



Massachusetts Psychiatric Society

your information source for psychiatry in Massachusetts

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FROM THE PRESIDENT

Jhilam Biswas, MD, DFAPA



Happy New Year, MPS Members!

In many ancient numerological traditions, 2026 is considered a “1 year”—a symbol of new beginnings and planting seeds for the next nine-year cycle. It’s a poetic reminder that this new year invites fresh possibilities, creative thinking, and the chance to lead with renewed intention on broader goals.

As we emerge from the holiday bustle, I want to share what the Massachusetts Psychiatric Society has been working on and give you a forecast for the future of items we must address.

This past November, MPS proudly sent four of our representatives to the APA Assembly: Drs. Adeliza Olivero, Adrienne Taylor, Olga Terechin, and Katuska Ramirez. They joined representing psychiatrists from across the country in shaping national psychiatric policy and guidelines and highlighting priorities and concerns of our members here in Massachusetts. We are grateful for their advocacy and thoughtful representation of our state. Please read the summary about the work that happened at the APA Assembly by Adeliza Olivero, MD in this newsletter.

But as we look ahead, we also need to face some fiscal realities. Recently, the APA conducted a full review of its membership rolls, removing those who have passed away. This necessary update led to a drop in membership counts across many district branches, including ours. As of now, MPS is only *two members away* from losing one of our five APA Assembly representative candidate slots. I encourage you to check in with your colleagues and peers, especially those who may have lapsed unintentionally, and remind them how vital their membership is for our representation in the national organization.

This drop in membership reflects a broader trend. “Approximately 70% of practicing psychiatrists are age 50 or older and approaching retirement, which is anticipated to exacerbate workforce shortages as more clinicians near retirement age.” (Psychiatric Times, April 2022) We have been feeling that demographic shift locally for the past many years. As older members retire or are no longer members, we anticipate natural downward fluctuations in

our membership—which in turn affects our operating budget. For the past several years, MPS has been operating at a deficit, and our 2026 projections suggest we will need to draw from our investments to cover mostly essential costs.

This has sparked necessary conversations at the MPS Council. One wise Councilor reframed it for us: *This is not a crisis—it’s an opportunity.* She’s right. This is an opportunity to reimagine how we fund and sustain the work we do despite all the volunteer hours that our members put into the society. In the coming months, we’ll be exploring new areas of revenue—starting with newsletter advertising and direct donations. If you have ideas, leads, or connections related to evidence-based psychiatry who might be interested in advertising or donating to MPS (tab is on the website!) and being seen in this newsletter that goes into mailboxes and inboxes of over 1350 psychiatrists, please contact our Member Relations Coordinator, Mayuri Patel. This is a moment to get creative and collaborative, and we welcome your insight and support.

Spotlight on Medicaid: The One Big Beautiful Bill (OB3)

I recently sent the entire membership an email with the links to the December 2025 chart pack published by the Blue Cross Blue Shield of Massachusetts Foundation that outlines significant changes to Medicaid (MassHealth) and subsidized coverage due to new federal regulations. The report outlines significant expected disruptions to MassHealth and subsidized coverage due to new federal restrictions on Medicaid eligibility, limits on provider taxes and state-directed payments, and changes that may reduce affordability in the Health Connector. Estimates suggest that 200,000–250,000 Massachusetts residents could lose coverage over the coming years.

This shift is expected to cause major disruptions to safety-net hospitals, community health centers, and the state budget. We are encouraging clinicians, systems leaders, and policymakers to begin identifying mitigation strategies to protect patient care access. You can review the chart pack [here](#)¹ as well.

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Understanding and Responding to the Illicit Substance Supply to Improve Patient Care: Part 1

"There's a bad batch going around. A bunch of people overdosed," a patient told me, referring to a batch of fentanyl circulating in the community. After ensuring she had Narcan on hand and reviewing harm reduction strategies, I found myself reflecting on the illicit substance supply.

The first people to recognize that there is a "bad batch" are typically people who use substances. This patient had entrusted me with vital public health information. Questions percolated in my mind: Do public health officials monitor the supply of illicit substances? What do they do with that information? Why is heroin less prevalent while fentanyl and adulterants such as xylazine and medetomidine have become so common? What can I do?

Recently, the supply chain of illicit substances has entered national headlines. The United States military, under direction from the Trump administration, has executed airstrikes on boats in the Caribbean Sea, reportedly to target maritime drug trafficking from Latin America to the United States. Human rights groups and international legal experts have asserted that these attacks are illegal under US and international law. The evidence for the administration's claims that the ships are involved in drug trafficking is unclear.¹ A former senior advisor to the US Army on wartime legality stated, "I don't think there is any way to legitimately characterize a drug ship heading from Venezuela, arguably to Trinidad, as an actual or imminent armed attack against the United States, justifying this military response."²

Many of those killed have not been identified, though reports suggest that some were local fishermen.³ As of early December, at least 87 people have been killed in strikes on 23 boats.¹ One affected family has bravely filed a formal petition with the Inter-American Commission on Human Rights.⁴

Although I do not aim to provide geopolitical commentary, these events highlight an important point: the origin and flow of illicit substances are intertwined with international policy. As psychiatrists, we frequently witness the downstream clinical impact of substances. Understanding the broader context of our local illicit substance supply can help us better support our patients.

