Penn Medicine

Fall 2021

Princeton House Behavioral Health today

MARKING 50 YEARS

of providing hope, innovating care, and changing lives

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princetonhouse.org/sites-services

COVID-19 Updates: Please visit **princetonhouse.org** for the latest information and updates related to COVID-19.

BACK-TO-SCHOOL SUPPORT

for a Challenging Academic Year

Children and teens normally face stress during this transitional time, but levels of anxiety have skyrocketed over the past year due to the pandemic. From social isolation and missed milestones to difficult learning conditions, trouble focusing, and lack of motivation due to disrupted routines, they have encountered a lengthy list of additional stressors.

"In my 23 years of experience, I've never seen higher levels of depression, anxiety, and self-harm among children and teens," says Madhurani Khare, MD, Medical Director of Child and Adolescent Psychiatry at Penn Medicine Princeton House Behavioral Health. "They've been isolated from so many experiential aspects of life that are integral to growth for this age group, resulting in a great deal of hopelessness."

Despite the need for social connections and academic structure, the return to school in person this fall will come with its own challenges. And Dr. Khare notes that while stress and anxiety usually subside in the summer, it's not the case this year.

"The thought of going back to a fully in-person school schedule is very distressing for many young people, particularly those with social anxiety," she says. "It means having to wake up early, face societal pressures, and handle a more rigorous academic schedule on the heels of a year where they may have fallen behind."

Dr. Khare offers this advice for behavioral health providers working with young patients who are experiencing distress about the new school year:

Normalize anxiety. Remind children and teens that they are not alone in experiencing anxiety. Every student will likely have a greater adjustment period this fall.

Connect with helpers early. Many schools made mental health a priority during the pandemic. Help patients connect with these resources early or set up weekly guidance counselor appointments to create a safe space at school.

Review the toolkit. Help patients recognize the cues of an anxiety attack and have a plan for coping—whether it's deep breathing, a stress ball, or a trip to the nurse's office or restroom to decompress.

Tackle issues as they come up. Cope-ahead strategies are essential, but providers should also anticipate a greater need to tackle the unexpected. Examine triggers as they come up.

Recommend a consistent sleep schedule. Sleep cycle disruptions during the pandemic and the summer can make depression and anxiety worse. Ideally, young people should have at least 8 to 9 hours of sleep to go through all stages of the sleep cycle so that the body can naturally release melatonin. Consistent bedtimes and wake times are important.

Promote self-care. Showering and dressing for the day can help young people feel better overall, and building good exercise and eating habits can reduce the risk for depression.

"If you're seeing self-harming behaviors or a decrease in functioning, a higher level of care may be needed," adds Dr. Khare. "The criteria haven't changed, but the number of young people meeting those criteria certainly has."

Bringing Gratitude and Cultural Compassion *to Patient Care*

Anne Boucard, MSN, RN, APN-BC, PMHNP-BC, Advanced Practice Psychiatric Nurse Practitioner at Princeton House's Hamilton site, has seen her share of daily suffering and trauma. Born in Haiti, she returned for a mission trip in 2010 with a freight container of medical supplies to provide direct care for patients suffering and dying during the cholera epidemic.

"In addition to dealing with the most recent devastating earthquake, many people in Haiti face constant, complex trauma stemming from food insecurity and concern for their safety—not to mention the stigma and potential assaults that can result if someone shows any signs of mental illness," says Boucard. "When you witness the lack of basic human essentials, it shapes the way you see things in life."

Her background and experience—including a professional position where she experienced bullying—have brought greater compassion and insight to her role as a psychiatric nurse practitioner. In this context, Boucard believes that trauma assessment is as important as any critical vital sign. Because culture is an integral part of one's life, she recommends digging deeper to understand how cultural beliefs affect presentation. This includes:

- Asking patients culturally relevant questions like where they were born, how they came to this country, what stressful events they've encountered as part of this journey—and if born here, what adverse life experiences they've had to face—and what the meaning of mental health is to them.
- Establishing a human connection that puts empathy and compassion at the forefront. This means truly taking time with a patient, establishing eye contact and body language that shows you're not in a hurry, and actively listening.

Framing Your Outlook *with Gratitude*

"I may be the last person a patient is turning to in a crisis, so I need to be receptive and ready," says Boucard. "Part of this mindset is to wake up every day grateful for everything, from the breath that I take to the honor of having a job that helps people. Other people have filled my bucket throughout my life, and now it's my turn to do that for others."

