

**National Institute of Mental Health
Professional Coalition for Research Progress
April 18, 2008
Washington, DC**

OVERVIEW

The National Institute of Mental Health (NIMH) held the fourth annual Professional Coalition for Research Progress (The Coalition) meeting on April 18, 2008 in Washington, D.C. Participants included representatives from professional organizations with an interest in NIMH research. The meeting afforded participants the opportunity to hear about advances in mental health research and current and new research directions and strategies for NIMH; to network with colleagues; and to interact with and express their views directly to the NIMH Director, Dr. Thomas Insel, and senior staff. Invited speakers provided information on post traumatic stress disorder (PTSD), autism, and schizophrenia. Welcome remarks were provided by William Safire, Chairman of the Dana Foundation, who encouraged the group to continue to uplift the field of scientific research.

MAJOR THEMES

State of the NIMH

Dr. Insel greeted Coalition members and provided an update on the State of the NIMH, research advances, and future challenges. He briefly discussed the development of a new 5-year strategic plan for the Institute. NIMH developed the strategic plan to inspire and support research that will continue to make a difference for those living with mental illness, and ultimately promote recovery. The Plan seeks to bring into sharper focus questions and perspectives that will transform the diagnosis, treatment, and prevention of mental disorders. With this goal in mind, NIMH identified four overarching Strategic Objectives: (1) Promote Discovery in the Brain and Behavioral Sciences to Fuel Research on the Causes of Mental Disorders; (2) Chart Mental Illness Trajectories to Determine When, Where and How to Intervene; (3) Develop New and Better Interventions that Incorporate the Diverse Needs and Circumstances of People with Mental Illnesses; and (4) Strengthen the Public Health Impact of NIMH-Supported Research.

Dr. Insel briefly discussed innovations in mental health research that have transformed the field. He talked about research that looked at attention deficit hyperactivity disorder and [cortical maturation](#), schizophrenia and brain development, and the brain differences (or complexities) associated with depression. Dr. Insel told Coalition members about the “Genomics Revolution” and what we know about mental illnesses as a result of the [Human Genome Project](#), the [International HapMap Project](#), and the [Human Genome Structural Variation Project](#). He noted what was learned from the NIMH practical clinical trials – that we can optimize care in real world settings; that even with optimal care, patient outcomes are not optimal; and that current treatments help too few people get better and very few to get well. In closing, Dr. Insel told Coalition members about challenges facing NIMH, such as disability and mortality rates associated with mental disorders, high direct and indirect costs of mental illness on society, and the static NIH budget. He noted that fostering the science of mental disorders has never been more urgent.

PTSD and Traumatic Stress: Public Health and Disasters, War, and Trauma

Robert Ursano, M.D., Chairman of the Department of Psychiatry and Director of the [Center for the Study of Traumatic Stress](#) at the Uniformed Services University of the Health Sciences told Coalition members about the “structure of trauma.” Inasmuch as one can identify the structure of the traumatic event, then helpful interventions can be administered to assist at different points of the trauma. The presentation focused on three responses to trauma - disaster risk behaviors, disaster mental health, and distress and the importance of public health care for the population after disaster. Dr. Ursano stated that there are two

types of traumatic events: those that are intentional or manmade, which often cause more severe and longstanding outcomes and consequences, and those that are unintentional, such as natural disasters. Dr. Ursano discussed the public and mental health outcomes of traumatic events including the Oklahoma City bombing, Hurricane Katrina, and the wars in Iraq and Afghanistan.

Disaster Behaviors

Dr. Ursano said that it is important to understand behavioral responses to disaster, not only mental illness. Disaster health risk behaviors include the decision to, or not to, evacuate - similar to whether one decides to buckle the seatbelt when riding in a car. There is a "honeymoon effect" that takes place after a disaster that causes communities to come together. This period is often followed by a period of anger and disbelief when communities ask questions related to why the disaster happened and how it could have been avoided. He noted that communities affected by disaster span the globe and are not isolated to the geographic location where the disaster takes place. Often times family members experience trauma when a disaster occurs in a location where a loved one lives or works.

Disaster Mental Health

Dr. Ursano explained to Coalition members that a strong and responsive mental health infrastructure is important at all times and not only in times of disaster. He discussed how disasters are often followed by an increase in psychiatric disorders, such as PTSD and depression; as well as an increase in distress, insomnia, irritability, and a sense of vulnerability, and an increase in health risk behaviors such as alcohol consumption and smoking.

Public Health

Dr. Ursano stressed that access to medical care and other services decrease in time of disaster and that limited access to care greatly influences who gets treatment. He also discussed the challenges of the continuum of care following a disaster. Displacement and the mobility of individuals after disaster make it difficult for public health practitioners to provide continuous treatment to individuals in need.

