

Focus on Behavioral Health

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for Perinatal
Psychiatric Care

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A Statewide Resource for **Perinatal Psychiatric Disorders**



Stigmas attached to postpartum depression make it difficult for many women to ask for help. During routine office visits, physicians can make critical inroads by starting conversations about maternal mental health.

During the early postpartum period, 70 to 80 percent of women experience sadness, fatigue, low moods or minor anxiety, according to the American Pregnancy Association. These mood changes, commonly known as the “baby blues,” typically resolve without treatment. For the one woman in seven who develops postpartum depression, however, symptoms persist and may affect her ability to care for herself and her child, according to the American Psychological Association.

Depending on the severity of a woman’s symptoms, she may need outpatient treatment, which may include a combination of therapy and medication, or more intensive inpatient care. From outpatient services to partial hospitalization and inpatient programs, Northwell Health offers the full continuum of care for new and expecting mothers’ mental health needs.

Overcoming Stigmas

Media stories about women who have harmed their children have negatively influenced public perception about postpartum depression, according to Tina Walch, MD, medical director of South Oaks Hospital. However, public perception isn’t the only barrier.

Dr. Walch noted that there is a clear link between in utero exposure to maternal illness and longer-term neurodevelopmental issues. There is also evidence that children raised by mothers who suffer from untreated

postpartum depression suffer deficits. Studies haven’t consistently shown long-term neurodevelopmental issues caused by in utero exposure to medications. Studies also haven’t consistently shown antidepressants to be major teratogens, although some studies show noncausal associations. Yet, physicians continue to shy away from prescribing such medications.

The risk of untreated illness in women with significant depression or anxiety typically outweighs the potential risks. Doctors may also feel uncomfortable initiating a conversation about mental health because they don’t feel equipped to screen for and manage perinatal mood disorders.

A participant in the Greater New York Hospital Association’s Maternal Depression Quality Collaborative, Northwell Health initiated the Ask the Question campaign to encourage medical professionals to inquire about women’s mental health during and after pregnancy. During a routine office visit, incorporating one question about how the woman is feeling or coping with the changes of motherhood can increase the likelihood of detecting symptoms of anxiety or depression for women who may need further assessment.

Identifying the Appropriate Level of Care

To diagnose perinatal psychiatric disorders, psychiatrists may use one of several assessments, including the Patient Health Questionnaire-2, Patient Health Questionnaire-9 or the Edinburgh Postnatal Depression Scale. These rating scales help identify women experiencing:

- Depression;
- Anxiety and/or inability to cope;

- Feelings of being scared or overwhelmed;
- Frequent crying spells and overall unhappiness; and/or
- Suicidal thoughts.

Outpatient therapy, alone or in combination with medications, is typically successful in resolving symptoms. South Oaks and Zucker Hillside Hospital offer a range of outpatient services, including medication management, individual and group therapy, supportive therapy for fathers and partners, and parent/child coaching. In addition, the hospitals offer telepsychiatry services on a case-by-case basis for women throughout New York State who do not have psychiatry services offered in their area.

New Initiatives, Higher Levels of Care

This March, Zucker Hillside officially opened its new Perinatal Psychiatry Inpatient Program, located on the hospital's 20-bed Women's Unit.

"This welcoming environment features an interdisciplinary team of psychiatrists, nurse practitioners, nurses, social workers and rehabilitation therapists with expertise in both the psychosocial and medical issues specific to pregnant and postpartum mothers," said Marybeth McManus, RN, chief nursing officer and associate executive director of patient care services at Zucker Hillside. "Our nursing staff has completed rotations with labor and delivery nurses to learn how to care for the medical needs of women who have recently given birth. The team has also performed sensitivity training and received education on topics such as breast-feeding."

This May, South Oaks officially opened a partial hospitalization track of its Perinatal Psychiatry Program, which provides care five days a week between 9 a.m. and 4 p.m. Each day consists of five sessions, which may include interpersonal group therapy, art therapy, infant massage classes and mindfulness exercises. Individual counseling and family sessions also assist patients in their recovery.

"The partial hospitalization option lets women access a higher level of care while still maintaining an intimate connection with their families," said Gina Molinet, LCSW, administrative director of adult services at South Oaks. "We provide step-down services for women who have recently been discharged as inpatients, and we oversee the administration of psychotropic drugs, which helps optimize medication management."

