BEYOND
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.
McLean Hospital continues a 200-year tradition of going beyond the usual approaches of care in order to improve the lives of people and their families affected by psychiatric illness. Whether researching the deepest parts of the brain for a clue to a cure, making specialized psychiatric care more accessible in New England, serving patients across the United States, or helping people half a world away in Abu Dhabi, McLean’s tradition of providing compassionate care endures.
WE HAD MANY ACHIEVEMENTS AND MUCH PROGRESS TO CELEBRATE IN 2011, including marking a truly significant milestone—our bicentennial. While the celebration of our 200th anniversary provided an opportunity for us to reflect on our past accomplishments and service, it has also provided us with a renewed sense of excitement and progress as we look to the future in which McLean continues to be the world leader in psychiatric care, research and education.

Our unwavering focus on the fundamental mission to improve the lives of people with psychiatric illness and their families led us to the development of a strategic plan several years ago. Guided by that road map, we continue to build centers of excellence and innovation that integrate clinical care, research, and education to accelerate the translation of science to ever-better care for our patients.

DEAR FRIENDS

IN THIS ANNUAL REPORT, “BEYOND 200 YEARS...BEYOND BELMONT HILL,” YOU WILL READ ABOUT:

• Our newly established Nancy and Richard Simches Division of Child and Adolescent Psychiatry which is expanding access and enhancing the quality of care in order to provide the most effective treatment for each young person who comes to us for help;

• The National Institute of Drug Abuse’s first large-scale study to address treatment of prescription opioid addiction, led by Roger Weiss, MD, chief of McLean’s Division of Alcohol and Drug Abuse. The results have led to approaches that dramatically improve each individual’s likelihood of not relapsing;

• The initiation of a hospital-wide, multidisciplinary approach to the mental health and well-being of girls and women that will lead toward the establishment of the Division of Women’s Mental Health and Gender Biology;

• The collaboration of an interdisciplinary team from McLean with the National Rehabilitation Center in Abu Dhabi to expand much-needed substance abuse treatment in the United Arab Emirates.

You will also read about McLean’s faculty who are advancing psychiatry research and clinical care through their roles as editors for prestigious scholarly journals and their leadership in national and international psychiatric associations.

In accordance with our mission and values, we continue to dedicate ourselves to improving the lives of people affected by psychiatric illness and their families by providing highly specialized and individualized care, informed by research and delivered by expert and compassionate caregivers.

We are deeply grateful to the partnership of McLean clinicians, researchers, educators, staff, patients and their families, trustees, donors, and friends in delivering on McLean’s precious mission. Together, we are McLean and together, we are improving lives.
Over the last decade, research has underscored how gender is often one important determinant of risk, prevalence, presentation, course, and treatment of mental illnesses. This knowledge, coupled with McLean Hospital’s continued expansion of programs exclusively for girls and women, triggered Shelly F. Greenfield, MD, MPH, chief academic officer for McLean, Scott Rauch, MD, president and psychiatrist in chief, and Joseph Gold, MD, chief medical officer, to develop the Women’s Mental Health Initiative (WMHI).

EXPANDING THE FOCUS

INITIATIVE SETS THE FOUNDATION FOR INTEGRATED APPROACH TO MENTAL HEALTH AND WELL-BEING OF GIRLS AND WOMEN
The initiative, which was made possible thanks to a $300,000 anonymous donation, is the first step toward developing the Division of Women’s Mental Health and Gender Biology. The creation of this center of excellence will be a key element of the hospital’s strategic plan to integrate clinical care, research, and education activities into programatically-based divisions. Once established, the Division of Women’s Mental Health and Gender Biology will join the existing divisions of Alcohol and Drug Abuse, Basic Neuroscience, Child and Adolescent, and Psychotic Disorders.

“The aim of the WMHI is to develop a hospital-wide, multidisciplinary approach to the mental health and well-being of girls and women through the life span, integrating efforts throughout the clinical, research, and training programs,” explained Greenfield.

To help lead the charge of the WMHI, Greenfield has formed a steering committee, cochaired by Sherry Winternitz, MD, clinical director of the Dissociative Disorders and Trauma Program for McLean.

“The steering committee comprises leadership from all of the hospital’s programs whose focus is on women’s mental health and wellness,” said Winternitz. “We are fortunate in that we have national leaders in this field right here at McLean, so together, we are looking at models that have been used nationally and globally and gathering ideas on best practices. This is an exciting opportunity for us to create a collaborative enterprise that will advance clinical care, research, and education focused on women’s mental health.”

In addition to the steering committee, Greenfield has developed a scientific symposium that will draw local and national experts in the area of women’s mental health to McLean in November 2012 and is working toward expanding research in this area. Junior investigator Dawn Sugarman, PhD, has joined McLean as a clinical researcher specializing in gender-specific treatment for women with substance use disorders.

