

BrainStorm: Decoding Depression

Episode 3: The \$10 Million Lone Star Prize

A Mental Health Education Podcast hosted by the Center for Depression Research and Clinical Care at UT Southwestern Medical Center

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Transcript:

[Speaker- Catherine Huff] Welcome to BrainStorm: Decoding Depression, a podcast with Dr. Madhukar Trivedi and your hosts from the Center for Depression Research, where we will dig in to discussions about mood disorders: the facts, research, impact, challenges, questions, and advice. No topic is off limits. We're here to change the way we think and talk about depression, in an accessible, approachable way, with a leading expert in the field. Coming to you from Dallas, Texas, this is BrainStorm.

Hello, and welcome back to Brainstorm: Decoding Depression. I'm Catherine Huff, thanks for listening. Last episode, we talked about the past and future of mental health care. Dr. Trivedi walked us through nuances around accessibility, navigating the system, remaining challenges, and exciting improvements. Today we will be talking about a very exciting development that will impact the future of mental health care in Texas.

The opinions expressed are only our own and do not reflect those of UT Southwestern, the O'Donnell Brain Institute, the UT System, or the state.

In June, Lyda Hill Philanthropies awarded the \$10 million Lone Star Prize to Meadows Mental Health Policy Institute, in partnership with the Center for Depression Research and Clinical Care at UT Southwestern Medical Center and the Department of Global Health and Social Medicine at Harvard Medical School. The Lone Star Prize is a statewide competition that provides funding to scale an innovative and sustainable long-term solution that improves the quality of life for all Texans. The award will help ensure that Dr. Trivedi's extensive work getting measurement-based care into primary care clinics in North Texas can be expanded to reach all of those who need help throughout the state.

First of all, Dr. Trivedi, congratulations. This is such a huge achievement and really a compliment to your proposed solutions as well as your current work. Before we get into how the CDRC came to be involved in the Lone Star Depression Challenge, tell us first about what the problem is in Texas, so we have some context.

[Speaker- Dr. Madhukar Trivedi] It is indeed a big problem.

About 1.5 million Texans suffer from depression every year, and 4,000 Texans unfortunately commit suicide and lose their lives. This is indeed a big problem, despite the fact that we know we have very effective treatments. With the treatments we currently have available, if we deliver them right, we can get 60-70% of them into full recovery and back to normal life. Unfortunately, there is an 8-10 year delay between when somebody starts experiencing some symptoms and their diagnosis is made. So there is just a significant problem in magnitude, and in several places in the treatment delivery system, things fall off.

One of them is that we always end up unfortunately waiting for a crisis. So that we only think about these issues with depression/suicide when there is somebody who is attempting suicide, when there is a real urgency when they go to an emergency room, when they stop working or don't have a good performance in school, instead of approaching it in a proactive manner like we do with every other medical disease. So therefore, we end up actually coming to the rescue much too late, often, and end up ignoring or at least not taking care of people who have not reached that point of crisis. This issue is even more problematic and troublesome for racial and ethnic minorities – people with lower socioeconomic status, blacks, indigenous, Latino populations, and people in poverty end up getting even less attention, and the crisis management is the only solution for a lot of them, which unfortunately is not ever enough.

Finally, I think we are all beginning to recognize from during and now following the COVID-19 pandemic – that while the medical pandemic and the physical illness part was indeed a tragedy, the biggest challenge now facing us is also the idea that

this is going to be followed by a huge mental health pandemic. We are already beginning to see increasing rates of depression, increasing rates of suicide, all across the country, and more so in Texas.

The other issue to think about is that this treatment gap is really huge. Of the 1.5 million Texans that have depression in a given year, less than half of them even come to attention for medical care, and those who do, only half of them actually get into care. So therefore we are only touching the tip of the iceberg, and clearly having a big impact on their lives, on their family's lives, and ultimately also on the larger economy for the whole state. So we have to think of this as a real urgency. And therefore, I am very humbled that the Lone Star Prize, really the folks there selected mental health and especially depression and our work as one of the main things they wanted to support. So this is really going to help us begin to change the conversation in Texas and get more people into care.

[Speaker - Huff] That is incredible.

[Speaker - Dr. Trivedi] And this will allow us to do one thing very fundamental for mental health. And I think that at the end of this podcast if I can just convey one message, it will be that we should start thinking of diagnosis and care for depression like we do any other medical illness. This is similar to any other medical illness – needs early attention and recognition and treatments right away so that we can improve the outcomes for people, like we do with heart disease, diabetes, asthma, etc.

