

# MARYLAND'S

HEALTH MATTERS

COVER STORY

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WINTER 2025

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UNIVERSITY  
of MARYLAND  
MEDICAL  
SYSTEM



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## INPATIENT BEHAVIORAL HEALTH

Patients can receive compassionate, research-based care close to where they live and work.



## STAY CONNECTED WITH

## UM SHORE REGIONAL HEALTH

**KENNETH D. KOZEL, MBA, FACHE**  
President & Chief Executive Officer

## WE WOULD LIKE TO HEAR FROM YOU

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**On the cover:** Mary Hynes, OT, and patient Wayne Green

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# Letter from the CEO

**I'M EXCITED TO UPDATE YOU** on the construction progress of our new UM Shore Regional Medical Center at Longwoods Road in Easton.

The relocation of Route 662 is on its way to completion. The new roadbed is established, and we are commencing asphalt paving. Two road crews are working from opposite ends, the north and the south respectively. Barring extreme weather issues or other unforeseen events, we expect to reopen Route 662 to local traffic in May—before the summer beach traffic is in full swing.

On the construction site itself, the building's foundation pad is complete and settling. We have begun the trenching for and laying of our duct banks through which the new building's utilities will run. In the second quarter of this year (April-June), an exciting phase of the project will begin—the digging of 1,700 wells over an approximately 40-acre section of the site to support the geothermal system. This system will provide heat and cooling for the entire complex and thereby make the facility the first all-electric medical center in Maryland.

I cannot overstate the importance of the collaboration and support from our many partners in the realization of our new UM Shore Regional Medical Center. These include Talbot County as well as the Town of Easton and Easton Utilities, with which we have completed our public works and site level agreements. All have played key roles in our progress.

In addition to our municipal and utilities partners, our subcontractors are very important partners in this effort, and I am proud that we are well on our way to meeting our Women- and Minority-Owned Business Enterprise (WMBE) and Local Participation goals. A special thanks to David A. Bramble, Inc, our general contractor from Chestertown, who is performing a significant portion of site preparation in advance of the building's construction. As time goes by and more large-scale and specialized contracting work begins, we expect to close in on the overall goal for 29% of the regional medical center's construction performed by WMBE and local firms.

I look forward to keeping you informed of the ongoing progress of our exciting project to advance the quality of health care on Maryland's Eastern Shore. To view photos and see more detailed information, please visit [umshoreregional.org/rmc](http://umshoreregional.org/rmc).

Sincerely,

Kenneth D. Kozel, MBA, FACHE  
President and CEO  
UM Shore Regional Health



# Cancer's EARLY START

## AMERICANS INCREASINGLY RECEIVE CANCER DIAGNOSES BEFORE AGE 50.

**IN THE FIGHT** against cancer, there is good news and bad news. The good news is that there has been a 30-year decline in the risk of dying from cancer due to advanced treatments, early detection and better patient education, according to the American Cancer Society (ACS). The bad news is that the rates of several common cancers are rising, and many of these are cancers that occur in people younger than age 50, called early-onset cancers.

According to the ACS, from 1995 to 2020, new cancer cases in people younger than 50 increased, but Americans older than 50 didn't see a rise in new diagnoses. Increasing obesity, inactive lifestyles and high consumption of ultra-processed foods—foods you wouldn't be able to make in your own kitchen—may contribute to the growing numbers of early-onset cancers.

## 3 REASONS TO CONSIDER CANCER GENETIC TESTING

Genetic tests are available for many types of cancer, including breast, colorectal and prostate—all of which are rising among people younger than age 50. Testing may make sense for you for several reasons, including:

- 1. Clarity about your risk:** If your family has a history of certain cancers, knowing whether you have a cancer-causing gene mutation can help you and your relatives better understand your cancer risk.
- 2. Informed medical decision-making:** If testing reveals a cancer-related gene mutation, you can take steps to reduce your risk, such as making lifestyle changes.
- 3. Treatment planning:** If you've been diagnosed with cancer, learning whether you have a related gene mutation can help guide your treatment.