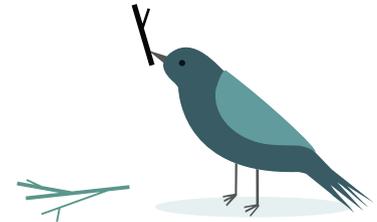
An Around-the-Clock Resource

South Oaks and Zucker Hillside each provide a Warmline that women can call day or night for information or to schedule an appointment at either facility. If their needs are more urgent, women may walk in 24/7 for an evaluation at South Oaks. Physicians may also call the Warmline to refer a patient or learn more about perinatal psychiatric services.

To enhance the care for your patients, refer them to Warmline clinicians, who can be reached 24/7 at 631-608-MOMS (South Oaks) or during regular business hours at 718-470-4MOM (Zucker Hillside).

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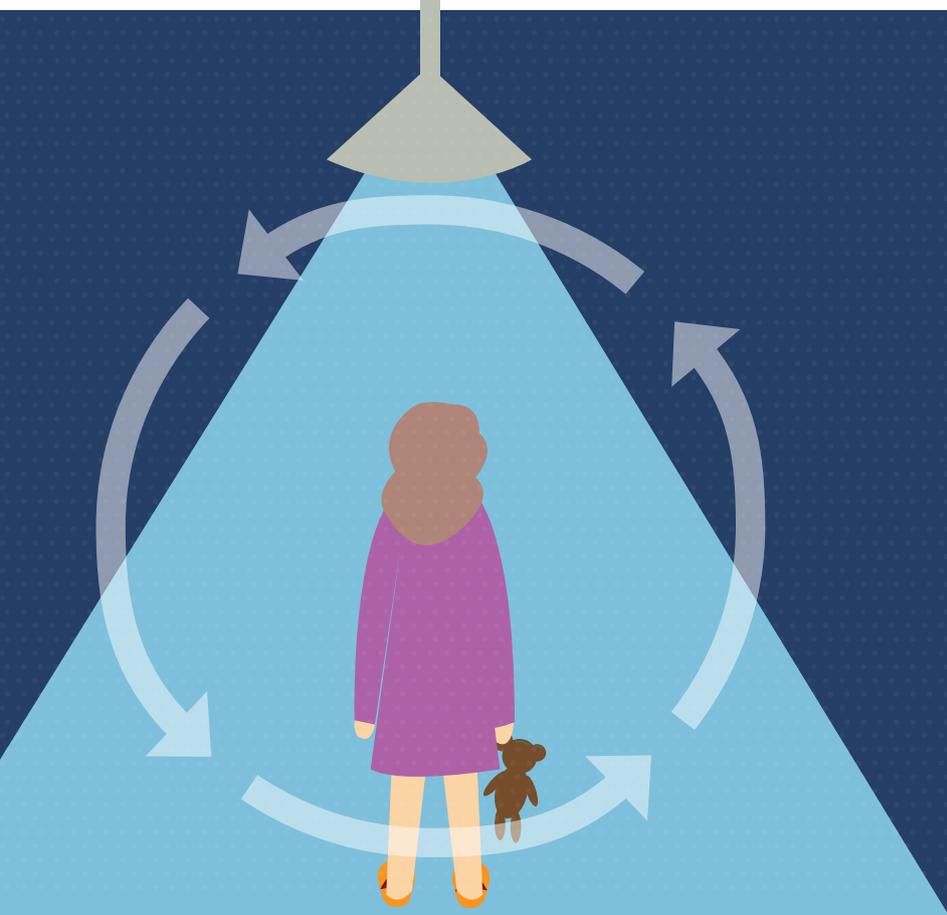


The Impact of Undiagnosed Perinatal Psychiatric Disorders

Many physicians refrain from prescribing medications for perinatal psychiatric disorders during pregnancy. However, the risks of withholding treatment can exceed the risks of untreated maternal depression or anxiety.

"Data shows that babies born to mothers with untreated mental health disorders have poorer neurological outcomes," said Tina Walch, MD, medical director of South Oaks Hospital. "Women who are depressed during pregnancy are more likely to have a C-section or to use alcohol, drugs or cigarettes during pregnancy and are less likely to receive prenatal care."

The continuum of care for perinatal psychiatric disorders at South Oaks and Zucker Hillside Hospital begins during pregnancy. Before birth, psychiatrists perform risk assessments to determine if moms should begin treatment. If pharmacotherapy is warranted, physicians work closely with women to dose medications appropriately. The goal is to ensure women receive the full benefit from their medication while also minimizing fetal drug exposure.



