

## **SAMHSA and NIMH gather 14 researchers with aim of improving SMI treatment and recovery**

Substance Abuse and Mental Health Services Administration (SAMHSA) partnered with the National Institute of Mental Health (NIMH) to bring together 14 eminent mental health researchers to participate in an expert panel meeting, “Research Opportunities for Improving Treatment Interventions and Recovery Services for Adults with SMI.”

This meeting was a first step to “*developing a priority research agenda for SED/SMI prevention, diagnosis, treatment, and recovery services*” which you may recognize as recommendation 3.8 in the Interdepartmental Serious Mental Illness Coordinating Committee (ISMICC) Report to Congress. The meeting focused on research related to better treatment interventions and recovery services for adults (ages 18-64) with established schizophrenia spectrum disorders.

The event opened with remarks from Dr. Anita Everett, Chief Medical Officer, SAMHSA, and Dr. Robert Heinssen, Director, Division of Services and Intervention Research, NIMH. The format of the meeting was divided into four, over-arching topic areas: 1) pharmacological approaches, 2) treatment of comorbid medical conditions, 3) psychosocial interventions for illness management aimed at improving treatment interventions and recovery services and 4) future directions for research and practice. Each topic area began with formal, 35-minute presentations followed by a group discussion of key issues.

The presentations summarized available scientific evidence, outlined gaps in knowledge, and identified research activities that could address areas of uncertainty for treating SMI. Panelists identified gaps in knowledge around key topics including pharmacologic options for treating negative symptoms and cognitive impairments, peer interventions, cognitive remediation, and illness self-management programs and recovery and social isolation. They also reviewed the need for better practices that keep people with SMI out of the criminal justice system, in stable housing, and that reduce health care disparities for racial/ethnic populations. Panelists acknowledged that we must respect the importance of both evidence and implementation. There are interventions known to be effective in treating individuals who have SMI, but they are often not widely implemented or implemented with fidelity. Panelists asserted the field needs to evaluate strategies to deploy, to sustain and to enhance effective interventions in community settings, to develop and to test approaches to overcome barriers to implementing and sustaining treatment, and to incorporate strategies that address workforce training and maintenance.



The observations and recommendations from the meeting are being organized and will be incorporated into the NIMH Strategic Plan for Research, 2020-2025, and will influence NIMH funding opportunities in the fall. Future panels aimed at developing a priority research agenda for SMI will build off of this panel’s work.