



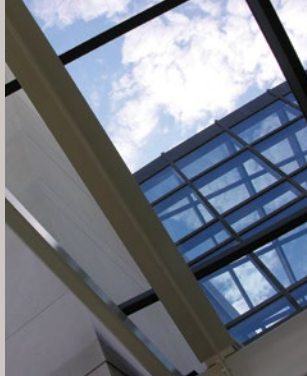
# IMPACT

2013–2014 Activity Report



**DEPRESSION CENTER**  
UNIVERSITY OF MICHIGAN HEALTH SYSTEM

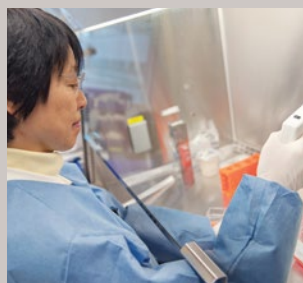




IMPACT ■ 2013–2014

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# A letter from our executive director

**Bold goals** are challenging and motivating. Conquering and curing clinical depressions, bipolar illnesses and related disorders is the goal that drives the University of Michigan Comprehensive Depression Center's (UMDC) team. Mood disorders are common. They start early. Untreated, they recur again and again throughout the lifespan. They touch everyone, are expensive, and their consequences can be tragic and even deadly if left untreated. They have multiple causes, so no one size treatment will fit all. For many patients, treatments are frustrating and too often abandoned. But Depression Center members face these challenges with growing confidence every day.

As you begin to read the pages of our 2013-2014 IMPACT report, you will get a taste for some of the many ways UMDC members are harnessing collaborative and innovative strategies to address these challenges and achieve our bold goals.

The diagram illustrating the Center's Strategic Plan shown here is not just an intellectual exercise. There is power in collaboration and the Depression Center thrives on partnerships. Some of our faculty, students, and staff excel in partnering to unveil underlying mechanisms through basic neuroscience, molecular, psychosocial and cognitive sciences. Others adapt what is learned to develop biomarkers or "signposts" that help clinicians in labeling the real underlying cause to select the precise treatments that work. Still, others are leaders in forging new strategies to deliver the right treatments for the right person at the right time. All members share a passion to teach and learn. Addressing different components of the overall challenge with collaborating teams does lead to breakthroughs that save families and lives.

Some of the Center's undertakings are breathtakingly innovative. The M-SPAN (Military Support Programs and Networks) peer-to-peer programs are family-oriented, and emphasize resiliency. The Prechter Bipolar Research team and its Cell and Developmental Biology faculty members continue to advance an entirely new way of evaluating brain mechanisms. These teams are linking skin biopsies from individuals with bipolar illnesses with stem cell molecular strategies to develop neuronal cell lines that can be evaluated with different treatments—a possible step in developing personalized treatments. Also, U-M College of Engineering faculty members are partnering with the Prechter team to guide the development of mobile phone models for both research and clinical care.

UMDC staff members have also led numerous suicide prevention programs in dozens of high schools, college campuses, medical schools, military bases, and even on aircraft carriers. Partnerships with the National Football League Players Association (NFLPA) and the National Collegiate Athletic Association (NCAA) have been implemented to address unique needs of athletes across the nation. The "Athletes Connected" program mobilizes athletes' voices to mobilize help-seeking, enhance performance, and save lives.



What we do would not be possible without the Depression Center's family of supporters. Our supporters and campaign committee members help provide the fuel to move pilot research ideas into action. Our National and Scientific Advisory Boards, our Campaign Council and our patients help shape, refine and support our mission. Medical residents, interdisciplinary students, post-doctoral candidates, and the Center's many partners in the National Network of Depression Centers (NNDC) make it possible. All Center members are invested in overcoming stigma by replacing misunderstandings with knowledge, and stereotypic misperceptions with accurate portrayals of what we know and what we don't. Our website is a valued resource for thousands. A growing number of business partnerships are driving strategies to develop and disseminate the advances being made.

The challenge of conquering mood disorders remains a bit daunting. But neuroscience and other research advances have opened doors. The mysterious brain is becoming better understood, stigma is lessening, culture is changing, a philanthropy campaign is underway, the knowledge needle is moving rapidly, and the race to save families, save lives, and save money is no longer just a dream.

Please enjoy reading through this report to learn about some of the accomplishments, the "Impact" we produce, and to learn more about what is in store for the future of those we treat and their families. And please share your ideas to guide future efforts.

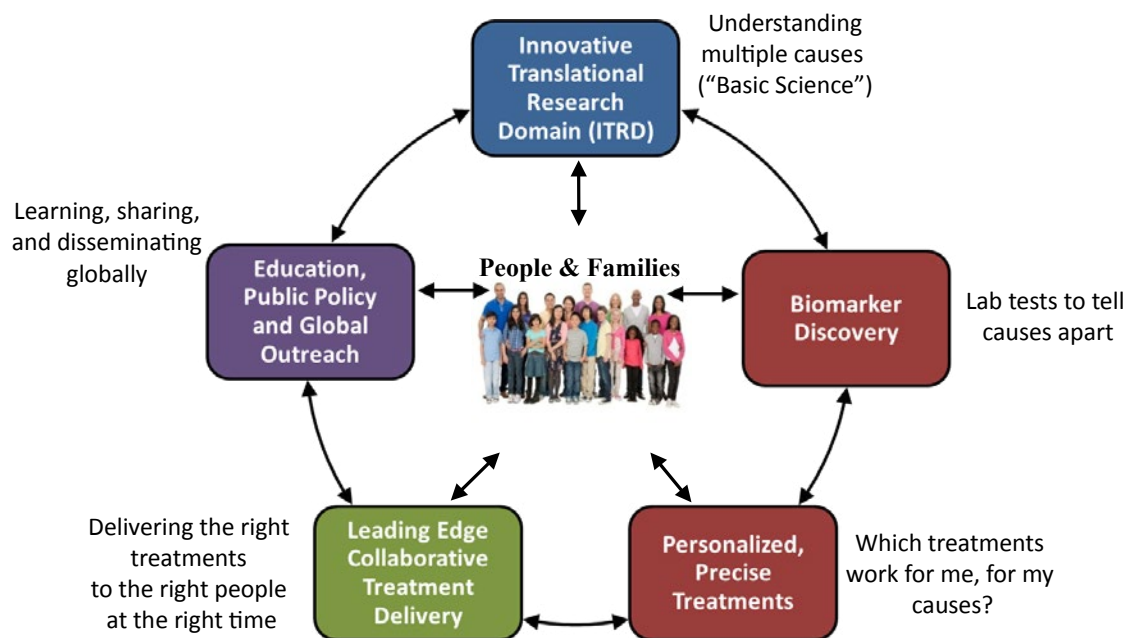
Thank you!



John F. Greden

## A Transformative Strategic Plan

University of Michigan Comprehensive Depression Center



# Innovations

## *in Research and Discovery*



*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, and helping people stay well.*

## PRECHTER BIPOLAR RESEARCH FUND

THE PRECHTER FUND, established in memory of the visionary community and business leader Heinz C. Prechter, supports an extensive platform of multi-disciplinary research on bipolar disorder, including studies on psychiatric genetics, neuroimaging, neuroscience, sleep, diet, metabolism, and treatment effectiveness. It has been a remarkable few years for the Prechter Bipolar Research Fund! The Prechter team is positioned on the vanguard of bipolar research.



