Massachusetts Psychiatric Society

your information source for psychiatry in Massachusetts

Issue 265 September 2026

www.psychiatry-mps.org

FROM THE PRESIDENT

Anderson Chen, MD

Looking Ahead: Strengthening Our Society

Dear Colleagues,

As I reflect on the past several months, I continue to be struck by the remarkable breadth of talent that exists within the Massachusetts Psychiatric Society. Massachusetts has long been recognized as one of the world's leading centers for medicine, science, and innovation. We are fortunate to practice alongside clinicians, educators, researchers, and physician leaders whose work influences psychiatric care not only across the Commonwealth, but throughout the country and internationally.

The institutions represented by our membership consistently rank among the very best in the world. Every day, our members develop new treatments, conduct groundbreaking research, educate future generations of psychiatrists, advocate for our patients, and provide compassionate care to individuals and families during some of the most difficult moments of their lives. This collective expertise is one of our Society's greatest assets.

One of my goals as President has been to think about how we can better leverage this extraordinary concentration of knowledge. While our primary responsibility will always be to serve psychiatrists and patients here in Massachusetts, I believe the Massachusetts Psychiatric Society also has an opportunity to become a platform for broader collaboration and positive impact. We should not simply recognize the expertise that exists within our membership—we should actively create opportunities to share it.

Over the past several weeks, we have begun exciting discussions with the Taipei Economic and Cultural Office (TECO) in Boston regarding potential areas of collaboration. Although these conversations remain in their early stages, they have been encouraging and highlight what can happen when organizations with shared goals come together. We have discussed opportunities to provide educational content, exchange ideas, and explore future collaborations that could benefit clinicians and patients alike.

What excites me most about these conversations is not simply the relationship itself, but what it represents. I hope our developing partnership with TECO serves as a springboard for many similar collaborations in the years ahead. Psychiatry faces remarkably similar challenges regardless of geography. Every country is working to improve access to mental health care, reduce stigma, train the next generation of clinicians, integrate new technologies responsibly, and deliver evidence-based care in increasingly complex healthcare systems. While each country approaches these challenges differently, there is tremendous value in learning from one another.

I firmly believe that the psychiatric expertise within Massachusetts is truly world class. The Massachusetts Psychiatric Society is uniquely positioned to bring together leaders from academic medicine, community practice, public psychiatry, private practice, research, and education. By serving as a platform for collaboration, MPS has the potential to help disseminate knowledge, foster meaningful partnerships, and contribute to improvements in psychiatric care well beyond the borders of our Commonwealth. Whether through educational exchanges, joint conferences, collaborative research, or shared clinical experiences, I hope we continue seeking opportunities where our members can make meaningful contributions internationally while also learning from colleagues around the world.

At the same time, it is equally important to emphasize that our growing international collaborations will never come at the expense of our work here at home. Our first responsibility remains serving psychiatrists practicing in Massachusetts and advocating for the patients we collectively care for every day. Domestic issues affecting psychiatric practice within our Commonwealth remain paramount, and they will continue to receive the Society's full attention.

Advocacy has always been one of the core pillars of the Massachusetts Psychiatric Society, and I am grateful to the many members who generously volunteer their time and expertise in this area. Effective advocacy often occurs quietly behind the scenes through meetings with legislators, thoughtful review of proposed policies, collaboration with professional organizations, and care-

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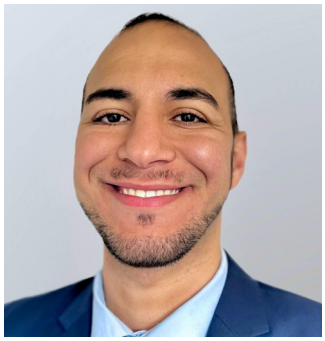
INSIDE



RESIDENT FELLOW MEMBER CORNER

Amir Hassan, MD

Beyond the Headlines: What Every Psychiatrist Should Know About Postpartum Psychosis

Recent weeks have brought renewed public attention to postpartum psychosis amid the highly publicized trial of Lindsay Clancy in Massachusetts. That attention has coincided with another significant development: the Massachusetts Supreme Judicial Court recently ordered a new trial for Latarsha Sanders, finding that the exclusion of relevant psychiatric medical records had prejudiced her defense[1].

These cases have generated understandable public interest in questions surrounding severe mental illness, criminal responsibility, and the postpartum period. They also highlight an important opportunity for psychiatrists: to move beyond speculation about individual cases and enhance public and professional understanding of postpartum psychosis.

