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FROM THE PRESIDENT

Anderson Chen, MD

Leadership Begins with Listening

As I write my third message to the membership as President of the Massachusetts Psychiatric Society, I find myself reflecting on what has struck me most during these early months of my presidency.

When I first assumed this role, I naturally began thinking about priorities, initiatives, and opportunities for our Society. Like many of us in leadership positions, there is a tendency to focus on what we hope to accomplish and the changes we hope to make. Yet the further I have progressed into this role, the more I have come to appreciate that effective leadership begins not with speaking, but with listening.

The Massachusetts Psychiatric Society is an extraordinary organization because of the people who comprise it. Our members practice in every corner of the Commonwealth and across nearly every imaginable clinical setting. We are academic psychiatrists, community psychiatrists, private practitioners, researchers, educators, administrators, advocates, and trainees. We care for children, adults, older adults, and families. We work within large health systems and in independent practices. Some of us spend our days in hospitals, while others work primarily in outpatient settings, schools, correctional facilities, or public-sector programs.

The diversity of our membership is one of our greatest strengths. It is also a reminder that no single perspective can fully capture the needs and aspirations of our profession.

The concerns of a resident physician navigating the early stages of a career may differ substantially from those of a psychiatrist in private practice. The challenges facing an academic department may differ from those facing a community mental health center. Psychiatrists working in urban environments may experience different pressures than those serving rural communities. Yet all of these voices are important, and all deserve to be heard.

As President, I have increasingly come to appreciate that my most important responsibility is not simply to represent our members, but to understand them.

Before we can determine where we should go as an organization, we must first understand who we are.

What do our members care about most?

What challenges are they facing in their practices?

What opportunities excite them?

What role do they want the Massachusetts Psychiatric Society to play in their professional lives?

What should our priorities be as we look toward the future?

These are questions that cannot be answered by leadership alone. They require input from the membership itself.

For that reason, one of my primary goals this year is to better understand our members and ensure that the direction of our Society reflects their perspectives and priorities. In the coming weeks, you will receive a member survey, and I would strongly encourage each of you to participate.

I recognize that surveys are not always the most exciting part of organizational life. We all have demanding schedules, overflowing inboxes, and numerous competing responsibilities. Nonetheless, I hope you will take a few moments to complete it.

Your responses will help shape the future direction of our Society.

I want to hear from psychiatrists at every stage of their careers. I want to hear from those who have been active members for decades and those who have recently joined our organization. I want to hear from members who regularly participate in Society activities and from those who may feel less connected to our current programming.

Most importantly, I want to hear what matters to you.

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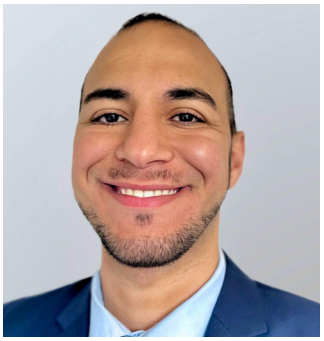

RESIDENT FELLOW MEMBER CORNER

Amir Hassan, MD

Beyond Overprescribing: The Antidepressant Debate and the Role of Organized Psychiatry

A Familiar Clinical Encounter within National Politics

During my residency training, I have cared for numerous patients on the inpatient setting experiencing somatic symptoms or psychological distress during the tapering or discontinuation of psychotropic medications. Some described worsening anxiety, insomnia, dizziness, emotional lability, or sensory disturbances. At the same time, our treatment teams often grappled with a familiar clinical question: were these symptoms manifestations of withdrawal, recurrence of an underlying psychiatric illness, or some combination of the two? Regardless of the underlying cause, my patients' experiences served as a reminder that conversations about psychiatric medications are rarely abstract policy debates. They are deeply personal, often complicated, and worthy of nuanced clinical attention.

These clinical encounters have taken on new salience amid growing national attention surrounding antidepressant withdrawal and long-term use, as well as further discourse suggesting that such treatments are broadly overprescribed, insufficiently scrutinized, or inherently harmful[1]. The current debate gained momentum when Health and Human Services Secretary Robert F. Kennedy Jr. announced federal efforts aimed at reducing inappropriate antidepressant prescribing and promoting deprescribing initiatives[2-3].

Approximately one in six U.S. adults now reports taking an antidepressant, and many remain on treatment for years or decades[4]. Even among psychiatrists, there is increasing recognition that the profession has not devoted sufficient attention to deprescribing pathways and withdrawal management[5]. For psychiatrists, these conversations may feel simultaneously familiar and unsettling. Questions regarding expansive diagnoses, polypharmacy, and medication withdrawal are not new.

However, the recent scrutiny of antidepressant prescribing reflects broader cultural and political currents that extend far beyond the confines of clinical psychiatry. Longstanding concerns about overmedicalization, mistrust of institutions, dissatisfaction with the healthcare system, and skepticism toward scientific expertise have converged to create fertile ground for critiques of psychiatric treatment. Yet the current moment feels distinct because these conversations are increasingly unfolding not within scientific journals, professional societies, or clinical settings, but within political ecosystems that reward certainty over ambiguity and rhetoric over evidence.

