2014 Year in Review
McLean Hospital
COMPASSIONATE CARE THROUGH INNOVATION

[Image of two people holding an iPad]
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.*

Easing Transitions:
A new Guide addresses Transitioning from Inpatient Care at McLean, from leaving the hospital and re-entering the community to finding appropriate care resources.

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Guidance in finding support, services, and hope after leaving the hospital
We are resolved to bring together the best of science to improve the lives of people with psychiatric illness and...
In our quest for ever-better care, we recognize the importance of innovation and the opportunities that are brought by discovery and emerging technologies. In this regard, the McLean team is dedicated to developing new methods of treatment through research while educating tomorrow’s health care leaders.

As you will read in the Year in Review, whether talking about our clinical programs, research laboratories, lecture halls, or administrative offices, the people who constitute the McLean community are striving to deliver advances in psychiatry, medicine, and neuroscience to those whom we serve.

In the pages of this magazine, aptly titled Compassionate Care Through Innovation, you will meet just a few members of the McLean team who, through their drive and vision, are working to transform the field—at McLean and around the globe. Among the people you will meet on the following pages are:

Nancy L. Hoines, MPH, who guided the redesign of McLean’s website to focus on the needs of patients, families, and clinicians.

Edward G. Meloni, PhD, Marc J. Kaufman, PhD, and Michael Rohan, PhD, who are conducting groundbreaking research on novel treatments for PTSD and depression.

Jason J. Han, PhD, who operates McLean’s Microscopy Core Facility—home to some of the most sophisticated magnifying instruments available.

Thomas Idiculla, PhD, who, via new analytical tools, spends his days evaluating ways to measure and improve the quality of patient care.

Christopher M. Palmer, MD, who has grown the hospital’s Continuing Education Department fivefold through a pioneering multidisciplinary curriculum.

We are proud of the entire McLean team for their tireless commitment to excellence and innovation. And we are grateful to the larger community of our friends and colleagues for their collaboration, support, and solidarity. Unified, our collective work is building a brighter future for all those affected by mental illness—that is, every person and every family.

With warmest regards,

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

David S. Barlow
Chairman of the Board
Compassion.
Innovative Research.
Training.
Finding the Care You Need.

These are some of the themes that greet you on the homepage of McLean’s newly redesigned website, mcleanhospital.org. The images—people engaged in warm conversation, scientists investigating the causes of and cures for psychiatric illness—reflect the sentiments. The hospital’s values and key messages immediately strike home and invite visitors, at the click of a mouse, to learn more.

“The website is the front door to the hospital for visitors around the world,” said Nancy L. Hoines, MPH, senior director of Business Development and chairman of the website redesign committee. “It brings together, in one place, the commitment to compassion, respect, and teamwork that underlies our mission: to provide the highest-quality clinical care, academic training, and research innovations in the mental health field.”

McLean’s virtual door swung open on July 21, 2014, welcoming the primary audience of prospective and current patients, their families, and referring clinicians, as well as members of the academic and research communities, the media, and other visitors. The site’s role as a gateway is why the redesign was such an important part of the hospital’s seven-year strategic plan, launched in 2008.

McLean has had a website since 1997. This latest version, developed with input from a committee of 20 internal representatives, brings the hospital’s Internet presence into the social-media age. Paramount in shaping the design, said Hoines, were a sleek, user-friendly interface, intuitive search functionality, and ease of navigation. “Our chief concern was that all visitors be able to easily and quickly find the information they need,” noted Hoines.

The streamlined, interconnected pages do just that. The homepage invites visitors to search directly for programs and services by psychiatric condition or level of care, and provides a link to the page explaining how to access that care. Custom videos describe signature residential programs and career opportunities, in staff members’ own words. Clinician and researcher profiles, news stories from within the hospital and from the outside press, hospital publications, and the blog Advances in Mental Health, which features commentary on current mental health topics by hospital thought leaders, tie internal areas of expertise to external developments, including mental health policy. McLean’s Facebook and Twitter feeds keep McLean’s online newsroom up to date in real time.

“We wanted McLean to be represented as the multifaceted resource it is,” said Hoines, who began her tenure at the hospital 18 years ago as director of Network Development, helping grow McLean’s services past the Belmont campus to 10 other locations in Massachusetts and Maine.

Additional pages cover the hospital’s research programs, as well as educational opportunities for professionals—residencies, fellowships, and continuing education—and the general public, including hospital guides for patients and families and a consumer mental health library. The Give page features the direct impact of philanthropy on the hospital.

The new online experience is already paying off. Since the July launch, the average amount of time visitors spend on the site has risen by 40 percent and the average number of page views per visit has increased by 25 percent. “Quality-reporting metrics show that people are finding much greater relevance in our information than ever before,” said Hoines. “We continue to use sophisticated analytics to monitor and improve the site based on visitors’ usage.”
Opening the door to visitors from around the world

McLEAN’S MISSION SHINES IN USER-FRIENDLY NEW WEBSITE

Nancy L. Hoines, MPH, senior director of Business Development
ONLINE THERAPY FOR DEPRESSION INCREASES ACCESS

Can Internet-based cognitive behavioral therapy (iCBT) for major depressive disorder (MDD) replace face-to-face treatment for some patients? That’s the trailblazing question that McLean President and Psychiatrist in Chief Scott L. Rauch, MD, and his colleagues set out to answer when they launched their latest study.

