MAKING A **GLOBAL IMPACT**

M | **DEPRESSION CENTER**
UNIVERSITY OF MICHIGAN HEALTH SYSTEM

INSIDE

Many of the Depression Center programs are made possible by the support of our generous donors. If you are interested in making a contribution, please visit **depressioncenter.org**.

ANNIVERSARIES, PROGRESS AND A PROMISING FUTURE

Here at the University of Michigan Comprehensive Depression Center, we have two anniversaries pending and I invite you to join us in celebrating them. Fifteen years ago, the U-M Regents endorsed our establishment of the world's first comprehensive Depression Center. Ten years ago, in October, 2006, we opened the innovative Rachel Upjohn facility housing the Depression Center and Ambulatory Psychiatry. During the past decade, our growing team of interdisciplinary researchers, physicians, staff and supporters has been compiling transformative progress.

The Depression Center arguably broke a mold. By labeling and attacking brain illnesses previously clouded by stigma, we have advanced the study and treatment of bipolar illnesses, depressions and related disorders. We have catalyzed public health approaches that diagnose earlier and guide clinicians in how best to approach special populations including: adolescents; expectant mothers; veterans; active service members; student-athletes; the aging; and those with cancers, heart disease, diabetes and other medical illnesses. We have developed and delivered personalized, precise treatment, and we led creation of a collaborative model by establishing the National Network of Depression Centers (NNDC), now involving more than 25 centers of excellence in the United States and six in Canada. Our ultimate goal is to conquer mood disorders. It *IS* achievable.

A few selected highlights tell a collaborative story: Dr. Vicki Ellingrod and pharmacy colleagues are leading efforts to make pharmacogenomic assessments a pivotal part of treatment decisions; Dr. Elizabeth Koschmann and colleagues are demonstrating how to integrate cognitive behavioral therapy into schools across the nation: Drs. Melvin McInnis, Sue O'Shea and Emily Provost have used the world-leading Prechter Longitudinal Study sample of Bipolar Disorder patients to evaluate pluripotent stem cells and mobile monitoring strategies to promote personalized, precise treatments; and Dr. Srijan Sen's work has helped clarify the dramatic consequences of stress by monitoring more than 13,000 physicians starting in their internship to develop and deliver

Depression Center leaders throw dirt during the ground-breaking celebration of the Rachel Upjohn Building in October 2006.

A TRANSFORMATIVE STRATEGIC PLAN

Understanding causes

Basic Science Research

Learning, sharing and disseminating globally

Education, Public Policy and Global Outreach

Biomarker Discovery

Lab tests to tell causes apart

PEOPLE & FAMILIES

Delivering the right treatments to the right people at the right time

Collaborative Care for Special Populations

Personalized Precise Treatments

Which treatments work for me?

strategies to counteract depression, burnout and suicide risk. Additionally, the Depression Center is helping lead a team of NNDC Centers to develop biomarkers that help predict response or non-response to ketamine infusion treatments, a new approach to treatment resistance. These are the tip of the iceberg. As you flip through the pages of this update, we hope you agree that the future is bright.

The University of Michigan Depression Center is midway through a whirlwind second decade. We are reaching more patients, partnering with more community and business leaders than ever before, and collaborating with investigators and educational colleagues in Canada, China, the United Kingdom, Ghana and beyond. While

U-M is our "home," our reach is becoming global. And, we anticipate some exciting announcements during upcoming months that will greatly enhance momentum.

Anniversaries associated with progress can be wonderful. This one *IS* wonderful. Bolstered by a passionate, growing team of colleagues and supporters, we have come a long way, but have just started. We look forward to having you with us every step of the way on the next steps of this journey!

John F. Greden, M.D.

INNOVATIVE **RESEARCH**
AND PERSONALIZED, PRECISE TREATMENTS

DEPRESSION CENTER MEMBERSHIP

331
members across

16
affiliated U-M colleges, centers and institutes

DEPRESSION CENTER GRANTS

79

unique grants awarded to center members in Fiscal Year 2015–16 related to depression, bipolar disorder, anxiety, related illnesses or neuroscience totaling over

$**86** million

Depression Center research draws from the expertise of investigators across the University of Michigan, one of the nation's premier research institutions. Depression Center researchers are committed to learning more about the causes of depression, bipolar disorder and related conditions; preventing and treating those diseases with tailored, personalized treatments; and helping people stay well.

FINDING HOW BIOLOGICAL FACTORS AND STRESS INTERACT IN DEVELOPMENT OF DEPRESSION

While life stress is among the most important factors in the development of psychiatric disorders such as depression and anxiety, it is difficult to predict the onset of stress beforehand, and individuals vary considerably in their response to stress. The Sen Lab is working to find the interactions between neuroscience factors and stress in the development of depression, furthering the development of improved treatments for stress-related disorders.

THE INTERN HEALTH STUDY

As compared to the normal 4 percent prior to a physician's first year, 24 percent of doctors experience clinical depression during their medical internships. Medical interns are not only paid modestly, but also can work up to 90 hours a week, which results in a growing lack of sleep.

The first year of professional physician training presents a unique situation in which there is an onset of a uniform, substantial stressor that can be predicted, helping to identify unique genes involved with depression. Supported by the University of Michigan Depression Center, the National Institute of Mental Health and the Taubman Medical Institute, the Sen Lab is using over 10,000 interns from 55 institutes across the country to identify genetic patterns that further explain the relationship between stress and depression through innovative genomic techniques. In addition, they use medical internships as a model to identify non-genetic factors that moderate the relationship between stress and depression.

> "The more biological findings we have, there will be less of a distance between mental illness and physical illness."

"The more biological findings we have, there will be less of a distance between mental illness and physical illness." Dr. Sen said in an interview with *TIME* magazine.

Dr. Sen's research goals are to further understand the factors involved in stress and depression in order to foster a healthier and more educational environment for interns and their patients. In addition, the study will utilize internship as a model of stress to identify both the genes involved in the development of depression and the biological predictors and biomarkers of depression under stress.

