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MINDSCAPES

MGH DEPARTMENT OF PSYCHIATRY NEWSLETTER FOR FRIENDS AND SUPPORTERS • SPRING 2015

Stopping the Spiral

First-episode Program helps people at first signs of psychosis

The evolution of Alex's psychosis was gradual. As a high school sophomore he started having difficulty focusing, then became increasingly depressed and socially detached. His handwriting worsened and grades slipped. "That's when the spiral started," says his mother.

Initially thinking Alex was going through a phase or coping with the stress of school, his parents engaged a psychiatrist who prescribed antidepressants, but that didn't stop Alex's confused thoughts and deteriorating behavior.

Then one Sunday things came to a head. Alex imagined omens in songs, his handwriting turned into graffiti, and he desperately dashed up and down stairs. In therapy the next day, he ran out of the session,

"Early intervention and specialized treatment programs are vital to achieving better outcomes. They are also the cornerstones of the First-episode and Early Psychosis Program."

— Oliver Freudenreich, MD, FAPM

hallucinating, and into the busy street. Hours later in a hospital ER, Alex was diagnosed with psychosis, and admitted to a psychiatric hospital where he was started on medication. Ten days later he returned to school and to the therapy sessions, but his problems persisted.

"That was a very scary time," his father recalls. "It was so stressful and difficult. We were so hopeless."

A friend's suggestion to contact Oliver Freudenreich, MD, FAPM, medical director of the Schizophrenia Clinical and Research Program at Mass General, led to Alex being evaluated by the clinical team of the First-episode and Early Psychosis Program (FEPP).

That was three years ago.

Alex's ordeal with early psychosis is remarkable in how soon after onset of psychosis he was treated, a factor that likely has hastened his recovery. While the time between onset and treatment has been reduced to a couple of months in some countries, in the U.S. an enduring stigma and persistent lack of public awareness about psychosis prevents many patients and their families from seeking care for a year or more – after significant damage to academic and social functioning is done.

"Early intervention and specialized treatment programs are vital to achieving better outcomes. They are also the cornerstones of the First-episode and Early Psychosis Program," says Dr. Freudenreich, the program's founding director.



Abigail L. Donovan, MD; Oliver Freudenreich, MD, FAPM; Corinne Cather, PhD; and David C. Henderson, MD, of Mass General's Schizophrenia Clinical and Research Program

SYMPTOMS AND WARNING SIGNS

Psychosis is a descriptive term encompassing symptoms such as hallucinations, delusions or other losses of contact with reality. Schizophrenia is a chronic and often disabling illness characterized by prominent psychotic symptoms, as well as changes in thought processes, emotional responsiveness and overall functioning. While schizophrenia affects only one in 100 people on average, it ranks among the largest contributors to disability worldwide.

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The Chief's Welcome – Department of Psychiatry 80th Anniversary Celebration, November 7, 2014

On behalf of my colleagues

participating in the 80th Anniversary Symposium and Art Auction, I am delighted to welcome so many friends and supporters of our wonderful department.

All of us who are here today share passionately held understandings. The first is that we are committed to reducing the suffering caused by psychiatric illness and that we fully appreciate the reach into all lives of this suffering. In the words of our Leadership Council, "no family goes untouched." Second, we share a deep faith that the Department of Psychiatry at Mass General is in the best position not only to provide state-of-the-art care and information for those who suffer, but to advance the scientific knowledge to pioneer better treatments for these conditions.

This past month on what is called Ether Day at MGH, I received this pin for serving MGH for 40 years. I knew a lot of years had passed, but 40 seemed like a lot. In my case, I have been here half the time this department has existed. As another sign of respect for elders, I was recently invited to give a "distinguished" lecture at next year's American Psychiatric Association annual meeting in Toronto. I have not yet written my remarks (no surprise there), but as I begin to reflect on the themes that I might address, I was struck by how much has changed in psychiatry, at MGH and elsewhere, since I arrived here in 1974 as a first year resident.