### Bipolar Genetics Repository and Longitudinal Study

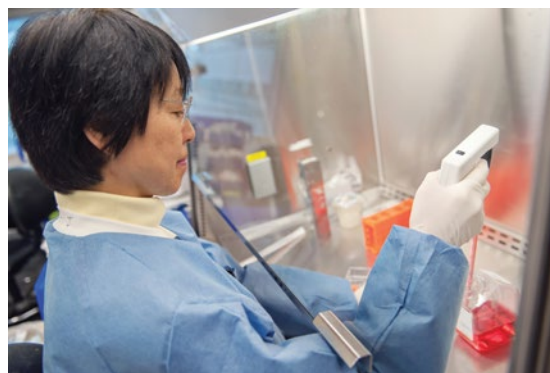
The primary goals of the Prechter Longitudinal Study of Bipolar Disorder and the Prechter Bipolar Genetics Repository are to identify predictive markers that can be used to prevent mood episodes. Both initiatives were established in 2005 at the University of Michigan Depression Center, and thus far, the Prechter Longitudinal Study has enrolled over 1060 individuals. These participants are partners in generating billions of data points through biological samples (DNA), neuropsychological testing, clinical interviews, bi-monthly follow-up and innovative monitoring using mobile devices. Participants also collaborate with the research team in additional studies that have resulted in the acquisition of 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. These data place the Heinz C. Prechter Bipolar Repository on the forefront of psychiatric research and attract local, national, and global partners. ■

### 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 generated from patients with bipolar disorder. This is powerful model to study cell function, and stimulates the discovery of new molecules that will create and test personalized, precision medications. ■

### PRIORI: Longitudinal Voice Patterns in Bipolar Disorder

Predicting and preventing recurrent episodes in bipolar disorder is a priority. The Heinz C. Prechter Bipolar Research group is using smartphone technology to capture data in a non-obtrusive, in-the-moment manner. A software application developed by the research team runs in the background of the cellular device and gathers the acoustic patterns of speech that are sent to a secure server for computational analysis. We have acoustics from 20,000 calls from people with bipolar illnesses participating in this project. This program has attracted worldwide attention. It has the potential to change health care monitoring. We are now looking at the next phases — getting the program in more hands, improving the sensitivity and learning how identify and respond earlier to mood changes. ■





# RESEARCH ON EXERCISE AND DEPRESSION IN YOUTH

**Rich Dopp, M.D.**

**DEPRESSIONS IN CHILDREN AND ADOLESCENTS** can be tough to deal with and at times difficult to treat. Symptoms include sadness, hopelessness, irritability, poor concentration, disrupted sleep, and lack of energy. They often impact school performance as well as relationships with family and friends. Even with treatment, such as psychotherapy and medication, nearly two thirds of adolescents with depression currently do not experience a full resolution of their depressive symptoms.



Dr. Rich Dopp, Assistant Professor of Psychiatry studies the interaction of depressive symptoms, physical activity, sleep, and metabolism in children and adolescents. An early study he conducted explored whether teens with depression would have improved moods after exercising individually three times per week for 12 weeks. The results found that participants had significant decreases in depressive symptoms supporting the potential use of exercise as treatment to improve mood and treat depression. This result builds upon prior studies indicating that exercise increases brain neurotrophins; these are essential proteins that have been called the “plant foods” of the brain.

A follow-up study Dr. Dopp conducted examined symptoms of depression in adolescents who completed a 12-week exercise intervention. These participants were compared with other adolescents who came in once per week to meet with research staff and complete surveys (the Treatment as Usual or TAU group), but did not exercise. The exercising adolescents experienced a significant decrease in depression while those in the TAU group did not.

Dr. Dopp is extending his investigations to include biological markers through blood draws, and has studied markers of brain function, inflammation, and metabolism. He aims to improve treatment options for youth with depressive disorders by better understanding how exercise exerts its antidepressant effect on the brain and body. One of Dr. Dopp’s current research projects involves a group exercise intervention for adolescents with bipolar disorder. He is also investigating the effects of exercise to help control the dangerous weight gain for youth taking certain psychiatric medications. This work is being done in collaboration with researchers from the U-M Schools of Nursing, Public Health, Kinesiology, and the Department of Pediatrics, all of whom are members of the Momentum Center, a University-wide initiative to address the epidemic of childhood obesity. Youth who are being started on specific antipsychotic medications will participate in a 12-week exercise intervention specifically designed for children with autism spectrum disorders. If this current research project is effective, it could address the serious medical risks of these medications, which include not only obesity but also metabolic disorders like diabetes as well as cardiovascular disease.

By promoting positive changes in youth health behaviors such as exercise, Dr. Dopp hopes to influence the course of medical and psychiatric illnesses, improving both physical and emotional well-being for these youth during their teen years and throughout their lifetime. ■



## 2014 TAUBMAN EMERGING SCHOLAR RECIPIENTS

**TWO UNIVERSITY OF MICHIGAN PSYCHIATRY RESEARCHERS** have been awarded three-year emerging scholar grants from the A. Alfred Taubman Medical Research Institute. The institute connects philanthropists with promising early-career doctors who also are pursuing laboratory research. The grants help talented researchers establish the credentials they need to pursue traditional funding — keeping the brightest and best actively involved in the search for medical breakthroughs.

### Mood Disorders and Disability

Brian Mickey, M.D., Ph.D., Assistant Professor of Psychiatry will be studying how mood disorders, currently destined to become devastating diseases of brain function that affect tens of millions of Americans and representing a leading cause of disability throughout the world, can be treated more effectively. His aims are to better treat those with “Treatment Resistant Depression,” commonly referred to as TRD. The causes of mood disorders remain mysterious, but recent discoveries shedding light on an array of brain mechanisms offer hope for better understanding, better prevention, better treatments, and maintenance of wellness.

Rapid technological developments in human brain imaging and genetics, in particular, have brought these goals within reach. Dr. Mickey is applying magnetic resonance imaging, positron emission tomography and genetic analysis in human studies to address two main questions. The first question is: What are the differences in emotional brain circuitry that make some individuals vulnerable and others resilient to mood disorders? His second question is: Can measurements of relevant genes, molecules, and circuits be developed into biomarkers for clinical use?

“Answering these questions will promise to transform prevention and treatment of mood disorders, with enormous beneficial impact for individuals and society,” said Dr. Mickey. ■



### Genetics and Life Stress

Srijan Sen, M.D., Ph.D., Assistant Professor of Psychiatry at the Medical School and Research Assistant Professor at the Molecular and Behavioral Neuroscience Institute (MBNI) understands that the two most important factors involved in major depressions and bipolar illnesses are genes and life stress.

“Physician internship is a rare situation where we can predict a dramatic increase in stress and depression and provides an ideal model to identify gene-stress interactions in depressions,” Dr. Sen said. “In this study, we will utilize the internship model to perform the first broad-scale analysis to identify genetic factors from across the human genome that interacts with stress in the development of depression.”

Dr. Sen’s project has the potential to transform our understanding of the biology underlying depression and develop better treatments from people suffering with the disorder. ■

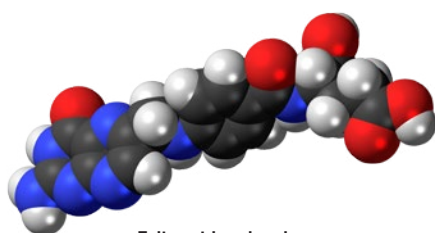


## PHARMACOGENETICS AND THE ROLE OUR GENES PLAY IN MEDICINE

**PHARMACOGENETICS** lies at the intersection of pharmacology, clinical pharmacy, and genetics. Genetic differences in how a person might metabolize (or break down) a certain medication lies at the heart of pharmacogenetic research. Vicki Ellingrod, PharmD, is a psychiatric pharmacist at the University of Michigan and a member of the Depression Center's Leadership Team. Her research and clinical programs focus on how genes may be related to how effectively we respond to medication or develop side effects.

Dr. Ellingrod's research team also has focused on the role of folic acid in the occurrence and treatment of heart disease for people taking antipsychotics. The risk for heart disease is strong for people with a serious brain illness, and for some, their use of antipsychotics may be increasing this risk. Partaking in a healthy diet and exercising may help prevent the occurrence of heart disease for some, but for others leading a healthy lifestyle is not enough.

Folic acid is a B vitamin that is important to cell growth and overall body functions. The way folic acid is broken down in one's body is determined by their genetic makeup. Some individuals do not metabolize or break down folic acid very well. Dr. Ellingrod's research has shown that in there may be an increased risk for heart disease in such individuals.



Folic acid molecule.