The purpose of this article is not to comment on or speculate about any ongoing legal proceedings or the psychiatric condition of any individual. Rather, the goal is to provide an evidence-based overview of postpartum psychosis: how it presents, why it can be difficult to recognize, and what clinicians, patients, and families should know about obtaining timely evaluation and treatment.

What is Postpartum Psychosis?

Postpartum psychosis (PPP) is a rare but severe psychiatric condition affecting approximately 1-2 individuals per 1,000 births[2]. It is considered a psychiatric emergency because symptoms can evolve rapidly and untreated illness is associated with risk of serious harm to the patient and others. Most episodes begin within the first two to three weeks following childbirth, although onset can occur later in the postpartum period as well[3].

PPP is distinct from the much more common "baby blues" and postpartum depression. Postpartum depression affects approximately 10-20% of individuals following childbirth and typically presents with persistent depressed mood, anxiety, fatigue, sleep or appetite changes, hopelessness, and impaired functioning[4]. PPP, by contrast, may involve mania, severe depression, confusion, hallucinations, delusions, paranoia, or rapidly changing combinations of these symptoms[5].

One of the most clinically important features of PPP is its rapidity and heterogeneity. A patient may initially appear anxious, depressed, or unable to sleep before developing increasingly disorganized thinking, suspiciousness, unusual beliefs, or perceptual disturbances. Symptoms may change substantially over hours rather than weeks. Research from the Massachusetts General Hospital Postpartum Psychosis Project similarly demonstrates substantial variation in symptom onset, duration, and phenomenology, with a median onset of approximately 10 days postpartum and many participants reporting delusions, persecutory beliefs, and visual hallucinations[6].

What Postpartum Psychosis is – and is Not

PPP is not simply severe postpartum depression. Although depressive symptoms may occur during an episode, psychosis and mania can predominate. A patient who is newly postpartum and experiencing profound insomnia, rapidly changing mood, confusion, or unusual beliefs warrants an assessment that goes beyond screening for depression or anxiety.

PPP does not require a prior psychiatric diagnosis. Bipolar disorder and a previous psychotic episode are among the strongest known risk factors. Yet as many as half of individuals who develop PPP have no personal or family history of mental illness. This makes recognition particularly challenging: clinicians cannot rely solely on a known psychiatric history to identify those at risk.

PPP does not always look like stereotypical psychosis. Early symptoms can be non-specific. Severe insomnia, escalating anxiety, irritability, unusual energy, rapidly shifting mood, emotional withdrawal, confusion, or behavior that seems markedly uncharacteristic may precede more recognizable psychotic symptoms. For clinicians working in obstetrics, primary care, emergency medicine, pediatrics, or general psychiatry, recognizing this evolving clinical picture is essential.

Finally, PPP should not be equated with inevitable violence. Media attention understandably focuses on the most tragic outcomes, but such

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(continued from page 1) FROM THE PRESIDENT

ful drafting of legislation. These efforts may not always receive public attention, but they frequently have meaningful and lasting effects on patient care.

One recent example is Amendment #64, an effort to reduce unnecessary administrative barriers that can delay access to psychiatric treatment for individuals with serious mental illness. I am grateful to the MPS members who have devoted their time and expertise to helping shape this legislation. Their work reflects the important role psychiatrists play in ensuring that healthcare policy remains grounded in the realities of clinical practice and focused on improving patient care.

This work is especially important as psychiatry continues to face a critical workforce shortage. Across Massachusetts and the nation, demand for psychiatric services continues to outpace the available workforce. While recruiting and training the next generation of psychiatrists remains essential, we must also identify ways to help our existing workforce practice more efficiently and spend more time caring for patients rather than navigating unnecessary administrative burdens. Thoughtful legislation such as Amendment #64 represents one meaningful step toward that goal. By removing avoidable barriers to care, we can improve access for patients while allowing psychiatrists to devote more of their time and expertise to what they do best—providing high-quality clinical care.

Advocacy also extends beyond legislation. It includes identifying problems experienced by our members, listening carefully to concerns, and working collaboratively toward practical solutions. Over the past several months, I have appreciated the many members who have reached out to share challenges they are facing in their practices, institutions, or communities. These conversations are invaluable.

Although no professional society can solve every issue immediately, I want to reassure our membership that concerns raised to the Massachusetts Psychiatric Society are heard. When members bring forward important issues affecting psychiatric practice or patient care, those issues will be thoughtfully reviewed and discussed. Sometimes the appropriate response is advocacy. Sometimes it involves education, collaboration with other organizations, or connecting members with the appropriate resources. In other cases, solutions may take time to develop. Regardless, member feedback remains one of the most important ways we determine where our efforts should be directed. Please continue reaching out. Your experiences help shape the priorities of our committees, inform our advocacy agenda, and strengthen our understanding of the challenges psychiatrists face across diverse practice settings.