The question before us is not whether antidepressants should be prescribed more frequently, less often, or even differently. Indeed, psychiatry has long wrestled with epistemic questions of diagnostic uncertainty and prudent prescribing. From my perspective, the more pressing matter is whether these debates will be guided by scientific evidence, clinical expertise, and patient experience – or by political narratives that risk simplifying complex realities into sensational slogans.

To be sure, psychiatric medications can be life-changing for many individuals. They also have the potential to produce side effects, are insufficient in helping certain patients, or may become difficult to discontinue without adequate support. Both concepts can be true simultaneously. The challenge for psychiatry – and for policymakers – is not to choose one reality over the other, but to hold both at once.

What Critics of Psychiatric Medication Get Right

Psychiatry's credibility is strengthened—not weakened—when we acknowledge areas where our field has fallen short. Although discontinuation syndromes have long been recognized, growing empirical evidence and patient testimony suggest that some individuals experience withdrawal symptoms that are more severe, prolonged, or clinically significant than previously appreciated[6]. These experiences deserve careful study, improved clinical guidance, and thoughtful management.

Similarly, concerns regarding informed consent warrant serious consideration. Patients should receive clear information not only about potential benefits and side effects but also about the uncertainties of treatment, the possibility of withdrawal phenomena, and the challenges that

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Your feedback will help us better understand where we are succeeding, where we can improve, and where we should focus our efforts moving forward. It will help us identify opportunities that may otherwise go unnoticed and ensure that our resources are directed toward initiatives that provide meaningful value to our membership.

Quite simply, your participation will help me do my job better.

The survey will also help inform several initiatives that we are currently exploring.

One idea that has generated considerable discussion is the possibility of hosting a Massachusetts Psychiatric Society Winter Gala. Psychiatry is a profession built on relationships. While we spend much of our time caring for others, we often have fewer opportunities than we would like to connect with one another outside of formal meetings, conferences, or clinical settings.

Many of the most valuable professional relationships in my own career have developed through organized psychiatry. Colleagues become collaborators, mentors become friends, and professional conversations often evolve into lasting connections.

My hope is that a Winter Gala could provide an opportunity for members to gather, reconnect with colleagues, celebrate our profession, and strengthen the sense of community that makes organizations such as ours so valuable.

At this stage, however, we are interested in understanding whether this is something our membership would find worthwhile. Rather than making assumptions, we would prefer to ask.

The survey will include questions regarding interest in such an event, and your responses will help determine whether and how we move forward.

We are also exploring the possibility of inviting a featured speaker as part of the evening's programming. If we proceed with such an event, we want it to reflect the interests of our membership. The survey will therefore include an opportunity for members to suggest topics they would find most engaging and valuable.

Whether your interests lie in clinical innovation, healthcare policy, physician wellness, leadership, advocacy, ethics, emerging treatments, or another area entirely, we want to hear from you.

The broader principle is simple: the Massachusetts Psychiatric Society should be shaped by the voices of its members. The more feedback we receive, the better equipped we will be to create programs, educational opportunities, and events that reflect the needs and interests of our community.

As I have spent time thinking about the future of our organization, another topic has increasingly captured my attention.

One of the many strengths of our Society is its history of dedicated leadership. Over the years, talented individuals have contributed their time, expertise, and energy to advancing the mission of the Massachusetts Psychiatric Society. Each leadership team builds upon the work of those who came before them, and the organization is stronger because of those efforts.

At the same time, I have become increasingly aware of the challenges associated with a one-year presidential term.

A year is both a long time and a very short time.

On one hand, much can be accomplished in twelve months. On the other hand, significant organizational initiatives often require years rather than months to fully develop and mature.

By the time a president becomes fully immersed in the responsibilities of the role, establishes priorities, develops relationships, and begins implementing initiatives, a substantial portion of the term has already passed.

This observation has led me to begin exploring whether greater flexibility in presidential terms might better serve our Society in the future.

To be clear, I am not announcing a policy change, nor am I advocating for a predetermined outcome. Rather, I am initiating what I hope will be a thoughtful conversation.

Would future leaders benefit from having options regarding the duration of their service? Could one-, two-, or even three-year presidential terms provide greater continuity for certain initiatives while still preserving opportunities for leadership renewal? Might greater flexibility encourage talented members to pursue leadership roles who might otherwise feel constrained by the current structure?

These are important questions, and I believe they deserve careful consideration.

One of the responsibilities of leadership is not only managing present-day concerns but also ensuring that future leaders are positioned for success. If there are ways to strengthen our governance structure and better support future presidents, then I believe it is worth exploring those possibilities.

I look forward to engaging our membership in these discussions and sharing updates as the conversation evolves.

