# Hackensack Meridian Health's Response to the Mental Health Crisis: Advancing the Science of Behavioral Health

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## Greetings from the Jersey Shore...





## Acknowledgements



Vice Chair: Adriana Fitzsimmons, MD

Vice Chair (Academics): Stacy Doumas, MD, MBA

Vice Chair (Operations): Eric Alcera, MD





## HMH Behavioral Health Continuum of Care





## HMH Strategy for Psychiatry/Behavioral Health

- 1. Support our current workforce.
  - a. Team Member wellbeing
  - b. WeCare try to avoid 2nd Victim phenomenon
  - c. Coping with COVID
  - d. Physician/Executive concierge experience
  - e. Circle of Compassion
- 2. Use of Technology
  - a. Telepsychiatry
  - b. Digital Hub
- 3. Increase access to ambulatory care



# HMH Strategy for Psychiatry/Behavioral Health cont.

- 4. Increase workforce, particularly psychiatrists.
  - a. HMSOM (UME)
  - b. Psychiatric Residencies (GME)
  - c. Psychiatric Fellowships (GME)
- 5. Scientific and Academic programs
  - a. Psychiatric Biorepository
  - b. Neuromodulation/"Interventional Psychiatry"
  - c. Other areas of interest



### **KEEP GETTING BETTER**







Social and Emotional Well-Being

Physical Well-Being

Spiritual Well-Being

**Financial Well-Being** 

Community

Integrative Health and Medicine: Bringing It All Together









https://hackensackmeridianhealth.org/recharge



# Team Member Support and Navigation Line

- 24/7 crisis support
- Connection to longer term mental health resources
- Behavioral health navigation program





## WeCare: Peer Support Program



"Emotional first aid" for a stressful event, unexpected outcome or other challenge at work Provides a "safe zone" to express thoughts and reactions and facilitate effective coping



Peer support in a non-judgmental, caring and supportive environment Provides assurance that emotions and reactions being experienced are normal



Access WeCare through the 24/7 Support and Navigation Line: 844-642-2665



## Coping With COVID Groups



- Focused on building resiliency and protecting health care providers
- Led by licensed mental healthcare providers
- Conducted at a day/time that works best for the team
- Tailored to the needs of the team
- copingwithcovid@hmhn.org



# Physician/Executive Employee Assistance Program

## PHYSICIAN & EXECUTIVE CONCIERGE EXPERIENCE

Dedicated Toll-free Number-877-445-6880

**Priority Call Handling** 

One-on-one, High-touch Confidential Support

Thorough assessment of needs and referrals to all resources available within the program





## Concierge Work-Life Resources:

Taking the stress out of everyday challenges Childcare and parenting support services: Assistance with researching & locating daycare resources Convenience services; Personal household needs, pet care resources, home repair referrals, etc. Eldercare resources to assist with caring for aging parent. Medical alert services Family activities and entertainment referrals

Life Learning and community education resources, career consulting, and college selection support.



## Stress Reduction, Mindfulness and Resiliency Resources: On Demand Access, Digital and Clinically Validated

### at the **RIGHT TIME**





- 5000 licensed therapists across all 50 states.
- Digital provider matching tool.
- Ability to schedule real time video sessions as needed.
- Schedule therapy within hours of selecting a provider – no appointment needed.
- · Care engagement and monitoring
- Text, telephonic and video sessions

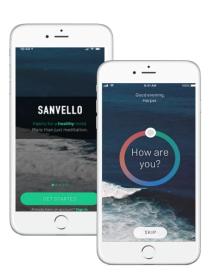


### in the **RIGHT SETTING**





- · On-demand Self Help
- Cognitive Behavioral Therapy (CBT
- Relaxation Techniques and Coping Tools
- · Goal Setting & Progress Assessment
- Mindfulness and Meditation Support
- Integrated Goal-setting & Progress Assessments
- Mood & Health Data Tracking Over Time





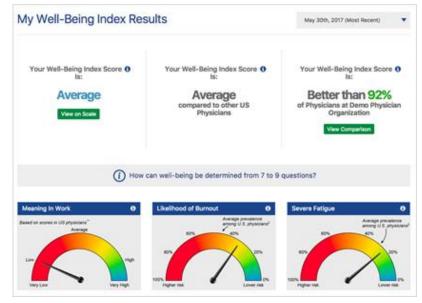
# Take the Well-Being Index Survey: There is Value In This For You

- Raise your self-awareness
- Get connected to resources to support you and your family
- Compare yourself to your peers, and watch your progress over time
- Provide your input
- Design programming to improve the clinician experience



Link to the Well-Being Index: https://mywbi.org/hmh

Invitation Code: HMHWellBeing







# Circle of Compassion

program has raised more than

\$2.7 million

Financial assistance provided to more than 1,500 team members



## **₹50 M**

OR 19.86% OF AMERICAN ADULTS EXPERIENCED A MENTAL ILLNESS IN 2019.

**24.7%** 

OF ADULTS WITH A MENTAL ILLNESS REPORT AN UNMET NEED FOR TREATMENT. THIS NUMBER HAS NOT DECLINED SINCE 2011.

