

Mental Health

Overview

Despite the fundamental importance of mental health to individual, family, and societal well-being, mental health treatment and services have generally been viewed as outside the mainstream of public health. Not until 1999 did the Surgeon General's office issue its first report on the subject. The report celebrated the scientific advances in the understanding of mental illness and the development of effective new medications and treatment. It expressed dismay, however, at the gap between promise and practice — a gap that is even wider for people who are poor or from ethnic minority backgrounds.

The Surgeon General's report highlighted the challenges of putting into practice those treatments and services that research has demonstrated to be effective. Disparities in availability and access, inequities in insurance coverage, inadequate information, and the persistent stigma of mental illness all are barriers that keep people from receiving appropriate and effective care. The demand now is for policies and programs that will overcome these barriers and bring the most promising advances from research to the service of those in need. This is where the Foundation has focused its grantmaking.

Grantmaking Strategy

The Foundation's overarching goal in mental health is to relieve the burden of mental illness and enable people to lead productive and fulfilling lives. More specifically, we seek to improve access to *effective* and *efficient* treatment and care — that is, the evidence-based practices that too often do not find their way into practice in community settings. Improved access to more effective mental health services will help individuals lead productive lives, contribute to community well-being and safety, and make better use of scarce health care resources.

In order to achieve the greatest effect with limited resources, the Foundation's grantmaking strategy focuses on laws and policies that affect the organization and financing of mental health services. From a public health perspective, changes in law and policy offer the greatest return on investment because of the sheer number of lives they potentially affect.

Our portfolio of grants in mental health includes four major research initiatives and support for policy, advocacy, and communications activities. Through these grants, the Foundation is working to develop a knowledge base and tools to inform policy and practice, and to translate knowledge into action through new, more effective service delivery models.

Targeted Populations

Foundation grants address the general population of people with mental illness as well as issues affecting three sub-populations: people with depression, children, and people with serious mental illness.

General population. The Foundation supports efforts to work toward mental health parity, to counterbalance the negative aspects of managed care, and to increase the effectiveness and efficiency of services. These efforts are anchored by three major grants: The Network on Mental Health Policy Research conducts projects aimed at implementing evidence-based practice, improving mental health benefits in public and private financing arrangements, ensuring fairness and equity in the management of mental health benefits, and reducing the barriers to mental health services. The Judge David L. Bazelon Center for Mental Health Law works to advance policies and secure public resources for services that enable people with mental disabilities to lead productive lives in their communities. The third grant supports the advocacy and policy activities of the National Mental Health Association and its network of state and local affiliates.

People with depression. Depression is one of the most prevalent forms of mental illness — and one of the most costly to society. The Foundation’s Initiative on Depression and Primary Care seeks to enhance the quality of care for patients with depression in primary care settings. The work of this Initiative has become an important model of how to influence the delivery of mental health services to improve access and narrow the gap between knowledge and practice. Its “Three Component Model” of depression care in primary care practices is now being taken to scale nationally, and a pilot program is being developed for use with military personnel returning from Iraq and Afghanistan.

Children. The gap between research and practice in mental health looms largest for children, in part because the delivery of services for children is fragmented across so many different settings. The issues are similar to those faced by people with depression: lack of incentives and tools to translate research into practice, and lack of an infrastructure to support change. The Foundation’s anchor grant in this area, the Research Network on Child Mental Health, is working to identify scientifically validated treatments, to make them practical for real-world settings, and to develop strategies that make them easier to implement.

People with serious mental illnesses. People with illnesses such as schizophrenia, severe depression, and bipolar disorder are especially vulnerable because of their complex service needs, and their visible presence contributes heavily to the stigma of mental illness. What are the most effective measures to promote their recovery and participation in community life? Should they be required to adhere to treatment? The issue is a matter of fierce contention in many states. The Foundation’s Research Network on Mandated Community Treatment is conducting a systematic assessment of the role of mandated treatment from the medical, psychological, economic, legal, political, and ethical perspectives.

Representative Grants

JUDGE DAVID L. BAZELON CENTER FOR MENTAL HEALTH
LAW, *Washington, D.C.*

\$1,725,000 in support of general operations
(over three years).

CAMPAIGN FOR MENTAL HEALTH REFORM,
Alexandria, Virginia

\$400,000 in support of general operations
(over two years).

COLUMBIA UNIVERSITY SCHOOL OF PUBLIC HEALTH,
NATIONAL CENTER FOR CHILDREN IN POVERTY,
New York, New York

\$125,000 for a research project on federal and state
policies governing children's mental health services.

DARTMOUTH MEDICAL SCHOOL, DEPARTMENT
OF COMMUNITY AND FAMILY MEDICINE, *Hanover,
New Hampshire*

\$350,000 in support of the Initiative on
Depression and Primary Care (over two years).

GEORGE WASHINGTON UNIVERSITY, *Washington, D.C.*

\$650,000 in support of the National Health Policy
Forum (over three years).

JUDGE BAKER CHILDREN'S CENTER, *Boston, Massachusetts*
\$4,500,000 in support of the Research Network
on Child Mental Health (over three years).

NATIONAL MENTAL HEALTH ASSOCIATION, *Alexandria,
Virginia*

\$1,050,000 in support of State Health Care
Advocacy Training and Technical Assistance
Program, and the Justice for Juveniles Program
(over three years).

TAC, *Boston, Massachusetts*

\$3,000,000 in support of the Network on Mental
Health Policy Research (over three years).

UNIVERSITY OF CALIFORNIA, LOS ANGELES,
NEUROPSYCHIATRIC INSTITUTE HEALTH SERVICES
RESEARCH CENTER, *Los Angeles, California*

\$375,000 for research on disparities in the perform-
ance of the U.S. mental health care system and
their effects on the well-being of racial and ethnic
minorities with mental illness (over three years).

UNIVERSITY OF VIRGINIA, SCHOOL OF LAW,
Charlottesville, Virginia

\$3,900,000 in support of the Research
Network on Mandated Community Treatment
(over three years).