A Look at Autism Research

Susan Swedo, M.D., Chief of the NIMH Pediatric and Developmental Neuropsychiatry Branch, provided an update on the NIMH Division of Intramural Research Program's efforts in the area of Autism Spectrum Disorders (ASD). She defined the autism spectrum as several developmental disorders, reviewed characteristics and symptoms of the disorders, and said that the mission of the intramural autism research program is to discover the cause(s) of ASD and develop treatments and cures. Dr. Swedo told Coalition members that the NIMH ASD program is well positioned to make discoveries, conduct novel treatment trials, and undertake longitudinal and in-depth investigations.

Dr. Swedo told Coalition members about research on the regressive subtype of autism. She explained that children characterized as having regressive autism are children who had been developing normally until 12-30 months of age, when they suddenly experience a loss of language and social skills. She also noted the challenges of researching a subtype of autism that has no early signs or symptoms that precede onset. Dr. Swedo discussed the etiology of regressive autism and noted that several studies are evaluating possible genetic and environmental triggers for the disorder. Dr. Swedo also highlighted the status of the NIMH autism treatment trials and reviewed the goals of the Clinical and Immunological Investigation of Regressive Autism, an investigation arising from lessons learned from studies of Obsessive Compulsive Disorder and its subtype through the [pediatric autoimmune neuropsychiatric disorders associated with streptococci](#) (PANDAS) study.

Prodrome of Schizophrenia: New Opportunities for Early Detection and Intervention

Robert Heinssen, Ph.D., ABPP, the Acting Deputy Director of the NIMH Division of Services and Intervention Research, provided Coalition members with a brief overview of what is known about the

prodrome of schizophrenia and current research on early detection and intervention. He defined the schizophrenia prodrome as the period preceding the onset of the first psychotic episode, with increasing symptomatic presentation and functional deterioration. The schizophrenia prodrome is of particular interest to researchers because it is believed that effective intervention during this stage might prevent or delay the onset of schizophrenia. Investigators have further categorized the prodromal period into three at-risk mental states to identify individuals at increased risk for schizophrenia. The at-risk states are characterized by attenuated psychotic symptoms, genetic risk and functional deterioration, and brief, limited, intermittent psychotic episodes. Dr. Heinssen described research using the Structured Interview for Prodromal Syndromes (SIPS) to assess an individual's thoughts in response to specific questions to determine if they were in an at-risk mental state for schizophrenia.

Dr. Heinssen highlighted lessons learned and current NIMH-funded projects focusing on early detection of schizophrenia through research of the prodrome. He told Coalition members that NIMH is supporting nine investigator-initiated projects to study prediction and/or prevention of psychosis onset. Dr. Heinssen provided a detailed description of the North American Prodrome Longitudinal Study (NAPLS) – a consortium of eight studies with a common focus on the characterization and prediction of schizophrenia. Recently published results from NAPLS suggest that the risk for developing psychosis among adolescents who meet SIPS criteria is 35% over a 30-month period. Researchers hope that data from NAPLS will set the stage for ascertaining predictive biomarkers and selective recruitment into preventive intervention studies. Additional information on NAPLS can be found at <http://schizophreniabulletin.oxfordjournals.org/cgi/content/abstract/33/3/665>. In closing, Dr. Heinssen stated that treatments for the prodromal period are being vigorously researched, and include novel pharmacologic, psychotherapeutic, and rehabilitation approaches.

DISCUSSION AND CLOSING

During the course of the meeting, Coalition members had the opportunity to direct questions and comments to Dr. Insel, senior NIMH staff, and presenters about any topic of concern or importance to the stakeholders. Among numerous questions, Coalition members inquired if NIH will form relationships with pharmaceutical and biotech companies to promote the development of new medications. Dr. Insel noted that drug development is not NIH's focus and that it is left to the pharmaceutical companies to have a drug development pipeline in place. Coalition members also asked about cooperative PTSD research with the Department of Defense (DOD) and the Department of Veteran's Affairs (VA). Dr. Insel and Dr. Ursano noted that there are research collaborations underway between NIH, DOD, and VA. Dr. Heinssen responded to questions about the use of cognitive behavioral therapy to treat individuals during the prodromal period of schizophrenia. He noted that initial attempts to treat individuals during this period were largely focused on medications.

Dr. Insel summarized the key points discussed during the meeting and thanked Coalition members for providing helpful feedback and expertise. Coalition members applauded Dr. Insel for his continued leadership and the opportunity to hear about exciting mental health research that could yield positive outcomes; to discuss important information on changes in the field and topics of public interest; and to network with colleagues.