In addition to these efforts, I am pleased to report progress on several organizational initiatives.

Our Society is actively working toward the establishment of a financial committee that will help guide long-term financial planning and stewardship. Strong financial oversight is essential to maintaining the health and sustainability of any organization. By creating structures that support thoughtful planning and accountability, we strengthen our ability to serve members both now and in the future.

This effort reflects our commitment to responsible stewardship and long-term organizational stability.

I have also begun meeting with leaders from a variety of organizations to explore opportunities for collaboration and partnership. Psychiatry intersects with many disciplines, institutions, and stakeholder groups. Whether the focus is advocacy, education, physician wellness, workforce development, or public engagement, there are often opportunities to accomplish more through collaboration than through individual efforts alone.

These conversations remain in the early stages, but I am encouraged by the possibilities they present. I look forward to sharing additional updates as these discussions progress.

As I conclude, I would like to return to the theme that has increasingly shaped my thinking during these early months as President.

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(continued from page 3) **FROM THE PRESIDENT**

Leadership begins with listening.

The Massachusetts Psychiatric Society possesses tremendous strengths, but none is greater than the collective wisdom, experience, and dedication of its members. My hope is that this year will not simply be defined by specific initiatives or projects, but by a renewed commitment to understanding our membership and ensuring that their voices help guide our future.

Please take a few moments to complete the member survey when it arrives.

Your feedback regarding Society priorities, educational programming, organizational initiatives, and potential future events will help shape our decisions in the months ahead.

Most importantly, it will help ensure that the Massachusetts Psychiatric Society continues to evolve in a manner that reflects the needs, interests, and aspirations of the psychiatrists it serves.

Thank you for the privilege of serving as your President. I remain grateful for your engagement, your commitment to our profession, and your dedication to the patients and communities we serve every day.

I look forward to the work we will accomplish together in the year ahead.

Warm regards,

Anderson Chen, MD
President
Massachusetts Psychiatric Society

RESIDENT FELLOW MEMBER CORNER

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may accompany medication discontinuation. Shared decision-making and patient autonomy should remain foundational principles of psychiatric practice rather than aspirational ideals.

In a recent Substack essay entitled *Make Deprescribing Boring*, psychiatrist Dr. Awais Aftab described two competing ideologies deprescribing[7]. The first views deprescribing as "competent, collaborative, patient-centered practice" in which taking patients off medications that are no longer beneficial becomes a routine aspect of good psychiatric care. The second views psychiatric medications as fundamentally suspect and largely unnecessary, seeing pharmacologic treatment itself as evidence of a misguided medical enterprise. Importantly, Dr. Aftab argues that psychiatry itself bears some responsibility for allowing the second perspective to gain traction because the profession often failed to adequately address patients' withdrawal concerns and narratives of iatrogenic harm.

That observation deserves careful reflection. For decades, psychiatry often devoted greater attention to initiating treatment than to discontinuing it. As a result, some patients seeking guidance on tapering medications find more support in online communities than in clinical settings. Acknowledging these shortcomings does not require accepting the conclusion that psychiatric medications are broadly ineffective or that psychiatry lacks legitimacy. The challenge is to take criticism seriously without surrendering scientific rigor.

Dr. Aftab has argued persuasively that contemporary debates often present a false binary: a caricature of psychiatry as biologically reductionistic on one side and a wholesale rejection of psychiatric diagnosis and treatment on the other[8]. In reality, modern psychiatry has long embraced a biopsychosocial understanding of mental illness that recognizes the confluence of neurobiological, psychological, interpersonal, cultural, and structural dimensions of suffering.

The choice is not between reductionism and rejection. There remains a large and intellectually vibrant middle ground grounded in scientific pluralism, intellectual humility, and patient-centered care.

When Politics Shapes Clinical Care

Many psychiatrists' concerns regarding recent federal rhetoric extend well beyond the specific issue of antidepressants. Questions surrounding medication use, withdrawal, overdiagnosis, and informed consent are important and deserving of continued scientific inquiry. Historically, such questions have been debated through research, clinical expertise, professional dialogue, and engagement with patient experiences. Problems arise when political actors begin shaping clinical narratives in ways that selectively elevate certain perspectives while dismissing or marginalizing others.

For that reason, psychiatry must remain willing to engage criticism of its history and practices. Our field has benefited from critiques that have challenged paternalism, expanded patient rights, improved informed consent, and drawn greater attention to the lived experiences of those receiving treatment. However, there is an important distinction between critical engagement and political instrumentalization. The former seeks to improve psychiatric care; the latter risks subordinating clinical realities to broader ideological agendas.

Many psychiatrists worry that the current antidepressant debate is unfolding within a larger environment characterized by growing distrust of scientific institutions, skepticism toward professional expertise, and efforts to reshape public-health infrastructure. In such an environment, legitimate concerns regarding withdrawal, deprescribing, and overprescribing can become incorporated into narratives that portray psychiatric treatment itself as inherently suspect. These narratives may resonate with individuals who have experienced harm, but they risk obscuring an equally important reality: millions of Americans have benefited from psychiatric treatment and continue to depend upon access to evidence-based care.

