



HEINZ C. PRECHTER BIPOLAR RESEARCH PROGRAM MICHIGAN MEDICINE



20th Annual Prechter Lecture **Celebrating Legacy and the Future**

October 21, 2026





Melvin G. McInnis MD

Melvin G. McInnis, M.D., FRCPsych

Thomas B. and Nancy Upjohn Woodworth
Professor of Bipolar Disorder and Depression

Professor of Psychiatry

Director, Heinz C. Prechter Bipolar
Research Program

Heinz C. Prechter Bipolar Research Program: A System That Learns and Responds

A Letter From Our Director

This year, as I reflect on the work of the Heinz C. Prechter Bipolar Research Program, I am reminded that progress in bipolar disorder research is measured not only in publications, grants, datasets, or new technologies. **It is measured by the impact our work has on the people and families who are living with bipolar disorder every day.**

One message has resonated over the years from our community of patients, families, and clinicians: access to care remains a serious problem, here in Michigan and elsewhere. Too many people experience long waits, complicated pathways to care, uncertainty about where to turn, and the frustration of needing help before the system is able to respond. The consequences can be disheartening, destabilizing, and at times life-threatening. **Improving access to care must be a priority for the Prechter Program, and we are working closely with the Department of Psychiatry to strengthen both clinical care and the way research connects with clinics across Michigan Medicine.**

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Access, however, is not solved simply by adding more clinicians — though a strong clinical workforce is essential. It requires building a responsive system that listens carefully to patients and families. It requires working with community providers to identify priority needs, reduce barriers, and develop strategies that can be realistically implemented and evaluated. It requires making sure people can find the right care, at the right time, with a team that understands the complexity of bipolar disorder.

Over the past year, the Prechter Program has focused attention on the challenges of access to clinical care. This work has combined the questions and priorities raised by the **Bipolar Disorder Learning Community** with expertise from the Prechter Program, the Department of Psychiatry, and Michigan Medicine. The challenges are many, including a frustrating waitlist of six months or more for some patients. **In collaboration with clinical leadership, we are now piloting an innovative system that includes early review of new referrals to the Bipolar Disorder Clinic, more efficient prioritization for scheduling, and active engagement with referring clinicians.** This integrated approach benefits both the clinical and research enterprise. It is also an important step in a learning health system, wherein research informs care, and the realities of care shape the questions we ask in research.

Artificial intelligence (AI) is an important tool in this work. Like many others, we are using AI and machine learning to help identify patterns in complex data and to support the creative process of generating new ideas and questions. We are also using AI-assisted tools in clinical documentation, including medical record note-taking. We approach this with caution. AI is an efficient tool and an extraordinary way to gather and analyze vast amounts of information, but it cannot replace clinical judgment or the human relationship at the center of care.

Our participant collaborators remain at the heart of the Prechter Program. Their experiences, insights, and priorities help us learn where the system is working and where it is not. They help us design and prioritize studies that matter and build care models grounded in real life.

To our participants, families, clinicians, community partners, supporters, and colleagues: thank you. You continue to challenge us to do better, and you give us the confidence to move forward. Together, we are building a future in which discovery and care are connected, responsive, and worthy of the people we serve.

Bipolar Disorder

Research findings from the Prechter Program

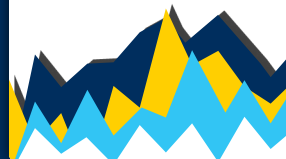
Around 60% of people living with bipolar disorder have experienced **childhood trauma**, which is linked to **worse memory performance** and a **more severe illness outcome**.



Speech used in every day conversations **predicts severity of depressive and manic symptoms.**

Mood states do not follow a predictable pattern.

We can predict that individuals with more frequent and intense mood variations have poorer quality of life.



More exposure to natural light

during the day is linked to **lower suicide risk** in bipolar I disorder.

Being awake during the night is most associated with **severity of suicide risk** in bipolar II disorder.



Living with bipolar disorder **significantly increases the risk of premature death** — more than smoking tobacco.

Those with bipolar disorder and substance use disorder often have an **earlier onset of bipolar disorder, earlier depressive episodes, and more self-reported manic episodes.**

Studying “brains in a dish” has shown **molecular differences** between people with bipolar disorder and those without.



As individuals age, **cognitive decline occurs at the same rate** for individuals with and without bipolar disorder.

New Grant Will Support Collaborative Work to Address Urgent Challenges in Research and Care for Those with Mood Disorders and Substance Use