[Speaker - Huff] Wonderful. So you've been working on solutions to solve these problems, long before this Lone Star Prize. Let's start with a timeline and details about your work that's led up to this point.

[Speaker - Dr. Trivedi] So we at UT Southwestern, through the Center for Depression Research and Clinical Care, have been doing research, which is our fundamental focus. And so we've been doing research on looking at understanding the diagnosis and treatment, but more importantly, identifying the best treatment approaches in both psychiatry care as well as in primary care for the last three decades. We have then also focused on implementing the findings from this research, and also finding out how best to really change the outcomes in the real world. One of our goals is rooted in the idea of medical professionals – all medical professionals – trained to screen, diagnose, treat, follow up, and track depression. And the most care in the United States as we all know happens in primary care, pediatric practice, OB/GYN practice, and therefore, that is where we need to really impact the outcomes for patients with depression.

What we developed in several of our research studies is very standardized evidence-based stepwise approach to diagnosis and treatment with measurements and collaborative care that can be implemented in primary care right away. Adding evidence-driven outreach to help people find, connect to, build trust with providers can really be enhanced through this measurement-based approach, and this can lead to high quality care in primary care so that no patient/person in Texas goes without attention for their depression. Just to give you a little historical background, we started this journey with large-scale, multi-center NIMH-funded study called STAR*D.

STAR*D was really a first attempt at trying to understand what should be the sequence of treatments for depression in psychiatry and primary care settings. And for the first time, this was the largest study and unfortunately still remains the largest study, 20 years later. But the study showed several things. But one fundamental thing it showed was, if you use this evidence-based approach we developed there, in primary care, the outcomes for depression in primary care can be exactly the same as you see in psychiatry care, and [this] gave us the reason to really start changing the way we diagnose and treat depression in the United States. And I think it's become a really major accomplishment from the study that primary care is beginning to pay attention to this.

[Speaker - Huff] And when was STAR*D?

[Speaker - Dr. Trivedi] STAR*D was done, completed in 2005.

[Speaker - Huff] Okay, so you've been working on this for quite a while.

[Speaker - Dr. Trivedi] Absolutely. That study actually was the first time that this approach of trying to study people in real-world settings in primary care and specialty care was implemented on this large scale, and gave us a fairly robust level of evidence of how best to approach this. That led us to think about how best to then get primary care practices and pediatric practices to start adopting this and putting it in practice. It's not enough to just say "do this". So we had to figure out a way to help primary care and pediatric practices and OB/GYN practices to adopt this. And for that, we developed an artificial intelligence based software that is primarily focused on getting patients to do their ratings on electronic devices and allow the physicians in these practices to get decision support from the software so that they basically can deliver the kind of care you would get in any clinical setting in a psychiatry practice.

[Speaker - Huff] So when you say "doing ratings on the software," what do you mean by that?

[Speaker - Dr. Trivedi] These are, these are very validated rating instruments – for symptoms, for function, for quality of life, for side effects, for whether or not the patient is able to take the treatments they are taking, what is the nature of the follow up –

and tracking these symptoms over time. Because it is important to get a very good idea of the trajectory of these changes with symptoms, function, etc, in order to figure out the best decisions to be made. Very similar to what we do with heart disease and diabetes. Nobody pays attention to diabetes only by doing a glucose assessment on Monday. There are many approaches including weight, and hemoglobin A1C, and its effects on the eyes, etc. And a similar approach is needed for depression.

[Speaker - Huff] So you've already been doing this with measurement-based care and a collaborative care approach...What are the other hurdles? How did you connect with MMHPI and can you give us a little background on that collaboration?

[Speaker - Dr. Trivedi] So this is the amazing thing about the collaboration with partners, especially Meadows Mental Health Policy Institute, because just, again, changing health care practice requires several components. One of them is changes in policy, changes in reimbursement for the services that are provided in medical practice. And Meadows Mental Health Policy Institute has a big impact, both at the state and national level, on trying to really work with state legislatures, working with payers, working with employers in order to elevate the importance of depression so that commensurate monitoring and reimbursement structures can be built. And that is what Meadows Mental Health Policy Institute has been able to accomplish.

[Speaker - Huff] Fantastic. So just to summarize, we've taken our science, research, and community work with VitalSign6 – using measurement-based care and the collaborative care model in primary care settings – and then we collaborated with Meadows Mental Health Policy Institute on the policy and legislative work in order to allow these solutions to be implemented through the Cloudbreak Initiative. So, can you tell us about the Cloudbreak Initiative?

