



FOUNDATION FOR EXCELLENCE
IN MENTAL HEALTH CARE

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Request for Proposals

The Foundation for Excellence in Mental Health Care (EXCELLENCE) is pleased to announce a new grant opportunity, Expanding the Science and Practice of Recovery-Based Mental Health Care and Supports. The grant awards will be up to a maximum of \$100,000 and preference will be given to one-year projects.

The Foundation for Excellence in Mental Health Care is interested in funding visionary projects in one or more of four topic areas: **Cultural and System Change; Children's Advocacy; Slow Psychiatry; Innovative Initiatives**. (See Attachment A at the end of this document which explains the four topic areas.) These applications are for **new research and/or programs** not previously funded by EXCELLENCE.

The first step is to submit a Letter of Intent (**LOI**) by **May 1, 2017**. The letter should describe the proposed project in detail and should indicate clearly why it promises to result in significant contributions to either the science or practice of recovery based mental health care and supports. In addition to the cover sheet, the LOI should include (1) a title for the proposed project, (2) a description of the research or program, (3) an explanation of how the proposed project fits within this initiative, (4) some information on the project's methodology under consideration and potential significance, (5) an estimated budget required to complete the research or project (no more than 10% of which may cover indirect costs) and (6) proposed collaborators/ other funders if applicable.

Not counting the cover sheet, the letter of intent should be no longer than five pages, 12-point font of your choosing, 1-inch margins, in English.

If you are proposing only development or support in program or education, you must describe a research evaluation component. (See Attachment B at the end of this document which describes options for data collection.)



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Summary of timeline:

May 1, 2017	LOI due in EXCELLENCE office
June 15, 2017	LOI decisions announced, inviting a subset of applicants to submit a full proposal
September 1, 2017	Full proposals due in EXCELLENCE office
October 30, 2017	Funding announcements
December 1, 2018	All projects must be completed

If you have any questions about this RFP not answered below, please email them to the Foundation for Excellence in Mental Health Care at info@femhc.org.



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Request for Full Proposals: Expanding the Science and Practice of Recovery Based Mental Health Care and Supports

- I. Overview and Rationale
- II. Background
- III. Application Instructions
- IV. Eligibility
- V. Evaluation Criteria
- VI. Contact Information

I. Overview

EXCELLENCE wishes to fund projects that are visionary and have a potential for transformative impact – projects that may lead to a revolution in thinking and practice, be unconventional in approach or challenge the prevailing paradigm.

EXCELLENCE strives to nurture scientific excellence in mental health research and program support by paying attention to scientific rigor, trauma-informed care, informed consent, peer support and recovery-based initiatives.

The general goals of this initiative are to expand the knowledge and practice in mental health care of one or more of the following areas: (1) Cultural and Systems Change; (2) Children’s Advocacy; (3) Slow Psychiatry; and (4) Innovative Initiatives. (See Attachment A)

II. Background

EXCELLENCE is an international mental health community foundation which matches private philanthropy to independent research projects and innovative programs that lead to recovery. Our team of donors and volunteers embodies a rich diversity of knowledge and expertise including people with lived experience of our current system of care, family members, psychiatrists and other clinical professionals, researchers, and philanthropists.



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Industry data and clinical experience show antidepressant and antipsychotic medications do not provide effective symptom relief for more than half of the people who try them. Those who do find them helpful still often risk irreversible side effects and declining effectiveness over time. If medication is not a long-term solution, then how do we better equip people for recovery?

The problems and the answers are not simple ones and so we target our funds and resources with both precision and diversity. Our donors fund independent research, develop and test innovative recovery programs, and offer high-quality professional and community education that empower people to move through mental health and trauma challenges to heal and live their best lives.

We call attention to publication bias in medical research and bring world-class, independent researchers together to make reliable information about treatment safety and effectiveness available to professionals, peers and the public.

Innovators and social entrepreneurs team up to develop and test new and sometimes forgotten wellness practices and programs to make a full array of evidence-based recovery tools available to the people who need them.

A COMMITMENT TO HONESTY & RESPECT

Our educational activities, research, and development grants are funded by community members and are free of industry and commercial influence. We are founded on the principles that:

- A person in distress should be an equal partner in his/her treatment team and their choice to use or not use medication should be respected.
- The path to recovery is unique to each person and the causes and solutions to mental health challenges should be explored holistically, carefully and with openness about treatment risks and the limitations of our knowledge.
- Recovery should be our expectation for everyone.