## MORE THAN HALF

OF ADULTS WITH A
MENTAL ILLNESS DO NOT
RECEIVE TREATMENT,
TOTALING OVER 27
MILLION U.S. ADULTS.

11.1%

OF AMERICANS WITH A
MENTAL ILLNESS ARE
UNINSURED, THE SECOND
YEAR IN A ROW THAT THIS
INDICATOR INCREASED
SINCE THE PASSAGE OF
THE AFFORDABLE CARE
ACT (ACA).

**4.58%** 

OF ADULTS REPORT HAVING SERIOUS THOUGHTS OF SUICIDE. THIS HAS INCREASED EVERY YEAR SINCE 2011-2012.

15.08%

OF YOUTH EXPERIENCED A MAJOR DEPRESSIVE EPISODE IN THE PAST YEAR.

60% OF YOUTH WITH MAJOR DEPRESSION DO NOT RECEIVE ANY MENTAL HEALTH TREATMENT.

STATES WITH THE GREATEST ACCESS, THE GOING WITHOUT TREATMENT.

10.6%
OR OVER 2.5 MILLION YOUTH
IN THE U.S. HAVE SEVERE
MAJOR DEPRESSION.
THIS RATE WAS HIGHEST
AMONG YOUTH WHO IDENTIFY
AS MORE THAN ONE RACE, AT

EVEN AMONG YOUTH WITH SEVERE DEPRESSION WHO RECEIVE SOME TREATMENT,

**27%** 

RECEIVE CONSISTENT CARE.
IN STATES WITH THE LEAST
ACCESS, ONLY

12%
RECEIVE CONSISTENT CARE.

OF CHILDREN HAD PRIVATE INSURANCE THAT DID NOT COVER MENTAL HEALTH SERVICES, TOTALING 950,000 YOUTH.





Emergency pediatric behavioral health visits at HMH increased by 47% in the last two years



## Pediatric Behavioral Health Summit

Bringing together leading experts to create a roadmap forward for HMH





## More children need emergent (and urgent) mental health

HMH received \$5 million in state funding for the planned Pediatric Behavioral Health Expansion Project at the Carrier Campus





Significant Increases in **Behavioral Health Visits** Occurring via **Telemedicine** 



# Improving Access to Services

- NJ Pediatric Psychiatry Collaborative (NJPPC)
   Project restored full funding from NJ DCF
- Urgent Care Center with Behavioral Health (Pilot)
- Renovating Medical Psychiatry Unit @ HUMC
- Plan to expand, renovate and consolidate our adult inpatient units in the Central Region; Move from general psychiatry to specialized behavioral health units - "We need to centralize to specialize"





## Increased Addiction Recovery Resources

- New outpatient services in Northern Region
- New 48 bed Inpatient Addiction Recovery Unit under construction in Northern Region
- Recovery coaches in three University
   Medical Center Emergency Departments
- Mental Health First Aid Training for first responders
- Programs to increase availability of Suboxone to patients





## **Expansion of Outpatient Services**

- Strategy to Expand with Lower Cost Structure
- Manage services for government (county) run Behavioral Health Services
- Provide contracted psychiatric leadership to community mental health centers
- Explore unique partnerships with mental health centers without increasing administrative/overhead expenses





# Improving Access to Psychiatrists

- Telepsychiatry Hubs
- Increased medical student rotations
- Increased Residencies
- Increased Fellowships





## Department of Psychiatry

 Organized as a consolidated Department of Psychiatry across the Central and Southern Regions.

Central academic hub is JSUMC

 Our physicians are credentialed at all 8 campuses and take a shared regional call





# Sections of the Department of Psychiatry @ JSUMC

- Child & Adolescent Psychiatry Stacy Doumas, MD, MBA
- Outpatient & Community Psychiatry Patrick Kane, MD
- Neuromodulation/Interventional Psychiatry Muhammad Abhas MD
- Geriatric Psychiatry Robert Stern, MD
- Inpatient Psychiatry Syed Tirmazi, MD
- Emergency Psychiatry Ihab Ibrahim, MD
- Addiction Psychiatry Hugo Franco, MD
- Addiction Medicine (Aakash Shah, MD)
- Forensic Psychiatry Adam Sagot, DO







# Undergraduate Medical Education (UME)

Phase 1 Course - Neurosciences & Behavior (NB)

• 8 weeks

### Phase 2 - Psychiatry Clerkship:

- Rotate to JSUMC, OMC, RBMC, or HUMC
- 6 weeks; 12 students per block, increasing to 18-20

### Phase 3:

- 2 pathways:
  - P3R "fast track" into HMH Residency
  - P3 Experiences electives, research, Masters Degree, etc.









# Graduate Medical Education (GME) - Residencies

### General Psychiatry Residency @ JSUMC

- ACGME-accredited for 18 residents (now 24)
- Developed a HUMC "track" which has 8 residents total (2 per year).

### General Psychiatry Residency @ OMC (and RBMC)

- ACGME-accredited for 32 residents (actually, 40)
- Working on an expansion to add another 8 residents as part of the Reimaging RBMC-Perth Amboy plan.