[Speaker - Dr. Trivedi] So we've been doing this work and collaborating with Meadows Mental Health Policy Institute for some time already, and then we had partners and community leaders in North Texas, especially Deedie Rose, whose challenge to us was: "All of you are doing good work independently, what is the best way to combine the resources and efforts so that you can actually move the process along faster?" And that really led us to build and develop the Cloudbreak Initiative that roughly has four pillars in its approach.

First is developing effective clinical systems: that is we want to integrate behavioral health, care for depression, in primary care settings in all health systems across the North Texas area. So places like Methodist Hospital Systems, Baylor Scott and White, Texas Health Resources, UT Southwestern, Children's, JPS, etc, and Parkland. And so we are basically beginning the partnership with each of these organizations to start implementing measurement-based care and collaborative care in their systems. That is the first...

[Speaker - Huff] And, does that use VitalSign6 or a different software?

[Speaker - Dr. Trivedi] So our goal is to use measurement-based care. A number of these systems are using VitalSign6 in order to deliver that. The advantage, as we talked about earlier, with VitalSign6 is it provides almost a consultative environment for the primary care provider in their practice itself so that they don't have to send a patient to some other place.

The second pillar of this, which is our core work at UT Southwestern in terms of the Center for Depression Research and Clinical Care, and that is research. So we continue to actually engage in advancing how best to develop new treatments, how best to develop blood and brain tests – and we'll talk about it later – but that will then be implemented, again, through the measurement-based care approach. And think of it as a learning collaborative, we are doing research that we then immediately are able to implement in clinical practice.

The third part is really the key issue that Meadows Mental Health Policy Institute has significant leadership in, and that is figuring out the best ways for smart purchasing so that the cascade of employers, payers, and health systems delivering this care is in unison. So that we are moving in the same direction, so that all these efforts are identified, reimbursed appropriately, and we can then therefore help patients get the best care.

And then finally, obviously, public engagement is essential in all of this, so that's the fourth pillar, where advocacy groups and leadership and community becomes a key partner actually at the table helping us think about what are the next best approaches to go for, in order to really impact the entire population and not just those, as we mentioned earlier, that are in crisis.

[Speaker - Huff] Well, I am really glad that the CDRC, you, Dr. Keller from the Meadows Mental Health Policy Institute, were able to work together to create Cloudbreak. Is that already underway in Texas? Has that been adopted?

[Speaker - Dr. Trivedi] We have really started that, implementing it already in North Texas, as I mentioned. So Methodist Health System and Baylor Scott and White have already begun the partnership with us. The other systems like Children's and Parkland and JPS will be the next ones we'll start engaging with. And our goal is that North Texas, all these health systems – so that if you are in North Texas as a human being, every place or any place you go to will be screening and diagnosing and treating for depression, in a very uniform manner.

One important thing to remind people is that we are not trying to be prescriptive. What treatment a particular patient gets is

really ultimately decided by their treating physician. So that whether it's medication, whether it's psychotherapy, whether it is exercise, whether it's magnetic stimulation, are all choices that the physician makes at the time of their decision making.

[Speaker - Huff] And they have that guided clinical support within the software to aid them in that, if they don't have a consultation with a psychiatrist.

[Speaker - Dr. Trivedi] Absolutely. The software allows them to actually inquire about it, get information about it, and then make their independent clinical judgment based on all the recommendations from the measurements and software.

[Speaker - Huff] That's really fantastic. And so impactful. So back to the Lone Star Prize – that \$10 million award that was given to the Lone Star Depression Challenge. So that's made up of components of Cloudbreak, and also of Harvard's initiative. What is Harvard's initiative and how does that fit into this picture?

[Speaker - Dr. Trivedi] So the goal is that no Texan should go without depression treatment. And in marginalized communities, in the economically disadvantaged populations, really there is another hurdle and that is often people don't even go to a health system in order to get the care we just described. So, to be able to reach those people, the Harvard initiative is actually amazingly collaborative for us, because the Harvard group is able to train community health workers to be able to go to communities, identify people who need the help, and connect them to the right care.

[Speaker - Huff] And when you say community health workers...so those aren't health professionals? Or they're community workers? What's the difference?