Results of Dr. Ellingrod's initial folic acid trial found that those who have issues with blood sugar, cholesterol, and weight (also known as metabolic syndrome), may be able to use folic acid digestion to help improve overall cell functioning related to heart disease. Additionally she found that people with a specific combination of genes related to folic acid may be better able to reap positive benefits from folate supplementation. More research is needed, but initial results have

been promising. For now, ensuring that patients with mental health issues and who are at risk for heart disease may want to follow a diet rich in folic acid. The team is now conducting a larger study comparing the effect of folic acid versus placebo.

Dr. Ellingrod graduated from the University of Minnesota and then went on to complete a research fellowship at the University of Iowa. She joined the faculty and stayed in Iowa for 11 years before moving to the University of Michigan. She currently runs the Clinical Pharmacogenetics Laboratory at the U-M College of Pharmacy. She is a professor in the College of Pharmacy as well as the School of Medicine, Department of Psychiatry. Her work has been funded through the National Institute of Mental Health as well the National Alliance for Research in Schizophrenia and Depression. She and Dr. Srijan Sen serve as Co-Chairs of the Depression Center's Biomarkers Task Group, a pivotal component in the Center's efforts to develop personalized, precise treatments for depressions and bipolar illnesses. ■



Vicki Ellingrod, Pharm.D.



# Community and Professional Education



*2013-2014 marked the fifth year of the Depression Center's 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.*



# POSITIVE MENTAL HEALTH ON CAMPUS

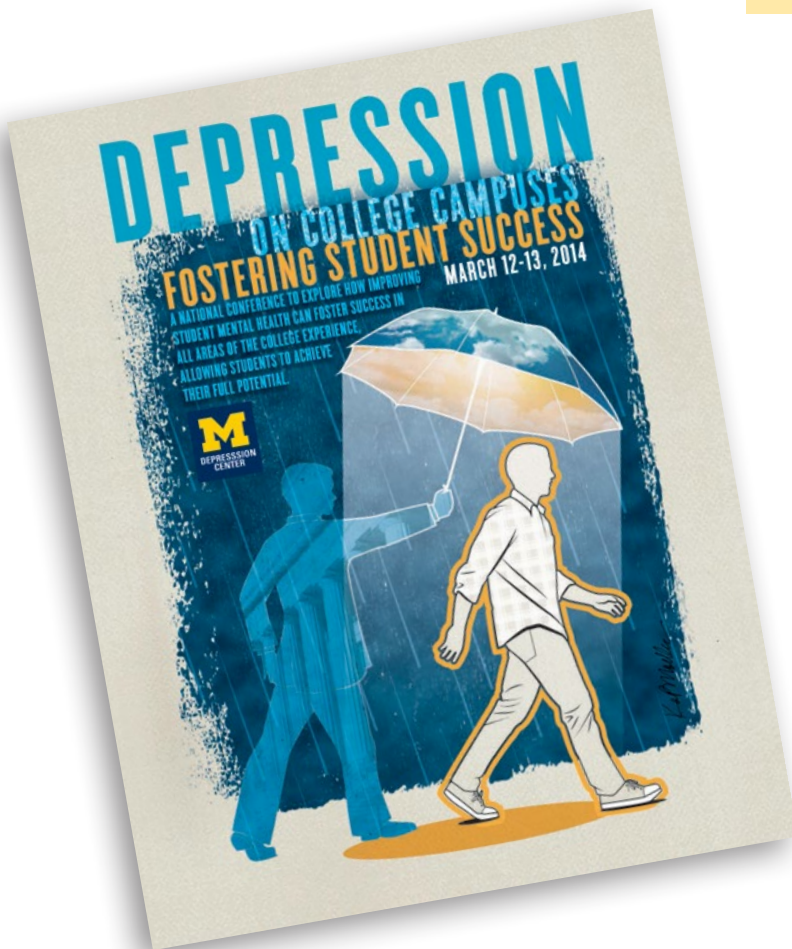
## Depression on College Campuses Conference

The 12th annual Depression on College Campuses Conference, held in March 2014, brought together a multi-disciplinary group of participants from over 50 colleges, universities and advocacy organizations across the country. The group interacted to address the theme of “Fostering Student Success.” Workshops and presentations explored how a focus on improving mental health resources on campus can benefit student success in all areas of the college experience: emotional, physical, social, and academic.

Conference attendees are professionals who touch every aspect of student life, spanning counseling centers, health services, housing, and administration. In addition, students, researchers, faculty, and university governing authorities also attend. ■

### What participants had to say about the conference:

- “Keynote speakers were amazing.”
- “This conference continues to ‘update’ my life’s work. It energizes me.”
- “This was my first time at this conference and it exceeded my expectations.”
- “All of the presentations were excellent, which is very unusual in my conference-attending experience.”
- “I enjoyed gaining a broader perspective about college mental health.”
- “The entire conference was informative and thought-provoking. I learned a lot and have a lot to think about and share with loved ones. Thank you.”



...a multi-disciplinary  
group of participants  
from over  
**50**  
colleges, universities and  
advocacy organizations  
across the country.

## Athletes Connected: Innovative Partnership to Support Student-Athlete Mental Health

Many student athletes experience mental health problems such as depression and anxiety. Many of them also are reluctant to seek help. Athletes Connected, a unique collaboration between the U-M Depression Center, School of Public Health, and Athletic Department — developed with initial funding from the NCAA (National Collegiate Athletic Association) Innovations in Research and Practice Grant Program — is increasing awareness of mental health issues, reducing the stigma of help-seeking, and promoting positive coping skills among student-athletes.



Former University of Michigan football player Will Heining

“Sometimes it’s a bit more difficult for student-athletes to seek help because the norms surrounding sports are being tough and resilient, and finding one’s own way through problems,” says Daniel Eisenberg, Ph.D., associate professor of health management and policy at the University of Michigan School of Public Health, and Depression Center faculty member. “All of those norms can work against seeking help, so student-athletes might be more vulnerable to significant mental health problems.”

To address this concern, the project team created brief and engaging videos featuring former University of Michigan football player Will Heining and swimmer Kally Fayhee, both of whom successfully overcame mental health struggles during their time at Michigan. The project is also facilitating drop-in support group sessions specifically tailored for student-athletes, which are held on the Athletic Campus for easy access.

“When you have healthy student-athletes who have perspective and understanding of life, you have increased performance. It’s truly a win-win,” says Heining. “I couldn’t be more excited to work on this project, and how fitting that it’s happening at Michigan.”

Preliminary results have been encouraging:

### Videos

There have been nearly **10,000 views** of the videos, and 99% of student athletes who viewed the videos during team presentations reported that they were engaging and relevant to themselves or other student-athletes.

### Team Presentations

Presentations were made to every athletic team, nearly **900 student-athletes**, all of whom completed an evaluation survey before and after the presentations. Following the presentations, student-athletes reported being:

- More comfortable discussing mental health issues with their teammates;
- More confident in their ability to identify a teammate who may be struggling with mental health concerns;
- More confident in their ability to help a teammate access mental health care/other support services on campus;
- More likely to consider seeking help if they were having a personal problem that was bothering them;
- More knowledgeable about depression, and;
- More willing to accept someone who has received mental health treatment as a close friend.

## Athletes Connected groups

Another key component of Athletes Connected is drop-in support groups which are offered bi-weekly at a convenient location on the Athletic Campus. During the pilot phase of the program, support group attendees reported:

- An **improved mood** following participation. When asked to describe their mood before the group began, they reported feeling anxious, stressed and sad. After the group concluded, they said they felt **clear-headed, connected, content, excited, inspired, positive and relieved**.
- After the support group, attendees also felt **ready to seek further information** about available mental health support services, and were **more likely to speak with a professional clinician, teammate or support group** if they were experiencing serious emotional distress.
- **67 percent** of support group attendees reported that they had **implemented strategies that were learned in the group** to manage stress. Strategies included meditation, relaxation, positive thinking, and communication. ■

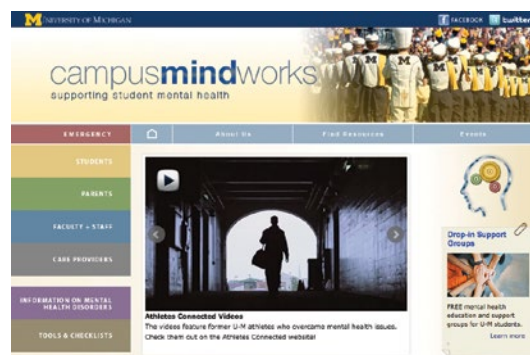
## Participant Feedback

“I learned that my sport doesn’t define who I am.”