“McLean offers a wide spectrum of treatment services for girls and women. These programs utilize state-of-the-art diagnostic and therapeutic techniques to treat symptoms and restore health,” said Greenfield. “The WMHI will bring together clinical and research leaders from across the hospital, allowing us to engage in dialogue about the etiology of disorders, best practices, prevention, and triage for people with multiple disorders. Through these conversations and collaborations, we will continue to set the standard for women’s mental health care and research and training well into the future.”
With approximately 25 percent of the patients admitted into the Klarman Eating Disorders Center having a co-occurring substance abuse issue, Esther Dechant, MD, medical director for the program, recognized a significant need to treat both the eating disorder and the substance abuse simultaneously—a course that is not typically taken.

“On admission, many of our patients do not even realize that they have a substance abuse problem or how serious the problem is,” said Dechant. “Few eating disorder programs provide integrated eating disorder and substance abuse treatment. McLean has a unique opportunity to do this because of our expertise in each of these fields and the increased collaboration between the various clinical services that focus on women’s mental health. By adding this specific track, we strengthen our already existing services and fill a clinical need nationally.”

In the summer of 2012, Dechant began using the Women’s Recovery Group Manual, a series of treatment modules first developed by Chief Academic Officer Shelly F. Greenfield, MD, MPH, to treat women with substance abuse issues.

“We realized that the manual was very appropriate for this population and, with some modifications, will help us meet our patients’ needs even more and develop measurement tools that we can then use to improve patient outcomes. Eating disorders and their companions—trauma and substance abuse—are difficult to treat,” said Dechant. “What we’re developing now will allow us to provide the best care possible and is an example of McLean going beyond to meet the needs of our patients.”

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WOMEN’S MENTAL HEALTH INITIATIVE GOALS
To develop an infrastructure for clinical care that integrates a comprehensive approach to women’s mental health across programs and disciplines while promoting research and training within the field, the leaders of the WMHI have developed a robust list of goals in each area of the hospital’s tripartite mission.

CLINICAL CARE
- Emphasize mental health services that integrate care for co-occurring disorders among women.
- Foster wellness and well-being throughout the life span.
- Utilize a holistic approach that incorporates both mental and physical health promotion.
- Encourage outreach and collaboration with community-based programs.

EDUCATION AND TRAINING
- Create a network of clinicians knowledgeable about women’s mental health.
- Offer professional development for clinicians at McLean and in the community of women’s mental health.
- Provide training, including early career development training fellowships, for psychiatrists and psychologists.

RESEARCH
- Procure funding and support for research on women’s mental health concerns.
- Promote cross-program research collaborations.
- Develop clinical trials for new treatments and interventions that address specific aspects of women’s mental health.
- Implement standardized screening instruments utilized across programs and units for research as well as clinical input, including eating and mood disorders, substance abuse, and self-injury.
Chief of the Division of Alcohol and Drug Abuse, Roger Weiss, MD, has long been a leader in the field of substance abuse treatment, research, and education. It was no surprise when he was tapped by the National Institute of Drug Abuse (NIDA) to lead the first large-scale study to address treatment of prescription opioid addiction.

The results of the six-year study, announced in the December 2011 issue of the *Archives of General Psychiatry*, sparked nationwide interest among those who treat prescription opioid addiction and triggered McLean to change its services to more effectively treat patients.

“We learned that individuals addicted to prescription painkillers are more likely to succeed in treatment with the aid of the medication buprenorphine-naloxone (Suboxone™),” explained Weiss. “We also saw that the standard of tapering patients off of medication after three months was ineffective, creating a high incidence of relapse.”

Particularly notable is that the first study to point out the potential utility of buprenorphine for opioid dependence treatment was conducted at McLean and published by Nancy Mello, PhD, and Jack Mendelson, MD. The landmark study, appearing in the journal *Science* in 1980, laid the foundation for Weiss’s work decades later and exemplifies the best tradition of using translational neuroscience to produce effective treatments in psychiatry.

Part of the NIDA Clinical Trials Network, Weiss’s trial was the first randomized large-scale clinical trial for the treatment of prescription opioid abuse, involving 10 sites nationwide and more than 600 treatment-seeking outpatients dependent on prescription opioids who were either taking more than prescribed or using them illicitly. Each participant received Suboxone—a combination of buprenorphine, which alleviates opioid withdrawal and craving, and naloxone, which prevents abuse if the drug is not taken orally as prescribed. In conjunction with standard medical management, physicians evaluated treatment effectiveness and recommended abstinence and self-help participation. Fifty percent of study participants also received additional intensive addiction counseling.

According to Weiss, 49 percent of patients experienced substantial decline in their opioid use while taking a 12-week course of Suboxone. However, once the medication was discontinued, patients had an extremely high rate of relapse. Monitored in four-week increments, individuals showed an increasing rate of relapse the longer they remained off Suboxone.

Hilary Smith Connery, MD, PhD, clinical director of the Alcohol and Drug Abuse Treatment Program within McLean’s Division of Alcohol and Drug Abuse and the principal investigator of the study on the McLean campus, noted that the study’s results were striking.
At age 24, G.K. operates a successful business dedicated to helping clients realize their fashion potential, actively writes music, and has a growing circle of friends. With his exuberance for life and infectious upbeat attitude, it is hard to look at him and think “recovering drug addict.”