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Public trust can be undermined not only by genuine shortcomings within psychiatry, but also by rhetoric that encourages patients to view the field primarily through the lens of its failures. The consequences extend beyond professional reputation. Patients may delay seeking treatment, discontinue effective therapies without adequate support, or become increasingly uncertain about whom to trust during periods of profound vulnerability.

Ultimately, the question confronting psychiatry is not whether our field should be subject to scrutiny—it should. Rather, the question is who will shape that scrutiny, and toward what end. Will debates regarding psychiatric care be guided by evidence, clinical expertise, and patient experience, or by political narratives that reward certainty while flattening complexity? The answer carries implications not only for psychiatrists, but for the millions of patients who rely on the systems of care we are entrusted to steward.

At the Table or on the Menu? Organized Psychiatry in an Era of Federal Reform

The current antidepressant debate is unfolding against a much broader backdrop of changes affecting mental healthcare in the United States. Many psychiatrists have expressed concern not only about rhetoric surrounding psychiatric medications, but also about policy decisions that may affect access to care, behavioral health infrastructure, and the future of the mental health workforce.

These concerns extend well beyond disagreements about antidepressants. Proposed changes affecting SAMHSA, federal behavioral health funding, telehealth access, and mental health parity enforcement carry significant implications for patients and clinicians alike. Recent survey data suggest that these concerns are widely shared within the profession[9]. In a national survey conducted by the Committee to Protect Public Mental Health, 97% of responding psychiatrists indicated that Robert F. Kennedy Jr. was not qualified to lead the Department of Health and Human Services, while 97% favored a more direct response from the American Psychiatric Association to misinformation regarding psychiatric care. Whether one agrees with the conclusion or methodology of the survey, the findings suggest that many psychiatrists view current developments as extending well beyond ordinary policy disagreements.

Many psychiatrists are particularly concerned about efforts that could weaken behavioral health infrastructure, including threats to SAMHSA, federal mental health funding, telehealth access, and enforcement of mental health parity laws.

In this environment, organized psychiatry matters more than ever. Professional organizations such as the American Psychiatric Association and the Massachusetts Psychiatric Society provide mechanisms through which psychiatrists can collectively advocate for evidence-based policy, defend access to care, and communicate the realities of psychiatric practice to policymakers. Individual clinicians may feel powerless against large political and institutional forces, but organized medicine allows those individual voices to become collective action. Psychiatrists therefore face an important choice: we can remain passive observers as others define our field for us, or we can actively participate in shaping conversations about mental health policy. In short, we can strive to remain at the table—or risk finding ourselves on the menu.

Advocacy is Clinical Practice

Many physicians view advocacy as something separate from clinical work. In reality, the distinction is often artificial. Every day, psychiatrists witness the consequences of policy decisions: patients unable to access therapy because of insurance barriers, individuals waiting months for treatment because of workforce shortages, and families whose recovery depends upon programs vulnerable to budget cuts or administrative restructuring. These are not abstract political issues; they are clinical realities.

Psychiatry should not fear scrutiny. Our field has benefited enormously from criticism that has pushed us to improve informed consent practices, better recognize withdrawal phenomena, and adopt more collaborative approaches to care. Yet scrutiny differs from politicization. When complex clinical questions become vehicles for ideological agendas, patients ultimately bear the consequences. The challenge before psychiatry is therefore twofold: to remain humble enough to learn from criticism and confident enough to defend the scientific, clinical, and institutional foundations upon which effective mental healthcare depends.

Advocacy is often most effective when it is local. While national debates regarding antidepressants and federal mental health policy understandably capture public attention, many of the policies that most directly affect our patients are shaped in state legislatures. As Massachusetts psychiatrists, we have an opportunity—and arguably an obligation—to help inform those discussions with our clinical expertise.

Two bills currently before the Massachusetts Legislature illustrate the importance of sustained engagement by organized psychiatry. S.1401, *An Act to Provide More Timely Treatment of Inpatient Mental Health Care*, seeks to address delays in accessing appropriate psychiatric treatment for hospitalized patients[10-11]. S.1115, *An Act to Provide a Continuum of Care for Severe Mental Illness*, would establish an Assisted Outpatient Treatment framework in Massachusetts for individuals experiencing recurrent cycles of psychiatric decompensation followed by hospitalization, incarceration, or homelessness[12-13]. Both measures have been spearheaded by the Massachusetts Psychiatric Society as efforts to strengthen continuity of care and reduce barriers to treatment.

Readers interested in supporting these efforts can learn more through MPS advocacy updates and APA action alerts, including opportunities to contact legislators regarding federal mental health funding and behavioral health infrastructure.