“The application of iCBT for major depressive disorder is particularly exciting, as the unmet need is so great,” said Rauch. “This would be a way to enhance access and perhaps improve outcomes for a subset of patients while increasing cost-efficiency.”

Embedding behavioral mental health in the primary-care setting is central to the public-health-oriented strategy of Partners HealthCare, McLean’s network affiliation, noted Rauch. “That strategy promises to reveal more people than ever who need CBT. With this tool, people who are diagnosed with depression by their primary-care provider and referred for CBT could be fast-tracked to the Internet-based treatment if they meet particular criteria. Face-to-face therapy, with its greater cost, could then be reserved for those it would serve best.”

The McLean study is the first time the 10-week intervention, developed by researchers at the School of Psychiatry at Australia’s University of South Wales, is being tested in the United States. The study results from the Australian team were impressive: participants showed improvements comparable to those achieved with traditional in-person therapy with doctoral-level clinicians. To adapt the content for the United States, the McLean team ensured it complied with American regulations and the Health Insurance Portability and Accountability Act of 1996.

The treatment itself is straightforward. It comprises six lessons in a cartoon-like format, using characters people can identify with. Once a week, users log on to the system to view a lesson, complete homework, and report on their activities thoughts, and symptoms. The material covers topics such as the common symptoms of depression and the negative, distorted thinking patterns and maladaptive behaviors that characterize the disorder. Easy-to-follow exercises teach users how to identify, challenge, and change those patterns and behaviors, including step-by-step strategies to gradually face fears.

McLean’s randomized trial will enroll 90 participants, 60 of whom have been diagnosed with MDD, as well as 30 healthy controls. Of the 60 with MDD, half will do the iCBT intervention, be contacted weekly by a supportive nonclinical technician, and report their symptoms online; the other half, a “monitored” control, will be contacted weekly by a technician and report their symptoms online. “The monitored control provides a rigorous basis of comparison,” added Rauch. “Using it we can better isolate the effects of the iCBT treatment itself—the skill-learning.”

All participants will visit McLean for pre- and post-study assessments using scientifically validated depression-rating instruments and brain scans with structural and functional magnetic resonance imaging (MRI). The before-and-after MRIs—unique to the McLean trial—will enable the researchers to observe how successful iCBT affects the volume and thickness, as well as the function, of specific brain regions involved in modulating emotional behavior. To complement these objective findings, patients will rate their own symptoms. The researchers also hope to learn whether certain brain profiles might predict which patients will respond best to this mode of therapy.
Innovations in neuroimaging enable McLean scientists to investigate the structure and function of the brain to diagnose and develop treatments for many mental health conditions. Now two groundbreaking techniques go a step further: offering the possibility of direct relief from memories of traumatic events and bipolar or major depression.

Edward G. Meloni, PhD, assistant psychologist at McLean, and Marc J. Kaufman, PhD, director of the Translational Imaging Laboratory, knew that the gas xenon worked as an anesthetic and a diagnostic imaging agent in human beings. In 2014, they released an animal study that showed it also had the potential to reduce memories of traumatic events, setting the stage for new treatments for post-traumatic stress disorder (PTSD).

“When we reactivated a traumatic memory in rats using cues associated with the trauma, the xenon blocked the memory from being reincorporated into the brain,” said Meloni.

Xenon may have interfered with a neural process called reconsolidation. “Every time we recall a memory, it’s modified by new information in the environment before it’s re-stored in the brain,” said Meloni. Xenon appeared to hamper that reconsolidation, reducing the rats’ fear response by more than half for at least 18 days.

The results sparked the pair’s interest in using xenon to arrest some of the effects of traumatic brain injury (TBI), leading to the creation of a study made possible by philanthropic support. Xenon works by blocking the brain’s NMDA receptors, which bind the neurotransmitter glutamate and are involved in learning and memory. Neurons exposed to an excessive amount of glutamate because of NMDA-receptor overactivation—which may happen with TBI—can be damaged. Meloni and Kaufman hypothesized that xenon would block that overactivation.

To model human TBI in rats, they administered a neurochemical that elevates brain glutamate levels and treated some of the animals with xenon immediately after the insult. Neuroimaging showed damage in the brains of the untreated animals and significant neuroprotection in the xenon-treated ones.

“The xenon effects that we can detect with neuroimaging are helping us understand some of the mechanisms at work in PTSD and TBI,” said Kaufman. “We’re enthusiastic that xenon could be a treatment for people sometime soon.”
For McLean physicist Michael Rohan, PhD, the effects from a neuroimaging machine itself led to a treatment—one provided by a 14-inch-wide tabletop low-field magnetic stimulation (LFMS) device that he designed in 2005 and continues to refine.

