

[00:04:53] And really what we wanted to do here was to address those shortcomings and really to challenge people's stereotypes when they think about a behavioral health center, they get a picture in their minds and our thought was that we wanted to build something that was so different and so much more comfortable, that it would really people who walked in would really say to themselves, this is not at all what I thought a behavioral health center would look like.

[00:05:22] **Stephen Calabria:** For those who are grappling with mental health crises, with mental health problems, resilience is tough because there is such a stigma attached to mental illness and the seeking of treatment. What do you think are some of the causes of that, and how does the new center address those causes?

[00:05:41] **Dr. Grant Mitchell:** Yeah, that's a really important question because it is a major challenge in mental health, which is, addressing and dealing with the stigma around mental illness. And, we have seen some improvement in regards to stigma over the last number of years. Some of that is that a variety of well known people in the public eye have become willing to share their experiences with mental illness and substance use, for example, and the other factor that seemed to impact stigma was COVID.

[00:06:16] More people came in after COVID, after the pandemic started really basically saying, you know, I am experiencing stress from whether it was concern about illness, whether it loss of loved ones, whether it was change in work situation or even being isolated in their homes.

[00:06:34] And people felt that that was a more acceptable presentation. And so we have seen some improvement, but we have a long way to go. And some of that stigma, frankly, comes from the idea that when you go to a behavioral health facility, it looks a certain way, you're treated a certain way, and so most definitely our intent was to try to address and reduce some of the stigma of receiving care by making this a very different kind of place and offering a very different approach to care.

[00:07:11] **Stephen Calabria:** Mental health crises are ubiquitous, they can hit anyone. Are there a set series of characteristics that the typical patient here would tend to exhibit?

[00:07:24] **Dr. Grant Mitchell:** There really aren't. And I think to your point that mental illness really can and does affect people from all different backgrounds, all different race, religion, ethnic background, socioeconomic.

[00:07:38] And I think that there are often ideas or thoughts that it affects certain populations and not others, but it is, as you said, it can affect anyone at any time. And it's actually rare to talk with someone who, if they're willing to speak about it, doesn't know someone, a relative, a neighbor who has or themselves, has experienced mental illness.

[00:08:01] So it is, of course, much more common than you might think, based on the fact that many people just won't speak about it.

[00:08:09] **Stephen Calabria:** Right. Let's talk about the actual facility So what is it that makes this facility different in terms of what it offers its patients?

[00:08:18] **Dr. Grant Mitchell:** I mean if you start literally from the front door, the idea was to walk through the door of this building and to immediately see and feel that we care.

[00:08:30] And that shows, for example, in just even the design of the entryway, to feel warmer and welcoming and to have staff who are in the lobby to help you, who have a very positive and helpful way, so that the first impression is different than what people might expect or, unfortunately, what people have experienced elsewhere.

[00:08:56] And again, you know, from there, as you move into the building, at every turn, we really thought about what can we do to make this warm and welcoming and friendly. And that meant creating bright open spaces, tall ceilings, arched windows, lots of natural light, things that we know are important to overall wellness.

[00:09:22] And the environment is such a big part of how people feel. So a lot of time was spent again, listening to what our patients told us and working with a nationally known architectural firm who had experience in working on creating a positive and welcoming mental health spaces, and that collaboration between the patients, the families, the staff, the architectural firm, really was a unique opportunity to create what we currently have.

[00:09:53] **Stephen Calabria:** You touched upon also the unique way that this building was designed. Walking around the halls, lights are placed in certain areas, certain kinds of lights, certain kinds of wallpaper, certain kinds of wall paintings. This isn't a visual show, but for our listeners, could you paint a picture of that and why these aspects were so important?

[00:10:15] **Dr. Grant Mitchell:** Absolutely. So we know about the importance of light. In overall wellness. In fact, certain frequencies of light are sometimes used to treat certain forms of depression, for example.

[00:10:28] So the goal was to bring in as much natural light as we could. So, the spaces that have windows were prioritized as patient spaces as opposed to staff office spaces. So we really wanted whenever possible to say where there's a window, that should be a space where we use for patient care.

[00:10:51] So the idea was, windows, tall ceilings, lots of light inside the building, as an example, but in addition to that we have soft jazz music playing in the speakers, in the waiting room of our outpatient department. We have large murals that are on the walls depicting a variety of nature scenes because we know that that helps with relaxation and reduces anxiety.

[00:11:17] We selected furnishings that were comfortable and that wouldn't look like a typical doctor's office. And we even selected flooring that looks more like wood flooring than what you would see kind of more of an industrial tile. So there was a lot of time devoted to creating this environment, that you, uh, asked about.

