



DEPARTMENT OF PSYCHIATRY

DEPARTMENT OF PSYCHIATRY NEWSLETTER COVERING 2021

A LETTER FROM THE CHAIR

Dear Friends,

I greet you with warm wishes for a safe, peaceful and healthy new year! We closed out 2021 with more pandemic stress than we anticipated a year ago when vaccines were just becoming available. At that time, there were fervent hopes for a return to some pre-pandemic normalcy in 2021. We recognize now, and history teaches us once again, that there is no panacea. Our “normal” has now shifted. Facing the challenges of the last year, many very stressful and punctuated by ongoing division and tragic losses, we have also recognized opportunities to adapt, cope and grow through our relationships with our work and with each other.



I am proud to report that the faculty, staff and trainees of the Department of Psychiatry have continued to rise to the many challenges and demonstrated remarkable resilience and mutual support despite the stress. In the pages that follow, we provide some examples of the work across our clinical, educational and research missions. You will see some of our key treatment and clinical research programs, some even arching toward policy initiatives that will help enhance supports and reduce risk of illness across the lifespan.

We are also pleased to update you on our General Residency Program and introduce you to new faculty who are alumni of our psychiatry and psychology training programs.

All of this work is enhanced and often catalyzed by our partnerships with you and the other members of our community. We are so grateful for your support! It helps us explore new research ideas, provide important education and outreach to our community, and attract the next generation of leaders in our field. As always, I welcome your feedback and invite you to stay connected as we strive to ever advance our work and enhance the impact of Michigan Psychiatry.

Sincerely,

Gregory W. Dalack, M.D.
Chair, Department of Psychiatry
Daniel E. Offutt III Professor of Psychiatry
gdalack@med.umich.edu



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Visit our website to learn more:
medicine.umich.edu/dept/psychiatry

SOUNDBITES

Psychiatry Faculty in the News

see page **15**

FOX News:	New York Times:	Salon:	WXYZ-TV Detroit:	CNN:	WXYZ Detroit:	NPR:
“Drinks in the sunset years: Why the Queen has to start skipping her favorite martini”	“Phony diagnoses hide high rates of drugging at nursing homes”	“The quest for ‘perfect parenting’ is screwing us all”	“Focusing on women’s mental health for Women’s Health Week”	“How older adults can regain their game after being cooped up for over a year”	“How to help your kids deal with grief, trauma after the Oxford High School shooting”	“Sharp, ‘off the charts’ rise in alcoholic liver disease among young women”

ELECTROCONVULSIVE THERAPY AT MICHIGAN MEDICINE



Daniel Maixner, M.D.



The ECT team wearing customized jackets purchased by a grateful patient family.

The Electroconvulsive Therapy (ECT) program serves patients with treatment-resistant depression and other severe mood disorders. Patients are referred to the ECT service by referring psychiatrists and from Michigan Medicine's psychiatry inpatient units.

Mechanisms of ECT

ECT emerged in the late 1930s as a treatment before any medications for psychiatric illnesses were developed. **Psychiatrists had previously discovered that inducing seizures could relieve symptoms of severe mental illness.** ECT involves applying a brief electrical pulse to the scalp while the patient is under full anesthesia. This stimulation excites the brain cells, causing them to fire in unison, and produces a seizure.

There are multiple theories to explain why ECT is effective.

"One theory suggests that the seizure activity itself causes an alteration of the chemical messengers in the brain, known as neurotransmitters. Another theory proposes that ECT treatments adjust the stress hormone regulation in the brain, which may affect energy, sleep, appetite, and mood," said **Dan Maixner, M.D., director of the ECT Program.**

Our ECT Program

"Michigan Medicine's ECT program dates back to 1986. We continue to be a major site for ECT referrals in our state and perform over 3,500 ECT treatments per year," says Dr. Maixner. "Our team consists of seven attending psychiatrists, ECT nursing staff, anesthesiologists, certified nurse anesthetists, and administrative support staff. Patients undergoing ECT treatment receive a complete medical evaluation, including anesthesia consultations. Psychiatrists and anesthetists supervise the administration of ECT. Following the completion of a course of ECT treatment, staff stay involved in the patient's long-term planning of psychiatric follow-up care."

Research interests of the ECT team include **predictors of outcome and techniques to optimize ECT.**

In May 2021, a team led by Dr. Maixner published a commentary in the *American Journal of Psychiatry*, titled "**Electroconvulsive Therapy is an Essential Procedure,**" describing the experiences of 20 ECT centers nationwide during spring of 2020 and the impacts of reduced services.

"When the COVID-19 pandemic arrived in North America in March 2020, **health care facilities stopped providing all but 'essential' care, to reduce infection risks and preserve protective gear known as PPE. That included drastic reductions in ECT treatments,**" says Dr. Maixner. "Because ECT involves anesthesia, it is considered an 'aerosol generating' procedure — posing special risks when a respiratory virus such as the novel coronavirus is in widespread circulation."

Some centers temporarily stopped accepting new patients for ECT and changed the schedule for the repeated treatments that a course of ECT entails. Many reduced their capacity to less than half of their usual patient volume between March and June 2020, including five that treated less than a quarter of their usual number of patients. For new patients, and those who had completed their initial course of treatment but needed maintenance treatments, 18 of the 20 centers reduced the frequency of treatments.

These changes came with a price. **One center lost a patient to suicide. Three other centers had patients who made serious suicide attempts. Seventy percent of sites had patients return to inpatient psychiatric care after living in the community because they weren't able to receive ECT on the planned schedule, and 80% of the centers had patients who had to restart ECT care from the beginning to get back on track.**

Dr. Maixner explains: "Risks are high for our patients during the time of COVID-19 and any other pandemic if access to ECT is curtailed. It is important for psychiatrists and patients to **advocate for ECT to remain an essential treatment** and not just be considered elective."

Read more on our website:
michmed.org/mVNxQ

ELECTROCONVULSIVE THERAPY: PEELING BACK THE MYSTERY

CHRISTINA often struggled to get through the average day.

A former teacher diagnosed with treatment-resistant depression — along with OCD, bipolar disorder and Complex Post-Traumatic Stress Disorder (CPTSD) — she was unable to work. At one point she was taking almost 60 different pills per day, with little to no effect on her depression. **“Life for me was tough. Basically, I ended up a vegetable on a couch. I didn’t want to become an addict. I knew I needed to act,”** said Christina. She researched local ECT treatment providers and found the ECT Program at Michigan Medicine.

“Unfortunately, many people think of ECT — once known as “shock therapy” — as a ‘dangerous’ or ‘extreme’ treatment method and the stigma holds strong,” says Dr. Maixner.

But for patients like Christina, with treatment-resistant conditions, **it’s the only thing that works.**

Christina has led a traumatic life. Her father was murdered when she was 20 years-old, and shortly after that she experienced her first suicide attempt. “I’ve been through 50 plus medications to treat my mental illness. I’ve been chronically suicidal my entire life. I have had 8 to 10 suicide attempts,” Christina said.

