



Massachusetts Psychiatric Society

your information source for psychiatry in Massachusetts

Issue 259 February 2026

www.psychiatry-mps.org

FROM THE PRESIDENT Jhilam Biswas, MD, DFAPA



The Shape-Shift Ahead: Defining Psychiatry Before Others Do

“It takes a special energy... a special audacity or subversiveness, to strike out in a new direction once one is settled.” —Oliver Sacks, *The River of Consciousness* (2017)

That line captures where psychiatry stands right now—our field is preparing the audacity to evolve, speak up, and stay medically central right now. The next few years will ask us to shape-shift as our demographic changes. We will become clearer about what we uniquely do in medicine, bolder about naming our medical value to all stakeholders, and more organized in how we protect the medical standards our patients and our communities deserve. Shape-shifting does not mean losing ourselves and become something else. It means adapting to flourish without surrendering the core of who we are as physicians.

My conversation with you opens with Sacks because this is exactly what some chapters at MPS are pondering now. Both the Southeastern Massachusetts Psychiatric Society (SEMPs) and the Western Massachusetts Psychiatric Society (WMPS) are reading *The River of Consciousness*—sharing a book together to help reflect, in real time, on what it means to sustain ourselves in the psychiatric work we do.

I met jointly with these groups last month to give a general MPS update, and I left having learned so much more about the realities in our more rural communities—where access gaps and workforce shortages are felt first and where the pressures on psychiatric medicine are often visible most starkly. The group raised the pressures on our scope of practice as a foremost concern, and I have to say, I am hearing that from many different psychiatric interest groups as well.

Many will say my discussion below has been said a thousand times. It doesn’t matter, consistently having these conversations while we shape shift into the future of medicine is important.

Scope of Practice: The Landscape Is Changing—Patient Safety is First

The biggest concern I heard in our more rural regions is the feeling that there is no practical way to stop the broader trend of other mental health professions creeping into the scope of our work. Across the country, more states are moving toward independent practice for nurse practitioners and expanding pathways for non-physicians to prescribe psychotropics as there are workforce shortages in getting psychiatrists to practice in low resourced areas.

While I am hearing this from all of you, and recognize we may not reverse the national current at this time with workforce shortages we face, we *can* influence the speed, the safeguards, and the standards for this trend and we can state—clearly and consistently—what levels of medical complexity and risk require a psychiatric physician.

The American Psychiatric Association is actively engaged in this work. APA states that it works with its District Branches “to address scope of practice legislation on a state-by-state basis,” and it maintains a members-only Non-Physician Scope of Practice Action Center designed to provide strategies and resources to confront legislative efforts by non-physicians to practice “without any physician involvement.” APA also highlights that it “works to confront state legislative efforts by psychologists and other healthcare professionals to gain prescribing privileges,” directing members to its non-physician scope-of-practice advocacy resources.

At MPS, our role is to translate that national infrastructure into Massachusetts-specific action: relationships with legislators, rapid response when bills appear, coordinated testimony, and a consistent narrative that centers patient safety and medical complexity rather than professional turf. I know the leadership and all our committees are ready to continue to advocate, as we have in the past.

“Psychiatric Care” Is Medical Care; And Language Is Not Neutral

Why do we even call it “psychiatric care,” as if it were separate from medicine? Psychiatry *is* medicine. APA describes psychiatry

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Understanding and Responding to the Illicit Substance Supply to Improve Patient Care: Part 2: Overdose Prevention Centers

What is an Overdose Prevention Center?

Overdose prevention centers (OPCs), sometimes referred to as supervised consumption sites or safe injection sites, are facilities where individuals can use illicit substances obtained elsewhere in a hygienic, supervised environment. Rooted in the principles of harm reduction, OPC staff are trained to intervene in the event of an overdose. In addition to harm reduction supplies and services, many OPCs offer on-site substance use disorder and/or mental health treatment, or facilitate referrals and connections to care.

The first overdose prevention center in the world opened in Bern, Switzerland in June 1986. It was initially introduced to reduce the transmission of HIV and viral hepatitis among people who inject substances. Since then, the model has expanded slowly but steadily to ten additional countries around the world, including the Netherlands, Germany, Spain, Denmark, France, Luxembourg, Norway, Australia, Canada, and, as of late 2021, the United States—specifically in New York City and Rhode Island. To date, there have been no reported fatal overdoses at any OPC worldwide.¹

The Benefits of Overdose Prevention Centers

Evidence suggests that OPCs are a cost-effective harm reduction intervention that is associated with reductions in:

- Overdose-related deaths
- Infections related to injecting substances
- The number of ambulance calls in the surrounding area
- Substance use-related litter in public areas²

OPCs are also associated with increased initiation of treatment for substance use disorders among people who use substances.²

As with any community-based intervention, the perspectives of those who may utilize the resource are critically important. Qualitative studies have demonstrated support for OPCs among individuals likely to utilize these services, as

well as a preference for staff with lived experience.³ Peer support—within OPCs and in other contexts—can help to cultivate safety, trust, and inclusion for people who use substances.⁴

From a research perspective, understanding the impact of community-based interventions can be challenging, as many complex variables are at play. A realist review is an evaluation of how, why, and for whom complex interventions, such as an OPC, work.