ABOUT DR. SEN

Depression Center member Srijan Sen, M.D., Ph.D., is the principal investigator at the University of Michigan's Sen Lab, an Associate Director in the Depression Center, and an Associate Professor at the University's Department of Psychiatry. Dr. Sen's main research areas include genomics, epigenomics, human and statistical genetics, medical translational research, and neuroscience and psychiatry. He has received numerous grants and awards, and his work has been featured in the *New York Times, TIME* magazine, ABC news, CBS radio and many others. ■

HELPING THOSE WITH **BIPOLAR DISORDER** LEAD HEALTHY, PRODUCTIVE LIVES

What makes a person bipolar, prone to manic highs and deep, depressed lows? Why is it so hard to find new treatments for a condition that affects millions of people worldwide? Enormous progress has been made toward finding the answers to these fundamental questions in the field of neuroscience. Researchers at the Heinz C. Prechter Bipolar Research Fund, under the leadership of Melvin McInnis, M.D., are at the vanguard of the science of bipolar disorder. These scientists work tirelessly to develop personalized treatments for bipolar disorder and to prevent recurrences to enable those with bipolar disorder to lead healthy and productive lives.

CURRENT RESEARCH

The goals of the Prechter Fund are to discover the fundamental biological changes that cause bipolar disorder and develop new interventions to treat and prevent the illness. This is done through the study of the longitudinal course in people who are diagnosed with bipolar disorder. Research involves biology (including genetics), clinical and environmental features. The illness has a biological foundation and is influenced by personal, social and environmental surroundings. An integrated approach is needed in order to understand causes and treatment of the disease.

Bipolar disorder is an illness that has been with mankind since recorded history. Research is essential to both treat and prevent bipolar disorder in future generations. Prechter Fund research emphasizes strategies to identify the illness at earlier stages of development and, among people with established bipolar disorder, to test methods to predict emerging episodes of mania and depression. People with bipolar disorder do live productive lives, yet many suffer unnecessarily.

RESEARCH ANCHORS

The research programs are anchored in the "Longitudinal Study of Bipolar Disorder" and the Heinz C. Prechter Bipolar Repository.

These studies enroll participants in clinical research and provide a base for the storage of the biological samples and related clinical and environmental data. Thus far, the Longitudinal Study, entering its 10th year in 2016, has enrolled over 1,200 individuals. From these participants, billions of data points have been generated through biological samples (DNA), neuropsychological testing, clinical interviews, bimonthly follow-up and innovative monitoring using mobile devices.

Participants also collaborate with the research team on additional studies that have resulted in the acquisition of several more big data sets in cell biology, sleep, nutrition, physiology and genetics. Participants generously offer their personal time and information in the search for new treatment strategies. All of the data is stored in the Prechter Bipolar Repository.

1,200

The number of individuals enrolled in the *Longitudinal Study of Bipolar Disorder.*

10years

The number of years the *Longitudinal Study of Bipolar Disorder* study has been operating.

40k

The number of audio calls collected using the PRIORI software application.

iPSC: CELLULAR AND MOLECULAR NEUROBIOLOGY OF BRAIN DISORDERS

In March 2014, a team of researchers led by Sue O'Shea, Ph.D., and Melvin McInnis, M.D., published a report of the first stem cell lines (iPSC) generated from patients with bipolar disorder. This is a powerful model to study cell function, and stimulates the discovery of new molecules that will create and test new medications. The Prechter Fund is a strong leader of biomedical research in bipolar disorder.

PREDICTING INDIVIDUAL OUTCOMES FOR RAPID INTERVENTION (PRIORI)

Predicting and preventing episodes in bipolar disorder is a priority and part of the Prechter Fund vision. They are using smartphone technology to capture data in a non-obtrusive, in-the-moment manner. The software application runs in the background of the mobile device and gathers the acoustic patterns of speech that are sent to a secure server for computational analysis.

They have acoustic data from over 40,000 calls from people participating in this project. The data indicate that it is possible to identify acoustic features from speech gathered on a mobile smartphone that predict depressed and manic states of bipolar disorder.

The Prechter Fund is actively developing the next phases of this program, which include large multi-site clinical trials to test the efficiency of predicting episodes in sufficient time to intervene.

THE FUTURE OF BIPOLAR RESEARCH

The Prechter researchers are looking at and learning about bipolar disorder from across a broad spectrum of scientific and technological disciplines.

It is clear from the research trajectory of the past decades that there is no one specific approach that will lead to the fundamental knowledge of bipolar disorder and provide specialized treatments and prevention for bipolar disorder. Rather, it is this combined, multidisciplinary, longitudinal approach that will be successful. ■

CENTER TO CENTER COLLABORATIONS
THE U-M DEPRESSION CENTER AND U-M CARDIOVASCULAR CENTER JOIN FORCES TO DEVELOP BREAKTHROUGHS

Certain illnesses occur more frequently and may be more severe when they co-exist. Collaborative research among centers of excellence is an innovative and powerful way to attack these co-occurring illnesses.

This past year, U-M Depression Center and U-M Frankel Cardiovascular Center colleagues launched research initiatives to coordinate such efforts. The desired endpoint is the development of personalized precise treatments for those who suffer from both heart disease and clinical depressions or bipolar illnesses.

The collaborations, coined "Center to Center" (C2C), began with three unique C2C special lectures. Center leaders emphasized just how common comorbidities are in the modern healthcare landscape. The participating researchers noted that people with heart disease have a higher risk for developing depression. One of every three individuals with cardiovascular illnesses has depressions, bipolar illnesses, and related brain illnesses, hypothetically because of common inflammatory or other mechanisms, but the nature of these mechanisms or best treatments have not been clarified. At the same time, people who already have depression are at higher risk for developing heart diseases. So, understanding precise causes and developing

personalized, precise treatments for each when they co-exist is critical. The Center-to-Center collaboration is dedicated to this effort.

The first C2C lecture was held in Fall 2015, highlighting an existing research collaboration among Melvin G. McInnis, M.D., Thomas B. and Nancy Upjohn Woodworth Professor of Bipolar Disorder and Depression; Sue O'Shea, Ph.D., Crosby-Kahn Collegiate Professor of Cell and Developmental Biology; and Todd Herron, Ph.D., Lefkofsky Scholar, Assistant Research Professor of Internal Medicine-Cardiology and Molecular and Integrative Physiology. They presented their research, "Of Hearts and Moods: Modeling Signals in Neuronal and Cardiac Cells using iPSC Towards an Integrated Neuro-Cardio-Science Research Paradigm."

A second session was held in January of 2016. It featured Drs. Srijan Sen, Associate Professor of Psychiatry and Research, and Cristen Willer, Assistant Professor of Internal Medicine. Dr. Sen's talk focused on, "The Intern Health Study: Insights into the Biology of Depression Under Stress," and Dr. Willer's talk was titled, "Research in the future: the Cardiovascular Health Improvement Project."