One of our current residents who was preparing for their skit at our annual holiday party at the Liberty Hotel ballroom asked me where we held our holiday party and skit when I was a resident. I told her that it was actually in the living room of one of our volunteer supervisors!

So I could never have imagined back then that:

- MGH Psychiatry would one day have 550 faculty appointed to the department, another 200 trainees and 50 unique clinical, research and training programs, most of them the size of departments of psychiatry elsewhere.



"I could never have imagined that we would have so many tools with which to ply our trade, including medications, specialized psychotherapies, devices, and alternative and complementary remedies."

— Jerrold F. Rosenbaum, MD

- My mentor, former Chief of Psychiatry, Tom Hackett, once said that you could not raise philanthropic support for mental illness because of the stigma. So I could never have imagined then that I would be speaking in front of an audience of 200 of our donors.
- I could never have imagined that we would have so many tools with which to ply our trade, including medications, specialized psychotherapies, devices, and alternative and complementary remedies.
- I could never have imagined that we would one day be able to image the brain in real time functioning, or even malfunctioning.
- I could never have imagined that Mass General would commit to substance use disorders as its #1 clinical priority after a once in a decade strategic planning process.

- I could never have imagined that we could take a patient's skin cells and from those grow a version of their brain in a dish – a process that is accelerating the discovery of new and improved medications.
- I could never have imagined that a federal agency would give us tens of millions of dollars to design implantable devices to regulate disrupted brain circuits to suppress psychiatric symptoms.

Yet, the old wisdom, the foundational training of psychiatrists 50 years ago, remains true: that all healing takes place in the context of a therapeutic relationship, grounded in sophisticated understanding of the human mind, and anchored in empathy. To echo the words of a great MGH internist: "The patient wants to know the doctor cares, before he cares what the doctor knows."

We have much work still ahead. For too many patients, the path to remission of suffering is long and uncertain. Even for conditions where many can fully recover, too many still remain symptomatic or buffeted again by new episodes.

But, there are lots of reasons to be hopeful. Through research, we hope to change the world. Through clinical work, we do change the world, one patient, one child, one family at a time. Through teaching and information dissemination, we help expand the world of trained clinicians and informed patients, families, policy makers and the public at large.

Thank you all for being here. I look forward to seeing you in the course of the afternoon and later for the reception and art auction. Thank you.

*Jerrold F. Rosenbaum, MD
Chief of Psychiatry,
Massachusetts General Hospital
Stanley Cobb Professor of Psychiatry,
Harvard Medical School*

Improving Treatment of Mood Disorders

MoodNetwork seeks 50,000 participants for massive research initiative

Imagine walking into a doctor's office and getting a treatment that's been shown to be most effective for your kind of depression or bipolar disorder. This doesn't happen today. But by pulling together the largest pool of data ever collected, a national team of clinical researchers led by Mass General is seeking to collect enough information about how different treatments work to allow doctors to provide just that type of care. Through the newly established MoodNetwork, the team's goal is to advance knowledge of which treatment works best for which person and to make a major step forward in personalized care of people who suffer from a mood disorder.

REDUCING TRIAL AND ERROR

The implications of the initiative are enormous. The National Institute for Mental Health estimates that over 70 million Americans are affected by depression and bipolar disorder at a cost that exceeds \$200 billion per year. While many people improve with treatment, finding the best treatment frequently requires trial and error over a period of months or years.

"We are fortunate to have a dedicated group of patient and advocacy group colleagues ... We believe that if we share ideas and experiences and work together in a community of learning, we will make a difference."

— Andrew A. Nierenberg, MD

To address the gap between knowledge and clinical care, MGH Psychiatry established MoodNetwork in early 2015, a national collaboration of patients, advocacy groups and researchers to advance understanding and treatment of mood disorders. Using a secure website, participants in the MoodNetwork can track their clinical progress, comment in blogs and forums, propose research questions and priorities, and help evaluate the effectiveness of treatments. They will also have opportunities to participate in future studies, including studies that compare how treatments really work and innovative apps that can securely track how people are doing in real time. Participants' identifying information will remain private and will never be shared.

