



**ACNP President's Letter 2018**  
**Steven E. Hyman, M.D.**

Dear Members,

I feel honored to serve as ACNP President. From the early days of my career I have seen the College and its membership as central actors in advancing the science needed to understand and treat mental illness. As a member of the College I have appreciated the way in which ACNP supports the intellectual vitality of our scientific ecosystem by inclusion of members from academia, government, and industry. Yet, we still have more to do with respect to inclusion, by increasing the representation and involvement of women, minorities, international members, and as I will discuss, scientific disciplines that are becoming increasingly critical to our mission.

The College is a remarkably successful organization, yet it is not our history of accomplishment, but our ability to respond adaptively to a rapidly changing scientific and technological landscape that will define our future. Much about our changing context is positive even if it challenges well-established approaches to the performance and communication of our science. Examples include a quantum leap in new scientific tools for genetics, molecular and cell biology, and neuroscience, the rising importance of very large datasets, the growing dependence of life sciences on quantitative disciplines, and the increasing globalization of the resources needed to underwrite scientific excellence. Other trends are less positive. For example, although NIH was well supported by the Congress this year, the last decade and a half has seen significant loss of inflation-adjusted buying power for NIH and other research agencies in the United States and in many other countries. Another particularly problematic trend for the mission of ACNP is the de-emphasis by industry of research on psychiatric disorders.

It is troubling that many pharmaceutical companies have retreated from psychiatry precisely when breathtaking technological advances in genetics, single cell analyses, genome engineering, the ability to produce human cellular models, and new tools for systems-level neurobiology promise to deliver new insights into disease mechanisms. In addition, we are at the dawn of an era when therapeutic modalities will continue to advance far beyond small molecule-based pharmacology to include not only neuromodulation, which is increasingly well represented at our annual meeting and in our journal, but also antisense oligonucleotides (ASOs), gene therapies, and one day, gene editing. While ASOs and gene therapies have been investigated and approved to date for monogenic disorders, there is no reason why they cannot usefully be applied

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to any molecular target. Leadership in many companies sees this emerging science as too early and too risky for significant industrial investment when the therapeutic area is mental illness. Tragically this signifies to people suffering with mental illness that there is scant hope for new mechanism treatments in the near to intermediate term.

In this circumstance, I believe that the most important action that can be taken by the membership is to advance the science that undergirds future therapeutics. However, acting together as a College we must continue our robust engagement with industry including the relentless educational efforts and advocacy that I have observed at the annual meeting and in activities undertaken by the Liaison Committee and several other committees and task forces. Given the changing patterns of investment in therapeutics for mental illness, however, there is more that we can do as a College. We should find ways of developing stronger intellectual relationships with biotechnology companies, venture capitalists, and information technology companies large and small. Through invitations to the annual meeting and where appropriate developing paths to membership, we should widen our aperture on the private sector, and thus our ability to glean new thinking and to engage, educate, and advocate with new partners for investments in treatment discovery and development that will ultimately benefit our patients. In this light, ACNP leadership has been discussing a taskforce to advance engagement with biotechnology and technology companies—but all suggestions would be welcome.

My immediate predecessors as ACNP president invested significant effort in globalizing the College. Informally in Council we have adopted the view that our annual meeting should provide a forum for the most important science relevant to our field, wherever in the world it has been performed. We should endeavor to bring together the most creative contributors to the science of mental illness and its treatment and to engender the most productive dialogues among participants. These goals require long-term attention to the composition of our membership and invitations to our meeting. The richest intellectual environment requires the kind of inclusion that I referred to at the beginning of this letter, and also more systematic outreach to colleagues globally, and to disciplines that are not now well represented in the College, and that may even be outside our comfort zone.

Given limits on the size of the College, based on our desire to have a small enough meeting for effective informal dialog, we must thoughtfully integrate our important goals of increasing representation of women, minorities, and international scientists, with wise recruitment of younger scientists from more quantitative disciplines, for example. Notwithstanding the term ‘neuropsychopharmacology’ in the name of our College, we must be intellectually broad so as not to risk being left behind scientifically. To successfully build on the strengths of the College, processes of

demographic, global, and disciplinary expansion must be intentional processes that extend over years and many presidencies, and must involve Council, the Membership, and Program Committees. Our long success as a College together with our limited numbers creates a risk of an insularity that is abhorrent to most of the members that I speak with. Yet we must take active steps to ensure the long-term vitality of the College and relevance to cutting edge science. Such steps should include an intensification of the College's already serious commitment to recruiting intellectually and demographically diverse younger members. If we are to remain vital, some of these will be computational 'natives' hailing from genomics, computational biology and other quantitative disciplines that are not as well represented in the College as they will have to be. Indeed, it will be up to us to convince the brightest young people in these disciplines that brain disorders not only represent the greatest unmet therapeutic need of our world, but also represent exciting and tractable scientific problems that will significantly repay concerted multidisciplinary efforts.

I have confidence that by concerted effort the ACNP will embrace necessary change and will continue to lead our field in the service of our patients.