Director's Report to the
National Advisory Mental Health Council
September 21, 2004

Director's Opening Remarks

I am pleased to welcome members of the National Advisory Mental Health Council (NAMHC), and other participants and guests to our 207th Council meeting. Since we last met in May 2004, we are seeing the fruits of recommendations made by the two Council workgroups reviewing our portfolios to look for gaps and opportunities for research progress in clinical trials and basic science. One of the fundamental recommendations that has emerged from these workgroups, as well as from public comment and discussions with NIMH program officers has been the need to translate basic science discoveries into biomarkers, diagnostic tests, and new treatments for patients with mental disorders. We have, therefore, spent the last quarter reorganizing our extramural program with an eye to optimizing the translation of basic science discoveries into clinical research. A key aspect of our reorganization is ensuring translation of the best ideas among divisions. There is a description of each of the five new NIMH divisions posted on the NIMH website, including specifics on current priorities. Grantees and prospective grantees are encouraged to contact program officers directly for more information on specific research projects. The five research divisions include basic science, translational research for adults, translational research for children and adolescents, health and behavior (including AIDS), and services and intervention research. This is a time of great scientific excitement for mental health research. To take full advantage of new scientific opportunities, NIMH is setting priorities for funding and reorganizing to enhance translational research. *(See Appendix 1.)*

Change and reorganization is stressful at best; therefore, I'd like to commend the impressive work of our program officers, all the divisional staff, Della Hann, Marlene Guzman, Rebecca Claycamp, Richard Nakamura, and Bill Fitzsimmons for their diligence, patience and creativity in helping the "new NIMH" come into existence.

NIH-Wide Update

NIH Roadmap

Molecular Libraries Initiative

The NIMH and National Human Genome Institute are leading the NIH Roadmap's Molecular Libraries Initiative. The goal of this initiative is to provide organic chemical compounds, known as small molecules, for scientists to use in modulating gene function to improve our understanding of biological pathways in health and disease. Progress to date includes the recent award to Discovery Partners International of a multi-year contract to set up and maintain a Small Molecule Repository, to manage the Repository, and to provide up to a million chemical compounds to multiple NIH Screening Centers. NIMH's Jamie Driscoll, Linda Brady, and Bruce Anderson stewarded this effort. In addition, the NIH National Chemical Genomics Center (NCGN), the first of the Screening Centers, has been launched in the intramural program. Up to nine more centers will be funded at academic institutions and other locations to build a network providing a broad range of small molecules with promising properties for biological research. In the first year of operation, the NCGN plans to screen more than 100,000 small molecules in high throughput assays, opening up the use of small molecules as biological probes to public sector biologists for the first time.

Interdisciplinary Health Research Training: Behavior, Environment and Biology
The purpose of this Roadmap initiative is to enable the development of an interdisciplinary workforce by ensuring that undergraduate, pre-doctoral, and postdoctoral students receive the didactic and research experiences necessary to participate in integrative research aimed at solving complex biomedical and health problems. A request for applications on "Interdisciplinary Health Research Training: Behavior, Environment, and Biology" was released last November. In March, 12 applications were received, several of which are relevant to the NIMH mission. Nancy Desmond from NIMH is the project team leader.

Other Roadmap Initiatives
NIMH staff are involved in numerous other Roadmap activities designed to provide cutting edge tools for basic research, such as nanomedicine http://nihroadmap.nih.gov/nanomedicine/index.asp and metabolomics http://grants.nih.gov/grants/guide/rfa-files/RFA-RM-04-002.html, and to rethink the way clinical research is conducted by helping create Regional Translational Research Centers http://nccam.nih.gov/rtrc/ and promoting the training of clinical researchers http://nihroadmap.nih.gov/clinicalresearch/index.asp.

Neurosciences Blueprint
The 14 Institutes and Centers (ICs) of the NIH involved in neuroscience research have been working together to lay out a blueprint that will help coordinate key research initiatives to speed progress and ease the burden of disorders of the nervous system. Three unifying scientific themes – neural development, degeneration, and plasticity – offer all the participating ICs the common opportunity to advance their scientific agendas. NIMH held an Institute-specific meeting with external consultants on June 8 and a meeting with external consultants and all participating ICs on August 24. The blueprint is due to be released in October. Mike Huerta and Marlene Guzman have taken the lead at NIMH.

New Intramural Facilities
One example of the collaborative spirit reflected in the Blueprint is the Porter Neuroscience Research Center on the NIH campus in Bethesda. The first wing of the facility opened in mid-June and more than 50 investigators from eight different institutes will move in this fall. Construction has not yet begun on the second wing. In total, the center will provide 600,000 gross square feet for imaging facilities, animal holding space, conference space, and labs for more than 100 PIs. The new center was designed to encourage collaboration among scientists working on common research goals, rather than separating them by institute.

Another long-awaited building is also near completion: The Mark O. Hatfield Clinical Research Center, on the Bethesda campus. Dedication of the structure is set for September 22, with the first patient move-in projected for early December. The facility will be home to new inpatient units, day hospitals, and research labs and will connect to the existing Warren Grant Magnuson Clinical Center, which opened its doors to patients in 1953. The 870,000 square foot complex is expected to open with 242 inpatient beds and 90 day-hospital stations. This arrangement can be easily adapted to allow more inpatient beds and fewer day-hospital stations, or vice versa, as the new facility's design is highly flexible. In addition to research laboratory space, the Hatfield Center has dedicated eight pediatric and 26 adult inpatient beds for behavioral health, while space in another unit shared by the NIMH and NIAAA is yet to be determined. The facility is

designed with flexible bed capacity to accommodate changing needs. In addition, NIMH protocols that require day hospital facilities will have access to stations allocated for day use.

Conflict of Interest

Following a series of negative media articles and intense Congressional oversight hearings regarding private consulting arrangements between NIH scientists and pharmaceutical firms – some of which were never reported to NIH ethics officials – the Director of NIH has proposed a series of new and significantly more restrictive policies to govern outside activities by NIH employees. Because the NIH does not currently have full authority to independently establish all of the proposed new policies, they cannot all be immediately put in place. Most significant among the proposed new rules is a prohibition on private consulting arrangements between senior NIH officials (including extramural program officials) and either drug or biotech firms. Moreover, no NIH employee will be allowed to serve on the corporate board of a pharmaceutical or biotech firm. In addition, both extramural and intramural scientists will be prohibited from consulting with non-profits and grantees for compensation. While the latter policy is generally consistent with current practices for our extramural faculty, it will now also apply to intramural researchers, who had previously been given much greater flexibility to interact with grantee institutions on a private basis.

