



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



A Mid-Year Reflection: Complexity, Connection, and the Power of Showing Up

As the holidays approach, I’m doing what many of us do this time of year. I’m realizing that October somehow lasted three minutes, wondering if calendar whiplash is diagnosable, and contemplating whether replying to emails and crossing off to-do list items qualifies as an emotional regulation strategy.

I’m also finding myself reflecting on this journey we’re taking together, and the one I’m taking personally as this year’s MPS President. The halfway point of my term arrived quietly this fall, and with it came an invitation to reflect: on the nature of leadership, the emotional labor of education and advocacy, and the deep responsibility we carry as physicians, healers and changemakers.

Despite the big to-do list, this midpoint offers a moment to take stock. As Dr. Atul Gawande once wrote in his book *Better: A Surgeon’s Notes on Performance*, “*Better is possible. It does not take genius. It takes diligence. It takes moral clarity. It takes ingenuity. And above all, it takes a willingness to try.*”¹ I think I’ve attempted to take the word “trying” to heart. I’ve been working to listen more than I speak, to choose what’s right over what’s easy, and generally acknowledge the intense and uncertain times we are living through and recognize we all have different ways of coping with it. I’ve also been moved by so many of you-- your dedication, your advocacy, your ingenuity, and your willingness to engage in hard conversations with compassion and honesty.

Looking ahead, I’m hopeful. Not in a shiny, everything-will-be-fine way—but in a sturdy, let’s-keep-showing-up-for-each-other way. And show up, we did. One of the most powerful moments this fall was our State Advocacy Day at the Massachusetts State House—a day that reminded me how collective presence *is* a form of organized medical leadership in the community.

State Advocacy Day: Showing Up with Our Feet and Our Voices

At the end of September, MPS held its biennial State Advocacy Day at the Massachusetts State House since the pandemic—and it was nothing short of extraordinary. Over 70 psychiatrists gathered in one room at the State House to hear from legislative leaders,

connect with peers, and speak directly to the urgent mental health needs in our state. The energy in the historic stately conference room was palpable: residents alongside seasoned community and academic psychiatrists all united by a shared commitment to advocate for better mental healthcare.

We were honored to hear from:

- Senate Chair of Health Care Financing Cindy Friedman
- Senate President Karen Spilka
- Chair of the House Committee on Public Health, Representative Marjorie Decker
- State Representative and physician Greg Schwartz

Each speaker reminded us why our voices as psychiatrists matter—now more than ever. Whether addressing legislative gaps, youth mental health, or the human cost of administrative burden, the call was clear: Psychiatry must lead. A state house news article about the event title *Psychiatrists taking on policy*, “existential problems,” captured it well with quoting Representative Decker stating,

“Why should it matter to us? We have a lot of things that are happening in the state right now, and the country is literally on fire. They are burning down so many resources, opportunities, tools, programs, data and pathways to helping people,” Decker said. “And if that happens, anyone who’s involved in the field of supporting behavioral health and mental health, your work only becomes, not only more important, but the demand continues to grow.”²

MPS President-Elect Dr. Anderson Chen brought a thoughtful clarity to the morning’s MPS presidential remarks, reminding us that advocacy is not just a skill—it’s a professional duty. He challenged us to see ourselves not only as clinicians but as stewards of a system in need of repair and lacking access for our patients’ needs. His framing sharpened what followed next.

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Systems Advocacy & Psychiatry

During a recent family dinner, I was discussing my plans to attend the American Psychiatric Association's (APA) Annual Advocacy Conference in Washington, D.C. Together, we were wondering what the experience might entail. I was not entirely sure myself, as this was my first time attending. I shared what I had gathered from emails and orientation videos: the first day would include advocacy training, followed by a day of meetings with members of Congress to discuss specific bills. Although the exact wording I used to casually describe advocacy training might have been more along the lines of, "on the first day, we learn how to advocate." A family member then asked, "What does that mean—learning to advocate?"

This struck me as a very good question. Advocacy takes different forms, many of which do not require formal training. Advocacy might refer to self-advocacy, such as when a patient asserts their needs to their doctor in order to get a treatment they believe is necessary. Physicians engage in self-advocacy when they negotiate for time to pursue scholarly interests. Individual advocacy involves one person amplifying the needs of another, while collective advocacy is best represented by the work of unions. Systems advocacy is exemplified by the APA's Annual Advocacy Conference, which focuses on promoting change at a structural or policy level.

