

MINDSCAPES

MASS GENERAL DEPARTMENT OF PSYCHIATRY NEWSLETTER FOR FRIENDS AND SUPPORTERS | WINTER 2021

Caring for Women, Building Community

The Center for Women's Mental Health is a valued resource for patients, families, health care professionals and the public

“These are anxious times — and I think they are particularly anxiety provoking for our pregnant and postpartum patients,” observed Lee S. Cohen, MD, director of the Ammon-Pinizzotto Center for Women's Mental Health and the Perinatal and Reproductive Psychiatry Clinical and Research Program at Massachusetts General Hospital.

Dr. Cohen was speaking directly to health care professionals from across the



Lee S. Cohen, MD, Marlene P. Freeman, MD, and members of the Center for Women's Mental Health during weekly virtual rounds.

“When we take care of patients with serious psychiatric disorders, one thing we can provide is hope, that there is something we can do to mitigate suffering.”

— LEE COHEN, MD

country during the center's virtual clinical rounds, held weekly since the onset of the COVID-19 pandemic in March 2020. The center has held its own weekly rounds where challenging clinical situations and new research are discussed. Approximately

60-100 clinicians with an interest in reproductive psychiatry and women's mental health attend the interactive sessions to share information and seek advice on challenging clinical cases. Led by Dr. Cohen, who is the Edmund and Carroll Carpenter Professor of Psychiatry at Harvard Medical School (HMS) and Associate Director Marlene Freeman, MD, Professor of Psychiatry at HMS and the Abra Prentice Foundation Chair in Women's Mental Health at Mass General, the rounds represent one of the guiding aims of the center: to train and educate health care professionals in the field of perinatal and reproductive psychiatry.

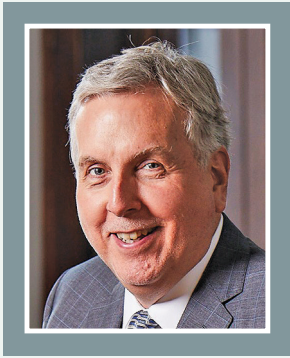
“Our work is very specialized,” Dr. Freeman said. “The clinical rounds and our continuing education programs not

only help build access to care for women who suffer from psychiatric disorders at various times across the life cycle, but they promote community-building among providers, and help prevent burnout.”

Finding the Right Balance

A national and international leader in the field of women's mental health, Dr. Cohen launched the center in 1989 to care for women who were being treated for serious psychiatric disorders and who had concerns about the effects of using medications during pregnancy. The center was one of the early programs that helped establish perinatal psychiatry as a medical subspecialty. More than three decades later, the center's scope has widened but the mission is the same: to keep women

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A Message from the Chief

I write to you when it is not yet spring, but not the depths of winter either. COVID-19, it is hard to believe, has been with us for one year now. This issue of *Mindscales* aptly illustrates the work of the Department of Psychiatry during these challenging times. Our “virtual” patient care continues to be accessible, compassionate and innovative. We are, in fact, providing more care than ever before. In the last three months of 2020, department clinicians made 11% more outpatient visits than in the same period in 2019. And 98% of those visits were virtual.

As the cover story on the Ammon-Pinizzotto Center for Women’s Mental Health illustrates, we are using online technologies such as videoconferencing to expand access to care, share our expertise with health care professionals and provide information to people wherever they are. With COVID-19 exacerbating levels of stress, anxiety and depression, our faculty members have stepped up to provide advice and solace in virtual venues ranging from webinars and blogs to podcasts and video interviews.

At the same time, our groundbreaking research to inform patient care continues. As you will read, we recently launched the Center for Precision Psychiatry to identify people early in the course

of their illness or at risk for suicide. The new Center for the Neuroscience of Psychedelics is studying the potential of psychedelics to make the brain receptive to change, which could lead to improvements in mental health conditions like severe depression. In addition, our researchers continue their work on developing digital applications, including those for smartphones, to make current treatment as accessible and affordable as possible. And we are committed to providing new treatments for our patients. With FDA approval of esketamine for treatment-resistant depression, the department will be one of the first in the country to prescribe esketamine to our patients; we are working to make it available in our intravenous ketamine clinic.

These are all vital aspects of our mission to lessen suffering and reduce stigma. I am truly inspired by our department’s incredible faculty and staff, and I am honored to serve as their chief. Medical science and technology — when combined with empathy, compassion, a firm belief in facts and a strong commitment to equity — will continue to see us through.

