elect, President and Immediate Past President)
- Secretary (2-year term)
- APA Representative (2 positions - 3-year term)
- Councilor (2 positions - 3-year terms)
- Resident Fellow Member (2 year term)
- Nominating Committee (2 positions – 2-year terms)

Information about Positions:

The MPS Council meets almost monthly (8 times per year) on the 2nd Tuesday of the month with some variation due to holidays. Council members must participate in a minimum of 70% of the Council meetings each year. In addition, the Council meetings, the Executive Committee (Presidents, Secretary, Treasurer and Senior APA Representative) meets on the 4th Tuesday of most months, also with some variation. APA Representatives are expected to attend two Area 1 meetings in the New England Area and two APA Assembly meetings per year.

The Nominating Process

The Nominating Committee meets virtually in October and November to set the slate of candidates.

To submit the name of a colleague or your name for a leadership position, please send a brief bio which includes your current practice setting, subspecialty (if appropriate), specific areas of interest, and past roles or participation in MPS to our Administrative Director, Debbie Brennan (dbrennan@mms.org). The deadline for nominations is Monday, October 10, 2025. All Nominating Committee correspondence is strictly confidential. If you nominate a colleague, please let us know if you have communicated your nomination to them. The Nominating Committee will consider all nominations and will select a slate of candidates to be presented to the membership in the winter prior to the election which will take place via electronic ballots. The new leadership will be announced at the MPS Annual Meeting on April 28, 2026.

Please do not hesitate to contact us if you have any questions.

Nassir Ghaemi, MD, MPH, DLFAPA, Nominating Committee Chair

Jhilam Biswas, MD, FAPA, President

Anderson Chen, MD, President-Elect & Nominating Committee Co-Chair

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 10th of the month.

Reach out to Mayuri Patel at mpatel@mms.org for details to submit your article today!

Past Presidents Dinner

We had a wonderful Past President Dinner on July 8th at Ruth's Chris Steak House. It was truly fascinating to see the past, present, and future of the organization come together in one room. We want to extend our heartfelt thanks to everyone who attended and made the night so special. Your presence truly made the event meaningful and enjoyable.



MPS Advocacy Updates

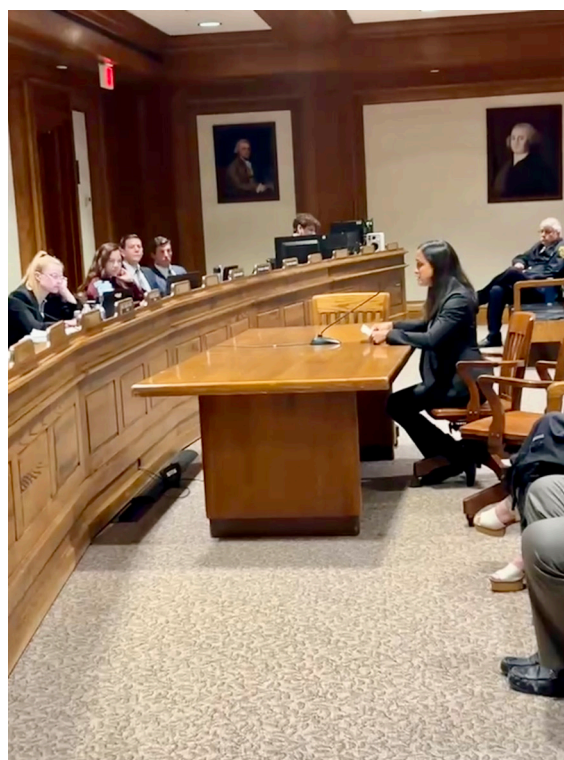
Testimony at State House 6/17/25 - MPS support for S335 and H666

Dr. Jhila Biswas testifying before the Joint Committee on Education on "The Study Act" filed by Attorney General Andrea Joy Campbell that will ban cell phone in the classrooms during school hours.