Origination of Illicit Substances Present in Massachusetts

The DEA's 2020 National Drug Threat Assessment reports that many precursor chemicals for fentanyl primarily originate from China, with further manufacturing and subsequent distribution occurring in Mexico. They report that most fentanyl entering the United States is smuggled across the Southwest border. Smaller quantities continue to enter via shipping directly from suppliers in China using the dark web, although this is thought to be happening less frequently recently.⁵

Cocaine often originates from Latin America. In 2019, Bolivia, Colombia, and Peru accounted for most global production. Mexican transnational criminal organizations (TCO's) then oversee the transportation and distribution of cocaine. Other methods noted in the report include maritime and aerial transportation, although the proportion of illicit smuggling represented by these methods remains unclear.⁵

Determining the specific origins of substances entering Massachusetts proved surprisingly difficult. The most recent publicly available state-specific report was published in 2001 by the National Drug Intelligence Center. At that time, most heroin was traced back to South America and arrived via ground or air routes to Boston. Massachusetts was not considered a major production or distribution hub but rather a destination market, with product generally traveling north from Philadelphia or New York City. Boston did serve as the primary local distribution point, with Worcester, Springfield, and Holyoke functioning as secondary centers. Unfortunately, no public data offer an updated picture.⁶

The Rise of Fentanyl

Fentanyl had been added to cocaine as an adulterant since the 1970s, but exploded in prevalence over the past decade, dominating the illicit substance supply and ultimately replacing heroin. Fentanyl is about fifty times more potent than heroin, which allows traffickers to transport smaller volumes that hold a greater psychoactive effect. While heroin originates from opium poppy plants, fentanyl is manufactured synthetically in a laboratory independent of agricultural challenges. Additionally, the rise of the dark web further facilitated international coordination across the supply chain.⁷ As fentanyl replaced heroin, overdose deaths surged, culminating in the 2017 declaration of the opi-

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The APA is also offering federal-level insights through its excellent advocacy webinars², which are great digestible summaries.

Mental Health in the Digital Age: Educating around Addictive Screens and Guidelines for Emerging Technologies

This past November, I participated in a roundtable with Congressman Jake Auchincloss and Attorney Liza Hirsch from the Massachusetts Attorney General's Office, alongside school superintendents and principals from the MetroWest region, to discuss smartphone use in schools. Attorney Liza Hirsch addressed the pending bell-to-bell smartphone restriction bill now before the House, while I focused on findings from a large recent *JAMA Psychiatry* study titled Addictive Screen Use Trajectories and Suicidal Behaviors, Suicidal Ideation, and Mental Health in US Youths.³ The study shows that addictive patterns of smartphone use in adolescents (which can be up to 50% of smartphone users over time) are strongly associated with suicidal ideation and other psychiatric symptoms.

Congressman Auchincloss also shared insights from his New York Times op-ed⁴, where he spoke of “digital dopamine” as a descriptor of the manipulative reward loops embedded in social platforms that are impacting attention and reward circuits in the brain development of all of us, but particularly, in adolescents. He spoke about the advocacy happening at the federal level.

This past month, a Massachusetts-based study published in *JAMA Network Open*, titled *Social Media Detox and Youth Mental Health*⁵, made national news and added weight to these concerns. As APA summarized the study's findings in its December 2025 *Headlines*, “dialing down the use of social media for a week reduced symptoms of anxiety, depression and insomnia in young adults.”⁶

I enjoyed the Roundtable experience immensely. It underscored how highly attuned many education leaders already are to the mental and physical health effects of screen use on kids, and they seemed in line with psychiatrists. Bridging these silos, between medicine, education, and policy makers, can amplify our impact far beyond what we can achieve in isolation and in talking amongst ourselves.

Now, let's talk about Generative Artificial Intelligence (GenAI). We also know that the digital impact on the field on psychiatry is rapidly proliferating through GenAI, and we must prepare for its shaping of practice, training, and ethics. That's why I've launched a **Presidential Task Force on GenAI Guidelines**, that will be chaired by Councilor Dr. Ashwini Nadkarni, to create a multidisciplinary, living framework to guide the ethical, clinical, and educational integration of AI in psychiatry. This group will collaborate with experts across medicine, technology, and policy, and align our work with the APA, MMS, and AMA. Our aim is to position MPS as a trusted voice for our membership and community in this rapidly evolving space. The goal is to give guidance on upholding patient dignity and preserving the clinical judgment of psychiatrists as we chart a path through both the brilliance and complexity of this new era.

MPS Testimony to the Joint Committee on the Judiciary

In our last MPS hearing of this legislative session, we advocated for our most vulnerable patients. Drs. Adeliza Olivero and Hannah Larsen sat through a very long legislative hearing to provide testimony, on behalf of MPS, on the S. 1176 An Act Relative to a humane response to mental health crisis. This was an MPS bill to create a better process for families to get their loved ones psy-

chiatric emergency care for serious mental illness than what we currently have in the Mass General Laws Sec 12e and to provide care in an unshackled and humane setting.

I testified on behalf of MPS in addition to MPS Member Jeffrey Kerner, MD and other psychiatrists in the community in support of S.1115/H.1801, “An Act to Provide a Continuum of Care for Individuals with Serious Mental Illness.” This bill would lay the groundwork for a Massachusetts-specific framework like Assisted Outpatient Treatment (AOT), enabling timely and more sustained and monitored care for individuals with anosognosia and other barriers to treatment adherence who are frequently hospitalized and/or arrested for incidents related to their illness.