## TREND STOPPERS

Follow these tips to help reduce your risk of early-onset cancer and improve the chances of successful treatment.



### Stay up to date with screenings.

Screening tests are available for breast, cervical, colorectal and prostate cancers, all of which are increasing. Detecting these cancers early can lead to more options for treatment and a better chance of beating the disease. Many tests are minimally invasive.



### Stop smoking.

If you smoke, quitting can reduce your risk for 12 types of cancer, according to the Centers for Disease Control and Prevention. One of these, colorectal cancer, is now the leading cause of cancer death in men younger than 50 and the second-leading cause of cancer death in women younger than 50, according to the ACS.



### Watch your weight.

What do breast, colorectal, endometrial, kidney, liver and pancreatic cancers have in common? Each is on the rise and linked to excess body weight, the ACS reports. You can get to and maintain a healthy weight by exercising regularly and eating more whole foods, such as fresh vegetables and fruit, rather than ultra-processed foods.

To find a primary care provider who can help you understand your cancer risk and stay up to date with screenings, visit [umms.org/primarycare](https://www.umms.org/primarycare).



AFTER A NEAR FATAL ACCIDENT, A UM SHORE REGIONAL HEALTH PROVIDER OVERCAME THE ODDS AND NOW USES HER EXPERIENCE TO CONNECT WITH HER PATIENTS.

# *A Healing Journey*

**ONE MOMENT CAN** change life forever, something occupational therapist and certified hand specialist Mary Hynes, OT, knows all too well.

On March 21, 2023, Hynes was walking to work, enjoying the sunshine and thinking about her full day ahead. Suddenly, while in the crosswalk on the street outside the Orthopedic Center at Easton, a pickup truck hit her, sending her 30 feet through the air. When she landed on the ground, she went into cardiac arrest.

“I have no memory of what happened,” Hynes said. “But many people in the Orthopedic Center witnessed it and rushed out to help keep me alive.”

Physician assistant Ben Flowers unlocked her jaw. Tara Simpkins, a nurse in the center, performed CPR with the help of Kim Cronshaw, a CPR instructor who works for University of Maryland Medical System (UMMS) and happened to drive up to the scene. Orthopedic surgeon Myron Szczukowski, MD, operated the automatic external defibrillator.

En route to the hospital, the ambulance was redirected to the Easton Airport, where Hynes was loaded into a helicopter and taken to the R Adams Cowley Shock Trauma Center at the University of Maryland Medical Center (UMMC) in Baltimore. So began a more than year-long journey to recovery, one that would demonstrate the power of caring and determination and forever change the way Hynes looks at life—and her patients.

## FAST-MOVING CARE

When Hynes arrived at the Shock Trauma Center, her condition was critical. She had gone into cardiac arrest several times while being transported, and the many injuries throughout her body were severe.

“When she first arrived, we were worried about her fluctuating vital signs,” said Mark Gage, MD, associate professor of orthopedic traumatology at University of Maryland School of Medicine. “She had hemodynamic instability, which can happen due to serious injury and blood loss. We rapidly transported her to the operating room.”



Mary Hynes is shown with Thomas M. Scalea, MD, at her final visit to the Shock Trauma Center for follow-up care.

The Shock Trauma Center’s trauma surgery team, led by Thomas M. Scalea, MD, joined forces with Dr. Gage and the orthopedic trauma surgery team to control the bleeding and stabilize Hynes. To prevent further damage from the multiple fractures in Hynes’ pelvis, Dr. Gage and his team performed an external fixation surgery.

“We put pins through the skin into the bone and connected them to bars outside of the skin,” Dr. Gage said. “This stabilizes the bones quite quickly, which is helpful for patients who are critically ill to reduce further blood loss. It also helps to control the patient’s discomfort, which can contribute to their clinical condition.”

Additionally, Dr. Scalea performed an emergency repair of a grade five liver laceration—the most severe type of liver injury—which had caused major blood loss.

