

Presidential Remarks

Thank you to everyone for joining us tonight! I hope you met some new colleagues in the breakout social, and I hope that very soon we will be able to mingle again in person to see old friends and make new ones. I want to thank our moderators of the social hour (Marilyn Price, Hannah Larsen, Gary Chinman, Eran Metzger, Amy Harrington) and the presenters from this evening Marilyn Price, Fe Festin and Cynthia Kettle, and all of you who make this a vibrant organization.

What a year it has been! I agree with Sec Sudders. Let's hope these interesting times don't stay so interesting. When I was anticipating my term in March of this year, I hoped to

- focus on issues of access to psychiatric services for all of our citizens.
- increase our appeal to early career psychiatrists who are our future and in many cases our current leaders, and
- make some improvements in the operations of our Society,

Then the world was turned upside down; the twin epidemics of the covid-19, and the public health crisis of racism which the deaths of George Floyd, Breonna Taylor and many others brought painfully anew to our attention.

Covid -19 has upended our work, our economy, our routines, our families, our social and professional connectedness, our children's education, in short, everything! There have been some silver linings that you may have chatted about in the breakout sessions. For many of us it has been a pleasure to work from home. We're driving less, nesting more. We didn't have to get dressed up for this event, although I kind of miss that! Zoom has allowed more people to attend meetings and contribute to the work of MPS, and for us to gather tonight. What a pleasure it's been to see our psychiatrist colleagues with young children be able to attend meetings and be able to kiss their child good night, all while attending an MPS meeting! We're learning new tricks, becoming practitioners of telemedicine. In the year prior, tele-psychiatry was a frontier of innovators; now it's a routine for many of us. Thank you to all who answered our survey about telehealth which showed that a striking

- 94% of psychiatrists noted an improvement or no change in their no show rates with telehealth.
- 84% reported patient satisfaction with telehealth and

- 80% of providers reported seeing patients for whom telehealth was the only option for their care.

But of course for many, this Covid pandemic does not have silver linings. It's an unending tragedy. Hundreds of thousands of deaths, illness and the threat of it looming, economic hardship, risks of evictions, loss of routines, loss of social connectedness, educational delay and disruption. Many don't have zoom-able jobs, a home or second home that will accommodate a stay at home life. Schooling and childcare issues abound. It is no wonder, as I heard one of our Exec Committee members, say "My practice is exploding." As we would predict as mental health professionals, our patients who are sensitive to stress, who rely on structure and routines, who are experiencing grief and extreme hardship, who suffer from addictions, are suffering and need our help more than ever. An increase in mental health needs has been observed for both those previously not in mental health (MH) or Substance use (SU) care, and for those with pre-existing conditions.

As Sec Sudders referenced, the CDC reports (1) that for a snapshot week in June 2020, a staggering 40% of Americans reported struggling with their mental health or substance use. The Kaiser Family Foundation reports that in Massachusetts, the rates of anxiety and depression mirror the CDC findings with 32% of people in MA reporting struggles with anxiety and depression (2). The CDC also reported significant increases in post-traumatic symptoms, substance use, and suicidal ideation. MA suicide rates have fortunately not increased during Covid per a BWH study (prepublication) (3). Data indicates that overdose death rates in MA have risen in the peak months of the pandemic over previous years. (4)

The CDC notes that these increases have disproportionately affected

Young adults,

LatinX and black individuals,

Essential workers,

Unpaid caregivers for adults,

and those receiving treatment for preexisting psychiatric conditions. (1)

I want to thank our members who answered the call to care for our colleagues on the medical front lines of the surge. We had close to 100 psychiatrists volunteer to take into their practice or serve pro bono the frontline providers. We worked with Mass Medical Society in putting on a

forum on Psychological First Aid and Caring for the Caregivers, expertly paneled by Dr. Greg Frichhione and our President-Elect Dr. John Bradley.

Early on in the pandemic Dr. Donna Norris, Former MPS president, and APA Speaker of the Assembly, expressed concern and brought attention to our Executive Committee, the growing disparity in deaths and illness from Covid 19 among people of color, as the CDC statistics bear out. These health disparities did not occur in a vacuum.

The painful deaths of George Floyd, Breonna Taylor early in the year and many others including people with mental illness who are 1 in 4 of police related deaths, have galvanized the nation and have galvanized us at MPS. We met as a Council in the week of the brutal death of George Floyd and decided to appoint a work group to address racism and come up with some tangible actions that MPS could take to address systemic racism which contributes to the disparities and vulnerabilities that the Covid pandemic laid bare. The legacy of these deaths and the protests that resulted is a growing awareness among the majority white population that the legacy of racism permeates our society in ways that has solidified disadvantage and led to disparate health outcomes in our patients and insufficient numbers of non-majority health care providers in our workforce. This has been a long-standing issue in our nation, one that has spanned centuries, in part due to complacency among majority individuals, many of whom may not be perpetrators of prejudice and bigotry, but whose complacency has contributed to insufficient improvement. There was a recent controversy in the APA whereby Dr Ruth Shin resigned in frustration with this complacency, and cited a series of articles in The Green Journal in 1970 on structural racism, whose content then was prescient for today. One of the authors of those papers Dr. Orland Lightfoot is with us tonight and I want to thank him for his counsel to MPS this year as we address these neglected issues. So perhaps another silver lining of these difficult times will be movement from a persistent status quo. Our inquiry in MPS Council, the Multicultural and Diversity Committee, and in our new Antiracism Committee asks several questions:

- Can we help MPS members address our individual racial biases Data shows that care improves when providers are aware of their pre-existing biases.
- Can we learn as MPS members how to have the difficult and uncomfortable conversations to address racial biases and become a more welcoming organization to

all? Data shows that we get better health outcomes when care is provided from providers from a similar self-identified race and ethnicity, so adding non majority providers to the health care work force in sufficient numbers is critical

- Can we assist MPS members in addressing issues of racial identity and racial trauma in our work with patients and our efforts to be supportive colleagues to one another.

With these goals in mind, we are working on several fronts. One is to make the work of antiracism part of the work of our very active committees. This has been led by the Multicultural and Diversity Committee under the very energetic leadership of our Member in training co-chairs Destiny Pegram and Brandon Newsome with the support of chair Dr. Astrid DeRosiers. The Psychotherapy Committee has already discussed papers about the role of supervision of non-majority trainees; the Alcohol and Addictions and Psychiatry and the Law Committees are sponsoring joint speaker events with the Multicultural and Diversity Committee to address topics of disparity in addictions treatment and criminal justice. I want to thank our Antiracism Committee which is working to create a conference series with the guidance of our Council member Jessica Isom and colleagues who are experts in the burgeoning field of Antiracism transformation. The goal is to promote a longitudinal transformational process rather than have a one off grand rounds type conference. The conferences will have thematic modules, Objectives include acknowledging psychiatry's place in the history of US, acknowledgement/exploration of unmet mental health needs of non-majority communities and how that is perpetuated in aspects of our current care delivery system; and moving beyond our practice as psychiatrists to our role as citizens to create an antiracist society.

There has been a great deal of other activity at MPS in response to changing practice environment and our changing world, and I want to thank all of the people who work tirelessly to make things happen here at MPS. We are very ably served by our two full-time professional staff. Debbie Brennan, whomany of you know. Let's congratulate Debbie who has been promoted to the Administrative Director position when Lynda Layer moved up to another position at MMS. Lynda continues to help out as needed and was a terrific asset to MPS in the time that she worked with us, especially in our transition to MMS so we also want to thank Lynda for her work with us. Mayuri Patel continues as Membership Coordinator, and we are grateful for the steady, pleasant continuity she provides, having been with MPS for decades. They have both worked incredibly hard this year as you can see from all of the communications

and events that they have pushed through under challenging circumstances. I want to welcome to our meeting and thank Our Atty Jim Hilliard (on the phone) and our Legislative Liaison Lisa Simonetti who have both provided steady guidance to our members and leadership, also for several decades. On the legislative front, Parity Legislation passed the Senate, the removal of same day billing prohibitions, post pandemic telehealth provisions, collaborative care billing code legislation and mental health disparities legislation are all on the table thanks to Lisa's creative and practical crafting of legislative solutions which get results on Beacon Hill. I want to thank our Disaster Preparedness and Multicultural committees who produced our four town halls on covid 19 and structural racism and our HCSF committee who produced the e – prescribing workshops. I also want to thank our CME committee led by Dr David Osse and all of our members who are continuing to produce high quality CME programming despite the pandemic including our conferences this month Nov 14, Psychotherapy Conference on Neurodevelopmental disorders and Nov 21 the annual psychopharmacology conference. Still to come this year, we are working on a new and improved website, a series on technology education in the newsletter from our newly reconstituted Health Information and Technology Committee.

Lastly, I would like to leave you with some thoughts about this election. Pause Not *that* election, the one in April of 2021! Our MPS election! Get your nominations into the MPS Nominating Committee by Nov 20. We have a President-Elect. Can we call you our president elect John? (Bradley). Our goal is to have a robust slate with more than one candidate for every position and to have the biggest voter turnout in election history! We promise it won't take long to tally the results and we will be a better society by your participation.

Lastly, Please take just about 10 minutes of your time to complete our membership survey. The survey is closing this week and we need a few more responses to get a sizable enough sample to draw valid conclusions. I will stay on this zoom link for the time to answer any questions that arise by chat.

1 <https://www.cdc.gov/mmwr/volumes/69/wr/mm6932a1.htm>

2 <https://www.kff.org/statedata/mental-health-and-substance-use-state-fact-sheets/massachusetts>

3 <https://www.nytimes.com/live/2020/10/20/world/covid-19-coronavirus-updates#massachusetts-study-finds-no-rise-in-suicides-during-pandemic-lockdown>

4 <https://www.nbcnews.com/health/health-news/overdose-deaths-appear-rise-amid-coronavirus-pandemic-u-s-n1244024>