For more information about EXCELLENCE please visit our website at MentalHealthExcellence.org.



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III. Instructions for Invited Applicants

Principal Applicants invited to submit full proposals will be notified by June 15, 2017. Proposals must be received by September 1, 2017 and must follow the guidelines below in order to be considered.

All proposals must be submitted in English, single-spaced, and typed with one-inch margins, with 12-point font size in the font style of your choosing. The text for the proposal may not exceed 12 pages; this maximum does not include the appendices (references, letters of collaboration, biosketches). Emphasis should be placed on completeness and clarity of content and must include the following sections:

1. Cover Sheet (on template provided)
2. Table of Contents
3. Project Summary Written for a Lay Audience (maximum ½ page)
4. Project Description/Narrative
 - a. Background, significance and potential impact
 - b. Approach and Methods, with sufficient detail for submission to an IRB if applicable
 - c. Feasibility
5. Human Subjects protection: proof of IRB approval will be required prior to release of funds for research proposals. If applying for program or education funds only you must submit a paragraph on how you intend to evaluate and protect participants.
6. Project Timeline
7. Detailed Budget with justification
8. Appendices
 - a. References Cited
 - b. Letters of Collaboration
 - c. Biosketches for Each Investigator: 5-page maximum for each individual using the template that will be provided.



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IV. Eligibility

Applicants must be affiliated with a non-profit organization or university.

Applicant organization should have the administrative and financial capacity and experience to accept the award and to be able to distribute funds consistent with the permitted use of funds approved in the application and budget.

Applicants should be able to demonstrate capacity for success.



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V. Evaluation Criteria

1. Significance: If successful, are potential changes in practice and/or policy identified?
2. Approach and Methods: Is the design adequately developed and rigorous for the purpose of the study and commensurate with research question(s) addressed? If the application is for program or educational support only, has a research evaluation component been described?
3. Creativity: Does the project employ novel and innovative ideas or methods? Would it be considered leading-edge research? Does it consider trauma-informed care, informed consent and recovery? Is the creative process described?
4. Potential Influence and Impact: Will the results be publishable in scholarly journals? Will the results enhance public awareness and increase knowledge about how recovery based care can be successfully practiced?
5. Capacity for Success: What are the qualifications of the applicant(s)? Can they carry out the project in a timely manner? Can they effectively communicate their findings to both academic and nonacademic audiences? Does the outcome have the potential to change people's lives? Does the application demonstrate the feasibility of the proposed project? Is the project well organized?
6. Scientific and Program Development: Is the creative process described?
7. Breadth of Involvement: Who has contributed to the creative process, e.g. people with lived experience, scientists, and/or advocates?
8. Does the proposal include all the required application components?

Submissions will be rated on a five-point scale using the above criteria.

The evaluation will be conducted by the Foundation's Scientific Advisory Committee (SAC) augmented by consultants selected by the SAC if needed.

A blank rating scale used by the SAC evaluators will be sent to the applicants who have been invited to submit in order to provide the applicants with more detailed information on the evaluation criteria.

The SAC's evaluation will be forwarded to the Foundation Board of Directors who will make the final decision for grant awards.



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VI. Contact Information

To answer further questions please contact:

The Foundation for Excellence in Mental Health Care

8532 SW Saint Helens Drive #250

Wilsonville, OR 97070

503-930-0349

info@mentalhealthexcellence.org

MentalHealthExcellence.org

Attachment A: Dr. Sandra Steingard's blog, *Moving Ahead in Troubled Times*, November 2016

<http://mentalhealthexcellence.org/moving-ahead-in-troubled-times>

The Foundation for Excellence in Mental Health Care was founded in 2011 with the hope of expanding what many had come to believe was a narrow and faulty understanding of psychiatric conditions.

The immediate impetus was the work of journalist Robert Whitaker who had raised several critical – and to many – startling questions about standard care.

In his book, [Mad In America](#), he chronicled the history of treatment of the most severely afflicted mentally ill* people in the US and detailed how time and again promising treatments proved to be not only ineffective but also, in many cases, damaging.

In his book, [Anatomy of an Epidemic](#), he raised the possibility that this had once again occurred in the modern era; that the drugs heralded as lifesaving and revolutionary were less effective than commonly believed and, of even greater concern, might worsen outcomes. At the end of the book, he discussed approaches that were less well known but had shown remarkable promise. This included Open Dialogue, developed in northern Finland in the 90s, and Soteria, developed in the US in the 70s. The frustration was that current funding sources for research were more interested in figuring out the workings of the brain – in hopes this would lead to better treatment – than to studying these decidedly less technological approaches.