# Graduate Medical Education (GME) - Fellowships

### Child & Adolescent Psychiatry Fellowship @ JSUMC

- ACGME-accredited for 6 fellows (3 per year)
- Currently rotating at East Mountain Youth
   Lodge and the East Mountain School
- Adolescent Inpatient Unit @ Jefferson-Cherry Hill

### Addiction Medicine Fellowship @ JSUMC

- ACGME-accredited for 2 fellows
- Currently rotating at Blake Recovery Center
- Rotating at RBMC-PA for Dual Diagnosis





# Graduate Medical Education (GME) - Fellowships (cont.)

### Geriatric Psychiatry Fellowship @ JSUMC

- ACGME-accredited for 2 fellows
- Planned to start July 1, 2022

### Forensic Psychiatry Fellowship @ OUMC

• Submitted to ACGME - accreditation expected April 2022

### **Future Plans:**

- Consultation-Liaison Fellowship? (ACGME Accredited)
- Integrative Psychiatry Fellowship? (non-ACGME Accredited)





# Advancing the Science of Behavioral Health

- Continue to expand genetic biorepository (BioR) for patients with psychiatric disorders in partnership with the Center for Discovery and Innovation
  - Also use of commercial genomics Tempus
- Create partnerships with health systems and universities conducting clinical trials in psychedelics
- Expand Social Determinants of Health initiatives for Behavioral Health



Social Determinants of Health





## Scientific and Academic Programs

- Expand Programs in the use of Neuromodulation:
  - o ECT:
    - 3 campuses
    - >6,000 treatments per year
  - Deep Transcranial Magnetic Stimulation (dTMS)
    - 425 patients in 2021
  - IN (and IV) ketamine 223 patients in 2021



Journal of Psychiatry and Mental Health

RESEARCH ARTHOR

Webster E- Issue.

Evaluation of the Clinical Effectiveness of High Frequency Left Prefrontal Repetitive Transcranial Magnetic Stimulation (rTMS) versus Electroconvulsive Therapy (ECT) in the Treatment-Resistant Depression (TRD)

Mansoor Malik', Suneeta Kumari'''', Stacy Dournas', Saba Afzai'', and Ramon Solhishah'

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\*Oresin Martinal Center; Bartimore's Mariellan School of Martinion, Mary Janes, USA

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Clabor: Mala M, Juman's, Douman's, Atla S, Solohkuh R (2021) Svahastion of the Clinical Effectiveness of high Frequency Left Prefrontal Repetitive Transmissed Magnetic Stendation (FIMS) versus Electroconvolutive Therapy SCT) in the Transment-Resistant Depression (FRO). J Psychiatry Ment Health G(1) dx dxi org/10.1046/2/AT4-7790.340

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### Abstract

Major Depression Disorder (MCD) is a highly previous, persistent, and disording mental diseas. Exertistically, the filterine previousness of depressions. 37%, but any 6% of those large with depression receives instantive intervenents, CET and is long trast second classes; fix one of the related forms of treatment for TSG. On the other hand, ITMS is a non-less the projected solution of the Central Revisional System (CRS) used to treat TSG. Objectedus. To consequent the effectiveness of the owner-childrenic technologies, CET and CRS, to the ETT.

Methods: Enabarrosid Circia Till Talls (ECT) uses destribed by searching MECALS, Re-Mole, and Solded. The selection of the stary was performed by uniting the Profession Reported Reporting bears the Spirantest Reviews and Relation Assign School, The Internal Sequences Confession (1985-13) was seen for quantity depression wereign. This meta-analysis included a total of £1 SCTs wifst included state number of patients (MCD) in Sett School. The Spirantest Confession Relation Relat

Results: The mean reduction in HORS core was 0.3802 higher in CCT than 1786, with the confidence interval (-0.642) to 1.6027), including a mean difference of 0. An analysis of the betweeneding performed using Codesare's Q-earlistic showed that a mean decrease in HORS was significant (Codesaré) Q-6276, 2276, 427

Conclusion: TRD continues to be a significant clinical challenge. The hatersgeneity of the specific patient populations and study designs makes it more challenging to compare these therepies directly. There is a gressing need for large-scale, adequately powered studies to draw definite

### Keywords: Depressio

Althorophilates, CT. Decision of the region of the property of

### Background

Departies in a serious tentral fibrate, Several tender conduction for Coloral Gender of Dissonal (COLI), better der Polis hersterte and evaluation from 1990 to 2100 show MIDO to be a fanding came of accentaries, the third 2010 stately MIDO accessed for it 72% of global TEAS; [1], Major Department Dissorber (MIDD) is a chemical concurrent population, dissorber that is assumed with high networked recovering population, dissorber that is assumed with high networked procurrent population absorber that season of the contract of the Middle Colorador (MIDD) and the MIDD accessed that 45% of parisms sufficient from department have had accorded the height, and 25% of those have startened active 15%.

Transmit Bastonia Dispression (TES) in quite common occurring in pin con-third of MDD patients (3). It is estimated that TED accounts for approximately 564 billion of the total cost of deposions (4.5). Due to the choruin nature of TED and its Institute transmit options, TED is accountable for a disproportionate amount of the disease harden.