AG Campbell Testifies In Support Of The STUDY Act To Promote Safe Technology Use And Protect Youth Mental Health (Mass.gov - Office of the Attorney General 6/17/25)

"We are raising younger generations in a digital storm, where attention is fractured, sleep disrupted, and mood and confidence affected by likes and comparison. The Massachusetts Psychiatric Society strongly supports the STUDY Act because the evidence is clear: the unregulated use of smartphones in schools is part of a public health crisis in youth mental health. This legislation is a vital step toward protecting young developing minds. Schools should be a place of focus, connection, and digital detox—a space where children are free to think on their own, without the constant pull of an algorithm. Our kids deserve a break from the noise so they can truly learn, grow, and socialize," said Jhila Biswas, MD, President, Massachusetts Psychiatric Society

You can read MPS' testimony in support of the bill in the Advocacy section of our website: www.psychiatry-mps.org - Advocacy





Saturday, November 1, 2025

8:15 a.m.–4:00 p.m.

Virtual Program

Massachusetts Psychiatric Society's 36th Annual Psychopharmacology Update

Program Overview

Each year the psychopharmacology update course chair and cochair review feedback from the previous year including suggestions for topics of interest. Also, the organizers have extensive experience consulting with psychiatrists who have psychopharmacology questions and become aware of prescribing issues that are not well understood by practitioners. From these sources a set of presentations was developed. The program begins with an appraisal of new and newer drugs in psychopharmacology. A second speaker will focus on schizophrenia, understanding the role of muscarinic cholinergic system in its etiology and treatment. This will be

followed by a speaker describing bipolar disorders across pregnancy and the postpartum. The program continues with a discussion on the treatment of insomnia secondary to major depressive disorder and generalized anxiety in adults. After a lunch break, there is a discussion on integrating focal psychotherapy interventions into routine pharmacotherapy. The final lecture will be on the topic of neuromodulation. The program will end with questions and answers on any topic in psychopharmacology with a panel of the day's speakers

Learning Objectives

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

- Prescribe medications without being subject to undue influence by drug company marketing
- Know when it might be appropriate to prescribe new and newer psychopharmacology agents over older and current treatments-of-choice
- Select the most evidence-supported medications for efficacy and safety for patients with schizophrenia
- Appreciate the evidence-based way of prescribing in bipolar disorder across pregnancy and the postpartum
- Select the most evidence-supported medications for efficacy and safety for patients with insomnia secondary to major depressive disorder and generalized anxiety in older adults
- Appreciate how to best integrate psychotherapy interventions into routine pharmacotherapy
- Appreciate the evidence-based use of neuromodulation

[CLICK TO REGISTER ONLINE](#)

AMA Credit Designation Statement

The Massachusetts Psychiatric Society designates this live activity for a maximum of 6.5 *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Accreditation Statement

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

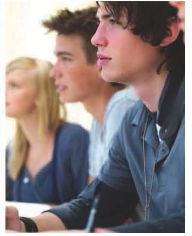
REGISTRATION FEE

MPS/APA/MMS MEMBER	\$150
RESIDENT/FELLOW	\$15
NON-MEMBER	\$175
MEDICAL STUDENT	\$0

Questions?

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

Please note the link for the conference will be sent on October 31st.



Program Schedule

8:15-8:30 a.m.	Welcome and Introduction <i>Anderson Chen, MD, Activity Chair</i> <i>David N. Osser, MD, Activity Co-Chair</i>
8:30-9:30 a.m.	An Appraisal of New and Newer Drugs in Psychopharmacology <i>David N. Osser, MD</i>
9:30-10:30 a.m.	Schizophrenia: Understanding the Role of the Muscarinic Cholinergic System in its Etiology and Treatment <i>John J. Miller, MD</i>
10:30-10:45 a.m.	BREAK
10:45-11:45 p.m.	Bipolar Disorders Across Pregnancy and the Postpartum <i>Marlene P. Freeman, MD</i>
11:45-12:45 p.m.	A Potential Algorithm for the Treatment of Insomnia in Adults Secondary to Major Depressive Disorder and Generalized Anxiety Disorder <i>Anderson Chen, MD</i>
12:45-1:30 p.m.	LUNCH
1:30-2:30 p.m.	The 16-Minute Hour: Integrating Focal Psychotherapy Interventions into Routine Pharmacotherapy <i>David Mintz, MD</i>
2:30-3:30 p.m.	Transcranial Magnetic Stimulation: Emerging Evidence and Future Directions <i>Bradford M. Lewis, MD</i>
3:30-4:00 p.m.	More Questions and Answers <i>Panel of the Speakers</i>