However, G.K. knows all too well the painful cycle of addiction. He began regularly smoking marijuana when he was 14. Over time, he began using cocaine, before developing a dependence on prescription opioids, such as OxyContin® and Vicodin®. In August 2011, after relapsing for a second time less than two weeks after leaving a rehabilitation program, G.K. was admitted to McLean’s Alcohol and Drug Abuse Treatment Center, where he stayed in the six-bed residential program for three weeks.

“McLean in its entirety saved my life. Actually, McLean enabled me to save my life,” said G.K. “McLean looks at addiction in a slightly different way than do the other programs I have been to. It’s a more hands-on approach and the treatment teams showed me that I was in control of my addiction. I never felt in control before.”

While in the residential program, G.K. began intensive group therapy, along with Suboxone—a medication used to treat opioid addiction. He has continued to participate in groups and take medication. He also credits his treatment team with helping him change his thought process—something that has continued through a McLean-based dialectical behavior therapy (DBT) group that he recently joined.

“McLean staff were key in helping me change my way of thinking from an addict’s mindset to an ex-addict’s mindset,” said G.K. “I just don’t think like I used to and it’s a liberating feeling. The combination of the different groups—the Suboxone group and the DBT group—have helped me work through a lot of issues. Thanks to McLean, I feel like I have conquered drug addiction and I have my life back.”

According to the National Survey on Drug Use and Health, an estimated 1.9 million people in the United States meet abuse or dependence criteria for prescription pain relievers. In addition, the Centers for Disease Control and Prevention report that annually more people die from prescription painkiller overdoses than from heroin and cocaine combined.

REGAINING A LIFE

“Typically, it can take 10 years for research results like this to translate into clinical practice, but because this study was being conducted within our programs and we were so familiar with the work, we were able to use these findings to make changes to our treatment approach for patients almost immediately.”

With Weiss’s findings as a trigger, Connery and her team have developed a multipronged approach to make services more accessible and improve an individual’s likelihood of remaining off opioids. The actions they are taking include educational outreach to patients and families as well as clinicians, training psychiatrists to become licensed prescribers of Suboxone, and collaborating with other entities within Partners HealthCare to bring services to the community.

“Our commitment to providing the best possible clinical outcome extends beyond the McLean campus,” said Connery. “It really is a regional and national effort to train physicians so that they can develop treatment programs within their own communities, educate patients and families so they can advocate for themselves, and conduct national clinical research that results in ever-better care.”

1.9 MILLION

These results were crystal clear—our patients were motivated, doing very well in treatment, and wanted to stay sober, but when their medication was tapered off after three months, the relapse rate skyrocketed to 90 percent,” she said. “Typically, it can take 10 years for research results like this to translate into clinical practice, but because this study was being conducted within our programs and we were so familiar with the work, we were able to use these findings to make changes to our treatment approach for patients almost immediately.”

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The Archives of General Psychiatry (Archives) made quite a stir in July of 2011 when it published a twins study suggesting that autism spectrum disorder (ASD) has both genetic heritability and a significant environmental component. Picked up by the mass media, including NBC Nightly News, The New York Times, and others, the California Autism Twins Study (CATS) “marked an important shift in thinking about the causes of autism” (The New York Times, July 4, 2011).

Instrumental in getting the CATS study published was Joseph Coyle, MD, editor-in-chief of Archives and chief of McLean Hospital’s Division of Basic Neuroscience. “I knew the moment I saw that study that it would be a game changer,” he said. In fact, as editor-in-chief of Archives for 10 years, Coyle has overseen the publication of hundreds of groundbreaking articles that have “pushed the field of psychiatry forward.”

According to Coyle, Archives publishes high-impact research that broadly covers psychiatry from its genetic and molecular mechanisms to clinical and policy issues. As the most highly cited journal in the field, Archives has a citation impact rate of 16.4; the impact factor is a measure of citation rate per article and is the primary indicator of a journal’s prestige. In psychiatry, as in other disciplines, scholarly journals have significant influence on the latest thinking and are the leading contributors to moving research forward and impacting the way care is provided. Archives receives more than 1,000 submissions per year yet publishes only about 10 percent of them, allowing the editors to choose “only the best of the best,” Coyle explained. “All of the research studies we receive are outstanding. Being able to be selective gives us the opportunity to have significant impact on the field in terms of how we understand, treat, and shape policy toward mental disorders.”
Dost Öngür, MD, PhD, agreed. Chief of McLean’s Psychotic Disorders Division, Öngür was recently appointed associate editor-in-chief of Archives by its oversight committee, an honor he calls a “tremendous opportunity” for him and for McLean. “The leading researchers in the field send their best work to Archives, which means we get to see the most cutting-edge, imaginative work first.”

Scholarly journals can also have a powerful teaching mission, for scientists as well as the general public, said William Carlezon, PhD, director of McLean’s Behavioral Genetics Laboratory and the recently appointed editor-in-chief of the journal Neuropsychopharmacology (Neuro). For example, Neuro published a study in December 2011 regarding the effects of “designer drugs,” which can often be purchased legally in convenience stores even though their effects resemble those of drugs of abuse. News of the study was picked up by the popular press, including Time magazine. “Getting this research out there does a service to the public,” Carlezon said. “Parents and kids need to understand the dangers of these drugs.”