A third session featured Department of Psychiatry Research Assistant Professor Dr. Simon Evans whose talk was entitled, "Is Fat Food Good? Benefits, Consequences, and Controversies from Studies in Bipolar Disorder." Dr. Lisa Jackson, Assistant Professor of Internal Medicine, contributed data on "Increasing Physical Activity: Is Digital Health the Answer?"

Collaborative initiatives are also underway with the Mary H. Weiser Food Allergy Center, Comprehensive Cancer Center, Forbes Institute for Cancer Discovery, and the Comprehensive Stroke Center. These efforts will create a new roadmap for diagnosis and treatment for millions. ◼

THE WOMEN AND INFANTS MENTAL HEALTH PROGRAM

The Women and Infants Mental Health (WIMH) Program within the U-M Depression Center was created to identify and address the unique needs of women and their infants during the perinatal period, from preconception to pregnancy and postpartum. Born out of research that aimed to improve the understanding of mood disorders in the context of reproductive hormones throughout a woman's lifetime, this program's key focus is on the mental health and well-being of women and their children during the reproductive years.

The main components of the program are outpatient clinical care, research, training, education, and outreach to the community. All components work synergistically to improve and maintain the mental health of women, their infants and the whole family. The research aims to better understand and treat mood disorders, depression, anxiety and trauma-related mental health concerns, but is also geared toward enhancing the quality of parenting and the well-being of the whole family, including fathers and the infants. We also conduct cutting-edge research on biological markers relevant to perinatal mental illness such as sleep indicators, stress hormones, neural circuits and genetics.

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The Women and Infants Mental Health Clinic

The Women and Infants Mental Health Clinic, the clinical "arm" of the program, provides a range of services including evaluation and assessment, case management, psychotherapy, medication management, psychoeducation, coping skills training, and parenting support for women experiencing low moods, anxiety or trauma-related difficulties around the time of childbearing, infertility or following a perinatal loss.

Many individualized clinical services are offered to patients, and the involvement of fathers, partners and other key supporters is encouraged. ■

COMMUNITY & PROFESSIONAL EDUCATION

The U-M Depression Center serves as a source of reliable and comprehensive patient, family, public and professional education about depressions, bipolar disorders and related illnesses. Effective education helps people break through the barriers of stigma and misinformation. We reach out to unique populations, providing resources, education, tools and various services to individuals and communities touched by the broad spectrum of depression, bipolar disorder and related illnesses.

CAMPUS PROGRAMS

The Depression Center created the Campus Mind Works program to support student mental health at the University of Michigan in 2009. The Campus Mind Words website (campusmindworks.org) was designed to provide customized mental health support for U-M students through an easy-to-search comprehensive database of community resources, educational modules and a variety of self-care tools to be used in conjunction with treatment, or independently. The launch of the website was accompanied by intensive outreach efforts that targeted U-M faculty, staff, students, and their families. The goal was to raise awareness about depression and related illnesses, and to promote help-seeking behaviors through usage of the new website.

Since then, several new outreach components have been implemented under the Campus Mind Works umbrella to provide multiple points of access for students to engage with mental health education and support resources. These include:

▶ Free, drop-in student support groups held in classroom settings on north and central campus; and

▶ Implementation of the "Notice and Respond" training for residence hall directors, resident advisors, faculty, staff and students to provide practical and effective strategies for identifying and responding to signs of distress in students. ■

2016 Depression on College Campuses Conference

The 14th annual Depression on College Campuses Conference, held in March 2016, brought together a multi-disciplinary group of participants from over 80 colleges, universities and advocacy organizations across the country. The group interacted to address the theme of "Interpersonal Relationships and Student Mental Health." Workshops and presentations explored the importance of fostering positive interpersonal relationships and strong support systems to help improve student mental health and well-being. Join us for the 15th annual Depression on College Campuses conference taking place in Ann Arbor, March 20-21, 2017. The 2017 conference will focus on "Best Practices and Innovative Strategies: 15 Years of Progress." ■

Lindsay Orchowski, Ph.D., recipient of the first-ever Student Mental Health Advocate Award in 2007, alongside 2016 award winners Cooper Charlton and Jesse Dunn.

▷▷▷ **Visit our website to learn more www.depressioncenter.org/docc/.**

CAMPUS MIND WORKS WELLNESS GROUPS

The Campus Mind Works outreach initiative offers free educational support groups on U-M's Ann Arbor campus to undergraduate and graduate students who are managing a mental health condition. The support groups are organized through a partnership between the U-M Depression Center, College of Engineering, and the Newman LS&A Academic Advising Center.

12 SESSIONS HELD   **90** ATTENDEES

NOTICE AND RESPOND PROGRAM

In 2013–2014, the Depression Center began implementing the Notice and Respond program with resident advisors, faculty, staff and students. Originally developed at Cornell University, the Notice and Respond program is a training session designed to help participants recognize the signs of distress in college students, and to learn how to approach a student who may be struggling and where to find support. Through a combination of learning modalities, including a video scenario, participants explore common concerns that may present barriers to taking action, and learn why a proactive response to student mental health struggles is vitally important.

13 PRESENTATIONS   **235** ATTENDEES

COMMUNITY PROGRAMS

BRIGHT NIGHTS COMMUNITY FORUMS

The Bright Nights Community Forum series attracts hundreds of people each year for presentations and discussions on a variety of topics related to depression. The forums, typically held at local libraries, feature a panel of topical experts from the Depression Center and the community, followed by question and answer sessions with audience members. Bright Nights began as a partnership between the Depression Center and the Ann Arbor District Library, and has since grown to include presentations in neighboring communities of Plymouth, Saline and Ypsilanti, Mich.

PRESENTATION HIGHLIGHTS

- **Sleep and Depression:** Connections from Adolescence through Adulthood
- **Depression During Childbearing Years:** Strategies for Prevention, Intervention, and Raising Resilient Children
- **Mobile Health Technology:** Detecting Moods in Bipolar Disorder

- **The Challenges of ADHD:** An Up-Close and Personal Perspective as Psychiatrist and Parent
- **Support for Caregivers:** Managing Behavioral Symptoms of Individuals with Dementia
- **Understanding Bipolar Disorder**
- **Personalized Treatments for Depressions and Bipolar Illnesses:** Why "One Size" Will Never Fit All

CUTTING-EDGE INFO FOR HEALTH PROFESSIONALS

Each academic year the Colloquium Series provides cutting-edge information for health professionals through six presentations, featuring Depression Center faculty members and an expert speaker from elsewhere who discuss current topics in the field of depressions, bipolar illnesses and related disorders. Physicians and social workers earn continuing education credits for attending. Audience members hail from many disciplines, including Psychiatry, Psychology, Social Work, Public Health, Pharmacy, Neurology and Family Medicine.