Another important initiative moving forward is the work of the Massachusetts Psychiatric Society Finance Committee. I am pleased to share that the committee has now begun meeting, with one of its main mission being to help ensure that the Society remains financially strong, fiscally disciplined, and well-positioned to serve our members for years to come.

Like any nonprofit organization, responsible stewardship of our financial resources is essential. Careful budgeting and long-term planning allow us to invest in educational programming, advocacy efforts, member services, and new initiatives while maintaining the financial stability necessary to achieve our mission. I am grateful to the members who have volunteered to serve on this committee and lend their expertise. Their thoughtful engagement and diverse perspectives will help position the Society for sustainable growth as we continue investing in initiatives that provide meaningful value to our members.

Another area of continued focus is strengthening the sense of community within our Society. Psychiatry can be an extraordinarily rewarding profession, but it can also be an isolating one. Increasing administrative responsibilities, workforce shortages, documentation demands, and the emotional complexity of caring for patients all contribute to the challenges many psychiatrists experience. Professional organizations play an important role in reminding us that we are part of something larger than our individual practices.

With that goal in mind, planning continues for the inaugural Massachusetts Psychiatric Society Winter Gala. I hope this event becomes much more than a social gathering. My vision is that it serves as an opportunity for members across the Commonwealth to reconnect with longtime colleagues, develop new professional relationships, celebrate accomplishments within our field, and strengthen the community that makes our Society so special.

One of the most encouraging developments over the past month has been the tremendous response to our recent member survey. I want to sincerely thank everyone who took the time to share their thoughts and perspectives. Leadership begins with listening, and your feedback provides an invaluable roadmap as we continue shaping the future of the Massachusetts Psychiatric Society.

The survey results will help guide not only the planning of our Winter Gala, but also the educational programming, networking opportunities, advocacy efforts, and member services we provide throughout the coming year. Our goal is to ensure that the Society reflects the needs and priorities of its members, rather than simply the ideas of its leadership.

Perhaps most importantly, I hope the Massachusetts Psychiatric Society continues to be a trusted community where members can turn for support, exchange ideas, and find resources as we navigate the many challenges of practicing psychiatry in Massachusetts. Whether those challenges involve clinical practice, administrative burdens, workforce shortages, advocacy, professional development, or simply connecting with colleagues who understand the unique demands of our profession, I want every member to know that this Society is here to listen. Your voices matter, and your willingness to share your experiences helps us become a stronger, more responsive organization.

Looking ahead, I remain optimistic about the future of our Society. We have extraordinary members, strong institutional partnerships, growing opportunities for collaboration, and a shared commitment to improving psychiatric care. Whether our work involves advocating for legislation here in Massachusetts, building educational partnerships abroad, mentoring trainees, supporting one another professionally, or simply listening carefully to the needs of our membership, each effort contributes to a larger mission.

I believe our Society is uniquely positioned to demonstrate what organized psychiatry can accomplish when talented clinicians work together toward common goals. Massachusetts has long served as a leader in medicine, and I believe our psychiatric community has an opportunity—and perhaps even a responsibility—to continue leading by example. Through advocacy, education, collaboration, innovation, and responsible stewardship, we can improve the lives of our members, strengthen psychiatric practice across the Commonwealth, and extend our positive impact well beyond our state.

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

Thank you for your continued engagement, your thoughtful feedback, your advocacy, and your commitment to our profession. It is truly an honor to serve as your President, and I look forward to continuing this work together.

President Anderson Chen, MD, with leadership from the Taipei Economic and Cultural Office (TECO) in Boston, including Director General Charles Liao, following discussions exploring future educational and professional collaborations between the Massachusetts Psychiatric Society and Taiwan.

Warm Regards,

Anderson Chen, MD
President, Massachusetts Psychiatric Society

RESIDENT FELLOW MEMBER CORNER

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cases can distort public understanding of the illness. PPP is a heterogeneous psychiatric emergency, and most individuals who experience it recover with timely treatment. The clinical priority should therefore be early recognition and intervention rather than assuming that psychosis necessarily predicts a particular behavior.

What Can Psychiatrists Learn From Lived Experience?

Research from the MGH Postpartum Psychosis Project underscores why clinical education must extend beyond diagnostic checklists. In a qualitative study of 130 individuals describing 133 postpartum psychosis episodes, participants described experiences involving psychosocial stressors, the mother-infant relationship, treatment, and recovery[7]. Many described recovery as extending well beyond resolution of the acute psychotic episode.