An expert in coil design, Rohan helped develop the first commercial functional magnetic resonance imaging machine before joining McLean’s Brain Imaging Center. His interest in how electromagnetic fields interact with nerve cells led to a pioneering 2004 study showing that LFMS brought immediate mood improvement for 23 out of 30 patients suffering from the depression phase of bipolar disorder. In 2014, using his tabletop device, he confirmed those results: a single 20-minute treatment brought significant, rapid mood elevation for patients suffering from bipolar or major depression.

“LFMS uses electromagnetic fields that are a fraction of the strength but at a much higher frequency than treatments such as electroconvulsive therapy or transcranial magnetic stimulation,” said Rohan. “It’s as if LFMS provides a nudge within the cortex—the brain’s surface layer—like a pharmaceutical would. The other treatments are analogous to pressing the reset or the override button.”

Those differences may explain the lack of side effects—and the quick response. Electroconvulsive therapy and transcranial magnetic stimulation, in contrast, require multiple treatments and, like antidepressant medications, can take four to six weeks to begin working.

Currently Rohan is developing a 10-inch-wide version of his machine and conducting a double-blind study with 72 subjects to learn how long the LFMS effects last and how multiple treatments might influence results.

“Usually you begin with a hypothesis, develop it through animal models, and work your way up to humans,” said Rohan. “Here, we saw the technology work in people first. Now we’re going backward to figure out how and why.”

Low-field magnetic stimulation has brought immediate mood improvement for patients suffering from bipolar or major depression.”
The Microscopy Core Facility houses instruments that reveal the secrets of the very small to help determine targets for big advances in therapeutics

The Microscopy Core Facility, on the ground floor of McLean’s Mailman Research Center, houses some of the most sophisticated magnifying instruments available. Their capabilities astound: the transmission electron microscope (TEM), for example, can magnify a spot on a rodent brain slice up to 300,000 times with impeccable resolution, revealing even the infinitesimal junctions—the synapses—that electrical impulses cross in traveling from one neuron to another.

“These instruments are critical for basic neuroscience researchers who are investigating how disease alters cellular structure and the concentration levels of certain proteins in the brain,” said Microscopy Core Facility Director Jason J. Han, PhD, pointing to the impressive machines in the room: the TEM, a laser scanning confocal microscope (LSCM), and a fluorescence activated cell sorter (FACS). “Understanding these microscopic changes is a starting point for developing treatments to address psychiatric illnesses.”

While the TEM uses a beam of electrons to probe a sample, the LSCM, an “optical” microscope, uses light from a laser. “It can yield stunning multicolor images of cells and tissues in 3-D,” added Han. The TEM, in contrast, has far greater magnifying power than an optical microscope and enables researchers to observe much finer biological details. The FACS—unique in a microscopy facility—is not a microscope but a “cell sorter”: an instrument that purifies a mixture of biological cells and sorts them into containers by type. McLean scientists use the FACS to develop therapies using stem cells. They culture, or grow, the purified stem cells, watching them multiply, and then transplant them into the brains of research animals to regenerate tissue destroyed by neurodegenerative disease.

Han offers novel capabilities to the Microscopy Core. He not only provides users with training and technical support; he also builds custom microscopes to users’ specifications, programs instruments to aid researchers in data collection, and writes computer programs for customized data analysis.

“Jason is a very talented and creative engineer,” said Sabina Berretta, MD, director of McLean’s Translational Neuroscience Laboratory and chair of the Microscopy Core Facility. “He is able to prototype custom-made instruments in collaboration with other investigators, an important and unique ability that I expect will gradually develop to be an important component of the facility.”

Since coming to McLean in 2013, Han has helped transform the Microscopy Core into what it is today. “We have expanded our range of services significantly beyond those typically offered at a core facility,” said Han. “With the caliber of research under way at McLean, we look forward to further growing our level of expertise.”

ROOM WITH A VIEW

The Microscopy Core Facility houses instruments that reveal the secrets of the very small to help determine targets for big advances in therapeutics

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Jason J. Han, PhD, director of the Microscopy Core Facility, refines an image on the facility’s laser scanning confocal microscope.
Collaboration is key to research at McLean, leading to landmark findings that go beyond the sum of the parts. Deborah L. Levy, PhD, director of the Psychology Research Laboratory, recently led one such meeting of the minds. Working closely with Laura Godfrey, RPh, J. Alexander Bodkin, MD, Michael Coleman, and other colleagues, Levy ran the first treatment intervention in psychiatry tailored to a specific genetic mutation. The clinical trial had two participants—one suffering from schizophrenia, the other from bipolar disorder. It led to significant clinical improvement in both of them.

“A challenge in this study, given the complexity of the dosing, was ensuring that it was double blind,” said Godfrey, a member of McLean’s Pharmacy Research Core. “We had to find the correct combination of ingredients and dispense them in a way that was accurate yet simple enough to facilitate the participants’ compliance. In the end, safety and rigor matter most.”