Within each of these general domains, advocacy can manifest in several ways, including engaging in conversations, writing, public speaking, creating posters, posting on social media, organizing events, or taking legal action, among others. Advocacy is any action that argues for or supports a specific issue, typically on behalf of others.

Many of us may have entered the field of psychiatry precisely because of the robust opportunities for advocacy that are present in our daily work. In consult/liaison psychiatry, we communicate a patient's needs on their behalf to the primary medical team. In outpatient clinics, we submit necessary paperwork to request insurance coverage of essential treatments for our patients. These actions represent individual advocacy.

Systems advocacy also has an essential place in psychiatric practice. The treatments and resources we have today exist because of the work of our predecessors, who fought for changes to

mental health policy.

A Few Historic Moments of Systems Advocacy Impacting Psychiatry in the United States

Psychiatric care in the United States is far from perfect, but it has shown significant progress. For much of human history, there were no treatments for mental health. Mental illness was feared and met with cruelty, such as confinement, rather than understood as an illness.

The ongoing transformation of mental illness from a moral failing to a treatable condition has occurred gradually, often with the help of persistent advocates.

In the early 19th century, Dorothea Dix, who was born in Worcester, MA, observed that those with mental illness were often kept in unhygienic, dark basements at unregulated makeshift asylums where they frequently suffered abuse. Through the influence of social reformers during a trip to England, she became motivated to advocate for increased regulation of asylums by state and federal governments. Her efforts eventually led to the significant expansion of state asylums and the allocation of federal land to mental health institutions.¹

Clifford Beers, the founder of the American mental hygiene movement, became a patient himself at a state psychiatric facility while suffering depression and paranoia. His first-hand observations of the severe maltreatment of fellow patients at the facility catalyzed his advocacy for alternative psychiatric treatments to institutionalization. He wrote a book, *A Mind That Found Itself*, which increased public awareness and catalyzed exploration of community treatments for mental illness.¹

These early efforts, combined with the advent of antipsychotic medications in the 1950s, culminated in the Community Mental Health Centers Act of 1963, which funded community mental health centers (CMHCs) as an alternative to state hospitals. This resulted in the deinstitutionalization of many patients with severe mental illness.¹ Unfortunately, significant cuts to federal support for CMHCs during President Nixon's administration led to underfunding, and many CMHCs were unable to be built.

More recently, mental health organizations such as the American Psychiatric Association and the National Alliance on Mental Illness (NAMI) have advocated for more equitable mental

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When Senator Cindy Friedman spoke about the Timely Treatment Act (discussed in the next section), she didn't mince words: our current mental health infrastructure is failing those who need it most, especially patients, without insight and in the throes of serious mental illness, caught in limbo awaiting involuntary treatment decisions. She deftly described the systemic inertia around psychiatric treatment guardianships that leads to prolonged suffering. She pushed for legislation that would create a more responsive, humane approach. Senate President Karen Spilka called out the youth mental health crisis and the need for us to create better policies around children and technology in schools. Rep. Marjorie Decker and Rep. Greg Schwartz spoke to mental health-care access, reimbursements, expanding access to care and helping to fund the sweeping legislation of the Access to Barriers of Care Act (ABC Bill) passed in 2022.

The session was a clear reminder that our presence and perspective are needed now more than ever. Psychiatry must have a seat at the table, not only equipped with data, but also with patient and family stories, clinical insight, and a strong ethical compass. Our collective voice, rooted in both science and humanity, has a vital role to play in shaping more responsive and equitable mental health policy.

Advocacy Focus: An Act to Provide More Timely Treatment of Inpatient Mental Health Care.

Of the bills we are actively supporting this session, few strike as close to the heart of our work as S.1401 / H.2210: An Act to Provide More Timely Treatment of Inpatient Mental Health Care. This legislation, sponsored by Senator Cindy Friedman, seeks to reduce the delays while awaiting court authorization for psychiatric medication during inpatient hospitalizations, whether it be in freestanding psychiatric units, psychiatric inpatient units in tertiary care centers, or state and forensic inpatient psychiatric units. The bill seeks to have the hearing done in 7 days, with 3 days to get an IME to evaluate if needed.