More recent work involving 131 individuals with confirmed PPP diagnoses identified needs at multiple levels: support from family and clinicians, assistance with childcare and sleep, peer support, specialized psychiatric care, improved communication with patients and families, and policies that facilitate access to postpartum mental healthcare[8].

These findings offer an important corrective to a purely acute-care model. Hospitalization and medication may be essential components of treatment, but recovery also occurs within families, broader communities and workplaces, and across healthcare systems. For psychiatrists, this means asking not only, "How do we treat the psychosis?" but also, "What will this patient and family need after the acute crisis has passed?"

A Resident's Perspective: Education as Part of Prevention

During residency, I have increasingly appreciated how easily reproductive mental health can become siloed into a subspecialty knowledge gap. Most psychiatrists will encounter patients during pregnancy or the postpartum period, yet formal training in perinatal psychiatry remains variable. PPP is uncommon enough that many clinicians will have limited direct experience, while

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(continued from page 4) Resident Fellow Member Corner

being serious enough that unfamiliarity can exert profound consequences.

This creates an important role for general psychiatrists. We do not all need to become reproductive psychiatry specialists, but we should be able to recognize the warning signs, obtain an appropriate psychiatric and obstetric history, assess safety, involve family or other supports when appropriate, and facilitate urgent psychiatric evaluation when PPP is suspected.

Education should also extend beyond psychiatrists. The literature identifies limited awareness among healthcare professionals as an important barrier to timely care, while survivors describe interactions with emergency and medical systems in which their concerns were not always validated or understood.

From Clinical Education to Advocacy

Improving outcomes will require more than individual clinicians recognizing PPP. Recent qualitative research points toward a broader socio-ecological model in which recovery depends on healthcare access, social support, community resources, provider education, and public policy.

This is where organized psychiatry has an important role. The American Psychiatric Association has endorsed the Moms Matter Act (H.R. 8811/S. 4552), which would establish maternal mental health equity grants supporting community-based programs addressing maternal mental health and substance use disorders during pregnancy and the postpartum period, with attention to underserved communities and workforce shortages[9]. The Senate version, S.4552, was introduced in May 2026 and has since referred to the Senate Committee on Health, Education, Labor, and Pensions.

The APA has also supported the Primary and Behavioral Health Care Access Act (H.R. 9133/S.4835), which would require private health plans to cover three primary care visits and three outpatient behavioral health visits annually without cost-sharing[10]. The legislation reflects a simple but important principle: earlier access to care creates opportunities to identify and treat psychiatric illness before it becomes a crisis.

For Massachusetts psychiatrists, these federal efforts complement opportunities for local advocacy and professional education through the Massachusetts Psychiatric Society.

Resources for Massachusetts Psychiatrists

There is no need to navigate reproductive psychiatry alone. The MGH Center for Women's Mental Health maintains an extensive collection of provider resources, training materials, assessment tools, and resources from specialty organizations including ACOG, the Marcé Society for Perinatal Mental Health, MCPAP for Moms, and other educational resources.

The MGH Postpartum Psychosis Project (MGHP3) also provides educational materials, survivor stories, research updates, and a consultation line for clinicians caring for individuals experiencing PPP.

Other valuable resources include Postpartum Support International, which provides specialized peer and family support, provider directories, educational materials, and a Postpartum Psychosis Task Force, as well as The Psychiatry Collective, an educational program focused on offering formal training to clinicians in reproductive psychiatry.

Beyond the Headlines

High-profile cases inevitably shape public understanding of psychiatry. We cannot predict which cases receive national attention, but we can influence what patients, families, and clinicians learn from that attention.

Postpartum psychosis is uncommon, but it is one of the most important psychiatric emergencies for clinicians caring for pregnant and postpartum patients to recognize. The condition can emerge rapidly, occur in individuals without a prior psychiatric history, and present with symptoms that initially resemble more common postpartum conditions. Yet it is also highly treatable, and most individuals recover with appropriate care.

Our responsibility is therefore twofold: to improve our own ability to recognize and treat postpartum psychosis, and to advocate for the systems that make timely treatment possible. In doing so, we can help ensure that public conversations about postpartum mental illness are shaped not by sensationalism or speculation, but by evidence, clinical expertise, and the lived experiences of patients and families.