Science of Note

Combination Treatment Most Effective in Adolescents with Depression

An NIMH-funded clinical trial of 439 adolescents with major depression found that a combination of medication and psychotherapy is the most effective treatment. The study compared cognitive-behavioral therapy (CBT) with fluoxetine, currently the only antidepressant approved by the FDA for use in children and adolescents. The results of the first 12 weeks of the Treatment for Adolescents with Depression Study (TADS), conducted at 13 sites nationwide, show that 71% responded to the combination of fluoxetine and CBT. The other three treatment groups, of participants between the ages of 12 and 17, also showed improvement, with a 60.6% response to fluoxetine-only treatment, and 43.2% response from those receiving only CBT. The response rate was 34.8% for a group that received a placebo. The difference in response rates for the latter two treatment groups was not statistically significant. Clinically significant suicidal thinking, which was present in 29% of the participants at the beginning of the study, improved significantly in all four treatment groups, with those receiving medication and therapy showing the greatest reduction. The rate of suicide-related adverse events was 7% among teens on medication (alone or with CBT) and 4% among those on no medications (psychotherapy and placebo groups). The $17 million study is the first large, federally funded study using an antidepressant medication to treat adolescents suffering with moderate to severe depression. The TADS multidisciplinary team was led by John March at Duke University and includes investigators from NIMH.

March J, Silva S, Petrycki S, Curry J, Wells K, Fairbank J, Burns B, Domino M, McNulty S, Vitiello B, Severe J. Treatment for Adolescents With Depression Study (TADS) Team. Fluoxitene, cognitive-behavioral therapy, and their combination for the treatment of depression in adolescents: Treatment for Adolescents with Depression Study (TADS) randomized controlled trial. JAMA. 2004 Aug 18;292(7):807-20.

Depression Traced to Overactive Brain Circuit

A positron emission tomography (PET) brain imaging study by NIMH intramural scientists Alex Neumeister, Wayne Drevets, and colleagues has found that an emotion-regulating brain circuit is

overactive in people prone to depression—even when they are not depressed. Researchers discovered the abnormality in the brains of those whose depressions relapsed when serotonin, a key brain chemical messenger, was experimentally reduced. Even when in remission, most subjects with a history of mood disorder experienced a temporary recurrence of symptoms when their brains were experimentally sapped of tryptophan, the chemical precursor of serotonin, the neurotransmitter that is boosted by antidepressants. Neither a placebo procedure in patients nor tryptophan depletion in healthy volunteers triggered the mood and brain activity changes. Brain scans revealed that a key emotion-processing circuit was overactive only in patients in remission — whether or not they had re-experienced symptoms — and not in controls. Since the abnormal activity did not reflect mood state, the finding suggests that tryptophan depletion unmasks an inborn trait associated with depression. The NIMH researchers and others had previously shown that omitting tryptophan from a cocktail of several other essential amino acids washes out the precursor chemical from the blood and brain, depleting serotonin and often triggering symptoms in people with a history of depression — and even in healthy people from depression-prone families. This added to evidence that a genetic predisposition that renders some people vulnerable to inadequate serotonin activity may be at the root of the mood disorder.

Neumeister A, Nugent AC, Waldeck T, Geraci M, Schwarz M, Bonne O, Bain EE, Luckenbaugh DA, Herscovitch P, Charney DS, Drevets WC. Neural and behavioral responses to tryptophan depletion in unmedicated patients with remitted major depressive disorder and controls. Arch Gen Psychiatry. 2004 Aug;61(8):765-73.

Schizophrenia Gene Variant Linked to Risk Traits

NIMH intramural scientists have identified a relationship between a small section of one gene that governs the activity of the brain chemical messenger glutamate, and a collection of traits known to be associated with schizophrenia. The study, conducted by Michael Egan, Daniel Weinberger, and colleagues, confirms that the gene responsible for management of glutamate is a promising candidate in determining risk for schizophrenia. Glutamate is a key neurotransmitter long thought to play a role in schizophrenia. The gene identified in this study codes for the glutamate receptor GRM3, which is responsible for regulating glutamate in synapses—the spaces in between brain cells—where chemicals like glutamate transfer information from cell to cell. The amount of glutamate remaining in the synapse may have a downstream impact on cognition. Many of the genes already identified as likely candidates for the disorder have been thought to affect the glutamate system. The study implicates the GRM3 gene as well. GRM3 alters glutamate transmission, brain physiology and cognition, increasing the risk for schizophrenia. To pinpoint the section of the gene responsible for these changes, scientists are exploring a region where the gene may differ by one letter at a location called SNP4. The normal variation is spelled with either an 'A'- the more common of the two-or a 'G'. Patients with schizophrenia are more likely to inherit an 'A' from either parent, indicating the 'A' variant slightly increases risk. The 'A' variant is also associated with the pattern of traits linked with the disorder. This was true in patients, their healthy siblings, and normal volunteers.

Egan MF, Straub RE, Goldberg TE, Yakub I, Callicott JH, Hariri AR, Mattay VS, Bertolino A, Hyde TM, Shannon-Weickert C, Akil M, Crook J, Vakkalanka RK, Balkissoon R, Gibbs RA, Kleinman JE, Weinberger DR. Variation in GRM3 affects cognition, prefrontal glutamate, and risk for schizophrenia. Proc Natl Acad Sci U S A. 2004 Aug 24;101(34):12604-9. Epub 2004 Aug 13.

Researches Find Potential Genetic Link to Autism

Autism is a complex psychiatric disorder that usually becomes apparent in early childhood. Although highly genetic in origin, the mechanisms leading to autism have remained largely unexplained. In April 2004, NIMH-funded researchers studying gene mutations in normal and autistic individuals were able to identify a chromosome locus where mutations occur. The SLC25A12 gene at this locus showed differences in subjects with and without autism. This study showed a strong association of autism with variations within the identified genes. Further studies are needed to confirm this finding and to decipher how these changes are related to the causes of autism.

Ramoz N, Reichert JG, Smith CJ, Silverman JM, Bespalova IN, Davis KL, Buxbaum JD. Linkage and association of the mitochondrial aspartate/glutamate carrier SLC25A12 gene with autism. Am J Psychiatry. 2004 Apr;161(4):662-9.

Rare Deficit Maps Thinking Circuitry

Using brain imaging, NIMH neuroscientists have pinpointed the site of a defect in a brain circuit associated with a specific thinking deficit. Their study demonstrates how a rare genetic disorder, Williams Syndrome, can offer clues on how genetic flaws may translate into cognitive symptoms in more common and complex major mental disorders. The study focused on the inability to visualize an object as a set of parts and then construct a replica, as in assembling a puzzle – a key cognitive deficit experienced by people with Williams Syndrome. Andreas Meyer-Lindenberg, Karen Berman, and colleagues, used magnetic resonance imaging to trace the thinking deficit to a circuit at the back of the brain that processes locations of objects in the visual field. In addition to this visuospatial construction deficit, people with Williams Syndrome also tend to be overly friendly and anxious and often have mental retardation and learning disabilities. Compared to most mental disorders, which are thought to involve complex interactions between multiple genes and environmental triggers, the genetic basis of Williams Syndrome is remarkably well understood. People with the disorder lack about 21 genes in a particular part of chromosome 7. According to the researchers, Williams Syndrome offers a unique opportunity to study how genes influence our ability to construct our social and spatial worlds. Studying people with this disorder can help investigators discover how genetic mutations change molecular and cellular processes and lead to differences in the brain circuitry for complex aspects of cognition.

