

On January 24 I meet with Dr. James Potash. He is the Henry Phipps Professor, Director and Psychiatrist-in-Chief of the Department of Psychiatry and Behavioral Sciences (“The Department”). On a side note, I was particularly pleased to have been assigned Dr. Potash because our children were classmates and friends, and I had not seen him since his return to Hopkins 3 years ago. Our discussion centered around the nuts and bolts of the Department, specific services provided by it, some of its current challenges and his hopes for the Department’s future.

GENERAL OVERVIEW: This Department has a long and distinguished history, opening in 1913 as the Henry Phipps Psychiatric Clinic. Today it retains a strong national and international reputation in clinical services, research and teaching. As many of you probably already know, the term psychiatry comes from the Greek – “psych” referring to soul or mind, and “iatry” to healer or healing. The term was coined in the early 19th century. Around the 1930-40’s psychiatry became more recognized as an important medical field, and it has become increasingly more important as stigma around mental illness has decreased in recent years .

Today, psychiatry focuses on the study and treatment of mental illness, emotional disturbance, and abnormal behavior. Johns Hopkins is credited as the birthplace of the field of child psychiatry. In fact, the first textbook on child psychiatry was written at Hopkins and the condition of autism was first identified here. Currently, the Department has 225 full-time faculty members, including both clinicians and researchers. Patients of all ages are treated. Dr. Potash said that many mental illnesses develop in the late teenage and early adult years, but there is no clear explanation for this timing of illness. Although hormonal changes may be “a” factor; it is not the only one.

SPECIFIC SERVICES: To understand the magnitude of the service provided by the Department, one needs to recognize that an estimated 25% of Americans ages 18 and older -- about 1 in every 4 adults -- suffers from a diagnosable mental disorder in a given year. On a national level, in 2017, 4.8 million people visited the ER with mental health concerns; and in 2016, there were 56.8 million physician visits for such concerns. In a recent 6-month period at Hopkins, the Department had 2,335 child inpatient days (with only 15 beds) and 13,815 adult inpatient days. In 2018, it had more than 200,000 outpatient visits. It’s a very busy place, providing a key service to its patients’ mental health.

The Department’s clinical mission is the “care of the whole patient - mind, medicine, healing, hope”. I was curious about the difference between brain health and mental health. I learned that there is a lot of overlap, but also some clear differences. Brain illness can cause mental illness, as clearly happens in a disease like schizophrenia. Problems in the family, like abuse, can impact mental health, working through an otherwise healthy brain. Some brain illness primarily affects movement, like some types of strokes, and these are mostly seen by neurologists. But a brain disease like Parkinson’s disease impact movement and also can cause depression and cognitive problems, and often requires both a neurologist and a psychiatrist to be involved.

The Department provides hospital-based general consultation clinics, acute inpatient care, and day hospital programs in more than a dozen specialty areas. It is particularly strong in the areas

of mood disorders (depression and bipolar disorder), addiction, geriatric and neuropsychiatry, and eating disorders. It is deeply involved in providing an outreach program to the Baltimore City public school community because of the schools' close proximity to the Hopkins downtown and Bayview campuses.

Its clinical research programs are closely tied to patient care, with a focus on clinical trials and epidemiology. It is well known for its cutting edge research on many fronts, including, as recently seen on *60 Minutes*, the use of the psychedelic drug psilocybin (the active ingredient in "magic mushrooms") to potentially "re-boot the brain" as an alternative treatment for depression and addictions when conventional drugs or treatments are ineffective.

Other current research efforts include: Dr. Lauren Osborne and her lab at the Johns Hopkins Women's Mood Disorders Center. She and her colleagues are studying the biology behind mental illness during and after pregnancy in an effort to develop new treatments. Dr. Eric Strain and his team are developing new therapies for patients who struggle with substance use disorders. The Department's basic research efforts are geared towards better understanding the genetic causes and the neuroscientific underpinnings of mental illnesses and abnormal behaviors. All of these clinical and basic research efforts strive to unlock the causal pathways to the major psychiatric conditions with the hope that the knowledge gained will lead to the development of new, practical means to improve the recognition, diagnosis, and treatment of the common and highly debilitating mental health conditions.

Because of the depth of its clinical expertise and the breadth of its research programs, the Department trains numerous medical students, residents, fellows and researchers to produce the next generation of psychiatrists, scientists and mental health science leaders.

CHALLENGES:

A big challenge for the Department that Dr. Potash emphasized is the lack of sufficient funding for the clinical services provided. Although the stigma associated with mental illness is less than it was 50 years ago, psychiatric care is still reimbursed at a lower level than almost any other area of medicine. The demand for psychiatric care is enormous and there is constantly some level of frustration among internists and other primary care providers that they cannot easily access the mental health care that their patients need. The department wants to hire more psychiatrists but struggles to attract them with the relatively low salaries that can be offered. There continues to be high demand for the JHH inpatient psychiatry beds, but JHM is considering substantially reducing the number of beds at JHH to make room for other services. This could have significant repercussions for patients in desperate straits, and for the providers trying to find help for them.