References:

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2) Bergink V, Rasgon N, Wisner KL. Postpartum psychosis: madness, mania, and melancholia in motherhood. *Am J Psychiatry*. 2016;173(12):1179–1188.
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8) Scalise AL, et al. Enhancing support for postpartum psychosis through a socio-ecological lens: A qualitative analysis. *J Health Psychol*. 2026. doi:10.1177/13591053261460698.
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10) American Psychiatric Association. (2024, August 15). APA letter in support of the Primary and Behavioral Health Care Access Act. https://www.psychiatry.org/getattachment/4f5f53d5-4315-4e55-b2c2-bd459cb3797f/APA-Letter-Support-Primary-Behavioral-Health-Care-Access-Act.pdf

Call for Nominations for MPS Leadership

Each year the MPS elects members to leadership positions for the next term beginning on April 28, 2027. The Nominating Committee will begin to solicit nominations from the membership. The committee encourages broad participation in the election process and to fully represent the diverse membership of our organization.

Positions for Nomination:

- President-elect (3 years total – President-elect, President and Immediate Past President)
- Treasurer (2-year term)
- APA Representative (1 position - 3-year term)
- MPS Councilor (2 positions - 3-year terms)
- Nominating Committee (2 positions – 2-year terms)

Information about Positions:

The MPS Council meets almost monthly (8 times per year) on the 2nd Tuesday of the month with some. Council members must participate in a minimum of 70% of the Council meetings each year. In addition, to Council meetings, the Executive Committee (Presidents, Secretary, Treasurer and Senior APA Representative) meets on the 2nd Tuesday of the month, albeit a lesser frequency. APA Representatives are expected to attend two Area 1 meetings in the New England Area (which currently have been virtual) and two APA Assembly meetings per year (November and at the APA Annual Meeting in May).

The Nominating Process

The Nominating Committee will meet in October and November to set the slate of candidates for the 2027 election.

To submit either the name of a colleague or your name for a leadership position, please send a brief bio which includes your current practice setting, subspecialty (if appropriate), specific areas of interest, and past roles or participation in MPS to our Administrative Director, Debbie Brennan (dbrennan@mms.org). The deadline for nominations is Friday, October 9, 2026. All Nominating Committee correspondence is strictly confidential. If you submit someone else's name, please let us know if you have communicated your nomination to the person. The Nominating Committee will consider all nominations and will select a slate of candidates to be presented to the MPS membership in the spring prior to the election which will take place via electronic ballots. The new leadership will be announced at the Annual Meeting on April 27, 2027.

Please do not hesitate to contact us if you have any questions.

Jhilam Biswas, MD, DFAPA, Nominating Committee Chair
Margaret Cheng Tuttle, MD, MS, MM, FAPA President-Elect & Nominating Committee Co-Chair
Anderson Chen, MD, President

Call for Nominations
2027 MPS Outstanding Psychiatrist Awards

MPS Awards Committee is soliciting nominations for the 2027 MPS Outstanding Psychiatrist Awards

Please consider nominating a colleague who you believe is deserving of this honor. Self-nominations are also welcome.

1. Nominee should be a Member of the Massachusetts Psychiatric Society.
2. Please send the following:
   a. Nomination letter
   b. Curriculum Vitae of nominee
   c. A letter of support (if nominee has an academic appointment, a letter from the department head would be helpful).

The award categories are as follows:

Lifetime Achievement: This award is given to a senior psychiatrist who has made significant contributions over the course of his/her career which is now winding down.

Advancement of the Profession: This award is given to a psychiatrist who has advanced an area of the profession by highlighting and/or clarifying an area which has been in the background, bringing it forward, and developing it; e.g., women's issues, disaster psychiatry, refugee issues, etc.

Clinical Psychiatry: This award is given to a psychiatrist who is an outstanding clinician; someone who is known for having worked to clarify a particular area of interest or type of therapy and practiced it successfully.

Education: This award is given to a psychiatrist who has made a significant contribution to psychiatric education, e.g., establishing a residency, creating a nationally attended course, developing educational materials which can be used nationally for medical student or resident teaching. Being training director per se is not enough.

Research: This award is given to a psychiatrist who has made significant contributions to the development of an area of psychiatric research.

Public Sector: This award is given to a psychiatrist who has worked in the public sector and has been influential in reorganization or in leadership in that area or who has significantly influenced the political system in lobbying for patient's welfare.

Early Career Psychiatry: A psychiatrist who is in the first 10 years after completing residency (not fellowship training) who has done something outstanding in any of the above categories.

Please send your nominee's name, the award you are nominating for and a brief reason for the nomination to Mayuri Patel - mpatel@mms.org or call 781-237-8100 x1 by January 30, 2027.

