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## Mental Health Research Centers Forge Collaborations – with ALACRITY

Directors share strategies, resources at mid-summer meeting

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Directors of eight mental health research centers emerged from a recent meeting with a renewed commitment to help each other achieve their common mission – to transform care of children, adolescents, and adults with severe psychiatric disorders.

Funded by the National Institute of Mental Health (NIMH), the centers comprise NIMH’s Advanced Laboratories for Accelerating the Reach and Impact of Treatments for Youth and Adults with Mental Illness (ALACRITY) program. They support the advancement of clinical practice and research through accelerating the translation of research findings to clinics and communities.

“The ALACRITY centers are intended to serve as incubators for innovative research ideas and new transdisciplinary collaborations,” said Joel Sherrill, Ph.D., deputy director of the NIMH Division of Services and Intervention Research, which sponsored the 2-day, mid-July meeting in Bethesda, MD. “This initial meeting provided rich opportunities for sharing research strategies and resources.”

The centers’ research teams focus on underserved populations urgently in need of mental health care. Teams include clinical and mental health services researchers, behavioral and social scientists, health information and communications technologists, health systems engineers, and other specialists. Each center pursues its own mix of mental health services research and/or research on preventive and therapeutic interventions. The centers focus on a range of populations and span a variety of settings where services are delivered. Importantly, they all share a priority on innovating on behalf of the needs and perspectives of patients and other stakeholders.

“The emphasis on stakeholder involvement – consumers, families, providers, administrators, payers, policymakers – and on collaborations with input from new and emerging fields, are both aimed at facilitating research with near-term potential for transforming treatment and service delivery,” explained Sherrill.

At the meeting, the directors traded know-how on ways their centers are organizing themselves to conduct their research.

“There was the opportunity to share ideas as well as lessons learned,” said Kimberly Hoagwood, Ph.D., director of the ASSIST (Accelerator Strategies in States to Improve System Transformations Affecting Children, Youth and Families) center at New York University, one of the newer centers. “We could ask each other: ‘If you were doing this over again, what would you do differently?’ It was terrific to be able to learn from teams who have been doing this for a while.”

ASSIST is focusing on state policymakers responsible for the mental health needs of children, adolescents, and their families. It is surveying such decision makers in all 50 states to learn how to best deliver scientific information to them.

“We want to be able to understand: How do you package it? How do you disseminate it? How do you target different audiences in order to make evidence-based knowledge useful to policymakers and people on the street?” said Hoagwood.

In the collaborative spirit that characterized the meeting, she said the ASSIST Center will be partnering with another center that shares a target population: The Center for Enhancing Triage and Utilization for Depression and Emergency Suicidality (ETUDES) in Pediatric Primary Care at the University of Pittsburgh. Directed by David Brent, M.D., the ETUDES Center is studying ways to improve suicide and depression screening in pediatric primary care settings. The aim is to potentially double the rate of treatment adherence in depressed teens and halve the rate of suicide attempts in at-risk youth.

Both centers are pursuing different types of studies related to depressed and suicidal youth who might present at emergency departments. For example, the ETUDES center is testing an app to help guide pediatric primary care doctors to develop a safety plan and stabilize suicidal individuals so that they can avoid emergency department visits and hospitalizations.

Other ALACRITY centers are also leveraging smartphones and other digital technology. The ALACRITY for Late and Mid-Life Mood Disorders center at Cornell University is focusing on improving treatment for older adults suffering from depression, borrowing from neurobiological models. This team, led by George Alexopoulos, M.D., is exploring ways to simplify the delivery of care, in part through the use of apps that help motivate patients to adhere to their treatment and to assess their progress.

The ALACRITY Center for Psychosocial Interventions Research at the University of Washington is studying ways to train non-experts to deliver therapies for depression in rural and primary care settings. Center director Patricia Arean, Ph.D., and a multi-disciplinary team that includes human-centered design experts are also targeting non-mental health clinicians in rural areas with software-based training to deliver evidence-based therapies.

At the University of Pennsylvania, the Transforming Mental Health Delivery Through Behavioral Economics and Implementation Science center is bringing to bear behavioral economics and implementation science expertise to improve care for both children and adults with mental illnesses. Center directors David Mandell, Sc.D., Rinad Beidas, Ph.D. and Kevin Volpp, MD, Ph.D., and colleagues are focusing on a population served by the publicly-funded mental health care system.

Three ALACRITY centers focus on supporting people with disorders marked by psychosis.

The Center to Accelerate Translation of Interventions to Decrease Premature Mortality in Severe Mental Illness at Johns Hopkins University, directed by Gail Daumit, M.D., M.H.S., is studying smoking cessation, weight loss, and diabetes care programs designed to help adults with schizophrenia and other serious mental illnesses from developing cardiovascular disease – a frequent side-effect of antipsychotic medication.

At Harvard University's McLean Hospital, the Laboratory for Early Psychosis Research (LEAP) center is evaluating ways to improve the effectiveness of coordinated specialty care for patients with first episode psychosis at clinics throughout Massachusetts. The research team, led by directors Dost Ongur, M.D., Ph.D., John Hsu, M.D., and Miguel Hernan, M.D., Dr.P.H., is using cutting-edge methods, such as machine learning. The goal is to optimize treatments, minimize unnecessary hospitalizations, and gather policy knowledge that will help inform similar efforts in other states.

T. Scott Stroup, M.D. M.P.H., director of Columbia University's Optimizing and Personalizing Interventions for Schizophrenia Across the Lifespan (OPAL) center, and colleagues, are working to speed the translation of clinical research into personalized treatments for people with schizophrenia in real-world settings. Like other ALACRITY centers, OPAL also includes a component to train clinical and services researchers.

“The ALACRITY centers are engines for advancing innovation in practice-relevant research. These groups are developing best practices and resources that can be shared and adopted more broadly by the field,” said Sherrill.

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