HUGE BANK OF INFORMATION

Key advocacy partners with Mass General in the MoodNetwork include the National Alliance on Mental Illness, Depression Bipolar Support Alliance, International Bipolar Foundation, Anxiety and Depression



Through the secure website www.moodnetwork.org, participants can contribute information to the largest pool of data ever assembled about mood disorders.

Association of America, and National Organization of Colored People Against Suicide. The project is funded by the Patient-Centered Outcomes Research Institute (www.PCORnet.org), a government sponsored nonprofit organization to advance clinical research.

"The goal of the project is to transform the lives of people living with mood disorders through their active involvement in this study network," said Andrew A. Nierenberg, MD, principal investigator of the MoodNetwork and director of the Bipolar Clinic and Research Program at MGH. The project's ambitious goal is to engage at least 50,000 patient-participants by October 1, 2015. According to Dr. Nierenberg, this will create the largest pool of data ever collected about mood disorders.

Dr. Nierenberg believes that by enabling patients to have an active role and voice, the project can transform how mood disorders are treated and viewed. "The MoodNetwork is truly patient-powered. We are fortunate to have a dedicated group of patient and advocacy group colleagues who have had a major role in building and running the MoodNetwork. We believe that if we share ideas and experiences and work together in a community of learning, we will make a difference," he notes.

The MoodNetwork will benefit clinicians by disseminating and implementing research findings and providing them with data for making care treatment decisions with patients that are based on the best evidence. In a second phase, the MoodNetwork will provide tools so that patients can share their tracking data with their clinicians.

For more information about the MoodNetwork, visit www.MoodNetwork.org or contact the Mass General team at moodnetwork@partners.org.

Department of Psychiatry 80th Anniversary Symposium and Art Auction, November 7, 2014



Special guest Carly Simon and Maurizio Fava, MD



Anne and Peter Conze



John Herman, MD and Rayce Anselmo, PsyD



Rebecca Willis, Nora Bergman and Rakesh Karmacharya, MD, PhD



Louisa Sylvia, PhD, Joy Rosen, Rebecca Hicks, MD, and Daphne Holt, MD, PhD

The MGH Department of Psychiatry celebrated 80 years of patient care, teaching, research and community service at its Anniversary Symposium and Art Auction on November 7, 2014 at the Boston Harbor Hotel.

Chief of Psychiatry Jerry Rosenbaum, MD, and former President and CEO of Partners HealthCare Gary Gottlieb, MD, welcomed more than 300 guests. Maurizio Fava, MD, executive vice chair of the Department of Psychiatry, and singer, composer and writer Carly Simon spoke about strategies for maintaining mental health and well-being. The symposium featured seven seminar topics and discussions: depression and bipolar disorder, addiction and substance use disorders, resilience in children and adolescents, psychiatric neuroscience, obsessive compulsive disorder, and schizophrenia and chronic mental illness.

The celebration concluded with a reception and art auction.



Philip and Lisa Astley-Sparke



J. Stuart Ablon, PhD, Laurie Ansoorge Ball



Marcie Lipsitt and David Henderson, MD



Blake Rosenbaum and Lidia Rosenbaum



Ellen Langer, PhD, and Judith Edersheim, MD, JD



Tangley Lloyd, Demi Isenstadt, Christine McCarron



James and Donna Stearns



Justin Tulman, Peter Sidel, Barbara Sidel, Judy Brown



Georgia Pearson and Gagan Joshi, MD



Martin Teshler, MD, Janet Wozniak, MD, and Lynn Teshler



Gail Hayden and Elizabeth Jarrell



Lorraine Bressler, Joseph Biederman, MD, Jaime and Pilar Aleman



Shanti Fry, Jeffrey Zinsmeyer, Anthony Weiner, MD



Judith Clifford and Debbie Connolly



Lauren Epstein Rubin and Arthur Epstein



Michele Souda and Joseph Finder



Gary Gottlieb, MD, and Maurizio Fava, MD



Wendy Tulman, Susan Fornaro, Cheryl Borrelli

Art Auction with Art in Bloom



Aidan Parkinson with *Tall Poppies #5* by Karen Tusinski

The Department of Psychiatry's

80th Anniversary celebration concluded with an evening reception and art auction, with proceeds earmarked to support the department's patient and family education programs. Susan Wornick, former WCVB-TV news anchor, served as event auctioneer, and 20 artists from New England and New York participated. The event was beautifully enhanced by magnificent "art in bloom" floral arrangements, which were designed and crafted by members of the Beth Shalom Garden Club of Needham, Mass.