In a realist review of OPCs published in the *Harm Reduction Journal* in March 2025, 391 documents from 17 countries were analyzed. Overall, OPCs were found to produce positive outcomes by enhancing safety, trust, inclusion, engagement, autonomy, and empowerment.²

OPCs appear to be particularly beneficial for individuals who are unstably housed or unshoused, providing a safe space while facilitating access to care. This is associated with decreased risky behaviors and improved health and well-being. OPCs also offer protection from substance-related violence, and may be especially protective for women, LGBTQ+ individuals, and other marginalized groups.²

Additionally, centers that adapt flexibly to changes in the illicit substance supply—such as offering fentanyl test strips as fentanyl became more prevalent—may further enhance safety and engagement.² As discussed in the previous newsletter, the U.S. substance supply can change rapidly, and OPCs can play an essential role in monitoring and responding to these shifts.

The benefits of OPCs also extend to healthcare cost savings. For example, a cost-benefit analysis of one of Vancouver's OPCs found annual savings of approximately \$6 million through the prevention of HIV infections and overdose deaths, corresponding to a benefit-cost ratio of roughly 5:1.⁵

Essential Considerations for Overdose Prevention Centers

Not all OPCs have been equally successful. Evaluations suggest that insufficient political or economic support, along with limited involvement of people with lived experience or the surrounding community, can negatively impact outcomes.²

Philadelphia's attempt to open an OPC illus-

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as “the branch of medicine focused on the diagnosis, treatment and prevention of mental, emotional and behavioral disorders.”

Words matter because they shape policy. Calling psychiatrists “prescribers” narrows our identity to a task that is just the surface of the holistic transformative work we all do in healing human beings. Calling our specialty “behavioral health” (when what we treat includes severe and life changing illness, disability, and complex medical comorbidity, while also reducing conflicts) subtly de-medicalizes both our patients and our medical expertise. This linguistic drift is not benign and has been of an evolving lexicon to marginalize our work; it contributes to stigma, and it allows our healthcare systems to underinvest in psychiatric medicine.

One part of our shape-shift must be a deliberate reclamation of medical language. All of this cannot change in a day, and this is not to medicalize situations that are not illness, but it is worth being aware of stigma rather than normalizing all of this and accepting it as the reality of being a psychiatrist.

Hospital Reimbursement Is the Metric; Value is What Psychiatry Delivers in Spades

We all know the long-standing problem: psychiatric care is reimbursed at lower rates than other medical care, even in a parity era, despite enormous cognitive load, risk management, and clinical complexity our field will take on for any healthcare system. But here is the strategic mistake we can’t keep making as a specialty: if our only argument is “pay us more,” we will keep losing.

Hospitals don’t survive on billing alone; they survive on safe throughput, regulatory compliance, risk containment, workforce stability and wellbeing, and outcomes that protect the entire medical system. Psychiatric medicine is essential to all of that. Hospitals need psychiatry because emergency departments cannot function with psychiatric boarding as the default. Because medical floors cannot safely manage delirium, suicide risk, severe agitation, or capacity questions without psychiatric physician leadership. Because liability, sentinel events, and staff injuries are real, and psychiatric illness is real, and when left untreated, it affects families and whole communities at large. As a forensic psychiatrist, this is most obvious to me.

So, the question is not “How do we get reimbursed better?” The question is, “How do we make the case that hospitals cannot be *credible medical institutions that actually care about health* without physician-led psychiatric medicine?” The argument we should all be making, whether in organized psychiatry or in our health systems is that hospital medicine should not and cannot exist without prominent psychiatric departments and resources.

Also, it’s worth saying this part out loud: if hospitals were truly organized around their stated mission—delivering the best possible clinical care and ultimately wellbeing and longevity—psychiatry would be a cornerstone specialty. Instead, many institutions are run like corporations, sustained by narrow financial incentives and, in many settings, dependent on research dollars and procedural reimbursement. Our country chose this way of existing a long time ago. In this world, the psychiatric work that prevents suffering, restores functioning, and keeps people living lives with meaning can be treated as ancillary rather than central. But everything we do is about keeping people healthy, well, and able to live a life that matters. Somehow, we all have to bring the conversation back to that.

Organized Psychiatry: The Platform That Turns Frustration into Influence

For what reason are other areas of medicine better at advocating for reimbursement and advocating for legitimacy than psychiatry? My own hypothesis is the one you will understand: psychiatry attracts people who can see all sides, who recognize nuance, who resist being pigeonholed into being seen in one way, and recognize the inherent stigma for our patients. That is a moral strength, however, it can be an advocacy weakness if it stops us from stating what we know.