TOPIC HIGHLIGHTS

- **Cannabis, Mental Health and Sleep:** Clinical and Political Implications
- **Pharmacogenomics in Practice**
- **Gut Feelings:** Microbes, Mood and Metabolism

- **Using Group Medical Visits** in the Out-Patient Treatment of Mood and Anxiety Disorders
- **The Role of Sleep in Perinatal Mental Health**
- **Unique Peer Support Models for Diabetes and Depression**

PEER-TO-PEER DEPRESSION AWARENESS INITIATIVE

In collaboration with high schools throughout Washtenaw County, the Depression Center provides information and support to student teams to empower them to effectively reach peers within their schools with unique depression awareness and stigma reduction campaigns. Following campaign rollouts, students in participating schools were more knowledgeable about depression, more confident in their ability to identify and refer peers who may be struggling with depression or anxiety, more willing to seek help for themselves if they were experiencing symptoms of depression, and reported lower stigma in their school environment related to students with mental health problems.

Since the program began in 2009, more than 450 students have participated directly on P2P teams in 11 different schools across Washtenaw County, over 140 P2P student-run events have taken place, and thousands of students have been reached through the awareness campaigns.

10 PARTICIPATING SCHOOLS

- Community High School
- Huron High School
- Lincoln High School
- Milan High School
- Pathways to Success
- Pioneer High School
- Saline High School
- Saline Alternative High School
- Skyline High School
- Ypsilanti Community High School

CLASSROOM MENTAL HEALTH
CLASSROOMMENTALHEALTH.ORG

In 2015, the University of Michigan Depression Center launched classroommentalhealth.org, a new website designed to support educators of grades 8-12 in communicating with their students about mental health concerns. The website was developed in collaboration with multiple organizations including the State of Wyoming Department of Education, Prevention Management Organization of Wyoming, Teton County School District, Gull Lake Community Schools (Gull Lake, Mich.), and Ann Arbor Public Schools.

The Classroom Mental Health website aims to provide school staff with a variety of tools and resources which can be easily accessed and utilized within the context of a teacher's regular classroom routine. The website can also serve as an additional resource for existing school-based mental health and suicide prevention programs by:

1. Providing brief, environmental and action-based strategies that can help to create a classroom atmosphere beneficial to student mental health;

2. Supporting communication and collaboration between school staff and the parents/families of students who are struggling with mental health concerns; and

3. Helping to facilitate the referral process for students in distress through a customized database of local support resources. ■
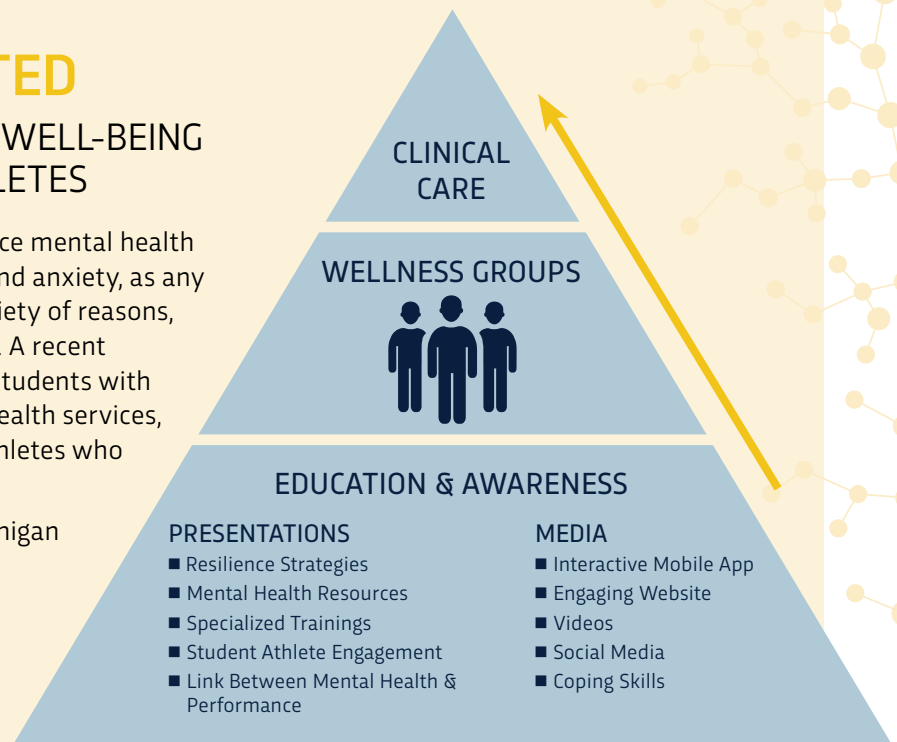
ATHLETES CONNECTED
ADDRESSING THE EMOTIONAL WELL-BEING OF MICHIGAN'S STUDENT ATHLETES

A student-athlete is as likely to experience mental health problems, such as stress, depression and anxiety, as any student across campus. However, for a variety of reasons, they are often more reluctant to seek help. A recent study shows that while only 1 in 3 college students with depression or anxiety will access mental health services, this number drops to 1 in 10 for student-athletes who are struggling.

To address this issue, the University of Michigan developed the **ATHLETES CONNECTED** initiative with initial funding from an NCAA Innovations in Research Grant. By utilizing a comprehensive approach that involves student engagement, targeted interventions and scientific research, **ATHLETES CONNECTED** aims to equip student-athletes with the skills and support they need to increase their emotional health and to be successful in athletics, academics and all other aspects of their lives.