Alongside physicians, we were joined by families and advocacy groups like AOTNow.org and the National Shattering Silence Coalition, who powerfully shared how the current system too often criminalizes mental illness and leaves families without options for their loved ones in Massachusetts. The full text of my testimony on behalf of MPS for AOT on the Advocacy page.⁷

Updates from MPS Committees: Powerhouses of Expertise and Networking

I continue to be inspired by the mission-driven work of our MPS committees. From the Psychotherapy Committee's podcast planning to the Women in Psychiatry Committee and C/L Committee's recent joint round table with women's mental health leaders, these groups spark so much of our momentum. The Public Sector Committee is actively tracking statewide advocacy on health equity, overdose prevention, and policy reform, and recently hosted a thoughtful session with expert speakers on single-payer legislation in Massachusetts. Our new Child and Adolescent Psychiatry Committee is growing quickly in membership and already building strong connections, including with New England Council of Child and Adolescent Psychiatry (NECCAP). Thank you to all for your dedication and collaboration.

We will have a joint Committee Chairs and Council Meeting in March where we will get full in person updates from committees and do our best to support them through the Council.

If you are looking for a way to re-engage in 2026, joining a committee is a great place to start. Also, please remember to renew your membership this year; it matters more than ever right now.

Thank you for being part of this community. May this “1” year bring you refreshing energy, mindful moments, and the opportunity to plant fruitful seeds.

With regards,



Jhilam Biswas, M.D.

President, Massachusetts Psychiatric Society

References

1. Blue Cross Blue Shield of Massachusetts Foundation. (2025, December). *OB3 in Massachusetts: Chart pack on the One Big Beautiful Bill Act and implications for Medicaid and subsidized coverage.*

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2. American Psychiatric Association. *Advocacy Update Webinars*. Accessed December 14, 2025. <https://www.psychiatry.org/psychiatrists/advocacy/advocacy-update-webinars>
3. Xiao, Y., Meng, Y., Brown, T. T., Keyes, K. M., & Mann, J. J. (2025). *Addictive Screen Use Trajectories and Suicidal Behaviors, Suicidal Ideation, and Mental Health in US Youths*. *JAMA Psychiatry*, 334(3), 219–228.
4. Auchincloss, J. (2024). *Digital Dopamine Is Speeding Up Our Kids' Brains*. *The New York Times*. <https://www.nytimes.com/2024/10/10/opinion/social-media-dopamine-children.html>
5. Calvert, E., Cipriani, M., Dwyer, B., Lisowski, V., Mikkelsen, J., Chen, K., Flathers, M., Hau, C., Xia, W., Castillo, J., Dhima, A., Ryan, S., & Torous, J. (2025). *Social Media Detox and Youth Mental Health*. *JAMA network open*, 8(11), e2545245.
6. APA Headlines. (2025). *Social Media and Youth Mental Health*. December Issue.
7. MPS Advocacy Page. <https://www.psychiatry-mps.org/advocacy>

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oid crisis as a public health emergency in the U.S.

Since 2023, however, overdose deaths have begun to decline in the U.S. This is thought to be a result of multiple factors: decreased opioid prescribing, reduced fentanyl naivety among people who use substances, and the increased distribution and utilization of Naloxone (Narcan).⁸

In Massachusetts, the reported number of opioid-related overdose deaths peaked in 2022 at 2,357 and decreased to 1,336 in 2024.⁹ Of course, it's important to note that this is likely an underestimate; it includes only reported and known deaths due to opioid overdose.

Illicit Substance Supply Monitoring in Massachusetts

The first statewide community drug-checking program in the United States was actually started in our state. The Massachusetts Drug Supply Data Stream (MADDS), launched in 2019, is a partnership between the Massachusetts Department of Public Health, Brandeis University, police departments, and community harm reduction organizations. The program is funded by the state and by grants from the CDC and the Substance Abuse and Mental Health Services Administration (SAMHSA). The program was piloted in Boston and New Bedford in 2019 and has since expanded partnerships to cover cities and towns statewide.¹⁰

Initially focused on testing police-seized samples, MADDS now includes community drop-off sites at nonprofit harm reduction programs. Testing is anonymous, and results are used for public health surveillance, not for prosecution.¹⁰

In 2021, MADDS analyzed 708 samples statewide, including 269 from Boston. Of the Boston samples sent for advanced testing, the most common substance detected was fentanyl (59.6%), followed by xylazine (20.5%) and 4-fluorofentanyl (18.1%), the latter of which represents a fentanyl analogue that is less potent and less expensive to manufacture than fentanyl. Xylazine will be discussed in detail below. Methamphetamine (15.1%) and tramadol (11.4%) were also present.¹⁰

Cocaine was less prevalent in Boston compared to other regions in the state. Fentanyl appeared in 12% of cocaine samples, 15.4% of counterfeit pills, and none of the crack cocaine samples.¹⁰

Adulterants refer to substances added to the intended substance that may ("active cut") or may not ("inactive cut") impact the use experience. In 2021, the most common "active cut" adulterants found in fentanyl were xylazine (37.9%) and tramadol (14.5%), along with tetramisole/levamisole (veterinary anthelmintic), phenacetin (analgesic/antipyretic withdrawn from US markets due to risk of kidney disease), lidocaine, and caffeine. "Inactive cuts" included mannitol, lactose, inositol, and cellulose.¹⁰

Many of these adulterants are added because they are inexpensive, act as bulking agents, and contribute to sedation or analgesic effects. Levamisole, however, has psychoactive properties that act synergistically when mixed with cocaine.¹¹

Active Adulterants in the Massachusetts Illicit Substance Supply

Xylazine was first identified in the Massachusetts illicit substance supply in 2021.¹⁰ It is a veterinary alpha-2 agonist associated with sedation, hypoglycemia, bradycardia, hypotension, and respiratory depression. It does not respond to Narcan as it is not an opioid, although that should not preclude Narcan administration.

