



Massachusetts Psychiatric Society

your information source for psychiatry in Massachusetts

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FROM THE PRESIDENT
Jhila Biswas, MD, FAPA



The Spell of the Season and the State of Our Work

Welcome to the Fall in Massachusetts. October is magical. It stirs something—an ancient awareness in our bones, just beneath the rhythm of daily life, reminding us that time is quietly, inevitably moving. The sunlight shifts, sweater weather arrives in fits and starts, and all around us the landscape transforms into something colorful and vivid, fleeting and thrilling. October is a real bookmark in time, as it creates the backdrop of so many holidays and seasonal traditions. The month doesn’t just signal a change in weather in the Commonwealth—it casts the spell that makes Halloween feel like Halloween and Thanksgiving truly Thanksgiving, offering a fleeting kind of clarity that reminds us time is moving, and now is the moment to be fully awake to it.

Even as October wraps us up in its amber light and pumpkin spiced wonder, it’s impossible to ignore the quieter and unsettling erosion impacting the national medical landscape. Institutions that once upheld the rigor and consistency of our public health, like the CDC and HHS, are facing both structural disinvestment and a crisis of public trust. Long-standing medical truths—such as the efficacy of vaccines—are being questioned in ways that jeopardize not only policy but patient safety. This isn’t just a challenge to medicine; it’s a challenge to the very foundation of health. In the face of this, the work we do at MPS feels vital. This past month, we’ve focused our collective energy to speak directly to the heart of psychiatric care, education and community building, which we’ll discuss here. In a time where nothing feels certain, we remain rooted in our values, committed to connection, and focused on moving forward collectively and with purpose.

The Weight of Administrative Burden and MPS Prior Authorization & Telemedicine Advocacy

One of the clearest themes this fall, at both national and local levels, is the impact of administrative burden in our profession. This is more than a nuisance—it’s a serious threat to the sustainability and integrity of psychiatric care. APA President Dr. Theresa Miskimen Rivera has made this issue a cornerstone of her presidential agenda, articulating that we must define this problem clearly if we ever hope to fix it. In her recent column in *Psychiatric News*,

she wrote, “To create meaningful change, we must first be able to name the structures and practices that hinder our ability to provide care” (Miskimen Rivera, 2025).¹

One of the most entrenched structures contributing to this burden is prior authorization. An AMA survey, in 2024, of 1,000 physicians found that 75% of them reported prior authorization requests have increased in the past 5 years. Fortunately, there’s a flicker of movement on this front. Major healthcare plans are beginning to pledge reforms aimed at streamlining or eliminating the most egregious delays (APA, 2025).² But change will need our voice and vigilance.

On behalf of MPS, Dr. Michael Bennett, Chair of our Healthcare Systems and Finance Committee, submitted written testimony to the Joint Committee on Financial Services in support of H.1134, An Act improving the health insurance prior authorization process. His testimony underscores how the inefficiencies of current systems—glitchy portals, time-consuming calls, and uncorrectable flawed criteria—don’t just frustrate psychiatrists; they directly prevent patients from accessing timely and appropriate treatment. Dr. Bennett wrote, “At least 50 percent of prior authorizations fail for technical, non-clinical reasons.” He went on to advocate for regulation that enforces efficiency and transparency, citing that the current systems not only waste time but also interfere with the therapeutic relationship and clinical momentum patients need to heal.

In addition, this month, MPS joined more than 50 organizations in signing onto a letter from the Massachusetts Telemedicine Coalition (tMED), urging Congress and CMS to permanently adopt key telehealth flexibilities. These provisions would expand access, protect provider safety, and support continued virtual care delivery models critical to behavioral health.

New Frontiers in MPS Education: A Podcast Pilot Production

I’m delighted to share that the Psychotherapy Committee, Co-

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Student Loans & Innovation in Medical Education

A little over a month has passed since the start of the new academic year. Children are settling into their classrooms, college campuses are buzzing with family weekends and homecomings, and medical students are immersed in classes and exams. Residents are adjusting to their new responsibilities, growing into their roles with increasing confidence. The early months of an academic year often bring a unique mix of excitement, adjustment, and occasional overwhelm.

