

McLean Hospital

2015 Year in Review

where
big things
happen



Reclaiming her freedom McLean's Child and Adolescent OCD Institute helps patients like Qun Li Fan get their lives back



» Allen Schiller, PhD, and Cathy McCool, LICSW, of McLean's premier evaluation and diagnosis program, The Pavilion

Our Mission

McLean Hospital is dedicated to improving the lives of people and families affected by psychiatric illness. McLean pursues this mission by:

- Providing the highest quality compassionate, specialized and effective clinical care, in partnership with those whom we serve;
- Conducting state-of-the-art scientific investigation to maximize discovery and accelerate translation of findings towards achieving prevention and cures;
- Training the next generation of leaders in psychiatry, mental health and neuroscience;
- Providing public education to facilitate enlightened policy and eliminate stigma.

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McLean HOSPITAL
HARVARD MEDICAL SCHOOL AFFILIATE



➤ Scott L. Rauch, MD, president and psychiatrist in chief (left), and David S. Barlow, chairman of the board



Dear Friends,

“I can’t say enough about the people at McLean and how supportive they’ve been.”

The quote above came from Elizabeth See, a former tennis professional who has struggled with depression for more than a decade. As you will read in this issue of *Year in Review*, Elizabeth finally experienced improvement thanks to transcranial magnetic stimulation—a treatment she receives at McLean in our newly expanded Psychiatric Neurotherapeutics Program.

We are proud to say that Elizabeth is only one of the many people who have been positively affected by McLean Hospital’s recent growth.

In 2015, we made great strides in developing, expanding, and launching programs that provide greater access to high-quality, evidence-based, compassionate psychiatric care, while also emphasizing the need and importance of innovative research and exceptional educational experiences for professionals and the general public.

In the pages of this magazine, you will see that “Big Things” are indeed happening across all of McLean’s campuses, including the announcement of the largest philanthropic effort in hospital history. We are well on our way toward meeting our fundraising goal of \$100 million, which will enable us to more fully realize our vision of improved access to care and accelerated discovery, hopefully leading to prevention and cures.

Other “Big Things” that we are excited to highlight:

- the launch of the Child and Adolescent Obsessive Compulsive Disorder (OCD) Institute, which was modeled after our world-renowned adult OCD treatment program. Since opening last spring, this new program—affectionately known as OCDI Jr.—has drawn families from around the globe seeking expert care for their children.
- the recruitment of Kerry J. Ressler, MD, PhD, who is spearheading the growth of McLean’s research programs as our new chief scientific officer and chief of the Division of Depression and Anxiety Disorders. With a vision of cross-collaboration, he is fostering translational research by helping McLean’s scientists and clinicians join in this quest more seamlessly.
- the growth of our LEADER (Law Enforcement, Active Duty, Emergency Responder) program, which provides specialized mental health and addiction services for men and women in uniform, including police officers, fire department personnel, and active members of the military.

This past year has been full of triumphs for our hospital, our faculty and staff, and our patients and their families. We are energized by the work we have done over the past 12 months to improve the lives of others and look forward to our continued success in the coming year—together making critical strides and surmounting important challenges that lie ahead. ♥

Best wishes,



Scott L. Rauch, MD
President and Psychiatrist in Chief
Rose-Marie and Eijk van Otterloo Chair of Psychiatry



David S. Barlow
Chairman of the Board of Trustees



Reclaiming her *freedom*

For 14-year-old Qun Li Fan, who lives with obsessive compulsive disorder (OCD), freedom has a meaning all its own. The freedom to participate in everyday activities—such as going to school, playing her violin, or even sleeping in her own bed—was taken away by this disorder.

Fan has a type of OCD called emotional contamination, in which she feels that by coming into contact with certain feared or unwanted objects, places, or people, she will become contaminated by them. This resulted in an excruciating level of anxiety, according to Lisa W. Coyne, PhD, director of McLean's Child and Adolescent OCD Institute (OCIDI) at McLean SouthEast in Middleborough, Massachusetts.

"When she was nine, Qun Li began having symptoms that continued to worsen over time. She would get so anxious she would have what she called 'rage attacks'—which were a mix of feeling incredibly anxious, angry, and scared—where she would just feel out of control," said Coyne. "These episodes were happening almost daily, and she was in a place where she could no longer attend school. She felt like her house was contaminated, and she was no longer able to go into her own room, wear her clothes, or even touch her dog that she loves." In March 2015, she had to be taken to the emergency room.

"She was very trapped in her own life, and a lot of kids who come to us are in exactly that place," said Coyne. "Qun Li came to us in August 2015 and needed an intensive, residential treatment program. The staff started working with her to do exposure and response prevention therapy, which is an evidence-based behavioral treatment approach. We did a lot of work around all the things her

struggle with OCD has taken away from her and that she wanted back."

After a few months of treatment, Fan was eventually willing to go home on the weekends, staying in touch with the Child and Adolescent OCIDI staff via video chat to help her continue her therapy at home. "Slowly, she was able to feel comfortable in every room of her house," said Coyne.

November 20, 2015, was Fan's last day at the Child and Adolescent OCIDI. The staff worked with her family to arrange for outpatient therapy and to develop a plan for transitioning Fan back to school.

Fan said she encourages other teens who struggle with OCD to focus on their future goals and what they really want back in their lives. "Imagine your life without OCD and realize that you can make that happen. I would encourage them to take a step in the right direction, because no matter how tiny that step is, it will help them and they will thank themselves in the future."