Due to vasoconstriction in superficial blood vessels, xylazine carries a risk of skin wounds that can appear all over the body, even in areas other than the site of injection. These open wounds carry a risk of infection and, if left untreated in the most severe cases, amputation.

Medetomidine is an even more potent veterinary sedative—100 to 200 times stronger than xylazine and longer-acting. Identified in Philadelphia in April 2024 and in Massachusetts by June 2024, it is now present in samples from every county of our state, particularly prevalent in Central and Western Massachusetts.^{12, 13}

Structurally similar to dexmedetomidine (Precedex), which is used in humans in the ICU, medetomidine is a veterinary sedative that acts as an alpha-2 agonist. Those who use substances contaminated with medetomidine have shown significant sedation and respiratory depression that does not respond to Narcan (although it is still essential to administer it in cases of overdose).

Additionally, medetomidine has a unique capacity to produce a severe withdrawal syndrome with symptoms including tachycar-

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dia, hypertension, nausea/vomiting, tremors, and delirium, and complications including end-organ damage such as NSTEMI. Unlike xylazine, medetomidine does not cause skin wounds.^{12, 13}

Conclusion:

As psychiatrists, we sit at the intersection of these global supply chains and their local consequences. Understanding what substances are circulating in our communities, where they come from, and how they are changing helps us provide safer, more informed care. This includes anticipatory counseling, harm reduction approaches, and management of withdrawal syndromes. As the illicit substance supply remains unpredictable, we have a responsibility to listen to our patients' experiences and stay up to date on public health alerts that signal important changes.

There is often, however, a significant delay in understanding and disseminating information about changes to the illicit substance supply. When I learned about xylazine wounds on my addiction psychiatry rotation in 2023, I thought it had emerged recently. Instead, it had been present in Massachusetts for almost two years, yet many, including me, were unaware.

If we can perform closer monitoring of substance use in trusted environments, for example, places where trained staff could oversee substance use and intervene in overdoses, we would be able to detect changes and take more timely action.

As the second in this two-part series, the following newsletter will explore overdose prevention centers: what they are, the evidence for their effectiveness, and the barriers to their implementation.

Included below are local and national harm reduction resources:

- Massachusetts harm reduction program locator: <https://www.mass.gov/info-details/harm-reduction-program-locator>
- Massachusetts syringe exchange locator: <https://www.mass.gov/info-details/syringe-service-program-locator>
- SafeSpot (Massachusetts): 800-972-0590.
 - Massachusetts-based overdose response line that people can call when they are using by themselves
- Never use alone hotline (national): 800-484-3731 or 877-696-1996
 - National overdose response line that people can call when they are using by themselves
- Community Drug Checking Alerts: "The Cut"
 - <https://heller.brandeis.edu/opioid-policy/community-resources/madds/the-cut.html>
 - Alerts are available in: Haitian Creole, Khmer, Portuguese, Spanish, Standard Written Chinese, Twi, and Vietnamese
- Naloxone (Narcan): available over the counter at most pharmacies and can also be found at harm reduction programs (see Massachusetts locator above)

References:

1. Patil, A. (2025, December 4). *A timeline of Trump's strikes on vessels he says are smuggling drugs*. *The New York Times*. <https://www.nytimes.com/article/trump-drug-boat-strikes-timeline.html>
2. Bergengruen, V., Gordon, M., & de Córdoba, J. (2025, September 4). *Did a boat strike in Caribbean exceed Trump's authority to use military force?* *The Wall Street Journal*. <https://www.wsj.com/politics/national-security/did-a-boat-strike-in-caribbean-exceed-trumps-authority-to-use-military-force-828db8c6>
3. Helmore, E. (2025, November 7). *U.S. strikes another alleged drug boat off Latin America, Trump says*. *The Guardian*. <https://www.theguardian.com/us-news/2025/nov/07/us-strikes-another-alleged-drug-boat-latin-america>
4. Helmore, E. (2025, December 2). *Family of victim in alleged Trump "drug boat" killings files first formal complaint*. *The Guardian*. <https://www.theguardian.com/world/2025/dec/02/trump-caribbean-drug-boat-attack-complaint>
5. Drug Enforcement Administration. (2021). *2020 National Drug Threat Assessment (NDTA)* [PDF report]. U.S. Department of Justice. https://www.justice.gov/d9/pages/attachments/2021/08/18/2020_national_drug_threat_assessment_ndta.pdf
6. U.S. Department of Justice, National Drug Intelligence Center. (n.d.). *Overview* [Archived webpage]. Retrieved December 10, 2025, from <https://www.justice.gov/archive/ndic/pubs/658/overview.htm>
7. Babu, K. (2022, May 10). *What is fentanyl and why is it behind the deadly surge in US drug overdoses?* UMass Chan Medical School. <https://www.umassmed.edu/news/news-archives/2022/05/what-is-fentanyl-and-why-is-it-behind-the-deadly-surge-in-us-drug-overdoses/>
8. Dowell, D., Nataraj, N., Rikard, M., Park, J., Zhang, K., & Baldwin, G. (2025). *Why have overdose deaths decreased? Widespread fentanyl saturation and decreased drug use among key drivers*. *The Lancet Regional Health – Americas*, 51, 101226. <https://doi.org/10.1016/j.lana.2025.101226>
9. Massachusetts Department of Public Health, Bureau of Substance Addiction Services. (2025). *BSAS Dashboard – Community Profile*. Retrieved December 10, 2025, from https://datavisualization.dph.mass.gov/views/BSAS_Dashboard_Phase_3_Community_Profile/CP_Overview?%3Aembed=y&%3Alinktarget=self
10. Heller School, Brandeis University, & Opioid Policy Research Collaborative. (2021). *2021 MADDs Site Reports*. Retrieved December 10, 2025, from <https://heller.brandeis.edu/opioid-policy/community-resources/madds/site-reports-2021.html>
11. Solomon, N., & Hayes, J. (2017). Levamisole: A High Performance Cutting Agent. *Academic forensic pathology*, 7(3), 469–476. <https://doi.org/10.23907/2017.039>
12. StreetCheck. (2025, June). *Medetomidine drug supply alert*. https://www.info.streetcheck.org/files/ugd/1817d1_aca6267419244c4983b5f2dce8248664.pdf
13. Philadelphia Department of Public Health. (n.d.). *PDPH-HAN SUPHR Medetomidine UPDATE* [PDF]. Retrieved December 10, 2025, from <https://static1.squarespace.com/static/6386664d01197028e20ce9e1/t/684c5c5ff559d9c7f26779584/1749835007177/PDPH-HAN-SUPHR-Medetomidine-UPDATE.pdf>

