



Massachusetts Psychiatric Society

your information source for psychiatry in Massachusetts

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FROM THE PRESIDENT Jhilam Biswas, MD, DFAPA



Trust Is a Verb: Reflections from My Final Letter as MPS President

There is something clarifying about writing a final letter. Over the past year, these monthly pieces have become a conversation with the collective “you,” and it has become a space to think out loud about what our profession is navigating, what we owe each other, and what we are capable of when we act together. Spring has arrived. The Annual Meeting is before us. It feels like the right moment to take stock.

I want to leave you not with a summary of the year, but fodder for thought. Because what I have come to believe, more than when this presidential year began, is that psychiatry is approaching an inflection point- and it’s not a slow drift. We are reckoning with the question: what fills the space if we do not lead? More than seventy percent of practicing psychiatrists in the United States are over 50.¹ Scope-of-practice legislation continues to expand prescribing authority to multiple types of non-physician providers. Artificial intelligence is starting to be marketed as a substitute for clinical judgment in mental health screening. The question is not whether our profession will change. It is whether we will shape that change, take an organized lead- or be shaped by it.

The Collapse of Trust- and What it Asks of Us

“The physician-patient relationship is key; all else follows from it.”

—Abraham Verghese

We are living through a crisis of institutional trust. The 2024 Edelman Trust Barometer found that fewer than half of people globally trust their governments, media, or scientific institutions.² For psychiatrists, this tension is not new — we have always worked in medicine’s most complex spaces, where science, legal issues and social systems, and human behavior, suffering, and stigma converge. But the past year brought that tension into especially sharp relief. One example are the headlines surrounding the Lindsay Clancy case and the malpractice lawsuits that followed brought media-based anger and finger-pointing toward our profession. As

I said in the March newsletter, what is so often missing in these public narratives of us is recognition that fragmentation in care can mirror the very illnesses we are trying to treat — conditions that remain profoundly difficult within the constraints of a modern medical system not designed for the complexity of psychiatric illness.³

The research on our collective emotional and cognitive burden is concerning: elevated fear of malpractice is strongly associated with physician burnout.⁴ As Danielle Ofri writes in her book *What Doctors Feel*, the fear of harming a patient never fully departs from a physician. These feelings are inextricably linked to the practice of medicine. And when our grief is relentlessly suppressed, the result can be a numb physician, unable to invest in new patients.⁵ We carry this weight quietly. We carry it professionally. Sometimes we carry it alone—which is why psychiatrists remind one another: *never worry alone*.

But the antidote to eroding trust is not self-defense or retreat. Abraham Verghese has described medicine as, “at its heart, a human endeavor, requiring good science but also a limitless curiosity and interest in your fellow human being.”⁶ Trust, understood in this way, is not a feeling we wait to receive from patients or our society. It is something we build through doing, showing up, through the unglamorous work of caring well, connection to one another, and deep curiosity about each other. In a landscape where algorithms are being positioned as substitutes for clinical relationships, this grounded action matters more than ever. And this year, MPS acted.

A Year of Showing Up: Networking, Committees and Collective Investment

What strikes me most, looking back, is the cumulative weight of sustained collective effort. More than 200 psychiatrists came on a Saturday morning for our Risk Management Conference; nearly 180 attended the Psychopharmacology Conference in November.

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The Case for Organized Psychiatry

It's the first day of your next rotation: the inpatient psychiatry service. As you shuffle through the sign-out from your co-resident, you see that many patients are undergoing active medication changes or are pending community care coordination and discharge. Many others, however, seem to have longer lengths of stay. Looking more closely, you see that they are awaiting a court date for involuntary treatment approval. The date has been set for well over halfway through your rotation.

Throughout the month, you witness the distress of patients awaiting their court date. You spend your time building rapport, providing psychoeducation, and utilizing de-escalation techniques. Other patients notice the tension, commenting on the lack of therapeutic environment—a concern you share. It seems out of your hands. You wonder whether anything could be done to allow for more timely treatment.

Your next rotation is child and adolescent psychiatry consultation-liaison. You enjoy working with younger patients, but sometimes struggle to engage those who can't seem to tolerate a conversation without scrolling on their phones at the same time. When you attempt to address this, they reassure you, "I'm listening. I do this in school all the time." You are concerned about how this behavior may affect their development. You and your team brainstorm ways to address the issue on the service, and you also consider whether systemic approaches exist.

Caring for patients on a daily basis demands that we confront big, systemic issues that shape their daily lives. When faced with these problems, it's understandable to feel as if there's nothing we can do, which can contribute to burnout and a lack of hope. Luckily, that's not the full picture. There's much that has been done already, and much more remains to be done.

Through advocacy efforts, including providing testimony, the Massachusetts Psychiatric Society has worked directly on both issues described above. The **Timely Treatment Act** would mandate courts to respond more swiftly to requests for involuntary inpatient psychiatric treatment. The **Study Act** would eliminate the use of personal electronic devices in classrooms in Massachusetts during school hours. This is organized medicine at work.