Boucard's advice to peers and patients—once a rapport is established and they are ready to hear it—includes:

- **Shake your feathers.** Greet each day as a new day, shaking off what happened yesterday.
- **Claim the day.** Whether it's a "Marvelous Monday" or "Terrific Tuesday," name the day and frame it that way in your mind.
- **Attitude becomes your altitude.** Dress for the day, hold your head up, and walk with confidence.
- **Establish a purpose.** Once you have a purpose in mind, you can create a structured plan to help define it.

"As providers, we're on a quest to help others, so we need to take every opportunity to uplift the people we encounter every day," she adds. "Everyone has greatness in them, and we can be a beacon of hope to help them see it."

MARKING 50 YEARS

of providing hope, innovating care, and changing lives

A half century ago, as Princeton Hospital was looking to establish a mental health center, an alcohol treatment facility just two miles away called Princeton House—originally intended as a Broadway actors' retreat center and later recycled into a rehab facility—was for sale.

Princeton Hospital's Board of Trustees had the foresight to look beyond Princeton House's present and appreciate the possibilities for its future. A handshake and a $2.2 million check later, Princeton House was part of Princeton Hospital.

Today, the original building is the only leftover from those early days.

Now part of Penn Medicine Princeton Health, Princeton House Behavioral Health has diversified and expanded many times over. It operates a 116-bed inpatient facility and offers partial hospitalization and intensive outpatient services at five outpatient treatment sites in New Jersey. And with evidence-based treatment protocols and a wide spectrum of specialty programs—paired with a team that is exceptionally committed to compassionate care—Princeton House is providing hope, innovating care, and changing lives for countless people.

CELEBRATING *in Style*

The Princeton House team kicks off a year of celebration with an employee town hall sharing history, greetings from leaders in the community, and a video about Princeton House's history (view it at **princetonhouse.org/50th**). Clinical lectures, community events, and employee celebrations will continue through June 2022.

1971

Princeton House opens as an inpatient facility for those with addictions and mental illness, treating 487 patients in its first year.

1991

Senior Link, the state's first partial hospital program, begins.

1991

The first stand-alone opens in Hamilton.

2002

The Outpatient Women's Trauma and Addiction Track is developed.

2004

A $13 million addition adds than 50 beds to the Princeto inpatient program.

2013

First Responder Treatment Services opens.

2015

The Adolescent Dialectical Be Therapy Program opens.

1980

Adjunctive Therapies, now Allied Clinical Therapies, are introduced.

outpatient location

1995

Outpatient electroconvulsive therapy (ECT) is first offered.

1996

The Eating Disorders Unit (now Princeton Center for Eating Disorders) opens at Princeton Hospital.

more
n House

2010

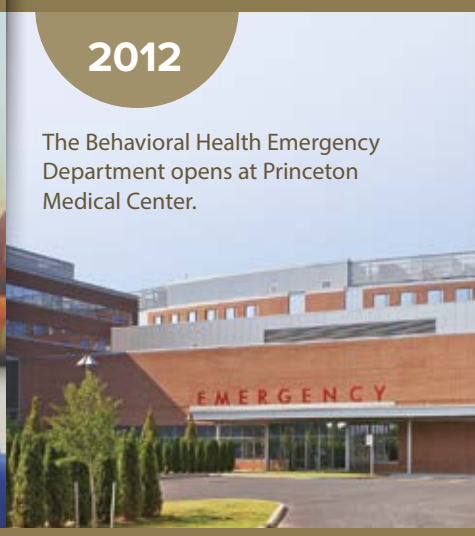
The Men's Trauma Program opens.

2011

The Young Adult Program opens.

2012

The Behavioral Health Emergency Department opens at Princeton Medical Center.



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2018

Princeton Health becomes part of Penn Medicine.

2020

The launch of telehealth enables outpatient care during the COVID-19 pandemic.

2021

Princeton House celebrates 50 years and Princeton Center for Eating Disorders 25 years!

PRINCETON HOUSE BEHAVIORAL HEALTH • 1971-2021 • 50 • CHANGING LIVES FOR 50 YEARS

PRINCETON CENTER FOR EATING DISORDERS 25th Anniversary 1996 • 2021

Does Having COVID-19 Impact Mental Health?

One thing is clear: the COVID-19 pandemic has had a negative impact on mental health worldwide.

Research is also suggesting that having COVID-19 may result in psychological sequelae—secondary consequences of the virus. This could potentially stem from the anxiety and depression associated with having the virus and its sometimes lingering health symptoms, the biological effects of the disease itself, or a combination of both.