Regardless of where one stands on every provision within these bills, they underscore a broader reality: decisions affecting psychiatric care are routinely being made by legislators, insurers, advocacy groups, courts, and governmental agencies. If psychiatrists are absent from these conversations, others will inevitably shape them in our place. Our expertise carries particular weight because it is grounded not in abstract ideology but in daily encounters with patients and families navigating the consequences of gaps in the mental health system.

The legislative calendar also reminds us that advocacy is time-sensitive. As the July 31 conclusion of the formal 2025–2026 legislative session approaches, both bills remain under consideration before the Senate Committee on Ways and Means. Whether through testimony, communication with legislators, participation in MPS advocacy initiatives, or simply remaining informed, psychiatrists have meaningful opportunities to influence policies that will shape psychiatric care in Massachusetts for years to come.

The current debate surrounding antidepressants will eventually evolve, as all healthcare controversies tend to do. What will remain are the larger questions it has revealed: How should mental health policy be shaped? Whose voices should guide it? And how

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can we ensure that psychiatric care remains grounded in evidence, expertise, and the needs of patients?

As psychiatrists, residents, fellows, and advocates, we may not always agree on every issue confronting our field. We do, however, share a responsibility to ensure that public conversations about mental health are informed by science, guided by compassion, and responsive to the experiences of the patients we serve. That responsibility extends beyond the clinic. It includes our willingness to engage, advocate, and speak on behalf of the systems of care upon which our patients depend.

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A Night in the Berkshires: MPS and Austen Riggs Come Together

On the evening of June 5th, MPS and Austen Riggs hosted a memorable gathering in Stockbridge that reminded all of us why in-person community matters. Psychiatrists joined from across Western Massachusetts, including residents from Berkshire Medical Center, for a dinner talk that was as thought-provoking and timely.

Dr. David Mintz delivered a featured CME talk titled *"Meaning-Based Harm from Medications: Clinical and Ethical Implications,"* exploring the nocebo and placebo dimensions of our treatments — how the meaning patients assign to medications can shape outcomes in ways that are both clinically significant and ethically complex. The conversation that followed was rich, grounded in the day-to-day realities of patient care, and reflected the depth of experience in the room.

I had the privilege of attending as a representative of the MPS state chapter executive council, and what struck me most was the network that showed up: seasoned clinicians, trainees, and community practitioners all in dialogue with one another. This is exactly what MPS membership looks like at its best: not just receiving information but building relationships that sustain meaningful practice over time.

Thank you to Austen Riggs for their generous partnership and hospitality, and to every colleague who made the journey to the lovely Berkshires. We look forward to continuing to grow our Western Massachusetts presence in the year ahead.

Jhilam Biswas, MD, DFAPA
Immediate Past President, MPS

Did You Know? Your MPS/APA Membership Includes Membership in the World Psychiatric Association

When I mention the World Psychiatric Association (WPA) to colleagues, I am often surprised by how many people do not realize that, as members of the American Psychiatric Association (APA), they are already members of the WPA.

The WPA is the global organization for psychiatry, bringing together 147 psychiatric societies from 123 countries and representing more than 250,000 psychiatrists worldwide. While many of us spend most of our professional lives focused on local and national issues, the WPA provides a unique opportunity to connect with colleagues around the world and learn how different countries approach the same mental health challenges we face here in Massachusetts.

The WPA is organized into 18 geographic zones and 66 scientific sections. These sections are where most of the work happens. They bring together psychiatrists who share a common interest, whether that is child and adolescent psychiatry, addiction psychiatry, cultural psychiatry, women's mental health, digital psychiatry, public mental health, or one of many other areas.

I currently serve as the WPA Early Career Psychiatrists (ECP) Section Representative for Zones 1 (Canada) and 2 (United States), as well as Secretary of the ECP Section. Beginning July 1, Dr. Mollie Marr, a rising PGY-4 resident in the MGH/McLean Adult Psychiatry Residency Program and another Massachusetts Psychiatric Society member, will assume these responsibilities. This transition comes as I have been nominated as the APA's candidate for WPA Zone 2 Representative (United States), with elections taking place at the World Congress of Psychiatry in Stockholm this September.

Through this work, I have had the opportunity to collaborate with psychiatrists from every region of the world. One of the things I have enjoyed most is seeing how much we can learn from one another. Whether discussing workforce shortages, access to care, early intervention services, community-based treatment models, or training programs, many of the challenges we face are remarkably similar, even if the solutions sometimes look different.

For early career psychiatrists, the WPA offers mentorship programs, fellowships, leadership opportunities, international collaborations, and exchange programs. However, there are also many opportunities for psychiatrists at all career stages. Members can participate in educational webinars, contribute to position statements, join research collaborations, help develop educational resources, or simply engage in discussions with colleagues from around the world.

One common misconception is that WPA involvement requires additional dues. It does not. Your APA membership already makes you a WPA member. The main additional step is joining a scientific section or special interest group that aligns with your interests. These groups are open, welcoming, and always looking for new members.

