

CURRICULUM VITAE

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CURRENT APPOINTMENT: (Since June 2022)

FULL TIME OUPATIENT ADOLESCENT, ADULT AND FORENSIC PSYCHIATRIST

ASHBURN PSYCHOLOGICAL AND PSYCHIATRIC SERVICES, Ashburn VA

This is a full-time outpatient psychiatrist position at a private, non-insurance based practice, where I treat both adults and adolescents for various disorders, including all the anxiety disorders, OCD and related disorders, ADHD, autism spectrum disorder, and the mood disorders. I also write forensic reports at the request of private attorneys, speaking to ultimate issue questions such as: child custody, Not Guilty by Reason of Insanity, civil disputes involving mental illness, fitness to work evaluations, and for purposes of aiding courts in deciding mitigating factors for sentencing and adjudicative disposition. I carry a fulltime caseload of 80 patients. I also collaborate closely with referring therapists from this practice for formulation and joint treatment purposes. Telepsychiatry is used for select, stable outpatients, but the vast majority of patients seen are in-person. The position entails the use of an electronic health record for both note keeping, providing superbills, and for prescribing of medications.

PRIOR APPOINTMENTS

May 2017- June 2022)
(also July 2013 - December 2016)

Forensic Psychiatrist

Northern Virginia Mental Health Institute, Falls Church VA

Clinical Assistant Professor, George Washington University (GWU) School of Medicine, SABA School of Medicine, and Saint Matthews School of Medicine

This was a full-time inpatient position in a state psychiatric hospital that included the treatment and rehabilitation of individuals adjudicated Not Guilty by Reason of Insanity (NGRI), and who were hospitalized in a long term forensic psychiatric unit. It entailed leadership of a treatment team whose role was to help individuals toward the ultimate goal of conditional release into the community. .

From December 2020 to April 2021, I was the full time attending forensic psychiatrist for 4 different treatment teams (totaling 39 patients), pending the arrival of another full time psychiatrist in April 2021. The medical director assigned a psychiatric nurse practitioner during that time to help me clinically lead two of these teams on a day to day basis.

My duties included: medication management, attendance at treatment planning meetings, attendance at informal team meetings with patients, occasional on call duties for the hospital, joint authorship of team reports to independent panels and courts, individual supervision of medical students' clinical duties, being the preceptor of a forensic psychiatry elective specifically for 4th year medical students (that was devised jointly by myself and Eindra Khin Khin, MD, and approved by George Washington University Medical School), annual grand rounds presentations to hospital staff, performing Temporary Custody Evaluations to Virginia criminal courts (for individuals after they have been adjudicated Not Guilty by Reason of Insanity to help decide their disposition), and periodic court testimony for my NGRI-adjudicated patients.

March 2017- May 2022

Insight into Action Therapy – part time, outpatient private practice, Ashburn, VA

I worked as a part-time outpatient independent contractor psychiatrist for this group practice that has offices in both Ashburn, Virginia and Old Town Fairfax, Virginia. The practice primarily treats adults with mood disorders, anxiety disorders as well as with those with comorbid substance use disorders. I practiced primarily outpatient medication management, collaborating closely with referring therapists from this practice. Telepsychiatry was used during the COVID-19 pandemic and continued to be used for select, stable outpatients. The position also entailed the use of an electronic health record for both note keeping and prescribing of medications. I wrote several blogs for the practice website.

June 2019 to Jan 2020

Dynamic Behavioral Health Center, outpatient private practice, Fairfax VA

This was a part-time, once weekly/one weekend-afternoon assignment in an outpatient non-insurance/fee-for-service clinic in Fairfax, Virginia, The center served those with disorders such as anxiety, ADHD and mood disorders, including comorbid conditions. Medication management was the primary intervention required. Electronic medical records were utilized for documentation purposes.

April 2017- May 2017

Turning Point Wellness Center, outpatient private practice, Fairfax, VA

This was a 3 day a week locum assignment in an outpatient non-insurance/fee-for-service clinic in Fairfax, Virginia, The center primarily served those with disorders such as anxiety, ADHD and mood disorders, including comorbid conditions. Medication management was the primary intervention required along with close liaison with therapists in the practice who were conjointly managing patients. Electronic medical records were utilized for documentation purposes.