[00:11:43] **Stephen Calabria:** You've mentioned before the number one request from patients in a facility such as this. I won't give it away. I'll let you get into it and, why creating that was such a big deal here.

[00:11:58] **Dr. Grant Mitchell:** Yeah. So one of the things that we hear, as you indicated, most commonly from inpatients, is that they want an opportunity to get fresh air.

[00:12:09] Patients can spend anywhere from a couple of days to even a few weeks on an inpatient unit. And that means essentially being away from natural light and fresh air. Um, and so we hear often a request, is there any way that we could go outside and get some fresh air? And of course, in New York City, that is a challenge.

[00:12:30] And so we were committed to creating an outdoor space within the footprint of this building that would both be safe and secure, but also be a place where people could do some gardening or where we could hold a yoga class. But the whole point of that was to allow people that opportunity to go outside and to get some air and to sit on a bench and be amongst flowers and plants and trees. And so everyone already loves that space.

[00:13:07] **Stephen Calabria:** Well, to your point, if the COVID lockdowns taught us anything, it was that being cooped up in a smaller space for an indefinite period of time, it takes a toll on a person's resilience when you have no idea when this is going to end. So I can only imagine how this adds to a patient experience.

[00:13:30] **Dr. Grant Mitchell:** Absolutely. We're very eager to have our first inpatients be able to go outside, because we know that it's going to be just a wonderful opportunity.

[00:13:40] **Stephen Calabria:** We talk on this show, as far as resilience goes, a lot about meaning and purpose, the role that this plays in resilience. Could you talk a little bit about how the center reinstills that sense of purpose in patients, be they outpatient or inpatients, who may have lost hope, and that's sort of what led them here.

[00:13:59] **Dr. Grant Mitchell:** Yeah. So it is true that we do see a variety of individuals who have a variety of illnesses in terms of severity, and even chronicity of illness.

[00:14:12] And what we find is that, very often, too often, individuals have lost hope. And part of that stems from what is seen as a sometimes very challenging system to navigate. So that patients often, and families, have difficulty knowing where to go to get help, what kind of help they need. And so there's often a level of frustration and hopelessness because people have tried to get help and they've had difficulty.

[00:14:46] The system is complicated and you often have to kind of know what you need before you go out and make an appointment. And this center is designed to really address that, by really presenting a different opportunity, a different way of providing those kinds of evaluations and treatment.

[00:15:07] **Stephen Calabria:** So a patient and perhaps their families, they have sought out the help that they need, they've navigated the system effectively enough that led them here. Generally speaking, what are some signs of illness that you look for when examining prospective patients?

[00:15:28] **Dr. Grant Mitchell:** So the thing that we talk about most often is recognizing change in someone you know and care about. Change can be good and someone may seem to be happy and positive and that's great.

[00:15:43] But one of the indicators that someone may be struggling is that you start to see change and that change can be something small, or something very significant. A few examples, their appetite seems to be down or they're not sleeping well anymore, or they appear to be sad or tearful, or they stop talking as much.

[00:16:07] They don't want to go outside. All of those would be examples of what could be somebody beginning to experience either sadness or something more significant. So the real focus is on recognizing that your loved one is experiencing a change.

[00:16:25] **Stephen Calabria:** And that could take the form of addiction, be it to substances, gambling, whatever. It could take the form of depression. You're saying in this case, it doesn't really matter, as long as they get themselves here.

[00:16:40] **Dr. Grant Mitchell:** Yeah, because the treatments are different, of course, depending on what symptoms that individual is experiencing, but I think the point is that if, if a family member notices a change and they're worried, what we say is, bring that person in or encourage them to come in and we will perform a comprehensive evaluation looking at all of those factors, whether it's mental health issues, substance use issues, or even physical health issues, or a combination. And we will create with that person, an individualized treatment plan if in fact they need treatment.

[00:17:21] **Stephen Calabria:** You've referred to it as a, I want to get this right, a therapeutic bed and breakfast. That's for inpatients, I assume.

[00:17:31] **Dr. Grant Mitchell:** In that sense, I was referring to our intensive crisis residence. So that program in this building is really a unique program and where people can actually live for a period up to 30 days while they're receiving intensive outpatient treatment. So that area was what I was referring to.

[00:17:52] **Stephen Calabria:** Right. And that is, I believe on the ground floor.

[00:17:56] **Dr. Grant Mitchell:** Correct.