Meyer-Lindenberg A, Kohn P, Mervis CB, Kippenhan JS, Olsen RK, Morris CA, Berman KF . Neural basis of genetically determined visuospatial construction deficit in Williams syndrome. Neuron. 2004 Sep 2;43(5):623-31.

New Mouse Model Created for Anxiety, Aggression, Stress-related Disorders

A spontaneous genetic mutation in an already-bioengineered strain of mice has created what may be the ultimate model for studying anxiety, aggression and stress-related disorders according to a study by Jean Shih and Elsie Welin at the University of Southern California. The brain enzyme monoamine oxidase (MAO), appears to work by inactivating several neurotransmitters, such as serotonin, dopamine, and noradrenaline. In past studies, mice with an inactivated MAO A enzyme tend to become unusually aggressive – a finding bolstered by observations that humans with altered MAO A levels are prone to violent, criminal or impulsive behavior. In this current study, the investigators used a strain of mice in which the other type of MAO, called MAO B, had been knocked out. They noticed that one of the mice was different – it had a markedly lower body weight and exhibited extreme hyperactivity. The DNA sequence of the skittish mouse revealed the spontaneous mutation of the MAO A gene, as well as the already deficient MAO B gene, resulting in an MAO A/B double knockout mouse. The researchers then created an entire colony of MAO A/B knockout mice. These mice are unique in their brain chemistry and behavioral traits, showing a number of anxiety-related behaviors. Results indicate that the

monoamine neurotransmitter pathways regulate several behaviors including anxiety, aggression and stress-related disorders. The availability of three different MAO knockout mice provides new insights for developing selective pharmacological interventions for diseases involving abnormal catecholamine catabolism.

The editorial board and associate editors at the *Journal of Biological Chemistry* selected this paper the JBC Paper of the Week as the top 1% of papers reviewed in significance and overall importance.

Chen K, Holschneider DP, Wu W, Rebrin I, Shih JC. A Spontaneous Point Mutation Produces Monoamine Oxidase A/B Knock-out Mice with Greatly Elevated Monoamines and Anxiety-like Behavior. J Biol Chem. 2004 Sep 17; 279(38):39645-39652.

Feasibility of a Therapist-Assisted Self-Help Program for Traumatic Stress

The heightened threat of terrorist or other catastrophic events raises the need to assess our ability to treat potentially large numbers of traumatized individuals struggling with post-traumatic stress disorder (PTSD) and major depressive disorder (MDD). Researchers at Boston University School of Medicine, the University of New South Wales, and Walter Reed Army Medical Center have demonstrated that an Internet-based, therapist-assisted, self-management intervention may be a viable alternative, or useful adjunct, to traditional therapeutic approaches. The novel intervention designed by Brett Litz and Richard Bryant is currently being used at Walter Reed Army Medical Center in a randomized, controlled trial for treating victims of the 9/11/01 Pentagon attack and military personnel returning from Afghanistan and Iraq with PTSD. The study results suggest the feasibility of a novel approach for treating many people at once that uses relatively modest resources and can be applied to victims of multiple forms of trauma.

Litz BT, Williams L, Wang J, Bryant R, Engel, CC. A therapist-assisted Internet self-help program for traumatic stress. Professional Psychology:Research and Practice. 2004 (in press).

Imaging Study Reveals Slow Maturation Timeline for the Cortex

The brain's center of reasoning and problem solving is among the last to mature, a new study graphically reveals. NIMH and UCLA researchers have conducted a decade-long MRI study of normal brain development from ages 4 to 21, which showed that the prefrontal cortex, a "higher-order" brain center, does not develop fully until young adulthood. A time-lapse 3-D movie that compresses 15 years of human brain maturation, ages 5 to 20, into just seconds, shows gray matter– the working tissue of the brain's cortex– diminishing in a back-to-front wave, likely reflecting the pruning of unused neuronal connections during the teen years. Cortex areas can be seen maturing at ages in which relevant cognitive and functional developmental milestones occur. The sequence of maturation roughly parallels the evolution of the mammalian brain, suggest NIMH's Nitin Gogtay and Judith Rapoport, and UCLA's Paul Thompson and Arthur Toga.

Gogtay N, Giedd JN, Lusk L, Hayashi KM, Greenstein D, Vaituzis AC, Nugent TF 3rd, Herman DH, Clasen LS, Toga AW, Rapoport JL, Thompson PM. Dynamic mapping of human cortical development during childhood through early adulthood. Proc Natl Acad Sci 2004 May 25;101(21):8174-9. Epub, 2004 May 17.

Boosting Long-Term Memory with Chromatin Remodeling

While the regulation of gene expression has been implicated in the consolidation of long-term memories, the molecular machinery underlying the specificity of this process is less clear. Three groups of NIMH-supported researchers (at Columbia University, Scripps Research Institute, and Baylor College of Medicine) have now demonstrated that regulation of chromatin structure through histone acetylation is important in long-term potentiation in the hippocampus and in learning and memory. Taken together, the results suggest that histone deacetylation inhibitors might represent a viable route for the treatment of some types of cognitive impairment.

Alarcon JM, Malleret G, Touzani K, Vronskaya S, Ishii S, Kandel ER, Barco A. Chromatin acetylation, memory, and LTP are impaired in CBP+/- mice: a model for the cognitive deficit in Rubinstein-Taybi syndrome and its amelioration. Neuron. 2004 Jun 24;42(6):947-59.

HIV-Prevention Strategy Effective with African-American Girls

Sexually active African American adolescent girls are at high risk for HIV infection. Researchers at Emory University led by Ralph DiClemente evaluated a new intervention by conducting a randomized controlled trial of 522 sexually experienced African American girls aged 14 to 18 years at four community health agencies. At 12-month follow-up investigators found that, compared to non-participants, intervention participants were more likely to show HIV-preventive behaviors by having protected sex at last intercourse and less likely to have had a new sex partner in the past 30 days. Promising effects were also observed for chlamydia infections and self-reported pregnancy. The investigators conclude that interventions for African American adolescent girls that are gender-tailored and culturally congruent can enhance HIV-preventive behaviors, skills, and mediators and may reduce pregnancy and chlamydia infection.

DiClemente RJ, Wingood GM, Harrington KF, Lang DL, Davies SL, Hook EW 3rd, Oh MK, Crosby RA, Hertzberg VS, Gordon AB, Hardin JW, Parker S, Robillard A. Efficacy of an HIV prevention intervention for African American adolescent girls: a randomized controlled trial. JAMA. 2004 Jul 14;292(2):171-9.

Helping Teens in HIV-Affected Families Pays Off: Six-Year Follow-up Data

With an estimated 15,000 parents in the US dying of AIDS each year, roughly 125,000 US children have already lost at least one parent to the disease and at least 750,000 more are currently living with an HIV-infected parent. Over a period of six years Mary Jane Rotheram-Borus and UCLA colleagues studied 395 New York adolescents with an HIV-infected parent. About half the families were randomly assigned to the coping program that taught teens skills for dealing with negative emotions, preventing risky sexual activity and drug use, and planning their future. Other families were assigned a social worker and received only the usual HIV services. After six years, slightly more than half the parents had died. Despite losing a parent, teens in the coping program were more likely than non-participant teens to be in school or working and less likely to be on welfare. Teens in the coping program reported healthier relationships and better problem-solving skills in their relationships. They were also somewhat less likely to become teenage parents. After four years in the program, moreover, parents who participated were less likely to relapse into substance abuse.