Carlezon, whose research focuses on neuroscience and the neurobiology of depressive disorders, is the first non-MD to serve as sole editor-in-chief of Neuro. The official publication of the American College of Neuropsychopharmacology (ACNP), Neuro ranks sixth among all journals in the psychiatry category and has a 2010 impact factor of 6.8.

The Harvard Review of Psychiatry (HRP), led by Shelly F. Greenfield, MD, MPH, chief academic officer for McLean and the editor-in-chief of the HRP, is a key tool in providing education about the latest research as it translates to clinical practice for clinicians. The journal celebrated its 20th year of publishing with a special issue on global mental health that brings to its readers challenges and solutions to mental health care from around the globe.

“The HRP is one of the few journals in our field providing mental health clinicians a review of a broad array of research and its impact on clinical care,” said Greenfield. “We are delivering cutting-edge information and in keeping with that goal, we are developing methods to provide our content through smart phones and Web-based applications. We are also planning to offer continuing medical education credits online. We are evolving to keep up with the needs and demands of our readers.” The HRP also provides an opportunity for the next generation of psychiatrists to learn about the peer review process. Selected Harvard psychiatry residents serve as assistant editors and meet weekly with editorial staff to assist in the review process. “This is a unique feature of our journal and another important contribution it makes to the field,” said Greenfield.

Carlezon, Coyle, Greenfield, and Öngür also believe that, as editors of important journals, they help effect change in psychiatry and further McLean’s role in advancing psychiatry. As Öngür points out, “The editors of a journal have a responsibility to publish articles that will drive innovation and encourage growth. In this way, we make a meaningful difference in the field.”

“I knew the moment I saw that study that it would be a game changer.”
—JOSEPH COYLE, MD
Thinking big is a common theme at McLean, with many faculty and staff serving as leaders of national and international psychiatric associations—from those that promote bench and translational research to those that emphasize clinical studies and advocate for patients and providers.

For example, McLean President and Psychiatrist in Chief Scott L. Rauch, MD, was recently elected president of the Society of Biological Psychiatry (SOBP), a prominent organization that promotes excellence in scientific research and education related to the nature, causes, mechanisms, and treatments of psychiatric disorders. Rauch is serving a one-year term, which began in May 2012, to be followed by a five-year term as councilor. Rauch said he looks forward to his new role in SOBP and emphasizes the importance of fostering “the exchange of information in order to nurture and encourage progress in psychiatric neuroscience.”

For Scott Lukas, PhD, director of the McLean Imaging Center, Behavioral Psychopharmacology Research Laboratory, and currently the president of the College on Problems of Drug Dependence (CPDD), being at the helm of a major professional society is all about “nurturing junior scientists and building bridges among bench researchers and clinicians in different fields.” Lukas, who has held leadership positions at CPDD for many years, including service on the Program Committee, has been influential at CPDD by encouraging collaboration between psychiatry and substance abuse—fields that truly go hand in hand.

Mary Zanarini, EdD, director of McLean’s Laboratory for the Study of Adult Development, is also forging connections among researchers and clinicians as well as advocates and family members. “As president of the North American Society for the Study of Personality Disorders, I have emphasized inviting psychologists, social workers, nurse practitioners, and families to join,” Zanarini said. “We are on the cusp of major advances in how we understand and treat those with personality disorders, but those advances will take a great deal of effort and more substantial resources.”

Providing better clinical care is also on the mind of Michele Gougeon, MSS, MSc, who was recently appointed board chair-elect of the National Association of Psychiatric Health Systems. McLean’s Executive Vice President and Chief Operating Officer, Gougeon has broad experience in health policy and the complex interactions among patients, providers, and the health care system. She said she is “honored to have been elected board chair of this organization, whose mission is to advocate for patients and behavioral health providers.”

McLean’s senior staff are having an important impact on research, training, and clinical care in psychiatry and beyond. “By attracting those from a wider range of professional disciplines and younger people, we can further promote cutting-edge research and quality clinical care on a national and international platform,” said Zanarini.
McLean’s Child and Adolescent Psychiatry Division Creates Opportunities for Deeper Collaboration

Twelve years ago, when McLean recognized an increasing demand for integrated and specialized psychiatric care for young people, the hospital and the leadership of its child and adolescent services jumped into action and began expanding programs to meet the needs of the community. As a result, today, these services are among the hospital’s most utilized, and in 2011, in keeping with McLean’s strategic plan to create programmatically-based centers of excellence and innovation, the Nancy and Richard Simches Division of Child and Adolescent Psychiatry (NRSDCAP) was established.

“The divisional structure allows for deeper integration across all of our levels of care and geographic sites in Belmont, Brighton, and Brockton,” said Joseph Gold, MD, chief of the NRSDCAP. “Perhaps most important, by combining all aspects of the McLean Child and Adolescent Program into a unified division, clinicians and researchers can easily collaborate, enabling a knowledge exchange that enhances patient care.”

Made possible thanks to a $3.3 million gift from Nancy Simches and her late husband Richard, the NRSDCAP marks McLean’s fourth division and a key milestone in its strategic plan goal.