[00:17:56] **Stephen Calabria:** Is that right? And, that facility is unique in that there is not a, it seems, single aspect that wasn't paid attention to, that wasn't pored over, right down to the doorknobs.

[00:18:10] **Dr. Grant Mitchell:** Right. Yeah. so that area is essentially an eight-room residence where individuals who may be experiencing a mental health

crisis, and need a, a safe place to stay while they are receiving intensive treatment can go there instead of an inpatient psychiatric unit, as long as they are safe to do so.

[00:18:37] And our evaluation, you know, determines whether that is the best place for them, a best option. And so that is a unique program. And the space was designed to create a feeling of there's like there's a living room, for example. And again, we have our murals and our artwork, but we also have an area where individuals who are living there can cook.

[00:19:03] And so we want to create a sense of a supportive community for the eight residents who are there for that period of up to 30 days while we really help provide that mental health treatment and work with them on getting services in place for the period of time after they leave the program.

[00:19:21] **Stephen Calabria:** It's a consideration of safety, not just for the patient and the patients, but also for the staff. How do you determine who may be violent when they walk in the door?

[00:19:33] **Dr. Grant Mitchell:** Yeah. So, we do conduct a thorough evaluation on every patient who presents, and that includes taking a detailed history, it includes assessing people for a variety of issues, including whether people may be having thoughts of suicide or harming others.

[00:19:52] That is part of the overall assessment. I think one of the things we struggle with in the field is that there's often a perception that people with mental illness are violent, because of these times where things appear on the news media.

[00:20:12] And in fact, the data shows not only that it's very few patients with true psychiatric illness that are violent, but that individuals with serious mental illness are much more likely to be victims of violence than to actually commit acts of violence. And that's one of the things that, you know, is all, is part of trying to change some of the misinformation that circulates.

[00:20:39] There is essentially a perception that a significant portion of people with mental illness are violent and it turns out to be relatively rare and more unusual than people think because people hear a story on the news and they generalize from that.

[00:20:59] And I think that, you know, what we struggle with is really helping people to understand that the vast majority of individuals with mental illness are not violent.

[00:21:08] **Stephen Calabria:** And perhaps that may even contribute to the stigma around coming forward around mental illness. People don't want to be perceived as violent or predatory or a danger to themselves and others.

[00:21:21] You've also talked about how the center may spearhead some original research. Could you talk a little bit about that?

[00:21:26] **Dr. Grant Mitchell:** Absolutely. So, as an academic center, we really have three primary missions. One is, of course, to deliver outstanding clinical care, which we've talked a little bit about.

[00:21:39] The second is that we're a training institution. So we actually train future generations of healthcare providers and leaders. So we have psychiatry residents here. We have psychology interns and externs and social work students so that we are actually training future generations.

[00:21:57] And the third, as you mentioned, is that we are part of the Mount Sinai Health System, which includes the Icahn School of Medicine, in which research is a very important part of what an academic, what our medical center does. And that is really to advance our understanding of mental illness and treatments. And so this center will serve as an opportunity on a voluntary basis for patients to participate in clinical research that could in fact advance our understanding of illness or help us discover new treatments.

[00:22:37] **Stephen Calabria:** Is there anything in the works at the moment?

[00:22:39] **Dr. Grant Mitchell:** We are already meeting with a number of the research groups that are currently at Mount Sinai and we're just beginning to have those conversations. But they're very exciting.

[00:22:52] **Stephen Calabria:** Often an obstacle patients who are struggling with their psychological behavioral health is the lack of a robust social support network, which is often imperative to maintaining and enhancing a patient's resilience. What does the center do to ameliorate that?

[00:23:09] **Dr. Grant Mitchell:** The center will have a number of opportunities to support and encourage individuals to stay connected to those they are

connected with if they choose. But also to provide some guidance about, what are the opportunities for enhancing social connection?

[00:23:25] Some of that will be through our peer program. So, we will have peers on staff at the center. And they're very knowledgeable about opportunities in the community for support and for developing social networks. But in addition to that, we have care coordinators who will be working with patients as well.

[00:23:44] And the goal there is to really understand what each person is interested in and where their values lie and what types of social connections are they interested in and then to help them develop that. It's not to kind of tell people what to do, but rather to understand what they're interested in, what their needs are and to help connect them to whatever those are.

[00:24:06] **Stephen Calabria:** And treating patients as individuals as opposed to something that can be plugged into a spreadsheet and immediately, oh, if I take this action, then they're automatically going to be cured.