“I learned the importance of creating a balance of healthy and fun activities outside of school and athletics.”

“For me, just learning to share and talk about things that were upsetting me was a big thing that I took away from the group.”

## Campus Mind Works



The Depression Center created the Campus Mind Works program in 2009 to support student mental health at the University of Michigan. The Campus Mind Works website ([campusmindworks.org](http://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 (also in 2009) 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 that time, several new outreach components have been implemented under the Campus Mind Works “umbrella,” in order 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;
- **Depression awareness presentations in student residence halls** in collaboration with the U-M Educational Theatre Company and University Housing, to engage and reach students literally “where they live” and;
- **Pilot implementation of the “Notice & 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.





### Campus Mind Works 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 Depression Center, College of Engineering, and the Newnan LS&A Academic Advising Center.



### Participant Responses

"It was very informational and presented in a relatable way!"

"I learned how to be there for a friend in a real situation."

"I learned that it's not a sign of weakness to ask for help."

### Participant Feedback

"So happy I came, I feel so much better after attending and will definitely come to the future meetings."

"Thank you, this was very informative and helpful!"

"Thanks for your time. Thanks for your care in organizing this and providing opportunities."

"This time is much appreciated. You are doing many wonderful things. Thank you!"



### Depression awareness presentations in residence halls

During the 2013-2014 academic year, the Campus Mind Works outreach initiative continued its partnership with the U-M Educational Theater Company (UMetc) to provide depression awareness and stigma reduction education in the U-M residence halls. Performances by UMetc were followed by presentations on recognizing signs and symptoms of depressive illnesses, supporting students with mental health disorders, as well as strategies for prevention, self-care, and help-seeking on campus. The goal of the program was to reach students "where they live." Evaluations following the presentations found that students were more confident in their ability to identify and refer peers who may be struggling with depression or anxiety, and were also more willing to seek help for themselves if they were experiencing a significant personal problem. ■

## 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, learn how to approach a student who may be struggling, and identify 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. ■

### Participant Feedback

“The workshop was successful in getting us to envision a potential real life scenario and how we should handle it in the most respectful and beneficial way.”

“College students are under dangerous amounts of stress and we need to be able to help them.”



## HIGH SCHOOL PROGRAMS

### Peer-to-Peer Depression Awareness Initiative

2013-2014 marked the fifth year of the Depression Center's 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, and were also more willing to seek help for themselves if they were experiencing symptoms of depression.



**Ann Arbor Technical High School**  
**Community High School**  
**Huron High School**  
**Lincoln High School**  
**Pioneer High School**  
**Roberto Clemente Development Center**  
**Saline High School**  
**Skyline High School**

In addition to educational collaborations with schools in Ann Arbor, in 2011 the Depression Center began a partnership with Byram Hills High School in Armonk, NY to develop the “EVEN” program — a customized training and education program focusing on anxiety, stress, and depression for school faculty, staff, students, and the community.

Since its inception, the EVEN program has delivered ongoing activities, including intensive trainings and presentations for staff; panel discussion events for parents and community members; and student-led initiatives to raise awareness of mental health issues, reduce stigma, and encourage help-seeking among their fellow students. ■



Participants in the Peer-to-Peer Depression Awareness Initiative



## 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 & 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, MI. ■

### Panel presentations in 2013-14 included:

**Health Care Reform and Mental Health Parity: What Does It Mean For You?**

**Genetic Testing for Autism and Psychiatric Disorders in 2013: A Rapidly Moving Target**

**Understanding Adolescent Depression: How to Recognize It, and How to Get Help**

**Identification and Treatment of Anxiety Disorders in Children and Adolescents**

## Colloquium Series

### Colloquium topics in 2013-14 included:

**Connections between Personality Disorder and Bipolar Disorder: An Overview**

**Mental Health Interventions to Support Military Families**

**Circadian Regulation and Mood Disorders**

**The Role of Fibroblast Growth Factor System in Depression**

**Tracking Developmental Changes in Childhood Psychiatric Disorders**

**Electroconvulsive Therapy for Adolescents and Adults: An Update**

Each academic year the Colloquium Series provides cutting-edge information for health professionals through six presentations, featuring Depression Center faculty members 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. ■



## Addressing the Severe Shortage of Child Psychiatrists in Michigan: The Michigan Child Collaborative Care Program (MC3)

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### 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.

### Highlights of the Michigan Child Collaborative Care Program

Through continued support from the Ravitz Foundation, 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 18 counties in Western and Northern 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:

#### Nearly 100 percent

of primary care clinicians strongly agreed or agreed that “following the phone consultation I felt more confident that I could effectively treat this child’s behavioral problems.”

- 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, including 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 (mental health social worker employed by CMHs) 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 University of Michigan 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.
- MC3 is now available in 18 counties in Michigan. From May of 2012 through May of 2014, approximately 180 primary care physicians have enrolled in the program. We have offered 613 phone consultations to these providers and conducted 18 telepsychiatry consultations for children and families from their practices. Physician satisfaction is summarized below. Also included are three examples of parent satisfaction with the service. ■

**166**  
primary care  
providers

**34**  
telepsychiatry  
consults

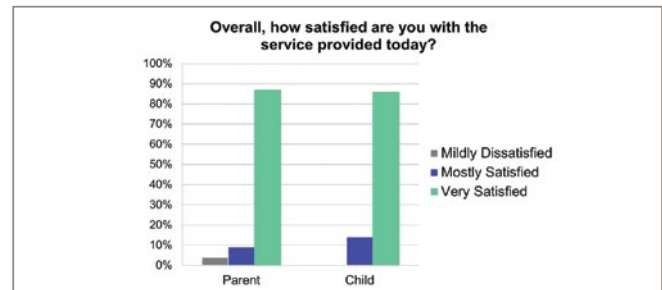
**602**  
phone  
consults

### Physician Responses

**“We have come to rely on your expertise when we encounter complex cases like this one. You are a valuable resource for our school based health clinic in an area with too few child and adolescent psychiatrists to meet the needs of our teens.”**

**“This continues to be a great resource. I feel like I am able to translate conversations to other children I am seeing.”**

**“I feel like I am a more capable pediatrician having such an incredible committed team supporting me.”**



## The Frankel Psychotherapy Program

The Frankel Psychotherapy Program is a donor-funded Depression Center initiative that launched at the Ypsilanti Health Center (YHC) in September 2012, with a mission to improve access to evidence-based psychosocial interventions for children, adolescents and caregivers. Children and adolescents between the ages of 3 to 17 years are referred to the Frankel Program when they present signs or symptoms of emotional and/or behavioral problems.

Referrals to the Frankel Psychotherapy Program begin with YHC social workers who triage and ensure a “warm handoff” of appropriate referrals to Frankel clinicians, clinical child psychology postdoctoral fellows. During 2013 and 2014 almost 1,000 appointments were scheduled, treating 50+ new families in Ypsilanti. The feedback from physicians, staff and families has been overwhelmingly positive. In an effort to serve even more children and families, weekend hours will become available to patient families beginning in June, 2015. ■



Polly Gipson, PhD, pictured third from left, works with primary care physicians at the Ypsilanti Health Center.