What Is Organized Medicine?

Organized medicine refers to the collective efforts of medical professionals to protect and advocate for patients, the profession, and public health. At its best, it translates the knowledge gained at the bedside into policy that shapes the broader environment in which care is delivered.

Medical societies have been part of the profession for a long time—and for good reason. They provide a unified voice, help define standards of practice, support ongoing education, and push for policy change when the system at large falls short.

Massachusetts has a long history of organizational involvement and initiation. Founded in 1781, the Massachusetts Medical Society is the oldest continuously operating state medical organization in the United States, predating the establishment of the American Medical Association by more than six decades. The Massachusetts Psychiatric Society is newer, yet has had a significant impact on psychiatric practice in our state, engaging in novel issues ranging from telemedicine to psychedelics.

Policymakers do not know what it is like to be a practicing psychiatrist, and we cannot expect them to; they oversee all aspects of society from infrastructure to education to healthcare, and they depend on those with firsthand knowledge to inform them. If psychiatrists don't report back the patterns they observe—the systemic barriers, the gaps to adequate care, the unintended consequences of policy—those patterns go unaddressed.

We as psychiatrists are uniquely positioned to do this work. Our clinical training sharpens our ability to observe and synthesize. Additionally, we often care for patients who come from every background and walk of life. This combination allows us to notice the variety of ways in which societal and policy-level problems manifest in people's daily lives. We can then harness our insights to evoke real change and protect our patients and our profession from potential future harm.

Why Get Involved Now?

Residency is a good time to become involved in organized medicine. No organization is static. Medical societies improve through the participation of members who contribute fresh perspectives and honest critiques. Trainee voices

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These are physicians already stretched thin, who chose to invest in clinical excellence and in each other.

We launched two new committees this year: the Child and Adolescent Psychiatry Committee, which has grown to more than two dozen members at a moment when the last Surgeon General's Advisory on Protecting Youth Mental Health had declared a national crisis in the last few years.⁷ We also launched the Membership Committee, which has taken on the vital question of how to make organized psychiatry a professional home. The committee has been actively assessing in real time what our members need from a professional society, ensuring that MPS remains relevant to the evolving realities of psychiatric practice. We participated in residency orientations at Cambridge Health Alliance, UMass Chan, Boston Medical Center, Brigham and Women's Hospital, and Lahey Hospital and Medical Center— because the values we emphasize now will shape this field in Massachusetts for decades through our trainees. In total: 72 committee meetings, 15 Executive Committee and Council meetings. That is the invisible infrastructure of a profession sustaining itself through volunteer leadership and shared purpose. Not to mention, on March 11th, we had a wonderful networking social at Democracy Brewery in Boston to have a chance to informally spend time together and chat hosted by the Membership Committee. In other words: this is what building trust in a profession looks like.

The Power of a Trusted Expert Voice: Advocacy in Action

One of the most clarifying moments of my presidency came when I was asked to testify on behalf of MPS on improving youth mental health and expanding access to care for those with serious mental illness. Standing before a legislative committee on multiple instances, I felt something I had not fully anticipated: the responsibility of being a trusted expert voice in a room where decisions are made that will affect real patients. MPS is not just a professional home. We are, at our most essential, a credibility bridge between clinical reality and public policy. At a time when non-physician providers and technology platforms are competing to fill this space, our clinical expertise has never been more critical.

That realization was further confirmed in September, when sixty-five psychiatrists walked into the Massachusetts State House for Advocacy Day. Sixty-five physicians who rearranged their schedules, drove in from across the Commonwealth, and sat with legislators to make the case for the physician voice in legislative decision making. Collective presence is itself a form of organized medical leadership. And in an era when expertise itself is questioned, showing up together is how trust is earned. The legislators could feel it and so could we.

This year, MPS supported or testified on the Timely Treatment Bill (S.1401/H.2210), the Continuum of Care for Severe Mental Illness Bill (S.1115), legislation on smartphones and youth mental health, more humane practices in court for our patients, decriminalizing psychedelics, and prior authorization reform — a coherent legislative agenda unified by one goal: get people with mental illness into timely treatment effectively and under humane conditions, and to improve research on innovation.

Exciting work at DMH and it's Connection with MPS Advocacy

Throughout this year, I have met monthly with Deputy Commissioner of Clinical and Professional Services, Amam Saleh of the

Department of Mental Health, who also (lucky for us!) serves as an MPS Councilor. These conversations — focused on mutual advocacy and the places where clinical practice and public policy intersect — have been a guiding force during my presidency.

I want to highlight two initiatives underway at DMH that connect directly to the legislation MPS has been championing, because what we are advocating for is actually already happening.