“This three-part study could not have been done without Laura’s meticulous work,” stated Levy. The thrice-daily treatment regimen—alternating administration of weight-adjusted doses of the nonessential amino acid glycine in powder form, and placebo (a low-glycemic index sugar), to be reconstituted by the participants—had to be prepared by hand, carefully labeled to permit titration from a low to a therapeutically optimal dose, and shipped out of state.

Levy, who has a distinguished history of probing the genetics of schizophrenia, came to McLean in 1991 from Hillside Hospital-Long Island Jewish Medical Center to work with two of her longtime collaborators, Steven Matthisse, PhD, and the late Philip S. Holzman, PhD.
Her research focuses on identifying genetic mutations linked to schizophrenia and bipolar disorder while understanding their biological effects to advance therapeutic discovery.

The smoking gun in the glycine study, said Levy, was the discovery of a mutation in the glycine decarboxylase (GLDC) gene. GLDC encodes the enzyme that breaks down glycine, a chemical necessary for proper functioning of the brain’s NMDA receptors, which are involved in learning, memory, and other neural processes. People with extra copies of GLDC—a rare mutation—are expected to have low levels of glycine in the brain and hence NMDA receptors with impaired functioning, a deficit that has been implicated in schizophrenia.

“Our plan was to try a targeted treatment of the GLDC mutation,” added Levy, explaining that the study involved selecting people who are likely to respond based on objective evidence, not just relying on a diagnosis that can be hypothetically linked to a possible malfunction in a particular brain system. In this case, DNA analysis had shown that both study participants had extra copies of the gene and therefore were likely to benefit from taking glycine.

During the six-month trial, the participants received glycine or placebo at different times; only Godfrey knew when they received each compound. Then they both received glycine again. At various points, the investigators assessed neurocognitive function and did brain scans to measure glycine metabolism and blood work to check glycine and other amino acid levels.

“It will be important to know if glycine metabolism in the brain was normalized by the treatment,” said Levy.
At McLean Hospital, embedding behavioral-health research in the clinical setting simultaneously enhances patient care and brings valuable treatment advances to the attention of the scientific community.

Spearheading this unique approach at McLean are Courtney Beard, PhD, who serves as assistant director of research in the Behavioral Health Partial Hospital Program (BHP), and Jason Elias, PhD, the director of psychological services and clinical research in the Obsessive Compulsive Disorders Institute (OCDI). “In all of our research programs, we are dedicated to the idea that any of the data we collect should be valuable clinically, administratively, and scientifically,” said Elias.

Using an innovative and secure web application, Beard and Elias collect and analyze both patient self-reported and clinician data at multiple time points to understand which therapeutic modalities are most effective, and why.

“Our fully integrated approach enables us to measure progress and outcomes in our clinical units for individual patients and also to aggregate the data to investigate trends and report on overall findings,” said Elias. “The feedback leads to quick refinements in our survey instruments and continual therapeutic improvements.”

In the Behavioral Health Program, for example, patients complete standardized, validated measures of their depression and anxiety symptoms online every day. Beard then generates reports that the treatment team can project on a screen during rounds. “They can see right away if a patient exhibits any suicidal thoughts or drug use, or whether his or her depression is spiking—and act on it,” said Beard.

The scientists’ assessment goes very deep, targeting the mechanisms driving change, such as the willingness to undergo exposure and response prevention therapy in the OCDI, or the ability to increase one’s activity level in the BHP. Clinical trials that are being done at McLean, such as computerized treatment encouraging a more positive interpretation of ambiguous situations, add experimental protocols to the data pool.

Since Thröstur Björgvinsson, PhD, director of the BHP, started the clinical research program in 2010, over 20 papers have been published based on its clinical data. “The BHP and OCDI epitomize McLean’s mission by creatively integrating the hospital’s aim—advancing patient care, research, and education,” adds Beard. “The rapid back-and-forth between those aims informs not only how we develop our programs but also how we influence theories and treatments of these disorders worldwide.”
For Gail Tsimprea, PhD, safety and quality management are driven as much by compassion, communication, and collaboration as by metrics and benchmarking.

Chief Quality and Risk Management Officer at McLean Hospital since 2007, Tsimprea developed the hospital’s quality assurance program using a comprehensive schematic that incorporates analysis and oversight by all stakeholders in the McLean community, from the Board of Trustees to pharmacy personnel, communications officers to leaders in education, and facilities managers to patients and families. Together they have forged a unique partnership.

“Quality is everybody’s responsibility no matter what their role is at the hospital,” said Tsimprea. She joined the McLean staff in 1980, planning to stay just a year, but then “fell in love with the mission.” As Tsimprea was quick to emphasize, “Everybody owns quality.”

Indeed, it’s that all-inclusive approach that has enabled McLean to set the bar on quality of care for institutions around the world. Mental health leaders from Michigan to Abu Dhabi have requested Tsimprea’s help in implementing McLean’s quality program in their own facilities.