Christina was admitted to the ECT program three years ago. Since then, she has driven to Ann Arbor every two weeks for ECT treatments. Most commonly ECT is used to treat severe episodes of illness for a few weeks and is discontinued. But, for patients who have very resistant illnesses,

Read more articles about ECT on our website (type “ECT” into the search box): medicine.umich.edu/dept/psychiatry

longer term maintenance ECT may be needed when all other medications and therapies fail.

“My husband has been a tremendous help. He drives me to my appointments. The whole process takes between three to four hours. It starts with the hour-long intake interview process, then the ECT treatment, followed by the aftercare. And of course the two hour drive to Ann Arbor and back home.”

Last year, during the height of the COVID-19 pandemic, Christina’s ECT treatments were not stopped completely as some other elective procedures were.

“I was lucky. Michigan Medicine was very proactive in implementing COVID tests right away. While I was nervous coming into the hospital during the pandemic, I knew skipping treatment would be an even worse decision for my health,” she said.

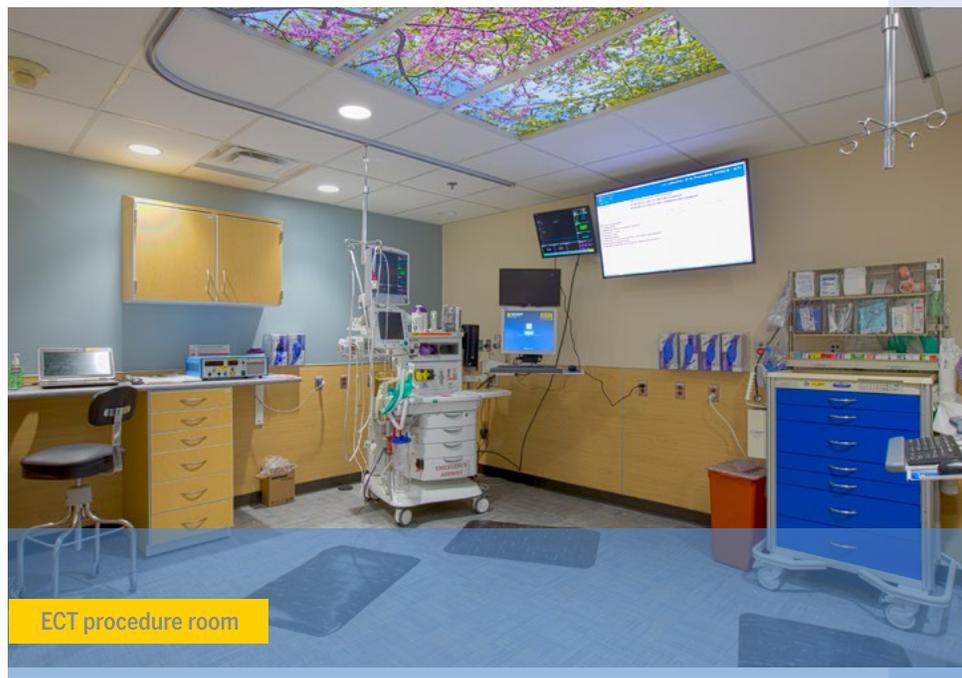
Christina does experience some side effects.

“After waking up, I often don’t remember right away where I am or what happened,” she said. **“And, after my treatments over so many years, I do have some long-term memory loss.”** But, Christina thinks the benefits outweigh the side effects: **“A little memory loss or loss of life — which would you pick?”**

When asked about the one thing she’d want everyone to know or understand about ECT, Christina is quick to state that her life depends on it.

“I hope U-M continues to bring in medical students, to educate them about mental illness and about the wonders of ECT. It is such a relief to be taken care of by an attentive team of compassionate and caring medical providers.”

She concludes: **“Thirty-two years into living with mental illness, I can tell you that it’s difficult being honest with healthcare providers, but the ECT team makes it easy for me. I even wear fun socks when I go to my treatments to make them smile.”**



ECT procedure room

PROGRAM UPDATES

ZERO TO THRIVE

Zero to Thrive is built on the premise that **pregnancy through early childhood** is an especially sensitive time for **mitigating** the multi-generational **effects of inequity, trauma, and adversity while promoting mental health**. Many families with young children are struggling; nearly a quarter live in poverty, and many face high levels of toxic stress, the impact of which can be carried across generations.

The science is clear. **Adversity experienced in the earliest years can interfere with children's and families' abilities to reach their fullest potential**. Additionally, the rates of childhood mental health concerns have increased significantly over the course of the COVID-19 pandemic. A coalition of the nation's leading experts in pediatric health **recently issued an urgent warning declaring the mental health crisis among children so dire that it has become a NATIONAL EMERGENCY**. Read the declaration here: michmed.org/2PvG7.

For decades, the University of Michigan and Zero to Thrive have worked in partnership with communities to mitigate the impact of toxic stressors through scientific discoveries, increased public awareness, and development and delivery of programs and services that promote the health, well-being, and resilience of children and families now and in the generations to come.

As we look forward to 2022, these services have become more critical than ever. Here is a summary of our accomplishments this past year.



Maria Muzik, M.D., MSc, and Katherine Rosenblum, Ph.D., ABPP, Zero to Thrive co-directors



PROGRAMS FOR PROFESSIONALS

- Trained clinicians to implement **Strong Roots** programs at over 30 locations across eight states

SERVICES FOR FAMILIES

- Provided direct mental health services through the **Perinatal Psychiatry** and **Infant and Early Childhood Clinics** to more than 500 families; and the **MC3 Perinatal Expansion** project partnered with five health systems statewide to serve pregnant and postpartum populations, with more than 530 providers enrolled

RESEARCH & COLLABORATION

- Convened the **Translational Network** bringing together more than 90 faculty and staff members from 20 U-M schools and departments to **find real-world solutions to families' problems**
- **Led research and service-oriented projects** totaling more than \$3 million in annual costs with funding from the National Institutes of Health, Michigan Department of Health and Human Services (MDHHS), and private foundations
- Published more than 20 articles and papers
- Served as a subject-matter expert to mental health and primary care clinicians, the MDHHS, and the Executive Office of the Governor
- Participated in many statewide coalitions and steering committees

Zero to Thrive continues to create a portfolio of research, treatment, training, and advocacy initiatives for trauma-specific, relationally focused mental health treatment to support the well-being and resiliency of young children and families. The program's ongoing goal is to promote their programs and services across the state and beyond.

Zero to Thrive is currently welcoming partnerships and investments to expand programs and support innovation in the field.

Learn more about Zero to Thrive at zerotothrive.org

PROGRAM UPDATES

HOUSE OFFICER MENTAL HEALTH PROGRAM

The House Officer Mental Health Program (HOMHP) is a psychiatric clinic dedicated to **providing care for physicians during their residency training.**

The program has **three faculty psychiatrists** who are available to see residents quickly for psychiatric evaluation and ongoing treatment, offering both **medication management and psychotherapy.**

The COVID-19 pandemic has shined a spotlight on the mental health crisis amongst healthcare workers. Healthcare workers tend to face numerous barriers to getting mental health care, further exacerbating the issue. The main goal of the House Officer Mental Health Program is to **reduce as many barriers as possible.** The program was established in 1996 and has been consistently growing since then, with marked expansion recently. The number of annual new patient evaluations has nearly doubled in the past five years, and in 2020, just under **15% of all residents at Michigan Medicine accessed the program.**

For the first appointment that a resident has with one of the psychiatrists, the visit is free of charge and not billed to insurance, as well as **confidentially documented outside of the main electronic medical record system.** Unfortunately, the **stigma** around physicians seeking mental health care does still exist. With the visit being completely off of the resident's medical record, residents tend to be more willing to seek out that first appointment as there are no perceived repercussions. Residents are usually offered an intake appointment within one week, which is quite the contrast to the typical wait time of 6-8 weeks that is found in most psychiatric practices.