Please join us! With your support, we can change the culture around the mental health and well being of student athletes — on our campus and beyond. Go Blue! ■

CLINICAL CARE

WELLNESS GROUPS

EDUCATION & AWARENESS

PRESENTATIONS
- Resilience Strategies
- Mental Health Resources
- Specialized Trainings
- Student Athlete Engagement
- Link Between Mental Health & Performance

MEDIA
- Interactive Mobile App
- Engaging Website
- Videos
- Social Media
- Coping Skills

ADDRESSING THE SEVERE SHORTAGE OF CHILD PSYCHIATRISTS IN MICHIGAN
THE MICHIGAN CHILD COLLABORATIVE CARE PROGRAM (MC3)

The University of Michigan Depression Center and Department of Psychiatry have developed a program to address the shortage of child and perinatal psychiatrists around the state. The Michigan Child Collaborative Care Program (MC3) aims to help pediatricians and family practitioners become more confident and competent with the medical management of patients with mental disorders, and to support them in treating children with complex behavioral health issues. We are currently offering the program in 40 counties across the lower peninsula of Michigan and, as word of the program has spread, we continue to receive requests for services from Community Mental Health leadership, Federally Qualified Health Centers, school-based health clinics, and primary care physicians. MC3 includes the following services:

■ Just-in-time phone consultations for primary care providers with U-M child psychiatrists for diagnostic clarification and evidence-based pharmacologic and behavioral treatment recommendations. Consultations are available for youth and young adults ages 0–26, as well as high-risk pregnant and post-partum women.

■ Telepsychiatry ("Telehealth") consultations for the more complex children and families and high-risk pregnant and post-partum women who need an in-depth evaluation.

■ Web-based educational programs for pediatricians and family medicine doctors.

■ A Behavioral Health Consultant to coordinate across systems of care (schools, protective services, foster care, juvenile justice); arrange consultations; facilitate follow-up referrals; and monitor outcomes over time.

■ Web-based case consultation from U-M experts to assist community mental health providers throughout the state with the treatment of autism.

■ A unique data capture and management system, developed at the U-M Department of Psychiatry and tailored for this program, that allows an additional level of prompt communication among providers and an ability to track and summarize evaluation data on patients.

Between May 2012 and April 2016, over 1,000 primary care providers have enrolled in the program. We have offered over 1,700 phone consultations to these providers and conducted 50 telepsychiatry consultations for children and families from their practices. Ninety-nine percent of primary care clinicians either strongly agreed or agreed that "following the phone consultation, I felt more confident that I could effectively treat this child's behavioral problems." patients and parents of children who had a telepsychiatry consultation were either mostly or very satisfied with the service. ■

STARTLING STATISTICS

▸ Almost one of every five children in the U.S. has a diagnosable mental disorder, but only 20–25 percent receive treatment.

▸ Left untreated, mental illnesses in children and adolescents can lead to school failure, teenage childbearing, substance use, gun violence, intergenerational risk of trauma and tragic suicides.

▸ One of the main reasons for under-treatment is the shortage of child psychiatrists. While the estimated need is 17 child psychiatrists for every 100,000 children, the current U.S. average is 7.5 per 100,000 and in Michigan we have only 2 per 100,000 children.

▸ Most counties in Michigan have no child psychiatrists, particularly in rural areas.

▸ Michigan has a mandate to diagnose and treat autism, but there is a shortage of trained providers.

TRANSFORMING RESEARCH INTO ACTION
TO IMPROVE THE LIVES OF STUDENTS

With generous donor support, an award of nearly half a million dollars from the Michigan Health Endowment Fund, and matching funds from Michigan Medicaid, the U-M Depression Center is now expanding its unique program, Transforming Research into Action to Improve the Lives of Students (TRAILS). TRAILS is a collaborative project of U-M and the Michigan Department of Health and Human Services, and aims to bring effective mental health care to school-aged children and adolescents with mental illnesses throughout the state.

Depression and anxiety now affect one in five school-aged youth. Exposure to trauma, such as violence or child abuse, impacts nearly 60 percent of U.S. children and often can lead to debilitating symptoms of Post-Traumatic Stress Disorder (PTSD). In addition, suicide remains among the top three causes of death for adolescents.

Despite this urgent and critical need, access to mental health care is riddled with difficulty, including inadequate insurance coverage, long wait lists and lack of transportation. Because of the challenges parents face when trying to access mental health care for their children, public schools are often the only source for much needed help, yet most graduate programs for school professionals rarely teach effective strategies for responding to student mental illnesses. Therefore, most schools are unprepared to help their troubled students.

Michigan's CBT in the Schools program links the U-M Depression Center with public schools statewide to provide training in evidence-based mental health care approaches. Cognitive Behavioral Therapy, or CBT, is the focus of the program, because CBT skills have been scientifically shown to be effective, even when taught in a few short sessions or classes, thus making it a natural fit for the school setting.

As its name implies, CBT targets cognitions (thoughts) and behaviors (reactions), and empowers the learner to recognize and gain control over their responses to difficult situations. With better self-awareness and a toolkit of healthful coping strategies, youth are able to improve their emotional wellbeing and engage in healthier, more productive lifestyles, standing up to

School professionals from approximately 25 public schools throughout Michigan attend a CBT in the Schools training with Elizabeth Koschmann, Ph.D., in the fall of 2015. More than 60 school professionals participated in the Depression Center's state-wide initiative to bring evidence-based mental health practices to schools.

the hopelessness, isolation, worry and shame that so often accompany depression and anxiety.

For the school professionals that partner with the Depression Center, CBT provides a way to respond efficiently and effectively to the overwhelming mental health needs of their students. Whether in a one-time, drop-in meeting or a consistent weekly group, the guidance counselors, social workers and school psychologists in our program are providing a new level of care for their students, and they are seeing the effects.

One counselor wrote to our team, "I want to thank you for all of your help and guidance. [I have developed] a deep understanding of how to use CBT more effectively to help students, and now I use it ALL the time! And … because of our CBT group, our school now has a mindfulness, meditation and yoga class to help students manage their stressful lives. I thank you for helping me to be part of that whole manifestation. Thanks for making us all be our better selves!"

As we look to next year, the CBT in Schools program will be continuing its expansion, aiming to partner with a school-based professional in every county in Michigan. We are united across the state in our mission to help students not only grow, but also thrive with sound health in both body and mind. ◼

GLOBAL **IMPACT**

Worldwide, 350 million people suffer from depression. It is a leading cause of disability. At the U-M Depression Center, we know that in order to effectively fight this condition, we cannot do it alone. Our team of researchers is dedicated to building partnerships and establishing the meaningful connections that will allow us to advance the treatment of bipolar illnesses, depressions and related disorders even more rapidly. These partnerships allow us to reach more patients and collaborate with investigators and educators across the world. While U-M is our "home," our reach is becoming global.