MPS is not here to inflame divisions; we are here to ensure that a psychiatric physician-driven, patient-centered voice is present wherever decisions are made locally and nationally. What I have observed in my time advocating for various psychiatric issues is that a seat-at-the-table status is not granted to the most reasonable people. A seat at the table to make change is granted to the most organized people.

DOI Listening Sessions: Show Up Where Insurance Accountability Is Being Written

The Division of Insurance is holding listening sessions in January and February on multiple topics, including provider directories, individual practitioner contracts with payors, behavioral health intermediate care, behavioral health for children and adolescents, claims payment processes, and provider managed care processes. These sessions are an opportunity to put real clinical experience into the public record—especially around access failures and administrative barriers.

Drs. Amy Harrington and Hannah Larsen will represent MPS at the January 14 DOI listening session on provider directories, and we are trying to cover as many of the remaining sessions as possible. If you plan to participate—or if you attend and comment—please communicate with us about your observations and the substance of your comments, so we can coordinate themes and follow-up advocacy. The more physicians the DOI hears from directly, the harder it becomes to dismiss what patients and clinicians experience every day.

Child Advocate Transition in the Commonwealth: MPS Has a Voice in the Search

Massachusetts is in a period of transition for the Office of the Child Advocate. Reporting has noted that Maria Z. Mossaides, who has led the Office of the Child Advocate for more than a decade, is preparing to depart in late January 2026 after serving the maximum of two five-year terms.

Under Massachusetts law, the Office of the Child Advocate exists to “investigate and ensure that the highest quality of services and supports are provided to safeguard the health, safety and well-being of all children receiving services,” and to examine systemic issues and recommend improvements. The Child Advocate is appointed by a majority vote of the Attorney General, the State Auditor, and the Governor from a list of three nominees submitted by a nominating committee.

MPS is able to appoint a member to participate in the nominating and search process for the next Child Advocate. Dr. Neha Sharma, Chair of the Child and Adolescent Committee at MPS, is representing psychiatry in this active search committee—ensuring that the next Child Advocate understands the realities of child mental health, system capacity, and the stakes for vulnerable youth across the Commonwealth.

With Heavy Hearts: Support for Our Neighbors After the Brown University Shooting

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Our hearts go out locally to our neighbors in the aftermath of the Brown University mass shooting tragedy in Providence on December 13, 2025. At the request of the Disaster Readiness Committee, we have reached out to the Rhode Island Psychiatric Society as well as other governmental mental health partners, to offer support and coordination where it may be helpful. In moments like this, psychiatry's role is not theoretical—it is community stabilization, grief care, trauma response, and sustained recovery.

Closing: We Must Choose to Be Visible

Are we going to become obsolete? Only if we accept the shrinking box others draw around us. Psychiatry is the hidden treasure of medicine, and central to health and wellbeing in any hospital, medical system, or healthcare center.

So this is our call: speak with medical clarity, advocate collectively and resist the silent erosion that comes from being renamed, reframed, and reduced. The work is changing, but we can successfully shape-shift, without surrendering what makes psychiatric medicine essential.

With best regards,

Jhilam Biswas, MD



President, Massachusetts Psychiatric Society

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trates the potential backlash when community engagement is inadequate. Local residents and landlords were not meaningfully informed or involved in the planning process and subsequently strongly opposed the initiative. This contrasts with planning efforts in New York City, where community members were invited into the process and educated about the evidence supporting OPCs.⁶

Philadelphia's OPC was also blocked politically. A federal district court initially ruled that the "primary purpose of the safe house was to reduce drug use and encourage treatment, not facilitate illegal activity."⁷ However, this decision was ultimately overturned by the Department of Justice (DOJ).

Although the OPCs in New York City and Rhode Island are locally sanctioned, they remain illegal under federal law. To date, however, no federal enforcement action has been taken against these sites.

Staffing is another critical consideration for OPCs. Substantial evidence supports the importance of peer workers in substance use treatment, including within OPCs. However, staff and peer workers at OPCs frequently report high levels of burnout and stress, exacerbated by low pay and overcrowded facilities.² Addressing working conditions, support for staff, work-life balance, and financial compensation is essential to ensuring workforce sustainability.

Finally, while concerns have been raised about increased crime of substance use in areas surrounding OPCs, these concerns have not been supported by the evidence.⁸

The First Overdose Prevention Center in the United States

In November 2021, the first two overdose prevention centers in the United States opened in New York City. Within the first few months of opening, the centers were accessed 5,975 times by 613 individuals.⁹

Approximately 76% of participants reported that, if the center were not available, they would have used substances in a public space. Heroin or fentanyl were the most commonly used substances at the center, with injection being the predominant route of administration. Potentially fatal overdoses were successfully

prevented 125 times using interventions such as naloxone, oxygen, close monitoring, hydration, and cooling.⁹

The OPCs also served as access points for broader care. More than half (52.5%) of the centers' visitors received additional support through Naloxone distribution, counseling, hepatitis C testing, medical care, and holistic services such as acupuncture.⁹

Consistent with prior findings, there has been no evidence for increased crime in the area surrounding the OPCs in New York City.⁸

The First Overdose Prevention Center in New England

Our neighbor to the south, Rhode Island, opened New England's first overdose prevention center approximately a year ago.

