

Mental Health and Primary Care

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In keeping with this month's theme of mental health, I interviewed fellow Research Committee member Gail Daumit about the mental health funding landscape. Dr. Daumit has sustained funding throughout her research career largely from the National Institute of Mental Health (NIMH). Her research focus has been on improving physical health and decreasing premature mortality for persons with serious mental illness. Other areas of interest to NIMH include depression and anxiety in primary care, Veterans' health, post-traumatic stress disorder, suicide prevention, and autism. Dr. Daumit also mentioned that potential future avenues of research interest at NIMH may include adults with autism (and transitions of care between pediatric and adult settings), as well as research looking at the role of novel technologies (i.e. apps, text messaging, and Internet-based interventions) for mental health interventions. NIMH also has a division of HIV and mental health.

Other NIH institutes may fund mental health research when mental health is comorbid with another disease entity. For example, the National Heart Lung and Blood Institute (NHLBI) has funded studies

of anxiety and depression in patients with cardiovascular disease. Studies are examining whether treating mental health disorders improves cardiovascular outcomes and the role of collaborative care models. Other friendly NIH institutes include the National Institute on Drug Abuse (NIDA) and the Agency for Health Care Quality (AHRQ) for systems-oriented work. Another institute worth exploring is the National Institute on Minority Health and Health Disparities (NIMHD), given the large disparities in health status and outcomes between persons with and without mental illness. Dr. Daumit also pointed to a lack of implementation and dissemination studies of interventions that have proven effective in randomized controlled trials. Regardless of the institute, it is well worth having a phone conversation with a project officer to discuss your research ideas and the fit with the institute. Dr. Daumit mentioned the R21 and R34 pilot grant mechanisms at NIMH, NIDA, and other institutes, which can serve as planning grants for future clinical trials. These mechanisms are ideal for junior investigators and are a good entrée into an NIH institute.

What about foundation funding? Unfortunately there are not many foundations that are friendly to mental health/primary care topics—at least not in serious mental illness. Dr. Daumit has had success from the Brain and Behavior Research Foundation, but they tend to fund smaller grants for pilot work. Some state-level foundations (e.g. in Texas) may fund local work, but applicants often need to reside in that state. Finally, the Patient Centered Outcomes Research Institute has identified mental health as a priority area.

Postscript: In today's funding climate, grant writing can be discouraging (and even soul-crushing) at times. I noticed that the October issue of the *Forum* contained a number of articles on work-life balance. Last week, after having submitted two large grants (one on smoking and mental illness submitted to NIDA, by the way), I "played hooky" from work and attended a Thursday morning open rehearsal of the Boston Symphony Orchestra with my husband. Check out the 3rd movement of Brahms' Symphony #3 on You Tube—I assure you, you will not regret it!

SGIM