Thank you!
Fe Erlita D. Festin, MD, DLFAPA
Chairperson of MPS Awards Committee

Saturday, November 7, 2026 8:15 a.m.–4:00 p.m. Virtual Program

Massachusetts Psychiatric Society's

37th Annual Psychopharmacology Update

Program Overview

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 hypnotics for chronic insomnia. A second speaker will focus on Clozapine-resistant schizophrenia. This will be followed by a speaker describing menopausal mood disorders, ending the morning sessions with a potential algorithm for treatment resistant depression. The program continues with a discussion on insomnia in ADHD, followed by the final lecture on nicotine cessation pharmacotherapy algorithm. After a lunch break, there is a discussion on integrating focal psychotherapy interventions into routine pharmacotherapy. The program will end with questions and answers on any topic in psychopharmacology with a panel of the day's speakers.

Learning Objectives

At the conclusion of this activity, participants should be able to:

- Prescribe medications without being subject to undue influence by drug company marketing.
- Know when it might be appropriate to use hypnotics for chronic insomnia.
- Select the most evidence-supported medications for efficacy and safety for patients with schizophrenia.
- Appreciate the evidence-based way of prescribing in menopausal mood disorders.
- Select the most evidence-supported medications for efficacy and safety for patients with treatment resistant depression.
- Select the most evidence-supported medications for efficacy and safety for patients with insomnia in ADHD.
- Select the most evidence-supported medications for efficacy and safety for patients with nicotine use disorder.

CLICK TO REGISTER ONLINE

AMA Credit Designation Statement

The Massachusetts Psychiatric Society designates this live activity for a maximum of 6.5 *AMA PRA Category 1 Credits*™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Accreditation Statement

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

REGISTRATION FEE

[ ] MPS/APA/MMS MEMBER $175
[ ] NON-MEMBER $225
[ ] RESIDENT/FELLOW $15
[ ] MEDICAL STUDENT *(PROOF OF MEDICAL SCHOOL REQUIRED)* $0

NEW OFFERING:

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

[ ] MPS/APA/MMS MEMBER $225
[ ] NON-MEMBER $275
[ ] RESIDENT/FELLOW $65

Questions?

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

Please note the link for the conference will be sent on November 6

Program Schedule

8:15-8:30 a.m.	**Welcome and Introduction** ***Anderson Chen, MD, Activity Chair*** ***David N. Osser, MD, Activity Co-Chair***
8:30-9:30 a.m.	**An Appraisal of Hypnotics for Chronic Insomnia** ***David N. Osser, MD***
9:30-10:30 a.m.	**Clozapine-Resistant Schizophrenia** ***Dost Öngür, MD, PhD***
10:30-10:45 a.m.	**BREAK**
10:45-11:45 p.m.	**Menopausal Mood Disorders** ***Ruta Nonacs, MD, PhD***
11:45-12:45 p.m.	**A Potential Algorithm for Treatment Resistant Depression** ***Anderson Chen, MD***
12:45-1:30 p.m.	**LUNCH**
1:30-2:30 p.m.	**Insomnia in ADHD** ***Margaret Weiss, MD, PhD***
2:30-3:30 p.m.	**Nicotine Cessation Pharmacotherapy Algorithm** ***Afrah Mohammad, MD***
3:30-4:00 p.m.	**More Questions and Answers** ***Panel of the Speakers***

Save the Dates

Upcoming Virtual Conferences

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

✨ **Psychotherapy 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

Attention Graduating Residents

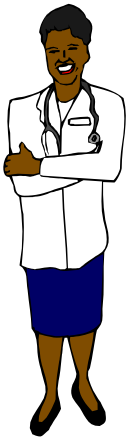
Congratulations! As you prepare to move on from your residency training program, please complete the APA Membership advancement form. This lets us know if you are continuing in a fellowship or advancing to practice. As a General Member, you can access additional benefits, including resources for early career psychiatrists. The form takes less than 5 inutes to complete.

FREE APA Course of the Month

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

MPS is pleased to welcome the Following New Members

Resident Fellow Member:	General Member:	Transfer In
Lena Becker, BA; BS; MD	Shireen F Cama, MD	Alaa Abouelnasr, MD
Marie Bernard, MD	Zev Schuman-Olivier, MD	Alexandra Nicole Kelter, MD
Justin Camacho, MD	Kavya Singareddy, MD	Kathryn Grace Lee, MD
Austin Eason, MD		Britta Osfermeyer, MD
Liana Gonsalves, MD		Mark Smith Schroeder MD
Felipe Guerrero		
Evan Holsonback, MD		
Priscilla Lee, MD		
Danielle Li, MD		
Thomas Oram, DO		
Daniel Schaefer, MD		
Caleb Smith, MD		
Julia Sun, MD, PhD		
Alex D. Tran, MD		
Paula Traugott, MD		
Gregory Yee, MD		
Caroline Yi, MD		
Hasanat Oluwatobi Yusuf, MD		



MPS
Welcomes
new residents to the
Massachusetts Psychiatric Society!!

