

2010 Annual Report

Toward
200
years

1811 | 2011



McLean Hospital
A HARVARD MEDICAL SCHOOL AFFILIATE

Our Mission

McLean Hospital is committed to providing a full range of high quality, cost effective, mental health services to our patients, their families and the larger community.

The hospital is dedicated to training mental health professionals, to conducting basic and clinical research to understand the causes of mental illnesses, and to developing effective new means for their prevention and treatment.

On the cover

Gaining the tools to succeed has helped Sarah prepare for tomorrow. Read her story on page 8.

2010 McLean Hospital Annual Report

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and David S. Barlow
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From left: Scott L. Rauch, MD, and David S. Barlow

DEAR FRIENDS,

For nearly 200 years, McLean has served as a beacon of hope for people with psychiatric illness and their families. As we mark our bicentennial year, we reaffirm our commitment to improving lives by providing compassionate, specialized psychiatric care, informed by research and individualized for each patient.

We had many accomplishments to celebrate in 2010, including significant progress in implementing the McLean strategic plan that was approved two years ago.

We continued to build centers of excellence and innovation that integrate clinical service, research and education, focused on rapid translation of science in order to establish, deliver and disseminate ever-better, evidence-based approaches to care. The Psychotic Disorders Division improved prescribing practices for atypical antipsychotic medications and elevated clinical care and education related to metabolic syndrome. The Division of Alcohol and Drug Abuse expanded its capacity to treat patients addicted to heroin and prescription opioids with buprenorphine, a highly effective and lifesaving treatment. In this *Annual Report*, you can read about our newly established Basic Neuroscience Division and Center for Depression, Anxiety and Stress Research.

We also continued to extend our clinical services to respond to the needs of individuals throughout Massachusetts, across the country and around the globe. We created new programs and expanded existing ones to enhance the continuum of care for adolescents who suffer from impulsive and self-injurious behaviors. For adults, we opened a Transcranial

Magnetic Stimulation (TMS) Service, offering effective alternatives for individuals grappling with treatment-resistant depression. We increased our presence in emergency rooms, providing expert psychiatric evaluation services in community hospitals beyond greater Boston.

We developed an academic strategic plan that will enrich the environment for learning, scholarship and career development at McLean, while providing a road map for disseminating state-of-the-art information to trainees, health-care professionals and the public near and far.

Across our campuses and beyond our walls, McLean faculty and staff are providing compassionate care to patients, making pioneering discoveries in research laboratories that advance the field toward improved therapies, and training tomorrow's leaders.

We thank you, our faculty and staff, trustees, friends and supporters, for your dedication to McLean's mission. Together, we are ensuring that patients will continue to receive the best care possible each and every day, while working to achieve better tomorrows for decades and centuries to come.

Sincerely,



Scott L. Rauch, MD
President and Psychiatrist in Chief



David S. Barlow
Chairman of the Board

COMPREHENSIVE CARE

McLean Hospital offers highly specialized psychiatric care and treatment, provided with compassion and respect, and tailored to meet the needs of each patient. With programs such as The Pavilion, the Adolescent Diagnostic and Family Treatment Unit, the Arlington School and the Transcranial Magnetic Stimulation Service, McLean clinicians are improving the lives of patients and their families.



The Pavilion sets patients on the path to recovery

Jill Lenhardt, 38, had never experienced any psychiatric issues until her eldest son was born. At that point, “I was on a high; what I describe as semi-manic,” recounts Lenhardt, the mother of three boys under age 10. “This phase would last for several months, then I would crash.” After her second son’s birth in 2003, she sought help first from a psychotherapist and then a psychopharmacologist.

At The Pavilion, everything was
“evaluated. Things that would
take a year to accomplish were
done in two weeks.”

Jill Lenhardt

One of Lenhardt’s crashes eventually brought her to The Pavilion at McLean, an eight-bed, private-pay residential treatment program for patients in need of comprehensive psychiatric evaluation and treatment. In 2007, she began a two-week stay, receiving a “soup-to-nuts evaluation,” as she describes it. “They did a psychopharmacological evaluation, a sleep study, an MRI, an EKG, a physical and more. The Pavilion staff left no stone unturned.”

This type of extensive, expert work-up has led to relief and improvement for hundreds of patients who, prior to coming to The Pavilion, struggled for years with symptoms because their illnesses were not accurately diagnosed. “We don’t just focus on patients’ narrowly defined psychiatric conditions; we look at contributing medical and neurological problems, as well as lifestyle, family and relationship issues,” says program director Mark Robart, LICSW, who helped launch the program in 1999. “We consider a wide range of domains in order to develop a comprehensive understanding of who each patient is and the kind of treatment needed to reach optimal functioning.”

The Pavilion staff, armed with a clear understanding of Lenhardt’s needs and challenges, helped assemble a multidisciplinary group of caregivers, including a psychopharmacologist, a psychotherapist and a skills therapist. The team has helped Lenhardt better manage stress and reframe distorted thoughts that had previously led to anxiety or depression.

The Pavilion ensured that Lenhardt’s treatment was well coordinated. “That’s the power of The Pavilion. You have a wonderful team of experts who collaborate. I still feel supported 24/7,” she says, “even though I’m no longer there.” ■

Adolescent programs give family a precious gift: their daughter

The list of diagnoses suggested to the parents of young Sarah Leschinsky over the years reads like a menu of psychiatric distress: bipolar disorder, psychosis, Asperger's Syndrome, oppositional disorder, depression and attachment disorder. To Sarah's mother Deborah, the menu metaphor is apt: "Nobody knew what was going on with her. It felt like the 'diagnosis du jour.'"

Sarah, a bright, creative and articulate 17-year-old, had been struggling with something since second grade. Some months she was at home more than at school. When she did attend, she spent much of the day in the nurse's office or hiding. "I didn't hold my head up in the hallway. I couldn't make eye contact. I sat scrunched up," explains Sarah. "I didn't hang out with friends—I didn't consider myself having friends. I didn't talk to anyone." Over the years, psychotherapy did little to help and medications often made matters worse.

