McLean Launches $100 Million Campaign

On October 23, 2015, at the McLean Annual Dinner, former Board Chair Kathleen Feldstein, PhD, announced the public launch of the largest and most ambitious fundraising effort in the hospital’s history: the Campaign for McLean Hospital. This $100 million comprehensive effort will make strategic investments in McLean’s future and advance the hospital’s mission to improve the lives of individuals and families impacted by psychiatric illness.

The campaign, which has been in its leadership phase since 2012, has raised $94 million of its $100 million goal as of December 2015. “We are so encouraged by the extraordinary early success of this campaign,” said Scott L. Rauch, MD, president and psychiatry in chief and Rose-Marie and Eijk van Otterloo Chair of Psychiatry. “Thanks to our generous community of donors, we have launched or expanded numerous clinical programs, advanced critical discoveries and taken our educational and training efforts to new levels. Above all, we have made tremendous strides in our strategic direction.”

A primary focus of the Campaign for McLean Hospital has been to establish seven Centers of Excellence in:

1. Psychotic Disorders
2. Depression and Anxiety Disorders
3. Substance Use Disorders
4. Child and Adolescent Psychiatry
5. Geriatric Psychiatry
6. Women’s Mental Health
7. Basic Neuroscience

“We hope the entire McLean community will help bring this campaign to a successful close and put McLean on even stronger footing to address the many remaining challenges in psychiatry and mental health.”

Kathleen Feldstein, PhD

Mark Longsjo, LICSW, program director for McLean SouthEast, shows off the campaign announcement.

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McLean’s Anxiety Mastery Program Helps Kids and Families Get Back on Track

The children and adolescents who attend the McLean Anxiety Mastery Program (MAMP) often have lives that have gone painfully off-track: the high school senior whose perfectionism crowded out everything else in her life; the boy whose fear of germs rendered him unable to attend school for months; the teenager who was petrified of vomiting; and the 12-year-old girl with social anxiety who clung to her mother and wouldn’t talk above a whisper.

Launched in April 2014, MAMP works with clients, ages 9 to 18, who suffer from crippling anxiety in all of its forms: social anxiety, phobias, panic attacks, separation anxiety, agoraphobia, and obsessions and compulsions. Clients attend the Cambridge-based program four afternoons a week, from 2:00-4:30 p.m., for at least one month. Unlike more typical programs for youngsters with anxiety, MAMP is intensive and multi-dimensional in its approach.

“When they arrive with us, many of our kids are so debilitated by their anxiety and depression that they’re no longer going to school and instead are at home, often doing nothing but sitting on the couch all day,” explains Program Director Kathryn Dingman Boger, PhD.

“Theyir social and family relationships are impaired and there’s a cascading effect: anxiety leads to depression and this results in social isolation. They fall off the developmental curve and end up with a lot of losses along the way.”
MAMP donor Tory Vallely, who has suffered from anxiety along with members of her family, said it has been very gratifying to fund an innovative anxiety treatment program in its early stages. “I like being a seed funder, helping a good idea come to fruition,” she says.

Medical Director Mona Potter, MD, said that child and adolescent programs like MAMP are dependent on philanthropy because the treatment is often complex. “We spend a significant portion of time communicating and coordinating care with families, schools and outside providers, and insurance reimbursement is exceedingly limited,” she says. “We are very grateful to Ms. Vallely for increasing our ability to deliver excellent care.”

Philanthropic support for the program has also been provided by the John W. Alden Trust and an anonymous donor.

MAMP takes a multi-pronged approach to treating anxiety. During the first hour of the afternoon, participants learn how to combat their anxiety through Cognitive Behavioral Therapy skills training and exercises—learning to identify and reappraise self-defeating thoughts, applying mindfulness and relaxation strategies, and practicing applying relapse prevention skills to maintain gains over time. Outdoor activities get these mostly sedentary kids moving and having fun, while helping to alleviate their depression. Even snack time has a purpose: kids have an opportunity to practice the simple act of socializing.

The remainder of the afternoon is spent doing exposures. Youngsters work 1:1 with staff or in small groups of peers with similar presenting issues, and they put themselves in situations that elicit anxiety to learn that they can handle them. The tasks can be humorous—asking a Starbucks barista where the closest Starbucks is, dancing in a crosswalk, parading around in crazy hairdos and odd clothes—or ordinary: touching “contaminated” objects or going to the school a student has avoided for months to inure him to an environment that induces panic.

“The idea is to take away the power of the feeling that comes up when they do something uncomfortable,” explains Potter. “They realize that they’re okay and that they can handle it. Soon, it’s not such a big deal. And it becomes a real bonding experience for the kids.” The youngsters also receive exposure homework to do at home or at school. For example, the perfectionist teenager was tasked with purposefully giving wrong answers in class.