First: the SMI Access Initiative. In Massachusetts, only 7 to 11 percent of patients with serious mental illness who could benefit from long-acting injectable antipsychotics are receiving them. The national benchmark is 30 percent. For clozapine — one of the most effective treatments for treatment-resistant schizophrenia — we are at 8 to 9 percent against a benchmark of 20 to 30 percent.⁸ The literature is unambiguous: patients on long-acting injectables have substantially lower rates of hospitalization and relapse.⁹ These are people cycling through emergency departments, losing housing, losing years — not because we lack effective treatments, but because the system creates friction at every turn.

Under Dr. Saleh and his team's leadership, DMH has assembled a cross-agency coalition — MassHealth, the Department of Public Health, the Massachusetts Behavioral Health Partnership, and the MGH Center of Excellence for Psychosocial and Systemic Research — to build a statewide strategic plan with Community Behavioral Health Centers. Concrete strategies in development include a statewide LAI site directory, a licensing roadmap for sites seeking to become LAI-capable, pharmacy collaboration pathways, and whole-team training. A Statewide Summit is planned for September 30, 2026, at Bentley University.

Second: a community-based medical screening checklist developed collaboratively by MassHealth, DMH, and DPH now allows trained clinicians to identify patients who are low medical risk for direct psychiatric admission through a CBHC without a mandatory stop in the emergency department. For a patient in acute crisis, removing that ED barrier can be the difference between a therapeutic admission and a long and expensive ED ordeal. This is precisely the kind of systemic change that the Timely Treatment Bill and the Continuum of Care Bill aim to accomplish at the legislative level. The alignment between what DMH is building and what MPS is advocating for is not coincidental. It reflects a shared recognition amongst so many psychiatrists in the Commonwealth that the status quo not working for patients with serious mental illness, and our expertise and ability to speak out can make the system better. Trust grows when systems begin to work the way they were meant to.

Join Us: The 2026 Annual Meeting on April 28th

Mark your calendar: Tuesday, April 28, 2026. The MPS Annual Meeting and Awards Dinner at the Massachusetts Medical Society headquarters in Waltham. Cocktails at 5:30 PM, followed by dinner, recognition of outstanding contributions, and conversation among colleagues. Dr. Rebecca Brendel, past president of the American Psychiatric Association and incoming president of the Massachusetts Medical Society will be giving us her vision for the future. Notably, this may be the last time our Society gathers in this historic headquarters before MMS transitions to new offices. There is something fitting about ending an era with a celebration of the people who make this field worth belonging to. I hope you will join us.

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What I will Carry Forward

Serving as your President has been one of the most humbling and energizing experiences of my professional life. Over this past year I have sat in legislative galleries listening to testimony about our patients, engaged in lovely conversations with residents beginning to find their identities, and watched what it looks like when leaders in government and organized psychiatry hold each other accountable for better processes.

I leave feeling hopeful: psychiatry is not on the defensive. Yes, the workforce is aging. Yes, others are encroaching on our scope. Yes, the public can be skeptical. But we have the clinical and research expertise, we have treatments that work — too often underutilized but real (and not just medication) — and we have committed colleagues and partners across the Commonwealth. What we must continue to build is the collective will to insist on what our patients deserve and also to build it ourselves. Cheers to our innovative entrepreneurs among us!

It is now my great pleasure to pass the presidency to Dr. Anderson Chen, who brings clinical depth, intellectual brilliance and genuine care to this role. Leadership in organized medicine is ultimately an act of service to our profession, and I know the Society will thrive under his guidance.

As Abraham Verghese reflected, we are all fixing what is broken, knowing the work of healing is never finished and that each generation will leave some part of it for the next. That is not discouraging — it is simply the nature of the work.

To every MPS member who gave their volunteered time, expertise, and heart this year: thank you. You are the reason this Society matters to us and out there. And the trust our patients place in us — fragile and hard-won — is rebuilt every day by the steady, compassionate work you do.

With gratitude and great hope for what comes next,

Jhilam Biswas, MD DFAPA



President, Massachusetts Psychiatric Society

References

1. AAMC Physician Workforce Projections (2021): estimated 60–70% of psychiatrists nationally are aged 55+, with significant regional variation.
2. Edelman. 2024 Edelman Trust Barometer. edelman.com/trust/2024/trust-barometer
3. Lindsay Clancy kept asking the medical system for help. The system kept moving her along. Boston Globe. February 6, 2026.
4. Liang F, Hu S, Guo Y. The association between fear of malpractice and burnout among medical workers. BMC Psychiatry. 2022;22:358.
5. Ofri D. What Doctors Feel: How Emotions Affect the Practice of Medicine. Beacon Press. 2013.
6. Verghese A. Quoted in AMA Interview on the Patient-Physician Relationship and in Freakonomics: Abraham Verghese Thinks Medicine Can Do Better. 2023.
7. U.S. Surgeon General. Protecting Youth Mental Health. U.S. DHHS. 2021.
8. SMI Access Initiative (MassHealth/DMH/DPH/MBHP/MGH CoE): data from Medicaid, SAMHSA, MAPNET; benchmarks from National Council for Mental Wellbeing (2025).
9. Kishimoto T et al. Long-acting injectable vs oral antipsychotics for relapse prevention in schizophrenia: a meta-analysis. Schizophr Bull. 2014;40(1):192–213.

