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.

The Foundation has followed two lines of action: accelerating progress on practical and policy questions that address the cost-effectiveness of treatments in reducing the personal and social burden of mental illness; and improving the knowledge and technology for bringing scientifically proven effective treatments into community care settings.

With the decline of a system dominated by state mental institutions, the policy challenge today is to improve mental health services and treatment in settings governed by agencies in education, primary care, criminal and juvenile justice, housing, and social welfare. Foreshadowing the changing landscape, the Foundation's grantmaking has evolved to take into account this shift and has moved increasingly from a targeted focus on mental health research, law, and policy to a more distributed strategy that addresses mental health needs where they occur—in schools, communities, and the justice system, indeed in every aspect of its U.S. grantmaking.

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 counter-balance 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 Youth 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.

Since the inception of the Foundation’s mental health grantmaking nearly 30 years ago, remarkable changes have occurred in the organization and financing of mental health services. The diminished role and resources of state mental institutions, the growth in community based services, and the impact of managed care have complicated the problem of promoting access to high-quality care. The policy challenges today concern the way services are organized and delivered and the policies that shape the delivery system in institutions like schools, universities, and prisons and fall under the purview of housing, social welfare, and broad health care agencies like Medicaid and Medicare. The Foundation’s grantmaking has evolved to take into account this shift and has moved increasingly from a targeted focus on mental health research, law, and policy to a more distributed strategy that addresses mental health needs where they occur—in schools, communities, and the justice system, indeed in every aspect of its U.S. grantmaking.
**REPRESENTATIVE GRANTS**

**BAZELON CENTER FOR MENTAL HEALTH LAW, WASHINGTON, DC**
$900,000 in support of general operations (over three years).

**CAMPAIGN FOR MENTAL HEALTH REFORM, ALEXANDRIA, VA**
$150,000 in support of policy research and analysis and public education to improve mental healthcare in the U.S.

**COLUMBIA UNIVERSITY SCHOOL OF PUBLIC HEALTH, NEW YORK, NY**
$450,000 in support of a project to track the performance of the U.S. mental health care system and its effects on the well-being of people with mental illness (over three years).

**COUNCIL OF STATE GOVERNMENTS EASTERN REGIONAL CONFERENCE, NEW YORK, NY**
$300,000 in support of the Criminal Justice/Mental Health Consensus Project (over three years).

**DARTMOUTH MEDICAL SCHOOL DEPARTMENT OF COMMUNITY AND FAMILY MEDICINE, HANOVER, NH**
$350,000 in support of the Initiative on Depression and Primary Care (over two years).

**DUKE UNIVERSITY SCHOOL OF MEDICINE SERVICES EFFECTIVENESS RESEARCH PROGRAM, DURHAM, NC**
$450,000 in support of a virtual resource center for Psychiatric Advance Directives (over three years).

**GEORGE WASHINGTON UNIVERSITY NATIONAL HEALTH POLICY FORUM, WASHINGTON, DC**
$290,000 in support of the National Health Policy Forum (over two years).

**HARVARD MEDICAL SCHOOL DEPARTMENT OF HEALTH CARE POLICY, BOSTON, MA**
$230,000 in support of research on the economic and social costs and benefits of mental health treatment and policy (over two years).

**JUDGE BAKER CHILDREN’S CENTER, BOSTON, MA**
$390,000 in support of the Research Network on Youth Mental Health Care (over three years).

**NATIONAL ALLIANCE ON MENTAL ILLNESS, ARLINGTON, VA**
$100,000 in support of the Family Network to Promote Evidence-Based Practices for Children’s Mental Health.

**NATIONAL CONFERENCE OF STATE LEGISLATURES, DENVER, CO**
$375,000 in support of activities to educate legislators about collaborative mental health services delivery and to improve mental health policymaking across service sectors (over three years).

**MHNATIONAL MENTAL HEALTH ASSOCIATION, ALEXANDRIA, VA**
$600,000 in support of the State Health Care Reform and System Transformation Program, and the Advocacy Training and Technical Assistance Program (over three years).

**MHPROJECT HOPE - PEOPLE TO PEOPLE HEALTH FOUNDATION HEALTH AFFAIRS, MILLWOOD, VA**
$350,000 in support of the coverage of mental health issues in the policy journal “Health Affairs” (over two years).

**MHERECTOR AND VISITORS OF THE UNIVERSITY OF VIRGINIA, CHARLOTTESVILLE, VA**
$530,000 in support of the Research Network on Mandated Community Treatment (over four years).

**TECHNICAL ASSISTANCE COLLABORATIVE, BOSTON, MA**
$300,000 in support of the Network on Mental Health Policy Research conference as the culmination of the Network’s work and the stage for setting a new research agenda for the 21st Century. (6/21/2007)

**UNIVERSITY OF CALIFORNIA, LOS ANGELES NEUROPSYCHIATRIC INSTITUTE HEALTH SERVICES RESEARCH CENTER, LOS ANGELES, CA**
$375,000 for research on disparities in the performance 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 HAWAII AT MANOA OFFICE OF RESEARCH SERVICES, HONOLULU, HI**
$485,000 in support of the design and development of a clinical information management system for the Research Network on Youth Mental Health Care (over three years). (6/16/2005)
About the MacArthur Foundation
The John D. and Catherine T. MacArthur Foundation is a private, independent grantmaking institution helping to build a more just, sustainable, and peaceful world. Through the support it provides, the Foundation fosters the development of knowledge, nurtures individual creativity, strengthens institutions, helps improve public policy, and provides information to the public, primarily through support for public interest media. With assets of $6.8 billion, the Foundation makes approximately $260 million in grants annually. More information is available at www.macfound.org.