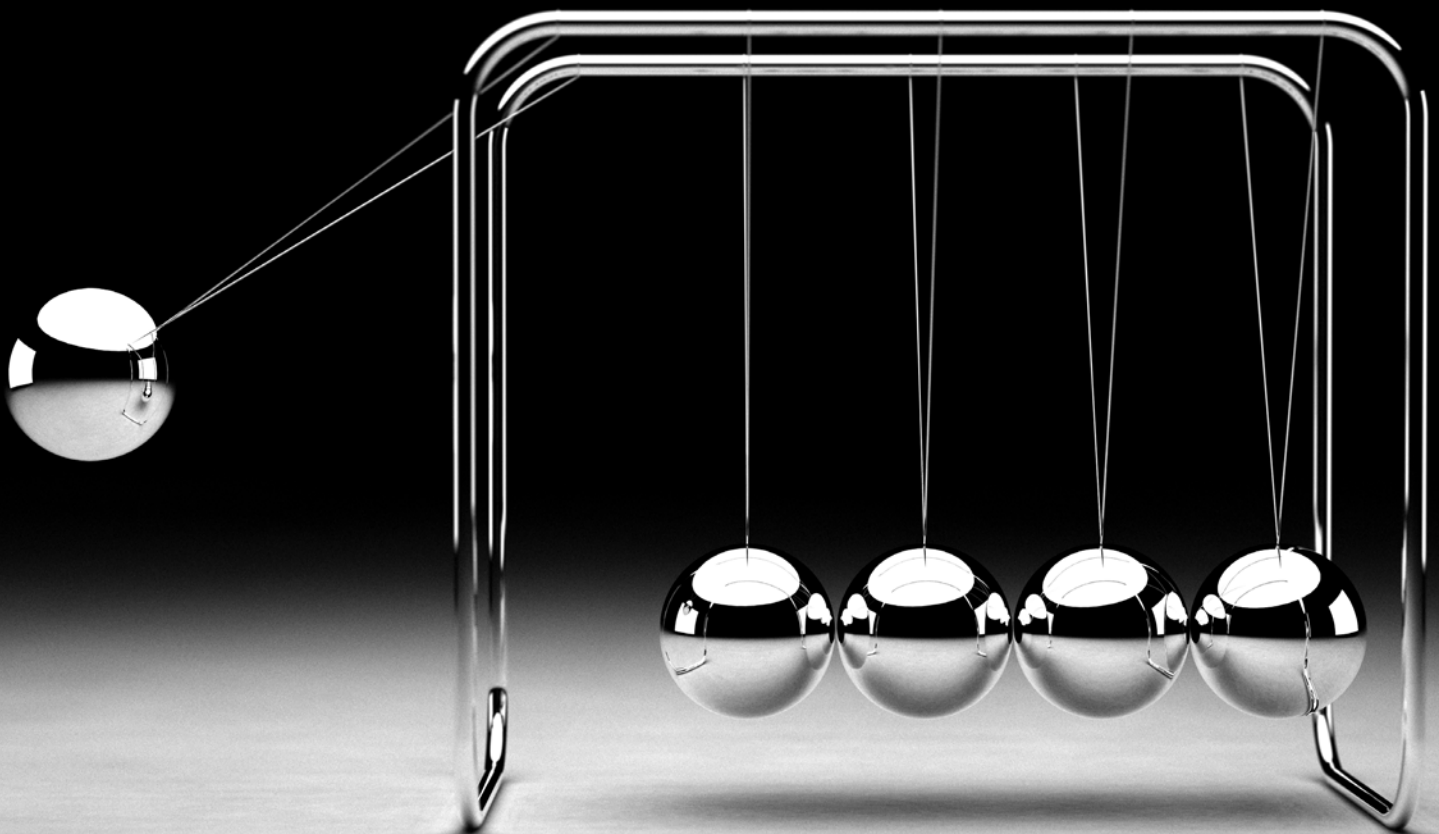
Sarah Sperry, Ph.D.



Elizabeth Lippard, Ph.D.

The University of Michigan is part of the **National Network of Depression Centers (NNDC)**, an organization developed to transform lives through research and innovations in the treatment and prevention of depression and bipolar disorders. The foundation of the NNDC is its **Task Groups**, which bring together experts from member centers and **Centers of Excellence** — leading academic medical institutions that integrate clinical care, research, and education to improve outcomes for mood disorders — to tackle critical priorities head-on. In 2025, **Sarah Sperry, Ph.D.**, the Richard Tam Early Career Professor of Translational Bipolar Research and associate director of the Prechter Program, and **Elizabeth Lippard, Ph.D.**, associate professor in the Department of Psychiatry and Behavioral Sciences at the University of Texas at Austin Dell Medical School, **started a new NNDC Task Group, the Mood Disorders and Substance Use Task Group. They started the group based on a critical gap in research and clinical care of those with co-occurring mood and substance use disorders.**

Each year, NNDC Task Groups are invited to apply for **Momentum Grants** to fund pilot projects that can be used to generate proposals for larger federal or foundation grants. Drs. Sperry and Lippard received a 2026 Momentum Grant for their work, **“Assessing Education and Management of Co-occurring Mood and Substance Use Disorders: Training Gaps, Stigma, and Areas for Improvement in Clinical Practices.”** The goals of the grant are to identify gaps in clinical education and training, disseminate data and provide training and clinical recommendations, and build collaborations and support next-generation scientists in the field. The Task Group is building a quantitative and qualitative survey to assess clinical gaps in education (targeting clinical psychology and psychiatry training programs), uncertainty in clinical management and treatment, and stigma surrounding patients with mood disorders and co-occurring substance use disorders. Results of these surveys will be used to inform future educational webinars with the goal of strengthening confidence and foundations in managing patients with co-occurring mood and substance use disorders as well as collaborative and innovative research projects.



How Bipolar Symptoms Unfold Differently in Women and Men

Bipolar disorder is not just about mood swings. It is a complex condition in which symptoms can feed into one another over time: low energy may make it harder to concentrate, changes in sleep or activity may affect mood, and elevated mood states may be followed by higher energy. Importantly, these symptom pathways may not unfold in the same way in women and men. Understanding these symptom pathways may help clinicians recognize gender-related early warning signs and support more personalized care.

