When I was doing my clinical training, my main placement was at a community health center in a low-income area in Boston and there I worked with patients who had pretty extensive trauma histories, domestic abuse, sexual violence, and what I found was that I had been learning about all these empirically supported treatments for PTSD, which are effective, but on the other hand, my patients were dealing with more immediate life stressors, like they didn’t have a place to live. And so a lot of my work with them was actually case management, so helping them navigate systems to secure the resources to gain some level of stability before we could dive into their histories and work on their actual psychological symptoms. And I think that showed me that you can’t understand mental health without paying attention to the context and the social and economic stressors that trauma survivors face. And so in public health, I think we’re able to look at those things simultaneously. So both the symptoms and treating symptoms but also thinking about systems and policies that both put people at risk for trauma, but then make their traumatic experiences even more negatively impactful.

As a disaster mental health researcher, it was immediately apparent that the COVID-19 pandemic was going to be a mental health crisis. So when we think of disasters, we think of hurricanes or tornadoes or terrorist attacks, but this was similar in that it was affecting not just individuals but entire communities as well as social infrastructure. I’ve been fortunate at Yale to have been able to collaborate with students and colleagues on work related to the pandemic.
One example, I had an MD/PhD student approach me interested in exploring how the pandemic was affecting health care workers, mental health across the country and we were able to work together to launch a survey of 25 academic medical centers throughout the country. We’ve been able to look at factors both related to their work but also to their social networks, their communities and also their perceptions of the local and federal government response to the pandemic and how that’s influenced their levels of depression, anxiety, PTSD and alcohol use.

I think for me as a researcher it’s really exciting to be here and I’ve already been able to see how my collaborations at YSPH have been able to enrich and expand my work. You know, as a disaster researcher, something that is really challenging is that these events happen and time is of the essence. So you want to get out there quick to see what people are doing and how we support them and that’s challenging. You need infrastructure to get your surveys out and you need funding. I can say in this pandemic, Yale was able to provide support to me and to my colleagues to do really cutting-edge research. Just observing my colleagues on the forefront of the response to the pandemic doing things like modeling transmission, understanding the genetics of the virus, that’s been really really inspiring to see.

The students that we get here have been absolutely brilliant but also really caring and kind people who are committed to social justice and bettering the world and that to me has been a joy to get to know them.