“‘There is no other place like McLean, where treatment, research, and education are so intertwined,’” said Nancy, who was trained as a social worker and understands that mental illness, left untreated, does not get better. “We hope our gift sets an example that can be built upon and that will help more children at the earliest possible time.”

Gold, who concurrently serves as the hospital’s chief medical officer, noted that the division is already providing new opportunities for enhanced collaborations between clinicians, mentors, and researchers whose focus is on children and adolescents.

Along with key leaders within McLean’s child and adolescent programs, Gold has formed a team over the past 12 years to assess each program, as well as the needs of patients, families and the community. Through this thoughtful process, the hospital’s child and adolescent programs have been revitalized and expanded to serve thousands of patients and families annually.

“The Child and Adolescent Psychiatry Division signifies our commitment to better integrate clinical services across multiple sites and to grow the research components of our program in the same way that we have dramatically grown clinical services and teaching,” said Gold. “This will allow the division to evolve into a true, quantitatively demonstrated center of excellence.”
CHANGING LIVES ONE CALL AT A TIME

Aaron Bornstein, MD, a pediatrician in a thriving practice in Lakeville, Mass., believes that identifying and treating childhood behavioral and emotional issues early improves the lives of his patients and their families. That is why he and his partners in their pediatrics group regularly turn to the McLean Hospital mental health clinicians who serve as consultants through the Massachusetts Child Psychiatry Access Program (MCPAP).

“We’re focused on early intervention and treating problems before they become a significant issue,” said Bornstein. “MCPAP allows us to manage our patients’ mental health needs more effectively.”

Established in 2006, MCPAP is a system of regional child and adolescent mental health consultation teams designed to support primary care providers meet the needs of children with various psychiatric problems. Charles Moore, MD, is the medical director of McLean’s MCPAP hub in Brockton, serving southeastern Massachusetts, the Cape and Islands.

“Through MCPAP, we—psychiatrists and other mental health professionals—are empowering primary care physicians with the clinical backup they need to provide quality psychiatric care in their own offices,” said Moore. “They phone us with a question about one of their patients and we’re able to immediately provide them with the information they need.”

According to Bornstein, he calls the MCPAP team up to 10 times a month with requests ranging from locating the appropriate mental health resources for families to asking about medications and for second opinions. “MCPAP is the best and most valuable psychiatric resource we have and it has made a world of difference to our practice and to our patients.”

Bornstein said he once approached MCPAP to obtain a second opinion about a 12-year-old girl who he suspected had been misdiagnosed with bipolar disorder.

“After a full consultation, my hunch was confirmed and we took her off any medication she had been taking to treat the illness,” said Bornstein. “Her behavior changed for the better, and the family called me to tell me how much life had improved for her and for them. MCPAP helped transform that family’s life. That’s a life saved. That’s MCPAP.”
Despite distance, cultural differences, and occasional language barriers, McLean Hospital clinicians and their colleagues from the National Rehabilitation Center (NRC) in Abu Dhabi have found a common goal—to expand substance abuse treatment programs in the United Arab Emirates (UAE).

Long known for developing cutting-edge programs for the research and treatment of substance abuse, McLean put together an interdisciplinary team to travel to the UAE. Immediately upon arriving half a world away from home, the McLean representatives began a collaboration with their NRC colleagues to enhance already existing substance abuse treatment services and develop programs that would have greater reach and impact in the region.

“The NRC goals are so exciting. From the outset, the NRC was determined to be the best it could be, so the NRC leaders brought together an international team of experts to guide them,” said Nancy Haines, MPH, senior director of Business Development for McLean and a member of the team working with the NRC. “While we were serving in the capacity of clinical and administrative experts, we were seated next to staff from throughout the Middle East. It was truly inspirational to look around the room and see people of all backgrounds, speaking multiple languages, working together to accomplish our mutual goal.”

According to Philip Levendusky, PhD, ABPP, senior vice president of Business Development and Communications and director of Psychology for McLean, among the goals
of the NRC were to expand services to women and adolescents, as well as to develop an education and advocacy campaign that would raise awareness of substance abuse and its treatment within the public eye.

Levendusky, who spearheaded the McLean work with the NRC, added, “We had been searching for the right opportunities to share our expertise and when this opening arose, we recognized immediately that it afforded us the ability to work with a dynamic organization with like-minded goals, while allowing McLean to aid in improving and expanding substance abuse services and clinical training on a global level.”

Recognizing an increase in alcohol and drug abuse among its citizens, the government of Abu Dhabi established the NRC in 2002. Today, it offers 70 residential beds and a range of outpatient services. According to the NRC Director General Hamad Abdallah Al Ghaferi, MD, MPH, there continues to be a growing need for substance abuse treatment services within the UAE. As a result, the NRC has initiated a comprehensive program development process to build a state-of-the-art multifaceted continuum of care by 2013, including 200 residential beds.

“The vision of the National Rehabilitation Center is to provide the best available treatment for substance abuse disorders in line with the most advanced international practices in the field,” explained Al Ghaferi. “To that end, we are thrilled to have McLean Hospital as a partner in this very important precedent-setting venture.”