At the heart of that program are six data-driven teams, each responsible for continuous quality improvement in areas ranging from Patient Fall Prevention to the Care Experience itself. For instance, consider the Patient Fall Prevention team. Its members—nurses, physicians, a pharmacist, and a physical therapist—monitor falls on the geriatric and other clinical units and feed information, such as the time and place of falls and the number of staff on duty, into a state-of-the-art electronic incident-reporting system. From there, the team, guided by Tsimprea and with input from additional assessment committees, uncovers trends and generates initiatives to improve care. Recent interventions include low-to-the-ground beds for patients with Alzheimer’s disease. “Data by itself—if you don’t do anything with it—is not helpful,” said Tsimprea.

That emphasis on technology in service to McLean’s mission is reflected as much in Tsimprea’s “open-door policy” regarding consumer and staff feedback as in new patient satisfaction initiatives.
A WEB-BASED SYSTEM GIVES PATIENTS A VOICE IN THE ANALYSIS OF PROGRAM EFFECTIVENESS

Feedback translates into action items, improving patient care

Thomas Idiculla, PhD, is devoted to learning—from colleagues and patients alike. As director of McLean’s Mental Health Services Evaluation Department/eBASIS, he spends his days analyzing and aggregating those lessons to bring about improvements in patient care.

Idiculla designed and manages eBASIS, a web-based performance-measurement system used by McLean and hospitals worldwide to assess mental health outcomes. Integral to the system are two patient self-report tools: BASIS (Behavior and Symptom Identification Scale), a 24-item questionnaire in which patients assess areas of major difficulty, including relationships and functioning, at various intervals in their treatment, and a Perceptions of Care (PoC) survey, which focuses on patients’ perceptions of the quality of interpersonal care they’ve received. eBASIS subscribers access the system to generate detailed reports evaluating quality indicators from individual patient progress to program effectiveness.

“At McLean, we’re committed to patient-centered care,” said Idiculla, noting the recent establishment of a Care Experience Committee comprising representatives from disciplines across McLean. “BASIS-24 and Perceptions of Care give us information we can translate into action items—and they give patients a voice, inviting them to be partners in their treatment. In psychiatric illness, you’re addressing not just the head, but also the heart. Asking whether patients feel listened to, respected—even satisfied with the food—enables us to do that.”

Idiculla’s gifts as a learner are complemented by his generosity as a teacher. He’s founder/president of Agape Partners International, a nonprofit offering health and family seminars and screenings in his native India. Last year, in three weeks, he gave 36 presentations in 18 cities.

“The seminars show that help is available, hope is there,” he said. BASIS-24 and PoC underline that message.

Thomas Idiculla, PhD, director of Mental Health Services Evaluation/eBASIS
TEACH YOUR
Under the leadership of Christopher M. Palmer, MD, Continuing Education at McLean has grown exponentially and broken new ground with its innovative multidisciplinary curriculum.

Palmer took the reins of the Department of Postgraduate and Continuing Education in 2000, the year after completing his residency at McLean. At the time, Continuing Education focused on training internal faculty and staff through Grand Rounds, and hosted small conferences that attracted 10 to 125 participants in McLean’s intimate Pierce Hall.

Today, the department educates nearly 9,000 practicing mental health professionals annually from around the world, including physicians, psychologists, nurses, social workers, and licensed counselors through a variety of formats. They include large, off-site multiday conferences; weekly Grand Rounds for McLean faculty and staff; and partnerships with outside organizations, such as the Massachusetts General Hospital Psychiatry Academy, to accredit their own Continuing Education offerings. Since 2007, overall participation in the Continuing Education program has soared by 487 percent and revenues have jumped from $200,000 to $1.2 million.

“Education is a vital component of the hospital’s mission,” said Palmer. “Our goal is to keep all types of mental health professionals up to date on new research, medications, and evidence-based treatments to raise the bar on clinician competence, performance, and patient outcomes.”

Technology has been instrumental in the growth of the program. The hospital’s newly redesigned website provides continuously updated, easily accessible information about Continuing Education opportunities. Grand Rounds are live-streamed throughout the Partners HealthCare network, and affiliates can access archived Grand Rounds videos. Plans are under way to make online Grand Rounds available for continuing education credit as well.

“There are tremendous opportunities to grow Continuing Education by utilizing technology to spread the hospital’s expertise across the United States and throughout the world,” said Palmer.

Forward-thinking multidisciplinary training—that is, professional development for the entire health care team—is a cornerstone of the Continuing Education program. The rapid growth of the off-site conferences attests to the value of that approach. From just two conferences—Psychiatry and Geriatric Psychiatry—attended by 371 participants in 2007, the conferences have grown to attract more than 1,500 national and international participants in five subject areas: Psychiatry; Coaching in Leadership and Healthcare; Addictions; Attachment; and Depression, Anxiety, and Stress. Future plans include collaboration with the National Rehabilitation Center in Abu Dhabi, a substance-abuse treatment hospital that McLean helped develop to improve care for patients in the Middle East.

