



The Commonwealth Research Center (CRC) newsletter is designed to communicate the progress we're making as researchers investigating the underlying causes and optimal treatments for mental illnesses. Our goal is to translate new scientific knowledge to the citizens of Massachusetts. The Communicator will be distributed biannually. We greatly appreciate the support you've given us over the years!  
CRC website: [http://sitenav.bidmc.harvard.edu/display.asp?node\\_id=9858](http://sitenav.bidmc.harvard.edu/display.asp?node_id=9858)

## About the CRC

The CRC was created in 1988 at the Massachusetts Mental Health Center (MMHC) by the Massachusetts Department of Mental Health (DMH) to address the need for cutting edge biological and treatment research on schizophrenia and related psychotic disorders. The CRC has been a "Center of Excellence in Clinical Neuroscience and Psychopharmacological Research" funded by the DMH since 1993. The other DMH Center of Excellence is at the University of Massachusetts, focusing largely on services research. Currently the CRC is administered by the Beth Israel Deaconess Medical Center (BIDMC) Dept of Psychiatry. Larry J. Seidman, Ph.D. has been the Director of the CRC since 2002.

**For further information about participation in research or clinical services, contact Corin Pilo at 617-998-5016 (til 12/31/11), 617-754-1224 (as of 1/1/12) or [cpilo@bidmc.harvard.edu](mailto:cpilo@bidmc.harvard.edu)**

## Director's Point of View

### Massachusetts Mental Health Center

#### Re-Opens!!!

Larry J. Seidman, PhD

The historic clinical, research and education center, MMHC, will be returning from its diaspora of 8 years to its ancestral homeland on Fenwood Road, in November, 2011. MMHC clinical staff are moving back to the Longwood Medical Area the weekend of November 5/6 and the new beautiful buildings on Fenwood Road and Vining Street will open on November 7, 2011. The Commonwealth Research Center and other research programs from the Beth Israel Deaconess Medical Center (BIDMC) Department of Psychiatry will be returning there in the November-December period. All of the BIDMC-MMHC training programs and almost all of the clinical services will be moving there, including the Fenwood Inn, the Partial Hospital, the Clozaril and Deaconate Clinics, Case Management, and Outpatient Services.

The Center for Early Detection Assessment and Response to Risk (CEDAR), the program for youth at possible risk for psychosis, is moving to 75 Fenwood Road. The Young Adult Services, including the PREP (Prevention and Recovery from Early Psychosis) will continue at 76 Amory Street in Jamaica Plain. Staff and patients are very grateful for the hospitality and support extended to us by the Shattuck Hospital staff during this 8 year period. We owe tremendous gratitude to the partnership between the Commonwealth of Massachusetts, MMHC, the Brigham and Women's Hospital, the Roxbury Tenants of Harvard, the BIDMC Psychiatry Department and countless others in this team, under the leadership of Cliff Robinson, METRO Boston Area Director, to make this a reality. The new MMHC will be hosting an Open House for the Boston community on Thursday, November 3, 2011 from 10:00AM-4:00PM that will offer tours of 75 Fenwood Road and 20 Vining Street. All are welcome to come by and see our new home.

## New Omega-3 Treatment Study for Youth at Risk for Psychosis

By Rachael Serur, MA &

Kristen Woodberry, MSW, PhD

One of the most promising prospects in the study of youth at Clinical High Risk (CHR) is the possibility of prevention. Preliminary data from a large international study supports the potential of Omega-3 Fatty Acids (FA), a benign dietary supplement, to reduce one-year rates of conversion to psychosis in these youth. Omega-3 FA have shown positive effects on metabolic processing relevant to neuronal functioning and have demonstrated efficacy with depressive disorders, bipolar disorder, dementia, and ADHD. Most notably, small trials of Omega-3 FA in schizophrenia and early psychosis have produced promising effects.