In addition to clinical work, the HOMHP psychiatrists also are involved in various capacities throughout the health system. There is frequent **collaboration with the Wellness Office** and the **Office of Counseling and Workplace Resilience** to implement wide-reaching wellness programming, and individual residency programs frequently invite the psychiatrists to **meet with their residents to talk about mental health, wellness, and ways to mitigate physician burnout.**

Many residents have said that the existence of the House Officer Mental Health Program was an **important factor in their decision to come to Michigan Medicine for their residency training.** Not only does it alleviate the stress associated with trying to establish care with a psychiatrist, but it also signals that the University of Michigan health system acknowledges and addresses the mental health needs of residents.



Sarah Bommarito, M.D., Faculty Psychiatrist (left), and Jennifer Votta, D.O., Director, House Officer Mental Health Program (right), pictured in the office where residents are seen for therapy in the U-M hospital.

QUOTES FROM RESIDENTS:

“As I was interviewing at different residency programs, the importance that Michigan places on resident mental health was absolutely a highlight for me. Being able to easily establish care with a psychiatrist through the House Officer Mental Health Program made my transition to residency much less stressful.” —SG

“I had no idea how high my anxiety was and how much it was affecting my life until I met with the House Officer Mental Health Program for concentration difficulties. She helped me understand myself so much better and was able to provide me with treatment that has made a huge difference in my life and my ability to care for my own patients.” —NH

“Halfway through my intern year I went to my program director for help with burnout. She was very supportive and suggested the House Officer Mental Health Program. I felt so much more hopeful after my first meeting with the psychiatrist, and the ongoing therapy she has provided has helped me to flourish in residency.” —JF

FACULTY PROFILES

Benjamin M. Hampstead, Ph.D., ABPP-CN



Dr. Hampstead is the inaugural **Stanley Berent, Ph.D., Collegiate Professor of Psychology in Psychiatry** and staff neuropsychologist in the VA Ann Arbor Healthcare System. He is board-certified in Clinical Neuropsychology and has maintained continuous federal funding for over 15 years.

Dr. Hampstead directs the **Research Program on Cognition and Neuromodulation Based Interventions (RP-CNBI; hampstead.lab.medicine.umich.edu)**, which has two overarching goals.

First, the team uses a **combination of cognitive tests and neuroimaging methods (like MRI scans) to understand the changes that occur following injuries or diseases that affect the brain.** Most ongoing work focuses on older adults across the continuum from “normal” aging to dementia. Dr. Hampstead leads the **Michigan Alzheimer’s Disease Research Center (MADRC) Clinical Core**, which is responsible for the annual evaluation of about 450 older adults, and co-leads the **Neuroimaging Core** that acquires and analyzes brain scans. These efforts promise to improve diagnosis and identify areas of need in the everyday life of patients.

Realizing that diagnosis is not the end of the journey for those with cognitive and emotional changes, Dr. Hampstead’s second goal is to **identify and implement non-pharmacologic treatments that improve patients’ quality of life.** One treatment approach focuses on strengthening remaining cognitive abilities in order to help improve everyday life using techniques like cognitive rehabilitation and cognitive training. Another approach, known as non-invasive brain stimulation, attempts to “correct” dysfunctional brain activity (or communication between various brain regions) using different types of energy.

EXAMPLES OF ONGOING FUNDED PROJECTS INCLUDE:

- Dr. Hampstead holds a prestigious **R35 ADRD Leadership Award** from the National Institute on Aging that provides infrastructure to support non-pharmacologic research, training to the next generation of clinician-scientists, and develops clinical treatment guidelines for non-pharmacologic interventions.
- The team is conducting **one of the largest studies using brain stimulation in patients with Alzheimer’s disease.** The study will identify who benefits from stimulation, how much is needed, and for how long it should be provided. The study is the first to include “biomarkers” (scans that show how much disease is in the brain) to further identify if and how disease affects brain stimulation.
- Colleague and mentee **Dr. Annalise Rahman-Filipiak** leads studies providing biomarker information back to patients with the goal of understanding how this information affects healthcare decisions and, ultimately, informs best practices for such feedback.
- In collaboration with **Dr. Nico Bohnen** (U-M Neurology & Radiology), the team is the first to evaluate individualized brain stimulation as treatment for cognitive and motor deficits in those suffering from Lewy Body Dementia.
- Colleague and mentee **Dr. Alexandru Iordan** (U-M LSA Psychology) leads a series of funded studies that examine how brain stimulation changes the brain’s neurotransmitters (chemicals that allow brain cells to communicate).
- Other studies evaluate in-office brain imaging as well as caregiver-based interventions. The team also developed individualized headgear (patent under review) that has enabled **at-home brain stimulation** across the state of Michigan.

In the future, Dr. Hampstead hopes to further improve outcomes by more precisely matching the type of intervention to each patient’s specific needs.



Research Program on Cognition and Neuromodulation Based Interventions staff and faculty

Pictured here: Dr. Annalise Rahman-Filipiak, Daryl Cain, Victor DiRita, Rachel Debling, Eileen Robinson (Program Manager), Carine El-Jamal, Jessica Pedroza, Shannon Ryan, Michael Padgett, Troy Tyszkowski, Aleija Rodriguez, Megan Schumer, Ashley Harrie, Mary Lesniak, Stephen Schlaefflin, Tessa Wilcox, Colin Pietron, and Dr. Benjamin Hampstead.

(Not pictured: Gianna Tunzi, Dr. Samuel Crowley)

FACULTY PROFILES

Adrienne Lapidos, Ph.D.
Clinical Assistant Professor



Dr. Lapidos received her B.A. from Brown University and her Ph.D. from the Derner Institute for Advanced Psychological Studies at Adelphi University. She completed her postdoctoral residency through the VA Interprofessional Fellowship in Psychosocial Rehabilitation and Recovery at VA Connecticut Healthcare System.

At U-M, Dr. Lapidos is a practicing clinical psychologist with the depression and Program for Risk Evaluation and Prevention teams, providing evidence-based **psychotherapies** such as Cognitive Behavioral Therapy (CBT) and Acceptance and Commitment Therapy (ACT) to **individuals with depression, anxiety, and psychosis**.