[Speaker - Dr. Trivedi] So the community health workers are people who are interested in helping the community, they are from within the community, they have empathy for their population, and then go through a very rigorous training process through the Harvard program. And that allows them to be equipped with the tools necessary to identify people in the community so that they can then be connected to care. And their program is called EMPOWER, and it helps Texans with inequitable access to care overcome these barriers erected against them through trusted resources who can then link them to evidence-based care much sooner than would happen. Because otherwise what ends up happening, say for example in South Dallas, they end up calling 911 for care and only when there is a crisis. Instead, this is an approach that is proactive and, remarkably, is designed to actually reduce criminal justice involvement. Because a lot of occasions, often when there is a crisis, unfortunately, the criminal justice system gets involved with mental health care and that is not the best approach,

[Speaker - Huff] Right, and that's so important. And it's also closing some health inequalities...and measurement-based care can do that as well?

[Speaker - Dr. Trivedi] Absolutely. The benefit of using very standardized, routinized measurements for all the components that are affected with depression includes social determinants of health that can identify the needs for that particular person that can then be matched with the right organization so they get the help they need.

[Speaker - Huff] So, how will the Lone Star Depression Challenge be implemented?

[Speaker - Dr. Trivedi] So it is a 5-year implementation plan using the infrastructure of a statewide research network that has been established by the state legislature that I lead for the state called the Youth Depression and Suicide Research Network that involves all 12 academic medical centers in the state. And they are already implementing – we have erected a full-fledged research infrastructure in all these 12 places that can become hubs for their local area, so that each of these will be available for us to go to them and basically spread this approach that we have in North Texas across the state.

And so our idea is that in this first year we will do this and complete this task in North Texas. We'll develop Spanish translation and Latino cultural adaptation of EMPOWER – the community health worker program. In the second year, we'll go to Central Texas in partnership with the Dell Medical Center in Austin. In the third year, we'll go to El Paso and West Texas to Texas Tech University and our partners Dr. Sarah Wakefield and then San Antonio and South Texas. And in year five to East Texas.

[Speaker - Huff] Wow, it is so progressive and ambitious and really impressive. What is the predicted impact?

[Speaker - Dr. Trivedi] Our hope is to reduce the death rate by a third in this initial 5-year period. We will save 1,000 lives, we will free over 600,000 people from depression with full symptom remission, help nearly 400,000 more achieve enough relief to recover, and really empower marginalized communities to achieve equitable outcomes.

[Speaker - Huff] That's incredible. And leveraging the national and international momentum to treat depression with the same effectiveness as heart disease and cancer – it's so important. You are doing great work. Thank you so much for telling us all about the Lone Star Prize and your research that led here.

Next we will chat with Dr. Andy Keller of the Meadows Mental Health Policy Institute, about his role in the Cloudbreak Initiative.

[Speaker - Huff] Here with us today is Dr. Keller of the Meadows Mental Health Policy Institute. Andy Keller, PhD is President Chief Executive Officer and Linda Perryman Evans Presidential Chair of the Meadows Mental Health Policy Institute, a Texas-based nonprofit that provides nonpartisan policy and program research, development, and advice to state and local leaders, towards a single goal: improving mental health care delivery in Texas. Andy is a licensed psychologist with more than 20 years of experience in behavioral health policy, financing, and best practices. His work is centered on helping state and local health systems implement evidence-based and innovative care, as well as helping local and state governments develop the regulatory and financial frameworks to support them.

Dr. Keller, thanks so much for speaking with us today, and congratulations on this enormous achievement.

[Speaker - Dr. Andy Keller] Well thanks, it's great to be here and it's fun to talk about it. It's going to be a fun five years, implementing the Lone Star Depression Challenge.

[Speaker - Huff] Yeah, we've got a road ahead of us, and a very good one. Dr. Trivedi just gave us a great explanation of the research that led to your collaboration and each of your roles in shaping the Cloudbreak Initiative. He spoke about how MMHPI does policy work, which is an important aspect of implementing mental health treatment initiatives. Before we speak further about the Lone Star Prize, could you give us a brief overview of everything MMHPI does, and what you do with them?

[Speaker - Dr. Keller] I will try.

So it's really fortunate to be part of the Institute, and we get to work in a lot of different areas but there's one common goal across all the areas we work in, and that's that we want Texans to have access to the same quality of mental health care that they have for other types of health care – for their hearts or for cancer, for diabetes. We basically want to expect the best options for folks and let them have access to them. So policy is a really important component of that because a lot of times the reason we – actually almost all the time – the vast majority of cases, why people don't get the care they need for mental illnesses like depression, is because of the way that we finance and regulate and deliver health care. It's not because we don't know what to do.

So our focus is on: how do we change that? How do we change the way health systems organize themselves, the way they deploy their mental health workers, and how they pay for and coordinate with government agencies and others about how to organize that care? So that's kind of at a high level.

