



EDITORIAL

Funding for Mental Health Research: Looking Ahead

Common mental illness (schizophrenia, bipolar disorder, major depressive disorder, ADHD, OCD, anxiety disorder, panic disorder, intermittent explosive disorder, PTSD, social phobia, specific phobia, addictive disorder) account for 30% of health-related impairment globally and in Canada (Sarinen, Matzanke, & Smeall, 2011; Towers Watson, 2012). In addition to their direct impact, mental illness increases risk for serious medical illness. For the most part, mental illnesses start prior to age 25 and tend to persist. Clearly, mental illness takes a dreadful toll on individual Canadians, their families and friends and our country as a whole through health care costs and unemployment among other things.

Much of the work of child and adolescent psychiatrists, like other professional groups, is motivated by the conviction that a good deal of mental-illness related impairment could be mitigated by optimizing the delivery of services that are based on existing knowledge of mental illness and by mitigating the adverse consequences of social inequality and inequality of service provision. Many demonstration projects in Canada and around the world support this optimistic view. For this reason, the Journal is keen to publish the best of service utilization research, service-related policy and descriptions of novel programme developments. This issue of the Journal includes several excellent examples of this type of research, such as "Using Technology to Deliver Mental Health Services to Children and Youth: A Scoping Review" by Katherine M. Boydell and collaborators (Boydell et al., 2014).

Despite the obvious good that would follow from more comprehensive, equitable, and persistent service delivery, there is a widespread acceptance of the argument that substantial improvement in the overall mental health of Canadian children and youth will require novel approaches to early detection, prevention and patient centred treatment based on a far better understanding of the mechanisms of mental illness than is currently available. For this reason, the Journal seeks to publish the very best of research into causes and treatments of mental illness of children, youth and young adults. Far more research of this kind must be done. Notwithstanding the importance of the problem, mental illness across the ages currently receives approximately 8% of funding for research (Canada, Parliament, Senate, The Standing Senate Committee on Social Affairs, Science and Technology, 2006).

Two major changes are occurring in the research landscape in Canada and globally that will impact research on mental illness of children and youth. The first change involves the increasing importance of translational research and potential for commercialization in setting of research priorities and in the funding of research. The argument for this shift is compelling. Research in general ought to target issues and strategies that lead to immediate tools, treatments and policies that impact the lives of Canadians. Industry has obvious strengths in identifying high priority targets and in finding the financing required to bring new products to market. Industry has considerable experience in moving new discoveries quickly from bench to bedside. Moreover, the argument goes, placing higher priority on translational research will lead to new products, discoveries and industries that can repay the nation's investment in research by enhancing economic development. There are now many unique opportunities for funding such as the Network of Centres of Excellence programme that will support researchers form partnerships with industry in these types of translational endeavors.

Any shift from investigator and curiosity driven basic science to research driven by the needs of industry needs to be balanced, evaluated and for the public good. Business may be driven by profits in the near and intermediate term and is less committed to long-term programmes of research and development. Mental illness affords little in the way of "low-hanging fruit" for such an enterprise. Few new drugs are in the pipeline and many pharmaceutical companies have all but eliminated their programmes in central nervous system drugs for this reason. Canada's global competitiveness is weakened by the lack of a home-grown industrial sector in many areas that might be relevant to mental illness. Nevertheless, these new opportunities must be exploited when possible for the sake of children and youth with mental illness. To optimize these opportunities, Canadian scientists have to compete on a global stage. Our best bet in this regard is to collaborate, reduce competition, build multi-disciplinary research programmes, leverage existing investments in research infrastructure and reduce redundancy. Canadians are good at this sort of collaboration and could make themselves global centres that can attract international as well as national investment.

The second major shift in the research funding landscape comes from the philanthropic sector. More and more individuals and groups are aggressively funding disease-related

initiatives to “cure” specific diseases (Broad, 2014). In several instances, these initiatives have targeted mental illness directly or indirectly. One good example that combines both translational and philanthropic themes can be found in the Graham Boeckh Foundation’s funding of the Transformational Research in Adolescent Mental Health (TRAM) initiative and Bell’s Let’s Talk commitment to mental health. This renewed interest in charitable support of research presents another clear opportunity for those who are committed to mental illness. We must learn to persuade potential donors of the importance of research in mental illness and the prospects that exist for true advancements in this area that will come from the recent integration of genetics and cognitive neuroscience into the mental illness research agenda.

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ANNOUNCEMENT

We are pleased to announce that the manuscript submission and peer review process for the *Journal of the Canadian Academy of Child and Adolescent Psychiatry* is now being managed electronically. We would be delighted if you would share this information with your colleagues.

The Journal is an open access, interdisciplinary, international publication that seeks to advance knowledge in child and adolescent mental health and foster critical debate and discussion around controversial topics. The Journal is available on-line to the public and indexed in PubMed, PsychINFO, CINAHL, and Scopus.

Manuscripts are welcome on any topic relevant to child and adolescent mental health, including advocacy and social policy, education and professional development, ethics and health care delivery, nursing, pediatrics, pharmacology and psychotherapy, psychiatry, psychology, social work, and population health. The Journal also welcomes original research papers, brief communications, commentaries, review articles, case studies and letters to the editor.

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