Kelly Fan, Qun Li's mother, said, "When you see your child not being able to do the most simple tasks, everything comes to a complete stop. I can't put into words what McLean has done for her and for us—to see her be able to now possess the tools that she so desperately needed in conquering OCD. I see McLean as clearly saving her life."

The Child and Adolescent OCIDI, which opened in March 2015, is operating at full capacity and providing treatment to children and teens locally and from as far away as Mexico, Zurich, and Montreal, said Coyne, adding that 1 to 2 percent of children and teens in the United States live with OCD. "We have an extensive waiting list and the need for our kind of services is huge. We are really looking forward to a time when we can grow our program to have more beds to serve more kids." ♥

a passion for
SCIENCE
and
COLLABORATION

Standing well over six feet tall, with a hearty smile and disarming laugh, Kerry J. Ressler, MD, PhD, commands a room as he talks about his vision for advancing translational research to improve the health and well-being of patients, particularly in psychiatric care.

And when Ressler speaks, it is clear that his work is as much a part of him as his slight southern drawl. He's clearly excited about what he does and—by the end of a conversation with him—so is everyone else.

"I've always been passionate about combining our understanding of neuroscience and biology with behavior," said Ressler, who holds a bachelor's degree in molecular biology from the Massachusetts Institute of Technology, a medical degree from Harvard Medical School, and a PhD in neuroscience from Harvard University.

Joining McLean Hospital as its chief scientific officer and chief of the Division of Depression and Anxiety Disorders in August 2015, Ressler is focused on building translational efforts across research and clinical work, which may have the best possibility of changing how we understand and develop new treatments and preventions for psychiatric disorders.

"I wanted to pursue both research and clinical work because they are equally fascinating but quite different. With neuroscience research relying on logical problem solving and psychiatry involving much more of the art of medicine, the combination of both allows one to see the direct impact on people's lives," he said.

What drew Ressler to McLean was the opportunity to be part of the "best clinical psychiatric program in the country, and probably the world, and its outstanding, cutting-edge research program," he said.

Continued on next page



The fact that McLean's basic and clinical research takes place on the same campus as its treatment programs—unlike many other research operations—was another huge draw.

"I've spent my career doing translational research, from bench to bedside and back again. I see my charge at McLean as fostering further translation by helping the clinicians intersect with the basic scientists and vice versa," said Ressler. "Coming here has offered me an opportunity to work

at a place that has world-class science and clinical research programs and renowned experts in clinical disorders. With the goal of doing translational research and helping to move science to the clinic, there is no better place than McLean."

As one of the country's leading experts on the neurobiology of trauma, Ressler—who also directs the Neurobiology of Fear Laboratory—finds himself excited about the prospect of enhancing his work through joint ventures with his McLean and Harvard Medical School colleagues.

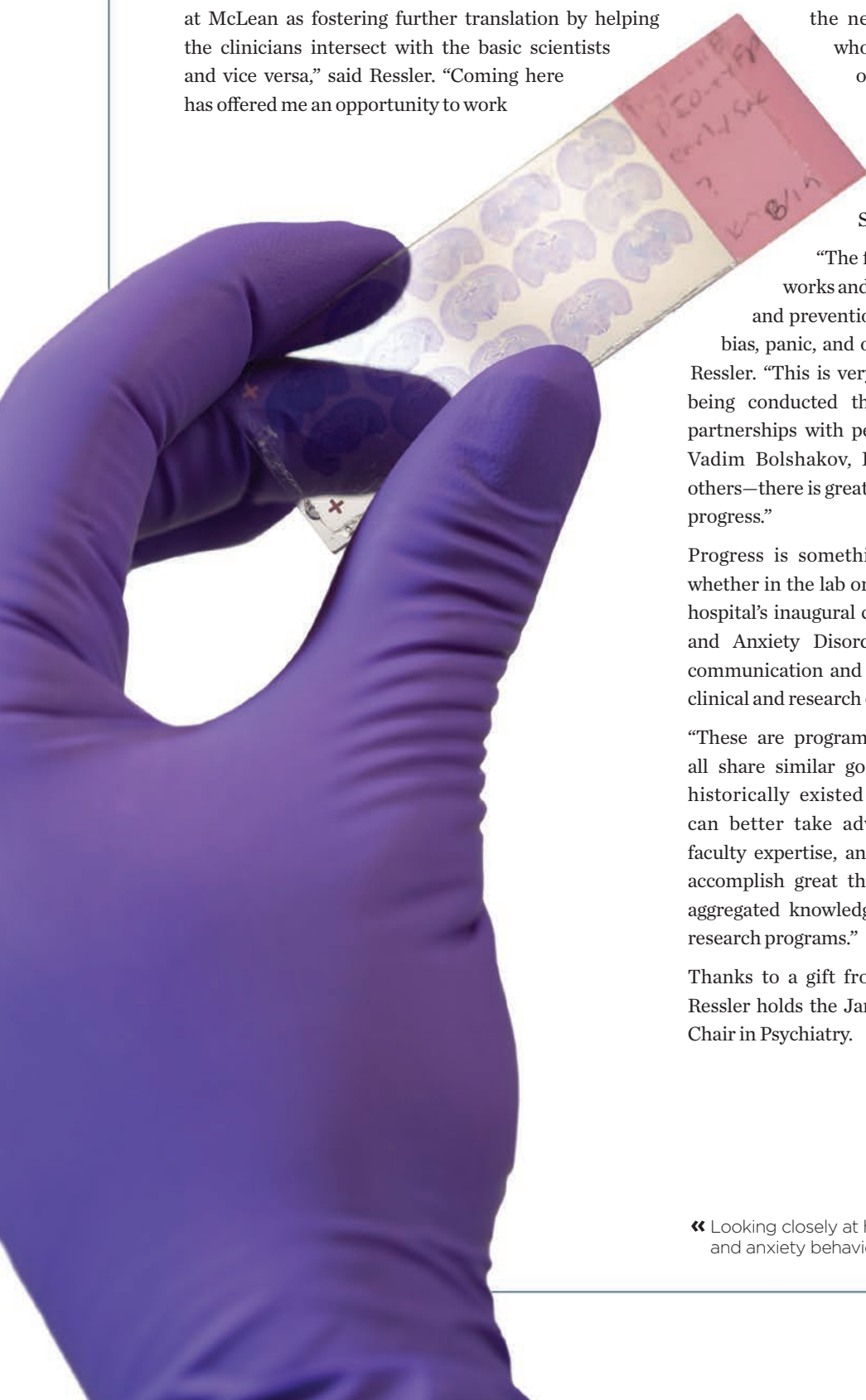
"The focus of my research is on how fear works and how we can improve the treatment and prevention of such disorders as PTSD, phobias, panic, and other anxiety disorders," explained Ressler. "This is very synergetic with the work that is being conducted throughout McLean and—through partnerships with people like William Carlezon, PhD, Vadim Bolshakov, PhD, Diego Pizzagalli, PhD, and others—there is great potential for us to make enormous progress."