Once Hynes’ condition became more stable, doctors put her into a medically induced coma. For the next several days, they worked to surgically repair her

**“The R Adams Cowley Shock Trauma Center is Maryland’s Primary Adult Resource Center, serving more than 6,500 critically ill and severely injured people each year. Our team is committed to giving every person a second chance.”**

—THOMAS M. SCALEA, MD, PHYSICIAN-IN-CHIEF, R ADAMS COWLEY SHOCK TRAUMA CENTER

additional injuries, which included a pelvic floor hernia, a shattered radius in her right forearm, which required a bone realignment and an internal fixator to hold bones in place.

Hynes also suffered 11 broken ribs and a right tibial plateau fracture, which is a break in the upper part of the shinbone.

“Once they woke me up, I was very dependent. I couldn’t move or do anything,” Hynes said. “But I felt calm, like I was in the right place. I knew I was being cared for very well. Everyone involved in my care was excellent.”

## PURE DETERMINATION

After two weeks at the Shock Trauma Center, Hynes was transferred to a rehab center in Salisbury, where she remained for two weeks before being sent to the Requard Center for Acute Rehabilitation in UM Shore Medical Center at Easton. Over the next month, she worked tirelessly with her therapists—most of whom she knew personally as her colleagues on UM Shore Regional Health’s Comprehensive Rehabilitation Services team—to regain strength as she recovered from her injuries.

“Everyone there gave me great care. They worked me hard, which I needed,” Hynes said. “They taught me to walk with a platform walker. I needed the walker for quite a while.”

Hynes’ leg fracture healed in seven weeks. Because her pelvis had been reconstructed after the removal of the external fixator, she could only put partial weight on her leg. She also could not bear weight on her arm for two months.

“Mary is a very motivated and healthy individual, so she progressed quite well,” Dr. Gage said. “Still, her recovery took many months because of just how severe her injuries were. She was very diligent, and over the course of about six months, she made great progress, to the point where she could walk without any assistive devices.”

Hand surgeon and assistant professor of orthopedic surgery Karren Takamura, MD, who performed surgery on Hynes’ shattered radius, agreed that determination has a big effect on patient outcomes.

“Overall recovery depends on the patient,” she said. “Mary is very resilient and strong, which contributed to her excellent results.”

## OVERCOMING SETBACKS

After a month at Requard, Hynes was sent home. However, she was unable to do many of the things she took for granted before the accident.

“I have a great support system of family, friends and neighbors,” she said. “They went to the grocery store and cooked and cleaned for me. I learned to appreciate how much people care and what they will do for you.”

## A LIFE-CHANGING MOMENT

Outpatient therapy patient Wayne Green, a retired electric company worker, can relate only too well to the experience of his hand therapist, Mary Hynes.

On Oct. 9, 2022, Green was driving home after attending a lacrosse tournament in Baltimore. Suddenly, a car driving erratically pulled up behind him on the highway, flashing its lights and honking. When the car pulled into the other lane and then attempted to pass Green, it instead hit his driver’s side door, sending his car off the road and causing it to roll over four times. The force of the accident rendered Green unconscious. He later learned what happened next.

“Luckily, two people behind me were emergency medical services personnel,” he said. “I wasn’t breathing, and I was bleeding badly. They rushed to my vehicle and saved my life.”

## A LONG ROAD

Green was transported by helicopter to the R Adams Cowley Shock Trauma Center, where he would remain for 30 days.

“In the beginning, doctors told my wife my chances of surviving were low due to my many injuries,” Green said. “I was in a coma for nine days and in the ICU for 21 days.”

Green had broken vertebrae, along with fractures in his right hand, arm and shoulder. He required multiple surgeries. When he was finally discharged from the hospital, he needed a wheelchair to get around.

For rehabilitation therapy, he spent four months in an Annapolis rehab center where he worked with occupational and physical therapists, beginning with basic leg kicks in the wheelchair and progressing to standing and walking with a walker. He also began exercises for his hand and arm.

