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Letter to the editor



Mobilizing a psychiatric crisis response to COVID-19 for NYC hospital workers: Lessons learned from the mental health front lines

New York City was the early epicenter of the pandemic in spring 2020, with Montefiore Medical Center and the surrounding Bronx communities being especially impacted. The stress on Montefiore associates was further compounded by the systemic inequalities faced by the communities they serve including high rates of poverty, poor infrastructure, disproportionate exposure to environmental pollutants, reliance on public transportation and densely populated apartment units. [1] Like other major NYC medical centers, Montefiore faced the harrowing challenges of having limited personal protective equipment, COVID-testing capability, ventilators, bed capacity, and providers to treat the projected onslaught of critically ill patients. The Department of Psychiatry and Behavioral Sciences recognized the imminent need to provide expedited mental health services to Montefiore associates thrust into a rapidly evolving and uncertain situation, experiencing direct and vicarious traumatization and potential moral injury, and at risk of exhaustion and burnout. The Department of Psychiatry, in collaboration with the Department of Medicine, hospital leadership, and others, rapidly implemented strategies to increase access to mental health services for Montefiore associates.

The Swift Montefiore Associate Response Team (SMART) clinical program was launched on March 30, 2020 and aimed to eliminate barriers of wait-times, complex referrals systems, out of pocket costs, incompatible insurance, and limited after hours availability of faculty. Capacity was created for telehealth and in person visits during and after

routine office hours. This service offered up to 12 sessions of individual psychotherapy and/or pharmacotherapy to target COVID-19-related distress. Participating faculty were asked to dedicate four hours per week to this program. Eligible patients were Montefiore associates, self-referred or referred by other treaters or by Occupational Health Services, who were seeking treatment at least in part due to COVID-related distress. The service was advertised through newsletters, other staff emotional support services, and on the Montefiore intranet and an encrypted centralized email was used as a portal for referrals. Providers would reach out to associates within 24-48 hours of referral for a brief phone evaluation and to schedule an initial evaluation, typically within a week. As the urgent need for referrals subsided, SMART services concluded on December 31, 2020, and were folded into our general faculty practice and hospital clinic behavioral health programs.

At the conclusion of the SMART program, we conducted a study to explore the patient and providers' evaluations of program experiences, perceived helpfulness, and common treatment concerns. The study was approved by the Albert Einstein's Institutional Review Board. A chart review was conducted on all patients ($n = 52$) who received outpatient services through the SMART clinical program. A subset of these patients ($n = 15$) and providers ($n = 21$) also responded to the survey. Patients included physicians, nurses, and employees in support and administrative roles (68.42% female; $Mage = 42.39$, $SD = 13.53$) and providers included eight psychologists and 13 psychiatrists with 4–40 years of

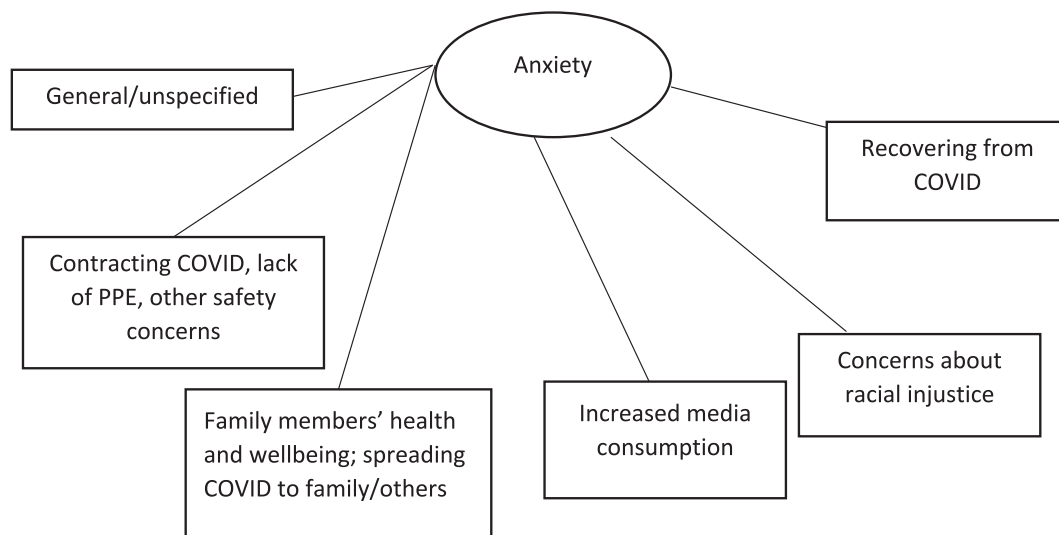


Fig. 1. Anxiety-related concerns experienced by SMART patients.