ADDRESSING MENTAL ILLNESS IN THE WORKPLACE

The newsroom is a stressful workplace that requires long hours, night shifts and being "tuned in" to world events 24/7. Research has suggested that anywhere from four percent to 28 percent of journalists have suffered from PTSD (post-traumatic stress disorder) over the course of their careers, and a 2001 study showed 85 percent of journalists have experienced work-related trauma. There's little research into depression among journalists — but the newsroom environment can be a tough place to cope with a mental illness.

As a 2015 Knight-Wallace Fellow, Matthew Shaw, UK Deployment Editor for BBC News in London and 2016 Visiting Fellow at the University of Michigan Depression Center, studied how depression is addressed in the workplace, paying specific attention to his own newsroom.

The Knight-Wallace Fellowship provides exceptional journalists with a year of academic study at the University of Michigan. Fellows receive a personalized plan and have access to University classes and resources.

Shaw was interested in the relationship between brain/mental illnesses and the workplace because of his own personal experience with depression. The project involved studying how the BBC newsroom could advance their existing practices assessing and addressing mental illnesses. He also looked at discovering additional strategies that could further assist those who bring their depression to work.

After completing his Knight-Wallace fellowship, Shaw, along with Anne Harrington and Dr. Michelle Riba, became a liaison on a MBA Multidisciplinary Action Project (MAP) for the Ross School of Business proposed by Dr. John Greden. MAP connects faculty advisors, sponsor organizations and teams of students to collaborate on complex business problems to provide data-driven solutions.

Sponsored by the University of Michigan Depression Center, the student team visited a variety of organizations and corporations and interviewed staff members to identify how different work environments handle mental illness. The MAP team observed the types of programs

> Shaw was interested in the relationship between mental illnesses and the workplace due to his own personal experience with depression.

the businesses had to offer, the teams that addressed these issues, and ways in which the Depression Center could get involved in workplace mental health. The team received information from companies including *BBC News,* the *Huffington Post,* Deutsche Bank, American Express, Unilever, PWC and the NHS in England.

Their research found that effective mental health programs work primarily from the top down and that when those at senior management level got involved, stigma tended to be reduced and productive communication began. Many companies have also created campaigns that tie mental health with both physical and financial well-being.

"Where mental health programs really worked, we saw managers caring for all aspects of their employees' lives. A truly holistic approach to work wellness pays off – as it encourages you to bring your whole self to the office and creates an atmosphere of openness, engagement and support."

The completed project provided a set of recommendations for the Depression Center and the BBC and others to consider in the expanding field of workplace mental health.

"It's still difficult," Shaw said. "You do have to get boardroom involvement. They want metrics; obviously they want to know about the bottom line, especially in private companies."

"There are some simple initiatives that aren't particularly expensive," Shaw added. "I think we could probably make a difference for people and companies." ■

NATIONAL NETWORK OF DEPRESSION CENTERS

NNDC
National Network of Depression Centers
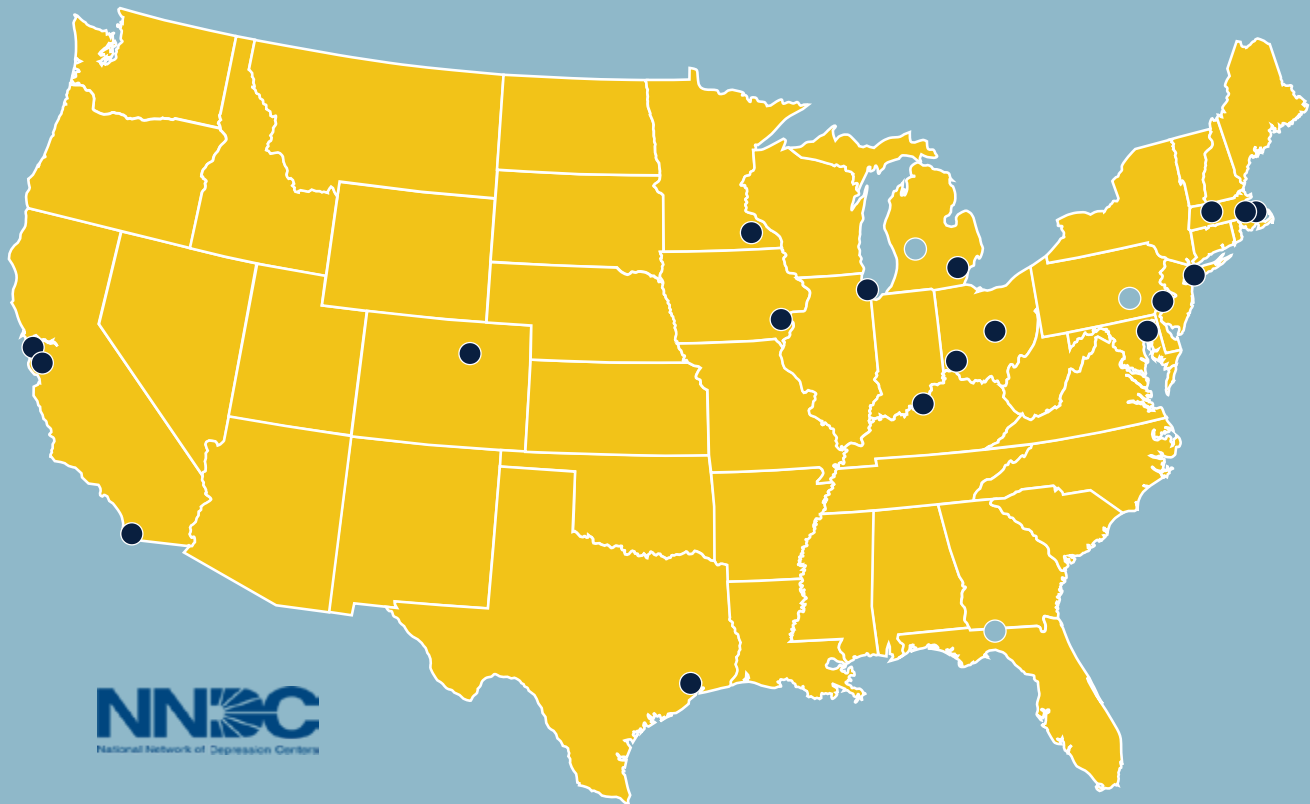
MEMBER SITES

The U-M Depression Center was the pioneer comprehensive center established to fight depression and associated stigma on all fronts. It has helped inspire the creation of 32 additional depression centers across the U.S. and Canada—an international network to accelerate progress.

CENTERS OF EXCELLENCE

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Houston, Texas

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Duke University
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Emory University
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**The Johns Hopkins
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**University of Iowa
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Iowa City, Idaho

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Depression Center**
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UMass Memorial Health Care**
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East Lansing, Mich.

