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and the adverse impacts of the city’s shutdown.

The $5 million federal grant was awarded last year under the Substance Abuse and Mental Health Services Administration’s Community Mental Health Centers grant program, an effort designed to help CMHCS support and restore the delivery of clinical services that were adversely affected by the pandemic. “We felt we were in a good position to propose our vision,” Marrelli said.

A large proportion of the surrounding population speaks Spanish, Mandarin, Cantonese or Arabic, so NYU Langone has made it a priority to hire bilingual staff as well as workers from the local community, Marrelli said. “This is not easy,” he said of the recruiting effort.

Program leaders consider the inclusion of navigators to be one of the most essential components of EnTRy. One group of navigators shares cultural backgrounds with the local community, while the other group is made up of peers with shared life experiences.

“For a long time, we’ve wanted to bring peers into the mental health program,” Marrelli said. “They have a wealth of knowledge and engagement skills,” including those that many clinicians lack.

The peers will work in teams of two to visit individuals at their residences. They will furnish smart devices to the patients and also will be available to escort patients to in-person clinical appointments. Marrelli said the program still is working out details about the best way to distribute the technology, though for now the navigators will stay with the patient while the devices are being used.

The navigators also are helping connect hospitalized patients to community-based care. NYU Langone is affiliated with a hospital with a 35-bed inpatient psychiatric unit, but it has often been the case that patients discharged from inpatient care don’t make the necessary connection to community services and get lost in the system. Navigators from EnTRy are now attending discharge appointments with hospitalized patients and their families, in order to ensure a warm handoff to community services once patients return home.

NYU Langone’s goal is to serve 1,000 patients in EnTRy over a two-year period, Marrelli said. Based on the level of community outreach present in the program, it is expected that a large percentage of these individuals will not have had any prior contact with the mental health system.

Variables of success

Marrelli said program leaders still are reviewing what they will consider to be the formal measures of the initiative’s impact in the community. However, some of the variables that are likely to be incorporated include the program’s effect on overall hospitalization rates, duration in the hospital for individuals who have to be admitted due to a crisis, rates of manic and psychotic episodes and improvement in quality-of-life indicators in domains such as employment and education. Quality-of-life factors have become increasingly important in mental health programming, and this is in keeping with the Family Health Centers’ recovery focus.

“The program will pay special attention to problems of joblessness, unstable housing and a lack of digital literacy that can keep patients in a spiral of poor mental health,” EnTRy Medical Director Hunter L. McQuistion, M.D., said in a news release from NYU Langone.

Marrelli said the pandemic has had a profound effect on families, and he expects that this will continue to manifest in acute needs. Anxiety, financial distress and substance use are all increasing, while social connectedness has declined, he said.

The parental stress in households has in turn affected children. “Children absorb a lot of what’s going on around them,” Marrelli said.

Schools have begun referring young people to the program’s early intervention unit, which among its services will emphasize the building of self-management skills in young people. The program’s clinicians also are trained to address co-occurring substance use problems, making EnTRy a comprehensive care option for persons aged 12 and older in Sunset Park, Marrelli said.

Study finds reductions in psychiatric service use early in COVID

Systematic information about how psychiatric services have been used by children and young people with mental health issues during the pandemic is imperative, according to researchers of a recent systematic review that investigated the global impact the COVID-19 pandemic has had on how the general population have used broader health care services, including visits, admissions, diagnostics and therapeutics.

The systematic review, “Registered psychiatric service use, self-harm and suicides of children and young people aged 0–24 before and during the COVID-19 pandemic: a systematic review,” was published
last month in *Child and Adolescent Psychiatry and Mental Health*. Researchers say the findings will help in planning current services more effectively and mitigate the effects of the current and future phases of the pandemic.

Emerging evidence suggests that psychiatric symptoms have worsened among children and young people across the globe during the COVID-19 pandemic, deteriorating their level of mental health. There have also been reports of increased suicides in this age range during the second wave of the pandemic, in the third quarter of 2020.

COVID-19 restrictions meant that psychiatric services were shut down, or restricted, and the general use of psychiatric services has decreased, say the researchers.

The researchers were affiliated with a number of psychology, child psychiatry and adolescent psychiatry departments from Finland, England, the United Kingdom and Malaysia.

They noted that a large-scale survey of psychiatrists across Europe reported a significant decrease in mental health services during the first wave of the COVID-19 pandemic in 2020. The use of psychiatric services by children and young people has constantly increased over the last three decades, they indicated. “However, we are not aware of any systematic reviews that have specifically focused on registered psychiatric service use, self-harm and suicide by children and young people before and during the COVID-19 pandemic,” they wrote.

The COVID-19 pandemic has had an impact on psychiatric symptoms of children and young people, but many psychiatric services have been disrupted, according to the systematic review. It is unclear how service use, self-harm and suicide have changed since the pandemic started, the researchers stated. To gain timely information, this systematic review focused on studies based on administrative data that compared psychiatric service use, self-harm and suicide before and during the pandemic among children and young people.

**Method**

A systematic review of studies published in English from Jan. 1, 2020, to March 22, 2021, was conducted, using the Web of Science, PubMed, Embase and PsycINFO databases. Increases or reductions in service use were calculated and compared using percentages. Of the 2,676 papers retrieved, 18 were eligible for the review and they provided data from 19 countries and regions. Most studies assessed changes during the early phase of the COVID-19 pandemic, from March to July 2020, and three assessed the changes until October 2020.

**Results**

Most of the studies showed reductions in the use of psychiatric services by children and young people during the early phase of the pandemic, and this highlighted potential delays or unmet needs, according to the researchers.

Fifteen studies reported a total of 21 service use outcomes that were quantitatively examined, the review stated. More than three-quarters of the 21 outcomes (81%) fell by 5–80%. Ten of the 20 outcomes for psychiatric emergency department (ED) services reduced by 5% to 80% during the pandemic. Reductions in service use were also recorded for ED visits due to suicide ideation and self-harm, referrals to secondary mental health services, psychiatric inpatient unit admissions and patients receiving treatment for eating disorders.

According to the systematic review, there were also some increases. Suicide rate and the number of ED visits due to suicide attempts have increased, and there was an increase in the number of treatment sessions in a service that provided telemedicine.

**Implications**

This systematic review showed a considerable reduction in the use of psychiatric service use by children and young people aged 0–24 during the initial phase of the COVID-19 pandemic, compared to before the pandemic. This was despite emerging evidence that psychiatric symptoms seemed to increase among children and young people, signifying possible unmet needs or delayed access to psychiatric services, the researchers stated. Many countries observed this pattern for different psychiatric service use outcomes.

The findings have significance in three public health areas, they stated. First, the COVID-19 pandemic highlighted the need for active plans on reassuring children’s and young people’s access to services as the current pandemic proceeds and future pandemics and crises are possible. Second, the pandemic has challenged traditional face-to-face services, but it has also highlighted the potential for integrating technological advances into psychiatric services. Third, changes in the way that children and young people use services may also modify traditional help-seeking models.

Further research is needed on how to improve the efficient use of psychiatric services among children and young people and how these services can be maintained, the researchers concluded.