Dr. Lapidos is also an active researcher and educator. **Her work explores how interventions led by lay health workers such as community health workers and peer providers can improve the health and mental health of individuals living with serious mental illness.** Dr. Lapidos has established a program of community-engaged research projects in collaboration with lay health workers, with a special **interest in the bidirectional relationship between oral health and mental health.** In keeping with the call to action “No Mental Health without Oral Health,” [1] Dr. Lapidos is passionate about **drawing attention to oral health inequities, and finding community-engaged solutions to this pressing problem.**

- With support from the Eisenberg Collaborative Innovation Fund and the Delta Dental Foundation, and **in collaboration with a community advisory board and Dr. Danielle Rulli from the U-M School of Dentistry**, Dr. Lapidos developed and is evaluating a **lay health worker-delivered oral health education and referral model** designed for people living with serious mental illness.



When Dr. Lapidos set out to provide **oral health education for people living with serious mental illnesses**, she sought **visually appealing and scientifically correct materials** that could be used by lay health workers to help motivate change. **Dr. Lapidos partnered with McMillen Health** to develop new materials, titled “*Oral Health Recovery: An Oral Health Curriculum for Adults with Chronic Health Conditions.*” Designed for use by lay health workers, these materials emphasize that it is never too late to make positive changes to one’s oral health, and provide text, graphics, and linked video guidance for adults at high risk for oral health problems. Pictured here is **Cassandra Kamaloski, executive director of a peer-run drop-in center** in Manistee, Michigan, showing the materials she now uses as part of the oral health initiative.



- The Michigan Health Endowment Fund supports a series of Dr. Lapidos’s **e-learning outreach projects** that aim to provide behavioral health and oral health education to lay health workers.
- A recently concluded randomized program evaluation with co-principal investigator Dr. Michele Heisler, sponsored by the Blue Cross Blue Shield Foundation of Michigan, the Ralph C. Wilson Foundation, and U-M Poverty Solutions, explored outcomes and costs of a Detroit-based community health worker intervention. **The team found that the intervention reduced emergency department visits and costs, and increased use of outpatient care.**
- Dr. Lapidos is an active team scientist, serving co-investigator roles on projects led by faculty such as Dr. Sagar Parikh, Dr. Mark Ilgen, and Dr. Paul Pfeiffer. She is a co-investigator on an NIH-funded randomized controlled trial that pairs peer providers with individuals recently discharged from inpatient care with the **aim of reducing suicide ideation and attempts.**

Learn more about Dr. Lapidos’s work:
michmed.org/j8xDg

[1] Kisely, S. (2016). No mental health without oral health. *The Canadian Journal of Psychiatry*, 61(5), 277-282.

FACULTY PROFILES

Amanda Leggett, Ph.D.
Research Assistant Professor



Dr. Leggett working with an older adult (pre-pandemic)

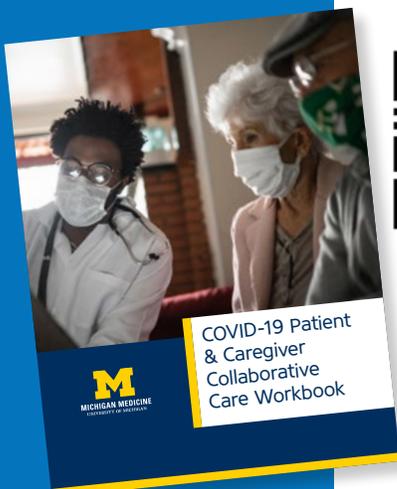
Dr. Leggett's first job in high school as a waitress at an assisted living facility led to a **love for working with older adults** and an **interest in the mental health challenges that were so prevalent there such as depression and dementia**. Her interest in working with other age groups as well (she regularly babysat and worked with her church's youth group as a college student), however, led her to a developmental Ph.D. program and the **intergenerational study of family caregiving for individuals living with dementia** (e.g., family caregivers are often adult children with grandchildren increasingly joining the mix). As a graduate student and postdoctoral fellow, she took a largely biopsychosocial approach to considering health behaviors, social stressors, illness, and other modifiable factors in association with **later-life depression, cognition, and caregiving**.

Dr. Leggett is now transmitting this foundational knowledge of biopsychosocial predictors of late-life mental health and the stress process of care into the **development of a taxonomy of dementia care management styles** (cognitive-behavioral approaches to care) and determining **how style is associated with biopsychosocial outcomes of care** (e.g., burden, sleep, stress biomarkers) through an NIA funded K01 Career Development Award. She has identified **five distinct caregiving styles** (Leggett et al., 2021, *Dementia*) that vary in their understanding of dementia, adaptability, extent of focus on self- or the person living with dementia, emotional expressions, and their behavioral engagement and management strategies utilized during care challenges. **She is showing associations between style typologies and burden, cortisol reactivity, care recipient quality of life, and health services utilization**.

Additionally, Dr. Leggett was just awarded a two-year Advancing Research on Care and Outcome Measurement (ARCOM) award through the Alzheimer's Association's LINC-AD program to **develop an assessment measure of caregiving style for clinical and community use**. Her grant was unanimously selected to be sponsored by the Alzheimer's Association Dementia Care Provider Roundtable. The Roundtable represents a **consortium of thought leaders** from the dementia care provider industry **working to advance care and support services for people with Alzheimer's and other dementias and their caregivers**, through the dissemination and adoption of evidence-based Alzheimer's Association Dementia Care Practice Recommendations.

Through an NIA administrative supplement, Dr. Leggett is extending this work to **explore how caregivers of varying styles coped with care during the COVID-19 pandemic**. Over the past year and a half, she has also collaborated with a team of critical care doctors, psychologists, and nurses, to **explore caregiver coping and patient recovery following a COVID-19-specific intensive care unit stay**. The group has discovered how not being at the patient bedside is hampering observational learning and leading to increased care stress when the patient returns home. These interviews led to the development of a **COVID-19 caregiving workbook** (**access via the QR code, left**) disseminated by the Michigan Medicine Office of Patient Experience and a peer mentor hospital program for COVID-19 patients.

The ultimate goal of Dr. Leggett's ongoing work on classifying unique caregiving styles is to enable the identification of **targets for precision interventions**, thereby improving the acceptability, efficacy, efficiency, and cultural relevance of caregiver services for those most in need, **ultimately enhancing health and well-being for caregivers and persons living with dementia**.



Read a recent press release about Dr. Leggett's work:
michmed.org/zQvPA

FACULTY PROFILES

Erin E. Bonar, Ph.D.
Associate Professor
U-M Addiction Center



Dr. Bonar is a licensed clinical psychologist who leads cutting-edge research using technologies in the **prevention and treatment of substance use disorders**. She is an associate professor in the Department of Psychiatry, adjunct associate professor in the Department of Psychology, content lead at the U-M Injury Prevention Center, and core faculty at the U-M Center for Sexuality and Health Disparities.

“I’ve seen it first-hand when working with individuals in clinical care settings – **addiction and substance use disorders** are real and can have lasting, devastating impacts on people’s lives. **My goal is to find ways to stop this cycle before it becomes entrenched**, and to help people find ways to optimize their health and well-being and meet their personal goals.”