Rotheram-Borus MJ, Lee M, Lin YY, Lester P. Six-year intervention outcomes for adolescent children of parents with the human immunodeficiency virus. Arch Pediatr Adolesc Med. 2004 Aug;158(8):742-8

NIMH Publications

Schizophrenia Bulletin

After being published by NIMH for several decades (since 1969), the *Schizophrenia Bulletin* is being privatized. NIMH has selected a collaborative proposal from Oxford University Press and Maryland Psychiatric Research Center (MPRC) to assume publishing responsibilities, beginning with the 2005-dated issues (Volume 31). William T. Carpenter, Jr., MD, Director of the MPRC will assume the duties of Editor-in-Chief. NIMH was very pleased to receive numerous high quality applications from leading publishing organizations in North America and Europe and is confident that the Bulletin will be in very good hands. We are proud of the accomplishments of the *Schizophrenia Bulletin*, and deeply appreciate support of the journal by its hardworking staff, contributors, reviewers, and readers.

Progress on NIMH Initiatives

NIMH at the American Psychiatric Association

NIMH is organizing a research track as part of the scientific program for the upcoming meeting of the American Psychiatric Association (APA), to be held in Atlanta in May 2005. With thousands of psychiatrists worldwide attending the meeting, it provides an excellent opportunity to educate participants about the latest research breakthroughs and evidence-based practices and feature NIMH's best science and most talented grantees. The theme of the research track is translation, broadly defined. NIMH has invited speakers to give three "Frontiers of Science" lectures, a "Distinguished Psychiatrist" lecture and a "Master Educator" lecture. NIMH is also organizing eight research symposia, six workshops and several scientific and clinical reports. Symposia include "Neuroscience for the Psychiatrist I and II" and "Clinical Findings from the NIMH Community Treatment Trials in Schizophrenia, Treatment Resistant Depression, Bipolar Disorder and Childhood Depression." The organizing committee includes Wayne Fenton, Mayada Akil, Ellen Stover, and Catherine Roca.

NIMH/CDC Collaborations

NIMH staff is working with the Centers for Disease Control and Prevention (CDC) in a multi-year effort to exploit research findings on the prevention and treatment of major public health problems. *The Guide to Community Preventive Services*, led by the independent Task Force on Community Preventive Services, conducts systematic reviews of interventions to change risk behaviors, address environmental challenges, and reduce the burden of disease, injury, and impairment. One component of *The Guide* that requires NIMH input is the focus on reducing the causes and consequences of violence. The forthcoming publications highlight NIMH-supported research on preventative and treatment-oriented interventions for serious conduct problems in youth.

Bilukha, O., R. A. Hahn, A. Crosby, M. T. Fullilove, A. Liberman, E. K. Moscicki, S. Snyder, F. Tuma, P. Corso, A. Schofield, P. Briss, Task Force on Community Preventive Services. January 2005. The effectiveness of early childhood home visitation in preventing violence: a systematic review. Am J Prev Med. In press.

Hahn, R. A., O. Bilukha, J. Lowy, A. Crosby, M. T. Fullilove,, A, Liberman A, E. K. Moscicki, S. Snyder, F. Tuma, P. Corso, A. Schofield. January 2005. Task Force on Community Preventive Services. The effectiveness of therapeutic foster care for the prevention of violence: a systematic review. Am J Prev Med: In press.

Hahn R. A., O. Bilukha, A. Crosby, M. T. Fullilove, A. Liberman. January 2005. Moscicki EK, Snyder S, Tuma F, Briss PA, Task Force on Community Preventive Services. Firearms laws and the reduction of violence: a systematic review. Am J Prev Med. In press.

New Requests for Applications

National Technology Centers for Networks and Pathways

This is an NIH Roadmap initiative, calling for technology centers to cooperate in a networked national effort to develop highly novel, integrated, and broadly applicable proteomics technologies, to include instrumentation, biophysical methods, reagents, and infrastructure. The centers should foster original and creative contributions to scientific understanding over and above that which would be obtained by their component parts working independently.

Release date: August 10, 2004; Expiration date: Feb. 23, 2005
http://grants.nih.gov/grants/guide/rfa-files/RFA-RM-04-019.html
Scientific Program Director: Douglas M. Sheeley, Sc.D.,Division of Biomedical Technology, National Center for Research Resources

State Implementation of Evidence-based Practices II – Bridging Science and Service
NIMH and the Substance Abuse and Mental Health Services Administration (SAMHSA) are partnering to promote and support implementation of evidence-based mental health treatment practices into state mental health systems. NIMH seeks to enhance the research agenda of state mental health systems by focusing on activities that yield knowledge about the most effective and feasible methods for implementing evidence-based practices into state clinical practice settings. SAMHSA seeks to provide direct support to states and localities that are ready and committed to adopting evidence-based practices.
Release date: June 7, 2004; Expiration date: Oct. 15, 2004
http://grants1.nih.gov/grants/guide/rfa-files/RFA-MH-05-004.html
Scientific Program Director: David A. Chambers, Ph.D., Division of Services and Intervention Research National Institute of Mental Health

Mrna Profiling of the Major Mental Disorders: Exploiting Postmortem Human Tissue Through Gene Array Technology
NIMH seeks applications that will foster analysis of mRNA profiling in the major mental disorders. Specifically, the initiative will provide support for investigators who wish to initiate or expand their use of gene array profiling technology in studies of human postmortem brain tissue. It is anticipated that such efforts will expand the available data on psychiatric disease-specific mRNA profiles and simultaneously encourage related experiments to understand the neural basis of abnormal gene expression profiles.
Release date: June 1, 2001; Expiration date: August 18, 2004
http://grants.nih.gov/grants/guide/rfa-files/RFA-MH-05-005.html
Scientific Program Director: Douglas L. Meinecke, Ph.D., Division of Neuroscience and Basic Behavioral Science, National Institute of Mental Health

Phase Ii Comprehensive Icohrta Aids/Tb
The Fogarty International Center (FIC) and its co-sponsoring institutions invite Phase I International Clinical, Operational, and Health Services Research Training Award for AIDS and Tuberculosis (ICOHRTA-AIDS/TB) Program awardees to submit applications for Phase II, to develop comprehensive international clinical, operational, and health services research training programs.
Release date: July 28, 2004; Expiration date: December 21, 2004
http://grants.nih.gov/grants/guide/rfa-files/RFA-TW-04-002.html
Scientific Program Director: Jeanne McDermott, CNM, MPH, PhD, Division of International Training & Research, Fogarty International Center, National Institutes of Health

NIMH Public Outreach

Media News

Business Week named NIMH to its national list of best medical web sites in the August 30 issue of the magazine. Second only to NIH's National Library of Medicine site, NIMH was cited as a "comprehensive and authoritative source of information on mental disorders and treatments." The NIMH Office of Communications launched a redesigned web site in April.