After his discharge from inpatient rehab, Green began working with Hynes. Six weeks into his therapy, Hynes experienced the accident that kept her from her patients for nearly a year. Because she is the only certified hand therapist on the Eastern Shore, Green continued working on his recovery at home, practicing the hand exercises she had given him.

## A NEW BOND

When Green found out Hynes had returned to work, he began seeing her again right away. This time they were both members of a club no one wants to be a part of—trauma survivors.

“Mary is just awesome,” said Green, who achieved significant recovery in his hand and continues to get therapy for his legs and feet. “I cannot put into words what she has done for my hand, fingers and shoulder. The strength I regained in my right hand is amazing. I can now do so many things I couldn’t before. I would not be where I am today without Mary.”

**“The continuum of care provided me by UMMS is the reason I am doing so well. All the nurses and physicians who treated me along the way were caring and worked well together. I got the best possible care I could have gotten anywhere.”**

—MARY HYNES

Although her injuries were healing, the road to recovery was not smooth. In May 2023, Hynes was readmitted to the Shock Trauma Center due to fluid buildup in her abdomen. The team drained the fluid, but the following month an infection developed, requiring surgery and another stay at the Shock Trauma Center. Although she returned home soon after, the antibiotics she needed to take for the infection made her quite ill for eight weeks. The support of family, friends and people on her care team, including UMMC transitional care coordinator Becky Tyrrell, RN, helped her through.

“I knew I could go to Becky any time I had an issue. She has been my safety net throughout this whole situation,” Hynes said. “She contacted me often to make sure I was doing the best I could, and she has helped me through many different issues since the accident.”

Tyrrell, who helps guide patients and families through the adjustment of leaving the hospital after a trauma, credits

Hynes with taking control of her own recovery.

“Her sheer will and determination to be well and get back to living her life drove her recovery,” Tyrrell said. “She never complained or felt sorry for herself. I was impressed by her strength and determination. We learned from one another.”

### SHARING A NEW PERSPECTIVE

One of the driving forces behind Hynes’ motivation was the desire to return to her work. As an occupational therapist and certified hand therapist, Hynes works with patients who have upper extremity injuries, including fractures and tendon and nerve damage. In October 2023, she was able to begin seeing patients again part time, and in January 2024, she returned to her full-time schedule.

“I see a lot of trauma patients, and I now have a completely different perspective of what they go through,” Hynes said. “I have always had empathy for people as a therapist, and this has given me even more understanding.

## THE R ADAMS COWLEY SHOCK TRAUMA CENTER

The R Adams Cowley Shock Trauma Center at UMMC in Baltimore is one of the highest-volume trauma centers in the U.S. Its teams of providers stand by 24/7 to receive, resuscitate, stabilize and treat people whose lives are threatened by time-sensitive injury, including acute complex orthopedic injury, spinal injury, brain injury, facial trauma, multiple organ dysfunction, respiratory failure, soft-tissue infection and sepsis.

Visit [umm.edu/shocktrauma](http://umm.edu/shocktrauma) to learn more.



Since her return to work, Hynes has resumed providing hand therapy for patients recovering from injury or surgery.



## IN HER OWN WORDS

Visit the Shore Regional Health YouTube channel, to watch a brief but moving video of Hynes talking about her experience in recovery from traumatic injury.



It has made me more aware and compassionate.”

Patients who have experienced trauma sometimes request Hynes because they know she has been through a similar situation.

“People ask me how I handled certain things,” she said. “They feel like I can better help them navigate that piece of their life.”

One such patient is Wayne Green, who suffered extensive injuries after a terrible car accident. (See “A Life Changing Moment,” page 7.) Although he began seeing Hynes six months before her accident, Hynes now feels a special connection with him.

“I was supposed to see him the morning I got hit,” she said. “Now we say we’re Shock Trauma survivors together.”

## DEEP GRATITUDE

Hynes, who enjoys dancing and exercising, is now almost back to her previous activity level. Despite the challenges she has faced, she is filled with gratitude.

“I’ve always been the kind of person to say, ‘What can I learn from this? What’s good about a situation?’” she said. “I’ve really learned to appreciate what I have. I know I’m fortunate.”