Letter to the Editor: A response to Dr. Biswas' October Presidential Column on the advocacy work on smartphone legislation in schools and addressing the youth mental health crisis

The role of technology in mental health remains confusing. There is additional confusion around the role of smartphones, screentime, and social media in mental health. Sadly, it is not as simple as stating research shows technology use is associated with adverse mental health effects in young people. While early research raised concerns for potential harms, much of this work was based on self-reported screentime metrics and has since been found to be inaccurate. The newest generation of studies, such as one in October 2025, followed over 10,000 people for one month and found no association between objective phone use metrics (i.e., screen time or social media app use) and mood symptoms [1]. The title of a 2024 meta-analysis, "There is no evidence that time spent on social media is correlated with adolescent mental health problems," shares the findings from examining 46 studies on the topic. A 2023 review of screens and youth mental health reported "screen use is a complex issue" and that "current guidelines may be too simplistic, mischaracterize the strength of the evidence or do not acknowledge the important nuances of the issue" [3]. While it is always possible to find a single study that makes any claim, the weight of high-quality evidence is clear that research does not show there is a clear association between technology use and mental health outcomes. This is not to suggest technology use like screentime or social media is innocuous, and there are, of course, cases where youth have had negative mental health consequences. There are also likely cases where youth have found benefit. Psychiatry and MPS need to advocate effectively and ensure that we follow the evidence and avoid reductionistic arguments. If we are unable to embrace nuance and provide medical leadership to tease out complex issues like technology and youth mental health, then we abdicate our role in the debate and silence our collective expertise. As we see with AI, there are numerous challenges ahead for MPS and patients in terms of technology. Ensuring we have a voice that is guided by evidence, even when it is not simple, and an agenda that represents the needs of all patients will be more critical than ever.

-John Torous MD is a MPS member and psychiatrist at BIDMC. His current relevant work includes a commission from the World Health Organization to draft recommendations for youth mental health research priorities, advising the FDA on digital mental health and AI, and studying the impact of social media on youth through objective metrics.

1. Winbush A, McDuff D, Hernandez J, Barakat A, Jiang A, Heneghan C, Nelson BW, Allen NB. Smartphone use in a large US adult population: Temporal associations between objective measures of usage and mental well-being. *Proceedings of the National Academy of Sciences*. 2025 Oct 28;122(43):e242731122.
2. Ferguson CJ, Kaye LK, Branley-Bell D, Markey P. There is no evidence that time spent on social media is correlated with adolescent mental health problems: Findings from a meta-analysis. *Professional Psychology: Research and Practice*. 2024 Oct 3.
3. Sanders, T., Noetel, M., Parker, P. et al. An umbrella review of the benefits and risks associated with youths' interactions with electronic screens. *Nat Hum Behav* (2023).



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Registration Now Open

Join us for the 2026 Annual Meeting, May 16-20 in San Francisco for
4.5 days of engaging programming for the future of psychiatry!
Opening rates are now available for in-person registration.

What's Going On at MPS

2026 Election Slate

Thank you to the members of the Nominating Committee who have made nominations for the 2026 leadership slate and thank you to those that have agreed to run for MPS positions. The slate of candidates will be announced in the February Newsletter.

Awards Committee

Dr. Fe Erlita Festin, Chair of the MPS Awards Committee, needs your help. The Committee would very much welcome and appreciate your suggestion of MPS members for outstanding achievement in psychiatry. Please send a paragraph or two outlining their accomplishments and why they should be recognized. Email your recommendation to Mayuri Patel at mpatel@mms.org. Please be sure to forward your nominations by January 31, 2026.

Renew Your Membership for 2026

As a friendly reminder, it's time to renew your membership for 2026. If you have any questions about your dues, please email or call Mayuri Patel at mpatel@mms.org (781-237-8100 x 1) or Sheneka Wilkins at swilkins@psych.org (202-559-3066).

Website Updates

We've added new [advocacy](#) news and resources to our website. The Public Sector Committee's November 20 presentation, Single Payer Healthcare Legislation in Massachusetts, has been posted on the MPS Website. A link is available on the Public Sector committee page (visible only when you are logged in)

Don't miss out — visit the [MPS website](#) today to stay informed!

