The New Neuroscience Meets Mental Health Practice and Policy

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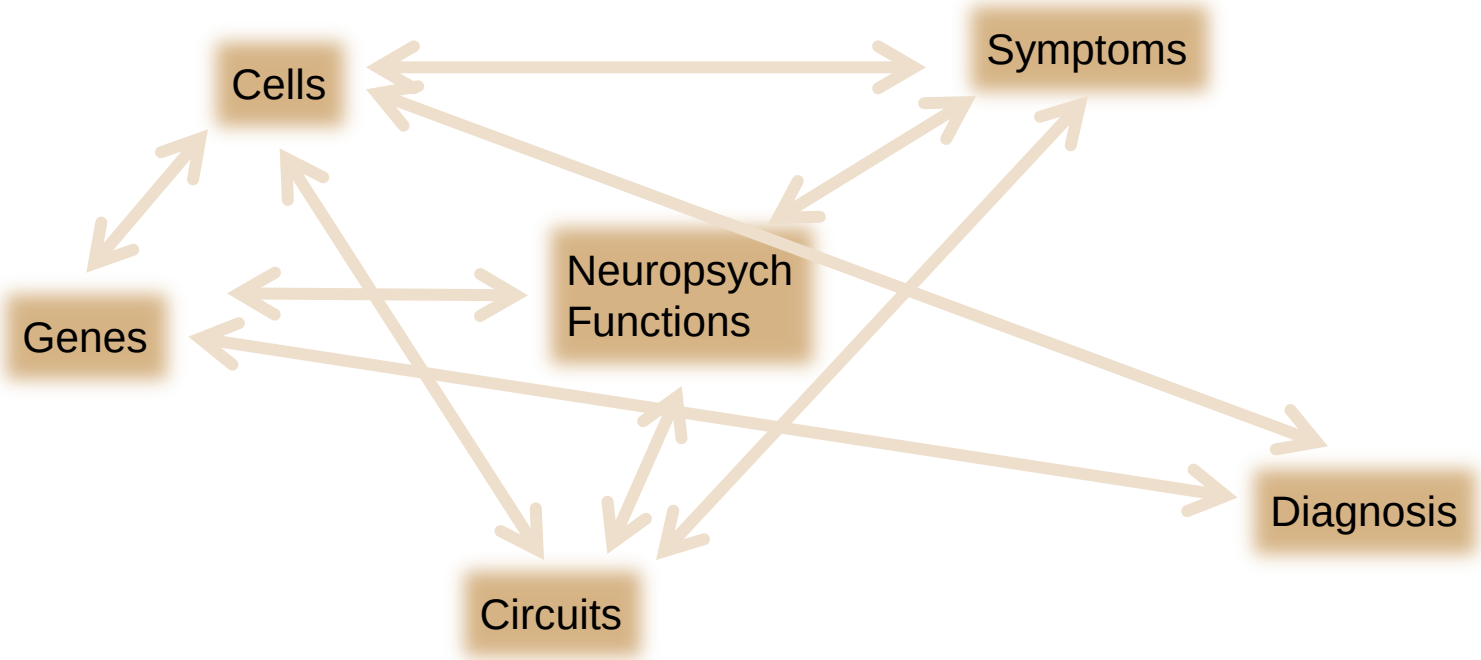
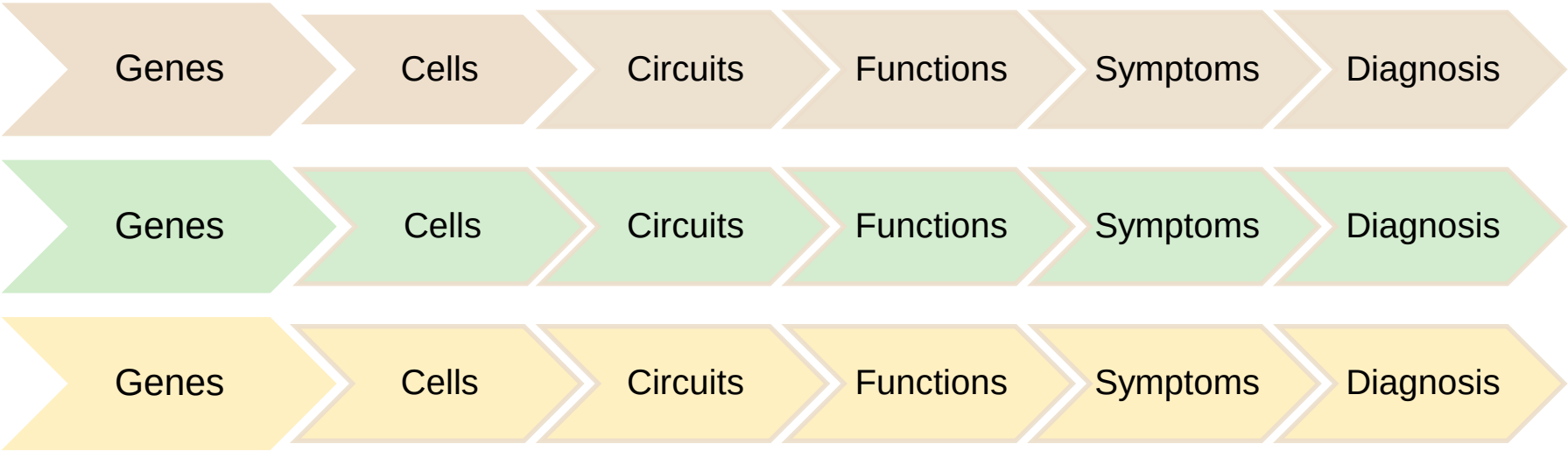
Where we are now