At the outset of the collaboration, Levendusky and a team of clinicians and administrators from McLean and Partners International Medical Services—a Partners HealthCare group that strives to improve health care worldwide—visited Abu Dhabi, where they spent five long days fully immersed in NRC clinical programs, policy and infrastructure review. Following the site visit, the McLean team made recommendations and within months, the expansion plan gained traction, with best practices for policies and procedures implemented.

“When we arrived in Abu Dhabi, the staff and leadership could not have been more welcoming and eager for our review. The NRC had all the groundwork in place and was already doing excellent work,” said Christine Tebaldi, MS, RN, NP, director of Community Hospital Psychiatric Services for McLean, whose expertise in emergency and consult work was tapped into to assist the NRC with its intake and referral process. “We were there to partner with our colleagues and share our expertise as they implemented the process of growing their programs.”

Over the course of the next year, many miles were traveled as McLean staff visited the UAE once more and then hosted their colleagues from the NRC three times in Massachusetts.

In the winter of 2012, NRC nurses came to McLean for an intensive five-day “Substance Abuse, Clinical Service and Nursing Intensive Overview,” where they shadowed McLean nursing staff to learn firsthand the integral role nursing has as part of an interdisciplinary team.

“The nurses who participated in our overview are very dedicated and outspoken on behalf of their patients and are eager to take more active roles as part of NRC interdisciplinary teams,” said Nancy Merrill, RN, PC, program director for the Alcohol and Drug Abuse Treatment Program at McLean. “This has been a great project because there are absolute similarities between our two groups: dedication to our work and our desire to help people.”

“It was truly inspirational to look around the room and see people of all backgrounds, speaking multiple languages, working together to accomplish our mutual goal.”

—NANCY HOINES, MPH
“Through this program, McLean clinicians are bringing clinical expertise to the community hospital setting,” explained Christine Tebaldi, MS, NP, director of Community Hospital Psychiatric Services for McLean. “By partnering with our colleagues in emergency departments at community hospitals, we are providing immediate access to psychiatric care where there may have been none previously.”
McLean’s first foray into working hand in hand with community hospitals began 12 years ago at Jordan Hospital in Plymouth, with McLean clinicians being on-site or on call in the emergency department (ED) to provide thorough psychiatric evaluations.

“This program was instrumental in facilitating patients receiving the correct level of care for their illness and allowed patients and families to access mental health care quickly,” said Richard Silva, McLean’s operations director for the southeast region of Massachusetts. “McLean offers them on-site clinical expertise in psychiatry and the support of more experienced clinicians and psychiatrists, if needed.”

According to Tebaldi, in addition to providing greater access to care, the program had a secondary side-effect—providing an easier flow of all services within the ED. “Psychiatric evaluations conducted in EDs can delay patient discharge by hours or days, depending on the complexity of the case,” said Tebaldi. “However, patients in EDs staffed by McLean are seen in the most efficient and effective manner, thus reducing wait times and helping hospitals reduce their ED lengths of stay.”

“Overall, in Massachusetts and across the country, there is a trend of overcrowding and longer lengths of stays in emergency rooms for patients waiting to be seen for psychiatric evaluations,” added Silva. “This is one of the things we are working with local emergency departments to rectify and we are seeing progress.”

The success at Jordan paved the way for implementation of a program at Winchester Hospital’s ED four years later, and since then, McLean’s Community Hospital Psychiatric Services Program has expanded to cover additional community hospital EDs in Eastern Massachusetts. Each ED is staffed by independently licensed psychiatric clinicians who ensure that quality care is available around the clock. The McLean team also offers staff education and assists with policy development on how to deliver psychiatric services in a community hospital setting.

“We are in the EDs ensuring that people in crisis are able to be seen and evaluated as soon as possible,” said Tebaldi. “But we’re also there providing guidance and expertise for our colleagues within the hospital. This program works because it’s a true partnership between McLean and the community hospitals. Together, we are improving clinical services.”

Since the program’s inception, McLean staff working in community EDs have provided care for more than 70,000 individuals and families, averaging approximately 6,000 encounters annually.

“It is gratifying to be involved with these community-based programs because each and every day we’re seeing the positive impact McLean is having on our communities,” said Silva. “McLean has an obligation to the people in our communities, and we are dedicated to providing the best behavioral health care available.”

“By partnering with our colleagues in emergency departments at community hospitals, we are providing immediate access to psychiatric care where there may have been none previously.”

—CHRISTINE TEBALDI, MS, NP

“McLean has an obligation to the people in our communities, and we are dedicated to providing the best behavioral health care available.”

—RICHARD SILVA
Patricia and James Poitras supported an innovative study bringing together two research powerhouses—McLean and MIT—to investigate the brain abnormalities at the root of obsessive compulsive disorder.
PATRICIA AND JAMES POITRAS FUND
McLEAN’S NOVEL RESEARCH STUDY WITH MIT

The distance between McLean Hospital and MIT is a mere eight miles, but that is vast in the world of scientific collaborations.

Longtime McLean and MIT donors Pat and Jim Poitras decided to bridge the distance by supporting an innovative study bringing together the two research powerhouses to investigate the brain abnormalities at the root of obsessive compulsive disorder (OCD).

