

SINGULA 1 INSTITUTE

Answering the Call to Action



Immediately after graduating college, I spent several years as a high school science teacher Georgetown Day School, a prestigious progressive private school in Washington, DC. During that time, I became intrigued about the universal process of human learning. Developmental psychologists have long observed that curiosity is an intrinsic property of

the young human mind. Nevertheless, while some students enthusiastically embraced the internal struggle of learning a new concept, others became pessimistic and downtrodden at the face of such an ego challenge. Modern Psychology has coined terms like “resilience” and “grit” to describe those who do not easily succumb to these internal and external (environmental) stressors. Inversely, the field of Psychiatry has provided a set of diagnoses and treatments that aid in the healing of the brain and mind after falling into a state of mental illness. Therefore, Modern Psychology and Psychiatry are two important fields of mental health approaching the problem from two different perspectives.

During my Psychiatry residency and clinical research training, I encountered countless patients with Depression and Anxiety. These syndromes are situated within the blurry intersection of health and disease, wellness and illness. As a private practice psychiatrist and therapist, I have worked in-depth with numerous individuals who met diagnostic criteria for Depression, Anxiety, and other related diagnostic conditions. I learned much about their story of struggles, fears, failures, hopes, and triumphs. To my surprise, I was astounded at how much I learned from each individual. They taught me how to conceptualize their complex set of issues while keeping in mind the diversity of healthy and unhealthy ways to live life. They taught me that some “soft signs” (non-specific indicators of a medical condition) need further evaluation while others may be set to the side. Lastly, they taught me time and again about the different ways that the current clinical diagnostic system and research approaches were failing to meet the needs of the individual patient.

I will detail out some of these issues here:

Psychotherapy is a learning atmosphere guided by a clinician trained in techniques to engage with the person through their “mind”. Two major goals are to identify specific combinations of bio-psychological and environmental contributions, and model or teach longstanding cognitive, emotional, and behavioral coping strategies. However, the sheer number of branded and unbranded psychotherapies (~150 and growing) has brought about a consumerism approach to psychotherapy. Is any one psychotherapy technique a singular solution to a mental disorder? Or, does each psychotherapy add to the repertoire of methods to help someone learn through the internal and external challenges of their mental illness?

In existence, there is a limited number of biological treatment options (ie. medication and neurostimulation) with a limited understanding of how they work, and for whom they work for. The indications for biological treatments for depression and anxiety remain tethered to the larger syndromic category despite research demonstrating that antidepressant medications help some, but not all people with these conditions. For example, compared to placebo, antidepressants improved depressive and anxiety symptoms in only roughly 20 more people out of 100. Yet we do not know who this subset of individuals are, and why it is

that it has worked for them and not for the others.

Given such different, and somewhat disparate ways to solve the problem, it is no wonder why insurance driven clinics and hospitals have encouraged “split treatment”, which assigns a person to a therapist (of varied training and background), and to a psychiatrist who “manages medications”. Sadly, these two vaguely defined “split” roles introduce a great deal of confusion and inefficiency.

Circling back to the issue of Depression, which in some age groups (18-25) has been increasing in frequency and severity at an alarming rate, we do not currently have a scientific method to study and learn about how the individual person becomes mentally ill, and more importantly, how the individual person becomes healthy. In essence, the current mental health system just doesn’t have the bandwidth of solving the problem of the individual person with mental illness.

I am one of many mental health clinicians who wishes for a future of mental health treatment to work for the individual (also called “precision medicine”). Over the last year and a half, I have been fortunate to meet like-minded clinicians, researchers, engineers, entrepreneurs, and other brilliant, talented, and generous individuals who stand for the same initiative. We have grown together and surpassed early start-up challenges. We remain steadfast and motivated to continue our work toward building a novel form of mental health research and clinical care.

Singula Institute is a first-of-a-kind technologically-assisted mental health research clinic and social impact community. We stand together to make mental health treatment work for the individual in need.

Thank you for joining us on our “Singula” mission!

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