Progress is something Ressler never loses sight of, whether in the lab or in his administrative roles. As the hospital's inaugural chief of the Division of Depression and Anxiety Disorders, he is working to improve communication and collaboration across the division's clinical and research operations.

"These are programs that are truly outstanding and all share similar goals and processes—yet they have historically existed on their own," he said. "If we can better take advantage of combined resources, faculty expertise, and research infrastructure, we will accomplish great things together by introducing our aggregated knowledge into our clinical practices and research programs."

Thanks to a gift from longtime McLean supporters, Ressler holds the James and Patricia Poitras Endowed Chair in Psychiatry. ♣

« Looking closely at how the brain affects fear and anxiety behaviors



Helping Those in the Line of Duty

The LEADER (Law Enforcement, Active Duty, Emergency Responder) program has grown substantially in volume and scope since it was launched in 2013 following the Boston Marathon bombing, according to McLean's Chief Medical Officer Joseph Gold, MD, who oversees LEADER across multiple clinical divisions and levels of care. Gold noted that McLean developed the initial pilot for LEADER thanks to a generous gift from The Patriots' Day Project of Fidelity Investments Employees.

Created to provide specialized mental health and addiction services for men and women in uniform, including police officers, fire department personnel, active members of the military, and other first responders, LEADER is one of the few programs of its kind in the United States.

"We understand that police officers, firefighters, EMTs, and other first responders face unique and often overwhelming stress in the type of work they do, and at the same time they may also face

obstacles in seeking help," said Gold, who outlined how LEADER has grown since its inception.

- There have been more than 300 inpatient admissions since the program started.
- Utilization of the men's LEADER residence averages 10 admissions per month.
- The outpatient LEADER trauma recovery program, launched in 2015, has already had more than 500 patient visits.

"There are other programs across the country that provide similar services, but to our knowledge, what we offer is unprecedented and comprehensive in size, scope, and gender-specific treatment. LEADER patients have access to McLean's highly specialized programs for every type of psychiatric condition," explained Gold. ▀



FIGHTING DEPRESSION

TMS AND **ECT** ARE INCREASINGLY SOUGHT-AFTER TREATMENTS FOR DEPRESSION AND OTHER MENTAL ILLNESSES

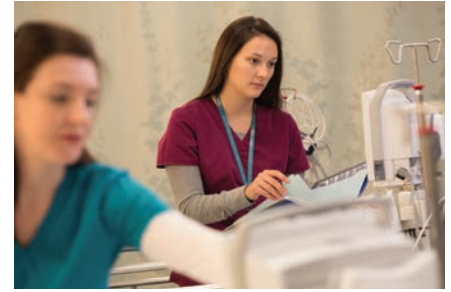
Elizabeth See struggled with depression for more than a decade when, in November 2014, she was diagnosed with Goodpasture syndrome, a rare autoimmune disease that attacks the kidneys and lungs. A tennis professional, she suddenly found her livelihood and passion restricted by physical constraints and regular dialysis treatments.

Her depression worsened, causing her to stop participating in everyday activities. Some days, she didn't want to eat or talk to family or friends. When she first heard about transcranial magnetic stimulation (TMS), "I was at a point where I had nothing to lose," she said, "but after the fifth treatment, the light shined through. It was an extraordinary thing to begin feeling like myself again."

Oscar G. Morales, MD, associate director of McLean's Psychiatric Neurotherapeutics Program (PNP) and director of the TMS Service, said that See's experience is typical for those who undergo TMS treatments.