Parade Magazine's special issue on men's health featured the Real Men Real Depression public education program in its story on mental health. The June 20 story included interviews with NIMH's Tom Insel and Dennis Charney, as well as New York firefighter Jimmy Brown and national diving champion Shawn Colten, both of whom shared their personal struggles with depression for the outreach program. The article published NIMH's toll-free phone number and

web site address for information about depression, which more than doubled the usual number of public calls and e-mails for information the first week. Requests continue to come in every week.

Members of the Public, Scientists Discuss Mental Health Research Priorities
In July, NIMH representatives came together with some 35 stakeholders drawn from key patient and family organizations to discuss future directions and priorities for mental health research. This meeting of the NIMH Alliance for Research Progress presented the opportunity for NIMH staff to hear first-hand the public's views and concerns. NIH participants included: NIH Director Elias Zerhouni; NIMH Director Tom Insel; NINDS Director Story Landis; and NINR Director Patricia Grady. The meeting opened with discussion of the NIMH vision for the future and a a summary of actions – such as a structural reorganization – recently undertaken to implement that vision. There followed a prolonged discussion by all present, with additional input gleaned from three afternoon breakout sessions on the public trust, science to service, and the next generation of NIMH clinical trials. Another lively discussion followed Dr. Zerhouni's keynote address, which outlined such multi-Institute programs as the NIH Roadmap, the Public Trust Initiative, and the Neuroscience Blueprint.

Research Conferences

Workshop on the Prevention of Depression in Children and Adolescents
In June, NIMH hosted a meeting to consider the effectiveness of existing measures for preventing internalizing disorders in children and adolescents and to consider how best to develop the empirical base needed to design new approaches. Participants reviewed prevalence estimates, ways to assess internalizing disorders, and a summary of high-risk events and transitions associated with the appearance of internalizing disorders. They then discussed current preventive interventions targeted to high risk and asymptomatic populations and the development and testing of new prevention models based on advances in basic research, research on co-morbid disorders, and alternative intervention models. *For more information, please contact Belinda Sims, bsims@mail.nih.gov.*

Second NIMH Pharmacoeconomics Research Directions Workshop
DSIR's Financing and Managed Care Research Program organized a workshop in May with Richard Frank of Harvard University and Agnes Rupp of NIMH as facilitators to help implement the recommendations outlined in the President's New Freedom Commission on Mental Health. Participant contributions demonstrated how NIMH-supported pharmacoeconomics research, both current and future, might help improve health services for people suffering from mental disorders. *For more information, please contact Agnes Rupp at: mailto:arupp@mail.nih.gov.*

Workshop on State Implementation of Evidence-Based Practices for Mental Health
In August, NIMH and the Center for Mental Health Services (CMHS) brought together grantees to discuss the application of evidence-based practices (EBPs) for mental health in state mental health systems. Participants considered the activities, challenges, lessons learned, and next steps gleaned from nine state-led efforts to implement EBPs. A technical assistance workshop was also held for prospective applicants to the second RFA, which will give another cohort of state agencies the chance to apply for planning grants to conduct research on the implementation of evidence-based practices. *For more information, please contact David Chambers at: dchamber@mail.nih.gov*

Complexities of Co-Occurring Conditions: Improving Care for Mental, Substance Use, and Medical/Physical Disorders
DSIR co-sponsored this conference with the NIDA, NIAAA, SAMHSA, HRSA, and AHRQ. This collaboration reflects the participating agencies' commitment to the "science-to- service" paradigm, which recognizes the dynamic relationship between research and application/ practice. The conference showcased theoretical models and research findings on the organization, management, and financing of prevention, treatment, and aftercare services to enhance access, quality, and cost-effectiveness of care for individuals at risk for, or suffering from, co-occurring disorders. Participants sought to devise new strategies to ensure that evidence-based practices are adopted widely and in a timely manner. *For more information, please contact Junius Gonzales at: jgonzale@mail.nih.gov.*

Collaborative Psychiatric Epidemiology Surveys (CPES) Workgroup
A collaboration between the National Comorbidity Survey-Replication, the National Survey of American Life, and the National Latino and Asian American Study has allowed the NIMH to establish 21st century benchmarks for the distribution and correlates of the prevalence of mental disorders and associated impairments and for patterns of mental health service use across the US. At this meeting in August, CPES Principal Investigators, survey management representatives, and NIMH staff examined CPES findings on disorder prevalence and clinical calibration, planned for public release of the CPES datasets, and discussed publication and dissemination of CPES data. CPES has compiled the first national database with sufficient power to show cultural and ethnic influences on mental disorders. The database includes comprehensive information on impairment, disability, the integration of mental and medical disorders, and US patterns of mental health service use. *For more information please contact Lisa Colpe at: lcolpe@mail.nih.gov*

World Mental Health Survey Consortium Annual Meeting
The World Mental Health Survey Initiative has carried out rigorous general population surveys in 26 countries, with a sample size totaling more than 130,000, drawn from all regions of the world. Empirical data gathered by the Initiative will inform the next Global Burden of Disease study and ICD revision and will allow for far more accurate evaluation of the prevalence of mental disorders, risk factors, and patterns of and barriers to service use worldwide. In July the Consortium held its annual meeting, in which participants updated progress at various international sites; planned publications; discussed data management issues; and planned analyses on such topics as trauma, adversities, mental-physical comorbidities, and mental health services. *For more information, see: http://www.hcp.med.harvard.edu/wmh/*

Workshop on Brain Imaging and Health Communication Research
Brain imaging technology is now being used in non-clinical settings, and some have warned of a troubling future in which consumer behavior can be visualized, predicted, and manipulated. In this NIMH workshop in June, participants assessed the state of the art of brain imaging technology and its value to the field of health communication. Sessions were organized around three questions: What is the current and potential value of brain imaging to the field of health communication? What research is required to facilitate the application of brain imaging technologies to the design of effective health communication? What ethical considerations are raised by the potential application of neuroimaging to craft and assess messages designed to affect consumers' health behavior, and how can potential ethical perils be managed? An issue paper or editorial will be co-authored by the speakers. *For more information, please contact Donna Mayo: dmayo@mail.nih.gov.*

Molecular Markers and Mechanisms of HIV-Induced Nervous System Disease
Forty leading national and international neuroAIDS researchers met in June to present their work on HIV molecular markers associated with dementia, as defined by novel technologies (such as microarrays, proteomics, and neuroimaging). Participants discussed the role of these markers for diagnosis, defining different stages of disease progression, assessing response to therapy, and studying mechanisms of HIV neuropathogenesis. A discussion panel identified key priority areas for future research. *For more information, please contact: Joseph Jeymohan at: jjeymoha@mail.nih.gov*