The situation with Sarah came to a head in 2008, when she spent four months rarely getting up from bed. Desperate, her parents were looking for help when they heard about McLean's Adolescent Diagnostic and Family Treatment Unit, a short-

term, therapeutic milieu-based program that is part of the hospital's extensive continuum of services for teenagers and their families.

It was during Sarah's three-and-a-half week stay in the program that things began changing dramatically for the better. Individual therapy, group sessions and appropriate medications launched her on a path to health for the first time in years. The program's team gave her a vocabulary to describe what she was feeling, insight into those feelings and something that had eluded her and her family for years: an accurate diagnosis of depression and anxiety.

"The program helped from a physical and psychological perspective," recalls her father, David. "At home, Sarah had turned night into day and vice versa. At McLean, she was up when everyone was up and asleep when everyone was asleep. She ate on a regular schedule with everyone else. Getting Sarah back on a healthy schedule was important for her overall recovery."

"The program's power is the power of community," says Susan Mandelbaum-Cohen, LICSW, the unit's program and clinical coordinator. "So many kids feel alone with their personal issues. Our supportive and caring staff works hard at promoting communication among patients, staff and families. There's power and healing in that communication. Sarah went through quite a transformation here."

The people at McLean are
“very accepting and if
you're having a hard
time, they notice.”

Sarah Leschinsky





Sarah's outward transformation mirrored what was going on internally, according to her parents. "She became much more vibrant in how she dressed," says Deborah. "It was clear that she was no longer hiding. She was getting a much better sense of how to interact, how to project, how to be in the world."

After Sarah's residential treatment, her parents began looking into therapeutic schools. McLean's Arlington School, a junior and senior high school for students with social and emotional difficulties, was a perfect fit for Sarah. "It's academically challenging and heavily into the arts," says Sarah.

Arlington School Director Suzanne Loughlin, APRN, BC, says her staff works hard to create a learning community where students thrive. "The faculty and staff are supportive and flexible and can envision success for every student," she says. "Here, students find a path for their own success that they didn't know existed."

Adds David: "The process that started in treatment and continues through the Arlington School today is nothing short of extraordinary. McLean gave us our daughter back." ■

Depression treatment is 'a miracle' for one patient

Martha Keith leans back in what looks like a dentist chair as Heather Gallagher, RN, takes scalp measurements to pinpoint exactly where



electric pulses will be aimed. Gallagher then brings a nearby machine's electromagnetic coil next to Keith's head and turns on the device. Keith closes her eyes and relaxes as the machine makes quiet clicking sounds. Oscar Morales, MD, Keith's doctor, comes into the room several times to check on her. Half an hour later, the session is over.

The treatment is called transcranial magnetic stimulation (TMS). Keith, who has suffered from clinical depression for about 15 years, says it's been a "miracle" for her. The coil touching her head creates painless electric currents that stimulate nerve cells in the left prefrontal cortex of the brain, the region of the brain involved in mood control and depression. A typical treatment course is 20 visits over a month-long period, with booster sessions scheduled as needed.

Keith, a 74-year-old grandmother of three, is one of the estimated 20 to 40 percent of patients with major depression who do not respond to antidepressants or psychotherapy. The best candidates for TMS are people like her, whose depression does not lift with more conventional treatments. "For years, I went from doctor to doctor and was prescribed different medications and psychotherapy, but nothing worked," says Keith.

Finally, in 2007, her psychiatrist suggested she travel to Canada to try TMS, which hadn't been approved yet for use in the United States. "When I came home, the people in my life said I looked better, my face was more open, I

was moving more and my voice was stronger," says Keith, whose depression manifested itself through physical exhaustion and feelings of being overwhelmed. "There had been a point in my life when I was bedridden with major depression and couldn't get to the bathroom without holding on to a wall. TMS brought me back to life."

"We are entering a phase of psychiatric treatment in which patients have more options that are effective and can be tolerated," says Morales, director of McLean's TMS Service. "Tolerance is as critical as effectiveness."

Many patients liken the sensation of the magnetic current to a light pecking on their head—initially, a bit uncomfortable, but less disagreeable as treatment progresses. Keith says that one important benefit of having her depression lift is that she is motivated to exercise regularly, which, in turn, helps stave off future bouts of depression as well as control the symptoms of her Parkinson's disease.

Although developed 25 years ago, TMS only received U.S. Food and Drug Administration approval in 2008. McLean has offered TMS since September 2009. The number of patients treated at McLean continues to grow given the effectiveness of this cutting-edge treatment. ■

“TMS brought me back to life.”
Martha Keith

NEUROSCIENCE RESEARCH

A talented community of investigators, including Joseph Coyle, MD, Diego Pizzagalli, PhD, and Francine M. Benes, MD, PhD, has helped McLean sustain its decades-long leadership in neuroscience. Each and every day, McLean researchers are working to better understand the neurobiological basis of psychiatric disease and translate their scientific findings into ever-better, evidence-based approaches to care.



New Basic Neuroscience Division committed to collaboration

With the establishment of a new Division of Basic Neuroscience in the fall of 2010, McLean is focusing on enhancing a research environment that is intellectually rigorous and conducive to discovery. The division, the third created in accordance with McLean's strategic plan, promotes a research culture in which scientists with different interests,

...we are well positioned to
“improve people's lives for generations to come.”

Joseph Coyle, MD

expertise and backgrounds ask interdisciplinary questions, according to Joseph Coyle, MD, chief of this new division and head of McLean's Psychiatric and Molecular Neuroscience Laboratory.

Answers to these questions provide the most nuanced and revealing insights about brain function in serious psychiatric illness and addiction. “By enhancing communication and collaborative interactions, the Division of Basic Neuroscience is greater than the sum of its parts,” he says.

Recruitment and retention of outstanding faculty who are addressing important research questions and creating a robust mentoring environment are key foci of the new division. “I would like our investigators to feel that they are part of a community and not individuals working on their own. The enhanced collaboration and the research and grants that will grow out of these interactions will make us even more effective scientifically,” says Coyle.