In addition to a wonderful network of friends and family, Hynes is grateful for the excellent care available at the Shock Trauma Center in Baltimore and the Requard Center in Easton.

“I feel very fortunate that UMMC’s Shock Trauma was there for me,” she said. “I always knew it was a fabulous facility, but it has a very different meaning when you’re a patient.”



Hynes helps her patient, Wayne Green, improve the strength and flexibility of his shoulder, arm and hand, which suffered multiple fractures in a near-fatal car accident.

## COMPREHENSIVE REHABILITATION

UM Shore Regional Health Comprehensive Rehabilitation Services is a proud member of the University of Maryland Rehabilitation Network. Rehab specialties include balance therapy, neurosciences, orthopedics, pain management, rehabilitation medicine and nursing, sports medicine, and physical, occupational and speech therapy.

Inpatient rehabilitation is provided at UM Shore Medical Centers at Chestertown and Easton. UM Shore Medical Center at Easton houses the region’s only acute rehabilitation hospital unit, the nationally accredited Requard Center for Acute Rehabilitation. UM Shore Rehabilitation Centers offering outpatient rehab therapies are located in Cambridge, Denton, Easton (the Orthopedic Center) and Queenstown.

**Need rehab care? Call 410-822-1000, ext. 7641.**

To learn more about the R Adams Cowley Shock Trauma Center at the University of Maryland, visit [umm.edu/shocktrauma](http://umm.edu/shocktrauma).

# ADEPT AT *Offering Hope*

A NEW COLLABORATIVE CLINIC HELPS  
PEOPLE WITH DIFFICULT-TO-TREAT  
DEPRESSION MOVE FORWARD.



**LAUREN TERRILL, 41**, of Baltimore, is one of an estimated 30% of people with depression who have treatment-resistant depression (TRD), which is diagnosed when depressive symptoms do not improve with typical first-line treatments, such as at least two different courses of antidepressants. For those individuals, hope can be found at the outpatient Advanced Depression Treatment (ADepT) Center that serves patients across Maryland.

The ADepT Center is a joint initiative between the University of Maryland School of Medicine and University of Maryland Medical Center (UMMC), the academic medical center of University of Maryland Medical System. This collaboration, which offers the highest level of care for behavioral health disorders, helps Terrill and others with TRD get the help they need.

Open since 2023, the ADepT Center is the only one of its kind in Maryland. There, patients and their psychiatrist or primary care provider can access second opinions and find more effective treatments for TRD. Jack Vaeth, MD, clinical assistant professor in the Department of Psychiatry at the University of Maryland School of Medicine, is one of the psychiatrists who treats patients at the center.

“Previously, we called TRD ‘refractory depression,’ but we now like to refer to it with our patients as ‘difficult-to-treat depression,’” Dr. Vaeth said. “‘Refractory’ and ‘resistant’ suggest red flags with this condition when, instead, the challenges of difficult-to-treat depression might only require a yellow flag of caution. We have hope.”

So does Terrill. She walked a long road to find it.

## FRUSTRATING JOURNEY

Terrill views her mother’s 2008 death from cancer as a turning point for her mental health.

“Prior to my mom’s passing, I dealt with periods of being depressed because of issues with her health, among other things going on in my life, but the depression wasn’t chronic,” she said. “My mom’s passing was a major blow because of how close I was with her.”

Two years later, Terrill was diagnosed with major depressive disorder and generalized anxiety. At various times over the next decade, she experienced feelings of hopelessness, struggled to get out of bed and had suicidal thoughts.

Over the years, Terrill took medications for depression, worked with psychiatrists, attended inpatient and outpatient treatment programs, and tried transcranial magnetic stimulation (TMS), a noninvasive treatment that activates areas of the brain involved in depression. Still, the disorder maintained a firm grip.

“Even before finishing TMS, I hit a low point because it hadn’t helped in a significant way,” Terrill said. “When my psychiatrist brought up the ADepT Center, I felt like she was proactively trying to help me. Now, since I’ve been going to the center, I know I have a group of mental health professionals around me who care.”