Dr. Bonar has an extensive research portfolio. She is currently the principal investigator of five clinical trials funded by the National Institutes of Health (NIH) that **address cannabis, alcohol, and opioids using a variety of technology-based solutions**. These studies, taking place in local Michigan communities and nationally, use **social media, patient portals, and video chat** to connect with people and help address substance-related risks and mental health. The goal of this work is to reduce the impact that misusing substances can have on people’s lives, using a non-judgmental and strengths-based approach. **Technology is critical to reaching people and engaging them in their day-to-day lives where substance use takes place.**

Dr. Bonar is an alumna of Northern Kentucky University. She received her M.A. and Ph.D. in clinical psychology from Bowling Green State University before completing her postdoctoral fellowship at the U-M Addiction Center, where she is now on the faculty. Dr. Bonar has received **specialty training in Motivational Interviewing**, an approach to substance use treatment and prevention that is strongly backed by research evidence. She has also been trained by the NIH mHealth Institute and the National Institute of Drug Abuse-funded Research Ethics Training Institute.

Dr. Bonar is nationally recognized for her expertise and currently sits on the **NIH Center for Scientific Review’s Community Influences on Health Behavior study section** which ensures quality peer review of studies proposed to the NIH. She has made significant contributions to the field and is passionate about continuing to find new ways to serve the community and promote health through proactive outreach and engaging intervention programs.

DR. BONAR’S WORK INCLUDES

- **Studies that use social media** to help adolescents and young adults reduce their substance use and stay safer. She has been invited to speak on this work and serve on expert panels about social media in research.
- Research that focuses on preventing opioid overdose and prescription opioid misuse. She began working in this area before the height of the opioid epidemic and has more recently **received a large grant focused on prevention for young adults.**
- **Understanding cannabis use and its outcomes** in the current changing landscape of new products and legalization.

GENERAL PSYCHIATRY RESIDENCY PROGRAM

The U-M Psychiatry Residency Program recognizes the **unique strengths and goals** of each individual resident. We **tailor the educational experience to ensure that every resident masters the fundamental skills of psychiatry and has the opportunity to develop individual interests and talents.** We encourage all residents to connect with **mentors** in the department to collaborate on the development of the **resident's career goals**, as well as to connect and provide **support** surrounding **resident wellness.** We offer additional guidance through the **Research Track**, which focuses on the development of **physician-scientists**, and an innovative **Clinical Scholars Track** for residents **planning an academic career.** Graduates of both programs are now **found on our own faculty and spread throughout first-tier institutions across the country.**

Our residents work directly with a large faculty of world-renowned researchers, respected clinicians, and award-winning teachers. Faculty members are directly involved in patient care, resident education, and individual mentorship. **Residents work side-by-side with faculty to provide care for patients** from every socioeconomic and cultural background with the full range of psychiatric disorders. Clinical rotations are demanding and intensive, but **faculty supervision and mentorship is equally**

“Each year of my residency seems like a new experience with different challenges and opportunities. I feel better prepared for my career after being exposed to the VA healthcare system, three different inpatient units (including an inpatient child unit), a dedicated psychiatric emergency room, Community Mental Health, and an amazing outpatient clinic. You'll see everything here in multiple contexts.”

—Matthew Laurencelle, M.D., Alumnus

intensive. The result is clinical training of unparalleled excellence.

All clinical rotations include **individual supervision of clinical work by faculty.** In addition, psychotherapy training includes the assignment of a supervisor from the full-time faculty or from practicing psychiatrists in the community. Our department enjoys an excellent relationship with the **Michigan Psychoanalytic Institute**, which generously provides many of their own faculty members for supervision of psychotherapy cases and didactic instruction. The psychoanalytic faculty members also serve as adjunct faculty at U-M.

Additionally, an **extensive series of lectures and discussions** forms the didactic core experience of the residency program. Our courses are designed to be rich in content, but to **allow great freedom for discussion and interaction.** The core curriculum consists of a series of seminars throughout the four years of training. Balance is sought among the various aspects of the field, and residents may learn about neuroscience in the morning and psychoanalytic therapy in the afternoon. We strive to provide an **evidence-based curriculum that evolves with advances in the field**, and that allows residents to learn from the talented clinicians and researchers we have here at U-M.

Elective rotations in **women's health, addiction, transplant psychiatry, and eating disorders** involve residents in state-of-the-art models of integrative care. Residents in the **Anxiety Disorders Clinic** are at the forefront of broad-spectrum anxiety disorder treatment, combining intensive cognitive and behavioral therapies with medication management. Residents in the **Geropsychiatry Clinic** work in close collaboration with psychiatry faculty and the Turner Geriatric Clinic to provide both the psychiatric and medical needs of the older population. Similar depth of experience is found in **community psychiatry, emergency psychiatry, PTSD treatment, child psychiatry, addiction psychiatry, ECT**, and many others.



PROGRAM FACULTY LEADERSHIP:

Heather E. Schultz, M.D., MPH — Program Director
Michael D. Jibson, M.D., Ph.D. — Associate Chair of Education
Steven Bartek, M.D. — Assistant Program Director
Stephanie Levin, M.D. — Assistant Program Director

PROGRAM ADMINISTRATIVE LEADERSHIP AND STAFF:

Kenneth Ester Jr. — Education Manager
Dawn Maire Cooper — Program Administrator
Linda Wilson — Program Administrator

Visit the General Psychiatry Residency Program website:
psych.med.umich.edu/residency

ALUMNI PROFILE

Jenny Baumhauer, M.D.



Dr. Baumhauer (third from left) with fellow residents in 2020

Where are you from?

I was born in and spent my early childhood outside of Boston, Massachusetts. In my early teen years my family moved to San Francisco, California, and I stayed in the Bay Area for college and work before moving to Michigan for medical school in 2012. My immediate family still lives in the small town of San Carlos, which is where I consider myself to be from.

Why did you choose U-M for residency?

The people. Of course, I could speak to the impressive training environments and opportunities, the access to the wide variety of clinical experts within the field, or the diverse patient population because University of Michigan Psychiatry is well known for all of that. But for me, it was the people.

During interviews, U-M felt like the first place that was truly interested in how they could support an applicant in their interests and career development, as opposed to many other programs which tried to determine whether you would fit into what they had to offer. The residents and faculty were all genuine, happy, and supportive, which was important to me as I would be spending long hours with them for the next several years. I chose U-M because I felt like it could help me be the best psychiatrist I could be, all while working with wonderful people along the way. And it did. I would choose this program again in a heartbeat.

Why did you stay at Michigan to join our faculty?

I loved my residency experience, during which I got to work closely with many individuals in various areas of the system. I was always impressed with the holistic model of patient care, as well as the strong collaborative nature of the department, where people seemed to genuinely enjoy their work. The combination of unique clinical environments (such as Psychiatric Emergency Services (PES)), breadth of clinical expertise, outstanding patient care, and wonderful coworkers I felt were worth braving the snow for!

What does your work focus on?

My clinical work is focused in the hospital sector, where I split my time between PES, our adult inpatient unit (9C), and Electroconvulsive Therapy (ECT). I've always enjoyed high acuity

patients and crisis stabilization, and these three areas not only allow me to practice within these interests, but also commonly overlap and allow me to deliver more comprehensive care in each setting.

What do you find most rewarding about your work?