Senator Friedman, a long-standing champion for mental health reform, spoke directly to the opposition this bill has faced from disability-rights advocacy groups, including members of the Committee for Public Counsel Services. She made it clear that these groups' objections—that psychiatrists are infringing upon the rights of those with serious mental illness—misunderstand the nature of care itself. In her words, *"It's ironic and somewhat hypocritical that stopping care that people really need is somehow not taking people's rights away."*³ Her position left little room for ambiguity: withholding timely treatment is not a defense of rights; when in fact, the patients are sitting in locked units without care. Rather, it is an abdication of our collective responsibility to protect life and dignity.

I had the opportunity to testify in support of this bill alongside past MPS President Dr. Rohn Friedman. We offered our perspectives as psychiatrists and as witnesses to what delay really looks like in psychiatric units: escalation of symptoms, suffering, and prolonged psychotic agitation. In my testimony, I shared research from my years at Bridgewater State Hospital and Brigham and Women's Hospital, showing that patients, on average wait over forty days for treatment (in the forensic setting) for their Rogers Guardianship petitions heard; delays that lead to increased risk of violence, longer hospitalizations, and trauma to both patients and staff.

*"When hearings occurred, judges agreed with the hospital physician 99.1% of the time. These hearing delays offer little benefit and cause enormous harm."*³

— Jhilam Biswas, M.D., Testimony for *An Act to Provide More Timely Treatment of Inpatient Mental Health Care*, October 6, 2025

Our testimony was joined by powerful voices from advocacy groups, including Laura Craciun of the National Shattering Silence Coalition, whose heartbreaking account of her son's incarceration despite urgent psychiatric need illuminated the human cost of our system's inertia.

*"Every day of delay adds to brain damage. Massachusetts must stop criminalizing untreated mental illness and prioritize medical care over legal technicalities."*³

— Laura Craciun, Policy Director, NSSC (2025)

Families across the Commonwealth are finding each other in shared purpose, forming advocacy organizations such as AOT-now.org and the National Shattering Silence Coalition—grass-roots movements working tirelessly to shift the public conversation toward treatment access, compassion, and early intervention. Their courage and testimony remind us that policy is personal—that every delay has a name, a family, and a future at stake.

You can read Dr. Friedman and my full testimony on the Massachusetts Psychiatric Society website as well as the link below, and I urge you to lend your voice to this critical conversation as we continue to advocate for humane, evidence-based reform.⁴

In the next few months, we will also be testifying in the bill S.1115/H.1801: Continuum of Care for severe mental illness (otherwise known as AOT), which calls for the practice of civil court ordered and supervised community-based, person-centered mental health treatment that is a less restrictive alternative to a civil commitment for inpatient treatment and a pathway to reduce homelessness and incarceration. The program is designed to encourage those suffering from severe mental illness (SMI), who struggle with voluntary treatment adherence, to engage fully with their treatment plan, as well as to better coordinate with treatment providers and other services. Massachusetts is one of two states, along with Connecticut, that does not have an AOT law and has also been opposed by disability rights advocates. This bill has been filed by groups of families who believe their loved ones need more resourced care, with monitoring for their loved ones, and MPS supports this as well.

A Call for Healthier Tech Boundaries: Smartphone Legislation

Another legislative priority gaining momentum is H.666/S.2549, addressing the impact of smartphones and social media use on youth mental health. We are deeply concerned by what we see: rising rates of anxiety, depression, loneliness, and self-harm, especially among adolescents. And we know from research that smartphone and social media overuse is a contributing factor.

This fall, the Massachusetts House is expected to hear this bill. Meanwhile, Congressman Jake Auchincloss has reached out to MPS to create a connection. We're excited to share that we have been invited to convene with the Congressman and Massachusetts school superintendents on November 17, 2025 to focus on the mental health crisis in youth and what our educational systems can do in collaboration in providing an environment that nourishes youth mental wellbeing in schools.

Connection is the work

This year, I've come to believe that connection isn't a bonus of leadership—it is the job. Whether in the State House, on a hospital unit, in a courtroom, or beside a patient, our most powerful

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tool is often our willingness to listen, to care, and to stay.

In the next newsletter, I will be highlighting all the amazing work being done in our committees around advocacy, education and connection and networking. Stay tuned!

Thank you to all who've shown up for MPS—at Advocacy Day, through committee work, testimony, or simply by reading this. Your engagement matters.

Wishing you a season of joy, connection and renewal,

Jhilam Biswas, M.D.



