



[Chris Celano, MD](#) is an attending psychiatrist at Massachusetts General Hospital, an Assistant Professor in Psychiatry at Harvard Medical School, and the Associate Director of the [Cardiac Psychiatry Research Program](#). His work focuses on identifying and treating psychiatric illnesses among patients with heart disease and utilizing positive psychology to promote healthy behaviors.



The [Center's](#) Julia Holber had the opportunity to ask Dr. Celano what led him to the field of psychiatry, how positive psychology can be practically implemented, and what resources are available to caregivers of cardiac patients.

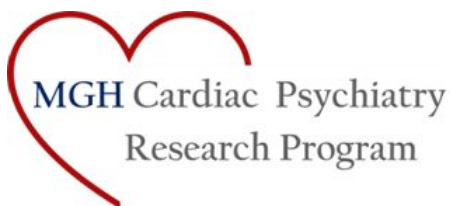
Julia: Tell us a bit about your background and training.

Chris: I am a psychiatrist by training. I majored in psychology in college, then graduated from Mt. Sinai School of Medicine in New York City in 2007. I came to Boston about 10 years ago to complete my residency training at Massachusetts General Hospital and Mclean Hospital, and I stayed for another year to do a fellowship in psychosomatic medicine. Throughout my training, I became interested in doing research and learning more about the interface between medicine and psychiatry.

Julia: What drew you to psychiatry?

Chris: When I was in medical school, I loved psychiatry because it was a specialty where every aspect of a patient's life plays into the manifestation of their illness. I remember performing a clinical rotation on an inpatient unit that specialized in treating patients with psychotic disorders, like schizophrenia. It struck me how much their life history and current life circumstances played into the types of psychotic symptoms they were experiencing. That felt very different than other fields where treatments were more straightforward (for example, treating hypertension with an antihypertensive medication). This field required work that wasn't just medication based. It required thinking about what aspects of people's lives are affecting their mental health and how can we help to address some of those factors.

Julia: You are the Associate Director of the [Cardiac Psychiatry Research Program \(CPRP\)](#). What is the CPRP and what does it aim to accomplish?



Chris: The CPRP was started by [Jeff Huffman](#), who was very interested in the links between mental and cardiovascular health. The aim of the CPRP is to promote mental and physical health among patients with or at risk for heart disease. At the CPRP, there are two main types of studies and programs we work on. The first focuses on identifying and treating psychiatric illnesses among patients with heart disease. Depression and anxiety are extremely common in the general population, but they are about twice as common among patients with heart disease. We know

that these psychiatric illnesses are associated with repeated hospitalizations, poor functioning, and an increased risk of dying sooner. We want to identify and treat these patients and get their psychiatric illnesses under control, and we hope that we can make these patients feel and function better psychiatrically and in terms of their cardiovascular health. I think that treating these illnesses has the potential to be quite beneficial for all aspects of patients' lives.

Julia: Can you give an example of a program that aims to identify and treat psychiatric illnesses among patient with heart disease?

Chris: Sure! The first kind of study I worked on was a collaborative care study where we tried to identify patients who were hospitalized for heart problems and had depression or an anxiety disorder. Oftentimes people aren't diagnosed in the hospital, and if they are diagnosed in the hospital, they don't get started on treatment for their psychiatric illness. We developed a collaborative care program that uses a social worker or a nurse who can screen patients for these psychiatric

illnesses and then coordinate care between study psychiatrists and cardiologists and the outpatient providers to try and get patients the psychiatric care that they need and try to improve their outcomes following that hospitalization.

Julia: Really interesting! And what is the second type of program at the CPRP?

Chris: More recently, we've become involved in promoting healthy behaviors in patients with or without psychiatric disease. That usually utilizes positive psychology exercises, which try to help people feel more positive and optimistic and hopeful about their ability to improve their health. Then we help patients set goals related to specific healthy behaviors that are important for heart health, like being physically active or taking medications or having a healthy diet.

Julia: We've been hearing more about positive psychology – it's been in the media and is now a course taught at many universities. Can you explain what exactly it is?

Chris: Positive psychology is an area of psychology that focuses on enhancing positive psychological states through systematic and intentional activities. The goal of it is to get people to be more aware and conscious of the positive feelings that they're experiencing, recognize that even when there are challenges in their life, there are still things to be grateful for and optimistic about, and help them to center their focus on the things that are most important to them. Ultimately, we hope that people are spending their time doing the things that are most meaningful to them.



Julia: How does one actually implement positive psychology?

Chris: When we think about this in practical terms, participants in our studies will do a variety of brief exercises on their own that focus on a specific psychological construct. If they're focusing on gratitude, they might send a letter of gratitude to someone. If they're focusing on strengths we might ask patients to identify a strength that's important to them, use it in a new way, and then write about that experience. If they're focusing on optimism, we might ask them to think about what is meaningful to them, what they want their life to look like in a year from now, and what steps they need to take to get to that point. We hope that, by doing this, in addition to thinking about health behaviors, we can help people to appreciate more and engage more in the things they need to do to recover from whatever heart problem they're experiencing.

Julia: I imagine that, as a psychiatrist, you've worked with many caregivers and family members of patients with heart disease and struggling with mental illnesses. Any advice for them? What resources are available that you recommend?

Chris: The most common psychiatric problems that patients with heart disease have are depression and anxiety disorders. I think that especially in those cases, it's important to know that these are extremely common and are not something to be scared about. These are conditions that we have effective treatments for, and patients can benefit a lot from getting treated, both from a psychiatric standpoint, but also from a medical standpoint. Getting treatment is really part of their recovery. If a caregiver has a family member who is depressed, getting them treated for their depression is not only going to help them emotionally but will also hopefully help them recover from their heart problem, because these things really do go hand in hand. The best resources are the patients' treatment teams: PCPs, cardiologists, any doctors they see regularly. These teams can give referrals to treatment or information about where they can go to get psychiatric treatment. The [American Heart Association](#) is a great resource, too. There are forums to gain support, and it's helpful to hear advice from other families going through a similar experience.