The WPA also hosts major scientific meetings. The next World Congress of Psychiatry will take place in Stockholm from September 23–26, 2026. In addition, regional congresses are held throughout the year in different parts of the world. These meetings offer a chance not only to learn about advances in psychiatry but also to better understand how mental health care is delivered in different cultural and health system contexts.

At a time when mental health challenges are increasingly global, I believe there is tremendous value in looking beyond our own borders. Some of the most innovative ideas in mental health care are emerging from settings very different from our own, and many have direct relevance for the patients and communities we serve in Massachusetts.

If you have never explored the WPA, I would encourage you to take a look.

If you have questions about getting involved please feel free to reach out.

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APA Representative 2026-2027

Relevant links:

WPA: https://www.wpanet.org

Sections: https://www.wpanet.org/scientific-sections/

Join the Early Career Psychiatrist Section: https://forms.gle/43R7GPBgGbuADRJs7

World Congress of Psychiatry 2026: https://wcp-congress.com

And a more detailed article about the WPA: https://psychiatryonline.org/pn/blog/rick-wolthusen-062625

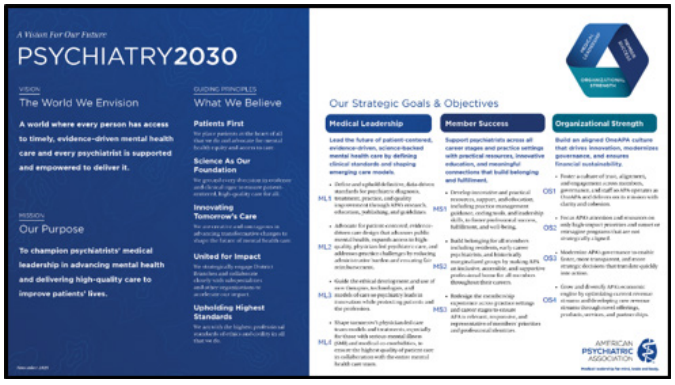
Updates from the APA: Reflections from the May 2026 APA Assembly

Adrienne Taylor, MD, APA Representative

This spring, I had the privilege of attending the APA Assembly meeting in San Francisco as a first-year Representative to the Assembly on behalf of the MPS. While I have long been involved in organized psychiatry through educational and professional leadership roles, participating in the Assembly offered a unique opportunity to witness firsthand how APA members from across the country shape policy, advocate for our profession, and help guide the future direction of the organization.

For those unfamiliar with the Assembly, it serves as the representative and deliberative body of the APA and is often described as the "voice" of the membership. Representatives from district branches, subspecialty caucuses, resident and fellow groups, and other constituencies come together to discuss issues affecting psychiatric practice and patient care. As Speaker Evan Eyler noted in his opening remarks, the Assembly functions as an "early warning system" that brings emerging challenges and opportunities in psychiatric practice to the attention of APA leadership. It was inspiring to see the breadth of perspectives represented and the thoughtful debate that accompanies the Assembly's work.

Several organizational themes emerged throughout the meeting. APA President Theresa Miskimen-Rivera, President-Elect Mark Rapaport, and CEO/Medical Director Marketa Wills all highlighted ongoing efforts related to Psychiatry 2030 and the modernization of APA governance.



These initiatives are intended to help the organization become more responsive and agile while maintaining meaningful engagement with members. There was considerable discussion regarding how the APA can continue to evolve while preserving the representative voice that has long been central to the Assembly's mission. As a newcomer to the process, I found these conversations particularly informative, as they underscored both the complexity of governing a large professional organization and the importance of member participation in shaping its future.

Another topic that received considerable attention was the future development of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM). Dr. Wills described a long-term effort to evolve the DSM from a primarily statistical classification system into a more scientifically driven resource that reflects advances in evidence-based medicine and psychiatric research. APA leadership outlined plans for multiple DSM subcommittees focused on areas including neuroscience, research methodology, clinical implementation, and emerging scientific developments. While this work remains in its early stages, the discussion highlighted the APA's commitment to ensuring that future editions of the DSM continue to evolve alongside advances in psychiatric knowledge and clinical practice. To hear more about how the roadmap for the future DSM is taking shape, I invite members to listen to the podcast *Mental Health Pathfinders: The Future of the DSM*.

Advocacy remained a major focus throughout the meeting. APA leadership emphasized the importance of maintaining a nonpartisan, evidence-based approach to advocacy while ensuring that psychiatry remains represented in policy discussions at the federal and state levels. Particular attention was given to workforce shortages, access to care, parity, scope-of-practice issues, and ongoing efforts to ensure that psychiatrists remain actively involved in shaping mental health policy. These themes were reflected in discussions surrounding the APA's response to recent federal conversations about mental health treatment, reinforcing the importance of ensuring that psychiatric expertise remains represented in national policy discussions.