President, Massachusetts Psychiatric Society

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(continued from page 2) - RESIDENT FELLOW MEMBER

health treatment access. In 1996, the Mental Health Parity Act (MPHA) was passed, which prevents insurance agencies from imposing benefits for mental health treatment that are less favorable than those for medical or surgical needs. In 2008, the Mental Health Parity and Addiction Equity Act was passed to further expand the MHPA protections to include substance use disorders as well.

American Psychiatric Association Annual Advocacy Conference 2025

I sit with clammy hands folded in my lap, clutching a piece of paper with notes. The office feels simultaneously formal and familiar: I am in the Washington, D.C. office of Congressman Jim McGovern, who represents my home district of Worcester, Massachusetts. His office decor reflects the district he serves, including a humorous print of the various mispronunciations of "Worcester" (for the record, it's *wu-str*).

I am not alone. I'm part of a team of five other residents, fellows, and attendings from across Massachusetts, each with their own reasons for attending, but united by a shared goal today: to advocate for legislation that promotes equitable access to mental health care.

Our conversation with Congressman McGovern is lively and engaging. My colleague begins by discussing the need to expand residency spots, delay student loan interest accrual during training, and preserve opportunities for international medical graduates.

I'm up next. I'm nervous, but I know my colleagues are too; we had talked about it before. At breakfast, as I peeked down at my notes, one colleague had asked, "Are you planning on taking those in with you?" "Yes," I replied, "these are my emotional support papers." He asked, "You mean like your transitional object?" We laughed.

So, when it is my turn to speak to the Congressman, I discuss what I know best: patient care. I share a story of a rural patient without access to transportation who is struggling with severe depression, substance use, and agoraphobia. For this patient, and many others, telehealth is the only way to access psychiatric care.

A temporary telehealth waiver was in place for the 6-month in-person visit requirement for behavioral health services. However, this expired on September 30th, 2025. Currently, there is a requirement that Medicare patients be seen in person within six months of their initial appointment and annually thereafter. Exceptions to the initial six-month in-person requirement are limited. Exceptions can be made to the annual in-person follow-up, but they must be documented as a risk-benefit decision with the patient and provider, thereby increasing the bureaucratic burden.

This six-month in-person requirement is arbitrary. There are many patients for whom this requirement could completely prohibit access to mental health care, such as those with mobility issues, disabilities, transportation limitations, agoraphobia, parents without childcare, etc. Although there are certainly situations in which an in-person visit would be best, this decision should be made on a case-by-case basis between the patient and their provider.

We also advocate for a bill that incentivizes collaborative care models, such as those already established in Massachusetts, including MCPAP (Massachusetts Child Psychiatry Access Program) and MCPAP for Moms, which allow primary care clinicians to consult with psychiatric specialists and provide timely mental health interventions.

Our discussion evolves naturally into a broader reflection on the challenges facing youth mental health, particularly the impact of social media. "Everything is just more complicated now," Congressman McGovern observed. I agree and recognize this as a pivotal moment to advocate for our final legislative request: preserving the Substance Abuse and Mental Health Services Administration (SAMHSA).

I share another story—this time it is about a patient suffering homelessness whose successful transition to housing hinged on sustained mental health and addiction support by a trusted team. This team is funded by SAMHSA, as are many other essential mental health services, such as the 988 suicide hotline.

Representative McGovern attentively listened as his staff member took notes. He acknowledged the challenges ahead of him and us, but assured us that he would do what he could.

Which is all we really can ask of anyone.

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Reflecting on a Meaningful Conference Experience

Sharing (HIPAA-compliant) patient stories to a person in power who actually possesses the ability to enact change was unexpectedly therapeutic. For a moment, the burden felt lighter; these stories were no longer mine alone to carry.

I am aware that one meeting cannot and will not reform the system. Legislation takes time, compromise, and persistence. There are many barriers in the way. Indeed, since the conference, more staff members have been fired from SAMHSA, cutting the organization's workforce in half.²

Yet, our collective effort represented a small but meaningful step toward progress. And the fact that this baby step was even possible is a sliver of hope I will continue to hold onto.

Psychiatric training teaches us to observe carefully, to notice the unseen. That same attentiveness enables us to identify systemic inequities and bring them to the attention of others. There is tremendous meaning in this collective action.

I don't know what will come of our meeting, but the stories entrusted to me by my patients deserve to reach the ears of those with the power to effect change.