So an example of that in the Lone Star Challenge, the Lone Star Depression Challenge, is that we've known for 20 years that measurement-based care and collaborative care in primary care could together help over two-thirds of folks with depression either fully get over their depression or mostly get over it.

[Speaker - Huff] And that's huge.

[Speaker - Dr. Keller] Yeah, which is like 10 times more than the rate today. So, it's not about knowing, it's about paying for delivering and implementing.

[Speaker - Huff] Wonderful. Thanks so much for that explanation. It's really important work, especially as Texas's population is booming and we're addressing societal changes as we enter a new normal after the pandemic. Tell us about how you met Dr. Trivedi and how both of your roles are significant in progressing mental health care access.

[Speaker - Dr. Keller] Well it's a really good question because I've known him so long, we've done so many things together, that I actually do not remember the first time we met. I'm pretty sure it was in a meeting with the Department of Psychiatry when we were first getting organized back in 2012, and we were interviewing sort of key thinkers across Texas who had, who could be involved. This is, you know, the two years before we began the Institute, we did a lot of, over 750 interviews with folks and some of those were forums, some of those were town halls, some of those were individual interviews. So of course we went to UT Southwestern and talked to folks in the department, and Dr. Tamminga introduced me to Dr. Trivedi. And you know, right from the start, the thing that struck me about him is unlike a lot of folks in academia – who I love, I love everybody in academia – but he could explain things in a way that made sense and he was very focused on what could be done, not just what answers still needed to be researched. He does that, but he also was really focused on what can be done and so that was it. That's more important than ever now post-pandemic because while the pandemic seems to be receding, and certainly we're a much better place today than we were a year ago, the mental health toll isn't receding as quickly. We still have three-times as many Americans reporting elevated levels of depression, compared to the number that did before the pandemic.

[Speaker - Huff] And that'll probably continue to get worse in the aftermath.

[Speaker - Dr. Keller] It probably will. That's what we've seen after other disasters and other kind of chronic stressors in the past.

[Speaker - Huff] Dr. Trivedi mentioned some hurdles in the way of making sure that every Texan has access to depression

treatment – insurance in particular – how do you address those challenges?

[Speaker - Dr. Keller] Well first of all, having insurance is not enough. Your insurance actually has to purchase and pay for the kind of care that works. And fortunately, a really good thing happened in 2017. The Centers for Medicare and Medicaid Services approved the payment for primary care based mental health services in Medicare. And that was a huge thing. They looked at 20 years of research, the six-to-one (6:1) cost savings that happen when you address depression early – which by the way is the same kind of savings you see when you address heart disease early or cancer early – I mean, the sooner we find any sort of medical condition, the easier it is to help, the more effective the care is, and the fewer sequelae that develop.

So, in 2017, Medicare began to cover that and within two years, by 2019, almost every other commercial payer – the commercial payers who cover, for example, my insurance or the insurance for folks who work at the medical school, also covered it. So that's huge. We now have it paid for. The problem is we didn't pay for it for a long time and so health systems have to now cover the startup costs and figure out: how do we weave this into our existing systems? And that's what the Lone Star Depression Challenge is about. It's about getting them the help they need to figure out how to ramp this up more quickly, help them access the resources they need for startup, and get more health systems across Texas offering these important evidence-based treatments.

[Speaker - Huff] That's really fantastic, and I know the Lone Star Prize also has a focus on Texans of color, Texans living in poverty, with disabilities, and the EMPOWER program helps with that as well. How will the Lone Star Prize money contribute to these efforts in the state network?

[Speaker - Dr. Keller] Yeah, so there's several different ways in which we really want to make sure that this is accessible to all Texans and not just Texans with means or Texans who are connected to health systems. So one way is the, we worked very closely with the Texas Legislature – and this was actually before we got the prize, but it was kind of in preparation for the prize and it was part of our Cloudbreak Initiative that we've been collaborating on with UT Southwestern and Dr. Trivedi since 2018. We worked with the Texas Legislature to actually add payment for these services to the Medicaid program. So that's huge, particularly for children in poverty as well as disabled Texans. So that was one big thing.