That ability to evolve with changing times and therapeutic advances helped earn the program an “Accreditation with Commendation” designation from the Accreditation Council for Continuing Medical Education in 2012. “Many years ago, the choice of topic was based primarily on what people might be interested in,” added Palmer. “But now it is more about assessing what they actually need: What are the new studies and treatments that will enable practitioners to be more effective? What are the complex modalities that need to be broken down to enhance outcomes even for patients with treatment-refractory illnesses? We can greatly expand our influence in these and other areas by delivering the highest-quality Continuing Education to all mental health professionals.”

People Well
In September, those words of support and wisdom were delivered not just verbally but also in writing to families and friends in the new *Guide to Transitioning from Inpatient Care.*

Inspired by the Hospital’s Patient and Family Advisory Council, which is comprised of family members, former patients, and staff, the Transition Guide joins two existing complementary publications: *Guide to Arriving at McLean Hospital* and *Guide to Inpatient Care at McLean Hospital.*

“We had heard from many families that they needed more help in addressing the needs of their loved ones after they had been discharged,” said Susan Krueger, LICSW, former director of the Social Work Department and leader of the group that developed, planned, and wrote the new Guide. “They wanted a document in hand that would explain how, for example, to find the right treatment providers, deal with possible relapse, or navigate the insurance maze.”

A six-month endeavor, the Guide, which is provided at discharge and is also available on the McLean website, covers those and many other after-care topics in honest, compassionate, terms. “Our aim was both to impart hope and to set realistic expectations,” said Jaimie Hogan, LCSW, an inpatient case manager in the Geriatric Psychiatric Program. Also included in its pages are information on discharge planning, self-care for family members, financial planning, confidentiality rights, and definitions of legal statuses such as health care proxy and durable power of attorney. Its appendices feature a wealth of print and online resources: publications, support groups, and useful mental health organizations.

Pulsing like a heartbeat beneath the practical information are messages of hope: “Recovery is possible.” “You are not alone.” “Knowledge is empowering.”

“Family education is an integral part of the hospital’s mission,” added Hogan. “Expanding outreach to families through resources like the Guide helps enhance care by promoting cohesion and facilitating awareness and preparedness in coping with all the phases of psychiatric illness and healing.”

"You Are Not Alone"

*New Guide helps patients and families find support, services, and hope after loved ones leave the hospital*
Philanthropy takes many forms, and gifts of all sizes can nurture the full breadth of McLean’s mission. Sometimes, philanthropic giving transcends both time and the need to create something special, having a lasting impact on the hospital, as well as on people and families living with mental illness.

Donald and Charlotte Test are one couple whose generous gifts have amplified McLean’s work through a variety of channels for more than two decades. The Tests’ 22-year relationship with the hospital is nothing short of inspirational. In 1993, they established a $1 million endowment to support schizophrenia research. In 2007, they created the William P. and Henry B. Test Professorship in Psychiatry in the Field of Neuroscience with a gift of $3.3 million that installed Francine Benes, MD, PhD, as the inaugural incumbent.

These gifts not only fueled new research into psychotic disorders but also expanded McLean’s researchers’ understanding of these disorders’ underlying neurobiology and the role of genes in the development of these conditions.

“The Tests’ contributions have allowed us to take the critical steps necessary to bring two lines of research together,” said Benes, who has been leading groundbreaking studies at McLean on abnormalities in the neural circuitry of schizophrenia and bipolar disorder for more than three decades. “As a result, we have developed a comprehensive model to study how a specific piece of brain circuitry might be malfunctioning in individuals living with schizophrenia and bipolar disorder.”

While the Tests have never sought publicity, by embracing named opportunities such as the Test Professorship, they serve as role models for reducing the stigma that has long accompanied the cause of psychiatry and mental health.

In May 2014, the Tests further demonstrated their unique approach as donors when they made an $8.5 million unrestricted gift—half of which is an endowment—to support McLean’s broader mission of improving the lives of people and families affected by psychiatric illness through clinical care, research, training, and education programs.

“The generosity of the Test family has had and will continue to have a profound positive impact on McLean and all those whom we serve,” said Scott L. Rauch, MD, president and psychiatrist in chief. “By providing this tremendous scale of support through a combination of endowments and unrestricted gifts, to enable flexible use across the broad needs of the hospital, they have strengthened our capacity to meet McLean’s mission most effectively, now and in perpetuity.”

Francine Benes, MD, PhD, holds the William P. and Henry B. Test Professorship in Psychiatry in the Field of Neuroscience.
Mary Belknap Society

The Mary Belknap Society honors donors who make unrestricted gifts of $1,000 or more to McLean Hospital each year. Recurring annual gifts provide crucial resources to support clinical services, launch novel research, and recruit and train outstanding faculty—all with the goal of better serving individuals and families who are affected by mental illness. We extend our deepest gratitude to the following members of the Society for their generosity in 2014.