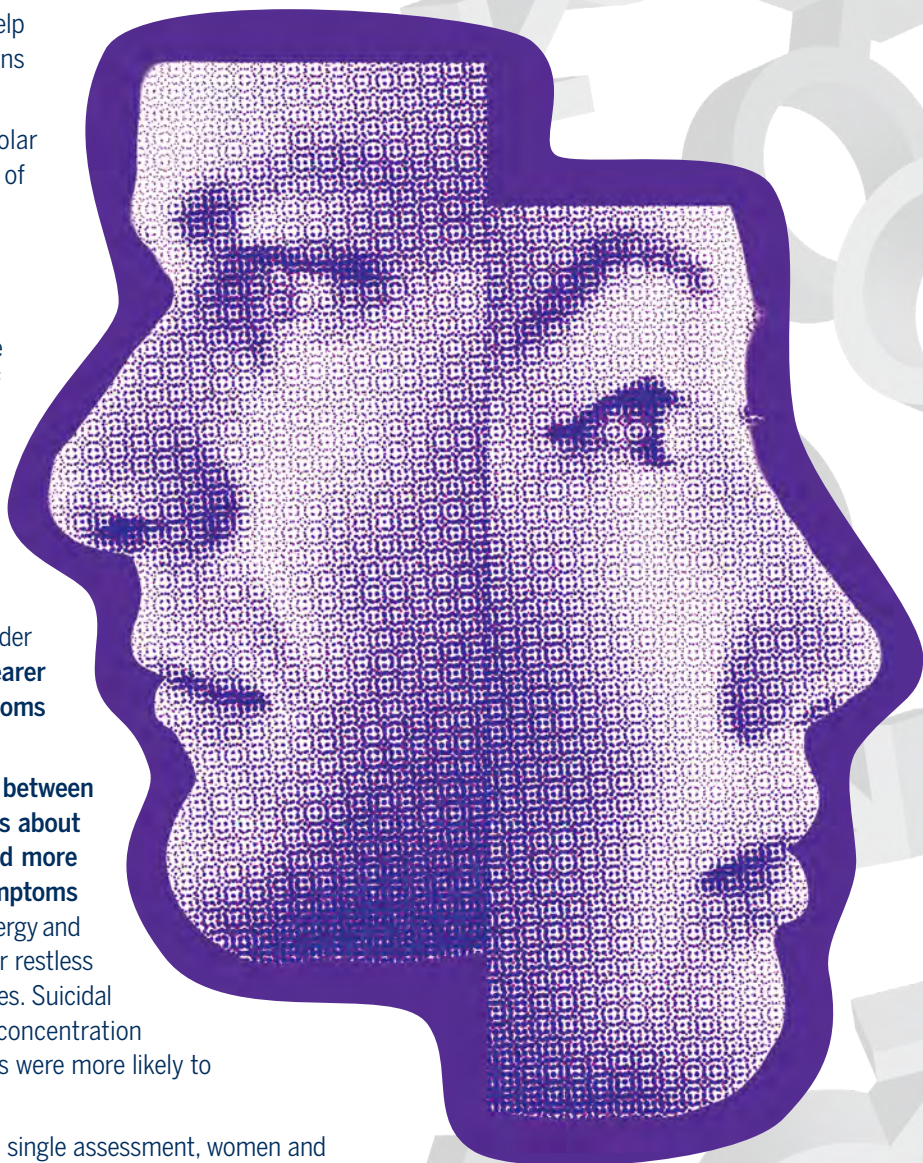
Our research team studied 579 people with bipolar disorder through the Prechter Longitudinal Study of Bipolar Disorder. Participants completed symptom questionnaires every two months for at least five years. This gave us a rare opportunity to look beyond a single snapshot and ask how symptoms connect and unfold over time. This work was made possible by the **Great Lakes HPC Cluster**, the University of Michigan's high-performance computing cluster, which helped our team analyze complex symptom patterns across years of repeated data.

When we examined symptoms measured at the same time point, women and men showed fairly similar patterns. This suggests that a single symptom questionnaire may not fully capture how bipolar disorder unfolds differently across men and women. **The clearer differences appeared when we looked at how symptoms carried forward over time.**

In other words, this study suggests that **differences between women and men with bipolar disorder may be less about which symptoms are present at one moment, and more about how symptoms persist and trigger other symptoms over time.** In men, depressive symptoms related to energy and physical activation, such as low energy and slowed or restless movement, were more strongly tied to later difficulties. Suicidal thoughts were also more strongly linked to later concentration problems in men. In women, concentration problems were more likely to persist once they appeared.

A similar pattern emerged for manic symptoms: at a single assessment, women and men showed broadly similar manic symptom connections. Over time, however, elevated mood in women was more likely to be followed by more talking and higher energy. **This suggests that elevated mood may be an especially important early warning sign of later manic activation for some women.**

Together, these findings shift the focus from a static picture of bipolar symptoms to a more dynamic one. For clinicians and patients, the key question may not only be "What symptoms are present today?" but also, "Which symptoms are likely to continue or set off other symptoms later?" **This kind of long-term symptom tracking may help identify earlier warning signs and support more personalized care.**





Australia



Ireland



Spain



Austria



Italy



Taiwan



Canada



Japan



Turkey



Chile



Mexico



Uganda



China



Netherlands



United Kingdom



Czech Republic



Nigeria



USA



Denmark



Norway



France



South Korea



Germany



Toward a Global Understanding of Bipolar Disorder

No single research study or institution can answer all of the questions surrounding bipolar and other mood disorders. **The Global Bipolar Cohort (GBC) was created to bring together researchers from around the world to learn from one another, share knowledge, and accelerate discoveries that can improve people's lives.** At its core, the GBC is more than a network of scientists.

Each month, GBC members meet to discuss new research findings, exchange ideas, and collaborate on projects. Led by Prechter Program director **Dr. Melvin McInnis** and program manager **Claudia Diaz-Byrd, MSc.**, the group also invites researchers to present their own studies and describe how they recruit participants, collect data, and address challenges in different healthcare systems and cultural settings.

By learning from **cohorts** — patient or research participant groups — around the world, **the GBC helps the Prechter Longitudinal Study of Bipolar Disorder place its findings in a broader context and identify new opportunities for discovery.** The GBC collaborative provides an opportunity for researchers to compare results across diverse populations, understand how patients and clinicians make decisions over time, and recognize both the strengths and limitations of current research approaches.