One discussion that generated particular interest centered on APA's response to the Department of Health and Human Services summit held earlier in May, informally referred to within the organization as "MAHA Monday." APA leadership reviewed the

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organization's efforts to respond to public discussions regarding mental health treatment and concerns about the characterization of psychiatric care. Dr. Wills emphasized the importance of maintaining psychiatry's voice in national conversations while remaining grounded in evidence-based medicine and patient-centered care.

One of the most rewarding aspects of the meeting was seeing the impact that individual Assembly members can have through the action paper process. Action papers allow representatives to bring emerging issues and policy concerns directly to the Assembly for consideration and, when approved, can shape future APA policy, position statements, and educational initiatives.

I was especially proud to see one of the meeting's most impactful action papers come from our own MPS representatives, Drs. Olga Terechin and Adeliza Olivero. Their paper, **"Support for Enhanced Regulatory Safeguards for Use of Valproate in People of Childbearing Potential,"** was approved by the Assembly after discussion and debate. The proposal recognizes that current risk communication strategies have not sufficiently reduced fetal exposure to valproate despite its well-established teratogenic risks. It calls on the APA to review existing U.S. and international risk-mitigation approaches, strengthen guidance regarding informed consent and reproductive health counseling, and develop updated recommendations that balance patient safety with continued access to valproate when clinically indicated. The approval of this paper reflects the Assembly's commitment to evidence-based patient safety initiatives and highlights the meaningful leadership and advocacy contributions of MPS members at the national level.

Several other action papers generated meaningful discussion. The Assembly debated proposals related to de-escalation and sensitivity training for Immigration and Customs Enforcement (ICE) personnel during interactions with individuals experiencing mental illness, as well as a proposal that would have allowed family physicians to obtain affiliate membership status within APA district branches. Neither proposal was ultimately approved, but both generated thoughtful discussion regarding patient advocacy, interdisciplinary collaboration, and the evolving role of organized psychiatry.

Another notable debate focused on professional identity and the use of psychiatric terminology within APA communications. The Assembly approved a proposal requesting editorial guidance reserving terms such as "psychiatry" and "psychiatric services" for the work of physician psychiatrists while accurately describing the credentials of other mental health professionals. I was particularly encouraged that this proposal was authored by a Resident-Fellow Member representative. As someone deeply involved in psychiatric education, it was inspiring to see a trainee successfully advance an issue of national significance and contribute meaningfully to Assembly deliberations. Their engagement serves as a reminder of the important leadership role trainees continue to play in shaping the future of our profession.

In addition to action papers, the Assembly approved numerous position statements addressing a wide range of clinical and policy topics, including substance use disorders, integrated care, pharmacy benefit management, cultural psychiatry, artificial intelligence in mental health services, HIV-related psychiatric care, and the treatment of behavioral and psychological symptoms of dementia. The breadth of these topics reflects the increasingly complex clinical, ethical, and policy issues facing our profession.

As a first-year participant, one of my strongest impressions was the level of thoughtful deliberation that occurs behind the scenes of APA policy development. While debates can be spirited, participants consistently approached discussions with a shared commitment to advancing psychiatric care and supporting our patients. The Assembly brings together psychiatrists from diverse practice settings, geographic regions, and career stages, creating opportunities to learn from colleagues whose experiences may differ significantly from our own.

I left San Francisco with an even greater appreciation for the role of organized psychiatry and the importance of physician engagement in advocacy and professional leadership. The policies and initiatives discussed at the Assembly ultimately influence clinical practice, education, research, and mental health policy nationwide. Participating in these conversations was both educational and energizing, and I look forward to continuing to represent MPS in future meetings.

The APA Representatives to the Assembly serve as your voice within the organization. If there are issues affecting your practice, your patients, or the future of our profession that you believe deserve attention at the national level, I encourage you to reach out. The Assembly is most effective when it reflects the experiences and perspectives of psychiatrists across our district branch, and I welcome opportunities to hear from MPS members as we continue this work together.

From left to right – Dr.s Cynthia Peng, Adeliza Olivero, Jhilam Biswas, Adrienne Taylor and Nomi Levy-Carrick

Save the Dates

Upcoming Virtual Conferences

We're excited to share our upcoming lineup of engaging and informative **virtual conferences**—mark your calendars!

✨ **38th Psychopharmacology Update**
Saturday, November 7, 2026

✨ **Psychotherapy Committee Conference**
Saturday, January 30, 2027

✨ **Risk Avoidance & Risk Management Conference**
Saturday, February 27, 2027

Stay tuned for additional details and registration information in the coming months—we look forward to your participation!

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

Are you a General Member? Become an APA Fellow!

Are you ready to take the next step in your career? Fellows of the APA (FAPA) are part of a select group dedicated to shaping the role of psychiatry in our healthcare system.

Fellow status is an honor that enhances professional credentials and reflects dedication to the psychiatric profession. Dues rates stay the same. The deadline is September 1. Visit the APA website for more details and instructions for how to apply.

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.