“We wanted to encourage collaboration between the two institutions, given that they are both working on many of the same projects,” said Jim, an MIT graduate who serves on the McLean National Council with his wife. “They are only 20 minutes apart, but that can be an awfully long way psychologically.”

“Each institution excels in specific areas and it makes perfect sense to foster such collaboration,” added Pat. “There is expertise at McLean that doesn’t exist at MIT and the reverse is true,” she said. “It has always been a concern of ours as funders that whomever we are supporting not do their work in isolation. To the extent we can encourage that, we are happy.”

The study unites three esteemed researchers: McLean President and Psychiatrist in Chief Scott L. Rauch, MD, an OCD expert; Marc Kaufman, PhD, director of McLean’s Translational Imaging Laboratory; and MIT’s Guoping Feng, PhD, an expert on synapses and their role in psychiatric illness. Using genetically altered mice developed by Feng that possess OCD traits, the McLean pair will study their brains using noninvasive, high-tech neuroimaging. The goal is to scrutinize the structural and chemical differences between the OCD mice brains and normal controls over time to pinpoint when these abnormalities begin to appear and better understand the developmental time line of the disease. The hope is that this novel study will produce intriguing pilot data that can be used to attract federal funding for a more expansive study.

“This is exactly the kind of innovative research that would not get done without private philanthropy,” said Rauch. “Add to that the collaborative aspect of this study and the Poitrases’ support is truly invaluable.”

The Poitras family has a personal connection with McLean through a daughter who was diagnosed with bipolar disorder many years ago. After an initial misdiagnosis and an unhappy stay at another institution, the family connected with a psychiatrist at McLean. “He was so kind to us and helpful in getting her admitted to McLean,” said Pat. “It was lifesaving. Since then we have been so grateful to McLean.”

The couple said that while they have focused much of their giving over the years on bipolar disorder, it is possible this study will yield insights that could have implications for other diseases—including their daughter’s—well into the future.

“This is exactly the kind of innovative research that would not get done without private philanthropy. Add to that the collaborative aspect of this study and the Poitrases’ support is truly invaluable.”

—SCOTT L. RAUCH, MD
## Financials

For the fiscal years ending September 30, 2011 and September 30, 2010. In thousands of dollars.

### Income Statement

<table>
<thead>
<tr>
<th></th>
<th>FY2011</th>
<th>FY2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenues</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net patient revenue</td>
<td>$114,047</td>
<td>$107,100</td>
</tr>
<tr>
<td>Other operating revenue</td>
<td>60,040</td>
<td>53,332</td>
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<tr>
<td>Total revenues</td>
<td>174,087</td>
<td>160,432</td>
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<tr>
<td>Expenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee compensation, benefits, supplies, and other</td>
<td>157,906</td>
<td>148,905</td>
</tr>
<tr>
<td>Depreciation and amortization</td>
<td>7,400</td>
<td>7,273</td>
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<tr>
<td>Interest</td>
<td>673</td>
<td>786</td>
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<tr>
<td>Total operating expenses</td>
<td>165,979</td>
<td>156,964</td>
</tr>
<tr>
<td>Income/(loss) from operations</td>
<td>$8,108</td>
<td>$3,468</td>
</tr>
<tr>
<td>Total non-operating gains/(expenses)</td>
<td>(1,193)</td>
<td>279</td>
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<tr>
<td>Excess of revenues over expenses</td>
<td>$6,915</td>
<td>$3,747</td>
</tr>
</tbody>
</table>

### Balance Sheet

<table>
<thead>
<tr>
<th></th>
<th>FY2011</th>
<th>FY2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and investments</td>
<td>$9,329</td>
<td>$13,628</td>
</tr>
<tr>
<td>Patient accounts receivable</td>
<td>9,652</td>
<td>8,166</td>
</tr>
<tr>
<td>Other current assets</td>
<td>11,600</td>
<td>7,857</td>
</tr>
<tr>
<td>Total current assets</td>
<td>30,581</td>
<td>29,631</td>
</tr>
<tr>
<td>Investments limited as to use</td>
<td>1,067</td>
<td>1,490</td>
</tr>
<tr>
<td>Long-term investments</td>
<td>499</td>
<td>555</td>
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<tr>
<td>Property and equipment, net</td>
<td>57,631</td>
<td>59,686</td>
</tr>
<tr>
<td>Other assets</td>
<td>69,601</td>
<td>68,660</td>
</tr>
<tr>
<td>Total assets</td>
<td>$159,379</td>
<td>$160,042</td>
</tr>
<tr>
<td>Liabilities and Net Assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accounts payable and accrued expenses</td>
<td>$14,958</td>
<td>$13,354</td>
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<tr>
<td>Current portion of accrual for settlements with third-party payers</td>
<td>1,247</td>
<td>176</td>
</tr>
<tr>
<td>Unexpended funds of research grants</td>
<td>3,490</td>
<td>5,498</td>
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<tr>
<td>Total current liabilities</td>
<td>19,695</td>
<td>19,028</td>
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<tr>
<td>Other long-term liabilities</td>
<td>1,901</td>
<td>2,804</td>
</tr>
<tr>
<td>Long-term debt</td>
<td>10,709</td>
<td>13,303</td>
</tr>
<tr>
<td>Net assets</td>
<td>127,074</td>
<td>124,907</td>
</tr>
<tr>
<td>Total liabilities and net assets</td>
<td>$159,379</td>
<td>$160,042</td>
</tr>
</tbody>
</table>