MAURIZIO FAVA, MD
Psychiatrist-in-Chief

Creating a Roadmap for Equity

A priority for the Department of Psychiatry is to address systemic racism, institutionally and individually. Psychiatrist-in-Chief Maurizio Fava, MD, convened an anti-racism task force last fall with the charge of drafting a strategic plan to create a roadmap for change.

“We will focus on structural remedies,” Dr. Fava said. “We need to be explicit that our department’s framework going forward will be one of anti-racism.”

The department’s anti-racism program will align with Mass General’s overarching equity plan. As one of its first steps, the 23-member task force commissioned a survey of the department’s 500+ members, which garnered more than 300 responses.

The survey found significant support for establishing a system to report occurrences of racial bias within the department. Nearly 70 percent of respondents indicated it was “very important” that researchers use an anti-racism lens in framing research questions. Department-wide training and education to change the culture was ranked as an urgent priority for anti-racism strategic planning.

“We were overwhelmed by the response,” said Derri Shtasel, MD, MPH, who is one of three task force co-chairs, with Jonathan Jenkins, PsyD, and Nhi-Ha Trinh, MD, MPH. “This is about inclusion, and we need



Joseph Betancourt, MD, MPH, Vice President and Chief Equity and Inclusion Officer with the Migration is Beautiful butterfly

everyone’s voices for this effort to be successful.”

Next steps for the task force include submitting recommendations to Dr. Fava and creating a structure for implementation.

New Center Focuses on Precision Psychiatry to Reduce “Trial and Error”

The Department of Psychiatry has launched a new center to identify risk for mental illness early on and eliminate the process of “trial and error” through tailored treatment for individual patients.

“Precision psychiatry, with its focus on individual differences in biology, genes, lifestyle and environment, is a new, emerging way of looking at how we approach psychiatry and mental health,” said Jordan Smoller, MD, inaugural director of the Center for Precision Psychiatry. “The center was created to drive this transformational shift, and I believe we have a tremendous opportunity to make a difference.”

A major focus is to develop tools that prevent suicide. Deaths from suicide have increased by more than 35% in the past 20 years, making it the second leading cause of death among young people. The center will use electronic health records and computational methods like machine learning to identify those at risk. “We’re finding that these methods provide substantial improvement over what we currently do clinically,” Dr. Smoller says.

The goals of risk prediction and prevention are also being applied to

tackle other pressing problems including identifying those at risk for PTSD and developing strategies for preventing depression. The center is working on algorithms to match individual patients to the most effective treatments and translating genetic discoveries into new therapies.

In keeping with the department’s long-standing mission, the center will integrate research with patient care. One example: a suicide consultation risk management team that specializes in identifying and managing suicide risk. Dr. Smoller envisions a “learning health care system” to speed up the time it takes for research to improve care.

A renowned psychiatric geneticist, Dr. Smoller is uniquely positioned to lead the interdisciplinary center. He is associate chief for Research, director of the Psychiatric and Neurodevelopmental Genetics Unit, and a principal investigator in the NIH All of Us Research Program, the largest-ever national research effort to advance precision medicine. A professor of Psychiatry at Harvard Medical School, he is also the MGH Trustees Endowed Chair in Psychiatric Neuroscience and president



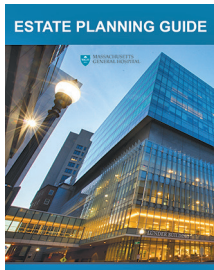
Jordan W. Smoller, MD, ScD

of the International Society of Psychiatric Genetics.

Plans are underway for the first-in-the-nation conference on precision psychiatry, as well as for the creation of training resources to disseminate discoveries to those on the front lines of care. The center has also assembled a talented team, including Richard Liu, PhD, recruited from Brown University for his expertise in suicide risk assessment.

“To build the research infrastructure and the engine to drive this forward, we have tremendous needs for support,” Dr. Smoller notes.

A Resource for Estate Planning



The COVID-19 pandemic continues to pose complex challenges for all of us. Like any significant moment in our lives, the pandemic forces us to look at our long-term goals. If structuring your charitable giving for Mass General

is one of your goals, now is an ideal time to think about your legacy at the hospital.

Planning your estate doesn’t have to be complicated. We’ve created a guide — complete with checklists, definitions, tips and techniques — to help you navigate the process. To request your complimentary estate planning guide, please call the Office of Planned Giving at 617-643-2220 or download it at: www.giving.massgeneral.org/EPguide.