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are not a courtesy; they are inherent to the health and growth of a medical organization.

Additionally, the decisions being made today will shape psychiatric practice for decades, and residents will be the ones living with the long-term consequences. Getting involved now means having a say in that future, rather than inheriting it.

For example, climate change is one of the defining challenges our generation of psychiatrists will face. Its mental health consequences are already emerging, and they fall disproportionately on communities that are historically underserved and under-resourced. This will be the work of our lifetimes. We cannot address climate change solely on an individual level. It will require coordinated, sustained, and collective effort. Organized medicine is one of the structures through which that effort becomes possible.

What MPS Offers Trainees

Mentorship. Through the mentorship program, MPS can match you with a mentor with similar interests—someone who can offer guidance, perspective, and support as you navigate training and the transition to being an attending.

Leadership. Becoming a committee co-chair gives you the opportunity to organize events, facilitate meetings, and share new ideas with the committee.

Networking. Committee meetings and events offer ample opportunities to meet with leaders in Massachusetts psychiatry.

Community Connections. Beyond networking for career development, connections with others in MPS, including other trainees, can provide a sense of community that will become increasingly valuable as the demands of our careers grow.

Educational Programming. At discounted rates, trainees can take advantage of educational opportunities, including psychopharmacology and risk management courses.

How to Get Involved

- **Join a committee.** Committee meetings vary in format, but often include discussions of emerging clinical or policy issues, guest speakers, advocacy planning, and/or informal supervision. To find a committee that fits your interests, visit the MPS website or click here: [Committees](#)

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- **Attend an event.** A few weeks ago, MPS hosted a social event at Democracy Brewing in Boston. Upcoming, the Massachusetts Psychiatric Society's annual meeting is on Tuesday, April 28th. Events typically have lower attendance costs for trainees.
- **Apply for Resident-Fellow Member.** This is a unique opportunity to serve on the MPS Council, contribute directly to the organization's direction, and share your ideas or topics of interest in the resident-fellow member column of the newsletter.

A Note of Gratitude

It has been a joy and an honor to serve as the resident-fellow member this past year. When I joined MPS, I wasn't entirely sure what membership in a state psychiatric society would look like in practice. This past year, I have learned so much about the policy

landscape and how meaningful it is to be involved in a professional organization. I am grateful for and inspired by the strong collective of motivated and future-thinking leaders here at MPS who are looking out for the psychiatrists of Massachusetts and the patients we serve.

I look forward to continuing to be an active member of MPS, and I warmly encourage you to get involved as well—for yourselves, your patients, and your communities.

In Solidarity,

Lexi Hooberman

Evening with Our Members - March 11, 2026

Members enjoyed a wonderful evening of networking and conversation at our recent social event. It was a great opportunity to connect with colleagues in a relaxed setting and strengthen our professional community. Thank you to everyone who attended and helped make the evening so enjoyable. Below are a few photos capturing some of the moments from the event.



MPS NEWS

MPS Annual Meeting

Please join us for the **2026 MPS Annual Meeting** on **Tuesday, April 28**, beginning with a **cocktail reception at 5:30 PM**. We are delighted to gather **in person** this year at the **Massachusetts Medical Society Headquarters**.

Be sure to watch your inbox for the **official invitation and the announcement of our guest speaker**, coming soon.

During the evening, we will also proudly recognize the **MPS 2026 Outstanding Psychiatrist Awardees** and celebrate our **2025 Distinguished Fellows** for their exceptional contributions to the field.

MPS 2026 OUTSTANDING PSYCHIATRIST AWARDS

Life-Time Achievement:	Douglas G. Jacobs, MD
Advancement of the Profession:	Albert Yeung, MD, ScD
Clinical Psychiatry:	Martin J. Pildis, MD
Education:	Lisa F. Price, MD
Public Sector:	Alan Moy Sooho, MD, MBA, DLFAPA
Research:	Alisa Busch, MD, MS
Early Career Psychiatry:	Brittany M. Gouse, MD, MPH

DISTINGUISHED FELLOW STATUS IN 2025

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

MPS Election 2026 – 2027

Voting begins for the 2025/26 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.

Save the Date!

Mark your calendars for the evening of **June 5** as **MPS and Austin Riggs** come together to host a **special gathering in the Berkshires at Austin Riggs in Stockbridge, MA**.

The evening will feature a **dinner talk by Dr. David Mintz**, titled “*Meaning-Based Harm from Medications: Clinical and Ethical Implications.*” In addition, **Dr. Jhilam Biswas and Dr. Anderson Chen** will share reflections on the **vision and future of our Society**.