This academic year, I have transitioned to my fourth year of psychiatry residency, which has come with new responsibilities in leadership, research, and teaching. Compared to earlier transitions in medical training, such as the leap from medical school to intern year, I am relieved that this one has felt relatively smooth.

Reflecting on my experience at the beginning of medical school, it is striking how much has already transformed. The COVID-19 pandemic, which struck during my third year of medical school, altered medicine, education, and society. The USMLE Step 1 exam is now pass/fail, transferring pressure to perform onto the USMLE Step 2 exam. Applicants to psychiatry residency can now signal specific programs and geographic areas.

More recently, changes to graduate-level student loans have threatened a significant shift in the accessibility of medical education.

As part of the Big Beautiful Bill signed into law on July 4th, 2025, federal graduate student loans, including those for medical school, will be capped at \$50,000 annually with a lifetime limit of \$200,000. Additionally, Graduate PLUS loans will be eliminated. These changes will take effect for new borrowers on July 1st, 2026.

It is no secret that medical school tuition does not, on average, fit within these limits. For the matriculating class in 2025, the average 4-year cost of medical school was \$286,454 or \$390,848 for public and private institutions, respectively. The median amount of debt for the class of 2024 was \$205,000.¹

Without sufficient access to federal loans, students may need to turn to private financing. Yet, private loans often come with higher interest

rates, fewer borrower protections, no income-driven repayment options, and sometimes require a creditworthy cosigner.

The federal graduate student loan limits were proposed to stem from a desire to discourage institutions from continuing to raise tuition unchecked. However, decreasing student loans is unlikely to pressure graduate institutions such as medical schools to lower tuition. In reality, there has never been a shortage of eager medical school applicants awaiting their acceptance letters. Without significant changes to how academic medical centers are funded and incentivized, there is little reason to believe that schools will voluntarily reduce tuition in response to loan caps. Instead, schools themselves are facing growing financial pressures after reductions in federal research funding.

Decreased federal loan availability will impact potential applicants, medical students, physicians, including psychiatrists, and, most importantly, our patients, particularly those most vulnerable.

Impact on Underrepresented Applicants and Underserved Communities

Diversity of the physician workforce is an essential topic that is outside the scope of this newsletter. Briefly, diversity is imperative for a multitude of reasons, including improved clinical outcomes. When a physician's background reflects that of the communities served, treaters may be better able to understand the unique customs, experiences, and problems within that community. Studies have shown that when patients are treated by physicians who share their racial, ethnic, or cultural background, patient outcomes improve.²

Additionally, students from underrepresented backgrounds, including low-income households, are more likely to choose primary care specialties and to practice in underserved or rural areas.³ However, this general trend should not become a burdensome expectation for individual students, who deserve the freedom to pursue their interests.

Given this historical trend, however, reducing access to loans for medical school risks discouraging or limiting applicants who may otherwise fill immense gaps in our workforce.

Is Now the Time to Consider More Three-Year Medical School Tracks?

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Chaired by Dr. Margaret Tuttle and Dr. Stephen McDermott, has been in discussion to launch a pilot podcast project focused on leaders in psychotherapy that our leadership plans to support and hopefully expand in the future. This will be a space where wisdom, clinical insight, and the nuances of psychotherapeutic process and technique can be explored in depth—and in a limited series format that reaches beyond the walls of traditional CME at MPS.

Dr. David Mintz, part of our MPS Psychotherapy Committee, recently reflected in *Psychiatric News* that psychotherapy is making a comeback in American psychiatry. With psychiatrists rejecting the term, “Prescriber,” along with the rise of telehealth, and the younger generation of psychiatrists building a broad range of therapeutic skillsets along with short term psychotherapy. He writes, “It’s not just about technique; it’s about reclaiming the vitality and meaning of the therapeutic encounter” (Mintz, 2025).³ This podcast aims to do exactly that—bring meaning and method of psychotherapy in the forefront of psychiatric dialogue and lift up the clinicians and their effective work that help shape the evolving field of psychotherapy. My hope is that, in addition to psychotherapy, this pilot becomes a springboard for future episodes that capture the institutional wisdom of our Society—the stories, efforts, and advocacy that have shaped MPS across five decades of collective work.