November 2016 – March 2017

“My Psychiatrist” Outpatient private practice, Reston VA

This was a full-time outpatient psychiatrist position at a private, insurance-based practice in Reston, Virginia. The age-range of patients at this clinic varied from 13 - 65, with several common, co-morbid and chronic psychiatric conditions treated. These included: anxiety disorders, mood disorders, ADHD, anger problems, personality, family relational and adjustment disorders. TMS therapy was also performed at this practice. My position also served as a consultant to psychologists, therapists, and a nurse practitioner employed by the same practice. Electronic health records were utilized for documentation purposes.

July 2013 - November 2016

Forensic Psychiatrist

Northern Virginia Mental Health Institute, Falls Church, VA

Clinical Assistant Professor, George Washington University (GWU), School of Medicine, SABA School of Medicine, and Saint Matthews School of Medicine
(please also see above from June 2017-June 2022)

Feb 2013-July 2013

May 2011- June 2012

Attending Psychiatrist, Capital Community Services, LLC (Core Services Agency), Washington DC

I worked four days a week as an independent contractor psychiatrist for the Assertive Community Treatment Team II. This served those who, by virtue of the severity and/or chronicity of their mental disorder(s), were unable to attend regular outpatient follow up, and who required intensive community supervision and interventions. This included identifying and navigating practical barriers to their recovery (such as homelessness, social isolation or financial impoverishment).

My duties involved coordinating care with those who interface with CCS' patients, including: the DC Department of Mental Health, the DC Courts, attorneys, probation officers, case workers, group home managers, families, emergency room personnel, internists, primary care physicians, pharmacists, inpatient psychiatrists and hospital social workers - in order to help facilitate appropriate/feasible options for legal disposition, treatment and subsequent community reintegration.

I regularly visited CCS' patients wherever they needed to be seen, including: at home, group/nursing homes, shelters, on the streets, at the CCS office, emergency room (including the DC Department of Mental Health Comprehensive Psychiatric Emergency Program -CPEP), day programs, and whenever/wherever medically or psychiatrically hospitalized.

March 2013-June 2013

Outpatient psychiatrist, Family Matters of Greater Washington, Inc (Core Services Agency), Washington DC

I worked one day a week as an independent contractor outpatient psychiatrist at this freestanding mental health core service agency located in NW Washington DC. The patient population was diverse - ranging from ages 12-65, and included those with private insurance, as well as indigent patients who received DC Medicaid. Primarily the role of the psychiatrist was to provide new and follow up evaluations in order to facilitate treatment planning for case managers and therapists. It also comprised medication management of various psychiatric disorders, including adult ADHD, mood disorders and chronic psychotic disorders.

July 2012-February 2013

Locum inpatient psychiatrist, Northern Virginia Mental Health Institute (NVMHI), Falls Church, Virginia

I worked as a locum psychiatrist at Northern Virginia Mental Health Institute (NVMHI), where I managed inpatients on the acute/high acuity unit as well as on one of the intermediate units. Oral testimony addressing incapacity and/or dangerousness at involuntary commitment proceedings as well as for Judicial Authorization of Treatment was required of the psychiatrist when such patients contested their detention or treatment. Other types of patients included those with acute mood and adjustment disorders, anxiety disorders, self-injurious behaviors, those with co-morbid substance abuse/dependence issues as well as those with concurrent Axis II psychopathology or family relational issues. Finally, there were some individuals who presented additional special needs/challenges, such as those with a history of organic brain pathology and/or medical co-morbidities.

December 2010 - April 2011

Fihankra Place, Inc (Core Services Agency), Washington DC

This was a part-time, outpatient independent contractor psychiatrist position at a privately-owned District of Columbia Core Services Agency in Southeast Washington, DC. Primarily, it involved medication management of an underserved, low-income urban population, who were typically either uninsured or who were eligible for DC Medicaid. Consumers would attend the clinic at agreed-to intervals, for case management as well as medication management. Consumers were usually seen at half hourly intervals throughout the day.