As McLean begins its third century, it is an appropriate time to reaffirm its visionary commitment to fundamental research, according to Coyle. “McLean is truly the birthplace of neurochemistry. Our work today in the Division of Basic Neuroscience continues that proud tradition,” he says. “Armed with the knowledge we possess within these walls, the talent, the drive and the resources, we are well positioned to improve people's lives for generations to come.” ■



**McLean launches
Center for Depression,
Anxiety and Stress Research**

Depression, anxiety and stress are a debilitating triad. About one in six Americans will suffer from depression at some point in his or her life; one in four will struggle with an anxiety disorder. Often, the two go hand in hand, triggered by stressors like childhood neglect or the death of a loved one. Left untreated or not accurately diagnosed, these disorders can negatively impact every facet of a person's life.

Researchers at McLean's new Center for Depression, Anxiety and Stress Research are working on multiple fronts to uncover novel information about these complex disorders. The center exists thanks to more than \$3 million in philanthropic support from several generous donors, including former chairman of the McLean Hospital Board of Trustees John Kaneb.

We take a very comprehensive
“ and integrated approach
to understanding all “
these disorders.

Diego Pizzagalli, PhD

One focus of the center's investigation is psychological, neurobiological and environmental risk factors that increase vulnerability to depression and anxiety, according to McLean neuroscientist Diego Pizzagalli, PhD, the center's director who joined the hospital in July 2010. "If we don't fully understand what is causing these disorders and their neural underpinnings, our ability to develop targeted interventions will be limited," he says.

"While antidepressants have been used effectively for half a century, up to half of depressed people do not respond to medication and prescribing is still largely a trial-and-error process," says Pizzagalli. "We are hoping to develop predictive tools that tell us, for example, that a person with a certain profile might benefit from medication A rather than medication B, or, perhaps, that a person would benefit from psychotherapy."

Investigators at the center integrate different approaches to understand anxiety disorders and depression, including a psychological perspective, focusing on individuals' thought patterns, beliefs and self-perception; and neurobiology, focusing on the anatomy, physiology and biochemistry of the brain.

"We don't just study one or the other. We examine virtually every facet of these illnesses, which we hope will pave the way for discovering better prevention and treatment strategies," Pizzagalli explains. ■

Inventive minds are key to discovery

Moving discoveries from McLean's laboratories to commercialization is critical in order to bring new treatment options to patients. "Obtaining patents on our most promising research results and licensing those patents to industry is one way that we fulfill our mission, making sure that the fruits of our research can have the greatest impact," says David Glass, PhD, senior associate director of Technology Transfer for McLean.

McLean holds patents for 55 discoveries. Approximately half of them are licensed, meaning the hospital has granted another party the right to create, test, market and sell a product based on McLean's invention.

"Over the past few years, patents have been issued for several McLean inventions that may some day have important implications for patients," says Peter Paskevich, MA, senior vice president of Research Administration. McLean discoveries that have recently been licensed include a plant extract that reduces the craving for alcohol; a pain reliever for sufferers of fibromyalgia; a kiosk that

helps to more objectively diagnose attention deficit hyperactivity disorder by measuring impulsivity, inattention and hyperactivity; a device that uses low-strength magnetic fields to treat depressive disorders; and a promising experimental treatment for cluster headaches.

"Many people don't realize how much time and effort an investigator must put into a patent application or how long the process can take before the patent is issued," says Paskevich. "The fact that we have so many inventors at this hospital speaks highly of the breadth and quality of our research program." ■

Brain power: Francine M. Benes, MD, PhD

As an aspiring neuroscientist in the late 1960s, Francine M. Benes, MD, PhD, worked in a neuroscience research laboratory at Creedmore State Mental Health Hospital in Queens, NY, where she had the chance to observe patients with schizophrenia and other psychotic disorders. The young graduate student often pondered how abnormalities in their brains contributed to their problems with thinking and emotion. The building in which she worked also housed a program for postmortem brain donations from people with Huntington's disease. Benes was intrigued by the concept of using postmortem brain tissue to study



We have learned some
“ remarkable things
about the brain...
there is still so much
more to discover.”

Francine M. Benes, MD, PhD

neurodegenerative diseases. Little did she know at the time that these two seemingly separate programs at Creedmore would come together to influence the course of her career.

Today, Benes, who went on to do doctoral and post-doctoral work at Yale University School of Medicine, is one of the world's leading neuroscientists, dedicated to the study of neural circuitry in schizophrenia and bipolar disorder. As director of McLean's Program in Structural and Molecular Neuroscience, she conducts studies using postmortem brain tissue from the Harvard Brain Tissue Resource Center, a program she also directs.

The "Brain Bank," as it is known colloquially, was founded at McLean in 1978 by Benes' mentor, Edward Bird, MD. Building on Bird's early work, Benes has grown the center into what is today the world's largest program for the collection and distribution of brain-tissue specimens in neuroscience research. Since its inception, this internationally renowned repository has collected more than 8,000 brains from individuals with a variety of neurodegenerative and psychotic disorders.

At any given time, the Brain Bank houses approximately 3,000 specimens from diseased and healthy individuals that are available to scientists around the globe. "Postmortem studies are the pivotal component of translational research that will deliver meaningful answers to what's wrong with our patients and help us develop innovative treatments," says Benes. When the Brain Bank receives news of a tissue donor's death, time is of the essence in harvesting the brain, as the organ quickly begins to deteriorate. Staff must secure consent for the donation from the legal next of kin, then make arrangements for the brain to be removed, packaged and transported, all within 24 hours. Once the brain arrives at McLean, it is processed, studied and prepared for use by researchers around the world.