SAVE-THE-DATES

The Massachusetts General Hospital Department of Psychiatry invites you to attend free, online educational sessions designed for patients, families and friends. To learn more or to register, please email mghevents@partners.org.

Supporting the Mental Health of Older Adults: Research Advances and Innovative Approaches to Care

April 7, 2021, 4pm

MGH Geriatric Psychiatry Clinical and Research Program leaders will discuss the latest in mental health research, treatment and care for older adults.

Pediatric Psychiatry OCD and Tic Disorders Overview

April 15, 2021, 4pm

Erica Greenberg, MD, will lead a discussion on the Pediatric Psychiatry OCD and Tic Disorders Program.

MGH Leadership Council for Psychiatry 10th Annual Visiting Day

June 7, 2021

Distinguished Department of Psychiatry faculty will present the latest updates in clinical care and research and share the impact of philanthropy on their work.

COVID-19 and Mental Health Information

The Mass General Psychiatry Guide to Mental Health Resources for COVID-19 is updated regularly. Visit www.massgeneral.org/psychiatry/guide-to-mental-health-resources

Cathy Seilhan: Finding Hope and Giving Back

Cathy Seilhan looks back on her teenage self and realizes she always had “an extreme kind of emotion and mood. When I was sad, I was very sad. When I was happy, I was very happy.”

Even with these mood swings, “life was kind of easy” for Cathy. But adulthood — a challenging marriage, a new baby and a demanding career as an educator — created so much stress, sadness and anxiety that she found herself unable to cope.

Finally, one day at school during cafeteria duty, a young boy asked how she was doing. “I broke into tears and I couldn’t stop crying,” she recalls.

The school principal whisked her out the door and into the office of the school’s trusted diagnostician. The two professionals sat with her for hours as it became clear that she needed more than an office visit. Cathy was eventually admitted to a behavioral hospital, diagnosed first with major depressive disorder and then bipolar disorder. She spent six weeks in outpatient treatment before she returned to school.

It was as if nothing had happened. “Back then, people didn’t talk about mental illness,” she notes. “We kept each other in the dark. It seemed like no one would understand, and it seemed too scary to open. The stigma was huge.”



Denton and Cathy Seilhan

“When you are given the diagnosis, the game isn’t over. It is just beginning.”

— CATHY SEILHAN

Grateful to the Dauten Family Center

Cathy credits her happier and healthier life to her husband, Denton, and to Andrew Nierenberg, MD and his team at the Dauten Family Center for Bipolar Treatment Innovation. The grateful Seilhans are generous supporters of the Dauten Center. “I think [the Dauten Center team members] are going to make breakthroughs in our lifetime,” Denton says. “We are happy to be a part of that.”

With bipolar disorder, Cathy says, “practicing forms of meditation has great benefits. I began learning the power of stepping back and being curious about my emotions, instead of being a victim of them. That was a huge breakthrough.”

A Supportive Partner

Cathy and Denton married in June 2010. From the beginning, Cathy was honest with him about her illness and its effects. Says Denton, “it can be really hard. When Cathy is doing well, everything is so simple and beautiful. When she is having difficulties, it can get tense. It takes a lot of patience and understanding.”

Denton also found it helpful to talk to a mental health professional to gain understanding and insight. “He’s learned a lot,” Cathy says. “He’s loyal. He’s not going anywhere because of it.”

Effective Holistic Solutions

Finding the most effective treatment for Cathy was a “trial and error” process. She had difficulty tolerating the side effects of medication.

“When you are given the diagnosis, the game isn’t over,” she says. “It is just beginning.”

The breakthrough occurred when Dr. Nierenberg recommended that Cathy try over-the-counter supplements. That led her to renew a focus on diet and exercise — even a 10-minute walk would prove beneficial. She is thankful that Dr. Nierenberg always made the case for the holistic approach. It was cognitive behavioral therapy, not medication, that became the bedrock of her treatment.

“Over time, I was calmer and less irritable, and happier,” she says. “I was able to regulate my emotions.”

Today, she is retired, which, she contends, makes it easier to be more open about mental illness, with no worry about stigma and loss of livelihood.

“I want everybody to feel better,” Cathy states, “and to share in my hope. The frontier is very exciting, and I live a deeply meaningful life with my bipolar disorder. I want others to know that they can too.”

The Arielle Soussan Fund for Psychedelic Research: A Young Woman's Legacy

Wayne Blank won't forget a conversation with his young granddaughters at a diner near his art gallery 18 years ago. "I was putting money away for them and asked, 'what are you going to do with your money?' Arielle, who was then 7 years old, spoke up right away. I'm going to give my money to charity."