We especially look forward to welcoming our **Western Massachusetts members** for this unique opportunity to connect, engage in thoughtful discussion, and help us continue to grow the chapter as we work toward selecting a **new regional president**. More details will be shared soon—we hope you’ll join us for what promises to be an inspiring evening in the Berkshires.

Committees Report - From Chairs and Council Meeting - March 10, 2026

Alcoholism and the Addictions – John Renner, MD, Arinze Chukwuonwe, MD, Marcus Vicari, MD, Alexa Hooberman, MD - The MPS Alcoholism & Addictions Committee has been meeting regularly and collaborating closely with the Public Sector Committee to present a series of talks from experts on various topics pertaining to treating and preventing addiction. We hosted Bertha Madras, PhD who presented on the potential risks and benefits of using psychedelics in treatment. We are planning several future expert presentations. On April 2nd at 7:15pm Kevin Simon, MD will be presenting on City-Wide Efforts Addressing Disparities in Addiction Treatment and Prevention for a hybrid virtual and in-person at Beth Israel Deaconess Medical Center. We are also planning presentations on harm reduction/overdose prevention and making addiction treatment antiracist.

Awards Committee – Fe Festin, MD- The Awards Committee received several nominations for the 2026 Outstanding Psychiatrist Awards. The Committee met on February 10, 2026, and selected seven exceptional psychiatrists across the following categories: Lifetime Achievement, Advancement of the Profession, Clinical Psychiatry, Psychiatric Education, Public Sector, Research, and Early Career Psychiatry.

We are particularly interested in recruiting a committee member representing Western MA. If you or someone you know from Western MA is interested in joining our committee, please contact the Chairperson, Dr. Fe Festin at Fe.Festin@gmail.com or Mayuri Patel at mpatel@mms.org.

We encourage you to nominate colleagues or MPS members whom you feel are deserving of the following **Outstanding Psychiatrist Awards for 2027**:

- Advancement of the Profession
- Clinical Psychiatry
- Early Career Psychiatry
- Lifetime Achievement
- Psychiatric Education
- Public Sector Service
- Research

CME – Margaret Tuttle, MD - The CME Committee is mandated to review proposals requesting CME. The CME Committee last met on November 3 and reviewed and approved the Annual Risk Avoidance & Risk Management conference scheduled to be held virtually on Saturday, March 21, 2026. The most recent CME conference approved by this committee was the 36th Annual Psychopharmacology Update, which was held on Saturday, November 1 and had 190 registered attendees with a net revenue of \$19,569.72. The CME committee will meet next on June 8 with a deadline to submit Planning Documents by June 1. Please feel free to reach out to Dr Tuttle or Debbie Brennan if you have questions about the process.

Child & Adolescent Psychiatry – Neha Sharma, MD- CAP Committee was established in Fall 2025 to focus on need of advocacy for child mental health. This committee is to partner with NECCAP- New England Council of Child and Adolescent Psychiatry- as sister organization that is committed to supporting child and adolescent psychiatrists. As the committee is in its nascent stage, committee meetings have been taking place monthly to identify projects that the members can commit to fulfill our mission of addressing child mental health. There have

been numerous discussions about partnering with APNs' organization to collaborate in addressing training/educational gaps, partnering with DMH to identify gaps in addressing over-prescribing and de-prescribing practices and, collecting state based data in reaction to changing insurance coverage. Lastly, the committee has already been involved in influencing selection of Director of Office of Child Advocate, an independent executive branch state agency with oversight and ombudsperson responsibilities with other state agencies involved in child wellbeing.

Consultation/Liaison – Damien Miran, MD, Katiuska Ramire, MD, Aashima Sarin, MD & Sunita Singh, MD - The Consultation-Liaison Psychiatry Committee, co-chaired by Katiuska Ramirez, MD, and Damien Miran, MD, since July 2025, with resident co-chairs Aashima Sarin, MD, and Sunita Singh, MD, is building an engaged community of psychiatrists across Massachusetts committed to advancing the care of medically complex patients, strengthening interdisciplinary collaboration, and cultivating the next generation of C-L leaders. This academic year, the committee has held two well-attended joint sessions: an October 2025 career panel co-hosted with the MPS Women in Psychiatry Committee (18 to 20 attendees), featuring Drs. Josh Leo (BIDMC), Polina Teslyar (BWH), Ilana Braun (DFCI), and Kaila Rudolph (BMC) on building meaningful careers in C-L psychiatry; and a January 2026 fireside chat co-hosted with the MPS Early Career Psychiatry Committee (13 attendees), featuring Dr. Theodore Stern (MGH) on translating clinical work into scholarship and sustaining impact over a career.