Criteria for researchers to receive tissue are stringent. Most requests for tissue come from neuroscientists with funding from the National Institutes of Health (or its equivalent in other countries) who are conducting cutting-edge research with the hope of discovering future treatments. "As neuroscientists, we absolutely depend upon the availability of brain tissue to do our research; therefore, we are always trying to educate family members and the general public about the importance of donation," says Benes. "Brain donation helps neuroscientists uncover the underlying causes of these devastating illnesses. We have learned some remarkable things about the brain since the days when I was a graduate student in that lab at Creedmore. There is still so much more to discover." ■

Endowed chair will support research for years to come

Thanks to the generosity of Donald and Charlotte Test, Francine M. Benes, MD, PhD, received one of the highest forms of recognition in academia when the William P. and Henry B. Test Professorship in Psychiatry in the Field of Neuroscience was established in her honor in 2007. The family endowed the chair at Harvard Medical School to recognize Benes' pioneering work and to ensure ongoing support for leading-edge neuroscience research.

"Holding this chair has been a wonderful privilege for me and a tremendous support to my research," says Benes, whose groundbreaking studies on the neural circuitry of schizophrenia and bipolar disorder began at McLean in 1981.

The Tests have been hospital donors since the early 1990s, when they established a \$1-million endowment to support research on schizophrenia.

Benes has earned many accolades during her career, including election to the Institute of Medicine of the National Academy of Sciences and the Lieber Prize for Outstanding Achievement in Schizophrenia Research from the National Alliance for Research on Schizophrenia and Depression. ■

EDUCATION

McLean made its initial foray into education in 1882, when it opened the first school of nursing in an American psychiatric hospital. This historic event laid the groundwork for McLean's leadership in training generations of mental health professionals. Today, among its educational offerings, McLean is the primary psychiatry training site for Boston's nursing schools and an important hub of continuing education for psychiatric professionals worldwide.

Student nurses benefit from McLean experience

While first-year nursing student Laura Nelson will likely become a nurse practitioner specializing in adult gerontology, she will take the tools and knowledge from her psychiatry rotation at McLean with her, no matter where she lands in her career.

"If you care for a patient's medical needs, it's important to be aware of what a major disruption mental illness can cause in a person's brain," says Nelson, a student at the MGH Institute of Health Professions. "You also need to be able to distinguish, for example, between a psychotic episode and delirium from an infection or massive blood loss."

Nelson is one of between 80 and 100 nursing students from area colleges who come to McLean every year for one semester of clinical experience. The rotations are an important component of the hospital's mission to educate clinicians, according to Linda Flaherty, RN/PC, senior vice president for Patient Care Services. Students seek out McLean from Boston College, Curry College, Massasoit Community College, Northeastern University, Regis College and the four schools in the University of Massachusetts system—Boston, Dartmouth, Lowell and UMass Medical School.

Nelson says the rotations have provided a fascinating window into the world of psychiatric nursing and a great opportunity to interact with patients. During their shifts, she and fellow nursing students are assigned a patient chart to review so they can familiarize themselves with the person's history, diagnosis, medications, symptoms and other relevant facts. They then spend time talking to the patient and comparing their observations with the record.

"You read about someone and their illness, but to see the effects of the disease is very different," says Nelson. "It solidifies your understanding and helps foster empathy for what a person is going through."



As it did for its first nursing school graduates in 1886, McLean has served as a fertile training ground for generations of mental health professionals.

Students spend one day a week on their rotations, shadowing nurses, attending lectures and running groups on such topics as nutrition, exercise and stress reduction. They tour programs in the hospital, including the Clinical Evaluation Center, where patients in acute psychiatric crisis are evaluated and stabilized before being triaged to the appropriate units.

According to Flaherty, the students are as good for McLean as McLean is for the students. “They keep our staff fresh and engaged. They ask good

questions and are a lively addition to the work group by virtue of those questions and their enthusiasm. They provide an opportunity for our nurse directors to showcase their teaching talent,” she says. Another key benefit of hosting clinical rotations is recruitment. “Each year we get at least one student who eventually becomes a member of the nursing staff,” Flaherty notes. ■

Education begins at home

McLean takes great pride in offering continuing education opportunities for McLean faculty and

staff, academic clinicians, community-based professionals and the public. “Every year, our conferences are setting new records for reach and visibility, drawing participants from around the world,” says Christopher Palmer, MD, director of McLean’s Department of Post-Graduate and Continuing Education (CE).

McLean’s “Psychiatry in 2010,” co-sponsored by Harvard Medical School, achieved its largest-ever audience. In addition to this three-day conference offered each year to highlight

As part of their clinical training at McLean,

these students from the Boston College School of Nursing, with the assistance of their professor, Lori Solon, MSN, PMHCNS/BC, receive hands-on experience running a weekly group for patients on the hospital’s Short Term Unit. Back row, from left: Amanda Terzian, Anne Fitzgerald and Victoria Weiss. Front row, from left: Hillary Seniuk, Lori Solon, Sabianca Delva and Margaret Veroneau.



advances in psychiatry, McLean's CE courses address a wide array of topics, from addiction to mentalization-based therapy to coaching psychology, attracting thousands of participants each year. With a newly formed strategic planning committee in place, the department is determining the focus of future educational activities to meet the hospital's academic mission, target educational gaps and leverage the unique expertise of McLean faculty and staff.

The hospital's CE programs are geared toward mental health professionals, including psychiatrists, psychologists, nurses, social workers and nursing home administrators. McLean also sponsors weekly Grand Rounds, featuring local, national and international experts. All of these programs, while geared to clinicians, are open to patients and families who would like to attend, according to Palmer.

McLean is the only Harvard Medical School-affiliated hospital to date accredited by the Accreditation Council for Continuing Medical Education (ACCME). As such, McLean offers continuing medical education credits to physician attendees and accredits other institutions' programs through joint sponsorship. Psychologists, social workers and nurses also receive CE credits for attending McLean's educational programs. "Two important elements of the hospital's mission are to disseminate what we are learning to others in the field and, through education, to improve patient care around the world, not just in our own institution," says Shelly F. Greenfield, MD, MPH, McLean's chief academic officer. "These conferences are one of the ways we do this. They also enable us to highlight many of our own stellar faculty and researchers and showcase highly regarded experts from around the world." ■

Past is present: Mary Grace, RN

Fifty years ago, in 1961, Mary Grace, RN, arrived at the McLean Hospital School of Nursing, when students wore modest-length uniforms, starched white pinafores and caps. Female nursing students boarded in Higginson House and male students resided in the Oaks Building.

