

A n n u a l

R e p o r t

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McLEAN

H O S P I T A L

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Facing the Challenge



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The Women's Treatment Network (WTN) employs a relational model, which helps women to recognize and build upon their strengths in an empathic, compassionate environment.

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The WTN provides patients with a continuum of care that includes inpatient, partial hospital, community residential, and outpatient services.

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The Network also offers a consultation service to assist clinicians and patients in finding appropriate treatment situations.

WOMEN'S TREATMENT NETWORK



Learning and Growing in a Network for Women

"Although I'd spent more than 10 years in and out of therapy for depression, it wasn't until this year that I began to have memories of the abuse I'd experienced as a very young child.

These memories crept into my consciousness and would not leave. And even though I was working with my therapist to deal with the almost unbearable pain and confusion I was feeling, it often seemed like everything was just going to *stop*.

Finally, my therapist suggested the option of inpatient care at a hospital. He recommended McLean, feeling that its clinicians and programs were the best available to help me.

So, in August of 1992, I was admitted to the inpatient unit of McLean's Women's Treatment Network at East House I. I spent nine days there before entering the Network's day treatment program for four weeks.

In both programs I found women of all ages with whom I could identify. Together, we shared our experiences, helped one another find the courage to voice our feelings, and learned the relevance of healthy relationships and trust.

The Women's Network's focus on relationships was great. Because I've always had good friends I found what I learned very validating.

In cognitive behavior therapy groups I also learned that I could change what and how I thought and to trust my own judgment. When I applied these skills, I felt more energized than I had felt in years.

For the first time in my life I began to focus on my own needs without feeling guilty. I learned it was important to value my own creativity and abilities, just as I had always valued the skills and strengths of my five children, family, and friends.

Now, I'm involved in the Network's Outpatient Rehabilitation Services, working in the hospital's Greenhouse twice a week, attending the Women in Transition group meetings, and seeing my original therapist. I've learned the skills to cope with my memories and the importance of trusting and accepting myself."

Evelyn Benoit enjoys the serene atmosphere of the hospital's Greenhouse, where her creativity truly flourishes.



As of the end of 1992, the Capital Campaign for McLean Hospital was nearly at the halfway mark of \$15 million.

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In addition to the Capital Campaign, more than 1,000 gifts are received annually from numerous individuals to support the Annual Appeal. Funds from the Annual Appeal are directed to a wide variety of needs at the hospital.

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In October, more than 200 donors, friends, and colleagues attended a special dinner hosted by the Trustees to dedicate the Shervert H. Frazier Research Institute and honor its namesake.

DEVELOPMENT



I am alive today because of McLean Hospital.

I am grateful to be able to give something back to the hospital, whether I donate my time on a patient unit, or my money in support of research. Because I can remember life before McLean and what a tremendous difference my experience here has made for me and my family.

Living day to day has not always been easy. Twelve years ago, when I arrived at McLean, my life was in total shambles. I was walking around in a daze, having trouble remembering things, and misusing alcohol and prescription drugs, yet I denied that I needed treatment. Fortunately, my wife insisted, and though still reluctant, I came to McLean. When I entered McLean, I found a caring staff who was concerned for my well-being, and patiently taught me to care for my own needs. Through them I learned that I mattered and that I could trust others and be trusted by them.

The support that I received while at McLean did not stop when I left the hospital. The hospital's strong commitment to outpatient services and organizations that support former patients has helped me to resume my life. It's important for people to know that there will be supports for them every step of the way.

Through my involvement with the hospital's Council of Former Patients (CFP), I've been able to return some of the love and hope that McLean has given me. As one of several CFP members who visits patients on the units, I try to convey that every life experience makes each of us a new person, and that our experiences at McLean are part of that evolution.

I'm also interested in McLean's research program and contribute what I can to support it. As someone who has benefitted from the hospital's ability to provide patients with trial medications, I firmly believe that research helps us to know more and that continued learning is essential to our understanding of mental illness.

I feel that there are many ways for me to give back what McLean has given me — as a volunteer, as someone who can bring the experience of mental illness to the public, as an advocate who can articulate patient needs to administration, and as a donor. I'm happy to do whatever I can, because I know that, at McLean, there are caring individuals who are ready and willing to help make life better for people like me."

As a donor and a member of the hospital's Council of Former Patients, Everett Page gives to McLean in many ways.

Letter from the General Director/Psychiatrist in Chief

The Changing Face of Mental Health Care

Concern about the escalating cost of health care is clearly foremost in the public consciousness. Indeed, there is growing awareness that we, as a society, can no longer afford a costly, yet seemingly inefficient, health care system where access to quality care eludes more than a quarter of our citizens. Nowhere has public dissatisfaction been more evident than in the delivery of mental health care, where escalating costs have mobilized third-party payers, managed care organizations, government agencies, and employers to challenge long-held beliefs as to how, where, and by whom such care should be delivered. Here at McLean Hospital, advances in the treatment of mental disorders, coupled with profound changes in the financing of mental health care, have led us to reexamine how we provide such care now and in the future.