Harm reduction organization Project Weber/RENEW was first established in 2016 through the merger of Project Weber and Project RENEW—two organizations that provided supportive services and drop-in centers for sex workers who identify as men and women, respectively. In 2021, the organization began distributing harm reduction supplies and has since become one of the largest distributors of naloxone in Rhode Island.¹⁰

In July 2021, Governor McKee signed legislation authorizing a pilot overdose prevention center program in Rhode Island. The Providence City Council subsequently approved the state's first OPC in February 2024. The OPC, operated by Project Weber/RENEW and a behavioral health organization, VICTA, officially opened in a former medical building in January 2025, representing the first state-sanctioned OPC in the United States.¹¹ The Providence OPC was followed by the opening of another OPC in Pawtucket, Rhode Island.

Project Weber/RENEW received a \$2.3 million federal grant for the project in addition to an \$870k investment from the city of Providence. Additionally, Brown University also received a portion of a federal grant to study the outcomes of the new overdose prevention centers.¹¹

Efforts Towards an Overdose Prevention Center in Massachusetts

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The Massachusetts Department of Health released a report in 2023 publicly supporting OPCs, citing strong evidence of their effectiveness while emphasizing the need for state-level liability protections to enable their legal operation.¹²

Before this report, local efforts were already underway in Massachusetts. In 2021, the city of Somerville, Massachusetts conducted its own needs assessment and feasibility study, subsequently recommending the establishment of at least one OPC in Somerville. The city partnered with Fenway Health in 2022 for further planning. However, progress in Somerville and other Massachusetts cities has stalled as advocates await state-level legal protections.¹³

A bill that would expand the legality of harm reduction interventions to include overdose prevention centers was introduced by Representatives Decker and Lawn (H.2196) and Senator Cyr (S.1393). The bill has been referred to the Joint Committee on Mental Health, Substance Use and Recovery. On November 26th, 2025, the committee's reporting deadline was extended to March 18th, 2026.¹⁴

OPCs offer a pragmatic complement to existing substance use treatment by engaging individuals who are not yet ready or able to access other services, while also serving as entry points to medical and psychiatric treatment. OPCs also represent an opportunity to reduce preventable deaths and improve monitoring of the illicit substance supply. As legislative efforts continue, clinician engagement—through education, advocacy, and partnership with community-based organizations—will be essential to ensuring that any future OPCs in Massachusetts are implemented thoughtfully, equitably, and in a manner that reflects both the evidence base and the needs of patients, staff, and communities.

The statewide coalition, Massachusetts for Overdose Prevention Coalition, is endorsed by major Massachusetts medical centers and medical groups, such as Boston Medical Center and Massachusetts Medical Society, respectively. To learn more about how to get involved, visit: <https://ma4opc.org/get-involved>.

Resources:

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2. Keemink, J. R., Stevens, A., Shirley-Beavan, S., Khadjesari, Z., & Shorter, G. W. (2025). Four decades of overdose prevention centres: lessons for the future from a realist review. *Harm reduction journal*, 22(1), 36. <https://doi.org/10.1186/s12954-025-01178-z>
3. Ivsins, A., Warnock, A., Small, W., Strike, C., Kerr, T., & Bardwell, G. (2023). A scoping review of qualitative research on barriers and facilitators to the use of supervised consumption services. *The International journal on drug policy*, 111, 103910. <https://doi.org/10.1016/j.drugpo.2022.103910>
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12. Massachusetts Department of Public Health. (2023). *Overdose prevention center feasibility report*. Executive Office of Health and Human Services. <https://www.mass.gov/doc/overdose-prevention-center-feasibility-report/download>
13. Belcastro, N. (2024, July 6). *Community services help fill gaps as the opening of a Somerville overdose prevention center stalls*. Cambridge Day. <https://www.cambridgeday.com/2024/07/06/community-services-help-fill-gaps-as-the-opening-of-a-somerville-overdose-prevention-center-stalls/>
14. Decker, M. C., & Lawn, J. J., Jr. (2025). *An act relative to preventing overdose deaths and increasing access to treatment* (Mass. H.D. 4212). The 194th General Court of the Commonwealth of Massachusetts. Retrieved January 11, 2026, from <https://malegislature.gov/Bills/194/HD4212>

Congratulations to This Year's NEW Distinguished Fellows (DFAPA) and Fellows (FAPA)

The following members were approved for the Distinguished Fellows and Fellows Status by the APA Board of Directors:

Distinguished Fellow

Jhilam Biswas, MD, DFAPA
 Nicholas Carson, MD, DFAPA
 Amy Harrington, MD, DFAPA
 Nomi Levy-Carrick, MD, DFAPA
 Caridad Ponce Martinez, MD , DFAPA



Distinguished Life Fellow

Stephen McDermott, MD, DLFAPA

Fellow

Ana Maria Brigida Junia, MD
 Ashwini Nadkarni, MD
 Brian Skehan, MD, PhD
 Tahir Tellioglu, MD
 Mathews Thomas, MD
 Gabriela Velca, MD
 Sarah Yasmin, MD, MPH



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.