Several philanthropists came together with the hopes that **EXCELLENCE** might bring new funding sources to people who were interested in studying these different approaches. The hope was to fund research and develop innovative treatments that were being neglected, discounted, or ignored. **EXCELLENCE** was designed as a community foundation. The idea was that donors could develop their own funds and direct the money in various ways. Given the many areas of potential promise, this big tent approach seemed to make sense.

Five years later, our board met to plan for the future. It is impossible to do this without looking back at our past. I had the honor of being elected chair of the board at this meeting. While I hope this post accurately reflects our discussion, it can't help but carry my own particular take on what turned out to be an impassioned conversation. I welcome my fellow board members to chime in with their own perspectives. I am influenced by my training in Open Dialogue. This is an approach that values polyphony, i.e., not only hearing but acknowledging that there are many voices in the room. So while I will try to reflect our collective voice, I also acknowledge I ultimately can only truly speak from my personal perspective.

While we will continue as a community foundation, we felt the need to clarify our focus. After hours of discussion, we came to some clarity about the areas that were most vital to our mission. We called them our "buckets" and will use these as touchstones to both clarify our goals and explain our mission.

Cultural and System Change/Advocacy

As noted above, we believe that it is vital to reframe the very nature by which we talk about the kinds of distress that land people in psychiatrists' offices or mental health clinics. We have a system that is predicated on a medical understanding of these problems and we do not believe this serves us well. In order to shift funding, we need to shift the conversation.

I have recently been introduced to the notion of epistemic authority. This refers to who holds the authority for knowledge, how we think about things, and, in a fundamental way, how we decide what is "true." Currently, psychiatrists and neuroscientists are considered the ultimate in epistemic authority in this area and if one challenges their views one is considered suspect. We would argue that there are many valid areas that are ignored because those who have the authority have discounted their legitimacy. It is, therefore, vital that we mount a concerted effort to promote data that is ignored. This includes not only underappreciated or unrecognized research but also the many voices of those with lived experience who have found paths to recovery that are not recognized. One of our goals is to give these perspectives voice and in so doing advocate for cultural and system change.

Children's Advocacy/Loving Children

One of the most powerful moments of our retreat was when our wonderful board member, Giovan Bazan, made an impassioned plea for the children. [Gio's own story](#) is one of remarkable perseverance and resilience. He was placed in foster care at a young age. His painful response to the traumas he had experienced was diagnosed as mental disorder and he was medicated. At age 18, he stopped taking the drugs and he has made it his mission in life to help the children who are having similar experiences today. He spoke of friends who had been less fortunate than he and had not survived. He implored us to join him in his work and we have agreed that attending to the needs of children and youth remains a core value of the Foundation.

Slow Psychiatry/Psychiatric Reform

As I mentioned above, Robert Whitaker's writing on the problems with long-term exposure to psychiatric drugs was a reason **EXCELLENCE** was formed. In the past few years, I have [written](#) and lectured about my own evolution in this area. I have used the term Slow Psychiatry – I first heard it used this way by our board member, David Healy, MD – to argue for acknowledging with our patients and the public the complexity and uncertainty inherent to my profession. While we are pushed to make rapid diagnoses, see more patients in shorter intervals, and base our treatment recommendations on quickly administered rating scales, I argue that the diagnostic and therapeutic uncertainty inherent to modern psychiatry requires us to slow down and spend time with people and their families so we can talk together about what may or may not be useful. This is not a position that is anti-medication. It is a position that is transparency. It is a position that acknowledges that there is so much we still do not know; we do not know who will and will not benefit from treatment, we often do not know how to best understand the problem.

Another facet of research we are supporting is [nutritional approaches](#). Bonnie Kaplan, PhD, and colleagues have been studying the effects of micronutrients in improving mental health for decades. This is a promising and emerging area that has also been hampered by lack of funds. This is in no small part due to the fact that nutrients cannot be patented in the way that drugs can. A foundation may be the only way to support this work since the large assets of pharmaceutical companies will not be put into this area.

Innovative Approaches/Treatments

If we move away from a drug-centric approach to treatment, what else could be helpful? This is the final area of focus for the Foundation. We are one of the largest funders of [Open Dialogue studies and programs](#) in the US. In northern Lapland, they have reported remarkably good outcomes in people who are experiencing first episode psychosis. If this can be even partially replicated, the potential savings – in terms of reduction of long-term disability – are enormous. But the startup costs are also high and with the federal government backing away from supporting treatment studies, especially those with a less technological bent, a foundation remains the sole source of potential funding.