That was just like Arielle, he explained, a brilliant and sensitive young woman who radiated kindness and cared deeply about the world. She was keenly aware of its inequities and wanted to make things better. Arielle cared about her friends and the people she loved. Whether it was helping someone overcome their shyness or standing up for someone who was being bullied, "Arielle was always helping her friends," says her mother, Keren Soussan.

Arielle's Legacy

A year after her death at age 24, Arielle's family has fulfilled her wish with a gift to the Center for the Neuroscience of Psychedelics at Mass General. The Arielle Soussan Memorial Fund for Psychedelic Research supports groundbreaking work to explore how psychedelics impact the brain and alleviate suffering in people with major depression.

Arielle herself struggled with intractable depression. While her family was aware of her depression and her continual search for an effective treatment, they did not realize her life was in danger. "Her grandmother and I are discovering now the depths of her despair, how desperate she really was," says Wayne Blank.

But she was also funny and mischievous, with a love for poetry and music and cats and a passion for reading and writing in both French and English. Buoyed by her curiosity and sense of adventure, Arielle traveled the world, living in Australia for six months and Israel for two years. In San Francisco, she volunteered for an organization



Arielle Soussan

helping undocumented immigrants with applications for visas. In Haifa, Israel, she worked in a shelter for children of battered women.

Arielle graduated in 2017 with a bachelor's degree in communications and culture from Indiana University in Bloomington, a college she selected in large part because of its bucolic campus. At the time of her death, she was a freelance newspaper writer in Bloomington, covering music and movies.

Arielle was troubled by the stigma of mental illness, contrasting the support for cancer patients with the lack of support given to people with a mental illness. "Arielle was right. I hope that this will change in my lifetime," says her mother.

In part because of her own struggles, Arielle had expressed interest in the potential of psychedelic compounds for the treatment of mental illness. "She would have been a good candidate for psychedelics. She needed something to help change the mind," her grandfather Wayne believes.

The Center for the Neuroscience of Psychedelics

Jerrold Rosenbaum, MD, psychiatrist-in-chief emeritus at Mass General, and one of the world's authorities on mood and anxiety disorders, founded the Center for the Neuroscience of Psychedelics earlier this year because of the promise that psychedelic compounds hold to transform

mental health care treatment. Studies show that even a single dose of these compounds can bring previously treatment resistant patients into remission and provide sustained relief. "What we do here has the potential of one day changing millions of lives for the better," states Dr. Rosenbaum.

The mission of the center is to understand how psychedelics promote neuroplasticity and enhance the brain's capacity for change, to optimize current treatments, create new options for treating mental illness, and, ultimately, make the term "treatment resistant" obsolete.

"Psychedelic compounds hold the potential to move the dial on the capacity for change and provide hope to those in most need of hope, patients with treatment resistant illness," states Sharmin Ghaznavi, MD, PhD, associate director of the center and director of Cognitive Neuroscience, adding, "patients like Arielle."

In addition to Drs. Rosenbaum and Ghaznavi, the center's leadership includes Bruce Rosen, MD, director of the Athinoula A. Martinos Center for Biomedical Imaging and pioneer of functional magnetic resonance imaging and Stephen J. Haggarty, PhD, a leading chemical neurobiologist. Philanthropist and entrepreneur Dick Simon, who aims to reduce the stigma and raise awareness of psychedelic treatments for mental health issues, chairs the center's advisory board.

"The whole team is very impressive," says Shoshana Blank, Arielle's grandmother. "We feel that we made a very, very good decision."

Arielle's fund is supporting three inaugural studies on the effects of psilocybin on different features of treatment resistant depression. In Dr. Ghaznavi's words, "Arielle's story is a reminder of why we do the work we do."

To contribute to the Arielle Soussan Memorial Fund visit <https://giving.massgeneral.org/donate/arielle-soussan/>.

The Advantage of Talk Therapy

Robert Waldinger, MD, says many emotional problems can be solved by psychodynamic (talk) therapy.

More than 20 million Americans seek help each year for emotional problems. The Endowment for the Advancement of Psychotherapy at Massachusetts General Hospital ensures that highly effective psychodynamic or insight-oriented therapy is available for patients in need through education, research and professional training.

Robert Waldinger, MD, is a psychiatrist and psychoanalyst at Mass General; professor of Psychiatry at Harvard Medical School; and a Zen priest. Dr. Waldinger serves as co-director of the endowment with Carl Marci, MD, a Mass General psychiatrist, scientist and entrepreneur.