A central goal this year is defining a clear niche for the committee as a statewide hub for C-L psychiatry networking, career development, and scholarship. With members spanning academic medical centers, community hospitals, and training programs across Massachusetts, the committee is uniquely positioned to support multi-institutional collaboration and connect clinicians to scholarly opportunities that extend beyond any single institution. As part of this effort, we recently distributed ACLP 2026 Annual Meeting submission guidelines to our members (abstract deadline: April 1, 2026) and launched a collaboration sign-up sheet to help members find co-authors and build submission teams across institutions. Meetings are held every 2 to 3 months; upcoming sessions will focus on ethics in C-L psychiatry, including capacity determinations, surrogate decision-making, and end-of-life care, and a head imaging primer to strengthen members' ability to interpret neuroimaging findings relevant to consultative practice. Speakers and dates are forthcoming.

Disaster Readiness – Giuseppe Raviola, MD & Ganaelle Joseph-Senatus, MD - The Disaster Readiness Committee continues to aim to be a resource for best practices for mental health disaster response in our MA communities. We continue to work on spreading awareness and advancing disaster preparedness through scholarly work, presentations, teaching, and collaborations. Updates since the last Chairs & Council meeting are as follows:

1. The committee met on Thursday, February 5. Upcoming meetings will be on Thursdays: May 7, September 17, and December 3.
2. Continued collaboration with MA Department of Mental Health's statewide Behavioral Health Help Line (BHHL). Several committee members met with DMH staff in person at their Boston headquarters on February 27 to give a pre-

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sensation on a mental health care triage model that the state can use in the event of future disasters. A training, highlighting Psychological First Aid and linkage to care, was created that can be taught to psychiatrists, residents, social workers, and other outreach workers. Discussions are in progress on how to optimize the training, how to package, and how to disseminate. Once finalized, we would like to propose an MPS workshop to train member psychiatrists.

3. Cross residency collaboration: MGH/McLean Hospital lecturer shared content for climate readiness didactics with faculty at VA Boston & Harvard South Shore.

Distinguished Fellowship – John Bradley, MD - MPS submitted 6 Distinguished Fellow applications in 2025 and were accepted by the APA Board of Trustees. The DF Committee will convene for its most important annual meeting on March 25. At that meeting, the Committee will review MPS members who are eligible to be nominated for DF status (current Fellows, other names brought by Committee members, applications submitted by interested members). After discussion, the Committee will make its decision about whom we will invite to apply and how best to move each application forward. The Committee meets again in June 2026, to review the completed applications. At that time the Committee will select the candidates that we will support and forward to the APA for its consideration.

Early Career Psychiatry – Claudia Maynard, MD & Micah Duggins-Warf, MD - The Early Career Psychiatry Committee is currently led by co-chairs Dr. Claudia Maynard and newly appointed co-chair Dr. Micah Duggins-Warf. Dr. Micah Duggins-Warf is a forensic psychiatrist at Bridgewater State Hospital and a recent graduate of Brown University, having completed his training last year. As someone who has recently navigated the transition from resident to attending, he brings valuable insight into the job search process and early career development. He looks forward to sharing this perspective with members of the committee.

Recent programming included a collaborative event with the Consultation–Liaison Psychiatry Committee featuring Dr. Theodore A. Stern, who spoke about strategies for developing and implementing clinical and research initiatives in consultation–liaison psychiatry. The session was highly engaging, and our committee greatly appreciated the opportunity to participate in this collaboration.

The Early Career Psychiatry Committee hopes to continue fostering interdisciplinary partnerships and welcomes opportunities to collaborate with other committees on future events. We look forward to developing and implementing additional programming that supports psychiatrists in the early stages of their careers.

Ethics – Don Condie, MD- The MPS Ethics Committee currently does not have any open cases for review. Referrals have been very infrequent and that is a good thing.

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Geriatric Psychiatry Committee – Eran Metzger, MD & Anderson Chen, MD - The Geriatric Psychiatry Committee plans to meet quarterly to discuss topics relevant to the older adult population. The committee looks forward to continuing to be a forum for MPS members with an interest in geriatric psychiatry to network and receive updates on developments in the field. Committee members will also continue to be a resource for MPS legislative efforts relevant to mental health in older patients.

Healthcare Systems & Finance – Michael Bennett, MD -As psychiatrists managing our own solo outpatient practices, we have amassed a great deal of experience managing insurance au-

ditions, documentation, and prior authorizations, as well as helping patients balance their treatment needs with limited resources at a time of shrinking insurance support for many treatments. Our psychotherapy is often brief and direct, when possible, to fit within the economics of current coding. We refuse to see ourselves or our patients as insurance victims but rather as skilled users of poorly administered resources. We are always open to new members and visitors. We meet virtually the third Tuesday of every month.

Membership – Ashwini Nadkarni, Anderson Chen, MD & Brian Lusby, MD - The Membership Committee of the MPS has met consistently over the past year to plan and implement several activities to enhance recruitment and retention of members. We have reviewed the MPS's consultative report of member needs to better understand how we can further serve and support our community. We have organized a community gathering to strengthen connections and engagement. Additionally, we designed and launched a survey aimed at attracting new members and identifying opportunities to expand the Society's reach and impact. Finally, we have conducted individual outreach to ensure that existing members are retained.