# *Translation into* **Treatment** **Outreach** *to Targeted Populations* *Improving* **Access to Care**

*Our M-SPAN (Military Support Programs and Networks) team has been working with military and community partners since 2008 to develop innovative approaches to outreach and engagement; strategies for overcoming stigma; and the design and delivery of programs for military families. Each of our programs has a strong evaluation component so that we can assess impact and effectiveness.*





## M-SPAN: MILITARY AND VETERAN WELLNESS

**OVER 2.5 MILLION AMERICAN TROOPS** have been deployed to combat zones since 2001. More than one third of these troops served two or more tours. Although service members, veterans and military families demonstrate remarkable resilience in the aftermath of these deployments, a significant percentage develops mental health symptoms that require evaluation. Where might they turn for help? Fewer than 30 percent of military families live on military installations; the remaining 70 percent live in thousands of communities nationwide. These communities are often under-resourced, and it can be difficult for those who need services to get the help they need. Addressing these challenges is an important national mission, and communities are recognizing the need and exploring ways to be part of the solution.

The University of Michigan Depression Center's M-SPAN (Military Support Programs and Networks) team has been working with military and community partners since 2008 to develop innovative approaches to outreach and engagement; strategies for overcoming stigma; and the design and delivery of programs for military families. Each of our programs has a strong evaluation component so that we can assess impact and effectiveness.

M-SPAN programs at the University of Michigan are part of the Welcome Back Veterans initiative, a national collaboration among Major League Baseball, the McCormick Foundation and seven prominent universities. Welcome Back Veterans, believing in the power of public-private partnerships, is committed to creating a national network of university-based medical centers of excellence to address the mental health needs of our veterans and their families. Without their funding and support, these programs would not be possible.

Our hallmark programs are described below.

### Buddy-to-Buddy

Buddy-to-Buddy (B2B) leverages the power of peer support that is so ingrained and potentially powerful 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; Army, Navy and Marine Reservers; and Community Veterans.

Sometimes veterans do not seek assistance because of the stigma associated with asking for help. Buddy-to-Buddy seeks to overcome that stigma and open the door to improving the well-being of veterans and their families. Currently B2B has over **120 trained Volunteer Veterans** who are available **throughout Michigan**. Since its implementation in 2010, our volunteers have **assisted over 2,400 service members and veterans** with a wide variety of concerns, including mental health, substance abuse, employment, finances, housing, and benefits. ■



“*And all it took was one hour of my time to get things started [for the veteran].*”

— Volunteer Veteran on providing support to a soldier and helping him make a positive change in his life

Facing page: Raymond F. Chandler, Sargent Major of the Army, delivers the keynote speech at M-SPAN's Summit on Reserve Component Military Family Research on April 25, 2013.

## Buddy-to-Buddy Gallery



Volunteer Veteran Alfonse VanHese eating lunch and talking with service members of his unit during a drill visit.



Volunteer Veteran and Guard member meet and talk at the Buddy-to-Buddy Volunteer Recognition event on March 22, 2013.



Volunteer Veteran Alfonse VanHese and North and Upper Peninsula (UP) Regional Coordinator Phil Presnell represent the program at the UP State Fair.



Volunteer Veteran Frank Lombard represents the program at the Upper Peninsula State Fair



Volunteer Fred Turk assisting homeless veteran at the Grand Rapids Veteran Stand Down on September 16, 2013.

**“ We are a family, forged in battle. We have a responsibility to care for each other. Buddy-to-Buddy is the best way I know how. ”**

— Vietnam Veteran, Buddy-to-Buddy Volunteer



Left to right: West Michigan Regional Coordinator and Director of Training Bob Short, Buddy-to-Buddy Program Coordinator Stephanie Zarb, East Michigan Program Coordinator David Thomas, North Michigan and Upper Peninsula Regional Coordinator Phil Presnell



Buddy-to-Buddy program leadership and Guard Leadership at the Buddy-to-Buddy volunteer recognition event on March 28, 2014.



## PAVE (Peer Advisors for Veteran Education)

PAVE is our 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 it is that the veteran will have a successful academic career. The PAVE Program has been 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 funded by a generous grant from the Bristol-Myers Squibb Foundation. Since the program's inception in 2012, **437 student veterans have been assisted**. The program has conducted dozens of trainings, having **trained 144 Peer Peer Advisors and 16 Veteran Services Coordinators** to date. The program has **reached over 3,200 students**. Trained Peer Advisors have **educated over 100 faculty and staff** on veteran's issues. ■

### PAVE is currently active on 13 campuses\*

Auburn University  
Bowling Green State University  
Central Michigan University  
Eastern Michigan University  
Grand Valley State University  
Indiana University  
Purdue University  
Texas A&M University  
The University of Colorado – Denver  
The University of Iowa  
The University of Maryland  
The University of Michigan  
The University of Nevada Las Vegas

\*Over 60 schools have requested to have PAVE at their campus.

### A campus-wide survey on student veteran needs and PAVE effectiveness is part of the PAVE program. Excerpts from the survey results are listed below:

**"I feel that it is the positive reinforcement, moral support, and the encouragement that [makes] the difference, and that is why PAVE is successful, and will continue to be successful in positively changing veteran and veteran dependents' lives in the future."**

— PAVE Peer Advisor

**"A veteran comes to our [Student Veteran] office and meets someone that has been in the military or that are currently serving in the military, and it's that instant bond, instant camaraderie. It's an understanding that 'I've been there' and 'You've been there' and we're going to work together to help you get through this."**

— Veteran Service Coordinator

**"I'm the first in my family to go to college so it was definitely a foreign experience to me and I tried to latch on to other military members in the community as quickly as possible just because I knew that the academics would be tough, so I wanted something familiar when I got here at the university."**

— Peer Advisor on why he joined PAVE



Peer Advisor Leads providing information on PAVE at an event at Central Michigan University.



## Strong Military Families: A Group-Based Program for Military Families with Young Children

Parenting across the deployment cycle raises special challenges for military families with young children. The Strong Military Families (SMF) Program aims to improve the resilience and wellbeing of Michigan's military and veteran families through the delivery of a positive parenting program. The SMF Program includes military service members, their spouses or partners, their young children from birth to 8-years-old, and older siblings. The program is unique in that the whole family participates.

The SMF program incorporates a parent group curriculum and a corresponding child group curriculum, and is designed to address five core pillars: 1) increasing social support, 2) broadening positive parenting strategies, 3) enhancing parent-child connections, 4) learning stress reduction and self-care, and 5) connecting families to resources. The concurrent child group pairs children one-on-one with a trained volunteer who provides care and engages in fun activities with each child.



Children participating in Strong Military Families activities draw images of what being in a military family looks like.

### Participant Feedback

**"I know that without the program I wouldn't have the relationship that I now have with my kids. There's nothing out there like it where you go for help and to become stronger as a family."**

— Michigan Army National Guard Veteran

**"Great tips for handling challenging situations with children."**

— Air Force Veteran

**"It's a way for parents to support and learn from others."**

— Parenting partner of Active Duty Navy

**"Parents can learn how to talk to their children about their feelings regarding deployment & reunification."**

— Army Spouse

**"When you go through deployment, you go through a lot and get lost. Sometimes you need help getting back on the path because it doesn't matter how much you know, you can always learn more..."**

— Army National Guard Service Member

### Program Highlights:

- Since 2009, 11 multifamily groups have been offered; The SMF Program has served a total of 129 parents and 159 children.
- Families in regions not currently served by the multifamily groups have the option of participating in a home-based version of the program, receiving regular weekly mailings conveying the SMF curriculum content.
- Participating families represent all 5 branches of the U.S. armed forces.
- After piloting the program in Ann Arbor, multifamily groups were offered in 4 Michigan counties including Macomb, Oakland, Washtenaw, and Jackson.
- Community-based agencies have been trained in implementation of the program.
- Preliminary data indicates that parents who participate in the SMF groups feel more confident, report fewer child behavior problems, and experience a reduction in mental health symptoms. ■

## HomeFront Strong: Resiliency Group for Military Spouses

HomeFront Strong is an eight week resiliency group for military spouses or partners experiencing distress associated with deployment. It is grounded in **evidence-based strategies** for managing stress and promoting resilience, tailored specifically for military families and the deployment experience.