Theatment-Resistant Depression (TRD) raters to the concept regarding the burden and impact of depression due to ite resistance to treatment. Meroover, defining TRD raterioring the churacterization of depression. The American Psychiatric Association describes in the

: Psychiatry Mont Health | JPMH

1



## Scientific and Academic Programs (cont.)

- ICARE (SAMHSA grant) \$2.5 million/5 years
- Project HEAL \$1 million/year (NJOAG)
- NJ PPC \$4.2 million/year (NJ DCF)
  - HMH oversees services for 20 of the 21 counties in NJ (8 of the 9 hubs)





### INTERDISCIPLINARY REFLECTION ROUNDS:

SPIRITUALITY EDUCATION FOR MEDICAL & PHYSICIAN ASSISTANT STUDENTS Stacy Dournes, MD[1], Ruchika Bhargay, [1,2], Rev. David Cotton[1], David Kountz, MD[1], Ramon Solhkhah, MD [1]

[1] Jersey Shore University Medical Center, [2] Rowan School of Osteopathic Medicine

· Interdisciplinary reflection rounds (RR) provide spirituality education for psychiatry students at Jersey Shore University Medical Center (JSUMC).

The aim of this study was to identify whether students from different forms of healthcare training perceived RR differently.

Results were positive and similar between medical and physician assistant (PA) students.

· Interdisciplinary RR is one well received method of providing spirituality education to PA students.

### Introduction

Spirituality Education: Medical students throughout the country receive training to discuss spirituality during patient encounters, 37% of PA Programs do not offer this education.

Reflection Rounds: RR were started at JSUMC in 2014 forough a grant from the George Washington Institute for Spirituality and Health to provide this training RR have since been incorporated into the curriculum of both medical and PA students doing rotations in psychiatry at JSUMC. Education is provided on the role of spirituality in healthcare and health outcomes the role of pastoral care, and how to take a spiritual history. Through reflection, participants look at how encounters with ratients impact

them emotionally, spiritually and

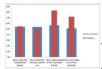
formatively. Each small group is co-facilitated by a

physician and a chaptain.

To identify whether students from different forms of healthcare training (medical vs. PA) perceived interdisciplinary RR differently.

### Methods

An anonymous, voluntary online survey is given to medical and PA students who participated in RR at JSJIMC via Survey Monkey in order to improve the curriculum. With IRB approval the student surveys from the 2015-2016 and 2016-2017 academic years were retrospectively reviewed.



### Results

· Surveys sent to 102 students with 50% response rate including 18 PA and 33 medical students

- Data from 2015-2016 and 2016-2017 academic years was combined
- 80% agreec RR was a valuable part of the psychiatry curriculum the majority of both student groups agreed that the frequency and
- duration were appropriate. 79% of medical and 67% of PA students felt that RR should be extended to other rotations.
- The majority of both student groups telt more comfortable taking spiritual histories and referring nationts to pastoral care and had a better understanding of the role of spirituality in healthcare outcomes and the role of their own spirituality in the practice of medicine after
- attending RR. They both identified small group formal, physician and chaptain facilitator and case presentations as tactors that contributed to the
- About 50% of each group reported

### no harriers to participation. PA Students "I feel that reflection rounds are a good addition to

**Medical Students** I felt like it was a safe place to reflect on my emotions that came up as we were working with the program.

Suchiatry is an emotionally difficult rotation and "I felt it offered greater insight into the psyche of the chance to decompress through group talk was the patient thorapeutic.

I now offer to pray with patients and will do so if Tinow consider spiritual preferences, when talking

GHB

. The createst barriers reported were time away from clinical duties and discomfort with sharing of personal spiritual history

Hackensack

Meridian Health

### Conclusion

· To provide patient centered care it is imperative to treat the whole person mind, body and soul.

- The relationship spirituality/religiosity (S/R) and positive health outcomes is well documented in the literature.
- Research also indicates that patients want to discuss S/R beliefs with their healthcare provider
- Students must have training on addressing S/R in patient encounters. This is done in a variety of ways in medical schools, but some PA programs have not yet included it in the curriculum.
- · The interdisciplinary model of RR studied is one method of providing this training that is well received by both medical and PA students.
- Enture research is needed to identify the benefits and best methods for incorporating S/R education into PA

Antonovilladgement
Thank you'to all students who have participated it ion Rounds and the survey. Thank you to GWish

for spirituality ecucation training.

- References
  1 Reg CM et al Konnan Physician Assistante Atthicies
- 1 Burg CBI et al. Konnas Physician Annabatok Strakes and Beileh Regarding Sprinking and Relapinty in Platent Care. J Rulp Facility 2018;7:2864-479.
  2 Berg CBI et al. Physician Resistant Phogram Calcuston in Sprinking and Religion in Patient Encourters. J Phys Act Biol 2017;8:402124-7.
  3 Psychosis MA, Class D. Sprinking and I seaso: The Development of a Field. Acad Select 2014;6:07;10-13.