"An estimated 20 to 40 percent of patients who live with severe depression do not benefit adequately from such interventions as medications and psychotherapy, yet they have great success with TMS," said Morales. "TMS has proven to be both safe and effective, with patients experiencing positive outcomes after several weeks of treatment."

In 2014, a generous anonymous donor made it possible for McLean to acquire a deep TMS device, thus expanding the



Staff of the PNP provide compassionate care, ensuring that patients are comfortable and responding well following treatment

hospital's offerings for those with severe depression. The anonymous donor followed up in 2015 with an additional gift to further strengthen McLean's TMS program.

Like See, an increasing number of people who struggle with depression or other psychiatric diagnoses are seeking out TMS or electroconvulsive therapy (ECT) to address their disorders without—or with a reduced need for—medication. While TMS is used for severe depression—especially for those who do not respond well to medication—ECT is a highly effective intervention for chronic depression, mania, and schizophrenia.

Both TMS and ECT, which are part of the hospital's PNP, have become successful treatments for patients, according to Stephen J. Seiner, MD, director of the PNP and medical director of the ECT Service.

"Over the past 10 to 15 years, there has been a strong demand for ECT and we've been working to continuously meet that demand," said Seiner. "We're providing about three to four times the treatments we were doing previously, which is now about 10,000 treatments per year—making us one of the largest ECT centers in the country. We remain on the cutting edge of the latest advances in ECT and TMS, and more recently, deep TMS."

There are several reasons why more people are choosing ECT and TMS to address their illnesses, he said, including the high success of the treatments, the reduced stigma of mental illness,

the increased availability of accurate information online and in the media, and the increased awareness through physician offices and hospitals.

"As patients get better, they and their doctors refer more people to our services," explained Seiner, who noted another reason for an increase in demand has been the program's reputation for its expertise. "We're a passionate group of people committed to helping the most profoundly depressed and ill patients in psychiatry."

In early 2015, the ECT and TMS suite moved to a new location on the Belmont campus, which made it possible to increase capacity and better accommodate patients.

"When we started offering TMS in 2008, we were providing six to eight treatments a day, and now that number has more than doubled," said Paula Bolton, MS, APRN-BC, program director. "We're continually trying to meet the demand in a way that is

both feasible, in terms of running the program, and truly patient-centered," said Bolton. "It's all about the patient. We customize treatment so each patient feels like they're getting the attention that they need."

Like many patients, See feels fortunate to have heard about TMS when she did. "I can't say enough about the people at McLean and how supportive they have been," she said. "I was actually able to look at the sunset the other day and really appreciate it and be grateful I was alive." ♥

"I CAN'T SAY
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DREAMS

REALLY CAN COME TRUE

SHARE YOUR GREATEST DREAM.
EVEN IF YOU ARE SURE IT WON'T COME TRUE.
Most of us would give pause to such a request, but for Thomas J. Swan III, it was especially daunting. The request was posed by his treatment team at McLean's Fernside program, which provides intensive residential treatment for adults with complex substance use and co-occurring psychiatric conditions.





“THE ADDICTION DESTROYED EVERYTHING OF VALUE IN MY LIFE.”

Swan’s dream was to have a family of his own. But given that he was single, gay, and living with HIV, he could not imagine it coming true.

That exercise and the work Swan did at Fernside proved to be a turning point. It was the first time he was able to be honest about his sexuality and addiction, and begin the process of accepting himself.

From the outside, one would not have guessed Swan’s struggles. A graduate of Harvard College and Georgetown Law School, Swan was by all measures successful. Over more than a decade, he practiced law and worked in investment banking, ultimately becoming a principal with a West Coast firm. While his external achievements masked the internal shame and stigma he felt over being gay, eventually the substances he used to deal with his pain led him into full-blown addiction. He came to Fernside seeking help for alcoholism, addiction, and anxiety-induced panic attacks.

“The addiction destroyed everything of value in my life,” he said. “But it was my way of dealing with being gay in a world where I was expected not to be. I thought it made me worthless and unlovable. I was sure it disqualified me from being a parent. And if it did not, then the collateral damage of my addiction certainly did. That is how I came to be hopeless. And that is what changed at McLean.”

There was only one other person to whom Swan had told this dream: his father, Thomas J. Swan Jr., a McLean trustee from 2005 until his death in 2011. Unbeknownst to Swan, his father researched the medical facts and learned that recent breakthroughs in science had made it possible and safe for a person who was HIV-positive to become a biological parent without risk of transmitting the virus to the child or surrogate.

“My dad took it on himself to learn about this and was supported in his efforts by the people he knew and worked with at McLean,” Swan said. “In his final month, my dad, who was my best friend throughout my life and who had the greatest influence on me, encouraged me

to pursue two things: a leadership role in our family business

and my dream of having my own children.”

That’s when Swan knew that, with his father’s support and McLean’s help, maybe his dream could come true.

“I set conditions for myself: sustained recovery from addiction, taking good care of myself physically and mentally, and getting back to work,” he said. “When I had accomplished those goals and truly put my life back in good order, I could take the next step.”

So Swan began focusing on the family business and today, together with his cousin, he is following in his father’s footsteps running a group of businesses with manufacturing facilities in Asia, North America, and Europe that sell products in almost every part of the world.

He also resolved to strengthen his physical well-being. He ran the New York City Marathon in 2014 and twice completed a 545-mile bike ride from San Francisco to Los Angeles.