What is psychodynamic therapy?

It's the kind of therapy that encourages people to talk in depth about their lives — not just about what's troubling them, but what they care about the most. It helps people connect their previous experiences with what's happening now, so they can see patterns in their lives.

A classic example is the person who fights with every boss they work for. In therapy, the patient may begin to recall memories of a difficult father who constantly demanded blind obedience. The patient may come to realize a pattern of casting every new boss in the role of a 'dictator' and in this way accidentally undermining work relationships. Seeing this kind of pattern can be enormously liberating, freeing people to make wiser choices.

You are a Zen priest. How does that inform your work as a psychotherapist?

Both psychotherapy and meditation are ways of studying the mind. Zen helps us see the difference between the stories our minds create about the world and what the world is really like. The analogy often used is the difference between reading a menu and tasting the food. Our descriptions of the world — for example, a description of the taste of chocolate — cannot begin to do justice to experiencing the real thing.



Robert J. Waldinger, MD

Recognizing that stories about our lives are not the whole truth is one way that psychotherapy can relieve suffering. Both Zen and psychotherapy help us see that everything constantly changes, that your current low mood or difficult situation is not going to stay that way — a much-needed perspective when people feel stuck. The truth of impermanence has been especially helpful for me during this pandemic.

What is the Endowment's mission?

We train mental health professionals in psychodynamic perspectives and techniques that can inform every area of mental health care. The Department of Psychiatry does not want this approach to mental illness to go away. In 2010, I was recruited to Mass General with the express purpose of ensuring that psychodynamic thinking is always taught to our trainees. "So that tomorrow, there will be someone to talk to," is the Endowment's motto.

Could you describe the training?

It starts with illustrating very basic premises about how the mind works. Instead of just teaching theory, we use vivid case examples to show students how psychodynamic principles operate both in their own lives and in their patients' lives. Research demonstrates that psychodynamic therapy is very effective — as powerful or more powerful than medication for anxiety and depression.

Many people who are hurting emotionally end up in a primary care doctor's office, and some people get medication they don't need, or surgeries they don't need. We know that at least half of these doctors' visits for physical ailments are emotionally based. Many of these problems can be better helped by talk therapy.

What are the challenges involved in the practice of this type of therapy?

Insurance companies are worried that people will linger in psychotherapy forever. But in fact, when people are offered a psychotherapy benefit in their health plan, they do not overuse it, and it reduces other medical costs.

The vast majority of people who come for psychotherapy want to get the work done, feel better and get on with their lives. There is a more limited role for long-term psychotherapy, and it can be cost effective in keeping people out of the hospital. A psychiatric hospitalization can cost tens of thousands of dollars. Seeing a therapist once a week or once a month doesn't cost much at all by comparison.

How can philanthropy make a difference?

Expensive medical procedures are much better reimbursed than primary care visits and psychotherapy. The lack of parity in insurance reimbursement is one of the reasons why philanthropy is so important.

We need support for training programs and for professional development opportunities such as conferences and fellowships in advanced psychotherapy so trainees can take a much deeper dive into these therapeutic techniques. We especially need support for endowed positions to ensure the long-term stability and sustainability of this teaching program.

For more information, please visit <https://because.massgeneral.org/psychotherapyendowment>

Caring for Women, Building Community continued from p. 1

and their families emotionally well by providing high-quality care informed by groundbreaking research. Finding the right balance between treating psychiatric illness and choosing the right treatment is a major dilemma for patients and clinicians, who must grapple with the question, what are the risks and what are the benefits? Center clinicians are experts at tailoring effective treatments to women before, during and after pregnancy while minimizing the risk to the fetus of potentially harmful exposure to medications.

Optimizing wellness before pregnancy is a main tenet of the center. “Our focus is on helping a woman to pause, and to really get psychologically well in anticipation of a pregnancy,” Dr. Cohen notes. If a woman is pregnant or postpartum, the goals are to maintain or even achieve remission from psychiatric disorders. He added, “The pandemic has broadened that focus.”

Providing Resources During a Pandemic

Pregnant and postpartum patients were deeply affected by COVID-19 in the early days of the surge. The pregnancy and delivery experience they hoped for suddenly was no longer possible. Without having in-person, new mother support groups available after delivery and direct support from family members outside the home, many patients reported a sense of isolation and sadness.

