Navigator Helps Patients and Families Find Meaning and Purpose

Brian Scott sees his own depression and anxiety as a gift. And that’s a lesson he tries to impart to the patients with whom he works.

As McLean’s first formal patient/family navigator, Scott helps patients and families negotiate the challenges to living meaningful, fulfilling lives post-discharge. That might mean brainstorming career or volunteer opportunities with a patient, helping a family reconnect with an estranged child, assisting with insurance forms or running a recovery and resiliency group on a unit. The role is funded as a three-year pilot by The Manton Foundation.

“There is a fair amount of mentoring too,” said Scott. “When you meet with someone to help with a volunteer or job opportunity, for example, you’ll also find yourself enmeshed in their fears, their concerns and their relationships. I help them — and their families — navigate that as well.”

March 2019 marked the first anniversary of the patient/family navigator role and Scott has been reflecting on the past year. To date, he has worked with roughly 150 patients and families who are largely referred to him by McLean clinicians and other staff — though others find him through the Cole Resource Center. Many of the connections he makes begin with a single need and evolve into long-term, meaningful relationships where Scott can provide ongoing support.

Linda Flaherty, RN/PCNS, senior vice president of patient care services, said the philanthropically supported navigator role is rooted in the recovery model — “a model that is not disease- or symptom-based, but rather strength-based,” she explained. “You don’t define patients by their illnesses, but rather you focus on working with them and their families to achieve their goals. The Manton Foundation has been incredibly generous with McLean over the years. We are so grateful that they understand the power and potential of this model.”

“All of my own struggles will have been worthwhile if I can help someone else find hope. That’s the best gift.”

Brian Scott, McLean Patient/Family Navigator

continued on page 2
Dear Friends

Our spring edition of Horizons highlights philanthropy’s unique ability to enable one person’s charitable gesture to directly impact other individuals not known to them. Among these stories you’ll discover:

• A teenage girl who transformed her life after two months of additional care — which her family could not afford — were covered thanks to another grateful family’s gift.
• A father whose bike ride is connecting hundreds of unrelated cyclists, raising funds for mental health and creating conversation and community in the process.
• A long-time patient and McLean volunteer who is re-discovering his passions and skills thanks to a pilot program funded by a local family foundation.
• A couple whose daughter’s life was saved at McLean and who will help generations ahead through their annual support and a legacy gift.
• A former patient whose appreciation for the sensitive days and weeks following discharge led him to fund an innovative study that will help others during this time.
• And a building — specifically, the three-year-old wing of our Admissions Building — which has enhanced recovery for thousands of patients, expanded access to care and provided modern spaces for clinicians and researchers to work more effectively.

I hope the people and programs you “meet” in these pages remind you of the power of generosity. Thank you and enjoy!

Lori Etringer
Vice President and Chief Development Officer

Patient/Family Navigator  continued from cover

THE PEER MOVEMENT

Peer counselors have become increasingly popular over the past two decades — valued for their first-hand experience living with mental illness and their hard-won skills and knowledge.

Scott works out of the Cole Resource Center, a nonprofit located at the hospital, which allows him to collaborate closely with Cole Resource Center Executive Director Joanne Grady-Savard. “Brian has brought heart and passion and the critical experience of being a peer to our work,” she said. “He communicates hope, and individuals really connect with him.”

One such person is Tom, 60, who was first hospitalized at McLean in 1985 for bipolar disorder. He lives in a halfway house close to the hospital and has been connected to McLean — as a patient, volunteer and employee — for decades. When Scott discovered that Tom was passionate about architecture and astronomy, he began meeting with him twice a week to help Tom brush up on his computer skills and create PowerPoint presentations about his interests. They’re now working together on revamping the Cole Resource Center’s website. “Brian and I work as partners. He’s a really nice guy and I feel very comfortable working with him,” said Tom, adding that it feels good to be able to give something back to the hospital.

Scott is transparent about his own struggles with psychiatric illness and his long journey — marked by self-harm, overwhelming guilt and shame, divorce, law school, a high-stress job at a downtown law firm and his eventual realization that he was living a life he did not want. “It wasn’t until I stopped running from my diagnosis and integrated the splintered parts of myself that I started down the path that I’m on now,” said Scott, who is pursuing a master’s degree in mental health counseling at night. “This process led me to McLean and to a career in mental health. When my disparate identities came together, I realized they could line up. All of my own struggles will have been worthwhile if I can help someone else find hope. That’s the best gift.”

