

Mount

Sinai

Medicine at

# Program in Global Mental Health

Spring 2020 Issue Editor: Megan Sacco, PMP Director: Craig Katz, MD Co-Director: Jan Schuetz-Mueller, MD

The Program in Global Mental Health Program at the Icahn School of Medicine at Mount Sinai enhances access to mental health care for people in East Harlem and around the world. Our program develops, trains, and educates ISMMS students, residents, and faculty to provide mental health services to those who need them most.

**Our Mission** 

## Program Partnerships:

- Instituto Terapéutico y Psicológico para la Familia, Jarabacoa, Dominican Republic
- Grenada Ministry of Health
- AMPATH, Kenya
- HaitiChildren, Williamson, Haiti
- The Minds Foundation, in collaboration with GMERS Medical College and Sumandeep Vidyapeeth University, Gujarat, India
- The Aftermath of the Great East Japan Earthquake of 2011
- The Carter Center and the Ministry of Health, Monrovia, Liberia
- Belize Ministry of Health
- East Harlem Health Outreach Project
- Human Rights Work with Migrants, New York, New Jersey, and Texas



Dr. Fernandez (top left) her team collecting/ delivering supplies and caring for patients in the community.

# **INTEP and COVID-19**

Xiomara Fernandez, MD

The following comes from our partner in the Dominican Republic, the INTEP mental health clinic in Jarabacoa, DR. Dr. Xiomara Fernandez is our liaison and director at INTEP.

Since the COVID-19 pandemic started in early January, our country was alerted to the need to prepare for the impact of this virus, but it was not until March 17 when information on cases in the country and possible routes of contagion began. The population quickly assumed different postures: compulsive purchases in supermarkets; hoarding of supplies such as drugs and those for home hygiene, among others; or ignoring the situation. The authorities established curfews from 5pm to 6am and mandated quarantine periods, social distancing, and use of masks as preventive measures for spread as adopted in other countries under the recommendation of the WHO.

The municipality of Jarabacoa with approximately 100,000 inhabitants and a traveling population on weekends of 3,000 people, is no stranger to the influence of the global information flow. But as the days of confinement pass, the appearance of: **anguish, depression, schizoid episodes, generalized panic, domestic and sexual violence and community conflicts,** representing a challenge for INTEP. We therefore responded, adopting prevention and assistance measures, including the following:

- Our multidisciplinary team consisting of a social worker, social psychologist, family therapists, psychiatrists, clinical psychologists have provided virtual psychoeducation programs via Whats App, Facebook and Zoom and appeared in radio and television spots on hygiene and mental health. We also provided educational outreach on the coronavirus in Kreole for the Haitian community in our municipality.
- Constant updating of INTEP collaborators on the coronavirus via conferences, seminars, and workshops.
- Medical and psychological care at INTEP and virtually. This has included transferring
  patients to hospitals, children's homes and mental rehabilitation centers outside the
  city.
- Home care of some patients with mental disorders, including provision of psychotropic drugs and food supplies, collaborators. This included rescue of several children experiencing domestic violence.
- Support for grieving families and friends here in the Dominican Republic and abroad.
- Crisis intervention in community conflicts as well as visiting communities at risk.
- Delivering supplies of masks, gloves and antiseptics to vulnerable people and some communities.
- Management of handwashing stations at various health centers with the NGO, Wine To Water (<u>https://www.winetowater.org/</u>).
- Strengthening communication between municipal health personnel via Whats App (50 doctors) and helping to provide personnel protective equipment for the personnel of the municipal hospital.

The COVID-19 pandemic inspired us to action in many ways, including some we could not have anticipated. INTEP intends to keep its IKIGAI (Japanese: for "Arouse your true passion and fulfill your vital purposes") high until achieving our goals.