In inpatient psychiatry and PES our patients enter our care in times of crisis, often intensely suicidal, psychotic, or manic. They are not functioning in the community and have often undergone a significant stressor in their lives.

I love that my job gets to change patients' trajectories as we pause to take a holistic view of each patient to find the gaps in support and care limiting their success outside the hospital. It is incredibly gratifying working within a multidisciplinary team to provide therapeutic interventions, medication management, and psychosocial supports to patients, and subsequently helping people stabilize from crises.

What area in mental health do you think has taken the biggest toll during the COVID pandemic?

I think the real question is: is there an area of mental health that *hasn't* taken a toll during COVID?! The volume of patients presenting to Psychiatric Emergency Services has increased, notably children and geriatric patients. This has caused increased referrals to all levels of care: inpatient, partial hospitalization programs, and outpatient psychiatry and therapy.

The acuity of these patients has also appeared to increase, with more complex patients being admitted to inpatient units with subsequently prolonged hospitalization times and more frequent utilization of services such as ECT, TMS, and ketamine. The time to initial engagement in outpatient services (Partial Hospitalization Program, psychiatry, and therapy) has also increased due to these high volumes, which continues to pose challenges. Overall, **I feel the pandemic has highlighted that mental health is in dire need of more resources: more psychiatric beds, more providers, and innovative ways to address gaps in care.**

Who has been the most influential mentor to you?

A wise woman once told me it's important to have multiple mentors, and I've been lucky to have worked with several influential people throughout my academic career. I can confidently say I would not be who or where I am without the guidance and expertise of Drs. Laura Hirshbein and Heather Schultz, both of whom I've always admired in clinical practice, and as women, navigating the world of academic medicine. They constantly support, challenge, and motivate me and are such strong, respected, kind and knowledgeable women who teach and lead by example. I am forever grateful for their guidance and friendship.

What are the top 3 things you like to do in your free time in Ann Arbor?

I am a lover of all things food and drink, so you can often find me downtown at one of the many amazing restaurants or bars Ann Arbor is home to (specifically Aventura or The Raven's Club)! My former co-residents and I also found Ann Arbor has some great forms of fun transit, and highly recommend spending time at Whirly Ball or on a Pedal Tour. In the summer I enjoy being out in the sun and floating or kayaking down the Huron River!

ALUMNI PROFILE

Tyler Grove, Ph.D.



Dr. Grove with his family

Where are you from?

I'm from Michigan (born in Flint and raised in Fenton).

Why did you choose U-M for your psychology post-doc program?

I knew first-hand all of the great people and opportunities available at U-M since I was also a graduate student here, so it was an easy choice to make.

Why did you stay at Michigan to join our faculty?

Joining the Department of Psychiatry's faculty was a chance to continue what I had started in my grad school and post-doc years in terms of treating anxiety, psychosis, and sleep difficulties as well as the many opportunities for research collaborations.

What does your work focus on?

I am able to be a part of three clinics: anxiety disorders, behavioral sleep medicine, and PREP early psychosis. Every day is a little different!

What do you find most rewarding about your work?

I love helping people build the confidence that they can do things they did not think they could do because of anxiety, psychosis, or sleep difficulties. It's such a remarkable thing to be a part of; we get to help people reclaim their lives and recover from mental health difficulties.

What area in mental health do you think has taken the biggest toll during the COVID pandemic?

I don't know if there is one single area that has taken the biggest toll — it seems like many areas have been impacted — but I think that for those who are more extroverted, the social isolation has been frustrating to say the least. For those who are more introverted, some aspects of social isolation may have been not as difficult, but now with things slowly returning to some level of normalcy, it may feel difficult to re-engage with the world and it will take some time to adjust.

Who has been the most influential mentor to you?

Both Drs. Ivy Tso and Patricia Deldin have been amazing mentors. Dr. Tso has been supportive of me since I was an undergraduate student and I'm grateful for all her help as my post-doc mentor. Dr. Deldin has also been very supportive of me and a great grad student mentor.

What are the top 3 things you like to do in your free time in Ann Arbor?

1. Go to the parks with my daughter.
2. Playing drums with my daughter.
3. Walk around downtown Ann Arbor with my family.

Dr. Grove participated in the 3-part educational webinar series on **"Navigating a Mental Health Crisis,"** where he spoke in the third installment on what recovery looks like after a mental health crisis and follow-up care. The recordings can be viewed here: psych.med.umich.edu/navigating

CONGRATULATIONS

Our department's faculty are experts in their field, focused on advancing research, pursuing the discovery of bold new treatments and making remarkable progress in combatting depressive illnesses. Many are recipients of numerous awards; here, we are highlighting four of them:



EMILY BILEK, PH.D.

Recipient of the **2020 Anne Marie Albano Early Career Award for Excellence in the Integration of Science and Practice by the Association for Behavioral and Cognitive Therapies (ABCT)**. ABCT award winners are recognized for their contributions to the field of behavioral and cognitive therapy.



JONATHAN MORROW, M.D., PH.D.

Named as one of **Cell Mentor's "1,000 Inspiring Black Scientists in America"** "We hope [this list] will begin to change the narrative of the definition of a scientist to be more representative of our larger society." —Community of Scholars, *Cell Mentor* blog



DEBRA PINALS, M.D.

Recipient of the **American Psychiatric Association's 2021 Manfred S. Guttmacher Award**. The award, established in 1975, recognizes an outstanding contribution to the literature of forensic psychiatry in the form of a book monograph, paper or other work published or presented at a professional meeting.



KARA ZIVIN, PH.D.

Recipient of the **VA Research Career Scientist Award**.

Recipient of the **Harvard Medical School, Department of Population Medicine, 2021 Aaka Pande and Sumit Majumdar Memorial Award** which recognizes the talents of outstanding research fellows who are making significant contributions to constructive health policy dialogue through exceptional papers, highly regarded blogs or op-eds.

TELEPSYCHIATRY

“Necessity is the mother of invention.”

Telehealth has become an essential way of care delivery in psychiatry. With **more than 90% of the ambulatory care visits now virtual**, the Department of Psychiatry remains the **lead department in telehealth for Michigan Medicine**.

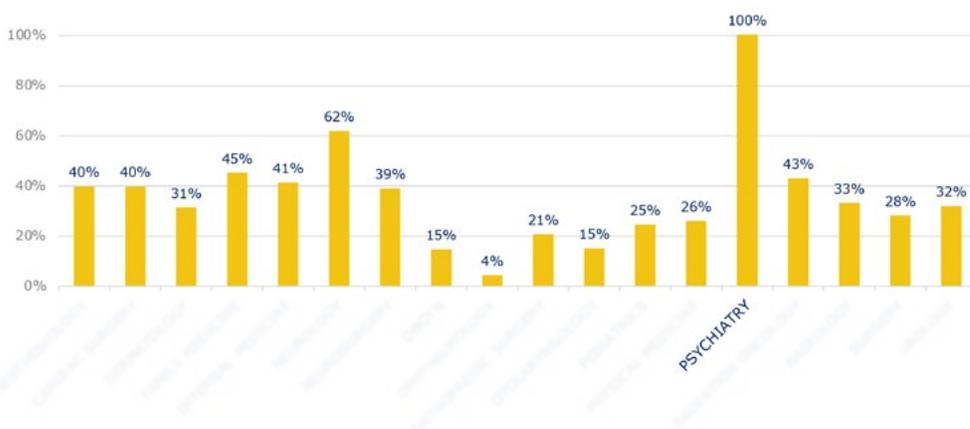
Few months into the COVID-19 pandemic, a multidisciplinary team from our department and the Office of Patient Experience joined efforts with a group of dedicated U-M medical students to conduct a telephone-based **survey evaluating patient experience with telehealth**. It was imperative to understand how to optimize telehealth access and use in our community amid this public health crisis. We learned that telehealth met or exceeded expectations for more than 90% of the respondents. Most of the respondents opted to receive mental healthcare through video visits, and a small proportion through telephone visits.