The group is open to individuals at any point in the deployment cycle. HomeFront Strong focuses on building social support and positive relationships, learning new approaches to self-care, connecting to resources, and promoting resiliency and positive coping. The importance of “meaning making” and the personal story each person has about their deployment experiences is highlighted, with an emphasis on re-authoring one’s story to reduce distress and improve marital and family

relationships. A simultaneous children’s program is also offered for participating families. There is a curriculum for group leaders facilitating the children’s groups and a weekly workbook for children that contains resiliency resources and activities.

### More Highlights:

- HomeFront Strong groups in the Ann Arbor area have reached 26 families.
- Next steps include expansion into nearby counties, with additional groups planned in Wayne, Washtenaw, Macomb, and Oakland counties in 2014-15.
- Efforts to build community capacity have been launched. In August 2014, 20 community therapists were trained in military family resilience using HomeFront Strong approaches. Three community trainings are planned in the next year. A multi-year funding opportunity from the Department of Defense will support state-wide expansion of the program to over 300 military families, with 8 additional community trainings and a web-based portal to supplement program.
- Our team has presented at national and regional conferences, and has several manuscripts under review.
- We also have several proposals pending to expand HomeFront Strong nationally through virtual delivery of the intervention and virtual delivery of training for community providers. ■



### Participant Responses

- “This group has changed my life.”
- “I feel so much stronger than I was before. I’ve done things I didn’t think I could do.”
- “It’s amazing what you can overcome. What you can live through, what you can accomplish.”
- “I felt lost. HomeFront Strong gave me direction.”
- “It is because of HomeFront Strong I truly was able to grow and become a better me.”
- “Before I felt lost and alone — now I know I am not and I know there is someone who understands.”

### Trainee Responses

- “Training was excellent. it met and exceeded my expectations.”
- “I now feel that I have tools to use with military families.”
- “This training provided me with tools and techniques to use with military families.”

# COGNITIVE BEHAVIORAL THERAPY IN LOCAL SCHOOLS

**Dr. Elizabeth Koschmann**

**CHILDREN AND ADOLESCENTS** today contend with significant stressors and high rates of mental health difficulties, yet fewer than 1 in 5 youth with mental health needs receive treatment. This lack of access to treatment leads to profound consequences including increased rates of school failure and dropout, increased risk for illness, substance abuse and addiction, self-injury, and increased risk of suicide. Barriers to treatment include inadequate insurance coverage, high out-of-pocket expenses, long wait lists, a lack of transportation to attend clinic-based appointments, and a shortage of trained clinicians. Many adolescents and their families are also afraid to seek clinic services because of a perceived social stigma and associated discomfort in office settings.

The school setting offers unique advantages for increasing access to mental health treatment. School-based professionals can identify youth with symptoms and offer services regardless of students' insurance coverage, socioeconomic status, parental involvement, or willingness to seek clinical care. Studies evaluating school-based mental health services have been encouraging; however, limited time and resources prevent most school-based professionals from obtaining adequate training to develop the necessary skillset.

Cognitive-behavioral therapy (CBT) is a proven method for treating depression and anxiety in school-based settings. CBT utilizes a set of practical skills, including mood monitoring, relaxation exercises, identifying and replacing troubling thoughts, and learning to face triggers of anxiety in a safe, gradual way.

Research is now needed to support increased “real world” use of CBT-based treatments, as they remain inaccessible for most youth. Dr. Elizabeth Koschmann and her team of psychiatrists, psychologists, expert CBT clinicians, and research staff at the University of Michigan Depression Center are striving to do just this by developing effective ways to get CBT skills into schools.

Improving ways to train school and community-based clinicians is a priority. Effective training involves giving clinicians a chance to practice new skills and receive feedback. It incorporates follow-up coaching to help trainees develop and maintain new clinical strategies. Also, training builds enthusiasm for evidence-based practices in general (including CBT). This may be pivotal, as many clinicians can be skeptical about new programs that challenge their style or thinking. Finally, it's important to teach clinicians core theory and skills, rather than just one new treatment protocol at a time, as this knowledge is likely to be far more beneficial to a wide array of youth presenting with common mental health difficulties.

In 2013, Dr. Koschmann and her team piloted a new model to train school-based professionals in common elements of evidence-based practices for the management of student mental health difficulties. Her model included locally-tailored training in basic cognitive-behavioral theory and core CBT treatment skills (such as psychoeducation, relaxation, and cognitive coping). Techniques were tested with professionals in three public high



Elizabeth S. Koschmann, Ph.D.



schools with significant cultural and socioeconomic diversity. Following the training, these professionals went on to receive live coaching from a treatment expert and six months of follow-up consultation. Results indicated that trainees showed significant increases in knowledge and confidence in their ability to utilize CBT and improvement in attitudes regarding evidence-based practice in general. All participating school-based professionals reported a significant increase in their use of CBT skills with all students, not just with students involved in the study.

Student participants who attended school-delivered CBT groups showed significant decreases in symptoms of depression and anxiety; and school administrators reported a reduction in the number of disciplinary referrals for students involved in the groups. With funding from private philanthropic gifts to the U of M Depression Center and matching funds from Michigan Medicaid, Dr. Koschmann and her colleagues are currently evaluating their model in partnership with the Michigan Department of Community Health, with a specific focus on improving social, emotional, and academic outcomes for students in high-poverty communities. Their current project involves approximately 20 school-based professionals and over 100 students from Southeast and Central Michigan. Results will provide the basis for the next critical step: a large, randomized trial of the dissemination model across varied cultural and socioeconomic settings. Koschmann has already begun design of this next phase and she and her team are actively seeking funding support from state, federal, and private sources.

“We believe that our active research program will lay the groundwork for future efforts to develop training models appropriate for replication and integration of new technologies such as online training,” said Dr. Koschmann. “Our research also points to ways that schools can integrate evidence-based practices into existing structures.” Recent state and federal efforts to increase the accessibility of high-quality mental health care (e.g., President Obama’s Now is the Time Plan and the US Department of Education’s, Project Prevent) have already created structures designed specifically to help schools meet the mental health needs of their students.

“We aim to have our work lead to new ways to address the lack of access to effective mental health care. In doing so, we aim to improve many deeply concerning academic, social, and personal outcomes related to mental health difficulties that are now all too common. I believe these aims are achievable,” Koschmann added. ■

## Participant Responses

**“This program has fundamentally changed the way I work with students; no, it has changed my life.”**

— High School Guidance Counselor

**“Before our work with Michigan, we were literally crying at our staff meetings. No one knew what to do with these kids and we were just totally overwhelmed. The need is enormous. Now when a student comes into my office, I know right away what to do that will get that kid back into the classroom. It’s incredible when it just clicks with them and you can see them start to feel better.”**

— High School Guidance Counselor

**“I took a class or two in graduate school, but I definitely didn’t leave with a working knowledge of how to use CBT. Maybe it’s not in my job description to provide that kind of support, but when a student walks in and tells me they’re sobbing every day or not sleeping at night or they show me all the cuts they’ve made on their arm, it is my job to help that student. Without the right training or knowledge, that task feels impossible.”**

— High School Guidance Counselor

**“In my almost 40 years in the field, this is the most relevant and useful training I have ever received. The techniques build insights and skills that lead directly to behavior change. Thank you, to a great team!”**

— High School Special Education Teacher

## COLLABORATIVE INITIATIVES TO DESTIGMATIZE MOOD DISORDERS

**THERE IS POWER IN PARTNERSHIPS**, and destigmatization requires active voices. The Depression Center has a distinguished history of developing, leading and then disseminating destigmatization efforts. Selected examples illustrate how important these are.

The Healthy Mind Education Initiative is a program launched by the Mental Illness Research Association (MIRA) of Southeast Michigan that strives to enhance learning and academic achievement by changing the culture of stigma surrounding mental health. Depression Center faculty and staff members are longstanding contributors. Healthy Minds emphasizes the power of peer support and bystander intervention in everything from preventing negative behaviors and violence, to identifying serious warning signs of depression, substance abuse, or suicidal intentions. Presentations have been given for the past ten years in schools and communities throughout the state of Michigan to thousands of listeners; they provide constructive strategies, resources, and materials for school staff, students, and parents to use to encourage positive behaviors. Attendees learn strategies to identify depression, as well as strategies to promote healthy behaviors.



