



The Commonwealth Research Center (CRC) newsletter is designed to communicate the progress we're making as researchers investigating the underlying causes and optimal treatments for mental illnesses. Our goal is to translate new scientific knowledge to the citizens of Massachusetts. The Communicator will be distributed biannually. We greatly appreciate the support you've given us over the years!
CRC website: http://sitenav.bidmc.harvard.edu/display.asp?node_id=9858

About the CRC

The CRC was created in 1988 at the Massachusetts Mental Health Center (MMHC) by the Massachusetts Department of Mental Health (DMH) to address the need for cutting edge biological and treatment research on schizophrenia and related psychotic disorders. The CRC has been a "Center of Excellence in Clinical Neuroscience and Psychopharmacological Research" funded by the DMH since 1993. The other DMH Center of Excellence is at the University of Massachusetts, focusing largely on services research. Currently the CRC is administered by the Beth Israel Deaconess Medical Center (BIDMC) Dept of Psychiatry. Larry J. Seidman, Ph.D. has been the Director of the CRC since 2002.

For further information about participation in research or clinical services, contact Corin Pilo at (617) 998-5016 or cpilo@bidmc.harvard.edu

Commonwealth Research Center (CRC)

Larry J. Seidman

The CRC's primary mission is to investigate the causes of and optimal treatments for persons with mental illness. While the central focus is on brain functioning, importantly, psychological and social factors are also investigated. An essential part of our mission is to communicate scientific research findings to the citizens of Massachusetts. We call this "Science to Service to Science". By this, we mean that scientific research should influence clinical services, and service providers and consumers of these services should influence the science. Research, when it is influenced in this way, has the best chance of being meaningful to the consumers of services. As you will see in this newsletter, our research is increasingly influenced by multicultural perspectives and consumer involvement. Also in this issue are brief articles on early detection of psychosis and new specialized clinical services for youth at risk for psychotic illnesses.

Why have we chosen these topics? They were chosen to highlight not only our own work, but some of the most important areas of research nationally and internationally. For example, Thomas Insel, MD, the Director of the National Institute of Mental Health, recently published a paper called "Translating Scientific Opportunity into Public Health Impact: A Strategic Plan for Research on Mental Illness", in the Archives of General Psychiatry, 2009; 66; 128-133. In this article Dr. Insel said: "To improve outcomes we will need to: 1). Identify the neural circuitry of mental disorders; 2). Detect the earliest manifestations of risk or illness even before cognition or behavior appear abnormal; 3). Personalize care based on individual responses; 4). Implement broader use of effective psychosocial interventions."

We are pleased that our own research direction is aligned with these priorities. The CRC has ongoing studies in these broad areas: 1). Early intervention and prevention of psychosis; 2). Psychopharmacological studies of new medications to improve cognition in schizophrenia; 3). Family oriented and child/adolescent research: risk and protective factors for psychosis. In addition, the CRC works closely with other Harvard Departments of Psychiatry to carry out its mission on these topics.

We briefly highlight one of the emerging areas of new knowledge. It is now known that prior to the onset of psychosis, there is, on average, a 1-2 year (cont.)

• Issue Highlights:

• What we do at the CRC

- Major Research Projects and Clinical Services
- Multicultural Awareness in Mental Health Services
- New clinic for youth & young adults
- Register Now for our FREE conference "Youth Mental Health: Needs, Challenges, and Opportunities" Coming in May 2009

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(CRC cont.)

period of increasing "positive" symptoms (such as growing paranoia). This period of "high risk" is currently termed the "prodrome" to the illness. Many persons suffering from growing symptoms during this period do not seek treatment or do not get adequate treatment because many clinicians are unaware of the severity of the disorder. The CRC currently helps support a number of studies that evaluate the biological, psychological and social disturbances during this period in order to have the best opportunity to prevent or delay the onset of psychosis or to attenuate the symptoms and improve lifestyle through early intervention.