#### **Program Faculty & Residents**

#### Faculty

- Cindy Aaronson, PhD
- Amy Aloysi, MD, MPH
- Ben Angarita, MD
- Amy Cushing-Savvi, LCSW
- Rachel Fischer, MD
- Ludwing Florez-Salamanca, MD
- Vicki Gluhoski, PhD
- Gary Katzman, MD
- Jeffrey Kleinberg, PhD, MPH
- Daniella Loh, MD
- Glenn Martin, MD
- Milana Mor, MD
- Anna Rosen, MD
- Joshua Stein, MD
- James Squires, MD
- Elizabeth Visceglia, MD
- Hiwot Woldu, MD
- Robert Yanagisawa, MD

#### PGY-2

- Timothy Becker, MD
- Dhruv Gupta, MD
- Peter Joe, MD
- Khushbu Majumdar, MD
- Brittany McCoy, MD
- Honey Win, MD

#### PGY-3

- Olivia Gibson, MD
- Anne Hart, MD
- Tomas Restrepo Palacio, MD
- Brice Reynolds, MD
- Adelle Schaefer, MD
- Ciarah St. Paul, MD
- Ankur Upadhyay, MD

#### PGY-4

- Rachel Freydin, MD
- Richard Hempel, MD
- Marta Hoes, MD, JD
- Mark Kurzrok, MD, MPH
- Jacqueline Lewandowski, MD
- Erick Melendez, MD

## Check out our Program in Global Mental Health Website!

https://icahn.mssm.edu/education/ medical/md-program/global-mentalhealth

# Returning to Grenada, with a Whole New Perspective

Jacqueline Lewandowski, MD, PGY-4 at Mount Sinai Morningside/West Hospitals



This spring I returned to the island of Grenada, not as a medical student as I had in the past, but this time as a graduating psychiatry resident as part of the Program in Global Mental Health. It was very meaningful for me to put my efforts into helping the mental health system of a country that had given me the opportunity to launch my medical education years ago.

Photo by Dr. Lewandowski of Mount Gay Hospital, Saint George's, Grenada.

There is a stark difference between the mental health practices in Grenada versus what I have experienced while training in psychiatry in New York City. This is partly due to Grenada's outdated mental hygiene laws and regulations established in the 19<sup>th</sup> century, no current connection with the legal system, and a culture that is tight knit but holds strong stigma in regard to mental health. While there, I participated in the inpatient psychiatric rounds of the acute and chronic wards of Mount Gay Hospital, adult and child outpatient psychiatric clinics, addiction group therapy, as well as a Mobile-Crisis-like resource where patients were seen within the communities of the 7 different parishes of the country.

The resources in Grenada are limited. There is one psychiatric and one general hospital as well as only one government run nursing home and orphanage for a population slightly greater than 100,000 people. There are few psychiatrists and psychiatrically trained clinical staff who must mindfully distribute their time amongst the hospital and outpatient clinics. The hospital is consistently over-crowded, but it is frequently challenging to establish a safe discharge plan for patients. Stigma surrounding mental health is palpable, and often those with a psychiatric illness are not welcomed back into their homes. Homelessness is culturally unacceptable and shelters and half-way houses do not exist, leaving hospitals with the burden of housing individuals with no place to go. This puts further strain on a system that already operates beyond its means and capacity. Newly admitted patients are often found sleeping on the floor as beds are not available, outpatient clinics regularly run out of medications forcing prescribers to abruptly change treatment plans, and access to care is limited given the scarcity of psychiatric providers.

Although my stay in Grenada ended prematurely due to escalating Covid-19 precautions, my time there was filled with a vast array of experiences. The opportunity to observe and participate in Grenada's various psychiatric settings allowed for compelling conversations with local providers during which we brainstormed potential ways to improve Grenada's mental health system. We discussed the importance of data collection, resource allocation, and possible collaboration with local organizations and St. George's University. Additionally, I gave lectures on topics that the psychiatric clinicians encountered most throughout their careers including substance induced mood disorders, management of acute agitation, and suicide risk assessment while emphasizing the importance of evidence-based medicine. My perspectives and insights were very welcomed by Grenada's mental health clinicians who are always eager to improve their clinical care and the well-being of the patients and themselves. It is a country that has significant room for growth within the psychiatric realm, but it will undoubtedly continue to improve given their determination, creativity, and compassion. I thank them for allowing me to be a part of their journey moving forward.