Justice-Informed Clinical Education and MPS Advocacy

This season also brings with it renewed attention to social justice in psychiatric training; particularly in the carceral setting. A recent article in *Psychiatric News* makes the case for justice-informed clinical education—not just as a theoretical ideal, but as an urgent and practical priority (APA, 2025).⁴ As the piece describes, future clinicians must understand the structural barriers their patients face, and be prepared to intervene not only with diagnostic skill, but with systemic awareness, as carceral settings are some of our largest psychiatric hospitals in the United States. The APA Online Learning Center is now housing lectures created by the APA’s Council on Psychiatry and Law, through its Workgroup on Carceral Psychiatry, with many psychiatrists with Massachusetts connections. The link can be found in the reference attached.

At MPS, we see the carceral population, and particularly those with serious mental illness, as central to our mission. This fall, we are doubling down on efforts to support bills aimed at expanding access to timely treatment in the inpatient and outpatient setting for those with serious mental illness through *An Act to provide more timely treatment of inpatient mental healthcare* S1401/H2210 and *An Act to provide continuum of care for severe mental illness* S1115/H1801. These legislative actions are aimed at reducing unnecessary incarceration, homelessness, and violence stemming from untreated illness—and increasing access to timely care to those who need it most and suffer from grave disability and are in and out of the carceral system. Research shows that timely psychiatric care reduces adverse events for the patient and those around them. We are committed to supporting a system that treats mental illness before it escalates to crisis, and one that keeps people in the community, where healing happens in the neighborhood rather than in a locked setting, for those who can tolerate this. Additionally, in the past few years MPS has drafted a bill, *An Act relative to a humane response to a mental health crisis* that will address police apprehension of those with mental illness, and to do this in a more humane way.

MPS has also recently joined the Massachusetts for Overdose Prevention Coalition in supporting legislation to authorize Overdose Prevention Centers (H.2196/S.1393). Alongside other medi-

cal and public health organizations, legal advocates, and families affected by the overdose crisis, we signed on to a letter urging the Joint Committee on Mental Health, Substance Use, and Recovery to move this life-saving measure forward. Overdose Prevention Centers are part of a comprehensive, evidence-based strategy to reduce deaths, connect people to care, and begin recovery in non-coercive settings. Supporting this legislation reflects our broader commitment to harm reduction, upstream intervention, and the belief that everyone deserves the chance to heal—and to do so in community.

We will update the membership as we know more about the hearings for these bills, but they will likely be scheduled over the course of the Fall.

A Season for Presence: Meaningful Moments at MPS

The magic of October isn’t just aesthetic—it’s almost existential. It marks time, shifts energy, and invites reflection, tradition, and imagination before the winter. In medicine, as in life, it’s easy to keep moving forward without pausing to ask what still matters most. As the season gently unravels, inviting us to witness the trees letting go, it quietly asks: What are we ready to release—and what space might that create for building new connections that are intentional and enduring?

At MPS, we’re leaning into that spirit. This fall, the Membership Committee has been actively building community with events like a statewide Field Day for residents planned by BMC Brighton in which MPS will be a sponsor, as well as planning an upcoming evening of food and connection for early career psychiatrists. These moments of joy and collegiality are small but powerful—because they remind us that we’re not doing this work alone.

Whether it’s fighting for our healthcare system, launching a podcast to lift up psychotherapy voices, or advocating for justice-informed care, we are trying to tend to our shared professional ecosystem in a way that’s both responsive and visionary.

Lastly, I want to thank Dr. Simone Obara for her work as Councilor, as she is moving to another state. I want to welcome Dr. Ashwini Nadkarni, who has been nominated by the Nominating Committee, to take on this position for the rest of the year. Congratulations Dr. Nadkarni!

As we move deeper into the season, I’m reminded of something poet Mary Oliver once wrote: “Attention is the beginning of devotion.” This fall, may we pay close attention—to each other, to our patients, and to the profession we’re shaping together.

