Lindsay Clancy's McLean Hospital Visit per Testimony via Dr. Alia Goodheart

Sunday, January 1 — Admission

- Approximately **4:00 a.m**. — Arrives at McLean from MGH by ambulance.
- **Evaluated in the Clinical Evaluation Center by psychiatrist Dr. Jasmine Outlaw.**
- She is medically stable, receives suicide-risk screening and signs into McLean voluntarily.
- Assigned 15-minute checks, indicating **low/minimal assessed risk.**
- Provisional diagnosis: **major depressive disorder, severe, without psychotic features.**
- Her reported concerns include **insomnia, medication dependence/side effects and feeling emotionally numb.**
- Records reflect additional nursing contacts around **5:20 a.m**., **6:28 a.m**. and **10:34 a.m**.
- **12:03 p.m.** — **Participates in a group activity with a social worker.**
- **12:47 p.m**. — **Evaluated by psychiatrist Dr. Elizabeth Madva.**
- **Lindsay denies depression, passive death wishes and suicidal thoughts**. She reports **emotional numbness and mild anxiety** about being hospitalized.
- Madva suspects medication could be contributing to the numbness and begins the **plan to taper Seroquel.**
- Additional nursing contact around **2:07 p.m**.
- Mental-health-worker contact around **9:33 p.m**.

Monday, January 2 [observed New Year's Holiday]

Lindsay is again seen by **Dr. Madva,** along with nursing/mental-health staff.
She **reports that she slept well** despite the lower Seroquel dose.
No hallucinations, delusions, suicidal ideation or homicidal ideation are reported.
The taper continues.

Tuesday, January 3

Approximately **9:15 a.m**. — Psychiatrist **Dr. Alia Goodheart** meets Lindsay personally for the first time.
A social worker participates in the assessment.
Goodheart describes Lindsay as:

- appropriately dressed;
- polite and cooperative;
- normal speech rate and volume;
- anxious;
- affect consistent with mood;
- linear in thought;

- goal-directed.
- **No psychosis is observed.**
- **Goodheart diagnoses insomnia associated with a mental-health condition** because she does not yet believe there is enough information for a definitive underlying diagnosis.
- The plan remains to taper Seroquel and monitor sleep, mood and emerging symptoms.
- **Valium is switched to Ativan.**
- Lindsay discusses wanting to return home for her daughter's birthday celebration that weekend.
- **12:02 p.m**. and **2:36 p.m** - participates in groups
- **12:22 p.m.** - interacts with a mental-health worker
- **3:50 p.m** - declines one group
- **8:52 p.m.** - another mental-health-worker contact around

Wednesday, January 4

- **Goodheart** sees Lindsay again.
- **Lindsay reports that she slept.**
- The original discussion apparently contemplated discharge on Friday, January 6, but Lindsay asks to leave earlier because being hospitalized is making her anxious and she wants to return to her children and family.
- **Goodheart** agrees to discharge her January 5 provided Lindsay can arrange psychiatric follow-up for the following day.
- There was an interesting second purpose behind that assignment: Goodheart wanted Lindsay herself to make the appointment as an informal demonstration that she could think clearly, follow instructions and organize the task.
- Lindsay accomplished it within approximately an hour and even obtained the fax number McLean needed to send the discharge summary.
- **Goodheart** testified that she had **no concern that Lindsay posed a safety risk to herself or anyone else.**
- She did acknowledge that, diagnostically, she would have preferred additional time to observe Lindsay's sleep and mood after Seroquel was completely stopped.
- **Goodheart** wanted more observation for diagnostic purposes — not because she believed Lindsay was unsafe to discharge.

January 5 — Discharge

Lindsay continued interacting with staff and participating in programming before discharge.
3 p.m. - She was discharged in the afternoon, approximately
She had tapered essentially completely off Seroquel.
She **reported feeling comfortable managing at home**.

Discharge medications and plan

According to Goodheart, Lindsay was prescribed:

Ativan — 14-day supply
Used primarily to help with anxiety/sleep in the short term.

Trazodone — 14-day supply
Available as needed for sleep.

Melatonin

No new Seroquel prescription.

The Ativan was not intended as a permanent treatment. Goodheart envisioned Lindsay eventually tapering from it once her sleep and mood stabilized.

The discharge plan also required **rapid outpatient psychiatric follow-up**, specifically because Goodheart wanted someone to assess how Lindsay slept once home and continue monitoring her after the medication changes.

She was also given information about finding providers, including Psychology Today and a Blue Cross Blue Shield case manager who could help locate clinicians covered by her insurance.