



Summary of the 2017 NIMH Outreach Partner Meeting

By Matthew Shapiro, Associate Director for Public Affairs

The 2017 NIMH Outreach Partner Meeting, took place on July 12-14 at the National Institute of Health campus in Bethesda, MD. An overlaying theme for the meeting was the hope that research provides for understanding both physical and mental health. The meeting which brings the NIMH Outreach Partners from each state and Puerto Rico together to learn the latest developments from the institute took place during an exciting time. The NIMH has a new director, Dr. Joshua Gordon who has a bold and ambitious vision for psychiatric research.



[Dr. Joshua Gordon Presenting](#)

For many, therefore the presentation by Dr. Gordon which began the conference was a highlight. Dr. Gordon, who came to NIMH from Columbia University and New York State Psychiatric Institute (NYSPI), began his talk explaining how his experience going to Columbia and witnessing the mental health disparities in Harlem directed him towards the importance of public mental health care. He credited NYSPI as a model of public psychiatric care. Dr. Gordon also stressed the need to fund “excellent science” with an eye on diversity to lead the way in improving how psychiatric care is delivered.

Dr. Gordon then detailed his research priorities and the importance of having timeframes for these priorities.

Dr. Gordon laid out his short-term, medium-term and long-term goals for research.

His short-term goals focused on suicide prevention and identifying implementable evidence-based practices and knowledge gaps. He also stressed that information from NIMH suicide studies make it into clinics.

His medium-term goals focus around neural circuits and developing technologies to integrate neural circuits, with the ultimate goal being improving the understanding and treatment of mental health disorders.

Finally the long-term goal is computational psychiatry and developing computational perspectives and approaches to improve the understanding and treatment of mental health disorders.

Dr. Gordon also provided an interesting perspective on racial and ethnic differences in psychiatric diagnosis and treatment. Among the examples he gave were that blacks were nearly twice as likely as whites to receive a diagnosis of schizophrenia and how depression and anxiety diagnoses were lower among racial-ethnic minorities compared to non-Hispanic whites. He also detailed how Hispanic youth were more willing to get mental health services when they receive them in school and how there are low rates of referrals among Hispanics to community services.

Dr. Gordon also addressed the somewhat controversial view that the NIMH Research Domain Criteria (RDoC) project was at odds with the Diagnostic Statistical Manual (DSM). Dr. Gordon disagreed with this assertion and explained that RDoC and the DSM must be looked at together.

The short-term goal of suicide prevention was the focus for much of the first day.

Following Dr. Gordon’s presentation was a session Detecting Suicide in the Health Care Setting.



[Michael Schoenbaum, PhD & Edwin Boudreax, PhD](#)

Michael Schoenbaum, Ph.D presented on using health records to detect suicide risk. He stated that suicide is a growing public health problem and current methods to identify suicide risk are inadequate. He argued that if credit card companies can use a program to detect fraud, then it is feasible to use electronic health record data to identify small groups within a larger population with a very high predicted risk of suicide.

Edwin Boudreax presented on universal screening which can be performed in the emergency room setting that indicate suicidality.



[Jane Pearson, PhD and suicide prevention panel](#)

The afternoon was highlighted by Jane Pearson, PhD. Chair of the NIMH Suicide Research Consortium, and a panel on novel approaches to prevention.

Christine Moutier, MD, Chief Medical Officer for the American Foundation for Suicide Prevention (AFSP), detailed the disproportionate amount invested in reducing suicide as compared to other leading causes of death. She also explained AFSP's Project 25 which is designing programs, supporting practices and sharing interventions that will reduce the suicide rate 20% by the year 2025.

Tessa Shapiro detailed the Crisis Text Line which has had great success treating young people, those in rural areas and people in lower socio-economic areas, as 19% of their texts come from the ten area codes from the nation's poorest communities.

Many of us in the mental health community can get overwhelmed by the alarming suicide rates as it can often feel like an unwinnable battle. Learning about these innovations certainly provided hope that we can make strides in reducing suicides and save lives.



Matthew Shapiro with Eric Dishman

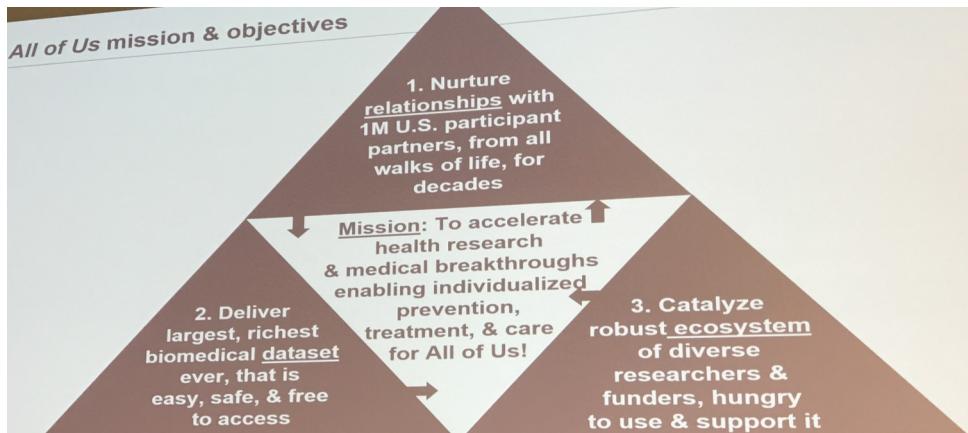
The meeting's second day highlight was hearing from Eric Dishman, Director of the NIH's groundbreaking All of Us study.

The All of Us Research Program is a historic effort to gather data from one million or more people living in the United States to accelerate research and improve health. By taking into account individual differences in lifestyle, environment, and biology, researchers will uncover paths toward delivering precision medicine.

Eric not only captured the imagination of the audience with the possibilities that All of Us aims to achieve but inspired us by telling his own story and the importance of patient advocacy. Eric was diagnosed with cancer in college and was told he had less than a year to live. He credits both medical advances as well as his hand in directing his care and treatment as the two main factors to his long-term survival.

Holly Swartz, MD discussed the relationship between the body's circadian rhythms and mood disorders. She detailed how social rhythm therapy, which emphasizes the link between regular routines and moods, is aligned with interpersonal psychotherapy which emphasizes the link between mood and life events.

Tina Goldstein, PhD's presentation aimed to debunk the misconception that bipolar disorder cannot occur in children. She explained that not only does it exist in children but that it is the most costly psychiatric disorder to treat in children. She detailed the early identifiers for pediatric bipolar and the importance of early interventions combining mood stabilization medications and psychotherapy.



The All of Us initiative will begin signing up participants shortly, and you can [click here](#) to learn more.

Bipolar disorder was also a major focus on the meeting's second day, with two doctors from the University of Pittsburgh discussing their work in intervening and treating bipolar.



Tina Goldstein, Ph.D & Holly Swartz, MD

This year for the Partner Sharing session, NAMI-NYS detailed our Ribbon Awareness Campaign. You can [click here](#) to view our posters from the session.

The final day of the meeting focused on research participation. First there was a presentation on why people mistrust science and how that's shaped research protections. The highlight however was a presentation from a young woman who participated in the NIMH Ketamine trial. Not only did she detail her positive experience, but she explained how participating gave her hope, not only for her, but for all people with psychiatric disorders.