October 2010-Dec 2010 (3 days/week in Alexandria, VA)

April 2011 - June 2011 (1-2 weeks per month in Virginia Beach, VA)

Independent Contractor Psychiatrist

QTC Medical Group, Alexandria VA and Virginia Beach, VA

This independent contractor position comprised psychiatric evaluations of military veterans (in Alexandria) as well as active duty military (in Virginia Beach) who had been referred by the VA/Armed Services to evaluate for the presence of PTSD, Traumatic Brain Injury and/or other combat/service-related psychiatric disorders, in order to establish eligibility for service-related disability claims, and that required clinical evaluations and compilation of formal reports. Many of the claimants had been in war zones including Iraq, Afghanistan, the Balkans and others worldwide

October 2009 – September 2010

Medical Director, Northern Virginia Mental Health Institute (NVMHI), Falls Church, Virginia; Clinical Assistant Professor, George Washington Department of Psychiatry and Behavioral Sciences

This full-time managerial position comprised 70% administrative and 30% clinical duties. Primarily, it involved oversight of clinical decision-making and policy implementation. Specifically, it entailed clinical supervision of six full-time psychiatrists in their management of inpatients in this state psychiatric facility. This position also included consultative and supervisory roles with respect to other clinical disciplines in regard to treatment planning of both civilly committed and forensic psychiatric populations.

Administrative duties included: chairmanship of the medical executive committee, membership of the senior management team of the facility, policy drafting and policy considerations, performance evaluations, clinical audits, root cause analysis of sentinel events, and monitoring of medications and restraints/seclusion to ensure compliance with CMS and Joint Commission Standards.

Forensic psychiatry concepts were required of the medical director to advise clinical teams of legal parameters pertaining to involuntary hospitalization, informed consent,

standards of clinical care well as involuntary use of medications. The medical director also reviewed all patient complaints.

Liaison with community providers occurred in the form of patient treatment meetings (PTM's), clinical case conferences, as well as via monthly attendance at regional meetings with local state psychiatric providers. Attendance at statewide conferences for medical directors of other Virginia state inpatient psychiatric facilities allowed for exchange of ideas regarding clinical practices and procedures among the various state hospitals within the Commonwealth of Virginia.

In addition to my medical director duties, I also took on a clinical caseload of 18 inpatients in June 2010, in order to fill in a full-time inpatient psychiatry role at the Institute's intermediate stay units. I then formally relinquished Medical Director duties after September 30, 2010, to continue on in this inpatient role until October 22, 2010.

Day-to-day clinical unit duties involved collaborating with a multidisciplinary team. A biopsychosocial approach was used, including discussions of the role of psychotherapy, psychopharmacology and risk management strategies intrinsic to all aspects of inpatient treatment and to the practicalities of discharge planning.

September 2008 - October 2009

**Medical Director/Supervisory Medical Officer, Civil Psychiatry Programs,
Saint Elizabeths Hospital, Washington, DC (SEH)
Faculty Member, Saint Elizabeths Residency Program in Psychiatry**

This full-time managerial position comprised administrative along with clinical and academic duties. It primarily involved clinical oversight of 20 psychiatrists' and 7 General Medical Officers' duties. Academic responsibilities included involvement in the Saint Elizabeths psychiatry residency training program, through appointment to the faculty body.

The medical director's primary responsibility was to monitor medical and psychiatric standards of care for psychiatric inpatients committed by civil statutes that were consistent with hospital policies and with procedural guidelines established by local and federal government oversight agencies such as the Department of Justice. The establishment and refinement of hospital-wide psychopharmacological practice guidelines was central to the civil medical director's remit. I was the primary author of the SEH Medication Guidelines. Leadership of small workgroups, and of the Attending Psychiatrists' psychopharmacology case-conference, was also intrinsic to this endeavor.

Clinical application of civil forensic psychiatric concepts was frequently required with respect to issues such as treatment refusal, management of violence, and inpatient/outpatient commitment for psychiatric treatment. The Medical Director was also the 'Medication Review Officer' - reviewing whether psychiatrists' declarations of a patient's incapacity with respect to

treatment refusal were appropriate and consistent with the hospital's involuntary medication policy. To this end, I taught a 4-part civil forensic psychiatry seminar to help attending psychiatrists apply such concepts to their daily work, including inpatient management of high-risk psychiatric inpatients and in clinical discharge planning.