Then he embarked on creating a family, and in January 2015, Swan’s healthy, biological son and daughter—Sam and Rosie—were born.

“The only reason this was possible was because that exercise at Fernside made me believe that my dream could come true after all,” he said. “That, and the unconditional love and support from my mum and dad. And as dedicated and passionate as I am about work, it does not compare to the joy of being Sam and Rosie’s dad.”

Swan also has followed in his father’s footsteps in his philanthropic support and service to McLean. He gives generously to McLean each year through the Mary Belknap Society and made a substantial gift to McLean’s \$100 million comprehensive campaign. He also serves on McLean’s National Council, a group of donors who act as ambassadors for the hospital. “I give back to McLean because I am grateful,” he said. “After all, it was McLean that enabled my greatest dream to come true.”

◀ McLean National Council and Mary Belknap Society member Thomas J. Swan III with his children Rosie (left) and Sam

The Largest Fundraising Effort in Hospital History

In October 2015, McLean Hospital publicly announced its \$100 million Campaign for McLean Hospital—the largest and most ambitious in the hospital’s history.

With the leadership phase launching in 2012, McLean’s closest supporters were eager to participate, contributing \$85 million before the campaign was formally announced. By the end of 2015, the campaign reached \$94 million—just \$6 million shy of its goal.

“The response to this campaign has been phenomenal,” said Campaign Co-Chair and former Chair of McLean’s Board of Trustees Kathleen Feldstein, PhD. “It is heartwarming that so many people have made gifts across the full breadth of McLean’s mission. This support is a powerful endorsement of McLean’s role as a leader in the field as it strives to address the many challenges in psychiatry and mental health.”

The campaign is currently making strategic investments in the future of McLean. A primary focus of the effort has been to establish seven Centers of Excellence in psychotic disorders, depression and anxiety disorders, substance use disorders, child and adolescent psychiatry, geriatric psychiatry, women’s mental health, and basic neuroscience.

In addition, the Campaign for McLean Hospital seeks resources to attract and support world-class leaders, to advance research, and to optimize patient outcomes.

“Thanks to our generous community of donors, we have launched all seven of our Centers of Excellence, welcomed outstanding new talent, seeded new clinical programs, supported novel research, and made tremendous strides in our strategic direction,” said Scott L. Rauch, MD, president and psychiatrist in chief. “The campaign goal is within reach and meeting it will enable us to more fully realize our vision of improved access to care and accelerated discovery, one day leading to prevention and cures.”

Ways to Give

Every year, donors like you make a difference in the lives of people affected by psychiatric illness.

Annual Giving (Mary Belknap Society) Unrestricted gifts support a range of programs and help launch initiatives. A gift of \$1,000 or more qualifies you for membership in the Mary Belknap Society.

Targeted Giving Whether you choose to give toward a research fellowship, a capital project, or clinical care, you can target your gift to the program that is most meaningful to you.

Tribute Giving A tribute gift to McLean is a way to honor a loved one, thank a caregiver, or celebrate a milestone.

Legacy Giving (John McLean Society) You can leave a lasting legacy through your estate plan or by joining the John McLean Society.

To learn more or to give to McLean today, visit mcleanhospital.org/give or contact:

McLean Hospital Development Office
115 Mill Street, Belmont, MA 02478
phone: 617.855.3415 • email: McLeanDevelopment@partners.org

\$100M Goal

Raised to Date
(December 31, 2015)

\$94,259,419

Clinical Programs
and Research

\$56,307,045

Endowment

\$24,324,594

Buildings and
Equipment


\$8,785,654

Annual Unrestricted
Support

\$2,940,516

Other

\$1,901,610

A professional portrait of Brent P. Forester, MD, MSc. He is a middle-aged man with a receding hairline, smiling warmly at the camera. He is wearing a dark navy blue suit jacket over a light blue checkered shirt and a patterned tie. His arms are crossed, and he is wearing a gold ring on his left hand. The background is a solid, muted brown color.

“FOR TOO LONG
THERE HAVE BEEN
SILOS IN OUR HEALTH
CARE WORLD WHERE
MENTAL HEALTH AND
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ISSUES HAVE BEEN
SEPARATED.”

Brent P. Forester, MD, MSc

HOW TO BUILD A STRONG PARTNERS-SHIP

Leading Key Health Care Reform Initiatives for McLean and Partners HealthCare

As an avid runner and diehard Red Sox fan, Brent P. Forester, MD, MSc, is no stranger to challenges. It was no surprise when he was asked, in 2015, to take on two taxing but critical roles—chief of the Division of Geriatric Psychiatry at McLean Hospital and medical director for Behavioral Health within Population Health Management at Partners HealthCare—that he eagerly said yes.

During his first day on the job at Partners, Forester was presented with his task: spearhead initiatives that are designed to provide better patient care and reduce medical costs.

“A significant health care challenge in our country now is something that Population Health Management directly addresses,” he said. “How should we identify and treat mental health problems in patients treated within primary care settings in a way that is both high-quality and cost-effective?”

At McLean, Forester is helping to address the mental health challenges of older adults who are living with mood disorders and other psychiatric illnesses, and also those with neurocognitive disorders, such as Alzheimer’s disease.

He pointed out that by the time many of these patients come to McLean, they are seeking second or third opinions. “We want to diagnose people earlier, not only to help identify and treat what is functionally impairing and adversely impacting

quality of life, but what is also really ratcheting up overall health care costs.”