In a recent study[1] published in *The Lancet Psychiatry*, an analysis of more than 236,000 COVID-19 survivors found that 34% of patients were diagnosed with neurological and mental health disorders—which included mood, anxiety, and psychotic disorders as well as substance use disorders—in the six months after infection. In an earlier study[2] that included more than 62,000 patients diagnosed with COVID-19, the incidence of diagnosis of any psychiatric diagnosis in the 14 to 90 days after diagnosis was 18.1%, significantly higher than for all control health events. The elevated risk could not be readily explained by differences in illness severity.

This lack of correlation to disease severity rings true in the experience of Lorna Stanley, MD, Medical Director of Outpatient Programs at Princeton House Behavioral Health's Princeton site. She has seen patients presenting with a first psychiatric diagnosis who had very few COVID-19 symptoms as well as those who had severe COVID-19 but little to no recollection of the hospital ICU stay.

When—and How—to Dig Deeper

While more research is needed to examine the relationship between COVID-19 and psychiatric disorders, Dr. Stanley stresses the need for mental health support—and the importance of digging deeper when treating patients who've had the disease.

"It's difficult to separate the physical symptoms of the disease from the psychological experience and fear of what may happen when someone receives a COVID-19 diagnosis," says Dr. Stanley. "Even for those who have only had minor symptoms, we must not lose sight of what someone may be going through both physically and mentally as a result."

She recommends:

- Asking patients whether they've had COVID-19
- Having them describe the degree and intensity of symptoms
- Discussing whether associated distress differs from any prior mental health symptoms they may have had

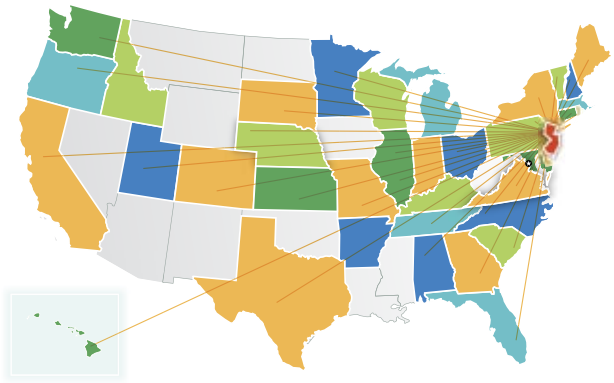
Because the longer-term symptoms sometimes associated with COVID-19—such as fatigue, decreased appetite, and lack of motivation—tie in to mental health, Dr. Stanley also recommends that her patients follow up regularly with their primary care or infectious disease physician for a coordinated approach to care.

> ***"The pandemic has been similar to a tsunami—a big wave of loss with effects that will likely stay with us for a long time," she adds. "Our continued awareness of its fallout and our efforts to educate patients can help them navigate their experience and work through the mental health aspects."***

1. Taquet M, et al. Six-month neurological and psychiatric outcomes in 236,379 survivors of COVID-19. *Lancet Psychiatry*. 2021.8(5):416-427.
2. Taquet M, et al. Bidirectional associations between COVID-19 and psychiatric disorder: Retrospective cohort studies of 62,354 COVID-19 cases in the USA. *Lancet Psychiatry*. 2020. 8(2)130-140.

Princeton Center for Eating Disorders Celebrates 25 Years

As Princeton House celebrates its 50th anniversary, Princeton Center for Eating Disorders is concurrently marking its own milestone: 25 years of providing high-quality, compassionate care for those with eating disorders.



In 1996, the center began its work as part of a small inpatient unit with 12 beds at The Medical Center at Princeton. Today, it has expanded into a nationally known treatment center located on its own wing in the modern, acute-care setting of Penn Medicine Princeton Medical Center in Plainsboro, New Jersey. With 22 inpatient beds, it serves patients of all genders ages 8 and up with a strong focus on evidence-based care and the expertise to treat co-occurring medical conditions as part of its academic medical center setting. In 2020, Princeton Center for Eating Disorders received patient referrals from 40 states across the U.S.

"Our interdisciplinary team has an authentic passion for forward-thinking approaches to care that are also grounded in clinical research," says Robbi Alexander, PhD, APN, PMHCNS-BC, Director of Princeton Center for Eating Disorders. "We're proud to offer this level of treatment for people across the country, and we're eager to build on these initiatives as we look to the future."

Life Post-COVID: Recovery and Support Series

Many individuals who have recovered from COVID-19 infection are finding that the battle is far from over, both physically and emotionally. To help people on that journey, Princeton Health presented a virtual series featuring professionals across the health care system and partners in the community. This included a presentation on the emotional after-effects of the pandemic, featuring Princeton House allied clinical therapist Monique MacManus, MA, BC-DMT, GLCMA, CCTP.