**Penn State Health –
Milton S. Hershey Medical Center**
Hershey, Pa.

CANADIAN BIOMARKER RESEARCH COLLABORATIONS – THE UMDC'S INTERNATIONAL REACH

> *"Globally, an estimated 350 million people of all ages suffer from depression, according to the World Health Organization. Given the scope of depression, we need the power and synergy that come from international colleagues and collaboration with global networks of researchers and educators."*

Dr. Sagar V. Parikh joined the Depression Center in the spring of 2015 as the first-ever John F. Greden Professor of Depression and Clinical Neuroscience and as Professor of Psychiatry within the U-M Department of Psychiatry. Additionally, Dr. Parikh is an Associate Director for the U-M Depression Center and Medical Director for the National Network of Depression Centers, of which the UMDC is the founding member.

Dr. Parikh came to the Depression Center from the University of Toronto where he was a Professor of Psychiatry from 1994–2015. In Toronto, he served as Director of Continuing Mental Health Education and Head of General Psychiatry, and at Toronto's major hospital grouping, the University Health Network, he completed two terms as Deputy Psychiatrist-in-Chief and served as President of the Medical Staff Association and as a member of the Board of Trustees.

Dr. Parikh is the author/editor of two books and over 130 peer-reviewed articles and book chapters, and co-author of CANMAT treatment guidelines for Depression and for Bipolar Disorder, the world's most cited mood disorder guidelines.

He remains involved with the Canadian Biomarker research program, known as CAN-BIND. The CAN-BIND study "aims to take the guesswork out of psychiatric treatment for depression by finding clear and objective ways of matching the right treatment to the right patient for various types of depression."

Dr. Parikh participates as a Clinical Researcher and as a Knowledge Translation lead. In this role, he creates and mounts various dissemination activities, including public education talks internationally.

Dr. Parikh being inducted as first-ever Depression Center John F. Greden Professor of Depression and Clinical Neuroscience.

"Globally, an estimated 350 million people of all ages suffer from depression, according to the World Health Organization. Given the scope of depression, we need the power and synergy that come from international colleagues and collaboration with global networks of researchers and educators."

Last spring, the Depression Center created a special workshop on functional remediation in bipolar disorder with an expert from Barcelona. This winter, we will host a two-day special course on advances in clinical trial research methods with a distinguished Italian professor now based at Oxford university.

Dr. Parikh also co-leads the Mood Disorders Section of the World Psychiatric Association and serves as Secretary of the International Society of Affective Disorders, based in the U.K. ◼

M-SPAN: MILITARY SUPPORT PROGRAMS AND NETWORKS

M-SPAN is dedicated to military mental health, with special emphasis on innovative approaches to outreach and engagement; strategies for reducing stigma and isolation; programs for military families; and the design and delivery of evidence-based programs. There are now 23+ faculty and staff affiliated with the program.

In November 2009, the University of Michigan was proud to be one of three national sites chosen to be part of the Welcome Back Veterans (WBV) initiative funded by the Robert R. McCormick Foundation and Major League Baseball Charities. Funding has continued with the expansion of WBV to seven sites. M-SPAN has leveraged an initial $350,000 gift through this initiative to almost $14 million in other grants from WBV, private foundations, the VA, the National Institutes of Health, the Department of Defense and individual donors. Additional support includes a recent Department of Defense grant that allowed M-SPAN to develop a web-based curriculum to train providers in Michigan to deliver HomeFront Strong, a resiliency program for military spouses and partners.

Buddy-to-Buddy

Buddy-to-Buddy (B2B) leverages the power of peer support to overcome the stigma around asking for help that is so ingrained in military culture. Community veterans from all combat eras are trained to provide outreach and support to service members and veterans throughout the deployment cycle. B2B is a partnership with the Michigan Army National Guard, but Michigan veterans from all branches of the military are eligible.

Buddy-to-Buddy currently has over 130 trained Volunteer Veterans who are experts in local, state and federal resources and available throughout Michigan to handle veteran concerns. Since the program's founding in 2009, its volunteers have assisted more than 3,000 service members and veterans with a wide variety of concerns, including mental health, substance abuse, employment, finances, housing and benefits. Buddy-to-Buddy is funded by Welcome Back Veterans (the Robert R. McCormick Foundation and Major League Baseball Charities), VA Integrated Services Network 11, the Michigan Veterans Affairs Agency and many private supporters.

Peer Advisors for Veteran Education

Peer Advisors for Veteran Education (PAVE) is an outreach and peer support program developed for student veterans returning to college on the Post 9/11 GI Bill. Many veterans encounter only expected, short-term issues when they transition from the military to campus life. But, some may face more serious challenges, including academic issues, family stress, financial struggles or emotional concerns. The earlier these issues are addressed, the more likely that the veteran will have a successful academic career. The PAVE Program is designed to assist student veterans in successfully achieving their educational and personal goals. It connects student veterans on campus with Peer Advisors at their schools who can provide support and link them with resources to facilitate a smooth transition to college or help them navigate challenges they are facing.

The program is a partnership with Student Veterans of America (SVA). It is funded by a grant from the Bristol-Myers Squibb Foundation (BMSF). Since the program's inception in 2012, more than 2,000 student veterans have been assisted. PAVE staff has trained over 200 Peer Advisors and 20 Veteran Services Coordinators to date. A follow-on grant from BMSF has allowed PAVE to expand to an additional 30 campuses, convert the

Left to right: Student Veterans of America's Chapter Liaison, Becky Patterson; PAVE Program Manager, Brittany Risk; PAVE Principal Investigator, Michelle Kees; Student Veterans of America's Director of Chapter Services, Eric Gage; M-SPAN Director, Jane Spinner; and PAVE Program Coordinator, Tim Nellett.

training to web-based modules, and develop a tracking app. The new group of schools includes large state schools, private institutions, and community colleges.

Volunteer Mike Palmer assists a Strong Military Families participant with a drawing activity.

Strong Military Families: A Program for Military Families with Young Children

Strong Military Families (SMF) is a parenting intervention for military families with young children. It is targeted to military service members, their spouses or partners, and their children birth through eight years old. SMF provides a parent and child program experience designed to support and enhance the resilience of military families by creating opportunities for families to come together to learn, support one another, and grow in navigating the unique challenges they face.