MPS Annual Meeting

Massachusetts Medical Society, Tuesday, April 28, 2026

FREE APA Course of the Month

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

MPS Funding Appeal

Consider making a voluntary donation to help keep MPS strong, vibrant, and impactful. Contributions of any size support advocacy efforts, media presence, mentorship programs, career fairs, podcasts, and other initiatives that advance the profession and benefit patients.

You can donate securely online at <https://maps.memberclicks.net/donations> or by mailing a check to:

Massachusetts Psychiatric Society, 860 Winter Street, Waltham, MA 02154

Thank you for your continued support and dedication to our profession and the patients we serve.

Updates from the APA - Highlights of the November APA Assembly Meeting

Adeliza Olivero, MD, DFAPA, Senior APA Rep

MPS had strong representation at the Assembly, which met for a shortened day-and-a-half session due to budget cuts, following several virtual preparatory meetings. Members were briefed on the [2026–2027 Assembly Officer Slate](#), recently published in *Psychiatric News*. APA CEO/CMO Dr. Marketa Wills emphasized the Assembly's role as the "voice" of members and outlined the APA's evolving strategic framework—[Psychiatry 2030](#)—built on trust, transparency, confidentiality, and a "OneAPA" culture. She reviewed progress across the APA's three planning horizons, highlighted upcoming implementation metrics and communication plans, and underscored the importance of non-partisan, policy-focused advocacy. APA President Dr. Theresa Miskimen-Rivera updated the group on the Ad Hoc Joint Minority/Underrepresented Workgroup, created to review bylaws and evaluate potential name changes for the M/UR Trustee position. She also discussed progress and challenges related to her Presidential Theme, *Empowering Our Workforce*, noting the importance of leadership and advocacy in strengthening the psychiatric workforce.

document on AI. There were discussions on recent federal attack on psychiatric medications, including APA's [advocacy against Written Informed Consent Act \(H.R. 4837\)](#), which will require signed informed consent for the VA patients but only for psychiatric medications. We want to recognize a couple of our members and APA advocacy superstars', former APA President and MPS member Dr. Rebecca Brendel, former APA Rep Dr. Madelyn Hicks and our Resident Fellow Member Dr. Alexa Hooberman, who were recognized for championing the [2025 APA Advocacy Challenge](#).



A Vision For Our Future

PSYCHIATRY2030

VISION
The World We Envision

A world where every person has access to timely, evidence-driven mental health care and every psychiatrist is supported and empowered to deliver it.

MISSION
Our Purpose

To champion psychiatrists' medical leadership in advancing mental health and delivering high-quality care to improve patients' lives.

GOVING PRINCIPLES
What We Believe

Patients First

The person's experience is at the heart of all that we do and should be the heart of the mental health system and its care.

Science As Our Foundation

The person's experience is at the heart of all that we do and should be the heart of the mental health system and its care.

Innovating Tomorrow's Care

We are creative and courageous in advancing tomorrow's changes to shape the future of mental health care.

United For Impact

We are united and courageous in advancing tomorrow's changes to shape the future of mental health care.

Upholding Highest Standards

We are united and courageous in advancing tomorrow's changes to shape the future of mental health care.

Our Strategic Goals & Objectives

Medical Leadership

Lead the future of patient-centered, evidence-based practice settings with practical resources, innovative clinical standards and shaping emerging care models.

- Define and uphold evidence-based standards for psychiatric diagnosis, treatment, practice, and quality improvement through APA research, education, publishing, and guidelines.
- Advocate for patient-centered, evidence-based care that advances public health, equity, and high-quality, person-centered psychiatric care, and address care challenges by reducing administrative burden and increasing face-to-face care.
- Guide the ethical development and use of new therapies, technologies, and models of care so psychiatrists build the innovation while protecting patients and the profession.
- Shape tomorrow's profession-led care with equity and innovation, especially for those with serious mental illness (SMI) and medical co-morbidities, to ensure the highest quality of patient care in collaboration with the entire mental health care team.

Member Success

Support psychiatrists across all career stages and practice settings with practical resources, innovative education, and meaningful connections that build belonging and fulfillment.

- Develop innovative and practical resources, support, and education, including practice management guidance, coding tools, and bookkeeping skills, to foster professional success, fulfillment, and well-being.
- Build belonging for all members including medical staff, career professionals, and historically marginalized groups by making APA an inclusive, accessible, and supportive professional home for all members throughout their careers.
- Redesign the membership experience to meet practice settings and career stages to ensure APA is relevant, responsive, and representative of members, patients, and professional interests.

Organizational Strength

Build an aligned OneAPA culture that drives innovation, modernizes governance, and ensures financial sustainability.

- Improve cultural, clinical, and engagement across members, governance, and staff to drive innovation in APA and its mission with clarity and collaboration.
- Focus APA attention and resources on our high-impact mission and ensure our strategic priorities are clear and aligned.
- Modernize APA governance to enable faster, more transparent, and more strategic decisions that enable quickly move action.
- Grow and diversify APA revenue streams by expanding revenue sources through new products, services, and partnerships.

President-elect Dr. Mark Rappaport urged maintaining non-partisan focus on core APA priorities—access, parity, and strong values-based leadership—to uphold a unified “OneAPA.” Treasurer Dr. Steve Koh reported continued progress toward financial sustainability: revenue from publications, membership, and conferences is meeting or exceeding budget targets; expenses remain below 2024 levels; and the investment portfolio is outperforming benchmarks. Despite a smaller-than-budgeted net loss, the APA remains on track with its new reserve policy aimed at achieving an operating surplus by 2030. Draft plans for the FY 2026 budget project slightly reduced revenue but a greater reduction in expenses, modest reserve use, and stable membership revenue, with the 2026 Annual Meeting expected to generate \$3.5M.