Telemedicine, however, made it possible to continue comprehensive initial consultations as well as ongoing care to monitor the effects of prescribed medications, observe the emotional status of patients and modify treatment plans accordingly. “These virtual visits allow us to keep women well and out of the hospital for psychiatric care as much as possible,” Dr. Cohen said.

The center, with its long-standing role in the delivery of comprehensive women’s mental health resources, was well-positioned to transition to virtual care, education, and consultation when COVID-19 hit. The center’s website, www.womensmentalhealth.org, offers the latest resources, articles on scientific advances and other educational materials for patients, providers and the public. During the pandemic, visits to the website are up 38 percent.

Research is Essential to the Mission

Stemming from the pandemic, the center is researching the impact of the coronavirus on maternal and infant health and wellbeing during pregnancy and the postpartum period. In addition, the center is currently conducting several new clinical and translational research studies. One is the MGH Postpartum Psychosis Project (MGHP3.org), which aims to identify potential underlying genetic risk factors associated with this severe illness.

“This is an important undertaking as very little is known about the factors which contribute to postpartum psychosis, the



most severe and potentially life-threatening form of postpartum depression,” said Dr. Cohen.

The center recently enrolled their 2,000th patient as part of the National Pregnancy Registry for Psychiatric Medications. The goal of this registry is to gather information on the safety of psychiatric medications such as antidepressants during pregnancy that will help to inform evidence-based treatment decisions and will guide future studies. The center is also seeking support for clinical research on women of reproductive age diagnosed and treated for ADHD, as there is a lack of data to inform and guide medical choices for women when it comes to treatment during pregnancy.

The research initiatives, as well as the focus on education and clinical care, speak to the center’s patient-focused mission. “When we take care of patients with serious psychiatric disorders, one thing we can provide is hope, that there is something we can do to mitigate suffering, that any improvement can be meaningful, that we are going to stay in the game,” Dr. Cohen notes.

Persistence and Determination are Key

That philosophy was in evidence during the recent virtual rounds, when Dr. Freeman described three years of persistent, determined, treatment trials to help a seriously ill patient — the mother of young children who experienced severe and disabling obsessive compulsive disorder after delivery of her son. After many medication trials, she was still suffering greatly, as was her family. Finally, deep brain stimulation provided relief. The patient’s husband reported that it was as if “a switch had flipped.”

“We encourage patients to partner with us until we can collaboratively find a treatment solution that leaves them in a better place,” Dr. Cohen said.

“It had taken a really long time,” Dr. Freeman said of her patient’s successful outcome, repeating a favorite inspirational quote: You never say never, you never say always, and always say there is one more thing to try.



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Profiles *in* Care

Mai Uchida, MD

An Advocate for Early Mental Health Treatment

Mai Uchida, MD, has always loved science. At 16 she built a dog robot, Toto, that could navigate through a maze and find its owner. At 17, she was awestruck to see a single cell plankton divide and pass on its DNA to a new generation. Psychiatry, however, was where her heart was.

When asked why, Dr. Uchida recalls a clinical experience soon after leaving medical school. She was working with a severely anxious child and his father who had bipolar disorder. The father had received no treatment

“If we could prevent the crisis before it happens, that would be ideal.”

— MAI UCHIDA, MD

for his illness until he attempted suicide in his adolescence. “Why,” the father asked, “do we have to wait until we are in dangerous crisis before we get treatment?” This had a profound



Mai Uchida, MD and Jacques Wood with their boys, Genji and Taka

effect on Dr. Uchida and was the moment when she began thinking about how to predict psychiatric illness from early childhood.

Dr. Uchida was raised in Japan where at the time, it was unusual for women to become doctors. In her class (2007) only 15 of the 100 students were women. Seeking more opportunity, she entered the psychiatry residency program at Yale University, followed by a child psychiatry fellowship at Mass General.

Her family is also a top priority. Dr. Uchida has two boys — Taka, 5, and Genji, 4 — and she was due to give birth to her third boy, Issei, in mid-February.

“I am convinced that, in my case, being a parent makes me a better psychiatrist and being a psychiatrist makes me a better mother. I love talking to parents and children to try to make their struggles a little easier.”

Dr. Uchida is doing just that. As a child psychiatrist and director of Mass General’s Child Depression Program, she is working with colleagues at Biederman Lab and the Gabrieli Lab at MIT to understand how biological factors contribute to underlying vulnerability in teens.

“Just as high cholesterol and hypertension are warning signs for heart attack, mood disorders may indicate kids at risk for suicide,” Dr. Uchida says. “If we could prevent the crisis before it happens, that would be ideal.”

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WAYS TO GIVE

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