### Hackensack Meridian Health

### Using Inhaled Loxapine to Manage Agitation Induced by Crystal Methamphetamine & GHB Victoria Pappas-Villafane, APN [1], Stacy Doumas, MD [1], Ramon Solhkhah, MD [1] [1] Department of Psychiatry, Jersey Shore University Medical Center

### LEARNING OBJECTIVES

1. Recognize substance induced agitation in patients in the emergency department (ED).

2. Identify the role of inhaled loxapine in

### anaging substance induced agitation CASE PRESENTATION

A homosexual male in his 40s with a history of A homosexual male in his 40s with a history of HIV was brought to the ED overnight by police after he called them multiple times paranoid. He had a long history of polysubstance abuse and reported smoking crystal methamphetamine in the afternoon and drinking y-hydroxybutyrate

(GHB) with alcohol in the evening He was agitated and restless with inappropriate

He was agitated and restless with inappropriate disrobing, sexual preoccupation and an inability of the sexual preoccupation with a sexual preoccupation and an inability of the sexual property of the sexua

2mg PO was given with effect. He slept 4 more hours and woke amnestic to the described events. He was calm, cooperative with goal directed thoughts and no further

He was discharged home with follow up with Addiction Recovery Services Intensive Recovery Services Intensive Program and his Primary Care





Crystal Meth Effects

### **GHB: THE FACTS**

WHAT IS SHE



MIXING WITH OTHER DRUGS

### PHYSICAL EXAMINATION

FEFFETS OF OHR

Urine drug screen positive for amphetamines and benzodiazepines (after lorazepam given in ED)

Blood alcohol level was not checked EKG unremarkable

CT Brain without contrast unremarkable

### LABORATORY DATA

 Mental Status Exam showed evidence of pressured speech, increased motor activity, mood lability, flight of ideas and paranoid delusions.

Vital Signs were significant for BP 136/85 and P 115.

m K, Allen MH, Alternative Delivery Dystems for Agents to Treat Acute
Progress to Date: Drugs 2013/73.1753-1752.
O, et al. Effectiveness of innuised Losspine in Dash Disgnosis patients: A Case
to Assessment String Strate

### CONCLUSIONS

· Patients often abuse multiple substances at the same

time.

GHB:

Intoxication presents with coma 64% of the time (often in alcohol co-users) and agitation 23% of the time. At lower doses it produces mixed stimulant/sedative

effects and at higher doses causes sedation and coma.
 Withdrawal symptoms include anxiety, insomnia, tremore, tachycardia, agitation, hallucinations and

### Crystal methamphetamines

Crystal methamphetamine: Intoxication can present with psychosis, mania, irritability, insomnia, restlessness and tachycardia, Behaviors are usually self-limited, but if severe they can be managed with behavioral and pharmacological interventions to prevent harm to patient and staff.

Management:

Adequate use of benzodiazepines and the addition of an antipsychotic medication as needed will reduce agitation and psychosis and enable patients to sleep. Inhaled lovaning

Inhafed loxapine:

 Is a rapidly acting antipsychotic medication with a route of administration that is noninvasive and allows the patient to be an active participant in treatment.
 Inhammatical management of the patients with bipolar disorder and schizophrenia.
 One case series was found in the literature describing the use of inhaled loxapine for 14 patients with dual diagnosis. It was effective, rapid, well tolerarted.

Caution needs to be used in emergencies when patients are refusing medication and when active airway disease is present (contraindication



Inhaled lovanine may be an alternative to other

### Gender Diversity in Psychiatry CME Programs: Are Female Voices Heard?

Stacy Dournas, MD[1], Pooja Shah, MD[1,2], Manali Lodaya, MD[1], Siana Ziemba [3], Ramon Solhkhah, MD [1]
1 Department of Psychiatry, Jersey Shore University Medical Center, 2 S.S.R. Medical College, 3 Rowan School of Osteopathic Medicine

The American Psychiatric Association created a task force on women in 1972 chiatrists. In 1979, psychiatrist, Dr. Kenneth Solomon, documented the presence of sexism and professional Gender roles have evalued since that time with half of medical students and still there are fewer women in academic psychiatry and in leadership roles. Data suggests they are also underrepresented at speaking programs and on academic committees (2,3,4). Female faculty members account for 56% of the psychiatric faculty (psychiatrists, psychologists, APNs) employed primarily at Jersey Shore

ersity Medical Center (JSUMC) and 44% of the faculty in osyrbiatry for the entire Meridian Health System, A Dounds and Symnosia for the department also showed a female majority. When Rock Health, a digital healthcare initiative. looked at speaker demographics from 11 of the 12 larges medical conferences from 2013 they found that women at best were just 38% of the faces on the stage.

LEARNING OBJECTIVES

I. Identify Gender Dysphoria (GD) in:
 Adelescents according to DSM 5 Criteria.
 Recognize common gender identify terms.
 Discuss common psychiatric connectionly associated with GD.
 I the an integration approach with patients with GD so you can better address their well-below.

