

AN INVITATION TO SUPPORT

# EARLY INTERVENTION IN MENTAL HEALTH

TO INCREASE QUALITY OF LIFE AND IMPROVE OUTCOMES  
FOR PATIENTS ACROSS THE STATE OF ALABAMA



**UAB**  
**HEERSINK**  
SCHOOL OF MEDICINE

The University of Alabama at Birmingham

The UAB Department of Psychiatry and Behavioral Neurobiology seeks to meet the needs of patients and their families by developing an early intervention program focused on identifying mental illness and substance abuse disorders early to allow for appropriate interventions to prevent long term impairment and disability.

The vast majority of mental illnesses, such as depression, bipolar disorder, schizophrenia, and substance abuse, have their onset in adolescence and early adulthood. Paradoxically, psychiatric interventions often take place later in the course of illness, at a time when the illness becomes more refractory to treatment. The literature suggests that most mental disorders respond better to treatment and have better long term outcomes when treated earlier rather than later in their course.

It is for these reasons that we seek to focus on early interventions, for the betterment of patients and the people of Alabama.

## WHY FOCUS ON EARLY INTERVENTION?

One in four Alabamians will develop a mental illness or problem with substance abuse during the course of their lives. Each year mental illnesses cost Americans \$193 billion including both direct costs (cost of medical care) and indirect costs (lost wages, lost tuition, need for caretakers, etc.).

Approximately 900 Alabamians will die by suicide each year, which is a tragic and preventable outcome in terms of life lost and the enduring impact on families and friends. Along these lines, 18.8% of high school students reported having serious thoughts about suicide in the past year, which illustrates a rising public health crisis: the mental health crisis.

For more than 10 years, the Department of Psychiatry and Behavioral Neurobiology has operated a First Episode Psychosis Program where patients in the early stage of a psychotic episode can receive specialized care provided by a team of psychiatrists, psychologists and social workers. However, such programs are still not established for other mental illnesses, such as mood, anxiety and substance use disorders.

**The UAB Psychiatry Early Intervention Program has the potential to be a pioneer in developing such programs. We believe that early interventions can improve outcomes for patients, increase quality of life, and prevent tragic outcomes.**

## MAJOR GOALS

1. Develop new treatments and strategies to get patients well faster and earlier in the course of the illness.
2. Develop methods to predict and the tools to prevent mental illness and substance abuse in children and adolescents, before the problem becomes more resistant to treatment, thereby decreasing the risk of bad outcomes.
3. Develop personalized medicine approaches to help physicians select the right treatment for the right patient at the right time in the course of the illness.
4. Train the next generation of clinicians and scholars focused on preventing mental disorders, substance abuse, and suicide.



## THE OPPORTUNITY

Develop a leading early intervention program to serve the Birmingham community and the state of Alabama by advancing the core missions of patient care, discovery, and education.



PATIENT CARE



DISCOVERY



EDUCATION

The program will focus on specific treatment areas including: mood disorders, psychotic disorders, suicide prevention, and substance abuse. Within each treatment area, there will be a three pronged approach focused on providing high quality clinical care to serve patients in our communities, developing innovative research opportunities to ensure the program remains cutting edge and training the next generation of providers in early intervention treatments.

The **clinical care** component will be focused on biological interventions such as medications because all mental disorders are biologically based. We cannot ignore critical psychological factors and will include psychological services in the treatment approach to ensure individuals develop strategies to maintain wellness.

The clinical component of the program will drive the **innovative research** component because all patients treated will be offered the possibility of participating in ongoing research opportunities, which will help us to improve our approach to treating patients and produce generalizable knowledge that will help us to better predict outcomes. The research and innovation activities could include studies of novel medications, treatments, and other interventions to improve patient outcomes and groundbreaking discoveries. Because effective prediction and prevention tools are critical to early interventions, we propose to conduct a longitudinal registry of adolescents and their families lasting 10 or more years. Baseline genetic, neuro imaging, clinical, and other information will be collected in a sample of at least 1,000 individuals, who will be followed annually for 10 or more years.

The **educational program** will also serve as a training site for Alabama physicians, nurses, and other professionals. This primarily includes training medical students, psychiatric residents and fellows who can bring the principles and practices of early intervention treatments to other communities within Alabama. Residency or fellowship graduates of the program may also choose to work in the program upon graduation, which will allow us to expand the program's clinical footprint over time.

## TIMELINE

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### YEAR 1

Recruit and train the program's clinical lead.

### YEARS 1-2

Recruit two physician trainees.

Hire all program faculty and staff, including support staff.

### YEARS 1-3 AND ONWARDS

Evaluate, treat, and collect registry data on 1,000 adolescents and families.

### YEARS 2-5

Develop initial prediction models using longitudinal samples, which will help clinicians to understand how to predict the trajectory of mental illness.

## PHILANTHROPIC INITIATIVE

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We seek philanthropic partners to help make this vision a reality.

### **\$6 million initiative to start the program**

- \$2 million in spendable recruitment | Funding to recruit the needed faculty and staff is critical to this effort.
- \$2 million in spendable startup | Program acceleration funds provide critical seed money and serve as a springboard developing the program's infrastructure across all core areas. This ensures the fast development of new clinical, educational, and research pathways.
- \$2 million endowed recruitment | These endowed funds are crucial for recruiting and retaining top-tier scholars and professors.

Thank you for your consideration  
of support.

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### FOR MORE INFORMATION

#### **Morgan Quarles**

Director of Development

Department of Psychiatry and Behavioral Sciences

932 Administration Building

701 20th Street South, Birmingham, AL 35294

P: 205.934.9302 | M: 205.913.8386 | nmrobinson@uabmc.edu



The University of Alabama at Birmingham