

Princeton House Behavioral Health

today

SHAPING A *New Purpose* AFTER RETIREMENT



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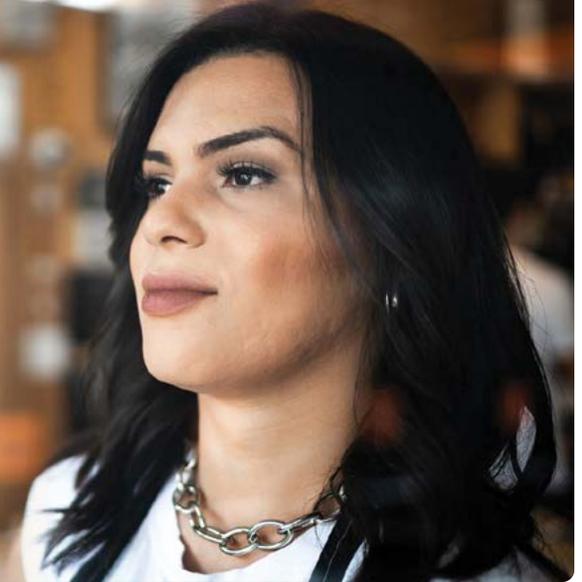
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Does LGBTQ+ Minority Stress Influence Substance Use?



Anyone growing up as a minority—whether related to race, ethnicity, sexual orientation, disability, or other facet of their life—faces their own unique set of chronic, socially based experiences and stressors that are sometimes referred to as minority stress. For LGBTQ+ people, these stressors may begin in childhood or the teenage years and continue throughout life, according to Nina Nechay, MS, LPC, NCC, Senior Primary Therapist at the Princeton outpatient site at Penn Medicine Princeton House Behavioral Health, and Kyle Bonner, LCSW, LCADC, Diversity, Equity, and Inclusion Specialist at Princeton Health. And often, the stressors can put these individuals at greater risk for substance use.

Behavioral health providers might consider these stressors in three categories:

1 Internal. Stressors may arise when LGBTQ+ people first notice that their gender identity doesn't match societal or family expectations, which can result in feelings of self-loathing or self-inflicted stigma. Teens may wish they are not who they are, despite an inability to change. Substance use may begin as a mechanism to cope, quiet an internal monologue, or gain a sense of control during a time when they have little control over bodily changes.

2 External. LGBTQ+ people may feel that they cannot live their full truth. Once young adults live on their own, they gain greater freedom and control but may worry about how they are perceived by their peers and employers, fearing job loss or exclusion. Places generally considered to be safe might include bars, clubs, or social settings where alcohol and substances are readily available. For those who are genetically or socially prone to substance use issues, it can be much harder to stay sober.

3 Macro/societal. On a larger scale, minority stress means that LGBTQ+ people are marginalized based on structural and societal norms, including in ways that heterosexual populations might not even consider. Micro and macro aggressions are chronic and repeated. The resulting stigma and shame can persist and may be alleviated by substance use that can rapidly escalate.

Providers can help by working to understand these stressors, creating an environment that is safe and welcoming, and recognizing when their patients may need a higher level of care.

"Making changes like having gender neutral bathrooms and ensuring that resources or handouts are inclusive can make patients feel safer and more comfortable in the treatment environment," says Nechay.

Given the chronic nature of minority stress, Nechay also notes that focusing on eradicating it may not be productive. Rather, she recommends thinking creatively about tools that can increase the ability to cope in place of substance use.

"This can be achieved on two fronts: by helping patients identify what nourishes them as individuals, and what they can safely do with others that doesn't revolve around substances," adds Nechay. "For populations who are already marginalized, it's so important to find a sense of self and of community. If a higher level of care is needed, Princeton House offers trauma, dual diagnosis, and safe space programming that places honor and respect at the center of our treatment efforts."

Ensuring that *Hello Retirement* Doesn't Mean Goodbye Purpose

For many people, a job or career can serve as an integral part of one's identity while providing socialization and a sense of purpose that's been cultivated throughout their lives. So what happens when it's time for retirement?