Barriers to and Opportunities for Action

There are numerous barriers to effective advocacy work in training and throughout the career of a psychiatrist. The most obvious one is time, and, understandably, we each have our own priorities and responsibilities. I'm not here to add another item to your to-do list or to induce guilt. But I will share that when I left Congressman McGovern's office that day, I felt simultaneously lighter and stronger.

There is a lack of formal advocacy education within medical and psychiatric training, which also presents a barrier to becoming involved. I myself was hesitant because I felt I didn't know "how

to advocate." None of my teammates did either. What I realized at the conference is that no one is expecting you to be a lawyer or politician. There were no heated arguments or in-depth discussions on legislation. We simply shared our perspectives as psychiatrists, which was viewed as invaluable expertise by the representatives, senators, and their staff.

We all lead busy lives balancing clinical duties, research, teaching, self-care, and personal responsibilities. We engage in self-advocacy and individual advocacy daily. Yet, systems advocacy remains at the heart of our profession, and we cannot continue to progress without it.

To learn more about how to become involved, visit the APA's Advocacy Action Center website and NAMI's Action Center website for helpful guides and tools. Please do consider joining many of our colleagues at the APA's Annual Advocacy Conference in 2026 and the Massachusetts Psychiatric Society's Advocacy Day in 2027!

If you wish to have more information on the 2025 APA Advocacy Conference and the specific bills discussed, please visit the Conference Briefing Book available on the APA Advocacy Day website.

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MPS Advocacy Updates

Timely Treatment: Advocacy in Action

Testimony for "An Act to Provide More Timely Treatment of Inpatient Mental Health Care"

Given by Dr. Jhilam Biswas and Dr. Rohn Friedman

Bill Numbers: H.2210 & S.1401 | Date: October 6, 2025

Dr. Jhilam Biswas and Dr. Rohn Friedman recently testified in support of legislation aimed at improving timely access to inpatient mental health care in Massachusetts.

To watch the video clip and read the full testimony of both Dr. Biswas and Dr. Friedman, visit the MPS website at www.psychiatry-mps.org → Advocacy



Federal Advocacy in Action: Representing MPS in Washington, DC

Anderson Chen, MD – MPS President-Elect

I had the pleasure of traveling to Washington, DC on October 6–7 to take part in Federal Advocacy Day through the American Psychiatric Association (APA), representing the Massachusetts Psychiatric Society (MPS) as President-Elect.

On the first day, I participated in APA-led training sessions to gain a deeper understanding of the context and details of the key bills the APA is supporting. On the second day, I joined colleagues from Massachusetts in meeting with Rep. Jim McGovern and staff members from the offices of our congressional delegation and senators. Together, we shared how these bills directly impact our patients and the practice of psychiatry in Massachusetts.

Our group included psychiatry residents, fellows, a residency program director, and myself — a geriatric psychiatrist at Massachusetts General Hospital. Each of us brought something unique to the table — whether from being at different stages of our careers or representing different subspecialties within psychiatry — which made our advocacy much stronger and more representative of the breadth of our field.

The legislation we discussed focused on expanding access to psychiatric care — including through virtual care and collaborative care models — as well as strengthening our workforce and reducing the financial burden on trainees during residency and fellowship.

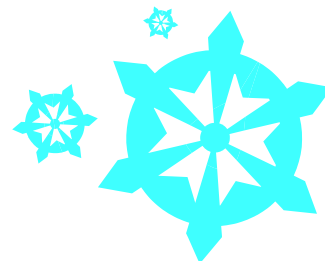
This experience reminded me that psychiatrists are uniquely positioned to advocate for our patients. We know their lives intimately, and we often serve those who are among the most vulnerable. For this reason, it is essential that we, as psychiatrists, come together periodically to share our observations and concerns. Psychiatry does not exist in a vacuum — our practice is shaped not only by our training and our patients' struggles, but also by the legal and regulatory frameworks in which we work. If we remain siloed, we miss the opportunity to influence that framework for the better.

As President-Elect, I recognize that my views may not always reflect those of our 1,400 members across the state. That is why I encourage all of you to join our meetings and discussions, and to become actively engaged within MPS. Together, our collective voice is strong, and our legislators want to hear from us — and I believe they truly want to help.



Happy Holidays!!

The MPS Staff and Council would like to wish you and yours a very safe, happy and joyous holiday season!



What's Going On at MPS

MPS Working on Your Behalf...