AOT Advocacy Day at the State House — June 4, 2026

On June 4th, MPS joined AOTNOW, the Treatment Advocacy Center, and the National Shattering Silence Coalition for an Advocacy Day at the Massachusetts State House in support of Senator Cindy Friedman's Assisted Outpatient Treatment (AOT) legislation, currently before the Senate Committee on Ways and Means.

MPS Immediate Past President Dr. Jhilam Biswas spoke to a group of advocates and family members about the urgent need for both AOT and the Timely Treatment Act, drawing on her research and clinical experience treating patients with serious mental illness at Bridgewater State Hospital. Dr. Jeff Kerner also represented MPS, sharing his firsthand perspective on the transformative impact of AOT on patient care in New York, where the law is already in effect. MPS Legislative Strategist, Lisa Simonetti was also there to represent the Society.

Following the speaking program, attendees visited legislative offices to urge passage of both bills.

AOT and the Timely Treatment Act together represent the continuum of care that Massachusetts patients with serious mental illness urgently need to break the cycle of homelessness, incarceration and acute illness. MPS remains committed to advancing both pieces of legislation and thanks to all members who participated in or supported this effort.

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 patel@mms.org for details to submit your article today!

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

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

NEW HEALTH
North End • Charlestown

NEW Health is looking for an outpatient psychiatrist (MD) with a commitment and passion for community health. The primary responsibilities for this provider will be conducting comprehensive psychiatric evaluations, formulating treatment plans, and providing ongoing pharmacological care for patients across the lifespan. Although expertise in either pediatric or geriatric care is preferred, it is not required. Multilingual capacity is also preferred, not required. This provider will be an essential member of the collaborative, integrated team, support care coordination within a primary care setting, and with a team-based approach.

NEW Health is a Federally Qualified Health Center and has a strong commitment to its mission to provide high quality care in a community setting. It has a strong Behavioral Health focus and has built a supportive team that includes psychotherapists, psychiatric providers, community health workers, recovery coaches, MAT nurses, and primary care staff. This provider will have the support and access to valuable multidisciplinary consultation. This provider will also get Mass General Hospital (MGH) appointment, as well as the potential for Harvard faculty appointment.

Preferred for a minimum of 24 hours per week, mostly onsite with some hours remote as approved by the department.

Please send your resume/CV to Cristina Luna at acluna@mgh.harvard.edu.

MPS is pleased to welcome the Following New Members

Resident Fellow Member:

Kiana Malta, MD

Nickole Moon, MD

Ziyu Song, ND

Transfer In

Jordyn Newmark, MD

The MPS staff wish you a safe and happy summer!!!

Navigating Managed Care Together: Join the MPS Healthcare Systems & Finance Committee

If you participate in managed insurance outpatient networks—or are considering doing so—the MPS Healthcare Systems & Finance Committee offers a practical forum for sharing experience, solving problems, and improving patient care.

Our committee members have spent many years working within managed care systems and, in some cases, leading and administering those networks. Together, we bring expertise in referrals, audits, medical necessity requirements, documentation, coding, billing, and integrating psychotherapy with pharmacotherapy in today's evolving practice environment.

While we may not be able to solve every challenge posed by insurers and healthcare policy, we focus on what we can do: exchanging strategies, supporting one another, and identifying ways to make managed care work more effectively for both psychiatrists and our patients.

Whether you are new to managed care or have years of experience, your perspective is welcome. Anyone considering or engaged in private practice would benefit from participating on this committee. The committee meets virtually on the third Tuesday of most months at 7:00 PM.

Online Registration Now Open!

In-person

Renaissance Arlington Capital View Hotel, Arlington, VA

Sunday, November 15 - Monday, November 16, 2026

Register Today

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 and Retirement Committees.

SAVE
ON YOUR APA/DB MEMBERSHIP DUES

Looking for Ways to **Save** Time and Money on Your **Membership Dues?**

Check Out These Ways to Save:

Lump Sum Dues—Pay a one-time amount for APA national dues for your lifetime. Never worry about annual renewal increases or invoices again. DB/SA dues continue to be billed annually.

Scheduled Payment Plan—Have your APA and District Branch dues automatically charged to your credit card in monthly, quarterly, biannual, or annual installments. No interest or service fees.

Couples Discount—If you are married to another APA member (or live in the same household), share your print copy of AJP and you'll each get a 15% discount on your APA national dues.

Ready to Start Saving?
Contact APA Member Services for more information and to sign up.

Call: 202-559-3900; 888-35-PSYCH
Email: membership@psych.org

AMERICAN PSYCHIATRIC ASSOCIATION

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

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

ADDRESS SERVICE REQUESTED

MPS Calendar of Events		
Psychotherapy	July 1 at 7:00 pm via Zoom	dbrennan@mms.org
Public Sector	July 16 at 7:00 pm via Zoom	mpatel@mms.org
Council	August 11 at 5:00 pm via Zoom	dbrennan@mms.org