Understanding Detox

Mark P. Schwartz, MD, Medical Director of Inpatient Detox Services, presented a Grand Rounds lecture for physicians on Understanding Detox in August. Dr. Schwartz also appeared in a Princeton Health video explaining withdrawal management for a lay audience; view a replay at youtu.be/Cz1e1gVwyKQ.

Dr. Peter Thomas Elected to AABH Board

Peter J. Thomas, PhD, Vice President of Outpatient Services at Princeton House, was recently elected to the Board of Directors of the Association for Ambulatory Behavioral Healthcare (AABH). The leading advocate for partial hospitalization and intensive outpatient programs nationally, AABH represents hundreds of providers and professionals across the U.S.

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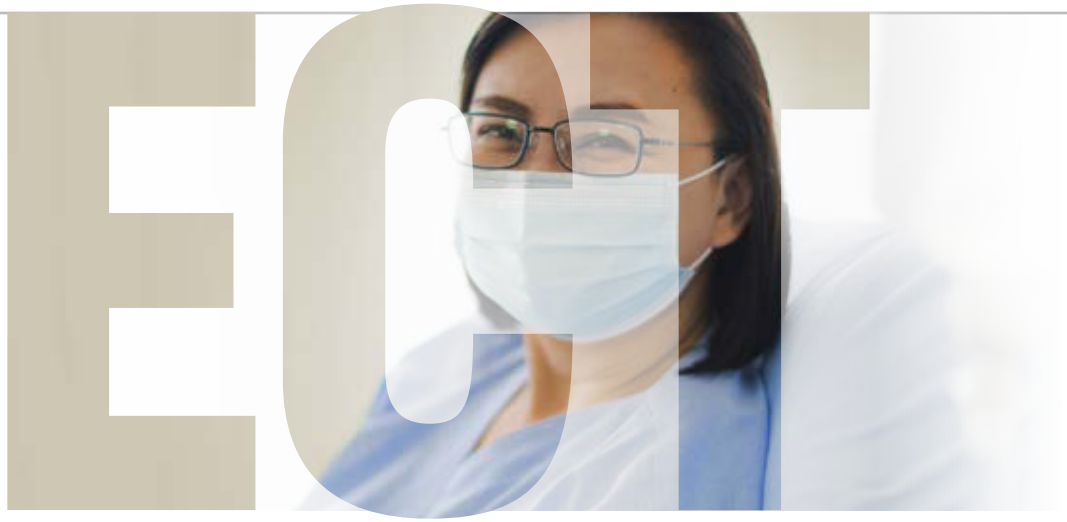
THE MODERN USE OF ECT



ELECTROCONVULSIVE THERAPY, or ECT, isn't what it used to be. At Penn Medicine Princeton House Behavioral Health, ECT involves precise dose titration and ultra-brief electric current pulsation monitored by an experienced ECT psychiatrist, ACLS-certified nurse, and anesthesiologist. And beyond these safer practices, the care philosophy also has changed.

"At one time, the idea of restoring functioning for patients with treatment-resistant depressive disorders was considered unrealistic," says Kurt Stuebben, MD, board certified psychiatrist and Director of ECT at Princeton House. "Our modern expectation is that we can do better. Utilizing ECT is one way of enabling patients to resume pursuing professional, social, and personal goals that they might have given up on due to depression."

Dr. Stuebben's extensive experience in psychotherapy, psychopharmacology, and ECT contributes to his objectivity in determining which patients may be successful ECT candidates. He notes that the treatment can be particularly effective for:

- Patients who have not responded to various psychiatric medications in combination with psychotherapy
- Those with long-term depression since childhood who have never experienced relief
- Elderly patients, as they tend to be more intolerant of medication side effects and are at greater risk for drug interactions

Typically, a patient receives six ECT treatments over a period of two weeks to start, followed by additional treatments depending on the individual response. Some patients may experience short-term memory loss after the treatment, but it is closely monitored and generally persists only for a day, Dr. Stuebben explains.

"In some cases, patients who have never done well after decades of treatment can experience relief with just one course of ECT," says Dr. Stuebben. "In fact, many patients wish they had tried it earlier."

REOPENING WITH ADDED SAFETY MEASURES

The Princeton House ECT suite is now fully reopened for inpatients and outpatients. Facility updates have been made to ensure the safety of patients, staff, and physicians during the COVID-19 pandemic. **For more information about ECT services, visit princetonhouse.org/ECT or call 609.613.4780.**