For Terrill, her personalized treatment plan and the unwavering attention she receives from the entire team is what sets the ADepT Center apart.

“From the front desk staff to the nurses to the physicians, everyone is invested in seeing me get better,” Terrill said. “I love being able to meet with the physicians regularly. It’s one more indication that I’m not alone. A team of experts is working together and with my psychiatrist to do everything they can to help me.”

## ALL TOGETHER NOW

Dr. Vaeth believes the ADepT Center’s unique design helps both patients and their medical providers.

“With our consultation and follow-up, we provide another set of eyes with a different angle and a fresh perspective,” he said. “This second opinion can be an invaluable resource during times when hope and optimism wear thin.”

The process at ADepT begins with an initial patient evaluation and consultation with their referring provider to agree on a treatment approach. Next, the ADepT team puts the treatment into action. Options include brain stimulation therapies, such as TMS and electroconvulsive therapy, individual or group talk therapy, and advanced medications for depression.

Terrill began using one of those medications, esketamine nasal spray, in May at the direction of ADepT Center psychiatrist Gustavo Costa Medeiros, MD. She receives the medication once weekly under the supervision of ADepT Center staff and meets with Dr. Medeiros during every appointment.

## SMALL AND MEANINGFUL VICTORIES

All patients respond differently to treatment, another reason for the ADepT Center’s personalized treatment approach, with some seeing dramatic improvement as high as 80%. Esketamine helped Terrill feel better—progress she hopes to build on.

## COULD YOU SPOT THE SIGNS OF DEPRESSION?



Some depression symptoms are subtle and easy to miss. Others are more obvious. Not all involve mood.

You may have depression if you experience symptoms most of the time for at least two weeks. Symptoms to watch for include:

- A hopeless or negative outlook on life
- Avoidance of favorite activities
- Changes to your appetite
- Difficulty remembering information, focusing on tasks or making decisions
- Feelings of frustration or irritation that occur for seemingly no reason
- Feelings of guilt or worthlessness
- Feelings of sadness or emptiness that won’t go away
- Lack of energy
- Physical symptoms, such as headaches or stomach discomfort
- Suicidal thoughts
- Trouble falling asleep or sleeping too much or not enough
- Unexpected weight gain or loss

“I hope that as I continue these treatments, I see incremental change,” she said. “It’s been a while since I’ve worked full time. I won’t be able to jump into a full-time job right away, but working part time is a near-term goal.”

In addition to esketamine treatment, Terrill continues to take an antidepressant and see her UMMC psychiatrist, Marissa Flaherty, MD, both of which she finds valuable.

“We encourage patients to continue to follow up with their referring medical provider,” Dr. Vaeth said. “As a result of our consultative process, we form a new care team: the patient, their referring medical provider and the ADepT team.”

As she works to get life back into a routine, Terrill urges others to be proactive about seeking mental health care.

“I know how difficult it is when you’ve tried various medications and are still struggling,” she said. “If a treatment you haven’t attempted is available and may be able to help you, it’s worth it to try.”



If you are working with a health care provider to treat your depression but it hasn’t improved, ask about a referral to the ADepT Center or call **410-328-8415** to schedule a consultation. If you need mental health support, primary care is a great place to start. Find a provider at [umms.org/primarycare](https://umms.org/primarycare).



# Behavioral Health *in the Community*

FIND COLLABORATIVE,  
COMPASSIONATE, COMMUNITY-BASED  
CARE CLOSE TO HOME.

**UM SHORE REGIONAL** Health's Shore Behavioral Health program includes the Behavioral Health Response Team (BHRT), Inpatient Behavioral Health Treatment Services, the Mental Health Intensive Outpatient Program (IOP) and Substance Use Disorders services. Core principles of the treatment programs include patient responsibility, evidence-based practice and an integrated, recovery-oriented approach.



The 12-bed behavioral inpatient unit in UM Shore Medical Center at Easton offers single and double occupancy rooms. Inpatient care includes comprehensive psychiatric evaluation and treatment, individual and family therapy, and educational and therapeutic activities.