MPS is pleased to welcome the
following
New Members

General Member:

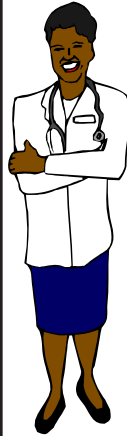
Emily Jane Deringer, MD
Adrey DiMarco, MD
Hannah Hollander, MD
Julia Lustick, MD
Jacob Kagan, MD
Reema Dilip Mehta, MD
Olivia Zurek, MD
Wendy Reiser, MD
Athari Alyazidi Settipane, MD

Resident Fellow Member:

Parinaz Afrashteh, MD
Jacob Balin, MD
Bilal Bari, MD; PhD
Noah Barnett, MD
Caitlyn Coates, MD
Alice Gelman, MD
Tamara Kovac, MD
Meaghan Lee, MD
Yoelkys Morales, MD; PhD
Jordan Paluch, DO
Jane Park, BS; DO
Makayla Portley, MD
Lauren Christen Ray, MD
Katarina Simic, MD
Sunita Singh, MD
Audrey Tran, MD

Transfer In

Matthew Basilico, MD
Matthew B. Postler, MD



MPS
Welcomes
new residents to the
Massachusetts Psychiatric Society!!

Our best wishes for your continued
success!!

Did You Know?

Your newsletter ads are also featured on our website!
We want to give your message even more visibility, so
all ads published in this newsletter are also posted on our
website for added reach.

www.psychiatry-mps.org



MPS Advocacy Day
Wednesday, September 24, 2025
Room 428, Statehouse
Boston, MA

*Registration is required in advance so that we
have a head count. Please register by emailing
Debbie Brennan at dbrennan@mms.org by
September 17th!*

Call for Nominations

2026 MPS Outstanding Psychiatrist Awards

MPS Awards Committee is soliciting nominations for the 2026 MPS Outstanding Psychiatrist Awards

Please consider nominating a colleague who you believe is deserving of this honor. Self-nominations are also welcome.

1. Nominee should be a Member of the Massachusetts Psychiatric Society.
2. Please send the following:
 - a. Nomination letter
 - b. Curriculum Vitae of nominee
 - c. A letter of support (if nominee has an academic appointment, a letter from the department head would be helpful).

The award categories are as follows:

Lifetime Achievement: This award is given to a senior psychiatrist who has made significant contributions over the course of his/her career which is now winding down.

Advancement of the Profession: This award is given to a psychiatrist who has advanced an area of the profession by highlighting and/or clarifying an area which has been in the background, bringing it forward, and developing it; e.g., women's issues, disaster psychiatry, refugee issues, etc.

Clinical Psychiatry: This award is given to a psychiatrist who is an outstanding clinician; someone who is known for having worked to clarify a particular area of interest or type of therapy and practiced it successfully.

Education: This award is given to a psychiatrist who has made a significant contribution to psychiatric education, e.g., establishing a residency, creating a nationally attended course, developing educational materials which can be used nationally for medical student or resident teaching. Being training director per se is not enough.

Research: This award is given to a psychiatrist who has made significant contributions to the development of an area of psychiatric research.

Public Sector: This award is given to a psychiatrist who has worked in the public sector and has been influential in reorganization or in leadership in that area or who has significantly influenced the political system in lobbying for patient's welfare.

Early Career Psychiatry: A psychiatrist who is in the first 10 years after completing residency (not fellowship training) who has done something outstanding in any of the above categories.