MAKE A DIFFERENCE

Massachusetts licensed board-certified psychiatrists to conduct fit-for-duty interviews and second opinions of police, fire, and corrections applicants. As needed/flexible scheduling. Friendly, supportive, team environment. Will train. Resume and contact information to

Chandlerpsychologicservices@gmail.com c/o Kara

Are you eligible and interested in applying for Fellow or Distinguished Fellow Status?

Contact the MPS Office.

We would be glad to assist you in completing your application.



Massachusetts Psychiatric Society Election 2026 – 2027

Below is the slate of candidates for the 2026/27 MPS election. We want to thank the MPS members who nominated candidates, and to the candidates who have agreed to run for office. We would also like to thank the Nominating Committee (Co-Chairs: Drs. Nassir Ghaemi and Anderson Chen, and committee members, Drs. Daria Hanson, Amy Harrington, Elizabeth Langmore-Avila, Daniel Morehead and David Silbersweig) for their work on the committee.

According to the Massachusetts Psychiatric Society Bylaws, additional nominations to those listed below may be made by a petition signed by twenty-five (25) or more members eligible to vote. The nominating petitions must be filed with the MPS Secretary by March 25, 2026 and can be submitted via email to mps@mms.org.

Voting begins for the 2026/27 MPS election on April 1, 2026 at www.psychiatry-mps.org. Please log on to the MPS website as a member and click on the 2026 Ballot link on the home page to cast your votes. If you have trouble logging onto the website, please contact the MPS office at (781) 237-8100 or mps@mms.org. If you would like to opt-out of online voting, please contact the MPS office and we can mail you a paper ballot. Voting must be completed by the close of business on April 17, 2026.

President-Elect: (1 Position)

Margaret C. Tuttle, MD, FAPA

Secretary: (1 Position)

Katiuska Ramirez, MD

Councilors: (2 Positions)

Bilal Bari, MD, PhD

Rachel Berlin, MD

Ljiljana Markovic, MD

Ashwini Nadkarni, MD, FAPA*

APA Representative: (2 Positions)

Kevin P. Hill, MD, MHS, DFAPA

Olga Terechin, MD*

Rick Peter Fritz Wolthusen, MD, MPP

Resident Fellow Member (1 Position)

Arlen Gaba, MD

Amir Hassan, MD

Rachel Jenkins, MD

Bernie Sarmiento, MD, MBA

Nominating Committee (2 Positions)

Kalyani Subramanyam, MD

David Silbersweig, MD

***Denotes Incumbent**



Saturday, March 21, 2026 8:30 a.m.–3:30 p.m. Via Zoom Videoconference

Massachusetts Psychiatric Society's 2026 Risk Avoidance & Risk Management Conference

Program Overview

We are pleased to present the 2026 Risk Avoidance & Management Conference. This is the Mass Psychiatric Society's annual risk management conference with its successful record spanning decades. The conference focuses on actual issues faced by practicing psychiatrists. The conference aims to increase the understanding of various roles of psychiatrists interfacing with the law and regulatory agencies and to foster appreciation of the challenges of psychiatrists in court. Each year experts review timely and relevant risk management issues. We utilize several didactic lectures with significant time for questions raised by conference attendees to foster learning.

This year, topics addressed will include: Dr. Thomas Gutheil reviewing major issues relevant to general risk management and fielding participant risk management questions; Dr. Nikhil Mathews will discuss violence risk assessment and management

in the psychiatric patient; Dr. Rohn Friedman will discuss implications of the American Law Institute's 2024 Restatement of Torts for medical malpractice and general psychiatric practice; President Jhilam Biswas will provide guidance on issues facing our field in 2026 due to regulatory, economic, and political circumstances; Dr. Matthew Lahae will discuss privacy, privilege and HIPAA as it pertains to psychiatric practice; Dr. Christopher Myers will discuss the forensic and correctional mental health system of the state and issues related to working with judicially and correctional system involved patients; Dr. Margarita Abi Zeid Daou will discuss vicarious trauma for clinicians and the importance of self-care; and Dr. Samia Osman will review an approach to collaborative safety planning for the suicidal and self-injurious patient; finally, Dr. Douglas Brennan will discuss practical firearm safety for the mental health professional. Please consider joining us for this tremendous line up of speakers while fulfilling your risk management credit requirement for licensure.