Where we hope to go

And then to this

But it won’t look like this



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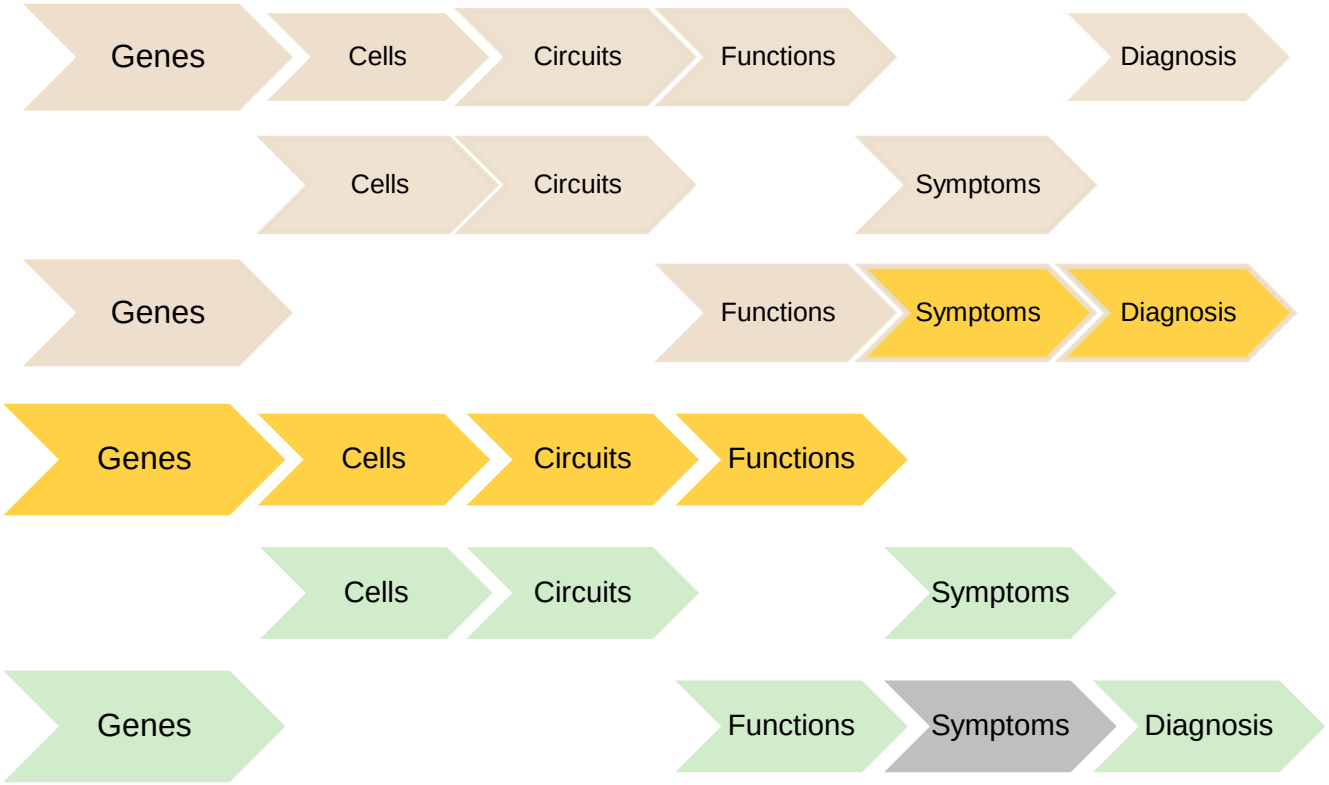
More like this



Four implications (and challenges):

- Mental health conditions are developmental.
- Specific vulnerabilities will be measurable.
- Categorical distinctions will fade away.
- Interventions will be highly personalized.

If mental health conditions are developmental

- How do we balance rehabilitation for those already affected vs. pre-emption for those at risk?
- For example, do we favor:
  - Early detection of “upstream” precursors in middle school

    OR
  - Assertive community treatment for homeless people with bipolar disorder

If specific vulnerabilities are measurable

- Does this create a duty to protect people especially vulnerable to specific stresses or insults?
- But protection often involves restriction.
- For example:
  - Should those at highest risk for PTSD be excluded from military service?
  - If we could pinpoint vulnerability to psychosis, how would we regulate use of marijuana?

If categorical distinctions fade away

- What happens to policies based on diagnostic categories?
- Example: Social Security Disability criteria for depression
  - At least 4 symptoms from standard (DSM) list
  - Marked restriction of activities or difficulty functioning
- If we really understood the pathway(s) of depression,
  - Why 4 symptoms?
  - Why those symptoms?
  - Why symptoms at all (vs. more “objective” measures?

If interventions become highly personalized

- How do we consider benefits (or harms) that are broadly distributed vs. highly concentrated?
- Are these two scenarios equivalent?
  - Your child has a 5% risk of developing schizophrenia. For $25,000, you could reduce that risk to 1%.
  - Your child is about to develop schizophrenia. You can prevent that for $1,000,000.
- The market knows the difference – and sets prices accordingly.

Are any of these questions really new?

- Special cases of classic ethical tensions:
  - Autonomy vs. beneficence
  - Resource allocation
  - Collectivism vs. individualism
- But mental health conditions are different:
  - Long-term disability
  - Remarkable heterogeneity
  - Stigma and discrimination
  - Well-intentioned paternalism