I also had the opportunity to teach the DC Metropolitan Police Department on topics such as risk assessment for violence and suicide, legal culpability v psychiatric mitigating factors, as well as 'suicide by cop' - as part of preparing police officers how to approach individuals with mental illness who may interface with law enforcement. In my work interfacing with community agencies, I was active in liaising with community providers by helping prepare detailed, yet realistic, discharge plans for those patients who were frequently re-admitted to Saint Elizabeths Hospital.

In my administrative capacity, I was active in helping edit hospital policies, in devising inpatient psychiatric progress notes that meet CMS and other federal regulatory agency standards, in devising and refining written discharge plans of care, and in devising practical risk assessments for use by attending psychiatrists during the course of their inpatient work, and prior to patient discharges.

I was an active participant in the Saint Elizabeths Hospital Pharmacy and Therapeutics Committee, in helping highlight the importance of reporting Adverse Drug Reactions by physicians. I also participated in the Mortality Review Committee, focusing on expected medico-legal standards of inpatient psychiatric and medical care.

In supervising both daytime and on-call psychiatrists, I was instrumental in promoting the philosophy of continuity of care throughout the 24-hour cycle at the hospital, by emphasizing communication and documentation between psychiatrists, and by general medical officers who interfaced with outside hospitals/ER physicians for the acutely emergent medical care of Saint Elizabeths Hospital inpatients.

Lastly, I devised formal parameters by which psychiatric and general medical physicians' clinical 'performance' were measured over the course of the calendar year. This included the scrutiny of documentation standards, and a focus on 'skill-sets' required by inpatient physicians, including (but not limited to): efficiency of work patterns, working with fellow clinical disciplines, and leadership of treatment teams.

September 2003 - September 2008

Attending Psychiatrist, River Park Hospital, Huntington, West Virginia

Attending Psychiatrist - Adolescent Acute and Chemical Dependency Program; Medical Director - Adolescent Diagnostic, 'Dual Diagnosis' and Forensic Services; Assistant Professor - Marshall University Department of Psychiatry & Behavioral Medicine River Park Hospital, Huntington, West Virginia.

This full-time clinical position at a freestanding private psychiatric hospital comprised the following duties:

1) Management of adolescent acute psychiatric inpatients, including medication treatment, acute detoxification, and family therapy. This included the 30-day chemical dependency rehabilitation program. The psychiatrist's role was that of the team leader, primary prescribing professional and co-family therapist.

2) Compilation of psychiatric reports for rural and inner city county courts statewide, as well as for the West Virginia Department of Health (WVDHHR). Patients were adolescents who, because of their chronically dysfunctional behaviors and social circumstances, were either in state (WVDHHR) custody, or deemed legally delinquent. Patients were admitted for a 1-month period of intensive psychiatric assessment as well as for initiation of treatment. The program helped in clarifying diagnoses, identifying psychiatric/psychological management strategies, and in educating Judges, attorneys, probation officers and state workers on appropriate and feasible disposition options for this population. The psychiatrist's role was that of co-author/editor of reports, the primary prescribing professional and as chairperson of ensuing multidisciplinary team meetings.

3) Interdisciplinary management of adolescent sex-offenders, court-ordered from all West Virginia counties to this hospital for residential psychiatric and psychological treatment. Treatment included regular liaison with families of perpetrators, probation officers, attorneys and with WVDHHR. The psychiatrist was the primary prescribing and referring professional for these patients' psychiatric and medical needs.

4) Interdisciplinary management of chronically mentally ill, delinquent, and incorrigible adolescents who, by virtue of their failure to respond to repeated community mental health and hospital interventions, were committed (by the state) to River Park's high-security residential psychiatric program. The psychiatrist's role was that of 'team leader' and primary prescribing professional.

5) Medical directorship of West Virginia's highest security residential 'dual-diagnosis' program for adolescents with co-morbid substance dependence and psychiatric disorders. The psychiatrist's role included weekly treatment team meetings to discuss progress with legal guardians (including parents and state workers), probation officers, and the patient; medication management of these patients' psychiatric and medical needs; involvement in monthly family therapy sessions.

6) Administrative/other duties included: leadership of weekly treatment meetings with multidisciplinary teams; vice presidency of the medical executive committee; board membership of the pharmacy and therapeutics committee; teaching of medical students; supervision of therapists; academic presentations to mental health professionals from the hospital and local community.

