



**David Gitlin, MD**

**Education:** MD, University of Massachusetts Medical School (1985); BA, University of Massachusetts/Amherst (1978)

**Training:** Internship in Medicine, University of Massachusetts Medical Center (1985-86); Residency in General Psychiatry, University of Massachusetts Medical Center (1986-88); Clinical Fellow in Consultation-Liaison Psychiatry, Brigham and Women's Hospital (1988-89)

**Board Certification:** ABPN: General Psychiatry 1990; Psychosomatic Medicine 2005

**Presently:** Vice Chair for Clinical Programs, Department of Psychiatry, Brigham and Women's Hospital; Chief, Division of Medical Psychiatry, Brigham and Women's/Faulkner Hospitals; Co-Director, Psychosomatic Medicine Fellowship Program, Brigham and Women's Hospital; Assistant Professor of Psychiatry, Harvard Medical School

**Previously:** Director, Consultation-Liaison Psychiatry, University of Massachusetts Medical Center (1990-2002); Medical Director, Emergency Mental Health Services, University of Massachusetts Medical Center (2000-2002); Director, Primary Care Psychiatry Service, University of Massachusetts Medical Center (1994-2002); Associate Professor of Clinical Psychiatry, University of Massachusetts Medical School (1996-2002)

**Membership/Appointments:** Distinguished Fellow, American Psychiatric Association (2003); Chair, APA Council on Psychosomatic Medicine (2015 - ); Chair, APA Corresponding Committee on C-L Education and Training (2005-07); Member, APA Council on Psychosomatic Medicine (2005-06); Member, APA Council on Medical Education and Lifelong Learning (2006-08); Councilor, Massachusetts Psychiatric Society (2004-10); APA Assembly ACROSS Member (2014- ); Past President, Academy of Psychosomatic Medicine (2009-10); Fellow, Academy of Psychosomatic Medicine (1998);

**Personal Statement:** As MPS Councilor, I have been focused on two important areas of concern for members. First, Psychiatry must be including in the health care reform movement towards Accountable Care and Medical Homes. It is well established that integration of mental health services in primary care and specialty settings results in both improved medical and psychiatric outcomes. As Chair of the APA Council on Psychosomatic Medicine as well as a member of the APA Presidential Workgroup on Healthcare Reform, I have been closely involved with the successful integration of psychiatric services in multiple medical settings, and hope to continue to advocate for our field as these reforms move forward. Second, there continues to be a serious public health crisis in Massachusetts in specific, and the US in general. Individuals in need of psychiatric services are unable to readily access care, providers are repeatedly prevented from providing quality care, and those with severe and persistent mental illnesses are suffering. As the director of Emergency Psychiatric services at two Boston hospitals, I see this struggle on a daily basis. Patients with depression and psychosis spend days in an emergency room awaiting hospitalization or are denied hospital-level of care altogether. People unable to find outpatient services despite being insured come to the emergency department in the futile search for psychiatric help. In short, patients with psychiatric illness are receiving second-class care. As a member of the EOHHS Workgroup on Emergency Department Boarding of Psychiatric Patients, I have worked with the state and disparate agencies to improve this situation.

As psychiatrists, we must take a stand as advocates for our patients, to assist them with receiving full, quality psychiatric care in a timely fashion. While the early successes of mental health parity are positive signs, we must continue to take the struggle to the behavioral health carve out plans, the third party insurers, and most importantly, the state and federal governments. I have been engaged in these endeavors for over 20 years as a clinician, administrator and educator, and I am prepared to represent my fellow members of MPS in this critical work. I am truly honored to have been nominated for the office of Councilor, and look forward to the opportunity to serve both patients and fellow MPS members.