Parents meet together once a week to learn about the treatment and how they can support their children as well as to share experiences. Every Tuesday is family day, when participants and their parents meet with a psychologist and psychiatrist to discuss progress, family-related issues and medication management.

“The majority of kids get back on track and do remarkably well,” says Boger. “It’s amazing how far they come.” Case in point: the girl with social anxiety who wouldn’t talk above a whisper hosted a carnival in her backyard that was attended by 50 people. She had a fantastic time.
HORIZONS: Tell us about your two administrative roles.

As Chief Scientific Officer, my job is to help broaden McLean’s research focus. One of the first things I saw when I arrived is that the hospital has world-class research in many areas, as well as world-class clinical care. But for many years, the two were relatively separate. We need a much better understanding of the neurobiology and the psychology of our patients. One of my central goals is to improve communication among clinicians and researchers and enable more research that brings together these two worlds.

HORIZONS: And your role as division chief?

By grouping clinical units and programs into divisions, or Centers of Excellence as we call them, we’re better able to integrate the hospital’s treatment, research and educational activities within a broad domain, such as depression and anxiety disorders.

For example, McLean routinely collects similar quantitative data on different units throughout the division. With proper consent from patients, we can combine this data with biological data to give us insight into many things, including which treatments are working and which are not. Units that share patient populations can use their combined knowledge to improve programs and processes not only within units, but across them as well.

HORIZONS: What are some of the ways you’d like to leverage the divisional structure to enhance work on anxiety and depression?

We have one of the largest neurotherapeutics services (electroconvulsive therapy [ECT] and transcranial magnetic stimulation [TMS]) in the country and yet the scientific community has little understanding of how a treatment like ECT changes the biology of the body and the brain over time. If we can help the neurotherapeutics team create a better infrastructure for collecting data, we can learn a lot.

Similarly, our researchers can help other programs collect more patient data to answer questions like: how are things changing on a symptom, psychological and biological level pre- and post-treatment? How is the expression of different genes changing, and how is that affected by illness and recovery? How do genes put someone at increased risk for anxiety and depression? How does the brain change after effective treatment?

At the research level, there is a lot of overlap among labs and ways to further the discussions among our basic science researchers, clinicians and clinical researchers focusing on questions of emotion regulation, emotion processing and depression and anxiety symptoms.
In the spring of 2016, we are going to invite presentations from each of the division’s units to get a better sense of each unit’s specialty, their patients, treatment approaches and research questions. Eventually, I’d like to see more collaborative research across individual units.

**HORIZONS: What role does philanthropy play in the division?**

Federal research dollars are increasingly scarce. Although there’s great interest at the federal level in translational research—bringing knowledge from the lab into practice to identify better treatments—there are very few mechanisms to fund these approaches. That’s because often in the grant review process, you’ll have an expert in human clinical trials, an expert in imaging, an expert in animal models—but rarely do they see eye to eye.

Philanthropy can be helpful in providing seed funding to get new ideas off the ground until they can be supported by federal grants. Philanthropy also can fund cutting-edge approaches—especially where we’re trying to span the basic science to the clinical science, or bridge across divisions such as depression and addiction or depression and eating disorders, as examples.

**HORIZONS: What are you most excited about for the months and years ahead?**

At the basic science level, I am most excited about the burgeoning opportunities to gain a much more comprehensive understanding of certain basic behaviors by targeting specific circuits within the brain and combining genetic, epigenetic, physiological and behavioral information.

At the translational neuroscience level, it’s bringing the fruits of some of these technologies to bear in identifying new interventions and therapeutics, based on our improved understanding of the biology of the brain and psychiatric disorders.

And at the clinical level, it’s the integration of much broader ways to collect data to understand our patients, beyond patient self-reports and interviews. There is a huge new array of wearable devices, voice and facial recognition approaches, and other methods to capture ‘big data’ related to patients’ behaviors. In deploying these tools, we will have more powerful ways to understand illnesses, develop more effective treatments and offer more targeted care.

“One of my central goals is to improve communication among clinicians and researchers and enable more research that brings together these two worlds.”

Kerry J. Ressler, MD, PhD
Donors Fuel Research Into World’s Leading Cause of Disability

For much of the last century, depression has been viewed largely as a single disease; however, it is an extraordinarily heterogeneous condition. Consequently, predicting which healthy people will develop depression is challenging. Given that approximately half of patients do not respond to current options for care, finding the right treatment is equally difficult. Clearly, further study is needed.