7) *Weekend call was performed every 4th weekend for patients admitted acutely to this facility (adult, adolescent and geriatric).*

PRIOR APPOINTMENTS IN THE UNITED KINGDOM (UK)

1. March 1998 - June 1998
Locum Registrar, Forensic Psychiatry
Broadmoor Maximum Security Special Hospital, Crowthorne, Berkshire
2. September 1997 – March 1998
Locum Registrar, Adult/Geriatric Psychiatry
North Staffordshire NHS Trust, Staffordshire
3. June 1997 – September 1997
Locum Registrar, Adult Psychiatry
Countess of Chester NHS Trust, Chester, Cheshire
4. September 1995 – June 1997
Locum Registrar, Forensic Psychiatry
Riverside Mental Health NHS trust – (Horton Hospital) Epsom, Surrey
5. July 1995 – September 1995
Locum Senior House Officer, Adult Psychiatry
Hounslow and Spelthorne Mental Health NHS Trust – Staines, Middlesex
6. February 1995 – July 1995
Locum Senior House Officer, Liaison Psychiatry
Cornwall Mental Health NHS Trust, Truro, Cornwall
7. Feb 1993-July 1993
Pre-Registration House Officer in Orthopedics, General Surgery and ENT
Basildon Hospital, Basildon, Essex
8. August 1992-January 1993
Pre-Registration House Officer in General Medicine and Cardiology
Northwick Park Hospital, Harrow, Middlesex

FORMAL PSYCHIATRIC TRAINING

1. July 2003 - September 2003
(Jan 2002 - June 2002 - counted toward completion of adult psychiatry residency training).
Fellowship in Child Psychiatry
Division of Child Psychiatry, University of Virginia Health System
2. July 2002 - June 2003
Fellowship in Forensic Psychiatry

Institute of Law, Psychiatry and Public Policy,
University of Virginia Department of Psychiatric Medicine and School of Law

3. June 1998 - June 2002
Residency in Psychiatry (*incl. 6-month child psychiatry fellowship –please see above*)
Department of Psychiatric Medicine, University of Virginia Health System
4. August 1993 – January 1995
Psychiatry Training Program (equivalent of residency*
Department of Psychiatry, University of Cambridge (UK)

PROFESSIONAL QUALIFICATIONS/LICENSURE

1. **Added Qualification in the Subspecialty of Forensic Psychiatry**
American Board of Psychiatry and Neurology, Inc
Certificate Number: 1696
Ten Year Re-certification Examination April 2019
Certified: 2009
2. **Diplomate in Psychiatry**
American Board of Psychiatry and Neurology, Inc.
Certificate Number: 54626
Ten Year Re-certification Examination February 2015
First Certified: 2005
Part I Examination - November 2004 (first attempt)
Part II Examination - April 2005 (first attempt)
3. **Unrestricted Active Medical License - Virginia Board of Medicine**
License Number: 0101244321 – issued August 26, 2008
4. **Unrestricted Medical License – West Virginia Board of Medicine**
License Number: 21295 – (issued September 8, 2003, expired June 30, 2010)
5. **Unrestricted Medical License - District of Columbia Board of Medicine**
License Number: MD037635 - (issued September 10, 2008, expired December 31, 2014)
6. **Unrestricted Medical License- Maryland Board of Physicians**
License Number: D67407 – (issued April 9, 2008, expired September 30, 2012)
7. **General Medical Council (United Kingdom) - full registration** (which permitted me to practice medicine and surgery in the UK) - issued 8/1/1993.
8. **United States Medical Licensing Examination (USMLE)**
October 1996 Step 1: 84 – (first attempt)
March 1997 Step 2: 83 – (first attempt)
June 2003 Step 3: 82 --(first attempt)

9. MBBS (equivalent of the MD degree in the United Kingdom)
University of London (July 1992)
United Medical and Dental Schools of Guy's and St. Thomas' Hospitals, London (UK).
(Now known as Kings' College London, GKT School of Medical Education)

10. B.Sc. (B.S.) - Upper Second Class Honors
University of London (June 1990)
Glaxo-Wellcome Institute for the History of Medicine
University College London (UCL), University of London (UK)