Topics in NeuroAIDS and the Blood-Brain Barrier (BBB): Interfaces between Two Fields
In June DMDBA convened a meeting in conjunction with the Gordon Conference "Barriers of the Central Nervous System." It provided a valuable opportunity to expose researchers on the blood-brain barrier (BBB), who are largely unaware of the effects of HIV/AIDS on the BBB and of other pertinent issues in neuroAIDS, to new researchers and investigations in the field. It also provided a venue for neuroAIDS and BBB researchers to exchange ideas on immune cell trafficking, signaling mechanisms, mechanisms of transport, efflux transporters, and the delivery of drug and gene therapies to the CNS. *Conference website: http://www.grc.uri.edu/programs/2004/cns.htm*

NeuroAIDS Symposium
A symposium was held in August in conjunction with the "AIDS in India: A Regional Workshop-Symposium on Research, Trials and Treatment" at the Jawaharalal Nehru Center for Advanced Scientific Research in Bangalore. The Symposium included international, US, and Indian scientists, who focused on the current knowledge of epidemiology, natural history, and pathogenesis of HIV-induced neurologic and neuropsychiatric disease in settings with limited resources. Approaches to improve capacity for neuroAIDS research in the developing world were also discussed. *For more information, contact Vinayaka R Prasad: prasad@aecom.yu.edu.*

Meeting-based publications
Summary papers are being published from a January meeting on **Ethical Issues Pertaining to Research in the Aftermath of Disaster,** sponsored by the New York Academy of Medicine and NIMH to examine evidence concerning the impact of research on subjects exposed to trauma and to review ethical principles and policies for the protection of human subjects. The meeting offered guidance to investigators, IRBs, public health and local officials, and others interested in ensuring that research in the aftermath of a disaster is conducted in a safe and ethical manner.
Collogan LKF, Tuma F, and Fleischman AR. Research with Victims of Disaster: IRB Considerations. IRB: Ethics & Human Research. 2004 Jul/Aug.
Collogan LKF, Tuma F, Doolan-Sewell R, Borja S, and Fleischman AR. Ethical Issues Pertaining to Research in the Aftermath of Disaster. J Traumatic Stress October 2004. In press.

Budget

The House and Senate have been actively working on bills making appropriations for the Departments of Labor, Health and Human Services, Education and related agencies, which includes NIH, for the fiscal year ending Sept. 30, 2005. The House passed its version of the bill; the Senate action was in Committee, but has not yet passed the entire Senate. The House and Senate versions must eventually go to conference before a bill can be finalized. Below are highlights of the House and Senate appropriations bills.

House
On September 9, 2004 the House of Representative agreed to the President's FY 2005 Budget Request for each NIH Institute and Center (IC), without funds being added for Phase 2 construction of the John Edwards Porter Neuroscience Research Center. As indicated on the attached table *(Appendix 2)*, the FY 2005 President's Budget and the House Action would each provide $28.5 billion for the total NIH, including $1.4 billion for the NIMH. FY 2005 funding for the NIH and the NIMH would each increase by 2.6 and 2.8%, respectively, over comparable FY 2004 funding levels.

Two amendments introduced by Rep. Randy Neugebauer (R-Texas) and passed as part of the House bill would prohibit the NIMH from further funding two specific ongoing grant awards in FY 2005. The NIH has provided an explanation to Congress as to why these research studies fall within the mission of the NIMH. There are no similar amendments in the Senate bill.

Senate
The Full Senate Appropriations Committee reported out its FY 2005 appropriation bill for the NIH on September 15, 2004. The Senate bill would appropriate $28.9 billion for the NIH, an increase of $373 million over the FY 2005 President's Budget and the House Action. For NIMH, the Senate bill would provide $16 million over the levels provided in the FY 2005 President's Budget and the House Action. Total NIH funding and funding for the NIMH would each increase by 4.0% over FY 2004.

Other significant provisions of interest in the Senate Bill and its Report include:

- The Senate bill provides $15 million to continue work on the Porter Neuroscience Research Center (PNRC). Phase I of the PNRC recently opened.

- In the Senate Report the Committee stated that it was "disappointed" that the President's Budget request would "require NIH to break it funding commitments to existing grantees, contradicting the principles of the agency's own 1992 Cost Management Plan. Forcing grantees to reduce the scope of research that is already underway would establish an unfortunate precedent and could erode confidence in NIH. Therefore, the Committee has included sufficient funding to enable NIH to fully pay the committed levels on its grants."

- The Senate Report also states that its funding recommendation "will permit the average cost of new and competing RPGs to rise by 2% instead of the 1% increase proposed by the budget request."

Major Awards

Extramural:

John R. Anderson, PhD, at Carnegie Mellon University, is the 2004 recipient of the David E. Rumelhart Prize for Contributions to the Formal Analysis of Human Cognition. He was recognized for his highly influential empirical and theoretical studies spanning a wide range of

topics within basic and applied cognitive science, including recent research that links computational models of cognition with patterns of neural activation.

Hank F. Kung, PhD, Professor of Radiology at the University of Pennsylvania, was presented with the 2004 Aebersold Award for outstanding achievement in basic science applied to nuclear medicine, at the 51st Annual Meeting of the Society of Nuclear Medicine, June 20, in Philadelphia, PA. Dr. Kung is known for his work in the development of radiopharmaceuticals, used in the diagnosis of degenerative neurological diseases such as Parkinson's and Alzheimer's diseases. He was instrumental in developing agents that, used in conjunction with single-photon emission-computed tomography (SPECT) or positron emission tomography (PET) scanners, can measure dopamine, dopamine receptor and transporter activity in living human brains. His current research is focused on developing imaging agents for the serotonin transporter and for beta amyloid plaque. The Aebersold Award is named for Dr. Paul C. Aebersold, a pioneer in the biologic and medical application of radioactive materials and the first director of the Atomic Energy Commission's Division of Isotope Development at Oak Ridge, Tenn. The first Aebersold Award was given by SNM in 1973.

Beth Levant, PhD, Dominique Toran-Allerand, MD, and **Daniel Kripke, MD**, were selected for awards by the Research Enhancement Awards Program (REAP). The NIH Office for Research on Women's Health REAP award provides first-year funding for promising new research related to women's health. **Beth Levant** of the University of Kansas received her award for her studies of pregnancy-related changes in fatty acid neurochemistry. **Dominique Toran-Allerand** of Columbia University received her award for her work on the role of a novel estrogen receptor as a regulator of hippocampal physiology. **Dan Kripke** of University of California at San Diego received his REAP award from the Office of Dietary Supplements for studies on the changes in luteinizing hormone levels in response to light therapy. This research will help reveal the optimal conditions under which melatonin, used to treat depression, insomnia, and "jet lag" may be most effective.

Kathleen B. McDermott, PhD, of Washington University, was awarded the 2004 F.J. McGuigan Young Investigator Prize by the American Psychological Association. She was honored for her research on the behavioral and neural mechanisms of human memory, including studies of the distinguishing features of veridical and false memories.