Tarah Hipple and Eric Hipple

Presenters include the Depression Center's original and former Outreach Specialist and NFL Alumnus (Detroit Lions Quarterback) Eric Hipple, his daughter Tarah Hipple who is a student and author, and Adrienne Crockett, M.A., consultant to the Mental Illness Research Association and retired school principal at Bloomfield Hills Schools.

Eric now carries out his primary role in the Eisenhower Center, a residential facility for traumatic brain injury (TBI) and the home to the 'After the Impact' program in which NFL former players are paired with military veterans as they receive treatment in a thirty day rehabilitation setting. University of Michigan psychiatry faculty members have been involved in evaluation of these former players.

The Depression Center treasures its roles in developing, enhancing, refining, evaluating and then disseminating outreach activities to the State, Nation, and the entire globe. A difference is being made.

### Depression Center Initiatives for Athletes

Depression Center faculty and staff members have long recognized that stigma may be especially prominent among athletes and youth, especially adolescent boys. This interferes with reaching out, diagnosing, treating, and developing best-treatment approaches for athletes. Special initiatives were required, so Depression Center members responded creatively, led by Eric Hipple, former Detroit Lions quarterback; Richard Dopp, M.D.; Melvin McInnis, M.D.; Daniel Eisenberg, Ph.D.; Trish Meyer, Ed.M., Depression Center Manager for Outreach and Education; Will Heining, former U-M football player, and others. A number of innovative programs emerged, starting with the 2011 launch of the U-M/National Football League Players Association (NFLPA) "Destination Program" for retired players to receive an evaluation. That and other programs have demonstrated the effectiveness of collaborating with others to improve outreach. ■

## After the Impact

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The Depression Center and Psychiatry, in partnership with the Eisenhower Center, a residential facility in Ann Arbor specializing in TBI, launched a new program called “After the Impact” in which former NFL players are paired with military veterans as they receive treatment in a 30-day mTBI rehab setting. University of Michigan Depression Center and Psychiatry faculty members serve as evaluating providers. This collaboration was catalyzed through research done by U-M Depression Center faculty members for the NFLPA and was published in the journal *Sports and Medicine* in an article titled, “Depression and Pain in Professional Football Players.” ■

## Detroit Lions Alumni “Peer-to-Peer Program”

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The Detroit Lions Alumni group is sponsoring a reciprocal peer-to-peer outreach program to 700 of its alumni; Eric Hipple is involved in leading this group. The program aids former Lions' alumni to partner with peer leaders as they transition into retirement and/or encounter other formidable life events or medical problems. ■

## The Independence Fund

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Mr. Hipple also is involved with The Independence Fund, an all-volunteer nonprofit foundation founded by former U.S. Marine Corps veteran Steve Danyluk. Their mission is to recruit NFL players to help in a campaign to defeat stigma, bring awareness to the plight of returning veterans suffering from TBI and PTSD, and when indicated, to help direct military veterans to treatment and raise awareness. ■

## Mental Fitness and Healthy Minds

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High School students are interested and influenced by messages from athletes and former athletes. The Mental Illness Research Association (MIRA), a Foundation in Southeast Michigan, has supported more than 20 school presentations on depression and suicide prevention education to reach out to youth. ■

## Athletes Connected

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A unique partnership between academics and athletics at U-M received a \$50,000 grant in 2014 from the NCAA Innovations in Research and Practice Grant Program to address the need for mental health awareness programs for student-athletes. This collaborative effort between the U-M Depression Center, School of Public Health and Athletic Department features two key elements: brief, engaging videos to reduce stigma and encourage help-seeking; and informal, drop-in support groups designed to specifically address the unique concerns of student athlete. For more information about Athletes Connected, see page 11. ■



# Foundations

## *and Futures*



## VICTORS FOR MICHIGAN

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*In November 2013, the University of Michigan launched the \$4 billion VICTORS FOR MICHIGAN campaign — the most ambitious fundraising effort ever undertaken by a public university. Priorities for the university-wide campaign include student support, engaged learning, and bold ideas. The U-M Health System celebrated the Medicine Needs Victors segment of the campaign with the Discovery Ball in April 2014.*



## MEDICINE NEEDS VICTORS

**THE VICTORS FOR MICHIGAN CAMPAIGN** includes a \$1 billion fundraising goal for the University of Michigan Health System to create the future of health care. The boldest fundraising campaign in the University of Michigan Health System's history, this effort will provide a huge infusion of funding into depression and bipolar care, research and education.

The success of a campaign of this magnitude is determined by strong volunteer leadership, and we are pleased that Rich Rogel agreed to chair the U-M Health System Campaign and lead the campaign executive committee. Co-chair A. Alfred Taubman, a generous friend and partner to the University and the Health System, passed away just before this report was published.

By the end of 2014, the Health System's campaign had achieved over \$643 million towards the \$1 billion goal. This means we are 64% of the way to our goal, yet with the year's close, we are only 47% of the way through the campaign's duration. ■



Susan and Rich Rogel at the UMHS Discovery Ball in April 2014. Susan is a member of the Depression Center Campaign Council and Rich is the chair of the UMHS campaign.

### Depression Needs Victors

At the Depression Center, we have organized interdisciplinary research programs that reach across traditional departmental boundaries within the Health System and across the University of Michigan campus. Working within one of the only universities in the world with a top-rated medical school, law school, business school, engineering school and school of public health, and many others, partnering opportunities are abundant. With philanthropic support during this campaign, we will be able to reach more people than ever in more places than ever.

Our campaign goal at the Depression Center is to raise **\$50 million** or more in endowed and expendable funds to build on our most promising and effective work. By the end of 2014, we were almost halfway to our goal. Reaching or surpassing this goal will enable us to accelerate our efforts in pursuing more effective treatments. Examples cover the spectrum: deeper understanding of the underlying genetics of these diseases; better outreach programs; and ultimately, cures.

We have recruited a fantastic group of volunteers, our Depression Center Campaign Council, made up of committed individuals who are helping us to spread our campaign message across the country, from New York to San Diego. We are grateful to each of them for their dedication. ■

Facing page: Sanjay Gupta, M.D., CNN's chief medical correspondent and an alumnus of the U-M Medical School, served as master of ceremonies for the Health System's campaign celebration event, the Discovery Ball.

## The University of Michigan's Depression Center Campaign Priorities

Building upon our most promising and effective work, the Depression Center has selected key areas of focus for the campaign. Our \$50 million goal will enable us to:

### ACCELERATE BREAKTHROUGH DISCOVERY THROUGH INNOVATIVE RESEARCH

Strive to understand different causes and develop biomarkers to tell them apart and treat them more effectively.

### CREATE PERSONALIZED, PRECISION APPROACHES TO CARE AND WELLNESS

Use the right treatments for the right people at the right time.

### DEFEAT STIGMA

Expand education and outreach to ensure every person who needs help can get it.

### TEACH AND LEARN FROM THE WORLD

Establish a global network of research and educational partnerships.

### SUPPORT EXTRAORDINARY MINDS

Recruit and retain superb scholars, scientists and physician investigators.

## Let Us Honor Your Commitment to the Depression Center

A wide array of campaign naming opportunities are available within University of Michigan Depression Center to celebrate and honor those whose lives, experiences and financial commitments have led to the advancement of research and care for depressive and bipolar disorders.



Depression Center Development Team: Stephanie Peterson, Nancy Davis, and Courtney Metzger.

