With the goal of finding improved treatments and even cures, psychiatry and the behavioral sciences confront a number of the most troubling and intractable problems in healthcare. Diseases and disorders of the mind are myriad, ranging from Alzheimer’s disease, to mood disorders, to schizophrenia, anorexia nervosa, and addictions. Their impact on the lives of patients and families is profound.
An estimated 20 percent of Americans ages 18 and older—about 1 in 5 adults—suffer from one or more mental illnesses in a given year.

About half of these disorders are considered severe.¹ They are prevalent and begin earlier in life than most common medical illnesses. According to the World Health Organization, of the ten leading causes of disability in high-income countries including the United States, four are brain and behavior disorders: major depression, Alzheimer’s disease, and alcohol and drug dependences. Along with bipolar disorder, schizophrenia, and obsessive-compulsive disorder, psychiatric illnesses account for seven of the top 20 causes of disability in these highly developed countries. Given the broad scope and incidence of psychiatric illnesses and new research methods in genetics, stress biology, and brain imaging, we have the potential for huge impact. Yet the challenges are daunting. Much of the early promise of genetics research has reinforced the enormous complexity of these diseases and disorders of the brain. Findings in genetics have also paved the way to epigenetics, the study of the environmental factors that influence gene expression.

The problem of mounting psychiatric needs, coupled with limited treatments and shrinking research funding, is compounded by a shortage of well-trained providers, especially for children and adolescents. Patterns in national physician recruiting show that demand for psychiatrists is growing faster than for any other medical specialty.²³ In the Department of Psychiatry and Behavioral Sciences at Johns Hopkins, we are keenly aware of the needs and challenges facing this field. We fight the battle on multiple fronts while keeping the patient as the focal point. We integrate each patient’s care with state-of-the-art research, teaching, and training in a way that amplifies the quality of care we provide now and improves care for future patients.

WE TACKLE MAJOR PSYCHIATRIC DISEASES AND DISORDERS WITH TRANSLATIONAL RESEARCH

Hopkins Psychiatry is renowned for accepting and treating the most severe psychiatric diagnoses. Through years of clinical experience and dedicated research, we have developed nationally recognized strengths in the following major areas:

• Mood Disorders including Depression and Bipolar Disorder
• Alzheimer’s disease and other memory disorders
• Anxiety including Obsessive Compulsive Disorder (OCD)
• Eating Disorders
• Traumatic Brain Injury
• Movement Disorders, such as Huntington’s and Parkinson’s diseases
• Schizophrenia
• Geriatric Psychiatry
• Substance Abuse

1. Folstein MF, et al. Epidemiological Catchment Area Program of the NIMH. Psychological Medicine, 1985
2. WHO – Burden of Disease Statistics 2004

RISING TO THE CHALLENGE

A CALL TO ACTION

Rising to the Challenge: The Campaign for Johns Hopkins will raise unprecedented levels of support to attract, sustain, and further empower the people of Johns Hopkins—our students, faculty, and researchers—who through their work improve the lives of millions around the world. Together with our philanthropic partners we will:

ADVANCE DISCOVERY AND CREATIVITY through support of our exceptional faculty and researchers. Their innovative work drives the development of new knowledge, new forms of expression, and new clinical care and furthers progress across our core disciplines in science and technology, the humanities and arts, and health and medicine.

ENRICH THE STUDENT EXPERIENCE by investing in scholarships and fellowships, inspirational spaces for collaborative learning and social opportunities, and new programs that will enhance student-faculty interactions, ensure diversity on campus, link learning in the classroom to life after graduation, and strengthen connections between our students and our surrounding communities.

SOLVE GLOBAL PROBLEMS AS ONE UNIVERSITY by creating new cross-disciplinary solutions in crucial areas such as sustaining global water resources, revitalizing America’s cities, advancing individualized and global health, and understanding how we learn and teach.

Psychiatry and Behavioral Sciences is committed to playing a key role in the success of the campaign. Please join with us in this important mission.

PSYCHIATRY AND BEHAVIORAL SCIENCES
WE ARE FIRST IN THE FIELD
It was unheard of at the time: a psychiatric service solely for children, located inside a pediatric hospital. Johns Hopkins leaders recognized that children should not be treated merely as small adults. The university selected Leo Kanner to develop the first child psychiatry program in America (1930). As the first physician in the United States identified as a child psychiatrist and author of the first English language textbook on children’s psychiatric problems (1935), Dr. Kanner was a natural choice. He was also first to diagnose and coin the term “autism.”

LEVERAGING OUR EXPERTISE AS A FORERUNNER: SUBSTANCE ABUSE
The far-reaching impact of substance abuse is startling and presents a massive societal problem. In 2009, over 37,000 people died from overdose and brain damage due to long-term drug abuse, a number significantly exceeding traffic accident deaths.

Located within the Department of Psychiatry and Behavioral Sciences, the Division of Child and Adolescent Psychiatry has access to outstanding genetic, behavioral, cultural, and pharmacological expertise. Child Psychiatry at Hopkins is grounded in sound science—from basic research at the molecular level extending to the application of new knowledge in clinical trials and practice.

In 2012, we opened the new Charlotte R. Bloomberg Children’s Center, which almost doubles our inpatient capacity for young psychiatric patients. This new facility will help catalyze research ideas, activities, clinical strategies, and scientific discoveries.

Examples of Substance Abuse Research
- Clinical pharmacology of abused drugs
- Cognitive neuroscience and behavioral toxicity of abused drugs
- Integration of behavioral and pharmacological treatments of drug abuse
- Psychiatric co-morbidity (dual diagnoses)
- Addiction and pregnancy
- Employment-based intervention
- Medications development
- Neuro-imaging

WE INVEST IN OUR FUTURE: CHILD AND ADOLESCENT PSYCHIATRY
Psychiatric and behavioral issues that emerge during childhood can wreak havoc. Through improved awareness and understanding, we are diagnosing psychiatric illness in young people earlier and with increasing accuracy, and treating them with better outcomes. We know now that much of adult mental illness begins in childhood but that early intervention can significantly lessen the lifelong severity and impact of these illnesses.