Lauren Dagnese with *Marian* by Helena Wurzel



Bailey Island by Vincent Crotty



Copper Bowl with Bowl of Apples by Jonathan Eiten



Susan Wornick, special guest auctioneer



Beth Shalom Garden Club members Carol Bello, Judy Levine, Fawn Hurwitz, Vivian Levin, Sue Kaplan, Joan Berman



Cottage Row by Susan Fornaro



December #3 by Hector Velez

— *First-episode Program*

(Continued from page 1)

Although hallucinations and delusions are present in established schizophrenia, warning signs of early psychosis can include increased difficulty paying attention, confused thinking, degraded performance in school or work and a change in social behavior – the first symptoms Alex exhibited. Early intervention

“Helping patients regain function and re-establish social connections during the critical first few years requires constant and mindful attention by the therapist, the patient and their family, as well as a broader set of specific therapies,” Dr. Donovan adds.

Treatment used with medications may include cognitive behavioral therapy (CBT), family psychoeducation and group therapy, along with case management, nutrition counseling, weight

“It’s one thing to help patients stop hearing voices. But when we can help them regain functioning and get back to school or go to work – that’s huge!”

— Abigail Donovan, MD

and specialized treatment have been shown to reduce relapse rates, help more patients return to school or work, and lessen substance abuse after one year, according to Abigail Donovan, MD, current FEPP director and associate director of the Acute Psychiatry Service at MGH.

Conversely, the longer the illness remains untreated, the greater the likelihood of ‘collateral damage’ due to disrupted development, social isolation, suffering, and in some cases violence, including suicide.

“Schizophrenia is not like the flu. It’s more like diabetes in complexity and duration, and managing the illness requires ongoing attention,” Dr. Donovan explains. “People with schizophrenia need to rebuild their lives in a new way.”

INTENSIVE TREATMENT AT THE START

The FEPP at Mass General was started in 2004 by a grant from the Sidney R. Baer, Jr. Foundation to provide specialized treatment for young adults showing signs of psychosis for the first time. One of the first such programs in the U.S., the FEPP was expanded in 2008 to include care for children and adolescents.

“Before the FEPP began, we didn’t differentiate treatment given to people who were psychotic for the first time from those who had been psychotic for a long time,” says Corinne Cather, PhD, director of Psychology Services for the MGH Schizophrenia Program and a member of the FEPP founding team. “The first episode represents a unique phase of the illness – one that merits prompt and definitive attention and a different approach than with chronic cases.”

For example, although medication is critical in controlling symptoms and managing the illness, the greater sensitivity of first-episode patients to antipsychotics and side effects dictates lower doses and closer monitoring.

management, exercise programs, smoking cessation and substance-use counseling.

“CBT is particularly useful in training patients and family members to think more flexibly and adaptively, and to replace less desirable behaviors with more desirable behaviors,” says Dr. Cather, who helped pioneer the use of CBT in treating patients with schizophrenia and early psychosis.

FAMILY-BASED, INTEGRATED CARE

The FEPP practices team-based care, integrating the family in the initial evaluation and throughout the young person’s treatment.

“Family members often bring patients to appointments, help monitor their meds and moods, and can counter patients’ contentions that ‘Everything is fine,’” says Dr. Donovan, adding that some studies show family involvement reduces relapse rates by up to 50 percent.

“Promising new techniques are being explored, like transcranial magnetic stimulation, and neuromodulation interventions,” says Dr. Donovan. “But we already have a list of treatments and interventions, like CBT, psycho-education and supported employment services, that we know can be successful and that we could be using more consistently, if we had the funding.”