"Female students lived together and studied together; there was wonderful camaraderie," says Grace, who graduated from the nursing school in 1964, one among nearly 2,000 students to do so during the school's 85-year history. Grace followed in the footsteps of her husband Walter, who graduated from McLean's nursing school in 1961 after serving in the Navy's medical corps during the Korean War.

Despite her psychiatric training, Grace decided to work in a medical/surgical setting after nursing school, so she accepted a job as a nursing supervisor at New England Medical Center in Boston and then at Lahey Clinic in Burlington, Mass. After the birth of her son Christopher, although she had planned to stay at home, she returned to McLean in 1971 as a staff nurse—a post she has never left. Grace has worked on every unit at the hospital and now works in the Dissociative Disorders and Trauma Program, caring for women with borderline personality and post-traumatic stress disorders.

Jeanne McElhinney, RN, MS, worked with Grace in the Schizophrenia and Bipolar Disorder Program. According to McElhinney, Grace is renowned for her organizational skills and revered for her compassion. "Mary has a way with patients. She talks with them and gets to know them," says McElhinney. "In every program where Mary works, you can rest assured that her patients are very well cared for." ■





You see how sick patients are when they arrive and the progress they have made when they leave. Being part of that is the greatest reward.

Mary Grace, RN

CLINICAL OUTREACH

Over the past 15 years, McLean has responded to the needs of people with psychiatric illness by opening high quality programs in their communities; these include the McLean Center at Fernside, Waverley Place and the Gunderson Residence, each made possible with seed money from generous donors. Other success stories include McLean SouthEast, McLean at Naukeag and collaborations with community hospitals in which McLean clinicians provide psychiatric consultation in emergency rooms.

McLean SouthEast reaches out to patients and families

For many years, McLean has sought feedback from patients about the care they receive on inpatient units and in residential treatment programs. McLean is now piloting ways to obtain feedback from families about their perceptions of the care provided to their loved ones.

McLean SouthEast, the hospital's 11-year-old satellite in Brockton, Mass., is one of several hospital programs testing the new "family survey." The short questionnaire asks family members about their level of satisfaction on a variety of topics, including improvement in their loved one's mental health, communication with the treatment team and involvement in after-care planning.



“We are very proud of this survey instrument,” said Mark Longsjo, LICSW, program director of McLean SouthEast’s Adult Psychiatric Program. “We continue to work to improve the ways we solicit and respond to feedback from family members across McLean services and programs.”

distinguishes itself for its highly individualized treatment. “Our care is very person-oriented,” said Joan Kovach, RN/PC, nurse director for the McLean SouthEast adult program. “We pride ourselves in providing compassionate, safe care as well as in getting to know patients and families

During my visits to the program, I
“ always felt secure that my loved
one was in great hands. ”
Grateful family member

So far, the feedback about McLean SouthEast, both its adult program and the Adolescent Acute Residential Treatment Program, has been extremely positive, according to Longsjo.

McLean opened its South Shore satellite in 1999 in Plymouth, Mass. Demand quickly outpaced capacity so the program moved to the grounds of the Veterans Administration Medical Center in Brockton in 2004, adding adult beds and residential and day services for adolescents.

Since then, the adult and adolescent programs have earned superb reputations and have become key providers of psychiatric services in Southeastern Massachusetts. Each program

despite short lengths of stay. We use alternative experiences, such as music, writing, gardening and our sensory room, to expand the ways our patients manage their symptoms and ultimately, enhance their lives.”

The adolescent program is known for its intensity and richness of offerings, according to Mark Picciotto, PhD, program director. “We offer eight hours of groups a day, rigorous and continuous work with families and an astonishing amount of psychiatric services, with two psychiatrists on-site. This allows the most opportunities for adolescents and their families to make positive life changes.” ■

With humanity, program addresses addiction and underlying illness

Psychiatrist Andrew Gill, MD, sometimes begins his group therapy sessions by modifying the traditional Alcoholics Anonymous-style introduction. He instructs his patients to say: “My name is Joe, and I’m a human being— with a substance abuse problem,” instead of the traditional: “My name is Joe and I’m an alcoholic.”

It may sound like a subtle difference, but to Gill, it is at the heart of McLean at Naukeag in Ashburnham, Mass.—honoring the common humanity of all patients, with all of their complexities—and crafting approaches to addiction that are as individual as each patient. Gill, the program’s medical director, has been with Naukeag since its founding 13 years ago as a residential and partial hospital satellite of McLean.

Located nearly 60 miles west of McLean’s Belmont campus, the hospital established Naukeag after a 1994 community needs assessment pointed to a lack of substance abuse treatment services in North Central Massachusetts. McLean stepped in to fill the void. The program now attracts patients from every corner of Massachusetts and beyond.

“That people come from all over the region and even from outside the state speaks to our reputation,” says William Krauss, LCSW, LMHC,

program director. “While there are a number of things that set us apart, the primary one is that we provide individualized treatment. People walk in the door and we tell them that there is absolutely no one way to get well. Our job is to help them figure out what they need to do.”

Naukeag specializes in treating patients dually diagnosed with substance use addiction and psychiatric illness, thus staff members spend time teaching about the complex interplay between the two. Patients undergo psychotherapy, attend groups on topics ranging from anger management to relapse prevention and, if necessary, work with Gill or associate medical director Aaron Frenz, MD, on finding the right medications.

Patients tend to connect with each other quickly and these new relationships can play an important role in their treatment, according to Krauss. “Some of this happens because of the sharing and intensity of the work and people no longer feeling alone.”

Both Krauss and Gill emphasize that the Naukeag staff, many of whom are longtime employees, are ultimately the ones who make the program so successful. They are a very diverse group, bringing a wide range of experiences to their work; some have been through similar programs themselves. “Some are battle-scarred and have learned how to use their own suffering to transform our patients’ pain,” says Gill. “Like blues musicians, they transform pain into healing.” ■



Making inroads: Philip Levendusky, PhD, ABPP

Philip Levendusky's long morning commute to McLean has its advantages. It is during his 50-minute ride that he does some of his best thinking about program development. As the chief architect of the hospital's clinical expansion for more than the past decade, Levendusky often spends those precious morning hours "cogitating," as he puts it, about new opportunities for extending McLean's services, driven by patients' needs and informed by McLean's specialized expertise.