RISING TO THE CHALLENGE

The Department can have the greatest impact by leading with and enhancing existing strengths. Our network of Translational Centers in the Major Psychiatric Diseases focuses some of the world’s best minds on several of the most challenging mental health problems. These clinician-scientists function individually as research powerhouses, leverage expertise across centers, and collaborate with others at Johns Hopkins to broaden the scope and depth of research.

In the Translational Centers, researchers use information gained through genetic and molecular discoveries to design, develop, and test innovative treatments. Once proven, these treatments will become new models of care, able to be replicated beyond Hopkins. Thus new scientific findings are translated into procedures that help individuals and their families.

We call this expansive initiative, “Molecules to Main Street,” because the end result of each Translational Center is the application of discoveries achieved at the “molecular” level, informing patient care at the bedside, and from there, dissemination of new and effective approaches to society.

Changing human behaviors is often viewed as insurmountable by patients and physicians alike. In the Department of Psychiatry and Behavioral Sciences we believe that the failure to sustain long-term behavior change is due in part to: inadequate understanding of the neural and physiological bases for these behaviors; under-appreciation of how co-occurring behaviors alter individual physiology at multiple levels, ranging from the molecular to neurocognitive systems; and a traditional focus on changing a single or a limited number of health behaviors in isolation.

Applying the behavioral sciences to improve health care in general has the potential to advance mental health and to alleviate suffering. So too are its policy implications and its potential for positive economic impact.

TRANSFORMING HEALTH BY CHANGING BEHAVIOR
Changing behavior to treat illness is arguably the biggest challenge facing medicine in the 21st century. Medicine continues to make strides in understanding the complex and intertwined mechanisms of major diseases such as cardiovascular disease, cancer, metabolic disorders, and immunological diseases, yet the role of behavior in these diseases remains poorly integrated into health care, disease prevention programs, and training. It is estimated that approximately 40 percent of premature deaths are related to behavior patterns that could be modified by preventive interventions. Most serious illnesses have a substantial behavioral component; consider the relationship of smoking and lung cancer, exercise and cardiovascular disease, diet and diabetes, or alcohol consumption and liver disease. Changing human behaviors is often viewed as insurmountable by patients and physicians alike.

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Our researchers and their partners constitute an interdisciplinary team of scientists dedicated to conducting integrated animal and human research to develop innovative ways to sustain health-promoting behaviors.

Our department has a unique combination of experts addressing the interrelationships among behaviors such as eating, sleeping, and physical activity. These researchers and their partners throughout the School of Medicine constitute an interdisciplinary team of scientists dedicated to conducting integrated animal and human research to develop innovative ways to sustain health-promoting behaviors. These discoveries and their translation into clinical care have the potential to have far-reaching impacts on our society.

“Behavior patterns represent the single most prominent domain of influence over health prospects in the United States.”
J. Michael McGinnis, 2002
WHY JOHNS HOPKINS PSYCHIATRY AND BEHAVIORAL SCIENCES?
WE PROVIDE THE BEST AVAILABLE CARE.
Since its founding in 1908, our Department has occupied a distinguished place in the field of Psychiatry. We are consistently ranked by U.S. News & World Report as a premiere program in the United States for clinical care: and ranked as the #1 department in 2011 and 2012. Our patients benefit from the Department’s affiliation with one of the country’s top hospitals, Johns Hopkins Hospital, and from proximity to and close collaborations with the many other top-ranked departments and divisions at Hopkins.

OUR PATIENT CARE IS COMPREHENSIVE:
GROUNDED IN HIGHEST QUALITY SCIENCE.
Our treatment plans leverage expertise across fields of medicine to ensure that we care for each patient as a whole being, addressing all relevant factors and the full impact of disease in his or her life. Our research studies are integrated with clinical care, so as to firmly ground treatment in good science—from the level of molecules and cells studied in the basic sciences, to the level of the human being studied in clinical trials, and finally to the level of communities and populations, studied in health services research.

SERVING THOSE IN NEED. WE TAKE OUR MISSION SERIOUSLY.
Department faculty see, in our clinics and inpatient units, a higher percentage of medically compromised psychiatric patients than any other hospital in Maryland. We are devoted to the treatment of the chronically mentally ill, the indigent, and the most complex psychiatric cases. The Johns Hopkins Hospital alone, we treated an average of 3,500 inpatients and handle more than 140,000 outpatient visits each year. Many of the patients we serve are uninsured or qualify for medical assistance.
WHAT ROLE DOES PHILANTHROPY PLAY?

Philanthropy plays a critical role; it can meet large-scale needs and turn visions into reality. In the Department of Psychiatry and Behavioral Sciences, our plans are both practical and ambitious. We look to philanthropy to share our approach—thinking big while acting systematically—and to help us secure the funding necessary to achieve our goals.

Our need for philanthropic partners is greater than ever. Research grants have become increasingly competitive. The success rate for all grants submitted to the National Institutes of Health (NIH) hit an all-time low of 17.4 percent in 2011, down dramatically from 32 percent in 1999–2003.

Other aspects of our mission are likewise stressed. Education and training have become increasingly costly, and our clinical revenues are modest due to our commitment to serve the community. To continue to excel at our three-part mission (patient care, research, and education) and to meet our patients’ needs while advancing the state of the science, we depend upon the largesse of generous donors who share our passion and dedication.

WHAT WILL IT TAKE?

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