In terms of advocacy updates, I invite you to watch the most recent 30-minute webinar [December 2025: What to Expect in 2026 – Medicare Payment, Quality, and Telehealth Policies](#) which has many straightforward recommendations on upcoming changes. MPS member Dr. John Tourus, national leader on digital psychiatrist, testified to congress on the [risks and benefits of AI Chat-bots](#), which will help guide the APA on an upcoming resource

The Assembly smoothly approved 28 position statements and 21 action papers. Our representative, Dr. Olga Terechin, had two action papers adopted—bringing her total to five during her relatively brief tenure. The first, *APA Supports and Endorses Board Certification Pathways in Reproductive Psychiatry through the North American Board of Reproductive Psychiatry*, requests that the APA convene a joint task force with NABRP and other key stakeholders to develop certification pathways. This includes engaging subspecialty leaders and training directors, establishing a clear timeline with defined milestones, and providing regular updates to APA councils and members to ensure transparency and meaningful feedback. The second paper, *Trauma-Informed Approaches to Gynecologic Examinations*, asks the APA to develop a resource document outlining best practices for routine trauma inquiry and trauma-informed care during gynecologic evaluations.

The APA Representatives to the Assembly serve as your voice within the organization. We encourage you to contact any of us if you wish to contribute to shaping the future of our field and the APA!

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 clinician
- 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.

MPS is pleased to welcome the
following
New Members

General Member:

Subha Baisyat, MD

Ambika Kattula, MD

Elizabeth A La Salvia, MD

Resident Fellow Member:

Soubhana Asif, MD

Nisha Bagchi, MD

Arinze Chukwuonwe, MD

Veronika Paikin, DO

Divya Saini, MD

Transfer In

Joel Lee Axler, MD

Tiffani L. Bell, MD

Joanna E. Georgakas, MD

Vihasa Govada, MD

Samuel Jackson, MD

Sinthuja Jayaraj, MD

Jasmine Eunyang Kim, MD

Justin Eduardo Morales, MD

Andrew L Sorial, MD

Bo Ren Zhang, DO

Mental Wellness Month

January is designated as [Mental Wellness Month](#) to focus on prioritizing mental health, destigmatizing issues, and setting positive intentions for the year. It is time for individuals and communities to raise awareness, encourage self-care, promote positive mental well-being, and combat common challenges like post-holiday stress.

- **Focuses on self-care:** The month encourages practices like mindfulness, meditation, and setting aside time for oneself to improve overall well-being.
- **Promotes awareness:** It aims to destigmatize mental health issues and create more open conversations about mental wellness.
- **Encourages proactive steps:** By focusing on mental wellness at the start of the year, the goal is to help people take proactive steps and build resilience to handle life's challenges.
- **Highlights the link between mental and physical health:** It serves as a reminder that mental health is just as important as physical health.
- **Addresses common challenges:** January is a good time to address common stressors, such as post-holiday blues, financial stress, and the pressure of setting New Year's resolutions.



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

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.

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!



**Wishing you all a Happy
and
Healthy New Year!!**



Wish you all a Happy Holidays And Happy New Year 2026!

*Now accepting new patients for Psychiatry, Therapy TMS, Spravato and Intensive Outpatient Program.

If you have any questions

contact Mathews Thomas, MD at mthomas@obhi.org or 617-401-7700

www.obhi.org www.oasisdpd.org

1506 Providence Highway, Suite 25, Norwood, MA 02062



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**

You asked, we listened—because your learning matters.

For the first time, the 36th Annual Psychopharmacology Conference is now offered online!

The Massachusetts Psychiatric Society is pleased to offer the 36th Annual Psychopharmacology Update online giving you convenient access to the same trusted experts, evidence-based updates, and high-impact sessions you rely on each year.

Each year the psychopharmacology update course chair and co-chair 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 focuses on schizophrenia, understanding the role of muscarinic cholinergic system in its etiology and treatment. This is followed by a speaker describing bipolar disorders across pregnancy and the postpartum. The program then continues with a discussion on the treatment of insomnia secondary to major depressive disorder and generalized anxiety in adults. There is also a discussion on integrating focal psychotherapy interventions into routine pharmacotherapy. The final lecture is on the topic of neuromodulation. The program ends with questions and answers on any topic in psychopharmacology with a panel of the day's speakers.

Click [HERE](#) to register for this online offering, or visit the MPS website at www.psychiatry-mps.org to access the program at your convenience. After completing the course and evaluation, MPS will send your CME certificate

MPS Committee Happenings

The **MPS Women in Psychiatry Committee** continues to serve as a statewide community for women psychiatrists seeking connection, mentorship, leadership development, and advocacy. Co-chaired by Drs. Katuska Ramirez, Haley Euting, and Samina Mahesar, who assumed leadership in September 2025, the committee is focused on advancing gender equity, increasing visibility, and supporting women across all practice settings and career stages.

Our next meeting will be held virtually on **Wednesday, January 14 from 7 to 8 pm**. The focus of this session will be mentorship and sponsorship, featuring Huma Farid, MD, Division Chief of the ASGOG Division in the Department of Obstetrics and Gynecology at Beth Israel Deaconess Medical Center and Assistant Professor at Harvard Medical School. Her talk will highlight practical strategies for women and address challenges uniquely faced by women in academic medicine, and it will be followed by a facilitated discussion and Q&A.

We welcome all women within MPS who are seeking connection, guidance, and a collaborative space to learn and lead together. To join the committee or RSVP to the meeting, please contact Mayuri Patel at mpatel@mms.org.