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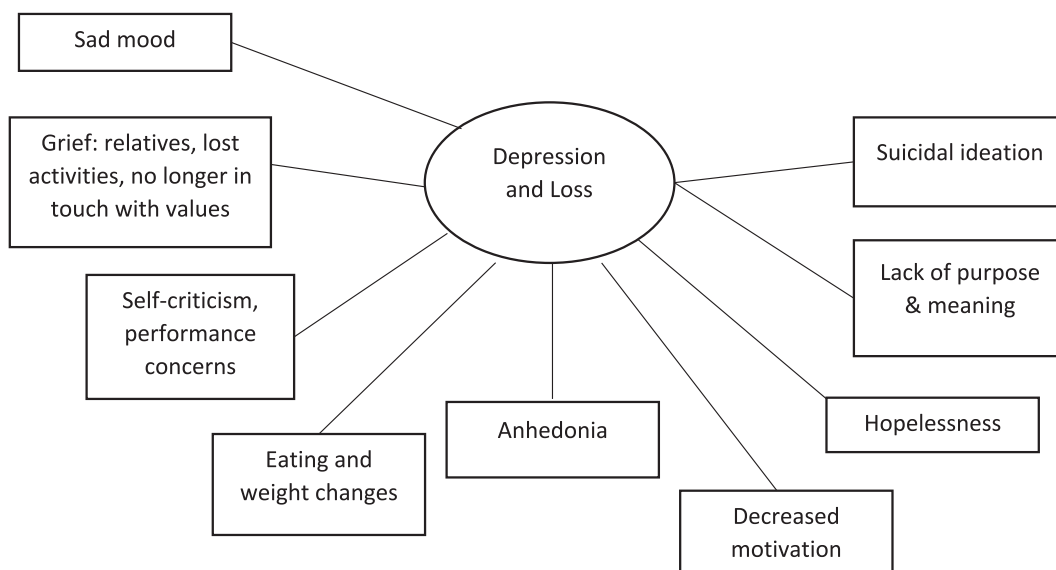


Fig. 2. Aspects of depression and loss experienced by SMART patients.

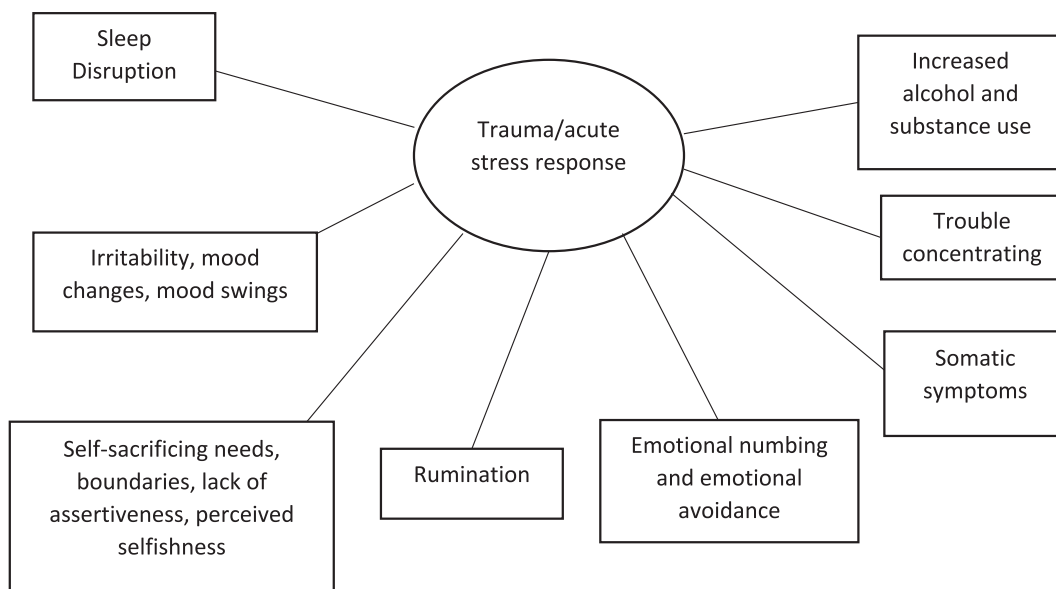


Fig. 3. Trauma/acute stress response-related problems experienced by SMART patients.

professional experience ($M = 15.52, SD = 13.41$). Anxiety, insomnia, and depressed mood were the most common treatment concerns reported (Supplemental Data, Table 1). Additional qualitative analyses were performed from which the themes of anxiety, depression and loss, trauma/acute stress response, and work concerns emerged (see Supplemental Data, Figs 1-4).