The GBC is an international platform for discovery where investigators work together to identify global patterns of care by asking questions that span cultures and healthcare systems. For example, in a few of the GBC's most recent projects, the group has learned how mood affects functioning, what it looks like when people have impairment in social and occupational settings, and how clinicians and researchers build and use a **psychiatric ontology** — a standardized framework that helps define mental health concepts, categories, and their relationships — for organizing information.

Beyond sharing data that come from the Prechter Program, the GBC is building a worldwide network of investigators and supporting the next generation of scientists who are collaborating with internationally recognized leaders to advance our understanding of bipolar disorder.

Recent Work Highlights

- Depression severity impacts cognitive functioning across diverse populations
- Mapping trajectories of social and occupational impairment over time
- Partnering with the Human Phenotype Ontology (HPO) in creating a network of terms that help describe psychiatric conditions

Please contact Claudia Diaz-Byrd (diazbyrc@umich.edu) for questions or information about the GBC.

The Prechter Cohort's International Impact By the Numbers

200+

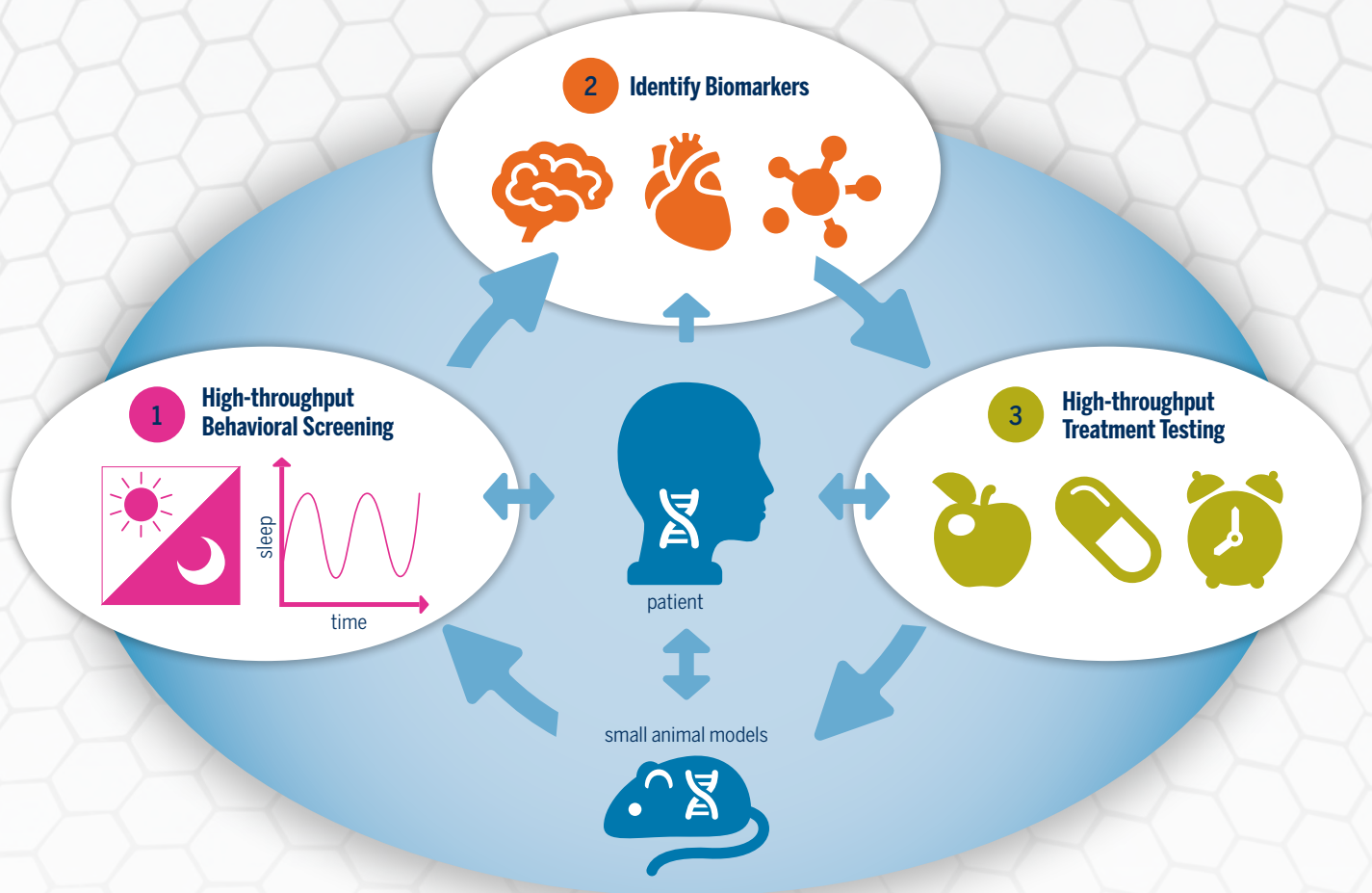
Requests for Prechter Program data from U-M, national, and international researchers

120+

GBC members

23

Countries represented in the GBC



Pioneering a Precision Medicine Pipeline for Bipolar Disorder

Understanding and identifying biomarkers of bipolar disorder

by Angel Lopez, Ph.D., Research Investigator

My goal since joining the Prechter Program in 2025 has been to develop a precision medicine pipeline to help inform the diagnosis and treatment of bipolar disorder. **This goal is of particular importance to me as a person living with bipolar disorder. Having personally experienced the difficulties, and even dangers, of the standard trial-and-error approach that currently exists in psychiatric treatment, it is my desire to improve this arduous path for both doctors and patients.** I have taken a basic science approach using small animal models to understand how genetic variants found in human beings may contribute to the symptoms of bipolar disorder and influence treatment response.