Julio J. Ramirez, PhD, the R. Stuart Dickson Professor at Davidson College, is a 2004 recipient of the National Science Foundation Director's Award for Distinguished Teaching Scholars. This award, NSF's highest honor for teaching scholars, is awarded to individuals who demonstrate exceptional mentoring and leadership capabilities in their roles as educator and investigator. Dr. Ramirez was honored for his mentoring of undergraduate research students as well as the development of research programs to assist junior faculty launch careers that integrate teaching and research in the neurosciences.

At the recent Annual Meeting of the **American Psychological Association** in Hawaii, the following DMDBA grantees received awards:

Dante Cicchetti, PhD, Director of the Mt. Hope Family Center and Shirley Cox Kearns Professor of Psychology, Psychiatry, and Pediatrics at the University of Rochester - Public Interest, Senior Career Award.

Thomas J. Coates, PhD, Professor of Medicine, Division of Infectious Diseases at the David Geffen School of Medicine at the University of California, Los Angeles - Distinguished Contributions to Research in Public Policy.

Eric Stice, PhD, Department of Psychology, University of Texas at Austin - Distinguished Scientific Early Career Contribution to Psychology (Psychopathology). Drew Westen, PhD, of Emory University - Theodore Millon Mid-Career Award in Personality Psychology.

NIMH Staff Awards:

Lisa Colpe, PhD, MPH, Staff Epidemiologist in the Division of Mental Disorders, Behavioral Research, and AIDS (DMDBA), a Commissioned Corps Officer, was selected for an Exceptional Proficiency Promotion to the rank of Captain, U.S. Public Health Service, in July 2004.

Bill Fitzsimmons, Director and Executive Officer, Office of Resource Management, received the 2004 NIH Director's Award "in recognition of sustained management leadership for the NIMH and NIH." He has overseen the day-to-day business management of the NIMH under four Institute Directors and steered the NIMH through the A-76 extramural grants review to win the competition. He was appointed to oversee the NIH restructuring under the Most Efficient Operation program. He created ways to reduce the number of full-time employees at the outset, which increased the grade level of those remaining and decreased the number to be demoted. He skillfully negotiated agreements regarding each MEO-affected position with individual IC Directors.

Steve Foote, PhD, Director of the Division of Neuroscience and Basic Behavioral Science (DNBBS), recently received an NIH Director's Award for his leadership of NIH programs and policies in the area of autism research. Dr. Foote organized and led the federal Interagency Autism Coordinating Committee (IACC) and has been instrumental in efforts to build a national agenda to enhance biomedical autism research and improve access to early screening and diagnosis and treatment services. He has also led efforts to expand NIH-funded autism research and to integrate efforts across disciplines and institutes throughout the NIH-most notably as head of the NIH Autism Coordinating Committee and of the Studies to Advance Autism Research and Treatment (STAART) program.

M. Deborah Ingram, Program Specialist in the Division of Services and Intervention Research (DSIR) and chair of the NIMH Employees Advisory Committee, has been awarded the 2004 Harvey J. Bullock, Jr. Award for Equal Opportunity Achievement. Upon joining the Committee in 2001, Ms. Ingram set up an NIMH mentoring program to help minority and female employees, especially in the lower pay grades, progress in their careers. She instigated an employee survey that resulted in new supervisory training and an electronic bulletin board that addresses employee concerns anonymously and quickly. Displaying exceptional creativity, she initiated, designed, and ran change management workshops to help employees deal with the dislocations caused by the A-76 and Most Efficient Organization programs. In benefiting minority, lower grade, and female workers, Ms. Ingram's tireless efforts to foster equal opportunity have benefited all employees at the NIMH.

Israel Lederhendler, PhD, Chief of the Basic Behavior & Systems Neuroscience Program in DNBBS, has been honored by the American Psychological Association with a Meritorious Research Service Commendation. The award will be conferred at the Board of Directors Meeting in December.

George Niederehe, PhD, Chief of the Geriatric Psychotherapy Program in DSIR, received the Award for the Advancement of Psychology and Aging from the American Psychological Association's Committee on Aging in recognition of his outstanding contributions to research, education, and practice in clinical geropsychology.

Leslie G. Ungerleider, PhD, Senior Investigator and Chief of the Laboratory of Brain Cognition in the Intramural Research Program (IRP), has been awarded the 2004 NIH Outstanding Mentor Award for her unswerving commitment to the education and professional development of the IRP fellows under her direction. Over the past ten years, Dr. Ungerleider has mentored over 24 new investigators drawn from America and abroad. Researchers trained in her lab learn the value of basic science, publish important work in first-class scientific journals, and go on to fill prestigious posts both within and outside of academia.

Staff Changes

This has been a period of change at NIMH, with several senior scientists leaving or announcing their departures and several new investigators arriving. The loss of senior leadership is difficult for the Institute. Each of these individuals has had an enormous impact on NIMH. As much as these departures are painful for us, NIMH is proud to be a launching pad for scientists who will continue to make important contributions to the field at other institutions.

New Appointments:

Pim Brouwers, PhD, joined the DMDBA Center for Mental Health Research on AIDS as Chief of Child and Adolescent Program in July 2004. As an international expert in the neurobehavioral consequences of pediatric HIV-1 disease and other chronic illnesses, he is responsible for developing new research directions and for evaluating and monitoring the existing program portfolio. He comes to NIMH from Texas Children's Cancer and Sickle Cell Centers, where he was Director of Clinical Neuroscience. Prior to that, he was Professor of Pediatrics and Neurosciences at Baylor College of Medicine and an Associate Director of Neuropsychology Division, The Learning Support Center, Texas Children's Hospital in Houston, Texas.

Jovier Evans, PhD, formerly Associate Professor, Department of Psychology, Indiana University-Purdue University in Indianapolis, has joined the Geriatric Treatment and Preventive Interventions Research Branch as Chief of the Geriatric Psychopharmacology Program.

Michael Huerta, PhD, was promoted to Associate Director of the National Institute of Mental Health for Scientific Technology Research. In this capacity he will provide cross-divisional leadership and strategic coordination of the small business research programs and serve as the NIMH lead on a host of technology-related initiatives and committees. This appointment is in addition to his other responsibilities as Associate Director of the Division of Neuroscience and Basic Behavioral Science, Director of the Office of Translational Research and Scientific Technology, and Chief of the Neurotechnology Program.

Thomas Lehner, PhD, recently joined the Office of Human Genetics & Genomic Resources as a program officer. He received his doctorate in genetics from the University of Vienna, Austria, and his MPH in epidemiology from Columbia University in New York. He comes to the NIMH from the Rockefeller University, where he studied complex traits under NIMH MERIT grantee Dr. Jurg Ott. Earlier Dr. Lehner co-founded a company in Cambridge, Massachusetts, whose aim was to bring pharmacogenomic research to clinical practice.

Ingrid Li, PhD, joined the Molecular, Cellular, and Genomic Neuroscience Research Branch, DNBBS, as the Coordinator for the Molecular Libraries Screening Centers Network. Ingrid received a Doctor of Pharmacy degree from Xian Medical University and became a faculty member in the Department of New Drug Research, Second Military Medical University in Shanghai, China. Ingrid has held Research Scientist positions at Regeneron Pharmaceuticals, Bristol-Meyers Squibb Pharmaceutical Divisions, and Bayer Pharmaceuticals prior to joining NIMH.

