DIALOGUE: TEXAS
EXECUTIVE SUMMARY

"We're here to listen", stated Dr. Steven E. Hyman, Director of the National Institute of Mental Health (NIMH) in his opening statement at the first-of-its-kind mental health forum held in San Antonio, Texas on December 8, 1999. NIMH, the federal agency responsible for the Nation's mental health research, initiated the forum, DIALOGUE: TEXAS, to seek input from members of the public in shaping the institute's future research activities and to highlight current research. Texas was selected as the first site to kick-off a planned series of state forums because it has a solid core of mental health researchers, active consumer and advocacy organizations, and is rich in cultural diversity.

NIMH worked closely with consumer and professional organizations, universities, and state and local agencies to plan DIALOGUE: TEXAS and promote an open sharing of ideas and expertise. Individuals with mental disorders, their family members, care providers, as well as policymakers and researchers were invited to share their perspectives on the research NIMH should be pursuing. The forum proved to be a major success, in generating key ideas and questions that will inform NIMH's research priority setting and enhance the research's relevance and responsiveness to America's mental health needs.

Texas Congressmen Ciro D. Rodriguez and Charles A. Gonzalez opened the forum by noting that mental illness is still undertreated and that the government has a major role to play in establishing high standards for the quality of health care provided to Texans and all citizens. They also highlighted the importance of NIMH ensuring that the results of the research they fund reach the populations that need them most. This theme was also reflected in the comments of John Rush, MD, a member of the NIMH Advisory Council and chair of a Council workgroup that developed the a report, "Bridging Science and Service". This report suggests strategies for increasing the relevance, speeding the development, and facilitating the utilization of research-based treatment and service interventions for mental illnesses into both routine clinical practice and policy development. Dr. Rush stressed that one of the keys to successful research was to involve the people who use mental health research in developing the research agenda.

RESEARCH HIGHLIGHTS

To provide forum participants with more information about NIMH funded research, NIMH staff and researchers presented overviews of current issues and highlighted research in the areas of treatment advances, children's mental health, violence prevention, and cultural diversity in the provision of care. Key points of the presentations include:

Advancing Treatment

- The special challenges of treating bipolar depressed patients will be studied among 5000 patients at some 20 sites around the country including two in Texas.
- NIMH will complement short-term efficacy trials with longer-term effectiveness research using a public health approach. Most efficacy trials have traditionally focused on the acute treatment response to episodes of an illness, but acute treatment research is not a sufficient response to a disorder that requires long-term intervention due to the risk of relapse and recurrence.
- Cognitive deficits are the preeminent contributor to impaired functioning in people with schizophrenia. Cognitive training which uses very practical interventions to promote desired behaviors and fight less desirable ones, has improved self-care skills and role functioning based on initial trials.

Children's Mental Health Needs

- Research lags behind practice and many unstudied services are still being delivered to children.

- There is a need for systematic and critical examination of the accumulated research findings and then a synthesis of proven findings.
- Depression occurs as frequently in children and adolescents as in adults and if untreated, the risk of suicide increases-it is the second leading cause of death among adolescents.
- Early work on treating and preventing depression in children and adolescents suggests that fluoxetine may be safe and efficacious, but more research needs to be done on the use of antidepressants with children.

Preventing Violence

- While we have made progress in treating the mental health consequences of trauma, including PTSD, a challenge remains to find ways to identify those people who are at the highest risk due to exposure to violence and then develop ways of preventing mental health problems.
- The majority of prevention programs now in place in schools and elsewhere have not gone through a rigorous process of testing to determine whether they are effective.
- Only a small part of violence in our society is attributable to persons with mental illness.
- Using models based on risk factors results in more accurate predictions on who will be violent than do clinical judgements alone.

Cultural Diversity in Providing Mental Health Care

- Researchers are studying issues pertaining to culture, ethnicity and social networks and are focusing on such issues as the use of primary-care facilities to treat mental problems in border towns, and differences in approach to mental health problems between Latino groups throughout the nation.
- One study found cultural and ethnic differences in preference of medication and cognitive therapy treatment for depression: Latino women were against group therapy, while African American women were against the use of medication. Education programs were used to teach research participants about the intervention.
- Service utilization rates for Mexican-Americans improve when service providers speak Spanish and have knowledge of the culture.
- Recent immigrants seem to have better mental health than Mexican-Americans born in the USA.

INPUT FROM THE STAKEHOLDERS

Five breakout groups provided specific suggestions for NIMH research priority setting, as follows:

I: Building Practice Research: Research That Providers Want explored how clinicians, family caregivers, and consumers can be an important, rich source of observations and information that could help researchers examine whether particular avenues of research provide helpful answers, and what additional questions need to be addressed.