Patients needing assessment for behavioral health issues may access the BHRT 24/7 at any UM Shore Regional Health emergency department. This team provides mental health and substance abuse evaluations as well as referrals for adults and children in need of behavioral health care.

## SELF-CARE STEPS



For Lauren Terrill, and many other people with depression, managing the disorder involves more than one form of medical treatment. Self-care also plays an important role.

If you have depression, you can complement your treatment by adopting healthy habits at home, including:

- **Eat whole (not processed) foods** rich in vitamins, minerals and fiber, which can promote good mental health.
- **Move your body**, which can release endorphins—chemicals that improve your mood—and prompt the release of proteins that fuel brain-boosting nerve connections.
- **Prioritize tasks**, complete the most important ones first and let the others wait until you feel like getting to them.
- **Resume a favorite activity or two**—it may be tough at first, but your mood will benefit.
- **Set a sleep schedule**—go to bed and get up at the same times each day.
- **Talk regularly with close family and friends** and be open about your feelings.

To reach BHRT, call **410-822-1000, ext. 5251**, and leave a message.

For information about inpatient services, call **410-822-1000, ext. 8700**.

For information about the Mental Health IOP or to make a referral, call **443-225-7758**.

For information about Substance Use Disorders services or to make a referral, call **410-822-1000, ext. 5452**.

Stop the

# STIGMA

DO YOUR PART TO NORMALIZE THE CONVERSATION AROUND MENTAL HEALTH.

**1 in 5:**

the number of American adults who experience mental illness each year

- **LEARN THE FACTS**  
Educate yourself about mental health and share what you learn with others.
- **LIVE EMPOWERED**  
Only you have the right to define how you feel about yourself and how you talk about your mental health.
- **GET PERSONAL**  
Opening up about your own mental health journey (as much as you're comfortable with) may inspire others to do the same or get help.
- **PRACTICE COMPASSION**  
Whether they're loved ones, acquaintances, coworkers or strangers, treat all people with kindness and respect.
- **PUSH FOR PARITY**  
Speak up about mental health being just as important as physical health—because it is.
- **WATCH YOUR WORDS**  
When talking about mental health, use language that is accurate and descriptive and avoid stereotypes.
- **WALK THE WALK**  
Extend the same compassion you show others to yourself and seek help if you're facing a mental health challenge.



Scan the code to read more and listen to the podcast on mental health stigma.



Have questions about mental health? Your primary care provider can help you find answers. If you need a primary care provider, visit [umms.org/primarycare](https://umms.org/primarycare).



# BRAINY HABITS

WHILE YOU MAY NOT BE ABLE TO PREVENT DEMENTIA, LIFESTYLE STRATEGIES MAY PLAY A HELPFUL ROLE IN REDUCING YOUR RISK.

**DEMENTIA AFFECTS ABILITIES** such as memory, language and problem-solving. While many dementias, such as Alzheimer’s disease and vascular dementia, become more common as people age, dementia is not a normal part of aging. You cannot prevent dementia, but you can make changes to avoid increasing your risk factors.

## STAYIN’ ALIVE—MENTALLY

The old-time aerobics instructors who bopped to the Bee Gees tune weren’t wrong. Exercise is a proven strategy for staying healthy, physically and mentally. Aim for about 150 minutes of moderate-intensity exercise each week, broken up any way you feel like it.

## A CIRCLE OF FRIENDS

Regularly spending in-person time with others can help stave off loneliness, a risk factor for dementia. Additionally, you’ll find your brain more engaged when you devote time to shared activities, from deep conversations to games and hobbies to volunteering.

## EYES ON THE PRIZE

Conditions such as diabetes and high blood pressure can increase your risk of developing dementia. Stay up to date on your health with regular visits to a primary care provider (PCP). Follow your PCP’s advice about medications, healthy eating and other steps you need to take to manage chronic conditions. It may seem challenging now, but your future self will thank you.



To find a PCP who will help you plan a healthy future, visit [umshoreregional.org/doctor](https://umshoreregional.org/doctor).