This pipeline consists of three primary points of analysis. First, we utilize a machine learning algorithm to monitor mice in their home cages and look for changes in sleep and activity levels that may result from levels in mice containing genetic variants found in patients with bipolar disorder. At the same time, we record brain activity during sleep and wakefulness to identify changes in how the brain functions, with particular focus on **rapid eye movement (REM)** and **non-rapid eye movement (NREM)** sleep.

Our most recent data comes from a mouse model containing a genetic variant which was identified in a family with bipolar disorder who participated in Prechter Program studies. **We found that these**

mice have reduced REM sleep. This finding is interesting and relevant because sleep disturbance is a core symptom of bipolar disorder, and changes in REM sleep have also been observed in patients with the disorder.

Similar changes have been observed in other mouse models relevant to bipolar disorder. **This suggests that REM sleep abnormalities may represent a potential biomarker, a measurable sign of disease risk or progression, that could aid in prevention, early detection, or diagnosis.** Other types of biomarkers that our pipeline hopes to identify include changes in heart function and small biological molecules that may differ between individuals with and without bipolar disorder.

The third aim of this pipeline is to use these mouse models to help inform patient treatment. The goal is to model genetic variants found in patients to identify more personalized treatment approaches.

Our lab has also collected preliminary data with findings that suggest a ketogenic diet may restore REM sleep in mice with the genetic variant to levels comparable to those seen in control animals. While additional research is needed, these results raise the possibility that dietary interventions may help address biological changes associated with specific genetic forms of bipolar disorder in some patients.

Rivals on the Field, Partners in Prevention: U-M and Ohio State Launch Landmark Study



If you are living with bipolar disorder and would like to participate in the ARTEMIS study, scan the QR code or visit michmed.org/Ny25V.

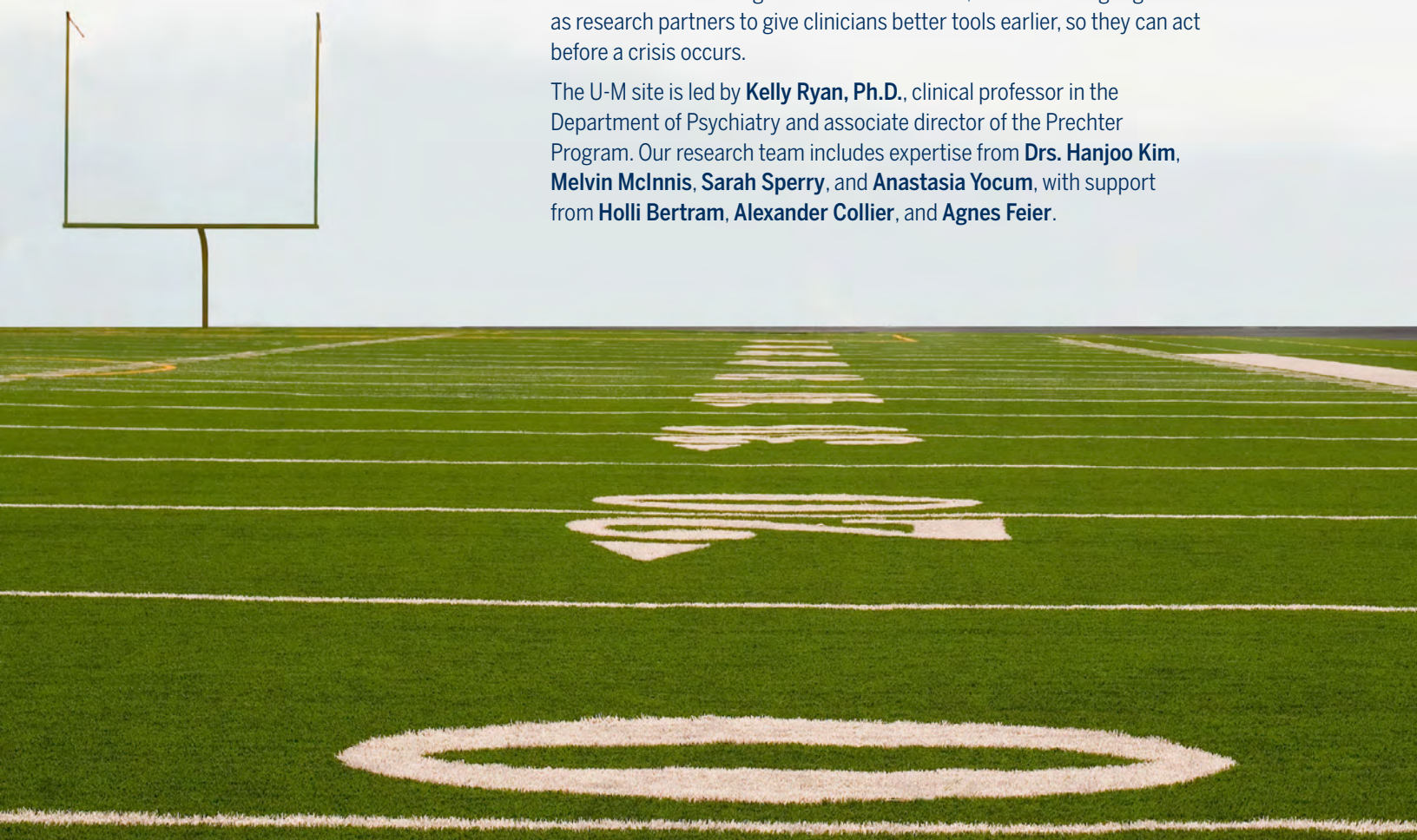
The Heinz C. Prechter Bipolar Research Program and U-M bring bipolar disorder expertise to Analyses to Reveal Trajectories and Early Markers of Imminent Shifts in Suicidal States — commonly referred to as **ARTEMIS** — a nationwide study led by The Ohio State University Wexner Medical Center and funded by a \$19.5 million National Institutes of Health (NIH) award.