“Older patients were less comfortable with video visits. Previous research showed several challenges to these patients’ readiness to participate in video visits,” said **Jennifer Severe, M.D.**, whose research focuses on timely access to evidence-based mental health treatment through digital health and Collaborative Care with primary care clinics.

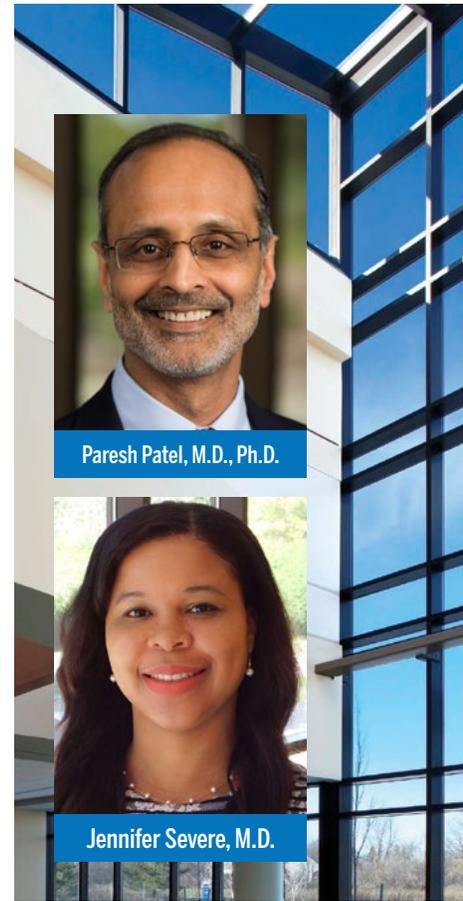
Within a telehealth equity spirit, our **Geriatric Psychiatry Service** developed the **GET Access (Geriatric Education for Telehealth Access) program** to address these challenges. GET Access provides tailored virtual education and practice to prepare for the video visit.

Our mental health providers’ feedback on telehealth is equally important to guide best practices. Clinicians surveyed identified several **telehealth benefits** to themselves and their patients, such as convenience and increased access. Some of the perceived **challenges** included fatigue, technology-related issues, and age-related concerns.

Virtual Visits Compared to Historical Activity



Mid-2020: Virtual visits for Michigan Medicine departments, with Psychiatry highlighted



Paresh Patel, M.D., Ph.D.

Jennifer Severe, M.D.

“Between July 2019 and Feb. 2020, we completed 26 telepsychiatry visits. Our visit volume dipped early in the pandemic, but we returned to **full pre-pandemic activity virtually within three months**. By June 2020, we were completing over **6,000 virtual visits monthly**. We continue to strive to better understand key challenges and opportunities pertaining to telehealth to guide best practices.”

—Paresh Patel, M.D., Ph.D., Medical Director of Ambulatory Psychiatry. Dr. Patel’s interests include integration of measurement-based care into psychiatric practice and the electronic health record, and child mental health collaborative care.

THE CHAIR'S DISCOVERY FUND

Directing your generosity where it is most needed for the greatest IMPACT

The Department of Psychiatry has several ongoing initiatives that rely on supporters like you to have a vital impact. Through philanthropic gifts, you can partner with us to carry out the important work our experts are doing in clinical, research, and educational areas.

"Great ideas sometimes languish for lack of even modest funding support. **The Chair's Discovery Fund is a resource for me to help innovative ideas get off the ground,**" says Dr. Gregory Dalack, Daniel E. Offutt III Professor of Psychiatry and department chair. "This seed funding allows our scientists to collect enough data to demonstrate the promise and potential of their work as a basis to seek larger levels of funding through foundations and federal grant mechanisms."

BREAKTHROUGH DISCOVERIES THROUGH INNOVATION

In existence since 2007, the Chair's Discovery Fund has raised **\$291,514**, in addition to a future \$350,000 planned gift. [Planned gifts (trusts, estate plans, bequests, life insurance or other future commitments) create a legacy for the donor and help us continue to fulfill our mission.]

The Fund provides researchers with **support for high-risk, high-reward research**, which can be difficult to fund through traditional federal and large foundation mechanisms yet can **maximize innovation and impact in psychiatry**. It has allowed the department to pursue many worthwhile opportunities. Many of these projects lead to new research grants for the department.

"Our faculty's creativity knows no bounds, and we look to the Chair's Discovery Fund to advance our most promising ideas." —Gregory Dalack, M.D., Chair

Thank you for helping us transform health care through philanthropy. Your partnership is crucial to our success. Contact Courtney Metzger for more information at coucarr@umich.edu

IMPROVING HEALTH CARE

"Our initial grant submission for a large-scale randomized controlled trial of wearable morning light therapy for postpartum depression received a promising score, but **additional pilot data was necessary to support the resubmission,**" says **Leslie Swanson, Ph.D.**, of the U-M Sleep and Circadian Research Laboratory. **The Chair's Discovery Fund enabled the collection of this crucial pilot data.** "With this funding, we were able to show that refining the timing of wearable morning bright light therapy led to a more robust circadian phase advance and more clearly demonstrate that the re-alignment of the sleep and circadian systems is a promising mechanism for treatment response in postpartum depression." **The large grant application was funded upon re-submission.** This currently ongoing randomized controlled trial seeks to establish wearable morning bright light therapy as a uniquely advantageous treatment for postpartum depression, and illuminate treatment mechanisms.

DEVELOPING NEW TECHNOLOGIES

"The Chair's Discovery Fund supports research combatting problematic alcohol use, which ranks as one of the costliest behavioral issues for our society," says **Mark Ilgen, Ph.D.**, of the U-M Addiction Center.

Dr. Ilgen, along with several colleagues, is currently working to improve the ability to measure alcohol levels continuously and in real time using a more affordable and discreet alcohol monitoring prototype approach that is accessible to everyone.

"We are collaborating with the College of Engineering to develop this new technology. Early results are very promising and show a high level of sensitivity to alcohol consumption," says Dr. Ilgen.

Going forward, our Psychiatry experts will continue developing innovative research ideas. "I am excited to be able to support this work," says **Dr. Seth Eappen, a private practice psychiatrist in Chicago who is an alumnus of the department and loyal donor to the Chair's Discovery Fund.** "These projects lead to new research grants for the department, better understanding of psychiatric illness, and ultimately, to new and improved treatment options for psychiatrists, patients and their families, including my own."