To date, the program has served 109 adults and 127 children in Southeast Michigan. In 2015, the 10-week group format was successfully adapted to a weekend retreat format to increase access and availability of the program for families. Two community agencies in Southeast Michigan have now been trained to run the 10-week multifamily groups, and staff from two out-of-state sites, one in Virginia and another in Wisconsin, are being trained to deliver the program in 2016. Team members of the SMF program have presented at national and regional conferences, and published four manuscripts in peer-reviewed journals.

HomeFront Strong: Building Resilience in Military Families

HomeFront Strong (HFS) is an 8-week resiliency program designed to support post-9/11 military and veteran spouses/partners as they navigate the challenges and stressors common to military life. Through a structured curriculum, HFS aims to enhance individual resilience, boost positive coping, and improve the psychological health of participants. A parallel group is available for children and teens of participating families.

HomeFront Strong has been offered in Ann Arbor, Walled Lake and Mount Clemens with 39 military/veteran families having enrolled in the program, thus far. Training in the HFS model has also been provided to 18 clinicians at the Ann Arbor Veteran's Administration Medical Center and to 107 community mental health providers throughout Southeastern Michigan as part of Star Behavioral Health Program (SBHP). Additionally, two community providers have completed advanced training through a coaching model, and have offered HFS at their own community sites (Oakland and Macomb counties). The program and training were originally funded through Welcome Back Veterans. Multi-year Department of Defense funding will support further expansion of HFS through the development of training and coaching for community providers as they deliver HFS at their own sites.

HomeFront Strong Principal Investigator Dr. Michelle Kees with Elizabeth Dole of the Elizabeth Dole Foundation.

Future Initiatives

Two additional projects include the Women Veterans Needs Assessment, which will lead to new programming, and the National Summit on Military and non-profit leaders, clinicians, and funders to discuss standards, new ideas, and evaluation methodologies. ■

STOPPING ANXIETY EARLY

NEUROSCIENCE-BASED INTERVENTIONS TARGETED TO **THE DEVELOPING BRAIN**

Clinically significant anxiety emerges early, affecting 33 percent of the population by adolescence. If not effectively treated, anxiety can become chronic, increasing the risk of more severe anxiety, comorbid depression, substance abuse or even suicide. Even very young children can experience anxiety, including those in the preschool-age range. Developmental research suggests that children who experience anxiety in their earliest years are more likely to experience anxiety and depression later in development. Dr. Kate Fitzgerald, professor of psychiatry and Depression Center member, is researching better ways to intervene and stop anxiety in the early years, before it becomes a burden.

Cognitive behavioral therapy (CBT) is the first-line, often-preferred treatment for children with anxiety, but 40 percent to 50 percent of young patients experience persistent symptoms, even after completing CBT. Clearly, the "one size fits all" treatment of anxiety with CBT is insufficient. Better, more effective treatments are needed to control anxiety in early life and prevent trajectories of increasing risk. Neuroscience approaches can help us to identify children at particular risk, and to tailor our interventions to address each child's particular vulnerabilities and enhance developmental resilience.

At the University of Michigan Depression Center, we are using cutting-edge behavioral neuroscience

techniques to develop personalized treatments for preschoolers with anxiety, targeted to the underlying mechanisms of illness. We study these mechanisms using brain and behavioral markers that index underlying healthy and impaired skills. These include: reactivity to threat (for example, first day of school jitters), ability to experience pleasure, and capacity to self-regulate when emotions run high.

These skills, if functional, are the "building blocks" for healthy feeling, thinking and behavior in young children, but, if impaired, may drive the development of anxiety and/or depression. Our goal is to design and administer interventions that target behavioral markers of these competencies. Specifically, we will train children to "exercise" their brains to habituate fear, increase response to pleasure, and grow capacity for self-regulation. This approach will enable the design of interventions that support healthy brain maturation in young children at risk for, or already suffering from, anxiety thus, preventing progression to more chronic and severe illness.

Brain markers are measured by electroencephalogram (EEG), which is a safe, non-invasive method to measure signaling between brain regions. Behavioral markers are measured by playing simple "games" with children and recording how they respond. Our team predicts that brain-behavioral markers of fear reactivity, response to pleasure and self-regulation will combine in different ways in different children to produce risk (or resilience) for anxiety and depression. Measurement of unique, child-specific combinations of risk markers will allow us to customize brain "training" for individual children to maximize treatment effect.

Building interventions based on neuroscience and customized to child-specific constellations of biologically-driven risk has the potential to reduce anxiety/depression in the millions of American children who suffer from functionally impairing symptoms. By focusing this work on young children, we expect to develop interventions that will support clinically affected and at-risk youth in achieving control over early anxiety to last a lifetime. ■

MOVING TOWARDS WELLNESS

Physical activity can be a powerful tool for lifting mood and maintaining wellness. It has been crucial for Kathy Brzoznowski, MPH. Kathy is a marathoner, health services researcher and longtime volunteer on both the Depression Center's Community Volunteer Committee and the Department of Psychiatry's Patient & Family Advisory Council. Trained in kinesiology and health behavior, Kathy was interested in other patients' experiences with physical activity and whether they were interested in further integrating mood-boosting physical activity into their lives.

Under the leadership of Dr. Marcia Valenstein, Kathy formed a multidisciplinary team of fellow patient advocates, U-M clinicians, and researchers in health services and motivational science to investigate the physical activity experiences, needs and preferences of outpatients receiving care at the Rachel Upjohn Building. Nearly 300 adult outpatients completed the Moving Towards Wellness survey, which found that most patients recognize the link between physical activity and mood, and nearly all wanted to be more active. However, many patients reported that their symptoms pose extra challenges to engaging in and maintaining an active lifestyle. Follow-up phone interviews elicited patient suggestions for physical activity programming.

The Moving Towards Wellness Pilot Program is being developed to meet the needs and specific requests for physical activity support programming articulated by University of Michigan Outpatient Psychiatry service users. Services envisioned will be evidence-based, designed with the input and wisdom of patients themselves, and will offer support, structure and encouragement for patients to increase their level of physical activity. Through the Moving Towards Wellness program, patients will meet with coaches to set personalized goals, create tailored physical activity plans, learn about resources, and receive encouragement that can help them stick with their activity plan. ■

The Moving Towards Wellness Program exemplifies the collaborative spirit between patients and providers, and the Moving Towards Wellness team looks forward to helping patients thrive! For more information, contact: **marciav@med.umich.edu.**

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UNIVERSITY OF MICHIGAN HEALTH SYSTEM

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