### Staffing

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Physicians and Psychologists:</td>
<td>201</td>
</tr>
<tr>
<td>Residents:</td>
<td>28</td>
</tr>
<tr>
<td>Fellows:</td>
<td>58</td>
</tr>
<tr>
<td>Nurses:</td>
<td>169</td>
</tr>
<tr>
<td>Clinical Social Workers:</td>
<td>100</td>
</tr>
<tr>
<td>Mental Health Specialists and Community Residence Specialists:</td>
<td>278</td>
</tr>
<tr>
<td>Other:</td>
<td>551</td>
</tr>
<tr>
<td>Total FTEs:</td>
<td>1,385</td>
</tr>
</tbody>
</table>

### The Numbers

<table>
<thead>
<tr>
<th></th>
<th>10.1.10 TO 9.30.11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average Inpatient Beds in Service:</td>
<td>177</td>
</tr>
<tr>
<td>Average Residential Beds in Service:</td>
<td>221</td>
</tr>
<tr>
<td>Admissions:</td>
<td>6,074</td>
</tr>
<tr>
<td>Inpatient Days:</td>
<td>57,416</td>
</tr>
<tr>
<td>Partial Hospital Days:</td>
<td>38,615</td>
</tr>
<tr>
<td>Partial Hospital Visits:</td>
<td>203,800</td>
</tr>
<tr>
<td>Outpatient Visits:</td>
<td>40,086</td>
</tr>
<tr>
<td>Child/Adolescent Days:</td>
<td>11,592</td>
</tr>
<tr>
<td>Residential Days:</td>
<td>23,890</td>
</tr>
</tbody>
</table>
Mary Belknap Society 2011

McLean is pleased to announce the establishment of the Mary Belknap Society, a leadership annual giving program that honors and recognizes those who contribute unrestricted gifts of $1,000 or more. It is named after McLean’s first female major donor, who bequeathed in 1832 the bulk of her estate to McLean, which was valued at $89,882. In our first century of operation, her gift was second only to that of the hospital’s namesake, John McLean.

The hospital extends its deepest thanks to the following inaugural members of the Mary Belknap Society (includes gifts made between October 1, 2010, and December 31, 2011):

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PHILANTHROPY EXPANDS McLEAN MISSION

Every year, donations to McLean help meaningfully improve the lives of people affected by psychiatric illnesses. We are extremely grateful to the individuals and organizations who partner with us, and we invite you to join them in strengthening our mission. Avenues for support include

THE McLEAN FUND AND THE MARY BELKNAP SOCIETY
Unrestricted annual gifts to the McLean Fund address the hospital’s most urgent needs.

HONORARY AND MEMORIAL GIFTS
A gift in honor of a loved one or in celebration of a special event provides a meaningful way to remember a special person or milestone.

SPECIAL PROJECT FUNDS
Expand or enhance a specific program or create a new initiative within our clinical, research, and educational domains.

ENDOWED FUNDS
Endowments (minimum contribution 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 help ensure that McLean has the facilities and equipment to deliver our important mission.

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

Gifts can be cash or securities 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

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Catharine Cook, senior vice president, chief development officer

Lori Etringer, MBA, director

Facilities  
Andrew Healy, director

Fiscal Affairs  
Maria Mastrangelo, director

Health Information Management (HIM) and Privacy  
Patricia Murphy, MA, director, HIM, and privacy officer

Human Resources  
Jean Mansfield, director

Internal Medicine and Primary Care  
Arthur Siegel, MD, chief

Managed Care and Business Development  
Sally Jenks, MPH, director

Marketing  
Ian Dowe, director

Mental Health Services Evaluation  
Thomas Idiculla, PhD, director

Neurology  
Bruce Price, MD, chief

Nursing  
Linda Flaherty, RN/PC, director

Operations  
Keith Conant, MSW, director

Operations/Business Development  
Cecelia O’Neal, MSc, operations director

Operations Improvement  
Lisa Horvitz, MSc, director

Pharmacy  
Stanley Rosen, RPh, MHA, director

Psychology  
Philip Levendusky, PhD, ABPP, director

Public Affairs and Communications  
Adriana Bobinchock, director

Quality and Risk Management  
Gail Tsimprea, PhD, chief

Social Work  
Susan Krueger, LICSW, director

Telecommunications  
Judith Brown, manager
Our Values

We dedicate ourselves each and every day to McLean’s mission of clinical care, scientific discovery, professional training and public education in order to improve the lives of people with psychiatric illness and their families.

In all of our work, we strive to:

• conduct ourselves with unwavering integrity;
• demonstrate compassion and respect for our patients, their families and our colleagues;
• foster an environment that embraces diversity and promotes teamwork;
• achieve excellence and ever-better effectiveness and efficiency through innovation.