CASE PRESENTATION

• 14 year old adolescent presents for catpatient psychiatric evaluation for depression, amolety, and gender dysphotia.
• His assigned gender or birth was Semale but by the age of 17 years he demilipsed gender dysphotia with a strong desire to be male. He is socially through as a male as of 5 months prior to drive of presentation. He were clothing to hish female secondary sexual characteristics and

expresses a desire for cross-sex learnone treatment and possible gender reassignment surgery as an adult.

attacks, social arceiety, and generalized worries. He experiences bullying in school. He has had suicidal ideation in the pass, but without intent

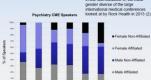
He has had one crisis visit, but no history of

hospitalizations, editarris, or psystems, medication trials.
He is negaged in individual cognitive behavioral therapy and is beight with good tamily superi.
After his evaluation, he was started on a SSRI (selective sectoris records) in thistory and individual control of the sectoristic prograde inhibitory antidepressurant for mood and aminey in addition

### Objective

Our aim was to see to what extent female speakers were represented in Continuing Medical Education (CME) Programs in the Department of Psychiatry at JSUMC between 2011

Methods CME paperwork from Grand Rounds of Psychiatry from 2011-2016 was retrospectively reviewed. For each and affiliation as either an internal (Meridian) or external (non-Meridian faculty member were noted. Residen activities such as case presentations and journal club were excluded as these were assigned based on a rotation schedule, not by invitation. No further information was collected. Information was compiled by calendar



Gender Dysphoria in Adolescents: Addressing the Whole Patient

### ■ Female Non-Affiliated

Results for invited speakers in the Department of Psychiatry at JSUMC

Year	Total	Male		
2011	Speaker 25	s Speak	ers Speak	ét:
			12	
2012	19	11	8	
2013	25	17	- 8	
2014	29	19	10	
2015	30	19	- 11	

### Conclusion

Despite the fact that females make up the majority of the Department of sychiatry at JSUMC and the audieni for CMF activities, males constitute the majority of sneakers, especially speakers from outside institutions. From 2011-2016 there have been an average of 38% female speakers Although this is far from ideal, we are in line with Medicine X, the most gender diverse of the large international medical conference

conference planning committees

should include:

· engagement of females on Thank you to all of our female speakers!

· female speaker databases

Reforences:

. Solomon K. Seisem and Professional
Chauriniem in Psychiatry,
Psychiatry 1979;42:374

. Tecoo H. Women's voices largely missing bornhealthcare conferences (and how we can fix it
in 2014; Rock Health website, 2013;
Jain S. Uthere Join the Wilman Academic
Jain S. Uthere Join the Wilman Academic

3. Jain S. Where Are the Women Acade

MERIDIAN

this lack of gender diversity that may

· women being more likely to turn

- lack of (or perceived lack of) public

down speaking invitations

speaking skills by women

· women being less proactive in

- women invited to speak less

seeking speaking opportunities

frequently than male colleagues

Further research is needed in this area

both in psychiatry and other medical

fields as well as solutions to achieving

medical speaker gender equality. This

programs to develop presentation

skills and keep women engaged as

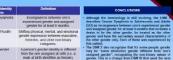
· fewer women in academic positions

include the following:

Golding P. Overcoming the gender gap: increasing gender diversity, scientific scholarship and social legitimacy of our profession. Australian Psychiatry. March

MERIDIAN Behavioral Health Services





has been reclaimed by those who

identify with it

Gender non-binary identities that are neither exclusively male nor exclusively

Condition of being intermediate between

during development, or during a change

the diffe grant only can of new was expressed by the best of the b A person's gender identity is the same as the one assigned all birth (i.e. a male at tirth identifies as male). An umbrella term that includes anvone outside of societal norms of gender or

Care for adolescents with GD needs to be multidisciplinary The Affirmative Care Model does not view transgende The Affirmative Cure Model does not view transgander identity as publication. The clinical supports the person to live in the gender that is most constructable to them. A comprehensive populsories ordunation is usually a concerns or effects of frames and to expire gender concerns or effects of frames and to expire gender and excusal identity, George and individual threapoutic pregrams are often indicated as well as family inderventions. Medical treatments such as homeone blockers, cross-sex formations and the contract of hormones and gender reassignment surgery may be indicated. In this patient, cross-sex hormones are desired and will be explored further with the family.





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### **Publications**

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### Mental Health Outcomes at the Jersey Shore After Hurricane Sandy

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Abstract: On October 29, 2012. Hurricane Sandy made landfall in the most densely populated region in the US. In New Jersey, thousands of families were made homeless and entire communities were destroyed in the worst disaster in the history of the state. The economic impact of Sandy was have, comparable to Hurricane Katrina. The areas that sustained the most damage were the small- to medium-sized beach communities along New Jersey's Atlantic coastline. Six months following the hurricane, we conducted a random telephone survey of 200 adults residing in 18 beach communities located in Monmouth County. We found that 14.5% (95% CI=9.9-20.2) of these residents screened positive for PTSD and 6.0% (95% CI=3.1-10.2) met criteria for major depression. Altogether, 13.5% (95% CI=9.1-19.0) received mental health counseling and 20.5% (95% CI-15.1-26.8) sought some type of mental health support in person or online, rates similar to those reported in New York after the World Trade Center disaster. In multivariate analyses, the best predictors of mental health status and service use were having high hurricane exposure levels, having physical health limitations, and having environmental health concerns. Research is needed to assess the mental health status and service use of Jersey Shore residents over time, to evaluate environmental health concerns, and to better understand the storm's impact among those with physical health limitations. [International Journal of Emergency Mental Health and Human Resilience, 2013, 15(3), pp. 147-158].