Levendusky, PhD, ABPP, the hospital's senior vice president for Business Development and Communications, came to McLean in 1974 as a staff psychologist, with a specialty in cognitive behavioral therapy (CBT). For 15 years, he ran McLean's inpatient CBT unit, the first of its kind in a private psychiatric hospital. Proving to be as adept at running programs as he was at conducting clinical work, he was eventually assigned responsibility for ambulatory care services.

As managed care made the economic climate in the 1990s increasingly challenging for hospitals, it became clear that McLean had to take a harder look at its operations. "McLean went through some significant retooling," says Levendusky. McLean looked to provide high quality, accessible services where the need was greatest within Massachusetts. In 1997, McLean established its first off-site inpatient program, the McLean-Franciscan Mental Health Programs at Franciscan Hospital for Children in

Before we take any steps toward expansion, we see how we can best serve the community first.

Philip Levendusky, PhD, ABPP

Boston. A year later, the hospital opened its first off-site substance abuse program, McLean at Naukeag in Ashburnham, Mass., followed in 1999 by Waverley Place, a community-based rehabilitation program for adults, located a stone's throw from McLean's Belmont campus. Also in 1999, the hospital opened McLean SouthEast, an acute inpatient psychiatric adult program, in Southeastern Massachusetts.

Later came the establishment of several private-pay specialized programs: The McLean Center at Fernside in Princeton, Mass., a residential treatment program for adults with substance use disorders; the Gunderson Residence in Cambridge, Mass., a residential program for women with borderline personality disorder; and the McLean Residence at the Brook, a longer-term, transitional residential program for individuals with co-occurring psychiatric illnesses and substance use disorders, located in Waltham, Mass. Waverley, Fernside and Gunderson were all established with significant seed money from anonymous donors.

"Our expansion has always been driven by the needs of the region, the availability of the right venue and having talented staff with the required expertise," says Levendusky. "These programs have been successful because of the high quality of the clinical staff and the hard work of our business development team, including Nancy Hoines, MPH, and Cecelia O'Neal, MSc." ■

PHILANTHROPY

Philanthropy at McLean has always been one indication of the enduring bond between the hospital and grateful patients and families. Thanks to benefactors like Eijk and Rose-Marie van Otterloo, who support the hospital in countless ways, the hospital has been able to create, grow and enhance clinical, research and educational endeavors.

McLean Hospital is a
“wonderful and
needed place.”
Rose-Marie van Otterloo



van Otterloo leads by example in her work with McLean

Rose-Marie van Otterloo has two goals that inform her work with McLean: to reduce the stigma of psychiatric illness and to motivate other philanthropists to support the hospital.

van Otterloo and her husband Eijk's involvement with McLean began 15 years ago after a family member was successfully treated at the hospital. "McLean is a wonderful and needed place," says Rose-Marie. "The staff was so involved in our loved one's care and would do anything to make things work. We were impressed with how McLean engaged the whole family, encouraging us to participate in our loved one's treatment."

That positive experience led van Otterloo, who has suffered from depression herself, to become more deeply involved with McLean. She served on the hospital's board of trustees from December 2001 through June 2005. While a trustee, van Otterloo also served on the hospital's development committee, a post she maintains today. Because education is one of her passions, the van Otterloos have focused much of their philanthropy on Pathways Academy and the Arlington School—vital academic programs within McLean. They also contribute generously to the McLean Fund,

recognizing that the breadth of the hospital's mission requires flexible support to meet critical and emerging needs each year.

In 2009, van Otterloo assumed the role of chair of the McLean National Council, a group she and Eijk have been members of since its inception in 2002. The dedicated and influential members of this group act as mental health ambassadors in their communities worldwide and are major supporters of McLean. van Otterloo keeps the council engaged with the hospital and helps plan its annual meeting when members convene for two days of symposia and presentations.

van Otterloo says that an important part of her work with the National Council has been to combat the stigma of mental illness by sharing her own struggles. "You have to tell your stories so other people are less afraid of telling their stories," she says. "If I can stand in front of the National Council and say, 'I have suffered from depression, have been treated and am well,' maybe someone else will come forward and say the same thing." ■

Actress Glenn Close and family earn the 2010 McLean Award

Award-winning actress Glenn Close, her sister Jessie Close and her nephew Calen Pick were the recipients of the prestigious McLean Award in 2010, honored for their educational and advocacy

efforts surrounding psychiatric illness through their organization BringChange2Mind. The not-for-profit's mission is to combat stigma and provide information and support for those living with psychiatric illness.

Glenn Close and her family received the award at the hospital's annual dinner on May 7, 2010, at the InterContinental Hotel in Boston. There, Jessie and her son Calen spoke movingly about their struggles with psychiatric illness—Jessie with bipolar disorder and Calen with schizoaffective disorder, a combination of bipolar disorder and schizophrenia. Both were treated at McLean.

Jessie recounted the many difficult years before her illness was diagnosed at McLean at age 47. "I medicated myself with drugs and alcohol until I came close to killing myself," she said. "I am so very grateful to be alive."



Glenn spoke about how psychiatric illness affected her family. Although their father was a physician, the Close family lacked the knowledge and the language to discuss the topic. “We had to learn fast though if [Jessie and Calen] were to survive and if we were to survive as a family,” she said.

The McLean Award honors individuals for their efforts in furthering the public’s understanding of psychiatric illness. In 2009, former astronaut Buzz Aldrin received the award. He suffered from depression and alcoholism after returning from his historic moonwalk. ABC News journalist Bob Woodruff and his wife, Lee, received the award in 2008. Bob Woodruff, critically wounded by a roadside bomb while reporting in Iraq, suffered from depression and post-traumatic stress disorder. In the aftermath, Lee also suffered from depression. ■

From left: Calen Pick, Maddie Close-Davis, Jessie Close, Scott L. Rauch, MD, and Glenn Close.