"It's fascinating that people count the days until they retire, and then realize it can be a very difficult adjustment," says Jamie Winters, LCSW, Senior Primary Therapist at Princeton House's North Brunswick outpatient site. "It's almost as if life's puzzle is thrown into the air, and the pieces don't come down in the same place. Retirement may mean losing a few pieces of that puzzle, which can sometimes result in depression, anxiety, or grief."

According to Winters, one key to a successful transition is to determine how to replace those puzzle pieces—including mental stimulation, socialization, physical activity, and purpose—in creative ways. She offers the following tips for behavioral health providers working with patients who are approaching or struggling with retirement.

Identify cope-ahead strategies. Discuss what retirement might look like before the big day arrives. Some people may want to plan for a gradual transition rather than a sudden stop by maintaining a part-time role or serving as a consultant.

Build in structure. Without the built-in structure that work provides, there's more time for ruminating on the regrets



of the past and the "what-ifs" of the future. Structure can help people live in the moment and make the most of the time they have each day. Retirees should consider identifying a purpose for three key parts of each day: something to get them up in the morning, such as a volunteer role; something to look forward to in the afternoon, like a walk or hobby; and something to close out the evening, such as a favorite meal or a good book.

Limit news intake. When at home, it's easy to fall into the habit of keeping the TV on. But because news can be a constant, repetitive cycle of troubling information—especially during the pandemic—it's best for retirees to limit news intake to once each day, which would include reading the morning paper.

Get creative. Retirement can provide the opportunity to explore new interests. Seeking out how to bring a zest for life into later years can promote better mental health.

Check in frequently. As people age, it's common to experience other losses, including in overall physical health and the loss of friends and family members. Check in often on how retirees are coping overall with this new stage of life.

"Everyone talks about being financially ready for retirement, but we don't focus as much on the mental aspects," adds Winters. "We're always making transitions in life. Being mindful about the related challenges can help us better enjoy what life has to offer in each new chapter."

Princeton House's outpatient **Senior Link program**, available via telehealth three to five days a week, serves adults ages 60 and older. To learn more, visit princetonhouse.org/seniors. To refer a patient, call 888.437.1610.



When Social Reintegration ANXIETY PERSISTS

As the months pass following the crisis phase of the COVID-19 pandemic, the behavioral health fallout persists and is becoming more evident. In fact, some people are still struggling with basic forms of social reintegration.

“We were thrown into the position of disconnecting across so many avenues, giving us permission to retreat inward inside our homes,” says Sarah Carstens, LCSW, LCADC, Clinical Manager of the Women’s Program at Princeton House’s Eatontown outpatient site. “For some people—particularly for those who were already struggling with mental health issues—the usual advice to ‘join a club’ may not be attainable yet.”

Carstens notes that the frequency and intensity of these issues has been striking, including among those who have never previously experienced social anxiety. And the longer isolation persists, the harder it can be to reintegrate.

TAKING SMALL STEPS

In cases where anxiety can be paralyzing, treatment may be akin to a harm reduction model, using small steps to build mastery. For example, providers can encourage patients to go to the grocery store early in the morning or later at night when it’s less crowded, and try striking up a conversation with a cashier.

In other cases, anxiety may transition into convenience. When working from home has been successful, it can seem

pointless to return to the office setting. Many people are now questioning their work and life choices given the magnitude of the pandemic experience. Likewise, certain social connections may not be missed given the polarity that has flourished over the past few years.

FOCUSING ON FULFILLMENT

“The key to connection is to first rediscover what brings someone fulfillment as an individual,” says Carstens. “Then the focus can become establishing connections with others.”

Carstens suggests that both behavioral health providers and patients scale back expectations, as lofty goals can set patients up for failure. Instead, they might:

- Work to accumulate positive experiences on a small scale. This could be something as simple as choosing which movie to watch with the family or which restaurant to order from.
- Plan one activity during the coming week that might be enjoyable.
- Understand that rethinking a career choice is perfectly reasonable and even timely, given the multitude of options in the current job market.