PHOTOGRAPHS



Dr. Insel addressing Coalition Members.



Coalition Speakers (L to R): Dr. Heinsen, Dr. Ursano, Dr. Swedo, and Dr. Insel.



Coalition Members engaged in dialogue.



Mr. Safire addressing Coalition Members.

National Institute of Mental Health
NIMH Professional Coalition for Research Progress
Agenda
April 18, 2008

- 8:30 – 9:00 am** **Registration**
- 9:00 – 9:40 am** **Welcome and State of the NIMH**
Thomas R. Insel, M.D. *Director, NIMH*
- 9:40 –10:00 am** **Dialogue**
Coalition Participants, NIMH Director and staff
- 10:00 –10:20 am** **Break and Networking**
- 10:20 – 11:00 am** **PTSD and Traumatic Stress: Public Health and Disasters, War and Trauma**
Robert Ursano, M.D.
Chairman, Department of Psychiatry, Director, Center for the Study of Traumatic Stress
Uniformed Services University of the Health Sciences
- 11:00 – 11:20 am** **Dialogue**
Coalition Participants, NIMH Director and staff
- 11:20 – 12:00 pm** **A Look at Autism Research**
Susan Swedo, M.D.
Chief, Pediatric and Developmental Neuropsychiatry Branch
Division of Intramural Research Programs, NIMH
- 12:00 – 12:20 pm** **Dialogue**
Coalition Participants, NIMH Director and staff
- 12:20 – 1:20 pm** **Networking Lunch**
- 1:20 – 2:00 pm** **The Prodrome of Schizophrenia: New Opportunities for Early Detection and Intervention**
Robert Heinssen, Jr., Ph.D., ABPP
Acting Deputy Director, Division of Services and Intervention Research , NIMH
- 2:00-2:30 pm** **Dialogue: Q&A, WRAP –UP**
Coalition Participants, NIMH Director and staff



**NIMH Professional Coalition for Research Progress
Participant List**

Academy for Eating Disorders

Kelly Klump, Ph.D.

Academy of Behavioral Medicine Research

Kenneth Freedland, Ph.D.

***American Academy of Child and
Adolescent Psychiatry***

Virginia Anthony

***American Association for Geriatric
Psychiatry***

Paul Newhouse, M.D.

***American College
of Neuropsychopharmacology***

William Carpenter, M.D.

American Counseling Association

David Kaplan, Ph.D.

American Psychiatric Association

Darrel Regier, M.D., M.P.H.

American Psychological Association

Steven Breckler, Ph.D.

American Sociological Association

Lee Herring

***Association for Behavioral and
Cognitive Therapies***

Steven Bruce, Ph.D.

Association for Psychological Science

Alan Kraut, Ph.D.

Consortium of Social Science Associations

Angela Sharpe, M.G.

Council on Social Work Education

Jenny Jones, Ph.D.

***Federation of Behavioral, Psychological
and Cognitive Sciences***

Norman Bradburn, Ph.D.

Meghan McGowan

***Institute for the Advancement of Social
Work Research***

Joan Levy Zlotnik, Ph.D., A.C.S.W.

***International Society for Traumatic
Stress Studies***

Ellen Gerrity, Ph.D.

Sleep Research Society

Eric Nofzinger, M.D.

Society of Behavioral Medicine

Kenneth Freedland, Ph.D.

Society for Social Work and Research

Sarah Gehlert, Ph.D.

The Dana Foundation

William Safire

The Society for Neuroscience

Mona Miller

***Uniformed Services University of the
Health Sciences***

Robert Ursano, M.D. (*Speaker*)

National Institute of Mental Health

Alison Bennett

Linda Brady, Ph.D.

Al Golden, M.P.H.

Marlene Guzman

Della Hann, Ph.D.

Robert Heinssen, Jr., Ph.D., A.B.P.P.

(*Speaker*)

Michael Huerta, Ph.D.

Thomas Insel, M.D.

Susan Koester, Ph.D.

Eve Moscicki, Sc.D., M.P.H.

Jean Noronha, Ph.D.

Molly Oliveri, Ph.D.

Gerald Overman, Pharm.D.

Phyllis Quartey, M.P.H., C.H.E.S.

Patrick Shirdon, M.S.

Jane Steinberg, Ph.D.

Ellen Stover, Ph.D.

Susan Swedo, M.D. (*Speaker*)

National Institute of Mental Health

(continued)

Philip Wang, M.D., Dr.P.H.

Gemma Weiblinger, M.A.