Forester’s work at McLean falls nicely in line with his new role at Partners HealthCare, where he is also leading a comprehensive clinical service program—a collaborative care model—to integrate behavioral health services into primary care across more than 190 member practice settings.

The goals of the behavioral health integration program at Partners include screening for depression at the primary care level and facilitating patient referrals to the appropriate resources.

“We’ve rolled out collaborative care to about 40 practices and we hope by the end of the year we’ll be in about one-third of all practices across the Partners network,” said Forester.

This venture gives clinicians in the mental health field an opportunity to both help design what behavioral health care should look like and work with colleagues in the primary care setting.

“For example, when you have a patient with diabetes or heart disease, the treatment is fairly straightforward and the outcomes are fairly predictable. Now, if that same patient also has depression, it gets more complex. The overall medical outcomes are worse, and because depression is more challenging to treat, the costs rise significantly,” explained Forester.

Added Forester, “by treating psychiatric illnesses when they occur in the context of patients’ medical problems, outcomes can improve.” ▾

the ESSENCE *of* ADOLESCENCE

When Marisa M. Silveri, PhD, director of McLean Hospital's Neurodevelopmental Laboratory on Addictions and Mental Health, gives community presentations on the effects of alcohol and drug use on the adolescent brain, she refers to herself as a “neuroscience interpreter.”

Speaking to hundreds of students, parents, educators, mental health workers, law enforcement officers, and policymakers each year, her mission, she said, is to help them understand what science tells us so they can use the information in a tangible way.

“Age of first alcohol use is a strong predictor of an alcohol abuse problem later in life. If you're 13 when you start drinking, you have a 47 percent chance of having a problem as an adult. If you wait until 21, you still have a 9 percent chance that you'll have a problem later on, but there's a clear pattern—the longer you can delay onset of use, the more you can protect your brain,” she said.

With the brain still being developed—including vital areas related to decision making—Silveri's take home message to teens is to avoid alcohol in order to give their brains more time to develop.

In her role as a researcher she focuses on the consequences of substance abuse and the manifestation of addictions and psychiatric illness in teens and

young adults, measured using magnetic resonance imaging techniques. She explained, “MRI is a noninvasive imaging technology that gives us a window into the brain without exposure to anything harmful.”

McLean was one of the first sites in the country to use magnetic resonance spectroscopy, a type of MRI used to examine neurochemistry in substance abuse and mental illness, which is what drew Silveri to do her post-doctoral work at the hospital 15 years ago.

Since then, she said, “there's been a dramatic increase in the number of researchers wanting to look at the adolescent brain, especially in psychiatry, and the reason is that this is the typical age range associated with initiation of substance use and psychiatric symptoms.

“What is innovative about our work is that we combine multiple types of imaging that allow us to look at brain structure, function, and chemistry,” she said. “Along with clinical and cognitive assessments, this provides a robust

multimodal approach. We're not just looking at one endpoint—we conduct our research to make the results more thorough, comprehensive, and specific. This gives us increased precision to better understand neurobiology.”

According to Silveri, teens often binge drink because they are less sensitive to some of the impairing effects of alcohol, which in adults serve as internal cues as to when they've had enough.

This year, one of the research projects her lab is conducting involves recruitment of 200 teens ages 13 to 14 who have not yet used alcohol or drugs. They will be followed sequentially over the next two years, allowing investigation into how the brain changes as they initiate drug or alcohol use, as well as how anxiety or depression symptoms emerge.

“My hope,” Silveri said, “is to make a difference using science in a way that resonates with teens and young adults and ultimately helps ensure a healthy transition to adulthood.” ♣

» Marisa M. Silveri, PhD, director of the Neurodevelopmental Laboratory on Addictions and Mental Health



“Age of first alcohol use is a strong predictor of an alcohol abuse problem later in life.”

Psychiatrists *without* Borders

MCLEAN HOSPITAL/CHINA COLLABORATION HAS POTENTIAL FOR GLOBAL IMPACT


Language barriers and cultural differences had little effect as McLean Hospital/Harvard Medical School scientists and their colleagues from the Chinese Society of Psychiatry convened in early October to launch the first conference of the McLean Hospital-Chinese Society of Psychiatry Initiative in Psychiatry (MCIP). The three-day conference, held at McLean's Belmont, Massachusetts, campus, included presentations and discussions on youth mental health, schizophrenia, and bipolar disorder.

"The conference provided the opportunity for scientists to give one another an overview of their current research projects, resulting in a series of follow-up conversations for potential collaborations," said Dost Öngür, MD, PhD, chief of McLean's Psychotic Disorders Division and co-director of the MCIP. "Topics were focused on cognition, genetics, and EEG and MRI research—information converging on brain abnormalities in people with schizophrenia."

Established in 2014, the MCIP has a goal to expand cross-cultural research opportunities, provide mutually beneficial information and resources, and foster collaboration among clinician-investigators from both countries who specialize in major psychotic and mood disorders.

"Through this program, investigators gain access to cutting-edge methodologies and technologies as well as a wide range of patient populations and data from their counterparts," Öngür said. "Scientists from both countries are collecting similar data and it will be beneficial to join forces and analyze some of that information together."

The MCIP was made possible by an anonymous donor interested in fostering collaborations between the two countries. "We are grateful for such a generous philanthropic donation, as we expect this to be a successful initiative in advancing mental health care between China and the United States," he said.



