

## **Update from the National Institute of Mental Health Outreach Partner Conference**

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NAMI Utah is a National Institute of Mental Health (NIMH) Outreach Partner. Our role is to spread information about NIMH's efforts to understand the causes, prevention, and treatment of mental illness and to increase awareness about the opportunities to participate in mental health research. I recently attended the Outreach Partner conference in Bethesda, MD where we heard from the Director of NIMH, Dr. Joshua Gordon, who outlined current research priorities and goals. Suicide prevention efforts are the focus of short-term goals. Medium-term goals are focused on understanding neural circuits, i.e. how regions of the brain "talk" to other regions of the brain, how changes in these circuits affect behavior, and how this information can be used to develop targeted treatments for mental illness. He highlighted genetic research on psychosis and how a specific gene defect seen in approximately 1% of people with schizophrenia leads to disruptions in neural circuits. Studies in mice are showing the potential for treatments that are targeted to the specific brain areas involved. Long-term goals will focus on computational psychiatry, which is an approach that combines large amounts of information and complex computer technology to discover patterns that wouldn't otherwise be obvious.

I'll highlight some of the suicide prevention studies that were presented. Dr. Edwin Boudreaux reported on a suicide prevention study (CLASP-ED) that combined universal screening for suicide risk in emergency departments with follow up telephone calls over a 12 month period. They found a statistically significant reduction in suicidal behavior. Dr. Lisa Horowitz talked about the importance of universal suicidal ideation risk screening for all youth in medical settings. The Ask Suicide Screening Questions (ASQ) Tool takes two minutes to administer and has been shown to identify youth at risk for suicide in emergency department settings. Sometimes screening efforts (for any medical conditions) can be met with resistance on the part of medical providers who are concerned about how to get appropriate care and follow up when someone screens positive. In response to these concerns one of the pediatricians involved in the research said:

*"It's not how many kids are we going to catch and what are we going to do about it. It's what are we going to do when there's one that we didn't catch?"*

Dr. Horowitz talked about the role that impulsivity plays in youth suicide and emphasized the importance of teaching resiliency skills to kids.

Psychosocial interventions for treating bipolar disorder were also featured. Dr. Holly Swartz provided an overview and update on Interpersonal and Social Rhythm Therapy (IPSRT), which focuses on how regular daily routines, such as getting up at the same time each day and having a regular bedtime, can affect our moods. This is particularly important for individuals with mood disorders such as bipolar disorder. You can find more information at the IPSRT website, [www.ipsrt.org](http://www.ipsrt.org), including a downloadable tip sheet on rules for better sleep. Dr. Tina Goldstein reported on research being done at the Child and Adolescent Bipolar Spectrum (CABS) Program at the University of Pittsburgh where they annually treat over 300 youth, ages 6-18+, with mood spectrum disorders. Early-onset bipolar disorder can be severe and there

is increased risk of suicide in this age group. They have seen promising results when medication is combined with Dialectical Behavioral Therapy (DBT) and Motivational Interviewing (MI).

There was also a panel presentation on supporting healthy youth transitions to adulthood. One panelist told us about his personal transition from the foster care system to life on his own. It was a powerful story. We heard about the Tennessee Healthy Transitions Initiative and the California Youth Empowerment Network and how they are engaging youth in advocacy efforts.

There's been a lot of information in the news in recent years about precision medicine—customizing treatments for illnesses, including mental illnesses, based on unique characteristics of the individual who has the illness, such as their genes, and/or the specific characteristics of the illness itself. To further this research the NIH is embarking on the *All of US* Research Program with the goal of recruiting one million people who will participate over a long period of time. Eric Dishman, Director of the *All of US* Research Program, gave a powerful and moving presentation of his diagnosis of cancer as a young adult and the years of chemotherapy that followed. He was initially told, “*You won’t survive a year, unfortunately.*” After many years of treatment medicine had advanced to the point where doctors were able to more accurately select treatments that would specifically work for him (and tell him why other treatments hadn’t worked). In addition to his title as director of the *All of US* program he also calls himself an “Entrepreneurial Patient, Advocate, and Caregiver”. For more information on *All of US* go to: [allofus.nih.gov](http://allofus.nih.gov).