- **Advocacy Day at the Statehouse for Residents — September 24**
MPS hosted a successful Advocacy Day at the Statehouse, offering psychiatry residents a unique opportunity to engage. Over 70 members joined the event.
- **Massachusetts Psychiatry Residency Field Day**
MPS was a proud sponsor of this event, which saw a strong turnout with residents from seven training programs. Drs. Anderson Chen and Mark Hauser attended on behalf of MPS.
- **New! Child & Adolescent Psychiatry Committee**
MPS is excited to about our new committee focused on child and adolescent mental health. This group will lead advocacy and educational initiatives while offering valuable networking opportunities. We had a successful first meeting and are looking forward to the next meeting on October 29. Interested in joining? Contact Debbie Brennan at dbrennan@mms.org.
- **Antiracism Committee — New Members Welcome**
The Antiracism Committee is looking for members to join their efforts in advancing equity and antiracism in psychiatry. The committee meets every two months, with ongoing work between meetings. All interested members are encouraged to join by contacting Mayuri Patel at mpatel@mms.org
- **Website Updates**
We've added new [advocacy](#) news and resources to our website. Don't miss out — visit the [MPS website](#) today to stay informed!

MPS Annual Risk Avoidance & Risk Management Conference

Saturday, March 21, 2026

Save the date! More information to follow.

Awards Committee – Call for Nominations

Dr. Fe Erlita Festin, Chair of the MPS Awards Committee, invites your nominations of MPS members who have made outstanding contributions to psychiatry.

Please send 1–2 paragraphs outlining your nominee's accomplishments and why they should be recognized. Send nominations to Mayuri Patel at mpatel@mms.org by **January 30, 2026**.

Renew Your Membership for 2026

It's time to renew your MPS membership for the coming year.

If you have questions about your dues, please contact:

Mayuri Patel – mpatel@mms.org | (781) 237-8100 x1

Sheneka Wilkins – swilkins@psych.org | (202) 559-3066

Awareness Months

November: National Alzheimer's Disease Awareness Month

This month honors the more than 6 million Americans living with Alzheimer's and the nearly 15 million caregivers who support them.

December: Seasonal Affective Disorder (SAD) Awareness Month

SAD is a form of depression that typically appears during the fall and winter months. MPS recognizes the importance of awareness and early intervention for those affected by seasonal mood changes.

FREE APA Course of the Month

Each month, APA members have free access to an ondemand CME course on a popular topic. [Click here to access the Course of the Month and sign up for updates about the this free member benefit.](#)

Or visit the <https://www.psychiatry.org/psychiatrists/education/apa-learning-center/members-course-of-the-month>

MPS Advocacy Day at the State House - Wednesday, September 24, 2025

MPS held an Advocacy Day at the State House on Wednesday, September 24, 2025. Participants heard from legislators and also had the opportunity to meet with legislators.



Find a Psychiatrist

Participate in APA's public online directory

AMERICAN
PSYCHIATRIC
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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
- Patient Population
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- Insurance/Medicare/Medicaid Participation

To opt-in, visit
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Opt-in at psychiatry.org/fapoptin



1-888-35-PSYCH



apa@psych.org

MPS is pleased to welcome the following New Members

General Member:

Aliya Khan, MD
Ajay Mehta, MD
Varsha Radhakrishnan, MD

Resident Fellow Member:

Amber Acquaye, MD
Tucker Avra, MD
Maxwell Bamford, MD
Isaac de La Bruere, MD
Justin Halloran MD
Kira Tiula, MD
Eduardo Vargas, MD
Tatum Williamson, MD

Transfer In

Christiana G. Chen, MD
Naomi S Gunadeva, MD
Zoya Huda, MD
Moo Jin Oh, MD
Rose Schutzberg, MD
Victoria Soal, MD
Emma Torncello, MD
Mathew Zelig, MD

Boston Psychiatry Residency Day

MPS was a proud sponsor of the Massachusetts Psychiatry Residency Field Day!! This event was open to invitation to all Massachusetts psychiatry residents for a fun day of outdoor activities, games, and connection and was a great success with residents joining from 7 different programs (BMC-B, BMC, BI, MGH, BWH, CHA, Berkshire Health System)!



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

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.

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.

"Expert on Joint Commission Accreditation available. One hundred percent success rate in obtaining Accreditation. And Clinic Licensure. Please call Dr Joseph Schembri, Director, Behavioral Health Network at

508-246-6493 or joeschembri@comcast.net."

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.