II: Getting to Well: Generating Research on Recovery defined recovery as functioning in an adult role, with the capacity to love; having dignity, setting and achieving goals and having the opportunity to apply one's ability somewhere on the continuum from volunteer work to work for pay. Group members suggested that consumers should have a voice in defining positive outcome measures for use in intervention research, including setting standards for wellness. They noted that recovery is a process, not a singular outcome.

III: Research and Underrepresented Minorities: Mental Health Advances for All challenged NIMH to broaden the impact of its research by encouraging closer research partnerships between practitioners and researchers. Such partnerships would be especially helpful in developing tools to study the impact of different cultures on practice, and uncover what competencies clinicians need in order to work with ethnically and culturally diverse populations.

IV: Shaping NIMH's Role in Supporting Research in Texas endorsed the use of more non-traditional approaches in conducting mental health intervention research, especially in community-based organizations.

The group urged NIMH to fund innovative projects that promise high scientific pay-off and to encourage applications from investigators who are outside of the "established" research community and conventional research settings, both as a tool of improving the quality of research and of broadening the base of researchers with interest in mental health issues.

V: Talking About Mental Illness and Stigma focused discussion on the role the media currently plays in promoting stigma and how it might be used to fight stigma. Participants stressed the importance of advocacy and education and suggested holding regional conferences for mental health consumers on how to fight stigma and get help.

Research Priority Setting in the New Century: *The NIMH Strategic Plan and the Texas Mental Health Forum, A Town Hall Meeting*

At the close of the reports on the group discussions, NIMH Director Dr. Steven Hyman praised the attendees for their efforts. He was especially appreciative to the Forum participants for sending the strong message that NIMH should do more to fund research protocols that will be directly relevant to clinicians in their day-to-day work.

At the "Town Hall Meeting" that proceeded Dr. Hyman's remarks, mental health advocate Kathy Cronkite, Dr. Fernando Guerra, Director, San Antonio Metropolitan Mental Health District, Karen Hale, Commissioner, Texas Department of Mental Health and Mental Retardation, offered their views on DIALOGUE: TEXAS and made suggestions for the future direction of NIMH research. Meeting attendees from across Texas then asked the panelists questions and many made statements about their experience with mental illnesses. Participants hoped that the message -- that prompt and effective care can reduce the burden and stigma of mental illness -- could be effectively shared with the general public and service providers in a range of health, justice, and educational settings.

At the final session Dr. John Rush presented a summary of the research ideas and issues developed by the five discussion groups. The specific suggestions are grouped according to the three overarching NIMH goals laid out in the Strategic Plan.

GOAL 1 - UNDERSTANDING MENTAL ILLNESS

- Study the dimensions of mental disorders, not diagnostic categories.
- Study early phases of diseases before they become severe and persistent.
- Do research on people with mental illness who are in non-treatment systems, especially the juvenile justice system.
- Examine what factors contribute to recovery and use those as the research definition of recovery.
- Study protective factors. Can we learn from those people who are at risk, but who don't develop illnesses? What are the factors-psychosocial, genetic, etc.-- that protect people?
- Study why some people with mental illness can function well, while others can't function at all.

GOAL 2 - UNDERSTANDING HOW TO TREAT AND PREVENT MENTAL ILLNESS

- Study the process, not just the outcome of treatment.
- Study patients as they appear in their varied and heterogeneous forms, not just the patients who get into efficacy trials.
- Study and evaluate peer support groups. For whom are they effective? What kinds are effective? How can we make them more effective?
- Study the people who drop out of treatment. What happens to them? Does dropping out always have a bad result? Should we try to intervene to prevent dropping out?
- Study what provider characteristics and what patient expectations affect recovery.
- Identify the factors that lead to recovery.
- Study treatments that focus on patient's strengths, not weaknesses.
- Research the role of physical activity as a treatment for persons with mental illness.
- Investigate which school-based systems for children work best and for whom.
- Research best practices.

- Study acculturation, and cultural development. How can these be measured? How can these processes be improved?
- Examine what clinical skills and personality skills are associated with better outcomes for minority group patients.
- Take advantage of budget cuts to analyze their effects on the treatment patients receive. Who gets hurt the most? Do some benefit?
- Study the role of faith and religion in outcomes.

GOAL 3 - ASSURING AN ADEQUATE NATIONAL CAPACITY FOR RESEARCH AND DISSEMINATION

- Do more to get research findings into communities, families, and to everyone who needs more information to make informed choices.
- Speed the funding and review process at NIMH.
- Create greater research linkages between the academic system and the public care delivery systems.
- Make information about best practices more widely available.
- Organize more conferences to inform the public about research at the NIMH level.
- Work with the media not to stigmatize, but to reduce stigma. Would a change in the media mean more early detection of mental illness? Would it encourage more people to seek treatment?

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