McLean’s Center for Depression, Anxiety and Stress Research (CDASR), under the leadership of Director Diego Pizzagalli, PhD, is pioneering some of the most exciting and groundbreaking research in the field of depression.

"Much of our research is centered on understanding what is causing patients’ depression and related disorders like anxiety—from psychological, environmental and neurobiological perspectives," explains Pizzagalli. "We are looking at what sorts of risk factors—from life events to brain biology—make people more vulnerable. When we understand these factors, we can develop more targeted treatments, both pharmacological and psychological."

"Some families have cancer, others have diabetes, ours has struggled with depression and anxiety for several generations. Through research, we may be able to stop this cycle, and if anyone can have a breakthrough, it will be McLean."

Blair MacInnes
Depression and anxiety run in donor Blair MacInnes’s family. For that reason, she has become a supporter of Pizzagalli’s research. “Some families have cancer, others have diabetes, ours has struggled with depression and anxiety for several generations,” she says. “Through research, we may be able to stop this cycle, and if anyone can have a breakthrough, it will be McLean.”

MacInnes believes that for too long, people with depression have been blamed for their illness. But more and more, the center’s research is revealing depression’s neurobiological underpinning.

Pizzagalli’s team is using sophisticated imaging to study patients’ brains. Investigators in the four laboratories that comprise the CDASR are focusing on everything from the interplay between early childhood adversity and psychological resilience to the role of brain chemicals in post-traumatic stress disorder to the mechanisms responsible for depressed patients’ tendency to remember negative, rather than positive experiences. An astonishing 30 separate studies are currently underway—including those which involve young children at increased risk for depression and anxiety up to elderly individuals with geriatric depression.

Philanthropy from people like MacInnes is a “game changer,” according to Pizzagalli, as it enables the center to attract promising young investigators, test research hypotheses that might be too daring for federal support, and gather pilot data that are essential for pursuing government funding.

A number of donors support the CDASR, including John and Charlene Cassidy, the Tommy Fuss Fund, the George F. Jewett Foundation East, Carroll and Bob Pierce and the William Rosenberg Family Foundation on behalf of Carol Silverstein and Jill Gotlieb.

Probing Early Onset

The Center includes investigators like Randy Auerbach, PhD, ABPP, whose work primarily focuses on children, adolescents and young adults. Dr. Auerbach, director of the Child and Adolescent Mood Disorders laboratory and director of clinical research for the Simches Division of Child and Adolescent Psychiatry, is co-leading with Pizzagalli one particularly promising study that explores underlying brain mechanisms that confer vulnerability to major depressive disorder in adolescents. It is a high-stakes investigation, as 75 percent of depressed adolescents attempt suicide during their lifetime.

The study “makes a lot of sense” to donors RoseMary and Daniel Fuss, who have provided multiple years of support through the Tommy Fuss Fund, a private foundation established in memory of their 17-year-old son who took his own life in 2006. “This work is philosophically in sync with what we believe: research advances our understanding of how the brain functions and the underlying causes of mental illness, leading to improved diagnosis, more effective treatments and even prevention,” says RoseMary.

Dr. Auerbach explains that adolescence is the peak period of depression onset, and it is associated with a wide range of negative short- and long-term consequences. “I have the privilege of helping young people get back on a healthier developmental trajectory, and by consequence, ensuring that they can focus on fulfilling their life goals,” he says.
The Power of Fellowships

Young talent often is the lifeblood of research, and donor support is key to fostering their participation. In a dynamic setting like the CDASR, fellows play a key role in driving innovative clinical research.

Jeremy Stewart, PhD, a post-doctoral fellow under Dr. Auerbach’s supervision, is helping the team identify risk factors that facilitate the transition from thinking about suicide to attempting suicide. “Such an understanding would, ultimately, lead to early identification of and more effective treatment for high-risk youth,” says Auerbach.

Fellowships like Stewart’s are critical in today’s challenging funding climate, according to Auerbach. “One of the largest obstacles we face in research is keeping talented junior investigators in the field of science,” he says. “These types of fellowships enable junior researchers to gain traction on a research question, then develop and refine their ideas to eventually pursue federal funding.”

Donors Lee and Stuart Rolfe say they decided to support this fellowship because the mental health struggles of adolescents hit close to home. “Our family has developed a very positive relationship with McLean, and we feel extraordinarily blessed,” says Stuart. “Supporting this fellowship is our way of giving back.”

Dr. Stewart was previously supported by the Pope-Hintz fellowship, established by National Council members Ed and Helen Hintz.

