

Increase Funding for Mental Illness Now

It's time to declare war on mental illness: research can change lives

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Since the war on cancer was declared almost 50 years ago, billions of dollars have poured into cancer research. Only a fraction of this amount has been spent on mental health research, though it is impossible to overstate the economic, social and personal toll of mental illness.

Approximately one in five people live day-to-day with mental illness. Every one of us has a friend or family member affected by these conditions. Many of our veterans are coping with PTSD and depression, and too many have died as a result of suicide. Unfortunately, high-profile, violent incidents involving people with mental illness continue to reinforce lingering stigmas.

The World Economic Forum, recognizing that chronic non-communicable diseases would be the largest cost drivers in health care in the 21st century, asked a group of health economists to estimate global costs and project costs to 2030. Their estimate based on 2010 data showed mental disorders as the largest cost driver at \$2.5 trillion in global costs in 2010 and projected costs of \$6 trillion by 2030.

The U.S. National Institutes of Health's yearly budget is \$31 billion. Within that agency, the U.S. National Institute of Mental Health (NIMH) has an annual budget of \$1.4 billion, a figure that has declined more than 10 percent in the past five years when adjusted for inflation, meaning a substantial decrease in funding for both basic research and clinical trials.

Unfortunately, funding for research is not yet at the level required to meet the need. This is especially true for young scientists who wish to pursue careers in brain research. Because of the decrease in government funding for young scientists, we are at great risk of losing an entire generation of scientists. Scarce resources mean more competition for federal grants, lab closures and fewer incentives to pursue scientific careers.

The time has come to declare war on mental illness and place a priority on funding innovative neurobiological research for better prevention, diagnosis, early intervention, and treatment.

It has become clear that in today's funding environment, the most significant paths to scientific discovery will be underwritten by a combination of public and private funding. We must support new ideas generated by scientists that ultimately become the next generation of treatments and technologies for the field of psychiatry--like new and promising technologies such as optogenetics, and next generation therapies such as deep brain stimulation and transcranial magnetic stimulation.

All three of these important breakthroughs are examples of the importance of private and public support of research. All three received initial key support from grants provided by the Brain & Behavior Research Foundation and then further research grants from the government. Dr. Karl Deisseroth, who developed optogenetics with the early support of a Foundation 'NARSAD Young Investigator Grant', says that "the credibility the Grant gave us had a disproportionately large effect. It really launched us." Dr. Helen Mayberg used her 2002 'NARSAD Distinguished Investigator Grant' to pilot the use of deep brain stimulation as a treatment for patients with resistant major depression and says that the support was essential for the first critical

experiments to move forward. And Dr. Mark George, who tested and refined transcranial magnetic stimulation as a treatment for depression, says that “without NARSAD Grant backing, it is safe to say that the world would not likely have TMS as a treatment.”

The field has seen tremendous scientific advances, but we still need to expand basic, translational and clinical research to better understand the workings of the brain and why things go wrong, and test new medical and psycho-social approaches. We also need to raise awareness, eliminate stigma, and remove barriers to treatment.

Decades after the deinstitutionalization of mentally ill patients, the United States still lacks adequate community support, psychiatrists, psychologists, social workers, nurses and hospital beds. Many people go untreated, and there are more people with psychiatric illnesses in prison than in psychiatric hospitals.

So much more needs to be done. How do we make people pay attention to this issue? How can we get the NIH, the NIMH and the U.S. Congress, more specifically, to increase funding for research into mental illness? How does mental health become a top priority so that help is available to all who need it?

These problems have deep roots, and solutions are elusive and complex. However, only through a combination of public and private funding for high-risk, high reward research will we generate significant scientific discoveries that will change lives and end the suffering that psychiatric illness brings so many. Only through research, people with a mental illness will live full, productive and happy lives.

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