Warm regards,


Jhilam Biswas

President, Massachusetts Psychiatric Society

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3. **“A Renewed Commitment to Psychotherapy in American Psychiatry,”** *Psychiatric News*, vol. 60, no. 8 (July 25, 2025), by David Mintz, M.D. ([psychiatryonline.org](https://www.psychiatryonline.org))
4. **“Justice-Informed Clinical Education for the Next Generation,”** *Psychiatric News*, by Danielle B. Kushner, M.D., and Dhruv Gupta, M.D. (June 2025)

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In light of new financial constraints on medical education, some have argued for strong consideration of shortening the traditional four-year medical school curriculum.^{4,5}

Historically, the four-year model was developed during a time when residency training was relatively uncommon. At the time, the clinical years of medical school constituted the entirety of hands-on training.⁵ Now, almost all medical school graduates attend a residency program, with many also pursuing fellowships.

As such, the fourth year of medical school has become a time for electives, acting internships, and residency applications. The shift to virtual residency interviews following the COVID-19 pandemic has further altered the fourth-year experience, eliminating the need for travel.

However, for many students, the final year of medical school allows for flexible exploration in electives, extracurricular activities, and other professional development opportunities. Personally, an elective rotation in addiction medicine during my fourth year was important in igniting an interest in addictions, leading me to apply to addiction psychiatry fellowship this year.

Condensing medical school into three years may also contribute to already worsening levels of stress and burnout amongst students.

What Do Current Three-Year Medical Schools Look Like?

According to US News, as of July 2025, twenty-five medical schools already offer a three-year accelerated curriculum, many focusing on pathways into primary care and concurrent acceptance into a primary care residency program.⁶

At New York University (NYU) Grossman School of Medicine, for example, students in the three-year pathway also simultaneously match into a residency position at NYU. According to their website, the curriculum offers 1 year of preclinical training followed by two years of clinical rotations. Compared to those in the traditional 4-year curriculum at NYU, students in the three-year curriculum received similar clinical grades and reported similar readiness for residency.⁷

In a survey of 14 medical schools with three-year tracks, it was found that about 19% of students who originally start in the accelerated pathway switch to the traditional pathway. Academic challenges was the most common reason for this transition.⁸

Still, this means 81% of students graduate in three years. I do wonder if students admitted to the three-year pathway have higher rates of prior professional degrees, perhaps even other health professional degrees. Even if the clinical grades and readiness of the two programs are similar, the results may be biased by a more stringent application process to the three-year pathway.

It's worth noting that NYU's tuition is currently covered for all students, so students may be attracted to the three-year program for reasons other than cost. However, at schools where tuition remains high, the three-year track may gain popularity — particularly under new federal loan limits. Penn State College of Medicine is currently the only school with a three-year pathway specifically for psychiatry.

While I firmly believe that educational decisions should not be dictated solely by financial constraints, we must recognize that the structure of medical education may need to adapt. When thoughtfully implemented, accelerated pathways could help reduce cost without compromising educational quality and, in some programs, could assist in training primary care physicians. However, it's essential to ensure that any reform preserves the integrity of the learning experience and supports student well-being.

How May Residency Programs Adapt?

The United States continues to face a growing shortage of psychiatrists, exacerbated by rising retirements and an insufficient supply of new graduates.

Some have considered reducing the length of psychiatry residency to three years instead of four, noting that fast-tracked child and adolescent psychiatrists are as competent as general psychiatrists in treating adults.⁹

The structure of the fourth year of psychiatry residency varies greatly across programs. Most programs have some required element in the 4th year, either inpatient rotations or longitudinal outpatient clinics. Other experiences include scholarly work, leadership roles, teaching, and electives. These elements, while undoubtedly valuable, may have differing levels of direct impact on clinical preparedness. For residents accruing high-interest private loans, the cost of an additional year can feel increasingly burdensome.¹⁰

Shortening psychiatric training could also make the field more competitive with other three-year training programs. At the same time, however, psychiatry should attract students who want to be-

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come psychiatrists, not necessarily those who are trying to finish training as quickly as possible.

Additionally, the fourth year of training at many programs now involves a chief year, during which leadership, teaching, and mentorship roles are taken on. The development of these skills is important not only for patient care and systems-level thinking but also has implications in differentiating psychiatrists from other mental health professionals.

An alternative approach might involve expanding fast-track options for subspecialty fellowships such as geriatric psychiatry or addiction psychiatry, especially given the consistent number of unfilled fellowship spots.