Husseini K. Manji, MD, Chief of the Laboratory of Molecular Pathophysiology in the Intramural program, has taken over as Acting Director of the Mood Disorders, Anxiety, and Depression Program (MAP). Dr. Manji came to the NIH to conduct postdoctoral research in psychopharmacology at NIMH and cellular and molecular biology at NIDDK. He returned in 2000 as a principle investigator. His current focus is molecular and cellular mechanisms-of-action for mood-stabilizing agents, and he has helped launch the new Neuropsychiatric Research Unit to conduct an integrated series of clinical and preclinical studies in that area. His work on signaling pathways, gene expression, and new medications for mood disorders is widely recognized and broadly supported.

The **Scientific Review Branch** welcomes five Scientific Review Administrators:

Bettina Acuna, PhD, received her BA in psychology from Princeton University, where she studied the role of stress on long-term potentiation in the rodent hippocampus. She received her PhD in neuroscience from Brown University, in part for characterizing brain regions that become active when transitive inference problems are solved. Before joining the NIMH Extramural Review Branch, Dr. Acuna worked at the Laboratory of Systems Neuroscience in the NIMH Intramural Research Program, where she examined neural signals underlying problem solving in non-human primates.

Alvin Roger Little, PhD, received undergraduate degrees in biology and English from the University of Vermont, and M.S. and Ph.D. degrees in systemic toxicology from the New York University. At NYU he worked on the cloning and characterization of a novel G-coupled neuron-specific receptor, and his doctoral thesis was *The Characterization of Glucorticoid Regulation of the Calcium-Independent Receptor of Alpha-Latrotoxin*. Before joining the NIMH, Dr. Little worked in the laboratory of James O'Callaghan at the Centers for Disease Control on defined models of CNS injury to elucidate signaling mechanisms of the early post-injury response.

Christopher Sarampote, PhD, received his B.A. in psychology from St. Mary's College of Maryland in 1994 and his Ph.D. in clinical psychology from George Mason University in 2000. He completed fellowships at the Kennedy-Krieger Institute and Children's National Medical Center. Following his postdoctoral training, Dr. Sarampote served as a staff psychologist at Children's National Medical Center and a consultant to the Medical Genetics Branch at the

National Human Genome Research Institute. His clinical experience includes psychotherapy and psychoeducational testing with children and families. His research interests include the pharmacogenetics of ADHD and the psychosocial adaptation of families with rare genetic disorders.

Yong Yao, PhD, joined the Review Branch as a Scientific Review Administrator/Health Science Administrator and Assay Access Committee coordinator for the Molecular Libraries Roadmap in June 2004. Yong received a PhD from the University of Bern, Switzerland and held academic positions at the University of California in Irvine and San Diego. His drug discovery career included positions at Senomyx in San Diego and more recently at Aptus Pharmaceuticals/Atto Biosciences where he was Associate Director overseeing the development for G-protein coupled receptor assays for high throughput screening

Departing:

Dennis Charney, MD, recently left his position as Chief of the Mood and Anxiety Disorder Research Program and the Experimental Therapeutics and Pathophysiology branch in the NIMH Intramural program to become Dean of Research at Mount Sinai School of Medicine. In the three years Dr. Charney worked in the NIMH intramural program, he built the largest research group in the country devoted to identifying the etiology of mood and anxiety disorders and discovering more effective treatments. His inclusive leadership and collaborative style will be missed by the entire intramural community. Dr. Hussaini Manji (*see above*) has been appointed acting director.

Robert Desimone, PhD, just announced his departure from his role as Scientific Director of the Intramural Program to begin serving as the Director of the McGovern Institute at MIT. Dr. Desimone has been at the NIMH for 22 years, serving in the Laboratory of Neuropsychology, which he has headed since 1977. In addition to leading the intramural program for the past eight years he maintained an active research program as one of the world's leading primate neurophysiologists. Dr. Desimone will remain at the NIH part-time during the next year while a new research building is being completed at MIT. During this interim phase, I will serve as acting Scientific Director. A search for a new permanent Scientific Director will begin in October.

Bridget Lyons, MPH, program specialist left the Child and Adolescent Treatment and Preventive Intervention Research Branch in July 2004 for the CDC in Atlanta, GA.

Harriet Moore, Secretary for Ellen Stover, Director, Division of Mental Disorders, Behavioral Research and AIDS, retired on June 30, 2004 after 29 years of Federal service at NIMH.

Grayson Norquist, MD, will be leaving the NIMH at the end of October to become Chair of the Department of Psychiatry at University of Mississippi School of Medicine. Dr. Norquist has served NIMH superbly for 14 years, including his leadership of the Division of Services and Interventions Research. He leaves behind a remarkable legacy including an innovative portfolio of services research and the first generation of large-scale effectiveness trials, most of which are just reaching maturity in this next year. Dr. Junius Gonzales will serve as Acting Director.

Joyce Sweeney, a Grants Management Specialist with expertise in fellowship awards, retired in September after 26 years of Federal service.

In Memoriam

We deeply regret the passing of the following former NIMH scientists:

Loren Mosher, MD, 70, former Chief of the NIMH Center for Study of Schizophrenia (1968-80) and founder of the *Schizophrenia Bulletin*, passed away July 10. Dr. Mosher was an iconoclastic clinical psychiatrist who frequently challenged accepted psychiatric norms and practices. His final work, the forthcoming *Soteria: Through Madness to Deliverance*, describes the long-term clinical experiment (1970-92) testing a community-based alternative to drug-based, institutional treatment of schizophrenia. In a 1980 analysis of Italy's new mental health system and later as PI for a Center for Mental Health Services (1990-96) clinical study, he showed how National Health Service-supported community care centers could be used to phase out large state hospitals with no adverse consequences for patients or the community. He also showed that these alternative methods could produce a 40% cost-saving in the public sector treatment of serious, long-term mental illness.

Thomas Franz Alfred Plaut, PhD, 78, a clinical psychologist who spent 28 years at the NIMH (1967-95) died on Aug. 20 at his home in Princeton Junction, New Jersey. Dr. Plaut joined NIMH as assistant chief of the National Center for Prevention and Control of Alcoholism. He was deputy director of NIMH from 1974-1979. He wrote and researched extensively on alcoholism, the failure of attempts to treat it, and the need for more effective approaches and federal policies. He served on President Jimmy Carter's Commission on Mental Health and in President Bill Clinton's Task Force on Health Care Reform.

Louis "Lou" Wienckowski, PhD, 83, former Director of Extramural Research at the NIMH (1983), passed away on August 2. Dr Wienckowski came to the NIMH in 1956. He was a special consultant to the WHO's Office of Mental Health in Geneva (1975-1976), where he also served on the special advanced board for the WHO International Study of Schizophrenia. Among his awards was a distinguished service award in 1975 for supporting federal equal opportunity for women. A member of many professional societies, he also served on the editorial advisory board of the *Schizophrenia Bulletin.*