The second thing is a lot of people don't know that collaborative care and the delivery of mental health care in primary care is actually one of the most effective strategies for reaching people of color, disadvantaged communities, because – for a couple reasons. One is, while there's often barriers to getting health care, folks do tend to find, do tend to be more successful in finding primary care resources, or where I guess we should say we make those more accessible for folks with fewer barriers. So if we can be able to provide that mental health care while they're at their family doctor, then we get, sort of, we save them time, it's more efficient, and what we find is people access it easier, there's less stigma, also people don't have to arrange transportation twice if they're in poverty. And then the third thing, which you mentioned, is the EMPOWER program, and the EMPOWER program is in partnership with the Global Health Program at Harvard Medical School and EMPOWER basically says if you can get to a clinic, or you don't trust a clinic or there's other barriers that make it hard for you to get into a health system, we're going to go to you, and we're going to train people in your community who want to be helpers, who are in health systems or faith based partners or community organizations who you are more likely to have a link to because they're your neighbors, they live where you live, they look like you, they care about the same things you care about, and they become both bridges to additional care but also they can deliver care of themselves. This EMPOWER program was first stood up in India. And we found, with paraprofessionals, that we could have comparable outcomes to a lot of health care, just by training people how to be a little bit more effective when they're being caring to each other. So it's pretty cool.

[Speaker - Huff] Yeah, I mean that's really incredible and I know that it will have such a huge impact, all of it will. So that \$10 million is certainly being put to good use. We've heard about the 5-year implementation plan from our earlier conversation. Tell us what a successful implementation nationwide would look like.

[Speaker - Dr. Keller] In order to be successful nationwide, we'd have to get additional partners, because the ambition for the Lone Star Depression Challenge is for us to reach 10 million Texans with this care and help over a million recover and save at least a thousand people from death from suicide. So that's a pretty big ambition for Texas...

[Speaker - Huff] It is.

[Speaker - Dr. Keller] That's about one third of the state, but we're also working nationally with partners and hoping that the lessons we are learning here can be done in other states. So we're looking at partners in Washington State, in Pennsylvania, and other states that we're talking to, and we're hopeful that the federal government will be able to put together some aid packages. Because this is kind of similar to what happened in health care, around the implementation of electronic health records. 15 years ago, very few health systems had fully implemented electronic health records, and so there were grants from the federal government and technical assistance that said 'hey, let's make a quick push, and rather than let these evolve over the next 10 years, let's try and get them in place quickly.' So that was successful, that sort of combination of startup grants and technical assistance. So we're working with a lot of other organizations and hoping that as part of the infrastructure development that will happen over the next couple of years that there'll be funds from the federal government to expand this type of work across the nation. But we're not going to wait for that. We're going to go out and help Texans right now with,

thanks to the generosity of Lyda Hill Philanthropies. But we're hopeful that – I mean this isn't rocket science, this really is just something that takes the will and the resources.

[Speaker - Huff] And it's proven.

[Speaker - Dr. Keller] Absolutely.

[Speaker - Huff] So that's a really interesting perspective to hear about from the legislative side, I didn't know some of that. And I know that this is really inspiring to me and probably our listeners as well. So how can we contribute to this, what can we do to reduce stigma or encourage people to get care?

[Speaker - Dr. Keller] Well one thing I've been asking people to do is to take what I call the 30 day brain challenge. And I'll ask people to pretend for 30 days that their brain is actually a part of their body. Because people really don't believe that. They have all sorts of expectations that they should just be able to, you know, power through difficult times, they think 'well I don't want to go to the doctor for that, I mean well maybe I'll wait and see how it goes,' and you know, would you do that if you had a lump on your arm that you didn't know what it was?

[Speaker - Huff] Right.

[Speaker - Dr. Keller] So I really asked people to, like – and the reason I put it that way is I think people don't understand how much we don't think that these are treatable conditions, that they're just either part of life and we'll have to suffer through or there's really nothing we can do about it. So that's number one, is try to, to sort of overcome your own internalized stigma about what mental illnesses are.

The second thing is you can help. Is like tell yourself you can be helpful. So if someone comes to you and they say: "Hey, I'm really down" – rather than saying 'oh my gosh, will I make it worse if I talk to them' – or let's say somebody comes to you and says, you know, "I'm not even sure my life is worth living" – people worry, 'well maybe I'll make it worse.'

You won't make it worse. Actually you could make it worse if you don't say anything because you'll make that person feel alone. And, you may not be able to help them. Being able, talking to people and engaging doesn't mean you can help the, it means you're going to share in their pain and you're going to be there with them, which is what we do for people with other illnesses. Like my grandpa, he had a really difficult cancer that he died from, that he wasn't likely to recover from. But we tried, and we hung out with him, and we talked with him.

[Speaker - Huff] Right, you don't just ignore it.

[Speaker - Dr. Keller] Yeah, but we don't do that for mental illness because I think we're scared. I actually think it is because we care too much, we just, we don't want to make it worse. We don't know what to say. But, like, just be there for them. So doing those two things are huge.