Our clinical research team is one of 8 sites of the North American Prodrome Longitudinal Study (NAPLS) launching a new trial of Omega-3 FA for CHR youth. By incorporating this Omega-3 treatment study into one of the largest studies of the CHR youth to date, we are able to offer this novel intervention to an extensive sample of this vulnerable population.

The active treatment phase of the Omega-3 study in participants will last six months and include randomization to free Omega-3 FA or placebo pills, up to six sessions of case management, and monthly symptom and side effect monitoring. Follow-up assessments will be conducted at 12, 18, and 24 months.

Individuals who are interested in learning more about NAPLS and the Omega-3 substudy may contact Corin Pilo at 617-998-5016 (until 12/31/11), 617-754-1224 (as of 1/1/12) or [cpilo@bidmc.harvard.edu](mailto:cpilo@bidmc.harvard.edu).

## The Role of Community in the Process of Recovery

Russell K. Schutt, PhD

The reopening of the Massachusetts Mental Health Center returns a renowned mental health center back to the community it has served for 100 years. There is no better occasion for reflection on the meaning of "community" and its role in the recovery process.

Is "community" just a physical location or also a state of social connection? Is community integration achieved when persons with serious mental illness live in a community residence but lack a network of supportive social ties?

In 1990, a team of MMHC researchers and clinicians, including Larry Seidman and myself, received funding from the National Institute of Mental Health and HUD to test the value of living in an independent apartment or in group housing. My new book, *Homelessness, Housing, and Mental Illness* (Harvard University Press, with Stephen Goldfinger) reports what we learned about the role of community in the process of recovery.

Living in group housing with some supportive social relations improved housing retention and cognitive functioning. What mattered most was not whether people received their preferred housing, but having a supportive social setting. Initial placement in a group home even predicted better housing retention 18 years later, after many who started in a group home had moved into an independent apartment. A supportive community within the group home improved residents' abilities to manage subsequently in the larger community on their own.

We have much more to learn about the role of community in the recovery process. You can expect more contributions to this knowledge from MMHC researchers, in collaboration with consumers and clinicians.

## CRC Offices:

Until December 31, 2011—Massachusetts Mental Health Center, 180 Morton Street, Jamaica Plain, MA 02130  
Landmark Center, 401 Park Drive, 2 East, Boston, MA 02215

Beginning January 1, 2012—Massachusetts Mental Health Center, 75 Fenwood Road, 5th floor, Boston, MA 02115

## Culture and Mental Health Research and Services

Huijun Li, PhD

Psychosocial and cultural factors impact the etiology, interpretation, illness progression, help-seeking pathways, and treatment outcome of mental illness. The Commonwealth Research Center takes as its professional responsibility to integrate these factors in their research on early psychosis and cultural awareness training. Supported by an NIMH Administrative Supplement "Research Supplements to Promote Diversity in Health-Related Research" from NIMH, award period: 9/29/2009 to 11/30/2011, we are examining the pathways to care, help-seeking behaviors, and cultural relevant interpretation of mental illness among people at clinical high risk to psychosis and first episode psychotic individuals from different racial/ethnic groups. In addition, we provide monthly multicultural awareness trainings to our faculty and staff. We are here to acknowledge many of our presenters over the past few years.

Dr. David Henderson on psychopharmacology and African American populations

Dr. Dennis Norman on mental health among American Indian and Alaska Natives

Dr. Antonio Bullon on common cultural beliefs of Latinos towards depression and psychosis and multicultural issues in mental health research

Dr. Chieh Li on solution-focused behavioral therapy: Working with Asian Americans

Dr. Catherine Vuky on Vietnamese immigrants and their mental health

Dr. Nashaat Mohamed on mental health in Egypt

Dr. Rosalie Stone on cultural competence in mental health care settings

Dr. Ebi Okara on challenges of working with Nigerian and other immigrant psychiatric patients and their families

Dr. Margarita Alegria on educational and health status of youth from different cultural backgrounds

We sincerely appreciate their great contribution to facilitating our goal to bring cultural background to the foreground of mental health research and clinical services.