Changes May Already Be Underway

Reform to graduate medical education is being considered. Competency-based medical education (CBME) is an innovative educational model that shifts the focus from time spent on rotations to achievement of milestones and skills. Instead of progressing through a fixed number of rotations over a predetermined timeline, trainees would advance once they demonstrate competence in specific areas (ex, managing behavioral emergencies). CBME is proposed to be more flexible, with an adjustable curriculum depending on each trainee's needs.¹¹

CBME would also enable the redesign of trainee evaluations, which have historically been influenced by systemic and personal biases. CBME may also incorporate more technology, such as artificial intelligence, to support training and feedback.

However, transitioning to CBME poses significant challenges. If time no longer dictates progression, then, in theory, some trainees may complete their training earlier than others. This has substantial implications for staffing and scheduling of clinical services. Additional challenges include limited availability for direct observation of trainees, the potential for increased administrative burden for both trainees and educators, and the lack of standardized competency assessments.

A task force was recently convened to attempt to address these concerns and provided recommendations to AADPRT, ACGME Psychiatry RC, and ABPN.

Can We Kill Two Birds With One Stone?

The financial constraints of medical school must be considered in education reform, as the potential lost talent is impacting and will continue to impact the most vulnerable patients. The pressure of upcoming federal student loan changes invites innovative ideas to both enhance training and alleviate financial burden. At the same time, it will also be imperative to approach adaptation with flexibility, given the uncertainties that lie ahead.

So, I'm curious to hear from you. Do you think we can kill two birds with one stone? Are there ways to innovate and improve medical school/psychiatric training while also addressing the worsening financial constraints of medical education?

Please fill out this anonymous survey with your thoughts:

<https://tinyurl.com/MPSSurvey102025>

I plan to share the results in the following newsletter.

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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

MPS Committee Happenings

Antiracism Relaunch Announcement

Please join the next meeting of the MPS Antiracism Committee on October 16 from 7-9pm to participate in our re-launch (land renaming) as we broaden our focus as follows:

To Inspire and facilitate individual, organizational, and systemic action to dismantle oppressive practices that impact mental health while promoting equity and socioeconomic justice within psychiatry and our communities.

To fulfill this mission, we need additional members to join in our efforts around these issues. Our committee will meet every 2 months with the expectation that members work individually or collaboratively between meetings to advance our initiatives. We encourage members of Council, committee chairs, and all other members to join us to ensure our organization is helping to push the needle on these urgent issues in our field.

Our committee also seeks a resident co-chair - please direct interest to Hannah Larsen via Mayuri Patel - mpatel@mms.org

Announcing New Child & Adolescent Psychiatry Committee

The Massachusetts Psychiatric Society is excited to announce the launch of our new Child and Adolescent Psychiatry Committee — a dedicated space for shaping advocacy and educational initiatives focused on youth mental health.

The committee will also provide networking opportunities to connect with colleagues who share a passion for child and adolescent mental health.

If you would like to join the committee and/or attend the meeting on October 29, please contact Debbie Brennan at dbrennan@mms.org.

The next Retirement Committee meeting will be held on October 30, from 7:00 PM to 8:30 PM on Zoom.

We plan to have a discussion of the challenges of terminating with an entire practice. The clinician has no experience with this reason for ending treatment and is terminating with lots of people all at once. The emotional reactions of both psychiatrist and patients and some potential pitfalls will be discussed. What works well, what not so well? The discussion will be led off by brief remarks from a panel composed of Monty Stambler, MD, Judy Feldman, MD and Elizabeth Marks, MD. We expect a spirited discussion.

If you don't receive the announcement email, let Mayuri Patel know at mpatel@mms.org

Joe McCabe, MD and Monty Stambler, MD
Co-Chairs

MPS is pleased to offer a mentorship match service to all members!

Please complete the form below if you are interested in being paired with a mentor to support you in any stage or aspect of your career AND/OR if you have experience or expertise that you would like to share with a mentee.

Link : <https://forms.gle/GvJav1EGYVSfxNb27>

After completing the interest form, you will be connected with a mentor/mentee as soon as a match is available.

The MPS Mentorship Program is the result of an ongoing collaboration between our Early Career Psychiatrist, Antiracism, and Retirement Committees.



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 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

[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.

