

Putting Knowledge to Work for Mental Health

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Mental health is fundamental to health; it drives our work, our family life, our ability to function in our communities. Yet it is only now beginning to take its place in the mainstream of public health.

Last year, the Office of the Surgeon General issued its first report on mental health and illness. The report noted the unprecedented knowledge gained in recent years about the brain and human behavior. Research, it pointed out, has given us an array of safe and effective treatments – both medications and psychosocial interventions – for most mental disorders.

Unfortunately, the system has done a poor job of translating this research into reality. Evidence-based practices – interventions for which there is scientific data showing consistency in achieving the desired result – reach only a fraction of those who could benefit from them; all too often, public and private money is spent instead on questionable treatments. In a follow-up report this August, the Surgeon General emphasized that the problem is even greater for racial and ethnic minorities.

The situation should serve as a challenge to foundations concerned with the well-being of individuals and communities. While one in five Americans experiences a diagnosable mental illness each year, only 14 percent of foundations' health-care dollars go to mental health. We can – we *should* – do better.

ADOPTING EVIDENCE-BASED PRACTICES

Despite the existence of proven and effective interventions, the Surgeon General's report also found that few physicians, community clinics, and even mental health programs are putting them to use for the vast majority of their clients. Instead, current practices are often based on tradition, convenience, clinicians' preferences, and payer policies. Not surprisingly, they have a poor track record.

Why aren't evidence-based practices used more widely? Limited knowledge and lack of training are two obvious barriers. But instituting evidence-based practices involves more than educating individual clinicians to change their behaviors. Another major barrier is the difficulty of *organizational* behavior change. Simply telling administrators and practitioners what works does little to help them achieve it.

Fortunately, foundations are uniquely equipped to help address these issues: we can chart new territory, challenge the system to do better, and help put evidence-based practices to work in a variety of ways.

1. Support policy development and implementation.

Under managed care, policies such as high copayments, formularies, and strict limits on outpatient care dissuade people from getting the treatment that evidence supports. While these policies are aimed at cost containment, providers often end up paying instead for treatment that doesn't work.

Foundations can support research on different approaches to financing and administrative policies – how they affect the system's performance, the behavior of consumers and providers, and patient outcomes. They can help develop policies that lead health plans and practitioners to provide more effective care. And they can support the development of administrative best practices – organizational policies that facilitate better ways of doing business.

The MacArthur Foundation's Research Network on Mental Health Policy, for example, has been collecting and organizing data on the behavioral changes brought about by managed care. And it has developed a framework for analyzing system-level cost effectiveness, to help administrators determine if they're getting value for their dollar. We also support the Bazelon Center for Mental Health Law, which works through sound policy analysis and advocacy to advance the use of best practices.

2. Promote the early and wide adoption of best practices.

New practices and interventions may be very effective in a research setting; carrying them out in the real world is another matter. Consider the role of primary-care physicians in treating depression, one of the most common and devastating mental disorders.

The MacArthur Foundation's Network on Primary Care and Depression has shown that depression *can* be treated in a primary care setting, and has developed a training program to give primary care providers the knowledge and skills they need to do so. But as the Network has demonstrated, barriers at the systems level remain.

We must find ways to *institutionalize* the treatment of depression in primary care practices. That means, for example, allowing providers more time with patients and developing an organizational culture of continuous improvement. The Robert Wood Johnson Foundation is pursuing this avenue in depression and primary care, while the Hogg Foundation for Mental Health is following a similar line in the care of patients with schizophrenia.

3. Fund research that expands the use of evidence-based practice.

In mental health, as in all areas of medicine, the array of interventions is continually expanding. But many existing and emerging interventions have not been rigorously evaluated; others have been proven effective only for certain groups or in specific settings. And as the Surgeon General's most recent report noted, ethnic and racial minorities often face special barriers to effective mental health care.

Foundations can contribute by supporting research that expands best practices and exports them to new audiences. One good example is The John A. Hartford Foundation, which is implementing and evaluating the management of depression in primary care to see if it can improve the quality of life for elders.

In a different vein, the MacArthur Initiative on Mandated Community Treatment is addressing ways to expand the framework of "mandated treatment" beyond the concept of involuntary outpatient commitment. The initiative is exploring less coercive forms of leverage that may help people voluntarily accept and adhere to treatments that work for them.

4. Work collaboratively and bring a range of perspectives to the table.

Complex problems require multiple disciplines and points of view. The MacArthur Foundation is known for its multidisciplinary research networks, several of which focus on major questions in mental health.

But foundations can also play an important role as partners and conveners. We have partnered with other foundations, including Hartford and the Jewish Health Care Foundation of Pittsburgh, on the issue of depression and primary care; we're working to bring consumers into these efforts as well. This year we also funded a conference, sponsored by the American College of Mental Health Administrators, that convened consumers, advocates, payers, purchasers, providers, government officials, and academics to discuss the challenges of implementing evidence-based treatments.

Public/private partnerships are another productive area. Recently we held a meeting with the National Institute of Mental Health to work out the next steps in research on mental health courts, specialized courts aimed at dealing more effectively and humanely with people with mental illness who are charged with minor crimes. NIMH and other federal agencies are also looking for partners who can replicate, at a local level, the work they've done on evidence-based practices; community-based funders can play a vital role here.

5. Communicate to practitioners and the public.

The Surgeon General's report points out that effective treatments are a powerful antidote to the stigma of mental illness.

This presumes not only that such treatments will reach those who need them, but that the public, as well as practitioners, will learn about them.

Foundations can play an essential role in arming clinicians and consumers with the knowledge they need to *demand* and *monitor* evidence-based practices. The MacArthur Foundation has undertaken this at a general level by funding *The Infinite Mind*, a weekly, hour-long public radio program on mental health and related topics. And we make a point of funding communication in virtually all our research grants. Foundations can also focus more specifically on education in areas where effective treatments exist but are often misused – for example, teaching parents to be informed advocates for their children with attention deficit hyperactivity disorder.

A CALL TO ACTION

The Surgeon General has called on the nation to make the needed investments to promote mental health. For foundations not yet on that track, there are many points of entry. Whether you are concerned with children or the elderly, with the economically disadvantaged, with women, with urban or rural issues...access to appropriate and effective mental health services is a significant issue for all.

Of course, if you're looking for an area that will give you real results for your grant dollars, there is no better focus than evidence-based practices in mental health. The issues are growing in urgency, and the field remains wide open for us to make major contributions toward improving patients' symptoms, their ability to function in society, and, ultimately, their quality of life.

Overlooked and Underserved: Addressing Children's Mental Health Needs will be one of the topics discussed in depth at GIH's Washington Briefing, November 1–2, 2001. If you'd like to explore the possibilities of funding in mental health, we invite you to join us at this session. Contact Saba Brelvi at GIH for more information.

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The John D. and Catherine T. MacArthur Foundation is a private, independent grantmaking institution dedicated to helping groups and individuals foster lasting improvement in the human condition. One of the Foundation's grantmaking strategies is support for mental health projects to improve policies affecting access to high-quality mental health services and to improve the ways in which society deals with people with mental illnesses.

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