Nominating – Nassir Ghaemi, MD, MPH & Anderson Chen, MD - Each year the MPS elects members to leadership positions for the next term beginning on April 29, 2026. The Nominating Committee put forward a slate to Council for approval for the following positions.

Positions for Nomination:

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

Voting opens April 1 and closes on April 17.

Psychiatry & Law – Margarita Daou, MD, Adeliza Olivero, MD & Ariana Gilani, MD - Psychiatry and Law Committee co-chairs meet periodically throughout the year to coordinate committee initiatives, review ongoing projects, and develop programming that aligns with the committee's educational and professional goals. To date, we have convened one session featuring a detailed presentation on Extreme Risk Protection Orders (ERPOs). This session was well attended, generating meaningful discussion among participants and highlighting strong interest in legal and policy issues relevant to psychiatric practice.

Our next meeting, scheduled for March 31, 2026, at 7pm and will focus on forensic psychiatry fellowship training. We will host a panel composed of current forensic psychiatry attendings and fellows who will provide a comprehensive overview of the fellowship application process. Topics will include preparing application materials, approaching interviews, understanding The Match, and navigating the transition into fellowship training. The speakers will also outline the structure, focus areas, and professional expectations of forensic psychiatry fellowships.

Looking ahead, our next meetings will include our yearly legal updates, and other relevant topics. We're in the works on a presentation examining the evolving role of artificial intelligence in psychiatric practice. We plan to invite an expert in this area to discuss current applications of AI, emerging tools, potential ethical considerations, and their implications for both clinical care and medico-legal practice.

(continued on page 9)

(continued from page 8)

Psychotherapy Committee – Margaret Tuttle, MD & Stephen McDermott, MD - The Psychotherapy Committee meets five times a year via Zoom. The committee has a core group of eight attendees, and we welcome all MPS members to attend our meetings. Over this past year, the committee turned ideas of creating podcasts about psychotherapy into action by recording three episodes to kick off the new MPS Podcast Series. Dr. Christian Smith, a resident member, interviewed Drs. Isberg, Poster and Mintz. The committee is presently brainstorming to put together a psychotherapy CME conference possibly for the upcoming year. Other ideas have been holding case discussions during a meeting, having a shorter CME program and continual collaboration with workgroups from the APA Psychotherapy Caucus.

Public Sector Committee – Hannah Larsen, MD & Marcus Vicari - The Public Sector Committee meets every 2 months with a mission to advocate for policies and systems that promote mental wellbeing and ensure equitable access to comprehensive mental health and substance use care by collaborating with community partners, advancing legislation, providing education, and supporting/mentoring the psychiatric workforce. We are taking on a larger focus on Antiracism to compensate for the sunseting of the Antiracism Committee, but we are also in discussion with the MPS Council and other MPS Committees to help ensure the greater MPS organization is incorporating this focus as well. We recently hosted a screening of *Where Do Black Men Live*, highlighting the housing struggles black men in Cambridge face. We remain attentive to legislative and policy efforts to implement single payer healthcare; promote health equity; address homelessness; and improve health systems to serve patients at all levels of need and complexity. We have hosted a discussion on the potential implementation of single-player healthcare in MA and are planning further discussions on this topic. We have also collaborated with the Addiction Committee on a series of talks. We hosted Bertha Madras, PhD who presented the potential risks and benefits of using psychedelics in treatment. We are planning several future expert presentations. On April 2nd at 7:15pm Kevin Simon, MD will be presenting on *City-Wide Efforts Addressing Disparities in Addiction Treatment and Prevention* for a hybrid virtual and in-person at Beth Israel Deaconess Medical Center. We are also planning presentations on harm reduction/overdose prevention and making addiction treatment antiracist. We welcome all of those with an interest in public sector work and advocacy to join us at an upcoming meeting. At our next meeting on 3/19 we will be joined by State Medical Director Amam Saleh, MD to discuss how SAHMSA and DMH budget cuts may impact the system.

Retirement Committee – Joseph McCabe, MD & Morris Stambler, MD - The Retirement Committee meets virtually 3-4 times a year to discuss topics such as retirement planning, closing practices, and early and later post-retirement concerns.

We welcome all MPS members. We send out invitations to attend committee meetings to our senior members and any other member expressing interest, no matter their age.

Since the report in June last year, we have had three meetings.

We met in October to discuss the emotions brought out by terminating with an entire practice. Three members described their experiences with terminating with multiple patients. One was still in the process. Many topics were raised, including how valuable it can be to review the work done and to say goodbye. Patients are variable about how much they will engage in the process. Some leave immediately by cancelling subsequent appointments when they are told of retirement plans. Many do not discuss the termination until the last few sessions. Some people do fine with stopping therapy entirely. Taking one patient at a time helps to feel less overwhelmed. The stress of helping patients find refer-

als was noted. Some members noted signs that indicated that it was time to retire - feeling not as on top of new developments in psychopharm, decreased energy or enthusiasm, a wish to devote more time to other interests. The fact that patients seemed to do fine with the transition worked against the narcissistic belief that the patient would not survive without the therapist.