Christopher M. Palmer, MD, McLean's director of Postgraduate and Continuing Education, who serves as administrative director for the MCIP, said the conference allowed participants to "gain a much broader appreciation for the breadth and scope of research that's occurring in different fields in both countries."

"The MCIP is a vehicle to connect senior psychiatric clinicians and researchers at McLean and Harvard with those in China," said Palmer. "We've brought together some of the top researchers in these fields to have them simply start conversations and brainstorm how we can better advance the field. Remarkable things can happen when the right people have the opportunity to connect. This initiative has significant potential."

While McLean/Harvard Medical School and Chinese psychiatrists have worked together in previous years, said Palmer, "the

MCIP allows researchers to work in a more systematic way. A critical component of this collaboration is the development of the organization's new website and software platform, which will allow us to more easily facilitate live streaming, webinars, and training sessions."

He added that another benefit of the MCIP is ongoing training opportunities for McLean Hospital's psychiatry residents. "Several of the residents attended the conference with the goal of wanting to learn more about what area of study they want to focus on."

"With the two countries working together," said Öngür, "we will be more effective in identifying causes and developing treatments for psychiatric illness in an effort to have a positive global impact." ♡

With multiple programs falling under the Division of Women's Mental Health (DWMH)—each with varying areas of expertise from borderline personality disorder to trauma to eating disorders and more—Shelly F. Greenfield, MD, MPH, McLean's chief academic officer and chief of the DWMH, saw a need for better opportunities for shared learning and interaction among clinicians and researchers from the different programs within the division.

She, along with Amy Gagliardi, MD, clinical director of the DWMH, and Caroline Rotondi, assistant director of the Office of the Chief Academic Officer, developed and launched a unique Lunch and Learn series aimed at fueling collaboration and better understanding of one another's work.

"The purpose of the series is to provide clinicians with the opportunity to learn from speaker-experts from across the hospital about the latest research on mental health pertaining to women and girls through the life span, as well as to discuss a range of evidence-based treatments available for patients," said Greenfield. "The series is in direct response to clinicians from across the division who expressed interest in learning more about the work of their colleagues and about what is going on in each program," said Greenfield.

Since launching in the fall of 2015, the series has become a thriving source for engagement and collaboration. Among the topics discussed so far are addiction, eating disorders, PTSD, and borderline personality disorder in both adults and adolescents. Additional events in the DWMH's Lunch and Learn series are scheduled throughout the coming year.

A \$500,000 anonymous gift helped launch the DWMH and an array of clinical, educational, research, and community-based activities like the luncheon series. ♣

In the Seat of Learning

New Education Series Fuels Educational Collaborations

A Picture Can Say 1,000 Words

MyMoments Digital Imagery Technique Helps Patients Express the Depth of Their Feelings

After taking dozens of photos of trains at commuter rail stations, Susan Camuti finally captured the image she was seeking. Using a specialized app on her smartphone, she transformed the image of an approaching train to depict what her mania feels like.

“When I feel manic, it feels like a train is running through my chest—like a rumbling, fast, energizing, but disturbing feeling,” said Camuti, 59, who has bipolar disorder and post-traumatic stress disorder and attends McLean’s bipolar disorder outpatient group. “I was able to make the train look like it was going at a high speed and actually vibrating and rumbling.”

Camuti is among a growing number of patients at McLean using MyMoments Expressive Digital Imagery (EDI) as a tool for self-expression during therapy and recovery. “The images that participants are creating for their personal recovery plans become a visual map for developing personal wellness and emotional stability,” said Nancy Huxley, PhD, who initially piloted MyMoments with its founder Steven Koppel in 2014. “It complements talk therapy by allowing the participants to express their thoughts, feelings, and behaviors in ways that words alone cannot.”

Joseph Stoklosa, MD, medical director of McLean’s Schizophrenia and Bipolar Disorder Inpatient Program, said that MyMoments “allows patients to express the depth of their feelings. It helps them focus on what’s important to them and helps us better understand them.”

According to Camuti, MyMoments helps her express feelings she has had for most of her life. For the first time, she can depict them in a way that her family and friends can comprehend. “It’s freeing,” she said. “It’s helping my son understand what I experience. He can almost feel the intensity from the train coming off the photograph.”

“These images help McLean patients with recovery and resilience without the need for any particular artistic skills or training, and through an easy-to-learn and highly accessible mobile app,” explained Koppel, whose EDI Institute announced a formal partnership with McLean in late 2015. ▀

» Susan Camuti holds her image, “Insistent rumble pulling me forward—too fast”



Leading the Way

Each year, McLean Hospital faculty are recognized by national and international psychiatric organizations for their work to improve the lives of people and families affected by mental illness. Below are just two of McLean's stars who made an impact in 2015.

R. KATHRYN McHUGH

When asked about her work, R. Kathryn McHugh, PhD, enthusiastically describes her desire to increase access to quality mental health care for people in need and her research to improve the effectiveness of behavioral therapies and innovative treatment delivery models, such as computer-based treatments.

McHugh has been widely recognized for her substance use disorder work, with her most recent accolade coming from the Society of Clinical Psychology, which bestowed upon her the David Shakow Early Career Award for Distinguished Scientific Contributions to Clinical Psychology.