Our best wishes for your continued success!!

Recently moved or planning to move……

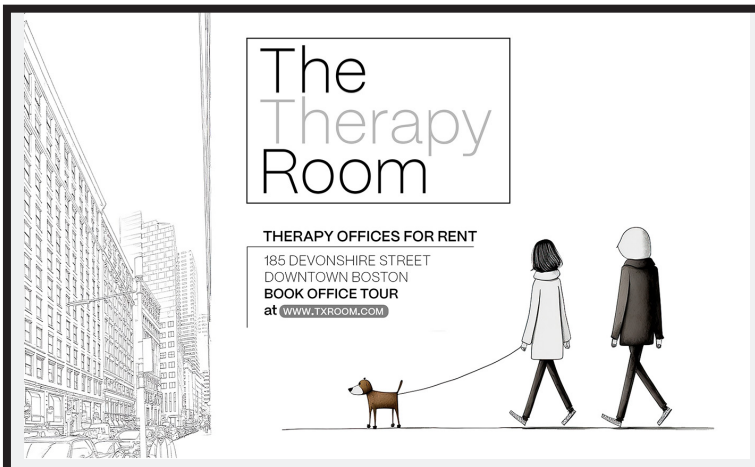
Remember to notify the MPS of any change in your mailing address or your email.

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

OFFICE SPACE

Back Bay, Boston - Prestigious professional building, a former 19th century mansion with all original detail, on Marlborough Street near Public Gardens. Beautiful offices with large windows, high ceilings, and fireplaces. Friendly, collegial atmosphere, elevator, WiFi. One office for rent and hours for sublet in others. Call Elizabeth: 617-267-0766 or email: erm82@aol.com

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



Downtown Boston – The Therapy Room: Private psychotherapy offices for rent full-time, part-time, or by weekday at 185 Devonshire Street. Turn-key, fully furnished offices designed specifically for mental health practices, with flexible rental options and transparent pricing (see website for details). Optional access to a community of 75+ clinicians for referrals, resources, and support. View current availability and pricing, or book an office tour at www.txroom.com. Questions: Dr. Tomasz Vav, 617-706-2601 | txroom@txroom.com.

Online Registration Now Open!

In-person

Renaissance Arlington Capital View Hotel, Arlington, VA

Sunday, November 15 - Monday, November 16, 2026

Register Today

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!

Boston Medical Center
HEALTH SYSTEM

Psychiatry Residency Training Director-Psychiatrist

JOB SUMMARY:

The Psychiatry Residency Training Director provides psychiatric leadership to an ACGME-accredited program at BMC Brighton for 0.5 FTE and inpatient psychiatry coverage- clinical and supervising residents for 0.5 FTE.

ESSENTIAL RESPONSIBILITIES / DUTIES:

•Prepare the resident graduates with the knowledge, skills, attitudes, and lifelong quest for learning necessary to successfully achieve certification and eventual maintenance of certification by their discipline's American Board of Medical Specialties' (ABMS) specialty board and to provide contemporary state-of-the-art patient care throughout one's practice career.

•Provide an educational experience that will enable resident physicians to obtain knowledge, skills, and attitudes necessary to practice their chosen specialty independently and competently.

•Have oversight of the clinical work of psychiatry trainees, serving as site director of their clinical rotation and ensuring that their clinical work and documentation are consistent with current best practices along with participation in the provision of psychiatric coverage after business hours during weekends and holidays through the on-call system

Provide direct psychiatric services through comprehensive evaluation, diagnosis, treatment planning and treatment of patients assigned to him/her in inpatient psychiatry

•Participate in the provision of psychiatric coverage for hospital-based services after business hours and during weekends and holidays through the on-call system.

•Participate in administrative and other duties as assigned by the Chair of Psychiatry which could include, being a member of a hospital-based committee, community education, involvement in research and academic activities.

REQUIRED EDUCATION AND EXPERIENCE:

• MD Board certified or Board Eligible in Psychiatry from an accredited school of medicine

• Completed residency training in an accredited program within Psychiatry

• Experience following one's residency/fellowship as a clinician, administrator, and resident educator for a length of time required by the RRC.

CERTIFICATIONS, LICENSES, REGISTRATIONS REQUIRED (If none, please enter "N/A"):

• BLS

• Current Massachusetts License to practice as an MD is required

• Current Federal DEA and State Controlled Substances Certificates required

• Current Malpractice insurance required

• Must successfully pass a CORI check

Compensation range: $275k-$320k

The base salary of the finalist selected for this role will be determined based on a variety of factors, including but not limited to clinical FTE, qualifications, experience, education, board certifications, specialty, training, and scope of practice. The above hiring range represents a good faith and reasonable estimate of the range of possible compensation at the time of posting. Any eligible incentive compensation is not included in the above compensation range and will be discussed during the interview process.