Similarly, the Hearing Voices Network has been of great value in Europe and around the world. The Foundation has funded [a large program](#) to train groups across the country including veterans returning from the wars in Iraq and Afghanistan.

There are other emerging and promising innovations; many of them designed by people who have themselves experienced extreme emotional states. These need to be funded and the Foundation sees itself as critical in this area.

We left our board meeting energized but worried about the daunting task we have set for ourselves. Our board includes remarkable people who come to this from many perspectives – people with lived experiences, family members, world-renowned researchers, administrators, and clinicians – who have become dismayed by the state of our services today. But we cannot do this alone. Please join us. We can change the world together.

*On the use of the term “mentally ill”: I am challenging the medicalization of the problems we call mental illness yet, by using this term, I am medicalizing. The problem is that I do not have an alternative term that is well understood by a broader population. This is yet another challenge. Please accept my apologies for the failure of more creative use of language.

Attachment B: Fund/Project Options for Data Collection

PILOT STUDY	PROGRAM EVALUATION	QUANTITATIVE RESEARCH*	QUALITATIVE RESEARCH*	MIXED METHODS Rh
<p>Considered to represent a fundamental phase of research process</p> <p>The purpose is to examine the feasibility of an approach and modifications needed before a large scale study</p> <p>Safety, efficacy, effectiveness are not evaluated</p> <p>Not hypothesis testing</p> <p>Does not provide a meaningful effect size estimate for future large study¹</p> <p>Feasibility results probably do not generalize beyond study</p> <p>Talk with the SAC about which might be the most appropriate way to present your ideas and get some answers</p> <p>SAC might help find a mentor</p>	<p>Evaluation particularizes*</p> <p>Designed to improve something</p> <p>How well does it work?</p> <p>Provides basis for decision-making</p> <p>Judges merit or worth</p> <p>Policy & program interests of stakeholders paramount</p> <p>Provides information for decisions on specific programs</p> <p>Conducted within setting of changing actors, priorities, resources, & timelines</p>	<p>Research generalizes</p> <p>Designed to prove something</p> <p>Theory driven</p> <p>How does it work?</p> <p>Provides basis for drawing conclusions</p> <p>Produces generalizable knowledge</p> <p>Scientific inquiry based on intellectual curiosity</p> <p>Advances broad knowledge and theory</p> <p>Has controlled settings (quoted from H.L. Chen Stanford U. 2013)</p> <p>Talk with the SAC</p>	<p>Targets contexts and meaning of human lives and experiences</p> <p>Theory driven</p> <p>Helps to understand processes and settings esp. over time</p> <p>Uses in-depth interviews, ethnographic observation, & review of documents (quoted from NIH 2012)</p> <p>Talk with the SAC about which might be the most appropriate way to present your ideas and get some answers</p> <p>SAC might help find a mentor</p>	<p>An approach or methodology</p> <p>Focuses on research questions that call for real life contextual understandings, multilevel perspectives and cultural influences</p> <p>Combines both rigorous quantitative and qualitative methods</p> <p>Uses multiple theories</p> <p>Many issues arise such as resources, need for teamwork, sampling issues, analytic and interpretive issues (quoted from NIH 2012)</p> <p>Talk with the SAC about which might</p>



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PILOT STUDY	PROGRAM EVALUATION	QUANTITATIVE RESEARCH*	QUALITATIVE RESEARCH*	MIXED METHODS Rh
	<p>(quoted from H.L. Chen Stanford U.2013)</p> <p>Talk with the SAC about which might be the most appropriate way to present your ideas and get some answers.</p> <p>SAC might help find a mentor</p>	<p>about which might be the most appropriate way to present your ideas and get some answers</p> <p>SAC might help find a mentor</p>		<p>be the most appropriate way to present your ideas and get some answers</p> <p>SAC might help find a mentor</p>
<p>FOOTNOTES:</p> <p>1)= results not enough to generalize to other programs</p>	<p>*results only pertain to group studied</p>	<p>*also called "empirical research," refers to any research based on something that can be accurately and precisely measured</p>	<p>*a generic term for investigative methodologies described as ethnographic, naturalistic, anthropological, field, or participant observer research. It emphasizes looking at variables in their natural setting. Interaction between variables is important.</p>	