(*My residency in the UK was not completed, as I was preparing for medical licensing examinations to come to the United States in 1998, which I did, enrolling at University of Virginia for my psychiatry residency that same year)

PUBLICATIONS AND PRESENTATIONS

- April 2018 "Movies in Mind": "We need to talk about Kevin – Is an antisocial personality disorder 'born' or 'made'?"
Aust N Z J Psychiatry 52(6) 606-607 (co-authored (2nd) with Zargham Abbass, MD)
- Feb 2018 "Movies in Mind": Mother! : A Maelstrom that reveals much about Humankind
Aust N Z J Psychiatry 52(3) 296
- Feb 2018 "Movies in Mind": The Wizard of Lies – Psychopathy or Callous Ingenuity?
Aust N Z J Psychiatry 52 (2) 209-210
- Oct 2017 "Violence Against Psychiatrists: Psychodynamic Perspectives"
Presentation at the American Academy of Psychiatry and the Law Annual Meeting
- July 2017 "Movies in Mind": Dr. Strange: "I think (I am a receptor)... therefore I am"
Aust N Z J Psychiatry 51 (8) 849-85
- May 2017 "Has the DSM Failed?"
World Journal of Psychiatry and Mental Health Research (1) 1 1003
(*This article has since been accepted in July 2002 as a book chapter for publication by B P International Publishing House*)
- Mar 2017 "Movies in Mind": Pawn Sacrifice: Appreciating the Anatomy of Oddness
Aust N Z J Psychiatry 51 (3) 299-300
- Nov 2016 "Movies in Mind": Tamasha: Will the 'Authentic Self' Please Stand Up?
Aust N Z J Psych. 2016 50 (12) 1216
- Aug 2016 "Movies in Mind": Star Wars – The Consciousness Awakens Aust N Z J Psychiatry
2016 50 (8) 812
- Dec 2014 "What's Law got to do With It? Part II": The Criminal Justice System and Psychiatry
NVMHI Grand Rounds

- Aug 2014 *“What’s Law got to do With It? – Part I”: The U.S. Constitution and Civil Psychiatry*
NVMHI Grand Rounds

- May 2013 *“Intermittent Explosive Disorder and DSM-5”: A flawed conceptualization of pathological anger* “ Aust N Z J Psychiatry 2013 47 (6) 578-579

- Oct 2012 *“Compulsory Treatment: Rights, Reforms and the Role of Realism”*
Aust N Z J Psychiatry 2013 47 (10) 895—898

- Dec 2012 *“Big Pharma’ and Psychiatry”: The Devil is in the Dyad*
Aust N Z J Psych; 46 (12) 1118-1119

- May 2011 *“From Manual to Bible: The Questionable Hegemony of DSM IV”*
Aust. N Z J Psychiatry; 2011 (May) 45 (5) 348-50

- Oct 2009 *“Why DSM V Needs to Address Anger”* J. Clin Psych 2009; 70 (10) 1478-1479

- Dec 2008 *“The Law as applied to the Practice of Psychiatry”*. (ppt. presentation)

- Nov 2008 *“Preparation for Court: A Primer for RMB Attendings and Residents”* (ppt. presentation)

- Aug 2008 *“Ten Tips for Parenting your Teen”* Xlibris Publishing Corp. Philadelphia, PA

- Apr 2008 *“To ‘B’ or not to ‘B’: Cluster B Personality Disorders and Common Pitfalls in Diagnosis.* ppt. presentation, CE Alliance.

- Oct 2007 *“It’s not just anger...it’s Bipolar II”* Acta Neuropsychiatrica 2007; 19 (5) 325-326 (2)

- Apr 2007 *“Dearth of an Axis”*: Psychiatry 2007; 4 (4): 20-2

- Oct 2006 *“Hinduism includes many religious beliefs”*:
Half-page article, Herald Dispatch Newspaper

- Oct 2006 *“Festival of Lights celebrates history of Hindu religion”*
Front-page article, Herald Dispatch Newspaper

- Oct 2006 *“Indian-Americans are vital part of Tristate community”*:
Sunday Editorial, Herald Dispatch Newspaper

- Oct 2006 *“Diwali to raise funds, educate public about Indian culture”*
Quarter-page article, ‘Opinions’ section, Herald Dispatch