Please send your nominee's name, the award you are nominating for and a brief reason for the nomination to Mayuri Patel - mpatel@mms.org or call 781-237-8100 x1 by January 30, 2026.

Attached is list of previous awardees.

Thank you!

Fe Erlita D. Festin, MD, DLFAPA

Chairperson of MPS Awards Committee



Supports To Empower People (STEP) is seeking a Psychiatrist to provide community and residential services to adult men in Rhode Island who are facing intellectual and developmental disabilities, alongside behavioral and mental health challenges.

Key Responsibilities:

- Report to Program and Site Directors regarding administrative and clinical tasks.
- Collaborate with staff on medical documentation while providing leadership.
- Ensure adherence to licensing regulations.
- Maintain relationships with primary care providers (PCPs), families, and community partners.
- Provide direct care, counseling, and psychopharmacological treatment.
- Oversee medication management and conduct essential assessments.

JRI promotes a respectful workplace and offers a \$2,000 bilingual bonus, reimbursement for professional licenses, comprehensive health benefits, retirement plans, pension plan, professional development opportunities, and generous paid time off.

Requirements:

- MD and Board Certified Psychiatrist in Rhode Island.
- Experience working with individuals with intellectual and developmental disabilities.
- Valid driver's license and successful completion of background checks.

Send your Curriculum Vitae to: Kerry-Ann Williams, M.D., Chief Medical Officer at kwilliams@jri.org

Apply Here: [Psychiatrist](#)

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

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.

Cambridge / Harvard Square

Lovely furnished office in a renovated psychotherapy suite in a charming historic building. Hardwood floors, high ceilings. Large sunny waiting room. One block from Charles Hotel, Red Line (T), bus line. Sublet day-time, evening, weekend hours. Photos available. crieder@mclean.harvard.edu

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 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.

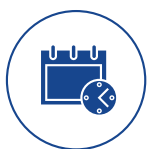
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Check Out These Ways to Save:



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Couples Discount—If you are married to another APA member (or live in the same household), share your print copy of AJP and you'll each get a 15% discount on your APA national dues.

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

Call: 202-559-3900; 888-35-PSYCH
Email: membership@psych.org





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Register: clinicaltmsociety.org/pulses

**PULSES: The Clinical TMS Society
International Certification Course**



We encourage all members to visit our website regularly for the latest news, updates, and opportunities.
www.psychiatry-mps.org

**Stay informed and
connected with MPS**

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Physician Job Opportunity: Psychiatry – Consult-Liaison Service to Hospital & Emergency Department

Coastal Southeastern Massachusetts – less than 30 minutes from Providence, Rhode Island and less than 1 hour from Boston, Massachusetts

Southcoast Health is dedicated to assembling high-quality physicians to deliver exceptional care and services. As one of the largest and fastest-growing health systems in New England, Southcoast Health has established itself as a premier destination for healthcare professionals. Our Behavioral Health Center, a part of the Southcoast Physicians Group comprising over 700 providers and continuing to grow, exemplifies our commitment to excellence in patient care.

Southcoast Health is invested in comprehensive behavioral health consultant services across 3 community hospitals – St. Luke's Hospital in New Bedford, MA, Charlton Memorial Hospital in Fall River, MA & Tobey Hospital in Wareham, MA, along with the creation of an integrated behavioral health program across affiliated ambulatory and specialty clinics.

This is a unique opportunity to work in a non-for profit, mission driven community setting, invested in building up behavioral health services across the system – bringing opportunities for immediate direct care impact as well as departmental program development.

Key Responsibilities

- Diversified emergency department and hospital-based consultation-liaison (CL) psychiatry services in support of Southcoast Department of Psychiatry and Southcoast Physician Group, under the rules and regulations of Massachusetts medical practice.
- Reasonable RVU expectation given commitment to educational component of this position and desired system level impacts.
- Proactive team-based model, with behavioral health dedicated Community Health workers, RNs to support patient centered approach, active management and disposition services, in collaboration with medical and social services teams.
- No regular evening or weekend coverage – limited to several paid weekend, holiday shifts in rotation with other Departmental clinicians.
- May include clinical supervision of APPs providing ED and CL services, along with other MD staff.
- Additional clinical/educational relationships exist with Beth Israel Deaconess Medical Center, Brown University, Boston Children's Hospital, Boston Medical Center.
- Programmatic leadership opportunities exist to work with Psychiatry and institutional leadership for expansion of hospital-based service to address Substance Use Disorders, Geriatric populations, and development of ambulatory consultative services.
- Opportunities to represent psychiatry in institutional committees (Bioethics, Quality Steering Committee).