We met in January with a guest speaker, Attorney Mary A. Azzarito. Mary's focus in her practice is on the defense of medical professionals. She addressed legal issues around retirement, such as record storage and maintaining your license after retirement. She emphasized the importance of maintaining records for 7 (preferably 10) years after ending a treatment. She noted there could be penalties for not doing so. In litigation, malpractice coverage can be voided if adequate documentation is not done and maintained. The BORM can impose hefty financial penalties even after a licensee is retired. Medical record storage companies were discussed. The idea was discussed of getting a group discount either for the scanning of records or storage and maintenance. Mary discussed the importance of making sure that anyone entrusted with records follows HIPAA regulations and 42CFR part 2 regulations for people with substance abuse problems. She pointed out that people without medical degrees entrusted with records (surviving spouse, adult children, for example) would have no idea how to handle subpoenas for records and medical record requests. She pointed out that any notes that have been saved are part of the record and cannot be selectively destroyed after the fact. Notes taken and then transcribed into the record can be destroyed.

We plan to meet in May for an "open discussion of issues relating to retirement." We can start the meeting talking about issues of self-assessment of competence but expect other topics also will be discussed.

Monty has been working with Debbie Brennan to organize a more complete set of resources for retiring psychiatrists and to have it available on the MPS webpage.

Sexual Disorders – Paul Noroian, MD & Fabian Selah, MD - The Sexual Disorders Committee met during this quarter and discussed important sexual disorders and gender dysphoria related matters. The committee plans to meet again during the upcoming quarter.

Women in Psychiatry Committee – Katuska Ramirez, MD, Samina Mahesar, MD & Haley Euting, MD - The Women in Psychiatry Committee is planning to meet every other month this year. As new chairs of this committee, we hope to find ways to increase engagement and invite participation, since many of the long-standing members have retired in the last year or so. We hope to host a mix of meeting formats, including discussions led by invited speakers on topics relevant to women in psychiatry as well as less structured meetings where members can bring interesting or challenging cases to discuss. Since our committee changed leadership in the fall, we have held two meetings. The first meeting in October was held jointly with the MPS CL committee and hosted a panel of CL psychiatrists to discuss career development in CL and was attended by 18-20 members. The second meeting was held in January and featured a discussion on the role of mentorship and sponsorship in professional development and was attended by four members. We are planning for our next meeting to take place in late March/early April.

Retirement Committee meeting - Thursday, May 7th, from 7:00 PM to 8:30 PM

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

We plan to have an open discussion of issues relating to retirement. We have attached a paper by Kirk Daffner on an “occupational living will.” We will start the meeting talking about self-assessment of competence, but do not need to limit the discussion to that issue. We expect that we will end up having a wide-ranging 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

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

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

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

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

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



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Contact the MPS Office.

We would be glad to assist you
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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](mailto:mpatel@mms.org) for details to submit your
article today!

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Cambridge: Attractive fully furnished office available to rent November 1, 2026. If wish to begin earlier rental, may start to sublet space part- or full-time any time between now and Nov 1. Office is part of a 4-office suite in a desirable building with many collegial therapists and psychiatrists located in Cambridge between Harvard Square and Central Square at 875 Mass Ave and includes a parking space in the underground garage. The office comes furnished with beautiful cherry furnished furniture including couch, desk, bookcase, and patient and therapist chairs or you may substitute your own furniture. Contact: Jeffrey Friedman MD at jeffrey_friedman@hms.harvard.edu or 617-864-5560



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April hosts numerous health awareness campaigns, including Stress Awareness, Alcohol Awareness, Autism Awareness, Minority Health, Parkinson's Disease, and Cancer Control, along with key awareness days like World Health Day and World Hemophilia Day.

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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 Chandlerpsychologicalservices@gmail.com c/o Kara

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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

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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.

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 Cheng Tuttle, MD, MS, MM, FAPA

Secretary: (1 Position)

Katuska Ramirez, MD

Councilors: (2 Positions)

Rachel K. Berlin, MD, MSCP

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



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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.



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MPS Calendar of Events

SEMPs/WMPs	April 1 at 7:00 PM Via Zoom	mpatel@mms.org
Council	April 14 at 5:00 PM Via Zoom	dbrennan@mms.org
Healthcare Systems & Finance	April 21 at 7:00 PM Via Zoom	dbrennan@mms.org
Child & Adolescent	April 22 at 7:00 PM Via Zoom	dbrennan@mms.org
Annual Meeting	April 28 at 5:30 PM in Person at MMS	dbrennan@mms.org
Psychotherapy	April 29 at 7:00 PM Via Zoom	dbrennan@mms.org