“Brian and I work as partners. He’s a really nice guy and I feel very comfortable working with him.”

Tom, former McLean patient

To learn more about the Cole Resource Center’s services, visit www.coleresourcecenter.org or call 617-855-3298.
Shyanne had more or less stopped talking — a disorder called selective mutism. She was depressed and anxious, had stopped going to school and couldn’t stand to be touched. Her grandmother was doing her best to home school her, but admits the 12-year-old was learning very little.

Then someone told her grandmother, Jill, that the best program in the country for a child with symptoms as severe as Shyanne’s was McLean’s Anxiety Mastery Program (MAMP). She and her husband, who had adopted Shyanne when she was four because her parents struggled with substance use disorders, scraped together the money to send her there for a month. She made progress, but staff felt that she would benefit greatly from another two months at the outpatient program. The family knew they couldn’t afford it.

That’s where the David Tepper Charitable Foundation comes into the story. Thanks to a scholarship fund established by the foundation, Shyanne, who lives in New Hampshire, was able to continue attending MAMP for eight more weeks. The foundation made a remarkable $750,000 gift to the hospital to help families who struggle to afford treatment in its child and adolescent programs. “A family member was treated at McLean and we were so impressed with the treatment they received that we decided to establish a scholarship fund to help families access McLean’s world-class treatment who otherwise couldn’t afford it,” said David Tepper.

Since the gift was made in 2017, the Tepper Foundation scholarships have helped more than 30 families access care from a wide range of McLean’s child and adolescent programs — and will help many more. As in Shyanne’s story, the support provided by these scholarships has been life-changing and, in many cases, life-saving.

Shyanne thrived at MAMP and now attends a small therapeutic school where she is a straight A student. “MAMP was absolutely great and the scholarship was a lifesaver,” said Jill. “She’s talking again and she’ll even lay her head on my shoulder now.”

Jacqueline Sperling, PhD (center) is the director of training and research at MAMP.
The first 30 days following a period of psychiatric treatment can be treacherous. Patients have left the supportive, highly structured environment of the hospital, with its singular focus on recovery, to return to the same old stressors. They also have to navigate new stressors, such as explaining their absences to colleagues. And transitioning to a new outpatient therapist can be fraught. Not surprisingly, that first month is the time when people are at the greatest risk for relapse, re-hospitalization and suicide.

“Patients often talk about how difficult it is to leave our program — the Behavioral Health Partial Hospital Program (BHP) — because there aren’t a lot of resources out there to help them continue doing what they have learned,” said psychologist Courtney Beard, co-director of clinical research at BHP. “At our program, they are exposed to gold-standard, evidence-based treatments,” explained Beard.

Beard and her collaborators at the BHP — a short-term, intensive day program for people with a variety of severe mood and anxiety disorders — plan to pilot a program in the next year that will help their patients safely navigate that risky transition. BRIDGE, short for Building Resiliency by Increasing Daily Goals and Engagement (BRIDGE), is a smartphone-delivered intervention that helps people deploy the skills they learned during treatment. Beard has applied for a grant from the National Institute of Mental Health to fund the program, which would put a smartphone application called MoodMission in the hands of 50 patients after discharge from the BHP.

The app queries users about their mood, then, based on their answers, recommends simple activities to improve their state of mind, ranging from calling a friend to taking a walk to doing a household chore. The person rates how much the activity helped, and the app “learns” from this feedback to better tailor its suggestions to the user’s mood next time. “All of the suggestions tap into categories of activities they would be learning during treatment, like self-care, mindfulness, mastery and social connecting,” explained Beard.

A second survey-based app complements MoodMission, enabling users to monitor and report their symptoms, set goals for the day and problem-solve obstacles to treatment plan adherence. The study would compare outcomes for the people using the apps to a control group. The research subjects would be people who had recently attended the BHP.

A former McLean patient who attended the BHP in 2016 said a program like BRIDGE would have been extremely useful for him post-discharge. “It was scary to go back to my life,” said Alan Ayres, who owned a corporate food service company at the time of his treatment. “You’re in a program that goes from 9-3 every day and you’re so focused on treatment. When I went back to work Monday morning, I wondered whether I would be able to do it. Would the changes carry over?” Ayres was so grateful to the BHP and so enthusiastic about BRIDGE that he, along with other donors, including an anonymous family foundation, funded the critical preliminary study that laid the foundation for BRIDGE.