Although nearly half of people who die by suicide visit a healthcare provider in the weeks before their death, existing screening tools fail to identify most patients who are at risk. The ARTEMIS study aims to change that. Using AI and dynamical systems modeling, the study will follow approximately 13,500 individuals ages 18-55 for six weeks, collecting behavioral, cognitive, and smartphone sensor data to better predict when someone may be approaching a suicidal crisis.

The Prechter Program's role in the study centers on recruiting and studying higher-risk individuals, specifically those living with bipolar disorder, a population for whom early identification of suicide risk is especially critical. This higher-risk group also includes individuals with depression, post-traumatic stress disorder, psychosis, pain, and those who receive treatment in clinics for the underinsured or healthcare facilities that provide affordable medical services to people who have health insurance but still face high deductibles, high co-pays, or caps on care that make out-of-pocket costs too expensive.

While U-M and OSU might be rivals on the field, we are working together as research partners to give clinicians better tools earlier, so they can act before a crisis occurs.

The U-M site is led by **Kelly Ryan, Ph.D.**, clinical professor in the Department of Psychiatry and associate director of the Prechter Program. Our research team includes expertise from **Drs. Hanjoo Kim, Melvin McInnis, Sarah Sperry, and Anastasia Yocum**, with support from **Holli Bertram, Alexander Collier, and Agnes Feier**.



SHAPE

LINE

FORM

VALUE

TEXTURE

PATTERN

COLOR

Outside the Lines

Monitoring mood in bipolar disorder through art

The episodic and dynamic nature of bipolar disorder poses significant challenges for monitoring mood states and symptom severity. Conventional methods such as self-report assessments and clinical interviews, while valuable, rely on insight, memory, and subjective interpretation, all of which can be compromised during mood episodes.

To look beyond convention, **Catarina Castela**, a Ph.D. student at Curtin University in Perth, Western Australia, and Prechter Program collaborator, launched her research project, **“Monitoring Mood in Bipolar Disorder: An Art-based Quantitative Approach.”** Castela’s research, grounded in her lived experience with bipolar disorder and over 20 years as a graphic designer and arts educator, colors outside of the lines by drawing on a trait long associated with bipolar disorder: the propensity for creativity. **Specifically, her work examines whether the formal elements of art within a drawing shift in measurable ways as mood and symptoms fluctuate among individuals living with bipolar-spectrum disorders.**

The MMMET

The primary aim of Castela’s research project is to develop an art-based **Mood Monitoring METHod (MMMET)**, which rests on the central premise that **the formal elements of artwork — color, line, shape, and composition — can function as observable indicators of underlying psychological symptoms and cognitive functioning.**

The MMMET features an **evidence-based structured rating tool (MMMET-rt)** to turn variables in these formal elements into measurable data. The number of colors in a drawing, for example, becomes a variable that can be consistently scored, bringing scientific rigor to a medium that has traditionally been difficult to measure accurately.

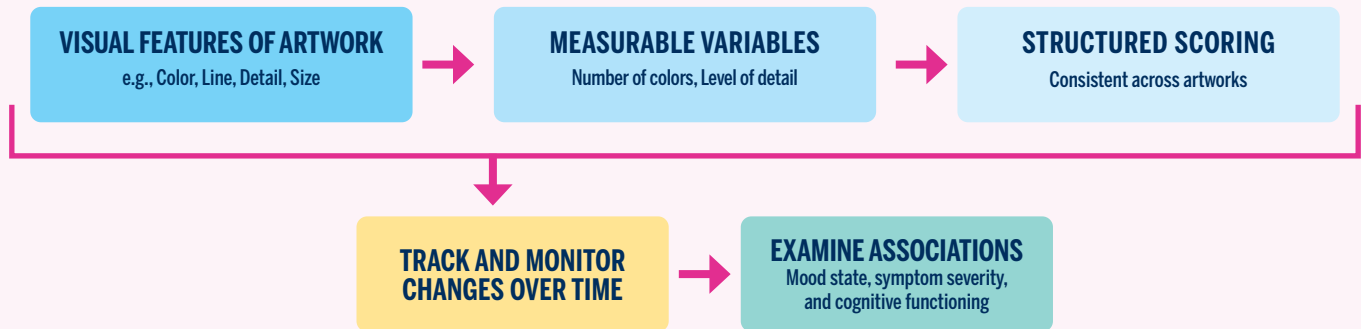
Within this framework, the MMMET proposes that changes in these formal elements correspond to changes in mood state and symptom severity, meaning that ongoing scoring of an individual’s artwork over time would allow these relationships to be identified: **changes in color use, line quality, or level of detail, for example, could therefore be measured systematically, and corresponding shifts in mood states and symptom severity monitored as they emerge.**

By developing an evidence-based, non-verbal art-based tool, the MMMET allows researchers to observe and measure psychological change in real time, without needing the individual to explain or recount their own experience.

Individuals participating in the study are encouraged to make regular entries in a visual journal, and answer a short self-administered **mood assessment questionnaire (MMMET-mq)** at the time of drawing. The MMMET-mq consists of one open-ended prompt encouraging the person to write about what is on their mind, followed by a short survey.

art-based MOOD MONITORING METHOD (MMMET)

UNDERLYING PRINCIPLE



MMMET

VISUAL
JOURNAL

MMMET-mq

Self-administered mood questionnaire
Measures mood at the time of drawing

MMMET-rt

Structured scoring
Converts drawings into quantitative data

Art as Data

Castela's research emphasizes the importance that individuals do not need to be artists for the MMMET to be effective. Drawings are measured based on changes in variables in formal elements of art, not on aesthetic quality or artistic ability. Simple figures, doodles, geometric patterns, complex compositions, or anything that feels right at the time of journaling serve as measurable indicators of mood.