Program Objectives

- Utilize risk reduction tools and strategies in daily practice
- Appreciate liabilities and risk management issues related to assessing and managing risk of violence in patients across clinical settings
- Understand the potential impacts of greater adoption of the ALI 2024 Restatement on Torts
- Review current status of privacy and HIPAA laws and their impact on various aspects of practice
- Appreciate issues related to economic, political, and regulatory environments and how they may impact important aspects of psychiatric practice, systems, reimbursement, and patient care

- Understand issues related to vicarious trauma and the importance of adequate self-care
- Highlight the utility of collaborative safety planning in the context of self-injurious and suicidal patients
- Discuss general risk management issues related to the evaluation and treatment of patients
- Learn about the Massachusetts forensic correctional mental health system and factors related to the care of patients involved with the judicial and correctional systems of the state

CLICK TO REGISTER ONLINE

Accreditation Statement

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

AMA Credit Designation Statement

The Massachusetts Psychiatric Society designates this live activity for a maximum of 6 **AMA PRA Category 1 Credits™**. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

This activity meets the criteria of the Massachusetts Board of Registration in Medicine for risk management study.

REGISTRATION FEE

<input type="checkbox"/> MPS/APA/MMS MEMBER	\$175
<input type="checkbox"/> NON-MEMBER	\$225
<input type="checkbox"/> RESIDENT/FELLOW	\$15
<input type="checkbox"/> MEDICAL STUDENT <small>(PROOF OF MEDICAL SCHOOL REQUIRED)</small>	\$0

NEW OFFERING:

Want access to the program recordings, too? Register for the **bundle** to attend the live sessions and receive fully edited recordings. *(Recordings will be shared approximately one week later once edited)*

<input type="checkbox"/> MPS/APA/MMS MEMBER	\$225
<input type="checkbox"/> NON-MEMBER	\$275
<input type="checkbox"/> RESIDENT/FELLOW	\$65

Questions?

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

Please note the link for the conference will be sent on March 20



Program Schedule

8:30-8:45 a.m.	Welcome and Introduction <i>Matthew Lahaie, MD, JD</i>
8:45-9:30 a.m.	Practical Violence Risk Assessment and Management <i>Nikhil G. Mathews, MD, JD</i>
9:30-10:45 a.m.	Risk Management for the Psychiatric Professional <i>Thomas G. Gutheil, MD</i>
10:45-11:15 a.m.	American Law Institute 2024 Restatement of Torts: Potential Implications for Psychiatric Practice <i>Rohn S. Friedman, MD, DLFAPA</i>
11:15-11:45 a.m.	President's Perch: Risks for the Field on the Horizon <i>Jhilam Biswas, MD, DFAPA</i>
11:45-12:30 p.m.	LUNCH BREAK
12:30-1:15 p.m.	Mums the Word: An Update of HIPAA, Privacy, & Privilege <i>Matthew Lahaie, MD, JD</i>
1:15-1:45 p.m.	The Correctionally Involved Patient: Challenges for Managing Correctional Patients in Community Settings <i>Christopher Myers, MD, MPH&TM</i>
1:45-2:15 p.m.	Practical Firearm Safety for Mental Health Professionals <i>Douglas Brennan, MD, MPA</i>
2:15-2:45 p.m.	Vicarious Trauma & Self-Care <i>Margarita Abi Zeid Daou, MD</i>
2:45-3:15 p.m.	Collaborative Safety Care Planning: A Practical Framework for Mitigating Suicide Risk <i>Sami Osman, MD, MPP</i>
3:15-3:30 p.m.	Questions & Answers Session and Wrap Up <i>Matthew Lahaie, MD, JD</i>

MPS is pleased to welcome the following New Members

General Member:

Marcela Almeida, MD
Gyula Bokor, MD
Lee Bulgin, MD
Jimmy Zhuojie He, MD
Colleen Ryan, MD
Jonathan P. Zebrowski, MD

Resident Fellow Member:

Nada Kamel Abdallah, MD
Joel Frederick Burt-Miller, MD; MPH; MS
Jamie Li, MD
Jan Powell, MD, MS
Monica Taneja, MD; MHS

Transfer In

Parsa Ravanfar, MD, PhD
Abdallah Tom, MD
Tommy John Wilson, Md, PhD
Heather Wurtz, MD
Yuxi Zhang, MD

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

Public Sector Committee on Thursday February 26 at 7 pm

Please join the Public Sector Committee on **Thursday February 26 at 7pm** for this informative and thought provoking film and discussion:

Where do Black Men Live?

This is a nonfiction film telling the housing stories of Black men in Cambridge, MA. Based on episodic ethnographic interviews with Black men, the film explores issues including incarceration, housing transience, and the lived experience of being un- and under-housed for prolonged periods while navigating social life and the criminal justice system. The interviews were recreated using actors, with all words coming from the narrative accounts of the men interviewed. The film expresses the lived experiences of a severely marginalized group, enabling Black men to speak their truth and shedding light on harms that typically remain hidden from public view.

This link gives background on the research and making of the film

<https://www.theblackresponsecambridge.com/where-do-black-men-live-film>

Here is an extended interview about the film:

<https://thesociologicalreview.org/image-maker-in-residence/verbatim-filmmaking-for-social-justice/>

We will watch the film together and have a discussion facilitated by staff from The Black Response.

See you there!