[00:24:16] **Dr. Grant Mitchell:** Exactly. And, and the more we get to know people, the more we learn about people's strengths. And it's really important to, to focus not just on symptoms, but it's really important to focus on strengths. Because it's the strengths that you were talking about earlier that provide and you know, the resilience. And so how do we support those? How do we develop those? And in some cases, how do we help that person to even recognize what their strengths are?

[00:24:44] Because sometimes they don't see it. They've been lost. So much of the focus has been on illness and symptoms and disease that oftentimes people have forgotten about their strengths and we want to help people leverage their strengths, because ultimately that that all provides levels of protection from from symptoms in the future.

[00:25:08] **Stephen Calabria:** Another resilience factor for many people is religion and spirituality, faith that helps them through trying times. Does the center offer anything in the way of that?

[00:25:20] **Dr. Grant Mitchell:** Absolutely. We have a full-time spiritual counselor on our staff. And we were the first clinical department to add a spiritual counselor to our staff about five or six years ago because we listened and heard our patients who told us this was really important to them.

[00:25:42] And we felt that while there, there is spiritual counselors that offer their services throughout the system and the hospital, we really felt we wanted to do more than that. We felt that our patients and families and staff would benefit from having a dedicated person to the department to be able to do that on a full-time basis. And so we're very excited that that's going to carry over and move into the building.

[00:26:09] **Stephen Calabria:** Finally, when speaking about resilience, powering through difficult times, dealing with rough stuff, some of which may seem insurmountable, in reflecting on your career, is there a patient that sticks out that embodies resilience for you?

[00:26:27] **Dr. Grant Mitchell:** You know, I, I do think about more, I would say of a group of patients who we see over time. And I think about, we see so many individuals who have experienced severe trauma as children and young adults and even adults, and it is incredible to. To hear their stories and to see how they have not just survived, but in many cases worked through some of that trauma.

[00:26:59] And there are so many stories over the years of people who have been able to, to turn those experiences into opportunities where they now help others, for example, who are experiencing trauma. And so there are so many of those stories over the years that have been impressive that it's really hard to pick one.

[00:27:20] **Stephen Calabria:** Sure. essentially, it's the helping of others that allows so many of these patients to help themselves.

[00:27:28] **Dr. Grant Mitchell:** Yeah, that does help. There is definitely a group of people who really find that sharing that is beneficial. And I would say that related to that is, the whole concept behind support groups and group therapy is really in part about that, which is that you are, in some sense, by participating in a group therapy or support group experience, you're not only receiving help, but you are giving and sharing.

[00:27:55] And when we give and share, it is also a positive experience knowing we are helping others. And so I think that is the concept really behind group therapy in general.

[00:28:06] **Stephen Calabria:** And perhaps it endows patients with a greater sense of meaning and purpose, like this wasn't all just a horrible traumatic

experience but it's one that they themselves and others could grow and learn from.

[00:28:21] **Dr. Grant Mitchell:** And that sharing that, if one wants to, can be so helpful to others, particularly, the life cycle of a group is that you always have new people joining the group. Then you have people who are kind of towards the end of the group and having somebody new come in and feeling very frightened and scared and not sure what to expect and vulnerable, being able to hear from someone who was in their seat months or, you know, before and who has really, who is now feeling so much better and being able to offer that sense of hope that I was where you were and now I'm here and you can be here too at some point. So, that, that is, again, another very, rewarding thing to see happen. And again, really helps everybody who participates.

[00:29:14] **Stephen Calabria:** Well, doctor, that was it for my questions. Was there anything else you wanted to say?

[00:29:19] **Dr. Grant Mitchell:** I think that's it.

[00:29:21] **Stephen Calabria:** Dr. Grant Mitchell. Thank you so much for your time, sir.

[00:29:23] **Dr. Grant Mitchell:** Thank you.

[00:29:24] **Stephen Calabria:** Grant Mitchell, MD, who serves as the Site Chair of the Department of Psychiatry and Behavioral Sciences at Mount Sinai Beth Israel Medical Center. Dr. Mitchell is also helping lead Mount Sinai's new, state-of-the-art behavioral health center on Manhattan's Lower East Side. For more information on the behavioral health center, visit Mountsinai.org.

[00:29:45] That's all for this episode of Road to Resilience. If you enjoyed it, please rate, review, and subscribe to our podcast on your favorite podcast platform. This podcast is a production of the Mount Sinai Health System. It's produced by me, Stephen Calabria, and our executive producer, Lucia Lee. From all of us here at Mount Sinai, thanks for listening, and we'll catch you next time.