Through ongoing monitoring and analysis, the MMMET can play a role in establishing links between the changes in a person's art variables and corresponding changes in symptoms, mood, or cognitive functioning.

By translating visual elements into measurable data, Castela's research aims to offer a fresh perspective on the clinical value of art by highlighting its potential to inform tailored treatment strategies and support long-term symptom management.

Exploring the Complexities of Bipolar Disorder:

Highlights from the 2026 Albert J. Silverman Research Conference

The Albert J. Silverman Research Conference is hosted annually by the U-M Department of Psychiatry at the Rachel Upjohn Building in Ann Arbor, Michigan. Albert Jack Silverman, M.D., C.M., was a distinguished psychiatrist, neuroscience researcher, and department chair at U-M. His legacy is honored through the conference, ensuring his lifelong dedication to psychiatry, patients, and trainees is remembered for generations.

“Longitudinal Dynamics of Suicidal Ideation in Bipolar Disorder: Differential Links with Mania and Depression”

Hanjoo Kim, Ph.D., Clinical Assistant Professor

My research team analyzed how mood symptoms in bipolar disorder, mania, and depression are related over time to suicidal thoughts. The results showed that manic symptoms predicted later suicidal ideation, suggesting that mania may serve as a warning signal for future suicide risk. Depression symptoms and suicidal ideation predicted each other over time, suggesting a self-perpetuating cycle in which depression increases later suicidal thoughts, and suicidal thoughts worsen later depression. We also found that personality-related risk factors, such as aggressiveness, hostility, and impulsivity made suicidal thoughts worse and increased how much suicidal ideation fluctuated over time. **This suggests the need for close monitoring of both manic and depressive symptoms, as well as timely intervention when these symptoms begin to increase.**

Dr. Kim and his team’s research, “Suicidal ideation dynamics in bipolar disorder: Distinct longitudinal links with mania and depression and moderation by externalizing traits,” was accepted as a New & Trending Oral Presentation at the 28th Annual Conference of the **International Society for Bipolar Disorders (ISBD)** this September in Vancouver, Canada.

“Differences in Suicide Risk Across Mood Episode In Psychotic Bipolar Spectrum Disorders”

Agnes Fejer, B.A., Clinical Research Assistant

My research found that people with bipolar I disorder who experienced psychosis during depressive episodes had increased suicidal ideation compared to people who experienced psychosis during manic episodes and people who did not experience psychosis during depressive episodes. **Therefore, psychotic depressive episodes may represent a particularly high-risk presentation for suicide risk assessment.**

“Childhood Trauma and Suicide in Bipolar Disorder: How Race Moderates Suicidal Ideation”

Irmgard Pallas, B.A., Social Work Intern

When examining the moderating effect of race and ethnicity on suicidal ideation among individuals with bipolar spectrum disorders and a history of childhood trauma, race and ethnicity were not found to be significant moderators, or something that acts on the relationship between two other variables and changes its direction or strength. We found that race and ethnicity do not influence suicidal ideation in people with bipolar disorder and childhood trauma, though it’s important to consider the cohort sample size for this research. There was, however, a significant and consistent association between suicidal ideation and emotional neglect, and a marginal trend with emotional abuse. Sexual abuse was associated with the weakest relationship, meaning those with a history of sexual abuse were least likely to report suicidal ideation. Psychosocial factors must be considered, especially stigma around sexual abuse and reporting. **Overall, findings from my research suggest that trauma-related suicidal ideation in bipolar disorder may be driven more by the broader effects of emotional trauma than by racial and ethnic differences.**

“Influence of Psychiatric Medication Classes on Sleep Quality in Bipolar Disorder”

Kavya Varadarajan, Undergraduate Student

In my research project, I studied 908 participants in the Prechter Longitudinal Study of Bipolar Disorder and examined how various classes of psychiatric medications affect sleep quality. **My findings show that sedatives, antidepressants, benzodiazepines, stimulants, and lithium showed significant associations with poor sleep.** Depression severity was the strongest predictor of poor sleep, but antidepressant use was the only medication class that independently predicted poor sleep quality even after controlling for mood symptoms.

Kavya was awarded best student poster at the 2026 Albert J. Silverman Conference.

“ADHD Comorbidity in Bipolar Disorder: A Longitudinal Examination of Mood and Comorbidity Burden”

Jack DiCarlantonio, B.S., Research Area Specialist Associate

My research project examined how individuals with both bipolar disorder and ADHD tend to have a tougher course of illness, especially in bipolar I disorder. **People with bipolar I disorder and ADHD reported more severe and more variable depression and mania, experienced mood episodes for longer periods of time, and carried more co-occurring psychiatric conditions, including a higher rate of substance use problems.** In bipolar II disorder, most of the symptom differences faded, likely because the group of participants with both bipolar II and ADHD was small. Still, there was a noticeable association with the total number of co-occurring psychiatric conditions.

“Personality Traits, Personality Styles, and Cognition: What Best Predicts Functioning in Bipolar Disorder?”

Lauren Busuito, B.A., Research Area Specialist Associate

My project examined how pairings of personality traits like neuroticism, extraversion, and openness predict mental health-related quality of life in 487 individuals living with bipolar disorder enrolled in the Prechter Longitudinal Study of Bipolar Disorder. Having more pairs of personality traits was associated with worse functioning over time. For example, higher neuroticism and faster processing speed were each associated with poorer functioning, while higher extraversion was associated with better functioning.

Lauren’s research poster will be presented at the ISBD Conference this September in Vancouver, Canada.

“The Duration of Psychotropic Medication Use as Predictors of Cognitive Change in Bipolar Disorder”

Eli Gordon, Undergraduate Student

Findings from my research suggest **that extended use (six or more years) of antipsychotic medication was associated with declines in three domains of cognitive function: learning, memory, and executive function.** No other medication, including lithium, predicted any cognitive change.