## Cognitive Remediation- an Exciting, Evidence Based Approach to Improving Novel Medication Treatments for Cognitive Deficits in Schizophrenia: Do They Work?

Matcheri S. Keshavan, MD

Patients with schizophrenia frequently have problems with memory and concentration. Antipsychotic medications used to treat schizophrenia are not very good at treating problems with cognition. For this reason, new treatments are being developed to help treat cognitive problems in schizophrenia. These include both new medications as well as computer based mental exercises (called cognitive remediation) that may improve cognition. Treatment Evaluation Network for Experimental Targets in Schizophrenia (TENETS) is a national multi-site consortium that seeks to evaluate novel medications to improve cognitive deficits in schizophrenia. BIDMC and the Massachusetts Mental Health Center is one of the sites in this consortium under the umbrella of the Commonwealth Research Center.

A number of pharmacological agents have been tested for efficacy to improve cognition in schizophrenia. These include medications to increase brain noradrenergic function (such as modafinil), cholinergic function (such as donepezil), nicotinic function (a-7 receptor agonists), gamma aminobutyric acid function (MK-0777) and glutamatergic function (glycine, d-cycloserine). Unfortunately, none of these medications are consistently beneficial. Some medications such as d-amphetamine may temporarily improve some aspects of cognition such as attention, but may worsen psychosis. There is clearly a need to think "out of the box" in discovering new pharmacological treatments for disordered cognition.

An intriguing new line of thinking is to see whether medications combined with psychosocial cognitive remediation might be better than either treatment alone. A study that has just now been initiated at MMHC is designed to test whether cognitive remediation can improve cognition in patients with schizophrenia treated with a new FDA approved antipsychotic medication, Lurasidone. An advantage of this medication is its relative freedom from sedative effects; this alerting effect could potentially work synergistically with the cognitive enhancing benefits of psychosocial approaches to cognitive remediation. It is hoped that studies such as these will help address what is an important unmet need in the treatment of schizophrenia.

## Young Adult Participation in Mental Health Services Research

Jonathan Delman, MPH, JD, PhD (cand)  
Reservoir Consulting Group

Since 1999, I have facilitated numerous Participatory Action Research (PAR) projects involving young adults with serious mental health conditions. PAR is a process by which young adults (YAs) actively participate in all phases of a research project. Because they have a unique understanding of their own culture, YA participation improves the study's quality, for example by their formulating understandable interview guide questions. As YAs take on greater responsibility, their confidence improves and they gain mastery over new skills. Involving young adults in research also presents challenges. Because the onset of mental illness often occurs in late adolescence, social development, formal schooling and vocational growth are impeded. Also, researchers frequently consider people with psychiatric disabilities lacking in judgment and unreliable. Thus, the active inclusion of YAs in PAR requires the personal commitment of research leadership, who can provide encouragement to the YAs and set aside resources to employ them at a competitive wage. Good communications and respect between YA and established researchers is best accomplished by their spending time with and learning about each other. An individualized strengths-based approach to PAR with YA is critical for their active involvement. For example, YAs will benefit from mentors, senior researchers who spend time with his/her protégé providing personal and career support and advice. Through formal and informal conversations, mentors can learn about a young adult's strengths, research interests, and job challenges. In addition, YA may benefit from vocational supports, such as "supported employment", because their job experience is likely to be limited.



### Save The Dates: Upcoming Events

#### Friday, December 2, 2011— "The Many Faces of Recovery from Serious Mental Illness"

The Second Annual Free Conference at the NEW MMHC - 75 Fenwood Road, Boston, MA 02215

Sponsored By The Massachusetts Mental Health Center and  
Beth Israel Deaconess Medical Center Department of Psychiatry

#### June 22—23, 2011: MMHC 100th ANNIVERSARY CELEBRATION !!!

Location: the new MMHC, 75 Fenwood Road Boston MA 02215

**Watch for further updates!**