“This is one experience we’ve all been through collectively, making it easier to recognize that we’re not the same as we were before,” she adds. “As providers, we’re navigating the best answers, too. Helping patients identify what meets their individual needs and makes them feel more fulfilled can better support emotional stability and, in time, reconnection.”

Penn Medicine Experience Awards Honor Princeton House Team Members

Penn Medicine Experience (PMX) Week is an annual observance across Penn Medicine that was created to thank physicians and staff for the passion and dedication that they bring to their jobs and the quality care they provide to patients every day. The theme of this year's celebration was BE Empowered, and honorees reflected the motto "I drive results with intention." During the 2021 PMX Week, the following Penn Medicine Princeton House Behavioral Health team members were honored.

PMX Physician Recognition Award



Psychiatrist **Anatoliy Yanovskiy, MD**, Medical Director for Inpatient Services at Princeton House, was chosen from among hundreds of physicians on the Penn Medicine medical staff to receive the annual Physician Recognition Award. "Dr. Yanovskiy is a dynamo of dedication and a source of strength and inspiration to the entire team that works with him,"

says Neil Schofield, MD, Chair of the Department of Psychiatry.

A supportive colleague and a mentor to early career psychiatrists, Dr. Yanovskiy holds a directed intention to yield excellent clinical standards. He leads by the power of example, coordinates best practices, and assists in the overall administration of the inpatient unit at Princeton House.

PMX Inpatient Award



Social worker **Catherine Alvarado, LCSW** received the PMX Inpatient Award. Catherine trained as an MSW graduate student on the Psychiatric Commitment Unit and joined Princeton House after completing her degree. Since this time, she has demonstrated outstanding

clinical growth, leadership, and commitment to the care of the most fragile and persistently ill patients. Catherine is reliable, driven, and generous in helping patients and their families navigate complex care issues. She is a consistent and calm work presence while supporting others on her team.



Wellness Wardrobe Helps Those in Need

Princeton House's Wellness Wardrobe initiative provides basic necessities—items often taken for granted—to those who enter treatment with only the clothes they are wearing. Many of these individuals arrive involuntarily or are indigent, homeless, or living under unsafe conditions. Offering these simple items to patients vastly impacts their overall experience, provides a sense of dignity, and aids in the healing process.

It's easy to support this initiative via Amazon Smile at smile.amazon.com/ch/22-2225911.

Community Feedback

Places Mental Health as a Top Concern

Mental health services are among the top five community health priorities for people in New Jersey's Middlesex, Mercer, and Somerset counties, according to the results of an extensive Penn Medicine Princeton Health Community Health Needs Assessment (CHNA) conducted in 2021. The CHNA is coordinated by the Community Wellness Department every three years to ascertain the community's views on their health needs. In 2021, feedback was analyzed from more than 2,000 completed surveys and 20 focus groups and interviews with community members and groups.

Mental health has been identified as a concern in prior CHNA assessments, but focus groups and interview results confirmed that this concern has been exacerbated by the pandemic and other social challenges over the past few years.

"The assessment helps ensure that we're targeting our programs toward what the community really wants, needs, and feels will help," says Deborah Millar, RN, Director of Community Wellness and Engagement at Princeton Health. "Our goal is to complement clinical offerings in helping people lead healthier, happier lives."

Princeton Health uses the information it gathers from the CHNA to inform its strategic plan—in essence, directing the future of programs and services to address those stated needs. In addition to clinical services for patients, the Community Wellness Department creates programs to address the interests and needs of residents in our area.

For instance, here are some of the programs planned for 2022.

> Self-Care Series

Open to any community member, this new virtual and in-person series features Princeton Health and Princeton House experts and will be held at 7 p.m. on the following dates.