Firm foundation: Beverly Bartlett, PhD, RN

Like many graduates of the McLean Hospital School of Nursing, Beverly Bartlett, PhD, RN, is proud of her alma mater and credits it with launching her long, fulfilling career. As president of the school’s alumni association and a graduate of its last class in 1968, she feels an obligation to keep the spirit of the school alive.

“As alums, we want the name of the McLean Hospital School of Nursing to be maintained,” says Bartlett, whose father, Lewis Bartlett, graduated from the school in 1939. “If you talk to McLean graduates, they will tell you that it was a special place that gave them a strong foundation for their nursing careers.”

To honor that legacy, the alumni association confers four awards to nurses, including a \$5,000 annual prize that supports research done by a McLean nurse or graduate of McLean’s nursing

school. “This award is intended to encourage research as a way to advance nursing and build its theoretical basis,” says Bartlett. The 2010 award went to Deborah Mindnich, RN/PC, of the Clinical Evaluation Center for her study comparing patients’ assessment of their suicide risk to nurses’ assessments.

The other three awards the alumni association financially supports are:

- The annual Margaret C. Tibbetts Award for Excellence in Nursing Leadership, named after the longtime director of the nursing school and of Nursing at McLean. The 2010 recipient was Sheila Evans, RN/PC, clinical specialist in Staff Development and associate nurse director in the Geriatric Psychiatry Unit.
- A scholarship for McLean nursing school graduates, their children or grandchildren who are pursuing nursing studies.
- A grant for a McLean nursing school graduate who requires assistance with health-care needs, such as assistive devices or home care.

The alumni association established an endowment in 1991 that also supports nursing research at McLean. The association continues to make annual contributions to this fund as a way to make an enduring impact on the field of psychiatric nursing. ■



HEADLINERS

McLean elects new trustees

McLean welcomed three new members to its board of trustees in 2010: Richard Kelleher, W. Lloyd “Skip” Snyder, III, and Robert Pierce, Jr. All three previously served as members of the hospital’s National Council. Kelleher is chairman and chief executive officer (CEO) of the Pyramid Hotel Group, a hotel management company and advisory firm serving clients in the hospitality business. Snyder, founder of the investment banking firm Snyder & Company, also serves as chairman and CEO of Huff Paper Co., a distributor of food service and janitorial products. Pierce is chairman, CEO and co-owner of Pierce Aluminum Companies, Inc., which supplies aluminum raw stock and finished goods to the marine, aerospace, medical, transportation and defense industries.

Full professorships make hospital history

William Carlezon, Jr., PhD, and Shelly F. Greenfield, MD, MPH, were promoted to full professors at Harvard Medical School (HMS). The promotions mark the first time in McLean history that two full professorships at HMS were achieved on the same day. Carlezon directs the hospital’s Behavioral Genetics and Medication Discovery and Development laboratories. Greenfield, the fourth female at McLean to be named a full professor, is chief academic officer; she also directs Clinical and Health Services Research and Education in McLean’s Division of Alcohol and Drug Abuse and heads the Partners HealthCare Addiction Psychiatry Fellowship Training Program.

Öngür earns prestigious mentoring award

Dost Öngür, MD, PhD, clinical director of the McLean Division of Psychotic Disorders, was awarded Harvard Medical School’s Young Mentor Award. Öngür, who has been teaching for 11 years, was nominated by his mentees and selected from among candidates across the Harvard system as an example of an effective and outstanding mentor. He was the only psychiatrist to receive the Young Mentor Award for 2009-2010.

Lukas and Pizzagalli directing Neuroimaging Center

Scott Lukas, PhD, and Diego Pizzagalli, PhD, were appointed directors of the hospital’s Neuroimaging Center. “Scott and Diego bring extraordinary talent and vision to this partnership that will expand the breadth and depth of our psychiatric research using brain imaging techniques, to the benefit of McLean and the broader Harvard and Boston communities,” said McLean President and Psychiatrist in Chief Scott L. Rauch, MD.

Council’s aim is to bolster the care experience

As a forum to promote excellent patient- and family-centered care, McLean has established a Patient and Family Advisory Council. Former patients who have received services within the last three years, and their family members, are eligible to serve on the council. In providing and communicating their personal perspectives, council members play a key role in helping to enhance the care experience at McLean. For further information, call 617.855.2523. ■

FINANCIALS

For the fiscal years ending September 30, 2010 and September 30, 2009.
In thousands of dollars.

Income Statement

	FY2010	FY2009
Revenues		
Net patient revenue	\$ 109,153	\$ 103,021
Other operating revenue	53,332	54,732
Total revenues	<u>162,485</u>	<u>157,753</u>
Expenses		
Employee compensation, benefits, supplies and other	149,167	142,723
Depreciation and amortization	7,273	6,747
Provision for bad debt	1,792	2,616
Interest	786	920
Total operating expenses	<u>159,018</u>	<u>153,006</u>
Income/(loss) from operations	\$ 3,467	\$ 4,747
Total non-operating gains/(expenses)	279	(404)
Excess of revenues over expenses	<u>\$ 3,746</u>	<u>\$ 4,343</u>

Balance Sheet

	FY2010	FY2009
Assets		
Cash and investments	\$ 13,628	\$ 6,464
Patient accounts receivable	8,166	8,680
Other current assets	7,857	17,791
Total current assets	<u>29,651</u>	<u>32,935</u>
Investments limited as to use	1,490	1,776
Long-term investments	555	3,730
Property and equipment, net	59,686	59,938
Other assets	68,660	65,448
Total assets	<u>\$ 160,042</u>	<u>\$ 163,827</u>
Liabilities and Net Assets		
Accounts payable and accrued expenses	\$ 13,354	\$ 17,399
Current portion of accrual for settlements with third-party payers	176	147
Unexpended funds of research grants	5,498	5,418
Total current liabilities	<u>19,028</u>	<u>22,964</u>
Other long-term liabilities	2,804	5,399
Long-term debt	13,303	15,736
Net assets	124,907	119,728
Total liabilities and net assets	<u>\$ 160,042</u>	<u>\$ 163,827</u>