Beard thinks the beauty of BRIDGE is its accessibility. “This is an extremely low intensity intervention,” she said. “It requires almost no resources from the healthcare system or from patients. If we recommend it to all patients, and just a minority try it, it is still worth it.”

“At our program, they are exposed to gold-standard, evidence-based treatments.”

Courtney Beard, PhD, Co-Director of Clinical Research, BHP
The Ride for Mental Health: Making Year Three the Biggest Yet

What started as an experiment has turned into a flourishing annual event that is changing the conversation about mental illness. Mac Dorris founded The Ride for Mental Health in 2017 to support McLean, but also to pay tribute to his son Eric, who died at age 21 and who had struggled with mental illness.

“We had 100 riders the first year, 252 the second year, and we’d like to have 400 riders this year,” said Dorris, who has now raised $250,000 for McLean through the Ride.

The 2019 Ride is scheduled for June 22-23 in New Paltz, New York. Cyclists can choose courses of 14, 25, 50, 75 or 100 miles through the gorgeous terrain of the Hudson Valley. Early registrants also are invited to dinner in the Mohonk Preserve, with entertainment and guest speakers.

This year’s event will feature former cycling champion Juli Furtado. A winner of 17 straight World Cup cross country races and the only rider in history to win the World Championship in downhill and cross-country, Furtado recently decided to speak openly about her traumatic family history and her struggles with depression.

“We’re honored and excited to have Juli at this year’s ride,” said Dorris. He hopes her talk will further the Ride’s goal of increasing understanding and acceptance of mental illness.

“Mac has done a tremendous job working to reduce the stigma of mental illness through this event,” said Lori Etringer, McLean’s chief development officer who has participated since the event’s inception. “This year, we are trying to really grow the event, and I have created ‘Team McLean,’ with the hope of inspiring others to join me.”

Riders of all abilities are welcome and the variety of course options appeal to both recreational and serious cyclists. For those who don’t ride, joining “Team McLean” as an event volunteer is a great option. “We want people to have a chance to meet other riders, make new friends, and talk openly about mental health,” said Mac.

To register as a rider, volunteer or learn more about the Ride, visit rideformentalhealth.org or contact Lori at letringer@partners.org. Be sure to join “Team McLean” when you register.
Patients with mental health emergencies often languish in emergency departments for hours and sometimes days. A scarcity of inpatient psychiatric beds across the country is a significant problem. With the opening of McLean’s new three-floor wing off the Admissions Building in 2016, this insufficient capacity — locally, at least — has been somewhat alleviated.

“The units in the new wing — the Short-Term Unit and the Schizophrenia and Bipolar Inpatient Program — are still running at 93-95 percent capacity,” said Linda Flaherty, RN/PCNS, senior vice president of patient care services. “And, as our President and Psychiatrist in Chief Scott Rauch, MD, would say, ‘there is still an ocean of need out there.’” Funded by an anonymous $5M gift, the 21,000 square-foot addition added a total of 31 new inpatient beds to the building — among the hospital’s busiest — as well as office and conference spaces. But the fresh square footage has brought benefits to patients and staff that go far beyond simple capacity. “When you have a bright welcoming space with new furnishings, it fosters an environment that supports respect and dignity,” explained Flaherty. “And the design was very intentional: the improved sight lines allow for staff to engage easily with our patients and families and vice versa.”

Fostering Recovery

Jeanne McElhinney, MS, RN, BC, nurse director of the Schizophrenia and Bipolar Disorders Program, said the reaction from patients and families to the new space has been enormously positive. There are more single rooms now and the common areas are brighter, more comfortable and more conducive to socializing. “We’re promoting health and recovery and having a beautiful and warm environment to do that in is important,” she said. When she interviews potential new staff members and brings them on tours, they are always impressed with the space and what it says about McLean’s commitment to patient care, she explained.

The new wing has also greatly improved staff collaboration, according to Dost Öngür, MD, PhD, chief of the Center of Excellence in Psychotic Disorders and director of the Schizophrenia and Bipolar Disorder Research Program. Before, his research and clinical teams were spread out among three sites. “People who do similar work and see similar patients are now all together,” said Dr. Öngür. “Previously, you couldn’t just walk over to a colleague’s office and have a spontaneous conversation, you practically had to make an appointment. Now, these conversations and informal encounters, which can turn into ideas, are common. The new wing has provided a real boost in terms of clinical care and research.”