In addition, the CRC helps support clinical services for teenagers and young adults, ages 16-30 with two specialized programs. The Prevention of and Recovery from Early Psychosis (PREP) Program, in conjunction with DMH and the MMHC, provides comprehensive services to individuals experiencing a first episode of psychosis and their families. The Center for Early Detection, Assessment, and Response to Risk (CEDAR) program, funded in part by the Sidney R. Baer Foundation, provides specialized clinical services for young people at high risk for developing psychosis and is described below.

Further information on this topic can be found in the Harvard "Focus" on February 20, 2009 (<http://focus.hms.harvard.edu/2009/022009/pathology.shtml>) entitled; "Pattern of Brain Activity Signals Danger of Schizophrenia: Therapeutic Focus Shifting to Earlier Stages of Disease"

## Racial Disparities in Mental Health Care:

### A Brief Focus Group Report

Jonathan Delman,  
Consumer Quality Initiatives

African Americans with mental illnesses are less likely than Caucasians to access care or receive desired services. Additionally, African Americans generally receive lower quality services than Caucasians. It is thus no surprise that spending on outpatient mental health care for African Americans is approximately 60 percent of what is spent on white people.

CQI, along with the People of Color Peer Network (PCPN), sponsored two focus groups with African American mental health consumers living in Boston to gain their perspectives on recovery specifically and on mental health care overall.

Participants described the service environments frequented by African American clients in Boston as unclean, disorganized, often with long waits, and clearly "underfunded."

Participants also expressed concerns about the dearth of African American therapists in Boston. They felt that they would be more able to open up to an African American therapist and that conversations would be more productive due to shared cultural understandings. The findings are consistent with existing research, and deserve further exploration.

On the positive side, a statute was passed in 2006 in Massachusetts to create the Health Disparities Council, established "to develop recommendations for reducing and eliminating racial and ethnic disparities in health care access and outcomes within the Commonwealth" by 2012. However, the immediate impact of health care reform has been to dramatically reduce the funding of two safety net hospitals which see many African American patients. The reduced funding will necessarily have a disproportionately negative impact on African Americans.

In any event, there is no quick fix to the health care disparities problem, in the short term it is the responsibility of the mental health authority and communities to address the disparities in quality of care faced by African Americans.

For additional information, contact Mr. Delman at [jdelman@cqi-mass.org](mailto:jdelman@cqi-mass.org)

# CRC Communicator

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## Engaging Minority Youth with Mental Illnesses and Their Families in Services

Huijun Li

Early drop out from mental health services among minority youth is well documented. Different reasons account for their lack of engagement in services. These are discussed below.

First, minority youth and their families experience high levels of stigma. Stigma reduces patients' access to resources and treatment opportunities. Stigma creates low-self-esteem, isolation, and hopelessness among patients and their family members. In addition, in order to minimize stigma and shame, some family members may discourage treatment in clinics for fear of breaching confidentiality and/or destroying family reputation.

Second, different explanatory models of mental illness may deter help-seeking behavior and engagement in treatment. Some Asian Americans believe in *Karma*—there is a consequence for every action. Some African or Hispanic American parents believe a child's problem can be overcome through increased discipline.

Lastly, parents of minority youth encounter many barriers to services. Multiple shifts of work, lack of transportation, fear of community violence, and an appointment set for weeks later are examples of logistic barriers. Perceived barriers include prior experiences with mental health facilities, poor alliance with therapists, and parental attitude toward services.

Different strategies can be implemented to enhance service engagement of minority youth and their families. We can contact parents to clarify need for service, build alliance with adults, establish close collaboration among referral source, client, and therapist in order to identify needed resources, develop strategies to overcome barriers, or promote discussions of adult issues (attitude toward therapy and services, financial concerns, marital relations, work concerns).

Our research program is increasing its focus on these issues.

For more information, contact Dr. Li at

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## CRC Research on Early Detection of Psychosis

Raquelle Mesholam-Gately

Interest in early detection of schizophrenia and other psychotic disorders has been fueled by preliminary evidence of deterioration in brain structure and function around the time of psychosis onset. Such research suggests that the pre-onset or 'prodromal' period provides a window of opportunity for preventive intervention leading to better long-term outcomes. If we can develop prevention strategies, perhaps the brain changes can be prevented. To that end, our group has been collaborating with other researchers on two initiatives aimed at better understanding the course of psychosis, particularly during early or prodromal phases of the illness.