What's Going On at MPS

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.

MPS Member Emails – Reminder.....

If you have opted out of our emails in the past, we encourage you to re-subscribe so you don't miss important new updates.



**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.

OFFICE SPACE

Back Bay, Boston - Prestigious professional building, a former 19th century mansion with all original detail, on Marlborough Street near Public Gardens. Beautiful offices with large windows, high ceilings, and fireplaces, with hours to sublet. Shared waiting areas, friendly, collegial atmosphere, elevator, internet. Call Elizabeth: 617-267-0766 or email: erm82@aol.com

Winchester - Offices for rent in charming, fully renovated 19th century building on Main Street. High ceilings, large windows, beautifully furnished, with WiFi, common waiting rooms. Full or part-time. For more information, contact Dr. Michael Marcus at mwm82@aol.com.

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

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

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

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



Cambridge Health Alliance



CAMBRIDGE HEALTH ALLIANCE

Fellowship in Consultation-Liaison Psychiatry Harvard Department of Psychiatry

Fellowship Title:	Consultation-Liaison Psychiatry Fellowship
FTE/Hours:	Full-time
Accreditation Status:	ACGME Accredited
Location:	Cambridge Health Alliance
Available:	July 1, 2026

Description:

The Fellowship in Consultation-Liaison Psychiatry at Cambridge Health Alliance and Harvard Medical School is an ACGME-accredited 1 year training program for a PGY5 psychiatrist. The fellowship provides training in psychiatric consultation and management of medical and surgical inpatients as well as training in integrated care programs in primary care centers. Fellows will have exposure to population focused care and psychiatric e-consultations. Specialty training in geriatrics, palliative care, reproductive psychiatry, and substance use disorders is also available. Faculty will mentor fellows in the development of a scholarly project. Our program takes advantage of Cambridge Health Alliance's unique blend of community and academic resources. Clinical fellows receive appointments to Cambridge Health Alliance and Harvard Medical School.

Contact:

Hsiang Huang, MD, MPH
Program Director, Consultation-Liaison Psychiatry Fellowship
Cambridge Health Alliance (www.challiance.org)
1493 Cambridge Street, Cambridge, MA 02139
Email: hhuang@cha.harvard.edu

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!



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



Beth Israel Lahey Health 
Beth Israel Deaconess
Medical Center

PSYCHOPHARMACOLOGY 2026: A MASTER CLASS

Course Directors

Matcheri Keshavan, MD

Stanley Cobb Professor of Psychiatry;
Beth Israel Deaconess Medical Center
and Harvard Medical School

Roscoe Brady, MD, PhD

Associate Professor and Vice-Chair of Psychiatry, Harvard
Medical School and Beth Israel Deaconess Medical Center

Carl Salzman, MD

Professor of Psychiatry, Harvard Medical School
and Beth Israel Deaconess Medical Center

Please contact the Continuing Education Programs with any
questions by email at learn@hms.harvard.edu.

Course Dates

March 20-21, 2026

Course Format

Live Virtual

Discounted Pricing Available
through February 14, 2026

Earn up to 14.50 AMA PRA Category
1 Credit(s)™/14.50 ANCC Contact
Hours. Please see website for
further credit information.

<https://learn.hms.harvard.edu/programs/psychopharmacology-master-class>

Speakers

Roscoe Brady, MD, PhD • Anthony Cunningham, PhD • Melissa DelBello, MD • Kristina Deligiannidis, MD • Ryan Henner, MD • Kevin Hill, MD, MHS • Matcheri Keshavan, MD • Alejandro Dan Mendoza, MD • Charles Nemeroff, MD, PhD • Carl Salzman, MD • Pooja Sarkar, DO • Alan Schatzberg, MD • Stephen Stahl, MD, PhD, D.Sc.(Hon) • John Torous, MD, MBI • John Winkelman, MD

Course Overview

We are pleased to offer our 15th annual two-day Master Class uniquely designed for practicing clinicians, clinical researchers, and trainees in psychiatry. Presentations will focus on typical psychiatric patients with emphasis on those who are difficult to treat or are treatment resistant. Newer treatments and developing treatment strategies will be discussed including the use of genetic tests, blood level measurements, and drug combinations. New research that can inform clinical practice will be emphasized. There will be considerable opportunity for interaction with the presenters.

Who Will Benefit from This Course

- Psychiatrists
- Researchers in Psychopharmacology and Neuroscience
- Substance Abuse and Mental Health Clinicians and Researchers
- Pharmacists
- Nurses
- Nurse Practitioners
- Specialty Physicians
- Psychologists
- Physician Assistants
- Trainees in psychology, psychiatry, medicine and other mental health professions.



**Attending Consultation Liaison Psychiatrists
Worcester, MA**

Inpatient Consultation-Liaison -Worcester, MA

Hiring Range: \$282,000 - \$302,000

Please note that the final offer may vary within this range based on a **candidate's experience, skills, qualifications, and internal equity considerations**.