Qualifications

- Medical degree from an accredited institution.
- Board certification/eligibility.
- Current state medical license and DEA registration.
- Demonstrated clinical excellence, patient satisfaction, and effective communication skills.

Benefits

- Competitive salary with productivity-based incentives.
- Comprehensive benefits package including: 41 days PTO and 6% match on retirement after 2 years.
- Malpractice coverage of \$2M / \$6M.
- Opportunity for relocation assistance/sign-on bonus.
- Not for profit, under-served community site brings opportunities for loan forgiveness.
- Continuing medical education (CME) allowance and paid time off.

About Southcoast Health's Specialty Services: Southcoast Health offers outstanding specialty services, consistently ranked among the top in the region. Ranked #12 regionally by US News and World Report, our advanced heart programs, highly recognized perinatal, and bariatric services reflect our dedication to excellence. We are proud to be recognized as an IDSA Antimicrobial Center of Excellence and have received accolades from organizations such as Newsweek, US News, ChiME, and SouthCoast Today.

Community Impact: Within the medical staff of ambulatory and inpatient providers, Southcoast Health boasts over 1000 members, serving over 135,000 patients in Southeastern Massachusetts and Rhode Island. We are a desirable destination for medical student and advanced practitioner rotations, with collaborative agreements with nearby prestigious schools.

Southcoast Health is a not-for-profit charitable organization that depends on the support of the community to provide services. More information is available online at www.southcoast.org

About the Community: Our communities offer a diverse array of cultural attractions, outdoor recreational activities, and family-friendly neighborhoods. Located within easy reach of Boston, Providence, and Cape Cod, our region provides an exceptional quality of life for individuals and families alike.

How to Apply: Interested candidates should submit a cover letter and CV to Holly Lestage @ lestage@southcoast.org Cell: 508-525-3585. In your cover letter, please highlight your relevant experience in Psychiatry, clinical interests, and why you are interested in joining the Southcoast Health Behavioral Health team.

Southcoast Health is proud to be an equal opportunity employer, fostering a diverse and inclusive workplace. We encourage qualified individuals from all backgrounds to apply.



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

ADDRESS SERVICE REQUESTED

New Committee Launch – Child and Adolescent Psychiatry Committee

The Massachusetts Psychiatric Society is pleased to announce the launch of a new Child and Adolescent Psychiatry Committee. This committee will serve as a dedicated space to shape our advocacy and educational efforts around youth mental health.

The first meeting will focus on developing the committee's vision, mission, and goals, and will be held on Thursday, September 25, 7:00-8:00 p.m with a follow-up meeting on October 29. The committee will also provide networking opportunities to connect with colleagues who share a passion for child and adolescent mental health.

If you are interested in joining or would like more information, please contact Mayuri Patel at mpatel@mms.org.

MPS Calendar of Events

SEMPs/WMPs	September 3 at 7:00 PM via Zoom	mpatel@mms.org
Council	September 9 at 5:00 PM via Zoom	dbrennan@mms.org
Executive Committee	September 16 at 5:00 PM via Zoom	dbrennan@mms.org
Healthcare Systems & Finance	September 16 at 7:00 PM via Zoom	dbrennan@mms.org
Disaster Readiness	September 18 at 4:30 PM via Zoom	dbrennan@mms.org
Public Sector	September 18 at 7:00 PM via Zoom	mpatel@mms.org
Advocacy Day	September 24 at 10:15 am - 12:00 pm in Room 428 at the State House	dbrennan@mms.org