SOUNDBITES

Psychiatry Faculty in the News



Anne Fernandez, Ph.D.

FOX News:

“Drinks in the sunset years: Why the Queen has to start skipping her favorite martini”

“In many cases, particularly for older adults, not drinking alcohol at all is the safest option. While occasional light alcohol use is considered low risk, that is not true for all people. [...] No amount of alcohol is considered ‘safe’ for those who are pregnant, taking certain medications, and with certain medical conditions. Many medications and chronic health conditions become more common as people age and thus alcohol abstinence is often the safest choice.”



Lauren Gerlach, D.O.

CNN:

“How older adults can regain their game after being cooped up for over a year”

“Having a structure to the day that involves social interactions, whether virtual or in person and various activities, including some time outside when the weather is good, is important to older adults. [...] Routines are especially key for older adults with cognitive impairment, who tend to do best when their days have a dependable structure and they know what to expect.”



Emily Bilek, Ph.D.

Salon:

“The quest for ‘perfect parenting’ is screwing us all”

“There’s no way to be a perfect parent. [...] We know what probably isn’t perfect parenting, and that’s just a recipe for us to feel bad about ourselves, because we are all absolutely, 100 percent going to fall into some, if not many, of the categories of not being a perfect parent.”



Donovan Maust, M.D.

New York Times:

“Phony diagnoses hide high rates of drugging at nursing homes”

And while Depakote’s use rose, antipsychotic prescriptions fell 16 percent. “The prescribing is far higher than you would expect based on the actual amount of epilepsy in the population.” [...] Nursing homes are required to report to federal regulators how many of their patients take a wide variety of psychotropic drugs — not just antipsychotics but also anti-anxiety medications, antidepressants and sleeping pills. But homes do not have to report Depakote or similar drugs to the federal government.

“It is like an arrow pointing to that class of medications, like ‘Use us, use us!’” Dr. Maust said. “No one is keeping track of this.”



Dayna LePlatte, M.D.

WXYZ-TV Detroit:

“Focusing on women’s mental health for Women’s Health Week”

“This pandemic just really adds a whole other layer to the stress that many women may already have been dealing with. [...] I think, in general, it’s just really important to highlight that it’s a stressful time and it’s ok — to reassure ourselves. What I think about, in the middle of all this, is the three Rs: Reassure, Routines, and Regulate. [...] Depression and anxiety are more common in women. There are several reasons out there — clearly biological differences. Hormonal differences. Psychological differences. And some socio-cultural differences as well may play a role. Research has found that gender differences in socialization could be playing a role there.”



Nasuh Malas, M.D.

WXYZ Detroit:

“How to help your kids deal with grief, trauma after the Oxford High School shooting”

Speaking openly about feelings of pain, uncertainty and grief is an important step in helping children process their own emotions. “It can be simply checking in and asking how things are going, how they are experiencing recent events.” Malas says parents should resist the temptation to limit exposure to school or avoid returning to school altogether. “Avoidance and not confronting the issue actually results in further traumatization and escalation of that anxiety and distress.”



G. Scott Winder, M.D.

NPR:

“Sharp, ‘off the charts’ rise in alcoholic liver disease among young women”

Women have also borne the brunt of many new pressures of pandemic life, from virtual school and increased responsibilities at home, even as ads and pop culture have continued to validate the idea of drinking to cope [...] On top of that, eating disorders and underlying trauma from physical or sexual violence often add fuel to the fire, fanned by social isolation.

“Whether this is early life sexual trauma or they are in a recent or ongoing abusive relationship, we see this link very, very closely. [...] Just the sheer amount of trauma is really, really tragic.”

Visit the Department of Psychiatry’s newsroom: medicine.umich.edu/dept/psychiatry/news



Department of Psychiatry
F6327, University Hospital South
1500 E. Medical Center Dr, SPC 5295
Ann Arbor, MI 48109-5295

SUPPORTING OUR MISSION

The University of Michigan Department of Psychiatry is nationally known for excellence in training future leaders in the field, transforming care, and conducting groundbreaking research. Philanthropic support is key to our success and building on our accomplishments. Your gift to the Department of Psychiatry will help advance our efforts to lower the burden of depressive illnesses for people in our community and beyond. **Join us today. Thank you.**

For more information or to partner with us, please contact **Courtney Metzger** in our Development Office at coucarr@umich.edu.

You can also visit our website at umpsych.org/giving.

To Promote Safe Storage of Firearms, Psychiatric Emergency Services Offers **GUN LOCKS** to its Patients

A new effort to reduce the risk of firearm injury offers **free gun locks and educational resources** to people receiving care for a mental health crisis at Psychiatric Emergency Services and their accompanying loved ones.

The PES team recently enhanced efforts to ask all psychiatric emergency patients, or their parents or guardians of patients under age 18, about the **presence of firearms in their homes and how those firearms and ammunition are stored.**

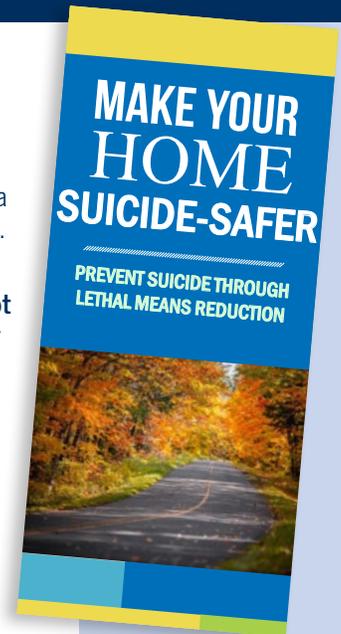
Even if a patient or family doesn't need a gun lock or declines the offer, psychiatric emergency staff are providing information about the benefits of safe storage practices.

The initiative is supported in part by the federal **Substance Abuse and Mental Health Services Administration** through a grant based at the **Michigan Department of Health and Human Services**, called Transforming Youth Suicide

Prevention in Michigan-3. The goal is to create a model that other emergency providers can use.

Research has shown that the risk of suicide or other harm is higher when firearms are not stored in a secure fashion, no matter whether someone has a mental health condition or not. About half of all suicide deaths in the United States involve firearms, and 90% of suicide attempts involving a firearm are fatal.

"We have asked about firearms in the home as part of our routine intake questions for years, but this expanded screening, education and gun lock program takes our preventive effort to the next level," said **John Kettley, LMSW**, the chief social worker for Psychiatric Emergency Services. "We hope that other mental health, emergency and primary care providers will consider adding detailed screening and education for their patients, no matter what their diagnosis."



Download the brochure **'Make Your Home Suicide Safer – Prevent suicide through lethal means reduction'** on our website: michmed.org/gWRVR

MICHIGAN PSYCHIATRY RESOURCES FOR COVID-19

THIS ONLINE GUIDE has been developed by our faculty members with extensive expertise in many of the issues affecting you and your families during this critical "stay at home" period:

michmed.org/covid-psych-resources

Please share these resources with your family, friends, those we treat and educate, and members of our community. We hope that you all stay safe during this pandemic.