The UMass Memorial Health and UMass Chan Medical School Department of Psychiatry is seeking a dedicated and experienced Consultation Liaison Psychiatrist to join our dynamic team at UMass Memorial Medical Center in Worcester Massachusetts. We welcome and support applicants from all Academic Ranks to apply. The ideal candidate will provide psychiatric consultation services to patients admitted to medical surgical units and those presenting in the emergency room. This position offers the opportunity to make a significant impact on patient care by addressing the interface between medical and psychiatric illnesses.

Attending Psychiatrist, Addiction Consultation-Liaison -Worcester, MA

Hiring Range: \$263,358 - \$274,358

Please note that the final offer may vary within this range based on a **candidate's experience, skills, qualifications, and internal equity considerations**.

The ideal candidate will provide psychiatric consultation services to patients admitted to medical surgical units and those presenting in the emergency room. This position offers the opportunity to make a significant impact on patient care by addressing the interface between medical and psychiatric illnesses.

About Our Department: We are the largest provider of psychiatric services in central Massachusetts with over 400 faculty members who work in a variety of settings within UMass Memorial Health, the University of Massachusetts Chan Medical School, and the public sector. We integrate our clinical, research, teaching and community partnership activities to help individuals and families transform their lives through recovery from mental illness and addiction.

The Department of Psychiatry has outstanding training programs which include 27 residents and fellows as well as 16 trainees. Our Psychiatry positions offer the opportunity for involvement in a full range of activities. We are a national leader in public sector psychiatry, child and adolescent psychiatry, neurodevelopmental disorders, biological psychiatry, neuropsychiatry, forensic psychiatry, psychosocial rehabilitation, women's mental health, and addiction psychiatry.

Alternate: Case Load Variety, Teaching, And More.

- Conduct comprehensive psychiatric assessments of patients in medical surgical units and the emergency room to evaluate for psychiatric diagnoses, risk factors, and treatment needs.
- Collaborate with medical and surgical teams to develop integrated treatment plans that address both medical and psychiatric concerns.
- Provide evidence-based psychiatric interventions, including medication management, psychotherapy, and crisis intervention, as appropriate.
- Educate medical and nursing staff on psychiatric issues, including recognition of symptoms, appropriate interventions, and strategies for managing psychiatric emergencies.
- Participate in multidisciplinary rounds and case conferences to discuss complex cases and coordinate care.
- Document all clinical encounters thoroughly and accurately in the Epic electronic medical record system.
- Maintain confidentiality and adhere to ethical and legal standards governing psychiatric practice.
- Stay abreast of developments in the field of consultation liaison psychiatry through continuing education and professional development activities.
- Participation in weekday evening and weekend is optional and provides additional compensation

Visit our department website <https://www.umassmed.edu/psychiatry/dop/> to learn more about our department.

Qualifications

Eligible individuals should have the following qualifications:

- Must hold an MD or DO degree and qualify for a Massachusetts license
- Be board certified or board eligible

Top Tier Benefits to Reflect Your Value and Needs.

- Sign-on bonuses and newly added referral bonus program
- Comprehensive medical, dental and vision coverage
- 6+ weeks of paid time off (vacation/CME/holidays)
- Practice/CME allowance - \$4,000 per fiscal year
- Employer-funded retirement contributions of 8% of base salary, with additional retirement vehicles
- Comprehensive tuition reimbursement benefit
- Paid family and medical leave, short-term and long-term disability programs
- Hospital liability insurance
- Concierge Services for Relocation, if applicable to your role

Interested applicants please contact:
Krystal Vincent, Provider Recruitment, mail: Krystal.Vincent@umassmemorial.org

To apply directly:

[Attending Psychiatrist, Inpatient Consultation-Liaison-Worcester, MA](#)
[Attending Psychiatrist, Addiction Consultation Liaison-Worcester, MA](#)

We are able to consider and support candidates who will need Visa sponsorship.

Standards Of Respect

We are committed to fostering and embracing a culture of diversity, equity, inclusion and belonging. Creating a diverse environment of professors and clinicians who offer unique insights and perspectives as we teach the next generation of physicians is critical to our mission. We are engaged in multiple initiatives with UMass Chan Medical School and with UMass Memorial Health to expand the diversity within our Medical Group in the spirit of inclusivity.



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

ADDRESS SERVICE REQUESTED

MPS Calendar of Events

Council	February 3 at 5:00 PM Via Zoom	dbrennan@mms.org
SEMPS/WMPS	February 4 at 7:00 PM Via Zoom	mpatel@mms.org
Sexual Disorders Committee	February 4 at 6:30 PM Via Zoom	mpatel@mms.org
Disaster Readiness	February 5 at 4:30 PM Via Zoom	dbrennan@mms.org
Awards	February 10 at 7:00 PM Via Zoom	mpatel@mms.org
Psychotherapy	February 11 at 7:00 PM Via Zoom	dbrennan@mms.org
Healthcare Systems & Finance Committee	February 17 at 5:00 PM Via Zoom	dbrennan@mms.org