The Society is named to honor Mary Belknap, who, in 1832, left McLean a bequest that totaled nearly $90,000 ($2.1 million in 2014 dollars) and helped fund a new building for female patients. Belknap’s gift was one of the largest from an individual donor in the hospital’s early years, second only to that of the hospital’s namesake, Boston merchant John McLean.

Ways to Give

Every year, donors like you make a difference in the lives of people affected by psychiatric illness. These are some of the ways your philanthropy can have an impact at McLean today and for many years to come:

**Annual Giving and the Mary Belknap Society**

Unrestricted gifts to the McLean Fund support a wide range of programs and help launch initiatives that may not have been possible without philanthropy. A leadership 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 directly to the program at McLean that is most meaningful to you. A development officer can help identify the funding opportunity that best matches your philanthropic interest.

**Tribute Giving**

A tribute gift to McLean is a special way to honor a loved one, thank a special caregiver, or celebrate a milestone. You decide how best to honor the occasion and we will notify your honoree of your generosity.
THE MANY BENEFITS OF GIVING

Kathleen and Martin Feldstein
Barbara and Reginald Foster
Susan and David Fowler
Thomas Glynn and Marylou Batt
Mindy and Joseph Gold
Kathy and Sam Goldblatt
Patricia and David Grayson
Drs. Shelly F. Greenfield and Allan M. Brandt
Mrs. Ralph Griffin
Dr. John G. Gunderson
Charles and Kaaren Hale
Nan and Bill Harris
Walter F. Harrison III
Anne S. Heller
Dorothy L. Hilliard Reserve Trust
Helen and Edward Hintz
Howland Family Foundation
Kathleen and Ronald Jackson
Tom and Robin Jackson
Janitronics Building Services
Rick and Nancy Kelleher
Stephen W. Kidder and Judith A. Malone
The Klarman Family Foundation
Robert B. Lane
Mr. and Mrs. Edward P. Lawrence
Robert P. Lawrence
Mary and Bob Lentz/McCall & Almy, Inc.
Wallace M. Leonard Foundation
Dr. Philip G. Levendusky and Ms. Cynthia A. Becton
Carol and Albert Lowenthal
Stacey and Larry Lucchino
Monica Luke
Dr. Robert and Gretchen Lutz
The Mannheim Family
Peter and Kathy Markell
Cynthia McClintock
Drs. Steven M. Mirin and Margaret S. McKenna
Joe Morone and Lindsay Evans
Lucia B. Morrill Charitable Foundation
Michael Muccio
Ed and Bean Nardi
The Reverend Dr. Barbara H. Nielsen
Candy and John O’Connell
Ford and Kate O’Neil
Arturo and Mayra Pellerano
Helen F. Peters and J. Garrett Parker
Bob and Carroll Pierce
Samuel Plimpton and Wendy Shattuck
James and Patricia Poitras
Jennifer and Ted Porter
Kathy and George Putnam
Hank and Susan Rauch
Drs. Scott Rauch and Gretchen Kind
Louise C. Riemer
Dr. and Mrs. Auguste E. Rimpel, Jr.
Jeanne and Sanford Robertson
Kenneth R. and Cynthia Rossano
Patrick B. Sands Family
Dr. Marilyn Sarles and Mr. H. Jay Sarles
Daniel G. Smith and Amy L. Smith
Deirdre and Skip Snyder
Dorothy Sprague
Mrs. Thomas Swan
Mr. Thomas J. Swan III
Nick and Joan Thorndike
Kristine and Joseph Trustey
Pamela W. Turner
Wat and Jane Tyler
Carol Vallone and Edward Halsted
Rose-Marie and Eijk van Otterloo
Ted and Janet Werth
Lucy B. Wilton, RN, CPhT

Legacy Giving and the John McLean Society

There are many ways to leave a long-lasting legacy at McLean through your estate plan. By joining the John McLean Society, you will become part of a special group of generous donors who will support the hospital through planned giving.

To learn more or to give to McLean today, visit
mcleanhospital.org/gift
or contact
McLean Hospital Development Office
115 Mill Street
Belmont, MA 02478
phone: 617.855.3415
e-mail: McLeanDevelopment@partners.org

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For the fiscal years ending **9.30.14** and **9.30.13**. In thousands of dollars.

### Income Statement

<table>
<thead>
<tr>
<th></th>
<th>FY2014</th>
<th>FY2013</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Revenues</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net patient revenue</td>
<td>$128,243</td>
<td>$122,250</td>
</tr>
<tr>
<td>Other operating revenue</td>
<td>$60,423</td>
<td>$60,526</td>
</tr>
<tr>
<td><strong>Total revenues</strong></td>
<td>188,666</td>
<td>182,776</td>
</tr>
<tr>
<td><strong>Expenses</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee compensation and benefits</td>
<td>98,521</td>
<td>98,002</td>
</tr>
<tr>
<td>Supplies and other</td>
<td>75,781</td>
<td>72,823</td>
</tr>
<tr>
<td>Depreciation and amortization</td>
<td>7,237</td>
<td>7,181</td>
</tr>
<tr>
<td>Interest</td>
<td>1,586</td>
<td>1,674</td>
</tr>
<tr>
<td><strong>Total operating expenses</strong></td>
<td>183,125</td>
<td>179,680</td>
</tr>
<tr>
<td><strong>Income/(loss) from operations</strong></td>
<td>$5,541</td>
<td>$3,096</td>
</tr>
<tr>
<td><strong>Total non-operating gains/(expenses)</strong></td>
<td>382</td>
<td>347</td>
</tr>
<tr>
<td><strong>Excess of revenues over expenses</strong></td>
<td>$5,923</td>
<td>$3,443</td>
</tr>
</tbody>
</table>