The **Psychiatry and Law Committee** is looking forward to a great upcoming year, with the help of our new resident Co-Chair, Dr. Ariana Gilani a PGY-3 at Harvard South Shore. We'll kick things off with a talk on Extreme Risk Protection Orders (ERPO), presented by Dr. Ariana Gilani, on **January 20th, 2026, from 7:00–8:30 PM**. In the spring, we plan to hold our annual presentation on applying to forensic psychiatry fellowship, featuring a panel of current and former fellows and faculty who will share their experiences and offer advice on navigating the Match/ERAS process. Later in the year, we'll also welcome Dr. Alan Newman, who will speak about the growing role of artificial intelligence in psychiatry and how it may shape the field moving forward. We hope you'll join us for these sessions—there will be plenty of interesting topics throughout the year. See you in 2026!

If you would like to join the committee and/ or attend the meeting, please contact Mayuri Patel at mpatel@mms.org

The next meeting of the **Retirement Committee** will be on **Thursday, January 22 from 7-8:30 pm** on Zoom.

Mary A. Azzarito, who has been listed for the past 5 years by Boston magazine as a "Super lawyer," will be our guest speaker. Mary's focus in her practice is on the defense of medical professionals. We will be addressing legal issues around retirement, such as record storage, professional wills, maintaining your license after retirement. There should be plenty of time for discussion.

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

Joe McCabe, MD and Monty Stambler, MD Cochairs

The **MPS Consultation-Liaison Psychiatry Committee** continues to build a vibrant, engaged community of psychiatrists across Massachusetts who are passionate about caring for medically complex patients, building collaborative relationships, and developing the next generation of C-L leaders. Co-chaired by Drs. Katuska Ramirez and Damien Miran, who assumed leadership in July 2025, the committee also benefits from the leadership and perspective of resident co-chairs Drs. Sunita Singh and Aashima Sarin.

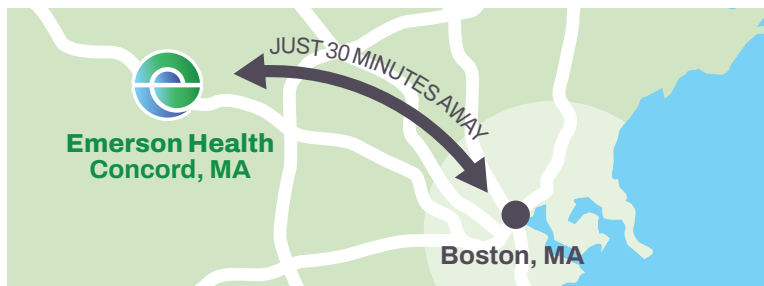
Our upcoming meeting will take place virtually on **Wednesday, January 28 from 7 to 8 pm**. The meeting will feature Theodore A. Stern, MD, Chief, Emeritus, Avery D. Weissman Psychiatric Consultation Service, and Director, Thomas P. Hackett Center for Scholarship in Psychosomatic Medicine, Massachusetts General Hospital, in a fireside chat on strategies for developing and implementing robust clinical and research practices in C-L psychiatry. We look forward to an interactive discussion that will be relevant to clinicians at all career stages.

We welcome all MPS members with an interest in C-L psychiatry and hope you'll join us as we continue to grow this collaborative community. To join the committee or RSVP to the meeting, please contact Mayuri Patel at mpatel@mms.org

Love where
you work.
Live where
you love!



Inpatient Psychiatry



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We have several exciting opportunities to join the Psychiatry Department at Emerson Hospital, a vibrant community hospital located in historic Concord, Massachusetts. We are currently looking for a full-time physician and moonlighters

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For inquiries, please contact:

Diane Forte Willis

Director of Physician Recruitment and Relations

dfortewillis@emersonhosp.org

Phone: 978-287-3002 | Fax: 978-287-3600

About Concord, MA and Emerson Health

Emerson Health is a regional health system providing advanced healthcare to more than 300,000 people across 25 towns in Massachusetts. We make high-quality healthcare more accessible to those who live and work in our community at Emerson Hospital in Concord, health centers in Bedford, Groton, Sudbury, Westford, and Concord, and Urgent Care settings in Hudson, Littleton, and Maynard.

Emerson has strategic alliances with several academic centers in Boston, including Mass General Brigham and Massachusetts Eye and Ear Infirmary.

Concord, MA and the surrounding communities are among the best places to live in Massachusetts, with several top-ranked school systems in the state and located just 20 miles west of Boston.



emersonhealth.org



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PSYCHIATRIC SOCIETY
860 Winter Street
Waltham, MA 02451-1411

ADDRESS SERVICE REQUESTED

MPS Calendar of Events

Council	January 13 at 5:00 PM Via Zoom	dbrennan@mms.org
Women in Psychiatry Committee	January 14 at 7:00 PM Via Zoom	mpatel@mms.org
Public Sector	January 15 at 7:00 PM Via Zoom	mpatel@mms.org
Psychiatry and Law Committee	January 20 at 7:00 PM Via Zoom	mpatel@mms.org
Healthcare Systems & Finance Committee	January 20 at 7:00 PM Via Zoom	dbrennan@mms.org
Retirement Committee	January 22 at 7:00 PM Via Zoom	mpatel@mms.org
Executive Committee	January 27 at 5:00 PM Via Zoom	dbrennan@mms.org
Consultation-Liaison Psychiatry Committee	January 28 at 7:00 PM Via Zoom	mpatel@mms.org