And then the third thing is expect – if you have health insurance, if you have a family doctor – that they will help you with your depression. And ask them. Go and say: "Hey, what are you doing? Like if I were to get depression, like how would you know? Like how would I know? How would you help me know?" Then see what they say. And you know that's how we've gotten to have other advances, you know, there's commercials right... "Ask your doctor if" ...you know, the blah blah blah, and they have this, how do you get access to this medication. Ask your doctor how you would get help for depression and ask them even if you're not depressed and before you're depressed, because then maybe you should get a different doctor who can give you a better answer. So those would be the kinds of things I think that we can do as individuals.

[Speaker - Huff] Okay well that's really interesting, I'm going to start the 30 day brain challenge today, I will update our listeners on how that goes. Thank you so much for speaking with us today and again, congratulations. This is really huge. We're so excited for you. And before we sign off, can you tell our listeners where they can reach you?

[Speaker - Dr. Keller] Well, you can go to our website, which is, which is just www.mmhpi.org and there's lots of information there. And if you go and click on 'Team' you can find our team and you can scroll down to Andy Keller and click on that and you can send me an email. And you can send me an email, at AKeller@MMHPI.org. And I'd love to hear from you, and would love to be able to link you to folks on our team that would be helpful if the kinds of things we do would be helpful.

[Speaker - Huff] Wonderful, thank you so much again for joining us. Thank you.

That's it for this episode of BrainStorm: Decoding Depression with your hosts from the Center for Depression Research and Clinical Care. Be sure to follow us on social media at U-T-S-W underscore C-D-R-C so you don't miss our episode announcements. If you have suggestions for topics or questions you'd like answered, we have a new email address just for this podcast: DecodingDepressionPodcast@UTSouthwestern.edu. Thanks for listening, see you next time.

Host Biographies and Center Descriptions

The Center for Depression Research and Clinical Care (CDRC)

The CDRC was established in 2015 out of the Mood Disorders Research Program, building on more than 30 years of research in mood disorders. The CDRC focuses on understanding the neurobiology and psychology of depression and bipolar disorder, with a particular focus on identifying biological and psychological abnormalities. Dr. Madhukar Trivedi, M.D., the founding director of the CDRC, has been a leading expert on mood disorders across Texas and nationwide during his 30 years at UT Southwestern. Dr. Trivedi has taken an innovative approach to doing research in the community by actively creating and maintaining partnerships. The CDRC has established two cornerstone networks that work within the community in quality improvement, outreach, and research missions related to depression: the Mood Disorders Network, which focuses on early identification and best care, and the Risk and Resilience Network, which focuses on prevention through resilience building.

The CDRC conducts research in mood disorders across the lifespan, with an emphasis on treatment-resistant disorders, longitudinal outcomes of depression, psychosocial and psychopharmacological treatments, and biological markers to improved identification, treatment, and prevention of mood disorders. This work has led to several major developments and improvements for patients living with mood disorders. These include better methods to deliver care (e.g., treatment algorithms, computer support systems, measurement-based care), new treatments (e.g., cognitive therapy for depressed adolescents, exercise for depression and bipolar disorder, ketamine/esketamine), and new treatment innovations (e.g., vagus nerve stimulation, magnetic seizure therapy, and deep brain stimulation) for treatment-resistant depression.

The CDRC has pursued a better understanding of the biological and physiological bases for these disorders with a range of laboratory tools (functional brain imaging, EEG, mHealth measures, etc.). Research into the basic foundations of these dysfunctions have produced important findings in the molecular and cellular basis of neural plasticity, neurotrophic growth factors, and mechanisms of antidepressant action.

The Meadows Mental Health Policy Institute (MMHPI)

The Meadows Mental Health Policy Institute provides independent, nonpartisan, data-driven, and trusted policy and program guidance that creates equitable systemic changes so all Texans can obtain effective, efficient behavioral health care when and where they need it. The Meadows Institute grew out of The Meadows Foundation's unyielding concern for the people of Texas. In 2014, The Meadows Foundation established the Institute as an independent nonprofit organization. With offices in Austin, Dallas–Fort Worth, Houston, and San Antonio, and projects in every region of the state, the Meadows Institute has become Texas's most trusted source for results-oriented information and analysis of effective and efficient mental health policy and programs. They work at the state, regional, and local levels to help mental health systems improve, share best practices, develop resources, and increase public awareness on the most effective ways to treat mental illness and help people recover. They envision Texas to be the national leader in treating all people with mental health needs.

