National Institute of Mental Health

Director's Blog: Farewell

By **Thomas Insel** *on* **October 29, 2015**

This is my final blog post as NIMH director. Since my first blog in September of 2009—on the American Recovery and Reinvestment Act—I have used this space to share thoughts about new science, respond to current events, and ponder the state of mental health care in America. Among the 183 total, there were a few controversial blogs, including self-criticisms of NIMH funding. There were topical blogs, after shootings in Tucson and Fort Hood or Robin Williams's suicide. And there were blogs when I was just trying to parse something complicated, like the Four Kingdoms of Autism. I didn't keep a precise schedule for blogging, although I tried to set aside some time every Sunday to write, mostly to express what I was thinking about in a way that others might find useful. While there were some quiet blog-less intervals, I always enjoyed the end of the year period to reflect on progress.

While public service can have its frustrations—layers of procedure and approval—I enjoyed the chance to speak plainly in this blog without censorship or interference. Interest in the blog was gratifying and I hope a sign that others are as excited as I am about what our field is accomplishing and appreciative of the role that government can play. NIMH is such an extraordinary place with brilliant, creative people determined to make a difference.

I am leaving NIMH later this week and will soon begin working on mental health issues at Google Life Sciences (GLS), a new company under the Alphabet umbrella. I don't know exactly what the team will do at GLS but the theme will be "disruptive innovation" and the approach is likely to involve technology and what is now called "deep learning" (what some have called "data analytics"). As an example of the approach, the GLS team working on diabetes has created a contact lens with a sensor for continuous, passive, precise monitoring of glucose. This contact lens includes a Bluetooth transmitter linked to the patient's cell phone, which in turn, controls an insulin pump. Could we create an analogous closed loop system to help people manage depression or anxiety or psychosis? That's a question I will be thinking about a lot in the coming months.

Several people have asked if my blog will continue. Obviously, it will not continue as my blog on the NIMH website since I will not be at NIMH. I plan to take a break for a couple months but hope to boot up again after the first of the year, perhaps on The Huffington Post □. There are so many issues that deserve deep reflection by all of us: What can we expect from the current attempts at mental health care reform? How will we reduce suicide, the duration of untreated psychosis, and the incarceration of people with serious mental illness? How do we improve both the quality and the quantity (i.e. access) of mental health care both here in the U.S. and globally? My sense is that mental health care has become a more prominent public issue after recent mass shootings, but there is not a clear vision for how we move from identifying problems to implementing solutions.

I leave 13 years as NIMH director (nearly 30 years at NIMH!) with two deep convictions about the solutions. First, we can do much better by delivering the treatments we have today. We can save lives—many lives— simply by closing the unconscionable gap between what we know and what we do. Second, we don't know
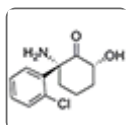
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help enough people to get well. With a commitment to the very best science, we can get better services and much better outcomes. This better future requires, however, a broad approach, including the public sector, the private sector, and the participation of patients and families who are determined to make a difference. Yes, it takes a village. With my move to Google Life Sciences, I will be in a different sector but very much in the same village and hopefully in a position to help that village evolve into a vibrant city.

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