Books from Ronald W. Pies, MD

The *Unmoved Mover* is a novelette recounting an unspeakable school tragedy and its traumatic aftermath. The journey from trauma to love and redemption is the heart of this gripping work.

The *Anatomy of Gratitude* is Dr. Pies's survey of this central ethical and psychological value, in six of the world's great spiritual traditions.

Both works have immediate relevance for our patients, our loved ones, and ourselves.
Available from Amazon.com

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!



Outpatient Psychiatrist Needed- Elliot Hospital- Manchester NH

Elliot Health System (EHS) in New Hampshire's vibrant Queen City of Manchester, is currently seeking a psychiatrist to grow our outpatient Behavioral Health team. Our office currently consists of 2 child psychiatrists, 2 adult psychiatrists, 3 PMH-APRNs, 5 therapists, 2 behavioral health case managers and robust nursing and administrative support. Board certification or experience in Pediatric or Geriatric a plus, but not required. No hospital coverage required. Work hours are Monday-Friday 8am-5pm including built-in administrative time. Hybrid model with option to work some days from home utilizing telehealth.

Nestled along the Merrimack River, Manchester is the largest entertainment, sports, arts and cultural destination in New Hampshire. Located in the heart of New England, Manchester is a thriving metropolitan community, located within an hour's drive of Boston, the seacoast, lakes region, and White Mountains of New Hampshire. Enjoy Four Season living, excellent school systems, and no state income or sales tax! Explore the rich heritage, breathtaking beauty, and see why Money magazine annually ranks the area as one of the nation's "Best Places to Live."

Elliot Health System, a tax-exempt 501(c)(3) entity, is the largest provider of comprehensive healthcare services in Southern New Hampshire. The cornerstone of EHS is Elliot Hospital, a 296- bed acute care facility, recently credentialed as an ACS Level II Trauma Center. The mainstay of our organization is the Elliot Physician Network, which employs a collaborative and engaged team of primary care physicians and specialists. Our state of the art outpatient practices, located throughout the Southern New Hampshire area, bring the most comprehensive care to patients and families where they work and live. With a fully integrated Epic EMR, our clinicians enjoy the ability to provide continuity of care for our patients at every EHS location.

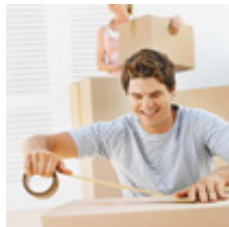
To be considered for this position, please click the apply button.
Should you have any difficulty applying, please e-mail your CV directly.
Tanya Poisson, Provider Recruiter
TPoisson@Elliot-HS.org



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**



**Recently moved or
planning to move.....**

Remember to notify the MPS
of any change in your mailing address or your email.

This will ensure that you don't miss any of the updates that the MPS provides during the month.

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.

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PSYCHIATRIC SOCIETY
860 Winter Street
Waltham, MA 02451-1411

ADDRESS SERVICE REQUESTED

MPS Calendar of Events

Psychopharmacology Update	November 1 at 8:15 - 4:00 PM via Zoom	dbrennan@mms.org
CME Committee	November 3 at 7:00 PM Via Zoom	dbrennan@mms.org
SEMPS/WMPS – MPS President Update	November 5 at 7:00 PM Via Zoom	mpatel@mms.org
Nominating Committee	November 12 Via Zoom	dbrennan@mms.org
Nominating Committee	November 17 Via Zoom	dbrennan@mms.org
Executive Committee	November 18 at 5:00 PM Via Zoom	dbrennan@mms.org
Healthcare Systems & Finance Committee	November 18 at 7:00 PM Via Zoom	dbrennan@mms.org
Psychotherapy Committee	November 19 at 7:00 PM Via Zoom	dbrennan@mms.org
Public Sector	November 20 at 7:00 PM Via Zoom	mpatel@mms.org
Disaster Readiness	December 1 at 7:00 PM Via Zoom	dbrennan@mms.org
Women in Psychiatry	December 1 at 7:00 PM Via Zoom	mpatel@mms.org
Nominating Committee	December 3 Via Zoom	dbrennan@mms.org
Council	December 9 at 5:00 PM Via Zoom	dbrennan@mms.org
Healthcare Systems & Finance Committee	December 16 at 7:00 PM Via Zoom	dbrennan@mms.org
Antiracism	December 18 at 7:00 PM Via Zoom	mpatel@mms.org