JAN 12	First steps in caring for others
FEB 9	Journaling
MAR 16	Breathing
APR 13	Art therapy
MAY 11	Silent sunset hike at Plainsboro Reserve
JUN 8	Restorative yoga and guided meditation

> Mental Health First Aid Training

Most people know how to recognize and respond to a physical problem, such as dialing 9-1-1 if someone is having a stroke. But recognizing and responding to mental health needs can seem less clear. This certification course is designed to help community members recognize the risk factors, signs, and symptoms for mental health issues and understand the best ways to share resources and support strategies.

> Stress First Aid Program

This program features peer support and self-care intervention training for those in first responder, health care, or other high-stress occupations to help themselves, family members, and colleagues in mitigating the negative impacts of acute and chronic stress.

The community wellness team can also tailor presentations and trainings for any area business, organization, provider office, or group based on their unique needs. For more information about these and other community wellness programs, visit princetonhcs.org/events or call 609.897.8982.



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Mental Health Presentations for Those Who Serve



Michael Bizarro, PhD, LCSW (left, at podium), Clinical Director of First Responder Treatment Services at Penn Medicine Princeton House Behavioral Health, and Peer Support Specialist **Ken Burkert** (right, at podium), gave a presentation on mental well-being at the 125th Convention of the New Jersey Firefighters Mutual Benevolent Association (FMBA) in September in Atlantic City. Dr. Bizarro and Burkert both serve on the NJFMBA's Peer Assistance Team, and are on call for firefighters across the state who are experiencing a psychiatric or substance use crisis. First Responder Treatment Services provides specialized inpatient treatment for firefighters and other first responders, with outpatient programs also available.

In addition, Dr. Bizarro served as a panel member at Penn Medicine Chester County Hospital on National Physician Suicide Awareness Day in September as part of an ongoing program aimed at reducing burnout and promoting a culture of wellness. Together with Penn Medicine physicians, he offered expertise on mental health issues and the risk of suicide among physicians and other frontline providers.



Celebrating Princeton House's 50th Anniversary

Wellness Wednesdays Promote Mental Health

In honor of Princeton House's 50th anniversary, team members created Wellness Wednesdays at Penn Medicine Princeton Medical Center. Once a month, Princeton House staff hosted a table with themes including music therapy, mindful eating, cinema therapy, and animal-assisted therapy. The initiative provided an opportunity to educate staff and patients about mental well-being, self-care, and the tools and skills used to help Princeton House patients—topics meaningful to all during these challenging times.

Family Movie Night

Princeton House held an outdoor movie night for employees and their families as part of its 50th anniversary celebration. The drive-in event featured everything needed for family fun: a clear night, popcorn, and the movie UP!



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WELCOME KITS

Serve as a Bridge for Young Patients



Since outpatient care pivoted to telehealth at Penn Medicine Princeton House Behavioral Health, the team has developed creative ways to bridge the gap across the screen. For children and adolescents, it has been especially important to create a safe space and sense of engagement similar to what they would find during in-person treatment.

The idea for welcome kits for young patients stemmed from this goal—and with funding from Princeton Medical Center Foundation, the kits are becoming a reality.

“Children and teens entering therapy may feel skeptical and unsupported, and the stressors they face have been compounded by the pandemic,” says Chelsea Mazzara, LCSW, Senior Primary Therapist at Princeton House’s Hamilton outpatient site. “We want them to know that they’re in the right place. The kits are a very intentional way to

build a connection and provide resources they can use from the moment they begin treatment.”

In addition to descriptions of what to expect, the kits contain tip sheets and word searches along with more tactile items ranging from stress balls and reusable ice cubes to modeling clay, markers, and other art supplies. With these tools, young patients can feel more engaged, practice skills like distress tolerance and emotion regulation, and fully participate in allied therapies without worrying about what supplies they have at home.

The welcome kits will be mailed to each new patient in the child and adolescent programs throughout this year.

“For this age group in particular, having tangible tools to hold and use can be soothing and make behavioral health treatment less abstract,” adds Jody Kashden, PhD, Senior Director of Clinical Development and Performance Improvement at Princeton House. “These resources are also designed to be practical beyond the treatment setting. Once learned, these skills can serve our patients throughout their lives.”