The first, the Boston CIDAR study, "Longitudinal Assessment and Monitoring of Clinical Status and Brain Function in Adolescents and Adults" (PI: Robert W. McCarley, MD), is dedicated to increasing understanding of the risk factors and development of schizophrenia by studying participants at various stages of the disorder; clinical high risk, first episode and long-term/persistent, as well as healthy, non-affected individuals (controls). This study aims to link clinical, cognitive, neuroimaging, electrophysiological, and hormonal markers to the understanding of how underlying neural circuits and genes may be altered. This study has been funded by the NIMH under the Center for Intervention Development and Applied Research (CIDAR) funding mechanism (P50). For more information, see [www.bostoncidar.org](http://www.bostoncidar.org).

The second, "Monitoring II: Mental Health and Brain Development in Youth and Young Adults" (PI: Larry J. Seidman, PhD), is a new NIMH-funded study that involves adolescents and young adults who are at clinical risk for developing psychosis. The purpose of this research study is to learn more about the functioning and neurobiology of adolescents and young adults who are currently showing difficulties in their thinking, feeling, and/or social functioning. We are interested in monitoring the course of social, cognitive, and thinking disturbances to learn more about how they may change or progress over time. Our goal is to understand whether these kinds of changes put adolescents and young adults at high risk for psychotic disorders.



Staff at the PREP Early Psychosis Program

## New Specialized Clinical Services for Youth at Risk

Anthony Giuliano &  
Michelle Friedman-Yakoobian

Advances in early detection of psychosis risk states provide an opportunity for early intervention for young people showing clinical signs of risk. While the study of early interventions is just beginning, emerging studies suggest that low doses of medication and/or cognitive-behavioral therapy show promise in preventing or delaying the onset of psychosis and improving functioning in young people who are experiencing a possible prodrome to psychosis.

With a grant from the Sidney R. Baer Foundation, we have initiated a new outreach campaign to local universities, middle and high schools, general practitioners, and other professionals working with young people in our community. We have also initiated a free annual conference for people in the Boston-area (May 11, 2009) to learn about prevention, early intervention, and youth mental health. We are also very pleased to announce the opening of the **Center for Early Detection, Assessment, and Response to Risk (CEDAR)**, a specialized clinic for young people experiencing clinical signs of risk for psychosis and their families. (see photos) Under the direction of its medical director, Dr. Suzanna Zimmet, the CEDAR program offers developmentally sensitive services, including clinical assessment and monitoring, psychoeducation, medication consultation, multi-family group therapy, case-management, and individual cognitive-behavioral therapy for youth and young adults between 16-30. We are available to consult with staff about identifying or responding to individuals who might be at risk for psychosis, or to provide outreach and education programs. For more information or referrals, please contact Michelle Friedman-Yakoobian, Ph.D. at 617-626-9357 or [mfriedm3@bidmc.harvard.edu](mailto:mfriedm3@bidmc.harvard.edu)

Now accepting reservations for our 2nd Baer Foundation Annual Conference:

### **Youth Mental Health: Needs, Challenges, and Opportunities**

Monday, May 11 2009 8:30 am – 5:00 pm

Sherman Auditorium

Beth Israel Deaconess Medical Center- East Campus

Boston, MA

This free conference is sponsored by the Sidney R. Baer Foundation and will include prominent researchers and practitioners specializing in adolescent mental health. The focus of the conference will be on understanding the development of mental health disorders in adolescence and young adulthood and the challenges and opportunities in clinical service development, prevention, and treatment. Speakers will include Jeffrey Arnett, Maryann Davis, Jonathan Delman, Anthony Giuliano, George Handran, Matcheri Keshavan, Huijun Li, Patrick McGorry, Nadja Reilly and Larry Seidman.

Register online at [www.continuingeducationprogram.org](http://www.continuingeducationprogram.org) or for questions, contact Ms. Kimberly Miele

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