Biography: Dr. Madhukar Trivedi

Madhukar Trivedi is Professor of Psychiatry, Chief of the Division of Mood Disorders, and Director of the Center for Depression Research and Clinical Care at UT Southwestern Medical Center. He earned his MBBS and MS in Baroda, India, completing his residencies in Psychiatry at University General Hospital, Baroda, India and Henry Ford Hospital, Detroit, Michigan. He completed his fellowship at UT Southwestern, where he now serves as Betty Jo Hay Distinguished Chair in Mental Health and Julie K. Hersh Chair for Depression Research and Clinical Care. Certified by the American Board of Psychiatry and Neurology, Dr. Trivedi is an established clinical and translational researcher with extensive experience serving as PI and Co-PI on several single and multi-site clinical trials funded by NIH, foundations and industry sponsors. Dr. Trivedi has authored more than 600 peer-reviewed articles and chapters about the diagnosis and treatment of mood disorders.

Dr. Trivedi's research over the last 25 years has focused on understanding the neurobiology and psychology of depression and bipolar disorder, with a particular focus on developing an empirical basis for improving treatment of depression. Dr. Trivedi and his team have been involved in many of the pivotal studies involving the establishment of efficacy of antidepressant treatments (medications, psychotherapy, exercise, complimentary treatments, devices, etc.), examining next steps in treatment resistant depression to develop algorithms and guidelines, and developing and validating biomarkers in order to reach the goal of precision medicine for mood disorders. Among his most notable studies are the Establishing Moderators and Biosignatures of Antidepressant Response for Clinical Care (EMBARC) trial, Combining Medications to Enhance Depression Outcomes (CO-MED) trial, Sequenced Treatment Alternatives to Relieve Depression (STAR*D) study, and the Texas Resilience Against Depression (T-RAD) study.

His numerous awards include the National Depressive and Manic-Depressive Association Scientific Advisory Board, the Psychiatric Excellence Award from the Texas Society of Psychiatric Physicians (TSPP), the Gerald Klerman Senior Investigator Award, the American Psychiatric Association (APA) Award for Research, and the American College of Psychiatrists (ACP) Award for Research in Mood Disorders. For six consecutive years, Dr. Trivedi has been named a Global Highly Cited Researcher by Clarivate Analytics. He is also a member of numerous other professional organizations, including the American College of

Neuropsychopharmacology (ACNP), the American College of Psychiatrists (ACP), the American Medical Association (AMA), the American Psychiatric Association (APA), the Dallas County Medical Society, the Society of Biological Psychiatry (SBP), the Texas Medical Association (TMA), and the Texas Society of Psychiatric Physicians (TSPP). Dr. Trivedi currently serves as Deputy Editor of the *American Journal of Psychiatry* and as president of the American Society of Clinical Psychopharmacology (ASCP).

Biography: Andy Keller, PhD

Andy Keller, PhD, is President, Chief Executive Officer, and Linda Perryman Evans Presidential Chair of the Meadows Mental Health Policy Institute, a Texas-based nonprofit that provides nonpartisan policy and program research, development, and advice to state and local leaders towards a single goal: improving mental health care delivery in Texas.

Andy is a licensed psychologist with more than 20 years of experience in behavioral health policy, financing, and best practices. His work has centered on helping state and local health systems implement evidence-based and innovative care, as well as helping local and state governments develop the regulatory and financial frameworks to support them.

Prior to moving full time into policy work, Andy was a managing partner for 15 years at a national behavioral health management consulting firm where he focused on health financing and system improvement. Before that, he worked in Colorado with a leading Medicaid HMO and the local community mental health system, where he directed and led a range of community-based and care management programs.

Biography: Catherine Huff

Catherine Huff is currently the Strategic Communications Coordinator at the Center for Depression Research and Clinical Care (CDRC) at UT Southwestern Medical Center. Catherine graduated from Southern Methodist University with a major in Psychology and minors in Anthropology and Business. Upon graduation, she joined the Mood Disorders Research Program in the Division of Psychiatry at UT Southwestern Medical Center in 2015. That year, Dr. Madhukar Trivedi received funding to launch the Center for Depression Research and Clinical Care. Catherine has worked in a series of diverse roles in this academic research environment: administrative, clinical, regulatory, patient-facing, and community-facing and has worked closely with Dr. Trivedi.

Thank you for listening to our podcast series.

Please stay tuned and follow us on social media @UTSW_CDRC

Please email DecodingDepressionPodcast@UTSouthwestern.edu with any questions, comments, or suggestions.