Life Goals App Study Looks to Improve Access to Bipolar Disorder Support

Many people living with bipolar disorder face barriers to getting the care they need. Cost, stigma, limited provider availability, and difficulty accessing specialized services can all stand in the way. To help address these challenges, **Dr. Sarah Sperry** and her team are studying a new mobile app, **Life Goals**, designed to help people with bipolar disorder find supportive care at their fingertips.

The Life Goals app is based on the **Life Goals Collaborative Care model**, an evidence-based approach that helps people better understand bipolar disorder, track symptoms, and build healthy routines. The app includes interactive educational and self-management modules on topics such as mood symptoms, anxiety, sleep, physical activity, and other factors that affect quality of life. The goal is not to replace clinical care. Instead, **Life Goals is intended to give people a practical tool they can use between appointments to recognize patterns, strengthen coping strategies, and take an active role in their wellness.**

During this study, Dr. Sperry and her research team will evaluate whether the app is easy to use, effective, and appealing to people living with bipolar disorder. Over three months, participants in this study will complete individualized learning modules tailored to their interests and symptoms. They will also complete daily and weekly check-ins about mood, sleep, and well-being. These logs will help our researchers understand how people use the app and whether it may support improved mood stability and quality of life.

A key part of the study is learning directly from people using the app. Participants will share what they find useful, what could be improved, and how the app fits into daily life. Their feedback will help refine the app's content, reminders, layout, and overall user experience. **Those participating in the study and using the app will be our partners in shaping a more helpful, accessible, and personalized tool.**

Many mental health research studies focus on reducing symptoms; this study will look beyond. While symptom management is important, people living with bipolar disorder often describe broader goals such as feeling more stable, improving relationships, functioning better at work or school, and increasing overall well-being. For this reason, Dr. Sperry and her

team will examine mood stability, daily functioning, and well-being. **By including well-being as a major outcome, the study will reflect what many people with bipolar disorder say matters most: not only having fewer symptoms, but living a fuller and more manageable life.**

Life Goals shows great promise in supporting people with bipolar disorder in both clinical and community settings — another way we are moving digital health toward more personalized, user-centered care. The Prechter Program team isn't recruiting participants for the Life Goals study just yet, but participants in the Prechter Longitudinal Study of Bipolar Disorder will be notified by our research team about opportunities to participate.



“

We never want to
lose sight of the
roots of this work
or the person
whose life inspired
so much of it.

”

LETTER FROM THE PRECHTERS

The Prechter Lecture series began as an idea in 2006 and became a reality the following year. Since then, we have had the privilege of welcoming keynote speakers from many backgrounds — people with lived experience, authors, artists, athletes, researchers, scientists, passionate advocates, and others whose work and voices have helped deepen our understanding of bipolar disorder.

As we look ahead to the 20-year celebration of the Prechter Lecture on October 21, 2026, we find ourselves reflecting on the many voices that have shaped this journey and the tremendous value they have brought to our mission. It certainly takes a village of perspectives to inform, inspire, and help guide the next generation of research and care.

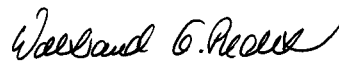
This celebration will be especially meaningful as we gather with members of our team, study participants, collaborators, and friends of the Prechter Program. We are honored to share the story of how it all began. For us, this is an emotional milestone. We cannot know where we are going without remembering where we came from. **We never want to lose sight of the roots of this work or the person whose life inspired so much of it.**

In 2001, our family experienced the profound tragedy of Heinz’s passing. Since then, we have done everything we can, with the support of so many of you, to honor his life and carry forward his legacy. Heinz lived by the belief, “I am here to make a difference.” His words continue to inspire us. To that point, if we want to make a difference and create meaningful change, we must continue to dream.

Our dream is to keep building toward a comprehensive ecosystem of care for everyone living with bipolar disorder, one that advances research while also expanding education, awareness, and support for those with lived experience and their loved ones.

Thank you to everyone who has been a part of this journey and all those who continue to believe in our mission. We would not be here without you.

With gratitude,



Waltraud “Wally” Prechter

Founder, Heinz C. Prechter Bipolar Research Program
Prechter Advisory Board Chair



Stephanie Prechter, MFA

Prechter Advisory Board Member

20th Annual Prechter Lecture

Celebrating Legacy and the Future

Wednesday, October 21, 2026
5:30-8:15 p.m.

FREE EVENT:
RSVP at michmed.org/RMR5z



RECEPTION: 5:30-6:30 p.m. | LECTURE: 6:30-8:15 p.m.

University of Michigan
A. Alfred Taubman Biomedical Science Research Building
Kahn Auditorium
109 Zina Pitcher Place, Ann Arbor, MI, 48109



HEINZ C. PRECHTER BIPOLAR
RESEARCH PROGRAM
MICHIGAN MEDICINE

If you are interested in making a donation or documenting a bequest to support the Prechter Bipolar Research Program, please email roseleah@med.umich.edu.

If you would like to talk with a lab specialist about taking part in research, please email BPREsearch@med.umich.edu.

OUR MISSION

The mission of the Heinz C. Prechter Bipolar Research Program is to discover the mechanisms that contribute to bipolar disorder, predict and improve outcomes, and develop effective, innovative treatments.

OUR VISION

We are building a future where personalized and evidence-based treatments for bipolar disorder will enable every individual with the illness to lead a healthy and productive life.

HEINZ C. PRECHTER BIPOLAR RESEARCH PROGRAM

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HELP IS AVAILABLE

In a mental health or substance use emergency, **call or text 988** to reach the national suicide and crisis lifeline.

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