### Balance Sheet

<table>
<thead>
<tr>
<th></th>
<th>FY2014</th>
<th>FY2013</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and investments</td>
<td>$12,533</td>
<td>$7,912</td>
</tr>
<tr>
<td>Patient accounts receivable</td>
<td>12,936</td>
<td>11,078</td>
</tr>
<tr>
<td>Other current assets</td>
<td>8,412</td>
<td>26,939</td>
</tr>
<tr>
<td><strong>Total current assets</strong></td>
<td>33,881</td>
<td>45,929</td>
</tr>
<tr>
<td>Investments limited as to use</td>
<td>921</td>
<td>850</td>
</tr>
<tr>
<td>Long-term investments</td>
<td>551</td>
<td>459</td>
</tr>
<tr>
<td>Property and equipment, net</td>
<td>57,814</td>
<td>55,218</td>
</tr>
<tr>
<td>Other assets</td>
<td>106,957</td>
<td>91,291</td>
</tr>
<tr>
<td><strong>Total assets</strong></td>
<td>$200,124</td>
<td>$193,747</td>
</tr>
<tr>
<td><strong>Liabilities and net assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accounts payable and accrued expenses</td>
<td>$25,462</td>
<td>$18,179</td>
</tr>
<tr>
<td>Current portion of accrual for settlements with third-party payers</td>
<td>622</td>
<td>250</td>
</tr>
<tr>
<td>Unexpended funds of research grants</td>
<td>2,929</td>
<td>3,287</td>
</tr>
<tr>
<td><strong>Total current liabilities</strong></td>
<td>29,013</td>
<td>21,716</td>
</tr>
<tr>
<td>Other long-term liabilities</td>
<td>6,369</td>
<td>6,153</td>
</tr>
<tr>
<td>Long-term debt</td>
<td>35,077</td>
<td>36,024</td>
</tr>
<tr>
<td><strong>Net assets</strong></td>
<td>129,665</td>
<td>129,854</td>
</tr>
<tr>
<td><strong>Total liabilities and net assets</strong></td>
<td>$200,124</td>
<td>$193,747</td>
</tr>
</tbody>
</table>
TRUSTEES

David S. Barlow, chair  
Jeanne Blake   
John F. Brennan, Jr. (Until Nov. 2014)  
Thomas P. Glynn, PhD  
Richard M. Kelleher  
Stacey Lucchino   
Peter K. Markell   
Robert W. Pierce, Jr.  
Jennifer L. Porter  
Scott L. Rauch, MD  
Auguste E. Rimpel, Jr., PhD  
W. Lloyd Snyder III  
Carol A. Vallone

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Ferdinand Colloredo-Mansfeld  
Edith L. Dabney  
Kathleen F. Feldstein, PhD  
John Kaneb  
Edward P. Lawrence, Esq  
George Putnam  
Kenneth R. Rossano  
W. Nicholas Thorndike  
Rose-Marie van Otterloo

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President and Psychiatrist in Chief

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(Jan. 2015–present)*  
Director of Social Work

Hilary Connery, MD, PhD  
(Jan. 2015–present)*  
Clinical Director, Alcohol and Drug Abuse Treatment Program

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Senior Vice President and Chief Development Officer

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Chief Scientific Officer

Linda Flaherty, RN/PC  
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Senior Vice President for Fiscal Affairs

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Senior Vice President for Business Development and Communications

Mark Longso, MSW, LICSW  
Program Director, McLean SouthEast

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(Jan. 2014–present)*  
Medical Director, Clinical Evaluation Center

Stephen Seiner, MD  
(Jan. 2014–present)*  
Director, Psychiatric Neurotherapeutics Program

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

NUMBERS

10.13 to 9.30.14

SERVICES

Average Inpatient Beds in Service: 181
Admissions: 5,767
Inpatient Days: 58,070
Partial Hospital Days: 38,561
Partial Hospital Visits: 199,104
Outpatient Visits: 43,745
Child/Adolescent Days: 12,172
Residential Days: 26,703

STAFFING

Physicians and Psychologists: 226
Residents: 26
Fellows: 54
Nurses: 182
Clinical Social Workers: 112
Mental Health Specialists and Community Residence Specialists: 316
Other: 578
Total FTEs: 1,494
2014
Year in Review

COMPASSIONATE CARE THROUGH INNOVATION

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