# Welcome, NEW PROVIDERS

NEW PRACTITIONERS STRENGTHEN CARE  
ACROSS THE COMMUNITY.

**UM SHORE REGIONAL HEALTH** has welcomed many new physicians and advanced practice providers to UM Shore Regional Health since mid-2023.

More than 130 providers now care for patients in 20 UM Shore Medical Group practices in Cambridge, Centreville, Chestertown, Denton, Easton, Galena and Queenstown.



**Behavioral Health:** Caroline Sica, CRNP

**Clark Comprehensive Breast Center:** Kathryn Kelley, MD

**Cardiology:** Ian Davis, MD, David Lindsay, MD, and Dipesh Ludhwani, MD

**Gastroenterology:** Brandi Oliver, CRNP, and Abbie Morgan, CRNP

**Nephrology:** Mohamed Ahmed, MD, and Jamshid Amanzede, MD

**Orthopedic Center:** Todd Albrecht, DPM, and Stefano Muscatelli, MD

**Palliative Care:** Jennifer Clark, MD

**Primary Care:** Penny Boyle, CRNP, Lisa Brown, FNP-C, Beverly Clarke, CRNP, Jamie Del Puppo, CRNP, Angela Lucynski, CRNP, and Ashley Schreppel, CRNP

**Pulmonary Care:** Rhiannon Lambert, AGACNP-BC

**Radiology:** Madiha Aseem, MD, Brian Callahan, MD, and Mithilesh Singh, MD

**Surgical Care:** Brittany Gowe, CRNP, and Faiz Khaja, MD

**Urology:** Robert Clayton McDonough III, MD, FACS

**Women’s Health:** McCall “Mickey” Brewer, CNM, and Liliana Covey, WHNP



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## *New Health Care Outreach Team* **SERVES DORCHESTER RESIDENTS**

UM SHORE REGIONAL HEALTH'S NEWEST SHORE COMMUNITY OUTREACH TEAM IS OFF TO A STRONG START SERVING DORCHESTER COUNTY RESIDENTS.



Shore Community Outreach Team members Rochalla Jones, BSN (left) and Amanda McDermott (right) are shown with community resident Ted Goldfarb.

**SINCE THE TEAM** was established last August, nurse coordinator Rochalla Jones, BSN, and community advocates Amanda McDermott and Courtney Thomas spent the fall months visiting trusted community sites throughout Dorchester County, including houses of worship, residential care facilities, firehouses, senior centers, community festivals and health events. These included B&G Foods Health Fair in Hurlock, the annual THRIVE Health Fair for seniors at the Chesapeake Grove Intergenerational Center in Cambridge, the Long Wharf Farmers Market, St. Paul's United Methodist Church and St. Luke's Methodist Church, National Prescription Take Back Day at Craig's Drug Store, and Empire Barbershop, among others.

**“AT COMMUNITY SITES** we provide free blood pressure screenings and talk with local people about screenings and other community-based health services they might need or benefit from,” Jones said. “People really appreciate support to help them manage their health issues outside the walls of the hospital and help them achieve a better quality of life.”

### **REACHING OUT TO PARTNER**

“We are eager to hear from community centers or local establishments that would like to partner with us,” she continued. “For example, retailers such as barber shops and hair salons—as well as churches, civic groups and other nonprofit organizations—are encouraged to schedule a visit that would benefit their patrons or customers.”

The outreach team, which recently added a fourth member, social worker Jessica Wise, also serves patients in their home settings. They provide home safety inspections, blood pressure checks and other health screenings, case management (for those with chronic illnesses such as diabetes, heart failure and COPD), arrangement of telehealth consults with health care providers, and wellness activities. Interested individuals may self-refer to the team or be referred by their family members or other caregivers.



To learn more, request services or make a referral, contact Rochalla Jones, BSN, at **443-225-7545** or **[DorchesterShoreCommunityOutreach@umm.edu](mailto:DorchesterShoreCommunityOutreach@umm.edu)**.



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