For Pizzagalli and Auerbach, such partnerships with donors make all the difference. For the CDASR, that means supporting a multi-faceted team and the broad range of studies that are necessary to truly make headway in understanding the world’s leading cause of disability.
$100 Million Campaign (continued from cover)

Each center serves to promote clinical offerings that are informed by the latest research; advance research endeavors that seek to answer the most pressing clinical questions; and deliver education and training programs that disseminate expertise far and wide. The centers focus on distinct diagnostic or demographic domains in order to foster rapid translation of science to develop, deliver and disseminate evidence-based approaches to care.

The early success of this campaign has enabled McLean to launch all seven Centers of Excellence and strengthen its leadership, including an endowed chair for Dr. Rauch through a gift from Campaign Co-chairs and National Council members Rose-Marie and Eijk van Otterloo.

An endowed chair from James and Patricia Poitras, who also serve as campaign co-chairs and National Council members, helped McLean to recruit Dr. Kerry Ressler as McLean’s chief scientific officer and chief of the Center of Excellence in Depression and Anxiety Disorders (see “Question and Answer with Kerry J. Ressler, MD, PhD” on pp. 4-5). This important appointment completed another of the hospital’s strategic goals to create and fill the three leadership roles governing McLean’s tripartite mission: Dr. Ressler, as Chief Scientific Officer; Dr. Joseph Gold, as Chief Medical Officer; and Dr. Shelly Greenfield as Chief Academic Officer.

Other key gifts have been allocated toward shared resources that optimize clinical and research outcomes. For example, a recent $3.7 million gift from the Manton Foundation funded the purchase and installation of a new Siemens Prisma 3-Tesla scanner that will add cutting-edge imaging capacity for studies involving children and adolescents.

Evidence of the campaign’s momentum is apparent on the Belmont campus where the construction of a new wing on the Admissions Building is well underway. In an effort to meet an ever-increasing need in the community and enhance the hospital’s facilities and infrastructure, this new wing, when completed in early 2016, will add 31 urgently needed patient beds and space for crucial clinical and administrative services.

“The campaign goal is within reach, but we still have work to do in order to bring it to a successful conclusion,” said Catharine Cook, McLean’s senior vice president and chief development officer. “This campaign provides such a critical opportunity to help enhance our programs and expand the boundaries of science so that McLean can deliver on its mission in the most effective ways.”

<table>
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<tr>
<th>$100m Goal</th>
<th>$100 Million Campaign to Annual Dinner guests.</th>
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<tr>
<td>Raised to Date (December 31, 2015)</td>
<td>$94,259,419</td>
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- **Clinical Programs & Research**: $56,307,045
- **Endowment**: $24,324,594
- **Buildings & Equipment**: $8,785,654
- **Annual Unrestricted Support**: $2,940,516
- **Other**: $1,901,610
LEADERSHIP UNRESTRICTED GIVING

The Mary Belknap Society recognizes donors who make unrestricted gifts of $1,000 or more to McLean each year. Such annual gifts represent a key priority in The Campaign for McLean Hospital. To date, donors have responded with more than $2.5M in unrestricted gifts during this campaign.

Such unrestricted funds are vital to McLean’s ability to drive innovations in clinical care, seed cutting-edge research and train the next generation of professionals.

We are deeply grateful to the following individuals and families for their generosity in 2015 (gifts received Jan 1-Dec 31, 2015.)

Elsie Adler
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For information about the Mary Belknap Society, please contact Julia Wills at 617-855-3475 or jwills@partners.org.
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Or contact Jennifer Steeves at 617-855-2191 or jwsteeves@partners.org.
Kennedy Receives 2015 McLean Award

Former Rhode Island Congressman Patrick J. Kennedy received the 2015 McLean Award at McLean’s Annual Dinner on October 23, 2015. A long-time politician and mental health advocate, Kennedy was recognized for his efforts to ensure that those struggling with psychiatric illness and addictions receive the care they need and deserve.

During his 16-year tenure as a member of the U.S. House of Representatives, Kennedy was an ardent advocate for equal access to mental health and addictions treatment and was the lead sponsor for the ground-breaking Mental Health Parity and Addiction Equity Act of 2008. Since leaving Congress, he has continued his advocacy, founding One Mind for Research and The Kennedy Forum on Community Mental Health.

Kennedy’s 2015 memoir “A Common Struggle: A Personal Journey Through the Past and Future of Mental Illness and Addiction” chronicles his personal struggles and political efforts as well as his deep commitment to reducing the stigma and furthering the public’s awareness of psychiatric illness.

In his keynote remarks at the annual dinner, he spoke with both candor and humility about his own struggles with addiction and mental illness.

“I wrote ‘A Common Struggle’ not to describe the illnesses...but to talk about the other common struggle, which is that we don’t talk about these illnesses,” he said. “I want to thank you all for doing all that you can to help break the silence.”

Patrick J. Kennedy