



Congressional Briefing
May 3rd, 2023

The Real-World Impact of NIMH Research

On Wednesday May 3rd, 2023, the Friends of the National Institute of Mental Health (NIMH), in conjunction with the Congressional Mental Health Caucus and the Congressional Neuroscience Caucus, hosted a virtual Congressional Briefing focused on the importance of research supported by the NIMH.

Congressional Neuroscience Caucus co-chairs **Representatives Earl Blumenauer (D-OR) and Morgan Luttrell (R-TX)** delivered opening remarks where they highlighted the current rates of mental illness in the United States and how COVID-19 has exacerbated them. They highlighted the significance of mental health research that is conducted by NIMH and how investment in this research will positively impact overall health outcomes within conditions such as Traumatic Brain Injury (TBI), Post-Traumatic Stress Disorder (PTSD), and more. **Theresa Nguyen**, Chief Program Officer at Mental Health America, served as the moderator.

Dr. Joshua Gordon, Director of NIMH, began the briefing by discussing the role of NIMH and its impact on mental health research. Dr. Gordon highlighted the current burden of mental illness in the United States and its impact on life expectancy and other indicators. He also explained how the NIMH Strategic Plan for Research is aligned with current priorities in the President's FY24 budget request and Unity Agenda. He noted examples of NIMH-funded research that led to novel treatments recently approved by the FDA, including esketamine and brexanolone.

Dr. Gordon also talked about the Rapidly Acting Treatments for Treatment-Resistant Depression (RAPID) program and Advanced Laboratories for Accelerating the Reach and Impact of Treatments for Youth and Adults with Mental Illness (ALACRITY) Research Center Program. He notes that RAPID and ALACRITY "build upon successes from NIMH" and are impacting the lives of millions of people. RAPID was created in 2014 and supports the development of faster acting treatment options for depression as current treatments can take weeks or months before showing clinical benefit in patients. Dr. Gordon concluded by sharing real world examples of how NIMH-funded research is transforming mental health treatment and care for individuals and families impacted by mental illness.

Dr. Rebecca Price, Associate Professor at the University of Pittsburg, gave a presentation titled "Translating Neuroscience into Novel, Scalable, Treatments to achieve Rapid Mental Health Relief." She began her discussion by highlighting the different impacts of anxiety and depression and their prevalence rate on a global scale. Dr. Price displayed the areas of improvement that need to be addressed and set goals within her own research to address them. These goals included treatment that is rapid, efficient, not resource-intensive, enduring, and effective even for "treatment resistant" patients.

Dr. Price shared the promising results of combination treatment of Ketamine in treatment-resistant depression with "Automated Self-Association Training" (ASAT), a method similar to "classical conditioning" to "efficiently rehabilitate self-worth." The study had 154 patients with treatment-resistant depression and among all patients, those who received this combination therapy had improved

outcomes compared to those who did not. This study met all the criteria that Dr. Price originally noted and concluded her presentation by outlining next steps to make these treatments more accessible, including ongoing work funded through the NIMH RAPID program to test the potential of this new treatment for reducing severe suicide risk.

Dr. David Mohr, Professor at Northwestern University, Feinberg School of Medicine discussed “Digital Health Services.” Dr. Mohr first identified the obstacles in our mental healthcare system, including the shortage of mental health service providers that results in 75% of Americans with diagnosable mental health conditions receiving no treatment or inadequate treatment. Digital Mental Health (DMH) services, which uses commonly available technologies, such as apps or internet sites that can be used to deliver or manage mental health treatment, have repeatedly been shown to be effective for treating common mental health problems such as depression and anxiety. These services can be delivered cost-effectively to large numbers of people, including those in areas that have little or no access to other forms of treatment.

Dr. Mohr noted that Covid-19 has been an accelerator for DMH services. Healthcare systems that do not operate on a fee for service basis have begun implementing DMH services. Currently proposed legislation, *The Access to Prescription Digital Therapeutics Act of 2023* (S. 723 and H.R. 1458), would establish reimbursement mechanisms necessary for implementation of effective DMH services more broadly in the American healthcare system. Dr. Mohr cautioned that DMH services are not a substitute for traditional mental health treatments such as psychotherapy or pharmacotherapy, but concluded that effective regulatory and reimbursement mechanisms could make DMH services an effective component of our mental health care system.

Eden Shaveet, a Bridge to PhD Scholar in the Department of Computer Science at Columbia University noted her lived experiences in the youth serving mental health system. She has been involved in NIMH funded projects in a stakeholder advisory capacity at the Center to Optimize Evidence-Based Practice Implementation for Clinical Impact (IMPACT Center), an inter-institutional ALACRITY Center based out of the University of Washington, Kaiser Permanente Washington Health Research Institute, and the University of Michigan, and in the Ripple Effect Study, an R21 awarded to the University of Washington School Mental Health Assessment, Research, and Training (SMART) Center in collaboration with Youth MOVE National. During her time on the Ripple Effect study, she worked on an integrated participatory team to (1) identify unintended consequences of evidence-based practice implementation strategies and (2) to design and test a measure relative to this construct with the potential to be used by clinicians as a feedback tool. She concluded her discussion by noting the tremendous impact youth input had on this research by making it more effective, and how empowering it is for youth to know their voice can make a meaningful impact.

Theresa Nguyen closed the briefing by answering questions from the audience such as how the panelists research could impact other mental health conditions, what the markers are for treatment resistant depression, and the impact of this work in schools.