Our study reinforced the necessity of key program development features noted by other authors [2] including anticipating the mental health need, using leadership capable of mobilizing systems and resources quickly, convening a multidisciplinary team, delegating tasks, and setting timelines, developing training and educational materials, and developing a marketing strategy.

Recommendations based on our evaluation of SMART programming include the following:

(1) Convene a multidisciplinary team that includes mental health providers who can conduct therapy and can prescribe medications. Nearly half (48%) of SMART recipients were prescribed medications,

and 85% received psychotherapy underscoring the need to provide both kinds of services in a timely fashion.

(2) Design mental health programming for psychological-related distress that is geared towards the treatment of depression, anxiety, trauma/acute stress response and work concerns. Clinicians with experience with short-term treatments may mobilize more readily in response to future crises. Ensure that mental health staff are well-versed in pharmacotherapy and brief therapeutic interventions that target these crucial treatment areas (e.g., skills focused therapies such as cognitive behavior therapy).

(3) Hospitals should invest in mental health services for all their staff/associates to manage acute and long-term pandemic-related distress. This could include the financial support to set up the infrastructure and staffing for the programs as well as allowing patient-associates the time to utilize offered services.

(4) Robust marketing efforts are needed to advertise mental health services within a large health system.

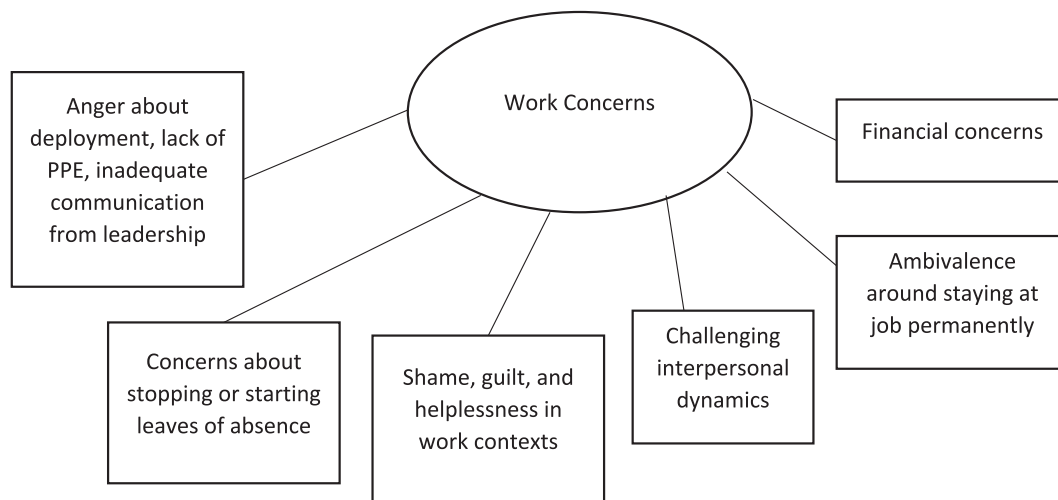


Fig. 4. Work-related concerns experienced by SMART patients.

Future directions may include identifying an optimal service model and developing a standardized treatment protocol. The SMART program successfully addressed many of the emerging mental health needs resulting from the COVID-19 pandemic. We now better understand the mental health needs of health care workers specifically as they related to depression, anxiety, trauma/acute stress responses, and work-related distress, and this information will inform our future efforts at psychiatric crisis mobilization.

Supplementary data to this article can be found online at <https://doi.org/10.1016/j.genhosppsy.2021.12.005>.

References

[1] Secon H, Narishkin A, Morgan C. The Bronx has nearly twice as many COVID-19 cases and hospitalizations as Manhattan. These charts reveal why. *Bus Insid* 2020, May 29. <https://www.businessinsider.com/who-has-been-hardest-hit-by-covid-19-manhattan-bronx-2020-5>.

[2] Feinstein RE, Kotara S, Jones B, Shanor D, Nemeroff CB. A health care workers mental health crisis line in the age of COVID-19. *Depress Anxiety* 2020;37(8):822–6. <https://doi.org/10.1002/da.23073>.

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