- April 2006 *“Legal v Clinical”*: An overview of forensic legal concepts
River Park Hospital ‘Lunch and Learn

- Nov 2005 *“The Left Hand hasn’t called the Right Hand in Years”*:
A commentary on the American Mental Health Care System
Kids in Focus newsletter (c) River Park Hospital

- Oct 2005 *“Routines Essential for Child Development”*: Letter, Herald Dispatch Newspaper

- Apr 2005 *“Not Just Another Borderline”: The psychopathology of self-harm*
River Park Hospital ‘Lunch and Learn’
- Oct 2004 *“Borderline Personality Disorder: ‘cutting’ through myths and the melodrama”*
River Park Hospital ‘Lunch and Learn’
- July 2004 *“Dimensional Models of Personality Functioning and Pathology”*
River Park Hospital ‘Lunch and Learn’
- Mar 2001 *“Towards an Integrated Phenomenology and Biology of Deviant Sexuality”*
Southern Association of Research Psychiatry Conference Presentation
- April 2000 *“Actions speak louder than thoughts”* E-letter, British Medical Journal

ACHIEVEMENTS

- Nov 2022 Invited Speaker, 2nd Intl Conference on Global Healthcare 2022, Paris, France
(to discuss my published editorial: ‘Has the DSM failed?’)
- Aug 2022 Top Psychiatrist Award 2022 (findatopdoc.com)
- Aug 2022 Member, Editorial Board, Psychiatry and Behavioral Health
- May 2017 Member, Editorial Board, World Journal of Psychiatry and Mental Health Research
- 2015-2016 Certificate of Appreciation for Dedication and Excellence in Teaching
George Washington University Dept of Physician Assistant Studies
- 2014- 2015 Certificate of Appreciation for Dedication and Excellence in Teaching
George Washington University Dept of Physician Assistant Studies
- Sept 2016 Vice President of Medical Staff, NVMHI
- Mar 2015 Chairman, Pharmacy and Therapeutics Committee, NVMHI
- Nov 2011 Member, International Advisory Board, Australian and New Zealand Jnl of Psychiatry
- Nov 2009 Chairman, Medical Executive Committee, NVMHI
- Jan 2008 Vice President, Medical Executive Committee, River Park Hospital
- Nov 2006 Board Member, Pretera Mental Health Foundation (WV)
- May 2006 President, Tristate India Association of KY,OH and WV
- Jan 2005 Secretary, Tristate India Association of KY,OH and WV
- May 2000 Psychiatry Resident Representative, University of Virginia Health System
- April 2000 Recitation, “Cheltenham’s Ladies” Virginia Festival of the Book

- Sept 1989 President, International Hall of Residence, University of London
- Sept 1988 Vice-President, International Hall of Residence, University of London

PODCASTS

- October 2022 Podcast Guest: “Effects of Social Media on the Doctor-Patient Relationship”
Friends of Zeus Podcast #88
<https://youtu.be/DZRyjApprjY>
- July 2022 Podcast Guest: “Understanding Bipolar Disorder”
Bipolar Disorder (‘The Mind Itself’ Podcast)
(<https://player.fm/series/series-2865678>)

YOUTUBE CHANNEL

- July 2022 to date: “Mental Disorders Explained..” Sumit Anand, MD (16 episodes)
<https://www.youtube.com/@sumitanandmd>

BLOGS (while at the Insight into Action Therapy practice 2017-2022)

- Mar 2022: Untangling DSM-5 diagnoses
- Mar 2022: What medications do and what they don’t
- Jan 2022: Mental Health is too valuable for a drive thru
- Oct 2021: “I’m so stressed..what do I do?”
- March 2021: Medication or therapy for anxiety
- Feb 2021 Putting the ‘care’ back into healthcare
- Oct 2020: The fallacy of the quick fix for psychiatric medication and crisis management.
- Sept 2020: Problems with piecemeal prescribing
- Oct 2019: Do psychiatric medications work?
- Aug 2019 Is contemporary culture redefining ADHD? Lessons derived from ‘Limitless’
- Jun 2019 Does your psychiatric diagnosis matter?
- Jun 2018 Dr. Anand answers questions about psychiatric medications
- Apr 2017 ADHD or anxiety: which disorder do I have?