The Numbers

10.1.09 to 9.30.10

Average Beds in Service: 177
Admissions: 6,008
Inpatient Days: 57,611
Partial Hospital Days: 39,385
Partial Hospital Visits: 205,215
Outpatient Visits: 39,579
Child/Adolescent Days: 12,252
Residential Days: 21,032

Staffing

Physicians and Psychologists: 186
Residents: 28
Fellows: 58
Nurses: 164
Clinical Social Workers: 96
Mental Health Specialists and
Community Residence Specialists: 279
Other: 553
Total FTEs: 1,364

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Research Administration

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Joseph Coyle, MD
Diane Davey, RN, MBA (*from January 2011*)
Susan Krueger, LICSW (*from January 2011*)
Dost Öngür, MD, PhD

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Director, Integration of Clinical Measurements
and Health Services Research
McLean Hospital 2010 Vision of Excellence Award Recipient

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Dost Öngür, MD, PhD
Clinical Director, Division of Psychotic Disorders
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Chief, Division of Alcohol and Drug Abuse

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Gopinath Mallya, MD, director

Adult Consolidated Ambulatory Team
Susan Kattlove, MD, director

Adult Partial Hospital and Residential Services
Mark Robart, LICSW, director

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LEADERSHIP

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Ambulatory Services

Diane Bedell, LICSW, director

Behavioral Health Partial Hospital Program

Thröstur Björgvinsson, PhD, ABPP, director
Lynne Kopeski, RN/PC, nurse director

Center for the Treatment of Borderline Personality Disorder

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Dialectical Behavior Therapy Program

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Karen Jacob, PhD, clinical director

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Adolescent Acute Residential

Treatment Program (Belmont, Mass.)

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Paul Jay, LCSW, MEd, residential director

Adolescent Acute Residential

Treatment Program (Brockton, Mass.)

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Charles Moore, MD, medical director
Kristen Lancaster, RN, clinical coordinator

Adolescent Diagnostic and Family Treatment Unit

Susan Mandelbaum-Cohen, LICSW
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Arlington School

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Camp New Connections

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Jennifer White, PhD, director

3East

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Partial Hospital Program

Michael Hollander, PhD, program director;
director, DBT Training
Peg Polomsky, PsyD, clinical coordinator

Inpatient Program (at Franciscan Hospital for Children, Boston)

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Saori Murakami, MD, assistant medical director

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(through February 2011)

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Sherry Nykiel, MD, medical director

McLean Center at the Brook *(Waltham, Mass.)*

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Diego Pizzagalli, PhD, director

Mailman Research Center**Conte Center**

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LEADERSHIP

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“ around the corner and around the world. ”
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DEDICATE

Philanthropy enhances the McLean mission

Philanthropy helps McLean to meaningfully improve the lives of people and families affected by psychiatric illnesses. We invite you to support our mission in any of the following ways:

The McLean Fund

Unrestricted gifts to the McLean Fund address the hospital's most urgent needs and help us to provide exceptional patient care, pursue cutting-edge research and train the next generation of psychiatric caregivers.

Special Project Funds

Project funds expand and elevate our programs or create new targeted initiatives within our clinical, research and educational domains.

Endowed Funds

Endowments (minimum contributions of \$50,000) nurture an aspect of McLean's work in perpetuity. The principal is preserved and the income supports purposes specified by the donor.

Capital Donations

Capital gifts for building construction, equipment or renovations help McLean to perpetually find better ways to deliver our important mission.

Naming Opportunities

Gifts of \$25,000 or more enable donors to name an area of the hospital's clinical or research facilities or to support clinical care, research or education.

Legacy Gifts

McLean offers many planned giving options that can benefit both McLean and the donor and may enable donors to make larger gifts to the hospital than their present financial situations would otherwise permit.

Gifts can be cash or stock, or made through an annuity, trust or bequest. Checks may be made payable to McLean Hospital and mailed to:

The McLean Hospital Development Office
115 Mill Street
Belmont, MA, 02478

Donate online at <https://givemclean.partners.org>.

For additional information on making a gift to McLean or to inform us of a bequest, please call the Development Office at 617.855.3415.

Please write to the Development Office at 115 Mill Street, Belmont, MA, 02478, if you wish to have your name removed from the McLean distribution list.

BICENTENNIAL

Two hundred years later, McLean reaffirms its commitment to care

McLean and Massachusetts General Hospital (MGH) owe their existence to Rev. John Bartlett, who ran the Boston Almshouse. In 1810, he urged two prominent Boston physicians, Drs. John Collins Warren and James Jackson, to lobby the city's wealthiest and most influential residents for the creation of a hospital for the sick,

including a separate asylum for the mentally ill, according to the letter they circulated. The result was a general hospital that would become MGH and an asylum that came to be McLean Hospital.

Against the venerable backdrop of the Massachusetts Senate Chamber and with several descendants of Drs. Warren and Jackson in attendance, McLean celebrated the 200th anniversary of its founding on Feb. 25, 2011.

The State House ceremony was the first of a series of celebrations taking place during the 2011 bicentennial year.

Senate President Therese Murray, who presided over the ceremony, was joined by House Speaker Pro Tempore Patricia Haddad, other legislators and dignitaries, as well as McLean President and Psychiatrist in Chief Scott L. Rauch, MD, and MGH President Peter Slavin, MD. Both leaders spoke about the significance of the birth of the two institutions and their continued dedication to their missions.

“While many things have changed since our founding, our commitment to the people we serve—our patients and their families—remains the focal point of our mission today,” said Rauch. “I reaffirm our dedication to McLean’s precious mission of compassionate clinical care, scientific discovery, professional training and public education in order to improve the lives of people with psychiatric illness and their families.” ■

Celebrating a symbolic signing of the McLean charter are, from left:

Scott L. Rauch, MD, Patricia Haddad, Therese Murray and Peter Slavin, MD.



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2010 Annual Report