“It’s one thing to help patients stop hearing voices,” says Dr. Donovan. “But when we can help them regain functioning and get back to school or go to work – that’s huge!”

Mass General’s FEPP is certainly working for Alex, who finished high school, is taking courses to prepare for a four-year college and training to run a marathon – his third.

“We’ve learned so many things we can do as parents and as a family to support Alex and to help ourselves better understand and cope,” says his mother. “We now realize this illness isn’t the end of the world.”

WAYS TO GIVE

For information about ways to support the clinical care, research, teaching and community health activities of the MGH Department of Psychiatry, please contact Carol Taylor at 617.724.8799 or cwtaylor@partners.org giving.massgeneral.org



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SAVE THE DATES

Psychiatry Academy Patient and Family Education Series

June 13, 2015
Eating Disorders

Kamryn T. Eddy, PhD,
Jennifer J. Thomas, PhD,
and colleagues

*Sponsored by the Lawrence J. and Anne Rubenstein
Charitable Foundation*

October 3, 2015
**Depression and
Neurotherapeutics**

Darin D. Dougherty, MD,
and colleagues

Sponsored by Elissa Freud and Steve Willis

November 7, 2015
Schizophrenia Education Day

David C. Henderson, MD,
and colleagues

*Sponsored anonymously with gratitude to
Oliver Freudenreich, MD, and
Corrine Cather, PhD*

Information
www.mghpatientfamily.org
or 866.644.7792

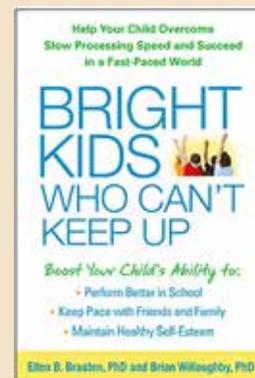
Faculty Books

BRIGHT KIDS WHO CAN'T KEEP UP

By Ellen Braaten, PhD, and Brian Willoughby, PhD

Published by Guilford Press, 2014

Dr. Ellen Braaten and Dr. Brian Willoughby of the MGH Learning and Emotional Assessment Program (LEAP) have worked with thousands of kids and teens who take longer than others to get things done. Struggling with an area of cognitive functioning called “processing speed,” these children are often mislabeled as lazy. Filled with vivid stories, this crucial resource demystifies processing speed and shows how to help kids (ages 5 to 18) catch up in this key area of development. Drs. Braaten and Willoughby offer handy suggestions to parents about obtaining needed support at school, what to expect from a professional evaluation, and how to make daily routines more efficient – while promoting their child’s social and emotional well-being. Helpful practical tools can be downloaded and printed.

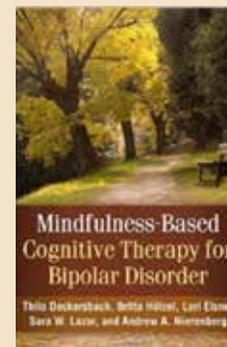


MINDFULNESS-BASED COGNITIVE THERAPY FOR BIPOLAR DISORDER

By Thilo Deckersbach, PhD, Britta Holzel, PhD, Lori Eisner, PhD, Sara W. Lazar, PhD, Andrew A. Nierenberg, MD

Published by Guilford Press, 2014

Grounded in current knowledge about bipolar disorder and its treatment, this book presents an empirically supported therapy program with step-by-step guidelines. Mindfulness-based cognitive therapy for bipolar disorder is specifically designed for people who have experienced many mood episodes and who struggle with chronic, pervasive depressive and residual manic symptoms. The authors provide everything needed to conduct the 12 weekly group sessions, which are supplemented by regular individual sessions. Reproducible tools include 29 client handouts and an instructor checklist. Purchasers also get access to a companion website featuring downloadable audio recordings of the guided mindfulness practices, plus the reproducible materials, ready to download and print.



Book summaries based on publisher descriptions found at www.amazon.com and www.BN.com