Understanding Child and Adolescent Trauma to Stop the Cycle

Nearly ubiquitous in child and adolescent behavioral health issues, trauma can have effects that persist a lifetime. The key to treatment is understanding and identifying the root cause.

Traumatic events that overwhelm a child's or adolescent's coping skills and lead to a functional impairment can result in debilitating coping mechanisms that hinder social function, academic performance and success in life. Because trauma so often factors into the diagnosis, treatment and complexities of behavioral health conditions, Northwell Health's behavioral health service providers work to identify underlying traumatic events plaguing their patients.

"Trauma-informed care always factors into the treatment of our child and adolescent patients," said Patrice Reives-Bright, MD, director of child and adolescent psychiatry at South Oaks Hospital. "As a result of severe trauma, children often develop destructive behaviors that may include aggression and self-harm. During adolescence, these may morph into other behaviors such as substance abuse or delinquency."

Although the advantage of youth can permit some patients to recover more easily than adults, one-time traumatic events, such as the death of a loved one, or

chronic trauma via ongoing emotional or physical abuse, can lead to debilitating lifelong consequences.

"While most children and teenagers can be resilient following a distressing event, there are risk factors that make some more vulnerable to the effects of trauma," Dr. Reives-Bright said. "Exposure to trauma has the potential to affect the developing brain and lead to long-term effects and need for intensive treatment. A child may also become predisposed to continued victimization."

Identifying patients dealing with a traumatic experience and referring them for treatment is critical for reducing the likelihood that patients suffer deleterious long-term effects.

Effective Treatment Modalities

"A key aspect in all our service areas is that counselors are knowledgeable and sensitive to the potential effects of trauma," Dr. Reives-Bright said. "Our service provides a safe environment for children to discuss their experience. Traumatized or abused children will often feel guilt and shame. It's a great relief for them to process this in treatment and see they're not defined by their trauma."

The safe environment at South Oaks incorporates primary aspects of The Sanctuary Model, a paradigm that informs care for trauma patients and their support systems. This framework promotes calming techniques instead of restraint and seclusion, which can retraumatize children. Allowing children an escape when conversations get frightening is an important part of making them feel safe.

Each patient receives a safety bag, which he or she decorates and fills with familiar, comforting items. If patients become overwhelmed during therapy, safety bags can help them remember they are in a safe place and prevent them from self-harming or becoming aggressive.

Therapeutic Strategies

South Oaks and Zucker Hillside Hospital providers use group dialectical behavior therapy (DBT) to develop alternate coping skills for patients.

“Traumatized or abused children will often feel guilt and shame. It’s a great relief for them to be able to process this in treatment and see they’re not defined by their trauma.”

— PATRICE REIVES-BRIGHT, MD, DIRECTOR OF CHILD AND ADOLESCENT PSYCHIATRY AT SOUTH OAKS HOSPITAL

During DBT sessions, patients learn ways to regulate intense emotional experiences. They may also learn how to construct a trauma narrative that eliminates distortions and addresses any associated guilt or shame. In the group setting, the facilitator’s experience and skills are instrumental in breaking through unhealthy patterns and recovery.

“A tenet of DBT is that people are doing the best they can, and they need this to be recognized in order for them to do better,” said Peter D’Amico, PhD, director of child and adolescent psychology at Zucker Hillside. “This is really important for teenagers, especially those who come from situations that are not validating for them. Validating their emotions without judgment is key to disclosure — and therapists and clinicians already have this skill as part of their professional code of ethics.”

Because trauma-related conditions are typically complex, behavioral health care professionals deploy a number of techniques, such as noncoercive behavioral modification and psychoeducation about stress and trauma, to deliver highly personalized care that increases the efficacy of treatment.