“Mental health treatment is inaccessible to far too many people,” said McHugh. “Improving treatments is critical, but just as critical is educating the public and ensuring that people in need can access the best treatments that we have to offer.”

MICHAEL LESLIE

With the launch of the McLean Hospital Initiative for LGBTQ Mental Health, founder Michael Leslie, MD, made enormous strides in addressing the unique mental health needs of the lesbian, gay, bisexual, transgender, and questioning (LGBTQ) community. As a result of his efforts, Leslie was recognized with the Harold Amos Faculty Diversity Award from Harvard Medical School.

“This initiative embodies a vision of engaging the broader community of consumers, patients, activists, and providers in a meaningful discussion of LGBTQ mental health disparities and treatment, and thanks to the support of so many here at McLean, we have already been able to achieve so much,” said Leslie, who is the associate medical director for McLean’s Dissociative Disorders and Trauma Program.

✦ R. Kathryn McHugh, PhD, and Michael Leslie, MD, were each honored for their work in 2015





UNCOVERING THE MYSTERIES OF MEDICAL MARIJUANA

With a drive to better understand the effects of medical marijuana, in 2014, Staci Gruber, PhD, launched a landmark new program known as the Marijuana Investigations for Neuroscientific Discovery (MIND) program. Made possible thanks to an initial gift from best-selling crime writer Patricia Cornwell, MIND is focused on exploring the effects of medical marijuana on cognition, brain structure, and function.

The innovative aspect of MIND, noted Gruber, who is its lead investigator and director of the Cognitive and Clinical Neuroimaging Core at McLean Hospital, is that there have been no studies to date in which individuals were assessed before and after a medical marijuana regimen with regard to cognitive performance and measures of brain function, structure, and general health.

“It is critical to investigate the impact that medical marijuana has on patients, the results of which could inform the course of treatment, safety guidelines, and public policy,” said Gruber. “As the number of states which have passed medical marijuana laws continues to grow, the ‘need to know’ has never been more important, relevant, or timely.”

While Gruber does not administer any medication to her research volunteers, the first phase of MIND is focused on observing patients who have been certified by a physician for medical marijuana use for a variety of reasons, including pain, mood disorders,

anxiety, and sleep disorders. Gruber and her team are looking at potential changes in measures of cognitive performance, brain function, and structure, as well as individuals’ own perceptions of how they’re doing. This data is then combined with information about the products being used and the researcher’s perspective on how the subjects respond cognitively, bolstered by neuroimaging and other measures.

The next phase of MIND, scheduled to begin in the next several months, will evaluate the effects of cannabidiol, a non-psychoactive constituent of marijuana, for people who suffer from anxiety.

Gruber noted that all of this work is intended to answer important questions at a critical time in the country’s drug policy debate.

“Policy has vastly outpaced science, with little empirical data available regarding the impact of medical marijuana on cognitive function, despite the legal status of marijuana in a growing number of states,” said Gruber. “Findings from this investigation will ultimately foster a greater understanding of the impact of medical marijuana on brain function and structure and cognitive function, and will hopefully facilitate the examination of the efficacy of marijuana for the range of disorders for which it is recommended.” ▀

FINANCIALS

For the fiscal years ending 9.30.15 and 9.30.14. In thousands of dollars.

Income Statement

	2015	2014
Revenues		
Net patient revenue	\$ 137,888	\$ 128,243
Other operating revenue	60,895	60,423
Total revenues	198,783	188,666
Expenses		
Employee compensation, benefits	104,754	98,521
Supplies and other	80,158	75,781
Depreciation and amortization	6,974	7,237
Interest	1,872	1,586
Total operating expenses	193,758	183,125
Income/(loss) from operations	\$ 5,025	\$ 5,541
Total non-operating gains/(expenses)	(2,030)	382
Excess of revenues over expenses	\$ 2,995	\$ 5,923

Balance Sheet

	2015	2014
Assets		
Cash and investments	\$ 13,408	\$ 12,533
Patient accounts receivable	11,142	12,936
Other current assets	10,395	8,412
Total current assets	34,945	33,881
Investments limited as to use	954	921
Long-term investments	5,041	551
Property and equipment, net	69,805	57,814
Other assets	102,890	106,957
Total assets	\$ 213,635	\$ 200,124
Liabilities and net assets		
Accounts payable and accrued expenses	\$ 20,680	\$ 25,462
Current portion of accrual for settlements with third-party payers	520	622
Unexpended funds of research grants	2,334	2,929
Total current liabilities	23,534	29,013
Other long-term liabilities	6,611	6,369
Long-term debt	55,132	35,077
Net assets	128,358	129,665
Total liabilities and net assets	\$ 213,635	\$ 200,124

LEADERSHIP

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*Member-at-large participants of the President's Cabinet who serve two-year terms.

BY THE NUMBERS 10.1.14 to 9.30.15

Services	Staffing
Average Beds in Service 182	Physicians and Psychologists 225
Admissions 5,756	Residents 24
Inpatient Days 59,988	Fellows 58
Partial Hospital Days 39,883	Nurses 203
Partial Hospital Visits 208,286	Clinical Social Workers 109
Outpatient Visits 42,983	Mental Health Specialists and Community Residence Counselors 325
Child/Adolescent Days 14,849	Other 632
Residential Days 24,715	Total FTEs 1,576



McLean HOSPITAL
HARVARD MEDICAL SCHOOL AFFILIATE

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