Key words: Mental health services; Posttraumatic stress disorder; Depression; Treatment seeking; Disasters; Hurricanes; Preparedness; Emergency response.

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### Lung Cancer: A Genetic Explanation

Alex Soloway\*, Andrew Spaedy, Ramon Solhkhah, Stacy Doumas and Theodor Rais

\*Corresponding author: Alex Soloway, Department of Mechanical Engineering, USA Submission: Princery 94, 2019; Published: Princery 26, 2019

possible explanations for the protective link between these two conditions. This study at

Methodology: Two traigue search queries were run through OMIM (Unline Mexi of both achieophresia and lung casese. These results were then constructed. Our of 8 research. Multiple sinctrosse databases were then searched with results going took or criteria, the abstract sections as well as the titles were sorted independently by two auth-

vidence from various studies suggests that dopumine possesses turner inhibiting effe

Conclusion: The SLOSAS encoded DATS may be the source of the protective effect

Keywords: Schizophrenia; Dopartire: Lung cancer: DAT1; Dopartire Transporter gene Abbreviation: DAT1: Departure Transporter1; VPF/VEGP: Vascular Permobility Fact Receptor: MIVEO Human Umbilical Vein Endothelial Cell

Schizophrenia is a chronic mental health disorder that results in a profound burdon on the both the individual affected and the greater society [12]. Affected persons with the condition have a combinati

### Substance Use Disorders in Vulnerable Children

Andrew Spaedy, Mp<sup>3</sup>, Stacy Doumas, Mp<sup>3,b</sup>, Ramon Solhkhah, Mp<sup>3,b</sup>

. Substance use disorder . Vulnerable children . Comorbid psychiatric of

- . Substance use remains a major challenge in adolescent health. . The consisting use of these substances often creates hurdles for accurate
- tation of substance use disorder (SLIC) as well as that with consisting reach

### INTRODUCTION

Adolescent substance use is a critically important topic, particularly to practicing pediatricians. Despite recent studies suggesting that substance use is decreasing among adolescents, their use is still high enough to remain of concern. 1,2 Adolescents with a substance use disorder show a high prevalence of psychiatric disorders as compared with age-matched peers that are not using substances.344 Many of these individuals are also faced with nonsubstance use disorder comorbid psychiatric disorders. Meeting the needs of children and families via identifying and fully treating youth with substance use can be challenging, as these patients often present in ways that are unique compared with those of their adult counterparts. It is for this reason that an understanding of many of the most commonly used/abused substances by adolescents, along with common coexisting psychiatric conditions is relevant, particularly in vulnerable and at-risk children. This article reviews various commonly used substances, their diagnosis, epidemiology, treatment, and common coexisting psychiatric conditions in vulnerable youth, along with the effect of parental

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### Review Article

### The brain-gut axis in gastrointestinal cancers

Orna Alnert 12, Leonid Beront, Tory Jose 12, Ramon Solbkhah 12

Department of Psychiatry, Jersey Shore University Medical Coster, Neptune, NJ, USA, "Department of Psychiatry & Roberbord Hoddle Hadronack Notitian School of Efficience of Sona Hall University, Nulley, NJ, USA

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International Journal of Clinical Case Reports and Reviews

Kerwords human microbiome, gut microbiome, social determinants of

health, socioeconomic insqualities, health disparities, early development social stressors, health behavior

including the development and function of enterio nervous system- Also known as second brain- it controls the GI function independently. The

Understanding out-brain axis

### Gut Microbiome and Social Determinants of Heath (SDOH) Sunneta Kumari MD, MPSI\*, Saba Afral MD, Stary Doumas MD, Eric Alorea MD, Ramon Salbidosh ME

Hackennack Meridian Health-Ocean Medical Center-Hackennack Meridian School of Medicine, Brick NJ.

\*Corresponding Author: Suseeta Kumari, Hackennack Meridian Health-Ocean Medical Center-Hackennack Meridian School of Medicine,

Stranger Value of the September 14, 2000; Accorded data: September 30, 2000; Bublished data: November 05, 2000

CHeffort: S Kumari, S Affal, S Doumar, E Alors, R Solikhab. (2020) Out Microbiome and Social Determinants of Heath (SDOR). International Journal of Clinical Case Reports and Reviews. 4(2), DOI: 10.31579(690.4961.090) Copyright: © 2020 Suresto Kumari, This is an open-access article distributed under the terms of the Creative Coresson Attribution License, which permits prescripted up, distribution, and reproduction is now medium, permitted the original author and source are credited.