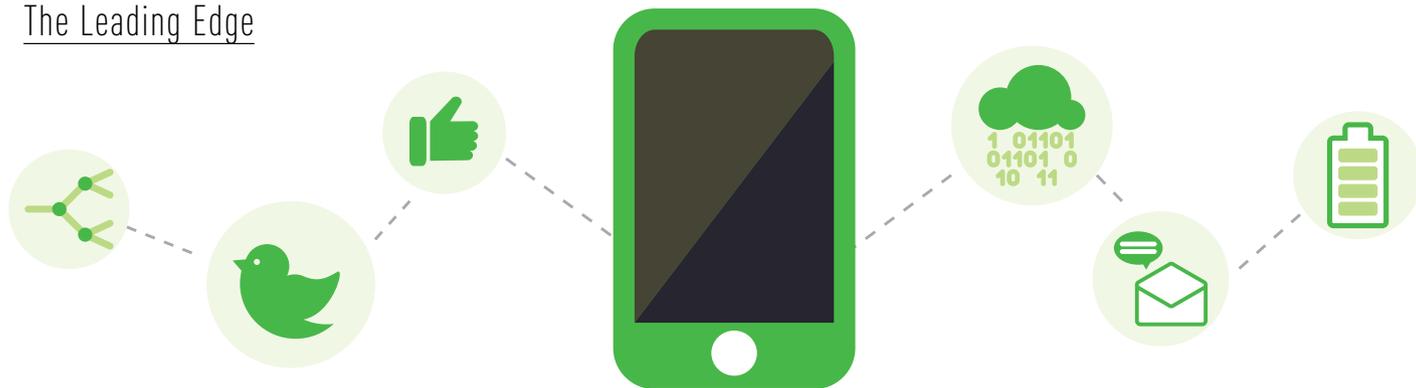
To refer a patient to Zucker Hillside Hospital, call 855-275-6128.
To refer a patient to South Oaks Hospital, call 631-606-3188.

Leaders in Community Trauma Recovery

Children and adolescents often face trauma within the home, but natural disasters and national tragedies can also affect their development. In the aftermath of 9/11, Zucker Hillside Hospital secured funding from the New York State Office of Mental Health to serve as a valuable community resource for delivering crisis counseling services and evidence-based treatments to children and adolescents. Zucker Hillside is among seven regional facilities that participated in the Child and Adolescent Treatment Service Consortium.

“When traumatic events strike a community, people need help from facilities and providers they know and trust,” said Peter D’Amico, PhD, director of child and adolescent psychology at Zucker Hillside. “After Superstorm Sandy, we were able to provide to those communities psychological first aid and tools for psychological recovery. As an affiliate site of the National Child Traumatic Stress Network, our role has been critical.”

Leveraging trauma-focused cognitive behavioral therapy, providers offer evidence-based assessment and treatment to help patients cope with and process their thoughts, feelings and stress resulting from the trauma.



Harnessing Social Media to **Predict Psychosis**

Researchers at Northwell Health are deciphering the social media code to identify potential indications of psychosis.

Social media has forever changed the landscape for our patients. Now clinicians at Zucker Hillside Hospital are working to incorporate social media into clinical care.

“We have the opportunity to transform health care if we can learn how to take advantage of this tool,” said Michael Birnbaum, MD, director of Zucker Hillside’s Early Treatment Program and assistant investigator at the Center for Psychiatric Neuroscience at Feinstein Institute for Medical Research.

Dr. Birnbaum, who studies social media use and language patterns, and a team of researchers at Zucker Hillside Hospital began by analyzing the linguistic structure of social media posts. They are now adding additional variables, such as the time and frequency of posting, how patients engage others on the platform and the amount of information patients share or what they respond to.

Plugging such data into advanced computational algorithms could give behavioral health clinicians a readily available tool to identify precursors of psychotic episodes, which could facilitate early intervention and significantly enhance long-term outcomes.

Reducing Treatment Wait Times

Recent research conducted by the Zucker Hillside team shows that initial evaluation typically occurs more than one year after the onset of psychosis.

“We have the opportunity to drastically transform health care if we can learn how to take advantage of this tool.”

— MICHAEL BIRNBAUM, MD

“In a study conducted across 21 states, we found a median duration of untreated psychosis of 74 weeks,” said John Kane, MD, Northwell Health’s senior vice president for behavioral health and professor and chair of psychiatry at Hofstra Northwell School of Medicine. “This is a huge concern, as psychosis deleteriously affects a person and his or her family. Any tool we can develop to reduce the duration of untreated psychosis is a boon.”

Cluing In to Relapse

Changes in language utilization or social media habits could also indicate signs of relapse or exacerbation of symptoms associated with psychosis.

“We’re hoping to pinpoint individuals who are in the early stages of relapsing,” Dr. Birnbaum said. “If we could identify early on who is relapsing, we could intervene and reduce possible negative outcomes, such as hospitalization. We don’t want to wait until patients are in crisis. We want an algorithm that can identify early red flags associated with psychotic symptoms.”

Addressing Addiction Through

Ambulatory Detoxification

Northwell Health provides a network of ambulatory drug dependency recovery services to address the burgeoning problem of substance abuse in its service area.

In 2014, accidental drug overdoses caused more than 15 deaths per week in New York City, according to a New York City Department of Health and Mental Hygiene report. Most were caused by heroin, alcohol, cocaine, benzodiazepines, opioid analgesics and methadone.