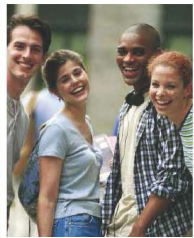
REGISTRATION FEE

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.	Due to sudden and tragic death of Dr. Bradford Lewis, the original speaker on neuromodulation, a replacement speaker and title will be announced
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:

Neha Sharma, DO

Resident Fellow Member:

Dr. Carlos Lohmann, MD

Transfer In

Chinwe Chuka-Obah, MD

Jeffrey Kim, MD

Avneet Soin, MD



MPS
Welcomes
new residents to the
Massachusetts Psychiatric Society!!

Our best wishes for your continued
success!!

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Your newsletter ads are also featured on our website!

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www.psychiatry-mps.org



Join APA October 6-7, 2025 in Washington, D.C

The 2025 Federal Advocacy Conference is a unique opportunity for psychiatrists to lobby members of Congress on issues that affect their practice and patients. APA members are invited to attend and play a critical role in shaping health care policy. Participants in the conference will attend:

- Advocacy Training
- Meetings with Lawmakers
- Networking with other APA Members

Join us in Washington, D.C. at the Royal Sonesta Hotel, October 6-7, 2025, for an experience that will include insights from key Hill insiders on the inner workings of Congress and the legislative process through hands-on advocacy training. This immersive conference is guaranteed to help you get the most out of your face-to-face meetings with your federal legislators and their staff.

Please visit the APA website to register - www.psychiatry.org

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

OFFICE SPACE

Boston (Financial District). Private Practice office space available for psychiatrists and psychologists to rent at 185 Devonshire Street. Our upper-level, recently renovated office suite includes 7 offices that can accommodate individuals, couples, and families. Building amenities include a concierge, elegant lobby, and elevators. Rent includes utilities, cleaning, and Wi-Fi. If interested, please contact: Dr. Rowell Levy (drrowelllevy@gmail.com) or Dr. Jennifer Ragan (jragan@mgb.org).

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.



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

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.

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!

Turning Ideas Into Action: Inside the APA Action Paper Process

Olga Terechin, MD - APA Representative

During our professional training and clinical work, we all come across imperfections in the health care system. At times, we experience frustration, and we may think about how the system could be changed and improved.

Being a single clinician, or even a group of colleagues, raising concerns within a large and complex health care system can feel challenging. But every member of the American Psychiatric Association (APA) has a way to make their voice heard at the national level: by writing an *action paper*.

The process begins with researching the issue and reviewing what the APA already has in place. Submitting the draft to your local district branch, such as the Massachusetts Psychiatric Society (MPS), and sharing it with colleagues in other states for feedback and endorsement is very helpful. We will gladly guide you through the action paper format and provide discussion and feedback.

The APA Assembly considers action papers, the representative body of district branches, twice a year: in November (with a submission deadline around September) and in May (with a submission deadline around March). For the upcoming November Assembly, MPS has supported two action papers: one advocating for the creation of a board certification pathway in reproductive psychiatry, and another promoting trauma-informed care during gynecological examinations.

In the past three years, as an APA representative, I have authored and passed action papers on improving care for patients with substance use disorders and on requiring transparent labeling of psychoactive substances available without prescription. All of these ideas grew out of clinical encounters, as I listened to the concerns my patients voiced about the system.

There is a way for the APA to hear your voice and act on the issues you find important. If you have an idea, whether from your own experience or from your patients, you can plant the seeds of change, and we are here to support you.

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Email: membership@psych.org



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- Access to hundreds of risk management resources from our in-house team of experts



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*Former members whose membership has lapsed for two or more years are eligible for the introductory rate. District medical society dues are required and vary from \$50 to \$200.

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

ADDRESS SERVICE REQUESTED

MPS Calendar of Events

SEMPs/WMPS	October 1 at 7:00 PM via Zoom	mpatel@mms.org
Council	October 7 at 5:00 PM via Zoom	dbrennan@mms.org
Antiracism	October 16 at 7:00 PM via Zoom	mpatel@mms.org
Healthcare Systems & Finance	October 21 at 7:00 PM via Zoom	dbrennan@mms.org
Child & Adolescent Psychiatry	October 29 at 7:00 PM via Zoom	dbrennan@mms.org
Retirement Committee	October 30 at 7:00 PM via Zoom	mpatel@mms.org