Steven M. Mirin, M.D.

Reshaping McLean's System of Care

In order to meet the clinical needs of our patients, McLean Hospital has moved rapidly to develop a more complete continuum of mental health care, which includes not only inpatient units, but an expanded array of partial hospital, community residential, and ambulatory services. To help accomplish this task, we have:

- reorganized and consolidated our Psychosocial and Affective Disorders Programs into a new Adult Specialty Program, composed of specialized units focusing on the treatment of patients with depression, eating disorders, obsessive-compulsive disorder, dissociative disorders (including post-traumatic stress disorder), and other clinical problems;
- opened a Short-Term Inpatient Treatment Unit, where the average length of stay is less than 10 days;
- opened a Women's Treatment Unit as part of a larger network of services focusing on the needs of female patients;
- continued to expand our Community Residential and Treatment Program, opening two new community residences this year, with several more in the planning stages;
- expanded partial hospital services affiliated with both our inpatient units and our Community Residential and Treatment facilities, which provide the necessary structure and support for patients who need a more gradual transition from inpatient hospitalization to life in the community, as well as for community-based patients who might otherwise require inpatient care; and
- reorganized and centralized our Ambulatory Care Service, adding several new clinics specializing in the treatment of patients with manic-depressive disorder, body dysmorphic disorder, eating disorders, and other complex clinical problems.

Staffing and Services to Meet Evolving Needs

As pressure mounts to decrease the costs of hospital care, we at McLean have responded by shortening the average length of stay from over 65 days in 1988, to 18 days as of this printing (24 days at the end of 1992), with more than half of our patients leaving the hospital in less than 15 days. At the same time, we have opened the doors of the hospital to treat a growing number of patients who come to us in acute crisis from emergency settings. To better meet the needs of these patients, we have:

- increased Admissions Office coverage to 24 hours a day, 7 days a week, and added nurse clinicians to our Admissions teams;
- increased psychiatric, social work, and rehabilitative services on evenings, nights, and weekends;
- increased the availability of routine and emergency medical care for inpatients with round-the-clock coverage by experienced internists, developed close ties with Massachusetts General Hospital for the treatment of medical emergencies, and extended routine, on-grounds medical care to patients in our Community Residential and Treatment Program and Ambulatory Care Service;
- enhanced the staffing of our Discharge Planning Office to facilitate the referral of McLean patients to social service agencies, nursing homes, and other community caregivers as appropriate;
- established a multidisciplinary committee of clinicians, administrators, and support services personnel who meet weekly to address the needs and concerns of our increasingly complex patient population and the front-line clinical staff who care for them;
- established an interpreter service for non-English speaking patients, using AT&T's "Language Line";
- established a Patient Clothing Bank as a resource for individuals in need; and
- installed fax machines on all patient units to speed communication and make more efficient use of staff.

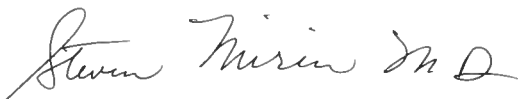
These, and myriad other improvements in our administrative and clinical infrastructure, are essential if we are to meet our clinical obligations to a patient population whose needs go far beyond acute psychiatric care.

Looking to the Future

The ongoing reconfiguration of McLean's care system has required tremendous flexibility and creativity on the part of McLean staff. While the pace of change over the last several years has been extraordinary, I expect that the future will be no less challenging. McLean is evolving from a hospital to a health care system, offering a full range of mental health services, both on our campus and in the community. At the same time, we are developing fiscally and clinically responsible partnerships with employers, self-insured companies, public sector agencies, individual practitioners, and other health care institutions, to deliver cost-effective, quality mental health care. As an integral part of the Massachusetts General Hospital Corporation, we will play an important role as part of a more comprehensive health care system. As a component of the Harvard Medical School Department of Psychiatry, we will continue to forge links with other Harvard hospitals to enhance opportunities for clinical care, training, and research.

As these necessary changes unfold, it is vitally important that we affirm our commitment to maintaining a system in which high-quality care is accessible to all the citizens of the commonwealth. Accomplishing this goal is not simply a matter of having substantial resources, dedicated personnel, or attractive buildings. It is an evolving process empowered by our commitment to excellence and informed by our willingness to constantly examine the impact of our efforts on our patients and their families.

As we reshape our care system, we need to assess the impact of these changes on both patient satisfaction and treatment outcome. We also need to continue our support of basic and clinical research into the causes and potential cures for severe mental disorder, and we need to train mental health professionals to meet the evolving needs of our patients, their families, and the community.

A handwritten signature in cursive script that reads "Steven Mirin M.D.".

Steven M. Mirin, M.D.
General Director/Psychiatrist in Chief