To learn more about ways to support our program, please contact Nancy Davis at the University of Michigan Health System Office of Development at 734-763-4858 or [nandavis@umich.edu](mailto:nandavis@umich.edu). ■

### Depression Center Membership

**318**

members across

**16**

affiliated U-M schools, colleges centers and institutes

### Depression Center Grants

**79**

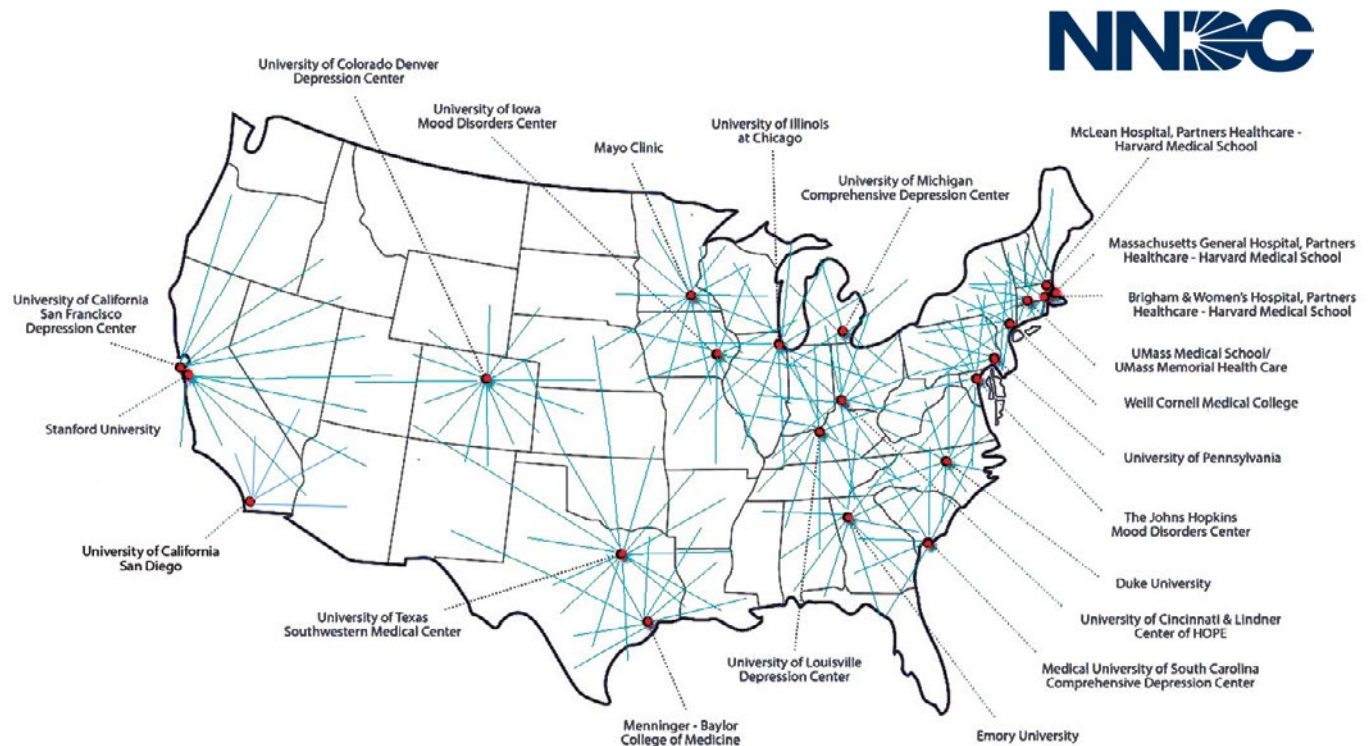
unique grants awarded to center members in fiscal year 2013-14 specifically related to depression, bipolar disorder, anxiety, related illnesses, or neuroscience totaling over

**\$76 million**



## NATIONAL NETWORK OF DEPRESSION CENTERS

THE U-M DEPRESSION CENTER was the catalyst for founding the **National Network of Depression Centers** (NNDC), a nonprofit now comprising 21 leading depression centers and academic medical centers around the country.



Through the power of the NNDC Network, the UMDC is collaborating on a large-scale patient registry that is central to the mission of both the UMDC and the NNDC. Large-scale, “big data,” long-term studies are essential to enable break-through research and enhance patient care. The pilot registry was initially formed with support of the Michigan Institute for Clinical and Healthcare Research (MICHCR). NNDC now partners with the Altarum Institute. The Repository is steadily growing, and already includes over 1,400 patients. The new registry will provide tools for clinicians to use real-time in patient care, while at the same time collecting data for use in ongoing research, grant, publication, and commercial initiatives.

The UMDC is taking a lead in the establishment of this new patient registry program by participating as one of the beta sites scheduled to come on-line later this year. Dr. Paresh Patel will lead the UMDC team as the Principal Investigator, with Drs. Stephan Taylor and Melvin McInnis, and Gloria Harrington are providing input on design and consent management requirements.

The NNDC recognizes there is no single “depression,” no single “bipolar illness.” And there will be no single treatment, no “one size fits all.” The Network has mobilized a pre-competitive interdisciplinary collaborative force that is assembling this registry to support break-through discoveries and improve the lives of patients living with depressions and bipolar illnesses. We must work together. That is the mission of the NNDC. The next goal is the establishment of a global network. ■

# Depression Center Membership

*Members are listed with their primary department, center, or institute*

Tessa Abagis, B.A., Psychiatry - Depression Center  
James Abelson, M.D., Ph.D., Psychiatry  
Stephanie Abraham, B.A., Psychiatry - Depression Center  
Mark Ackerman, Ph.D., Information  
Nehal Agarwal, M.S.I., Psychiatry - Depression Center  
James Aikens, Ph.D., Family Medicine  
Huda Akil, Ph.D., Psychiatry - MBNI  
Charlotte Allport, B.S.N., M.S., Psychiatry  
Daniel Almirall, Ph.D., Institute for Social Research  
Chrisantha Anandappa, B.A., M.D., Psychiatry  
Alejandra Arango, B.A., Psychology  
J. Todd Arnedt, Ph.D., Psychiatry  
Shervin Assari, M.D., M.P.H. Psychiatry  
Brian Atthey Ph.D., Psychiatry  
Monica Bame, Ph.D., Psychiatry  
Ellen Barrett-Becker, Ph.D., Psychiatry  
Kristen Barry, Ph.D., Psychiatry  
Maria Bastida M.S., B.S.N., B.A., Psychiatry  
Melissa Bathish Ph.D., R.N., C.P.N.P., Nursing  
Esther Bay, Ph.D., Nursing  
Elissa Benedek M.D., Psychiatry  
Alison Berent-Spilson, Ph.D., Psychiatry  
Deborah Berman, M.D., Obstetrics & Gynecology  
Holli Bertram, M.S.W., Psychiatry  
Linas Bieliauskas, Ph.D., Psychiatry  
Patricia Blackmer, B.S., Psychiatry  
Peter Blandino, Jr., Ph.D., MBNI  
Frederic Blow, Ph.D., Psychiatry  
Erika Bocknek, Ph.D., Psychiatry - Depression Center  
Amy Bohnert, Ph.D., M.H.S., Psychiatry  
Michael Boivin, Ph.D., M.A., M.P.H., Psychiatry  
Jolene Bostwick, Pharm.D., Pharmacy  
Emily Briceno, Ph.D., Psychiatry  
Kirk Brower, M.D., F.A.S.A.M., Psychiatry  
Michele Brown, M.S.W., Social Work  
Christine Brucksch, B.S.N., Psychiatry  
Lindsay Bryan, M.S.W., Psychiatry - Depression Center  
Katherine Bullard, M.S.W., M.P.H., Psychiatry  
Angela Burchard, L.M.S.W., Social Work  
Amy Burghardt, M.S., M.P.H., Psychiatry  
Kyle Burghardt, Pharm.D., Pharmacy  
Paul Burghardt, B.S., M.S., Ph.D., MBNI  
Viktor Burlaka, M.S.W., M.S., Social Work  
Margit Burmeister, Ph.D., Psychiatry - MBNI  
Margaret Calarco, B.S.N., M.S.N., Ph.D., Nursing  
Gail Campanella, M.B.A., IHPI  
Melynda Casement, A.B., Psychology  
Michael Casher, M.D., Psychiatry  
Donna Champine, M.D., M.A., Psychiatry  
Haiming Chen, M.D., M.Sc., Psychiatry  
Philip Cheng, B.A., Psychology  
Amy Cochran, Ph.D., LSA Mathematics  
Carly Collins, M.H.A., Psychiatry  
Geoffrey Collins, R.N., Psychiatry  
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