Built in 1987, the Admissions Building is one of the hospital’s newer buildings. Most of McLean’s buildings date back to the late 1800s when the hospital moved from Charlestown to its current location in Belmont. Another surge of building occurred in the early 1900s with only a few newer facilities erected post World War II. At the time, McLean’s Belmont campus was state-of-the-art. Now, McLean’s best-in-class clinical care, research and education has outpaced its dated infrastructure.
McLean’s senior leadership and Board of Trustees are united in recognizing the need to modernize the hospital’s physical plant. Substantially renovating the majority of McLean’s patient care spaces is a major component of the current strategic plan as McLean looks to a future when all of the hospital’s facilities — like the new Admissions wing — are ideal for today’s programs and best practices and flexible enough to suit tomorrow’s needs.

“We’re promoting health and recovery and having a beautiful and warm environment to do that in is important.”

Jeanne McElhinney, MS, RN, BC, nurse director of the Schizophrenia and Bipolar Disorders Program

**McLean Construction Timeline**

1811: McLean founded – established in Charlestown, MA
1892: Construction begins at Belmont site
1895: Appleton, North and South Belknap, East House, Academic Center, Administration Building, Service Building, Bowditch House, Wyman & Proctor
1896: Hope Cottage (first single patient residence)
1897: Recreation Building, Center Building (originally the men’s and women’s gyms)
1906: Codman House (women’s residence)
1907: Chapel
1916: Arlington House (now Arlington School)
1924: Higginson House
1930: Hill Cottage (now Hill Center for Women)
1932: Oaks Building
1945: Mailman Research Building
1965: McLean Imaging Center
1987: Admissions Building
1989: Francis de Marnette Building
2016: New Wing on Admissions Building

**McLean Board of Trustees**

Carol Vallone, Chair
Jeanne Blake
Thomas P. Glynn, PhD
Ronald J. Jackson
Richard M. Kelleher
Gloria Cordes Larson, Esq.
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
Josef von Rickenbach
Michelle Williams, PhD

**Honorary Trustees**

Charles D. Baker
David S. Barlow
Betty R. Brudnick
Edith L. Dabney
Kathleen F. Feldstein, PhD
John A. Kaneb
Edward P. Lawrence, Esq.
Kenneth R. Rossano
W. Nicholas Thorndike
Rose-Marie van Otterloo

**Horizons is published by the McLean Hospital Development Office**

115 Mill Street
Belmont, MA 02478
617-855-3415
mcleandevelopment@partners.org

Vice President and Chief Development Officer: Lori Etringer
Editor: Sally Spiers
Copy: Vicki Ritterband and Sally Spiers
Design: Cynthia Jennings
Photography: Patrick O’Connor

© 2018 McLean Hospital
Family Gratitude Inspires Long-Term Philanthropy

For Tom and Linda, McLean will always be the place that “saved our daughter’s life.” Although it's been more than a decade, they remember well the turbulence of their daughter’s adolescent years and the role McLean played in helping their family navigate. Now a joyful newlywed and a brilliant PhD candidate in cell biology, their daughter is thriving.

“It was a terrifying time,” said Tom. “But McLean was there for us. Thankfully, those days are in our rearview mirror, but we remain invested in and tremendously grateful to the hospital.”

Tom and Linda were particularly helped by attending a weekly parent group. They drove the hour-long trek regularly and continued to attend well after their daughter was on the road to recovery, largely to give other parents hope. The experience was so powerful that they created a philanthropic fund to support the group for years to come.

The couple are now enthusiastic members of the McLean Board of Visitors, attending annual meetings and staying up-to-date on current research and treatment when possible.

They also have joined the Mary Belknap Society, McLean’s leadership annual giving circle, by making yearly unrestricted gifts. More recently, they were welcomed into the John McLean Society when they shared that they had included McLean in their estate plans.

“McLean is an important part of our history. That our daughter would come to have such a successful, independent and intellectually challenging life was unimaginable when she was sick,” said Linda. “We are thrilled to support McLean in a way that gives the hospital the ability to direct our gifts where they are most useful.”