“There is a massive substance abuse problem in our service area,” said Deborah Tarantino, LCSW, Substance Abuse Program director at South Oaks Hospital. “The problem is critical in the teenage-to-30-year-old population. People are dying.”

A Resolute Initiative

To address this epidemic, Northwell Health launched a new initiative: a network of ambulatory detoxification programs located at Zucker Hillside Hospital, South Oaks Hospital and Staten Island University Hospital. Multidisciplinary teams of addiction psychiatrists,

medical doctors, physician assistants, nurse practitioners, social workers, mental health counselors, addiction counselors and family therapists collaborate to stabilize patients struggling with mild to moderate withdrawal.

“We work to restore patients to their highest potential and to reduce unnecessary emergency department visits,” said Joanne Pietro, RN, senior director of psychiatry and behavioral science at Staten Island University Hospital.

Treating to a Target

“Our teams deliver the holistic care patients need at any point in their addiction or recovery and tailor treatment plans that address their complex needs,” said Bruce Goldman, LCSW, director of substance abuse services and associate director of the addiction psychiatry fellowship at Zucker Hillside. “It’s important to take an integrative approach to substance abuse problems because you can’t effectively address any of these issues individually.”

Individualized treatment may include medication management, individual and group therapy sessions, family therapy sessions and educational series, and even vocational counseling.



A Resource for Providers

Health care professionals are not immune to substance abuse and addiction. For those in the health care field who are struggling with addiction, both Zucker Hillside Hospital and South Oaks Hospital offer anonymous medical professional recovery programs.

For more information about the Recovering Medical Professionals Program, call 516-481-2890, ext. 11024.

A multipronged treatment plan not only treats patients, but also equips them for the larger battle: overcoming addiction and maintaining long-term recovery.

“Addiction is a serious problem,” Mr. Goldman said. “Treatment is available, and recovery is possible. We’re here to help patients every step of the way.”

To learn more about Northwell Health’s ambulatory detox programs or to refer a patient, call 888-321-DOCS (3627).

Focus on Behavioral Health

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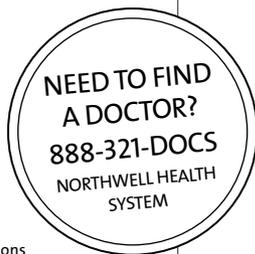
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Pediatric Primary Care and Behavioral Health Services

Of 62 counties in New York State, only Westchester and Otsego have a sufficient number of practicing child and adolescent psychiatrists, according to the American Academy of Child & Adolescent Psychiatry.

To address the dearth of pediatric psychiatrists and to enhance the clinical decision-making process for providers who treat young patients with behavioral issues, a group of child and adolescent psychiatrists — led by Victor Fornari, MD, director of child and adolescent psychiatry at Zucker Hillside Hospital — founded the Child and Adolescent Psychiatry for Primary Care (CAP PC) program.

“There was and is a clear need to make pediatric behavioral health services and information more easily accessible to pediatricians and family medicine providers who often serve as the front line of care for young patients,” Dr. Fornari said. “We created CAP PC with those goals in mind.”

Access with Ease

CAP PC gives primary care providers free access to child psychiatrists via a consultation hotline. Consultants answer questions, discuss the application and results of standardized rating scales, help with diagnosis, and coordinate further care as necessary.

Consultations are available Monday through Thursday from 8 a.m. to 7 p.m. and Friday from 8 a.m. to 5 p.m.

An online component of CAP PC offers access to data, rating scales, educational materials, videos and other resources.

“This information has the ability to empower smarter diagnoses and makes providing in-office mental health care services easier, even to providers in rural areas,” Dr. Fornari said.

Statewide Support

CAP PC, supported and funded by the New York State Office of Mental Health, is a statewide network of mental health providers supporting primary care providers. The system hinges on the support and collaboration of the following five regional medical schools that serve as hubs for the service: University at Buffalo, University of Rochester, Columbia University/New York State Psychiatric Institute, SUNY Upstate and Hofstra Northwell School of Medicine.

For information about signing up for CAP PC, call 855-227-7272 or visit 4healthier.me/nwbh-pcp and choose “PCP Signup” from the “Consultation Program” menu.

REACH training is a two-and-a-half day intensive program that educates primary care providers about providing clinical care for children with mild to moderate behavioral health needs. Topics include pharmacy fluency, assessments and when to call for a consultation. Enrollment information is available at 4healthier.me/nwbh-pcp.