AUCTORES

eess of medicine. There has been a growing interest by the social epidemiologists on how health inequalities impa-Keywords: Gut Microbiome, SDOH, human microbiota

With technological advancements in the medical field, new discoveries have been unfolded about the human microbiots. A treme of work has been studied within the last two decades. Some of the human microbiota siles include nonsterile areas such as mouth, skin, aut. noor. and region. Additionally, there are hasterial only in seven but wore:

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The gain beat made in a believe will present before delivery. Out of 40 and 4 those new areas of medicine. There has been a growing interest by the social epidemiologists on how health inequalities impact the role of

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In this article, authors aimed to explore how car



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In the last few years, using phar-chiatry, the International Society of acogmetics to predict or prevent. Psychiatric Genetics (ISPG) explained become very attractive. A 2019 meta- as a decision support fool to assist enalysis of 5 medomized controlled in implementing good clinical care, rather than as an alternative to stan-

trials examined the use of phorma- depression and other conditions, and reas resources me use or premium communication and other constraints, and regimentic-guided decision support when a clinical can or should change roots for major depressive disorder a patient's medication. However, the (MDO). Researchers randomized 1,737 relationship between DNA surjutions micronia with MDD to either and the effectiveness of antidepress

Comments Controversies

repport tools or treatment as usual. Inhed, and basing clinical decisions or

attents were assessed using the familian Depression Rating Scale-17 inappropriate medication changes those times over 5 works. Compared Pharmacommetic texts are being with those who seered treatment advertised to both clinicians and as usual, those who were managed patients, but the FDA has not approved pharmacogenetic testing using pharmacogenetic-guided deci- the use of any test for providing infer The general public may have been led sion support tools were more likely mation on a patient's ability to respond to believe that by decoding genes into - to achieve nemission from depressive - to any specific medication. Therefore their constituent parts, clinicians can prevent or profilet serious librouss. (0, 1.71 to 2.48 F = 0.05). However, and prescular bourisms: While this these models are controvered laborate parts and advise pattern to avoid not provide insome areas of medicine. The articles studies are distances of colors of the articles studies were insome areas of medicine, such as oncolong, using a pharmaco-genetic perhaps with provided and proprietary algorithms genetic perhaps with "solary both" were used to interpret the oneith. o proceibe psychiatric medications. (Editor's refer for more information. not change a patient's medication to incorrect prescriptions, as well as a testing, see "Tharmacogenomics pharmacogenetic testing. These test

> SPG stated that "common serieta uriants are not sufficient to cause psychiatric disorders such as depres

> > Some manufacturers have claimed

Ramon Solhkhah, MD Ing Chair and Professor

A Look at Genetic Linkage between Clozapine-induced Agranulocytosis, Malignant Hyperthermia, Neuroleptic Malignant Syndrome, and Statin induced Myopathy

### ORIGINAL ARTICLE

Mental health outcomes among vulnerable residents after Hurricane Sandy: Implications for disaster research and planning

Joseph A. Boscarino, PhD, MPH; Stuart N. Hoffman, DO; Richard E. Adams, PhD; Charles R. Figley, PhD;

### Abstract

Objective: To evaluate mental health outcomes among New Jersey shore residents with health impair ments and disabilities after Hurricane Sandy

Design and setting: Six months following Hurricone Sandy, a cross-sectional survey of 200 adults residing in beach communities directly exposed to the storm located in Monmowth County, N.J. was conducted.

Main outcome measures: Post-traumatic stress disorder (PTSD), depression, mental health service use, and medication use.

Results: The average age of residents surveyed was 59 years (SD = 13.7) and 52.5 percent (95% CI = 45.5-59.4) reported recent hospitalizations, physical limitations, fair to poor health status, multiple chronic health conditions or absuited disabilities A total of 14.5 percent (95% CI = 10.2-20.1) of residents screened positive for PTSD and 6.0 percent (95%  $CI = 3.1 \cdot 10.2$ ) met criteria for depression 6 months after Sandy. In addition, 20.5 percent (95% CI = 15.4-26.7) sought some type of professional counseling after Sandy and 30.5 percent (95% CI = 24.5-37.3) experienced PTSD symptoms, depression, sought professional mental health support, or used psychotropic medications. In multivariate analyses, the best predictors of mental health and service use were having sleep problems, sui cidal thoughts, moderate or severe pain, and having high exposure hurricane-related events. Analyses also suggested that noncollege graduates were more likely to receive mental health services (OR = 3.10, p = 0.009),

while women were less likely to have depression (OR =

Conclusion: Having physical impairments and health conditions were not directly related to adverse mental health outcomes following Sandy, but hav ing sleep problems, pain, or suicidal thoughts were. Further research is needed to assess the health status of community residents with serious health impairents over time following disasters.

Key words: mental health services, post-traumatistress disorder, depression, treatment, disasters, hurricanes, sulnerability

While most disasters are over quickly studies suggest that those characterized by a loss of life, economiruptions, or those related to catastrophic events, often result in neurhistric disorders 14 These conditions were all present at the Jersey Shore on October 29, 2012. 7,8 has been previously studied 9,30 few disaster studies have assessed population-level mental health service utilization and needs in sufficient detail, especially within the context of a major hurricane, 11,12 which are essential for future disaster planning.

Hurricane Sandy struck the most densely populated region in the United States causing widespread destruction. More than 650,000 homes were damaged or destroyed thousands of businesses were closed and millions lost electrical power in freezing temperatures.13 In addition, more than 150 lives were lost and thousands of families were made homeless.7A The economic impact of Sandy was estimated to be comparable to Hurricane Katrina.\* The areas that sustained the most damage

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### Thank You!



Any questions??

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