Boston Medical Center
HEALTH SYSTEM

Geri Psych Medical Director - BMC South

JOB SUMMARY:

The inpatient medical director specializes in evaluating, diagnosing and treating mental, emotional and behavioral disorders through medication, psychotherapy and other interventions on a geriatric psychiatry unit while providing administrative oversight to manage and improve the psychiatric inpatient services at BMC South. This individual will monitor and pre-arrange the on-call coverage rotations at BMC South. This individual will also provide psychiatric coverage in the ED and medical floors as needed and cover a minimum of 3 holiday coverage shifts annually and 1 weekend per month. The role also includes the opportunity to teach and supervise residents and students from Boston Medical Center training programs.

REQUIRED EDUCATION AND EXPERIENCE:

• MD Board certified or Board Eligible in Psychiatry from an accredited school of medicine

• BC/BE in Geriatric Psychiatry is preferred

• Completed residency training in an accredited program within Psychiatry

• Experience in working with multidisciplinary teams of clinicians who provide psychopharmacology and psychotherapy

CERTIFICATIONS, LICENSES, REGISTRATIONS REQUIRED (If none, please enter "N/A"):

• BLS

• Current Massachusetts License to practice as an MD is required

• Current Federal DEA and State Controlled Substances Certificates required

• Current Malpractice insurance required

• Must successfully pass a CORI check

Compensation range: $275k-$320k

The base salary of the finalist selected for this role will be determined based on a variety of factors, including but not limited to clinical FTE, qualifications, experience, education, board certifications, specialty, training, and scope of practice. The above hiring range represents a good faith and reasonable estimate of the range of possible compensation at the time of posting. Any eligible incentive compensation is not included in the above compensation range and will be discussed during the interview process.

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AMERICAN PSYCHIATRIC ASSOCIATION

Beth Israel Lahey Health
Beth Israel Deaconess Medical Center

INPATIENT PSYCHIATRIST

The Department of Psychiatry at the Beth Israel Deaconess Medical Center is recruiting a highly qualified attending psychiatrist to work on our adult 25 bed inpatient teaching service. This is a full-time position that includes clinical care, teaching, and supervision. The Department of Psychiatry is a major teaching site for Harvard Medical School and the BIDMC Harvard Psychiatry Residency Training Program; and includes opportunities for teaching medical students and residents and for faculty development. A Harvard Medical School appointment at the rank of instructor, assistant, or associate professor would be commensurate with the record of accomplishments.

Beth Israel Deaconess Medical Center, a 743-bed hospital and Level 1 Trauma Center, is a founding member of Beth Israel Lahey Health (BILH). BILH, a health care system with 14 hospitals, brings together academic medical centers and teaching hospitals, community and specialty hospitals, and more than 4,000 physicians and 39,000 employees in a shared mission to expand access and advance the science and practice of medicine through groundbreaking research and education.

Harvard Medical Faculty Physicians (HMFP) is an equal opportunity employer. HMFP respects diversity and accordingly is an equal opportunity employer that does not discriminate on the basis of race, traits historically associated with race, including but not limited to, hair texture, hair type, hair length, and protective hairstyles, color, creed, religion, national origin, ancestry, citizenship status, age, disability, pregnancy (which includes pregnancy, childbirth, medical conditions related to pregnancy and childbirth, and breastfeeding), sex, gender, marital status, sexual orientation, gender identity or expression, veteran status, genetic information, or any other characteristic protected by applicable federal, state, or local laws.

Interested candidates should apply directly to this posting: Search for Jobs JR1683.

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HARVARD MEDICAL SCHOOL
TEACHING HOSPITAL

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

ADDRESS SERVICE REQUESTED

MPS Calendar of Events		
SEMPS/WMPS	September 2 at 7:00 pm via Zoom	mpatel@mms.org
Council	September 8 at 5:30 pm via Zoom	dbrennan@mms.org
Healthcare Systems & Finance	September 15 at 7:00 pm via Zoom	dbrennan@mms.org
Psychotherapy	September 16 at 7:00 pm via Zoom	dbrennan@mms.org
Disaster Readiness	September 17 at 4:30 pm via Zoom	dbrennan@mms.org
Public Sector	September 17 at 7:00 pm via Zoom	mpatel@mms.org
Executive Committee	September 22 at 5:30 pm via Zoom	dbrennan@mms.org
Child & Adolescent Psychiatry	September 23 at 6:00 pm via Zoom	dbrennan@mms.org