DEPARTMENT FUTURE: A big push for the future of this Department is the use of "Precision Medicine" to address a number of psychiatric illnesses with inadequate or limited treatment options. By using clinical profiles, biomarkers, and "big data" to identify subgroups within an illness-specific patient population, the Department hopes to identify and treat earlier those individuals of a subgroup more likely to respond to a given drug or treatment plan. For example, if we knew early in the course of disease who is likely to fail conventional treatment and respond

to psilocybin then the most effective treatments could be selected in a timely way. In this way more patients would benefit and sooner. Another Precision Medicine focus is the 70% of bipolar patients who do not respond well to lithium. Identifying such patients at the start would be very helpful, as they could be directed to other options. A final example of Precision Medicine is the work being undertaken in the area of memory loss, including Alzheimer's disease. Dr. Potash is especially excited about this in light of new philanthropic support of the Hopkins Alzheimer Center. Currently, this disease has very limited medical treatment options. Since the 70's, the focus has been on developing drugs to address the amyloid protein deposits that occur in the disease, but treatment benefit has been minimal. A new treatment focus is needed to make a difference for patients. One of the goals of this Precision Medicine Alzheimer Center is a "big data" project which hopes to identify individual trends and new treatments for Alzheimer patients.

Dr. Potash would also like to see growth in the Child Psychiatry Division, with its distinguished history. He would like to leverage the current adult expertise in mood disorders to create a center devoted to the treatment of children and adolescents. A new child psychiatry director will hopefully be arriving soon. Although fewer children need inpatient care than adults, there is still a significant need for dedicated inpatient services for children, whose needs are so clearly different than those required for adults. He would like to reopen the 3 beds which had been taken off service for financial constraints and add a dedicated program to treating children and adolescents with eating disorders. Currently, Suburban and Howard Hospitals do not provide child psychiatric services at all, and Sibley has just one child psychiatrist – the need is great! When a child or adolescent with an eating disorder is admitted, he or she is now grouped with adults. Today, the Child Psychiatry Division may be most known for its treatment of children with Tourette's Syndrome and Obsessive-Compulsive disorders. Dr. Potash would like to grow this division.

Another Departmental goal is to open a Mood and Anxiety Disorder Residential Treatment Center, focused on patients who need non-acute care to address acute mental health illnesses in a comprehensive way. Patients would typically stay for at least a month. Discussions are underway as to whether this would be in Baltimore or Washington DC. First, however, the Department would like to try a pilot program, perhaps in Harbor East. If the Department goes forward with the pilot, the JHWB may see a grant submission for some much-needed equipment or furnishings.

Although these occurred before his return to Hopkins, Dr. Potash is very appreciative of the prior grant funding by the JHWB: in 2017, renovation of the Children's Mental Health Center Waiting Room, and in 2018, purchase of 4 recliners for the Psychiatric Overflow Patients in the Adult Emergency Department.

Dr. Potash said that any person needing psychiatric assistance for themselves or others should call the patient access line at 410-955-5212.

To close, we reviewed the five areas he would very much appreciate the JHWB remembering and advocating for when discussing his Department with community members:

- 1) Significant mental disorders impact 25% of the population in any given year. These are very common problems and they can also be very devastating, as they kill some through suicide and overdose, and they render others incapacitated and unable to work or to function at home.
- 2) The treatments that psychiatry has usually work when people get access to them and when they stick with them. These treatment include medications and psychotherapy. Often psychiatry works closely with other medical professionals and with others in the community like clergy, guidance counselors, and family members to provide a coordinated and collaborative approach to caring for those in distress.
- 3) Hopkins Psychiatry is the best of its kind in the country as measured by the combined scores from the three leading rankings of psychiatric departments: one for clinical excellence, one for educational excellence, and one for research excellence. The first two are from the *U.S. News and World Report*, while the latter is from the Blue Ridge Institute for Medical Research analysis of NIH funding.
- 4) Particular strengths are the Mood Disorders Center, the Geriatric and Neuropsychiatry program that includes the Precision Medicine Center of Excellence in Alzheimer's Disease, the Eating Disorders Program, and the Substance Use Disorder Program.
- 5) The Department hopes soon to provide high end, comprehensive 30-day psychiatric care in a residential treatment model, beginning with patients with mood or anxiety disorders because of its nationally recognized expertise in this area. The pilot would likely be in Harbor East if funding can be obtained.
- 6) Because of the relatively low reimbursement for psychiatry care, the department relies on the generosity of its philanthropic partners to provide its outstanding clinical care and to fuel its discovery efforts aimed at uncovering new treatments for psychiatric illness.