



The Chairman's Corner

by

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MENTAL HEALTH CENTER

When the coronavirus pandemic arrived last spring, Columbia County Mental Health Center Director of Community Services/Department Head Dan Almasi and the Human Services Department were hit hard by the building shutdown, yet within four-five days its services had gone nearly fully remote.

Historically, clients and Mental Health Center staff met face-to-face in an office setting. As I said last time, that suddenly was not an option.

As fate would have it, Almasi, prior to the pandemic, had been working with the NYS Office of Mental Health to allow his department to offer state reimbursable video sessions.

Along came the pandemic, and video sessions were fast-tracked, despite some apprehension among staff that the platform wasn't ideal, Almasi said. But once given the go-ahead, everyone was on board and brought a can-do attitude to the process.

A silver lining to the pandemic came with the realization that not everyone has an adequate internet connection or the technology for a video session, and the state began to allow sessions to be conducted over the telephone. "It's allowed us to be more nimble in terms of how we help people with behavioral health needs," Almasi said.

At this point in the pandemic, the Mental Health Center is offering crisis services, clinical services (individual therapy, although group therapy has not resumed), and face-to-face services in a limited way.

It's a two-way street, said Almasi, in that both the client and the clinician need to feel comfortable with a face-to-face session for it to work. "At this point, we're operating onsite with CDC guidelines in place, and most of our clinicians are feeling a lot more comfortable with it than they were initially," he said. On the same token, "the client needs to be comfortable with face-to-face."

Many may be unaware that the Mental Health Center offers a Certified Peer Specialist (CPS), contracted through the Columbia-Greene Mental Health Association. Almasi explained that the person in this role, who is involved in the admissions process, "is someone who has identified their own lived experience with behavioral health." The difference is that neither a licensed professional social worker or psychologist is indicated to share their own lived experiences with clients, "because that would distract from the work they're trying to do with the client."

The CPS, because of the peer-to-peer dynamic, can, for instance, say to a person that they understand how difficult it may be for the client to seek help and share their own experiences with the process. The CPS can often help to reduce a client's anxieties and increase the possibility they will engage positively with their therapist, Almasi said.

"To ask for help, whether it's a mental health problem, or a substance abuse problem, gambling, you-name-it, is one of the most difficult things for people to do," Almasi said. "There are all sorts of messages we receive from the

time we are children that tells us to be strong, and we're reluctant to ask for help. That moment when a person says to themselves that this is the day I'm going for help, that is a powerful moment. And we want to do everything we can to increase the probability that it will result in a positive experience for that person."

This is part two of a two-part series.