

**Director's Report to the
National Advisory Mental Health Council**
September 16, 2005

I am pleased to welcome members of the National Advisory Mental Health Council (NAMHC), and other participants and guests to our 210th Council meeting. Since we last met in May we have made progress on several fronts, which I share with you in this report. First let me welcome two new members to the NAMHC:

Suzanne Vogel-Scibilia, MD, Medical Director, Beaver County Psychiatric Services, Beaver, Pennsylvania, joined in April 2005.

Douglas A. Waldrep, MD, FAPA, COL, MC, USA, Program Director, National Capital Consortium Psychiatry Program; Program Director, National Capital Consortium Internal Medicine/Psychiatry Combined Program; Child and Adolescent Psychiatry Consultant to the Surgeon General; and Assistant Chief, Psychiatry, at the Walter Reed Army Medical Center joined the Council in July to serve as a Council Ex Officio member representing the Department of Defense.

On behalf of the entire National Institute of Mental Health (NIMH), I want to thank you for your willingness to serve the Institute and the many millions of Americans affected by mental illness for whom we work.

NIH-Wide Update

Hurricane Katrina Efforts

Over the past two weeks I have been awed by the response of the NIMH community to the disaster wrought by Hurricane Katrina. Working with both the National Institutes of Health (NIH) and the Substance Abuse and Mental Health Services Administration (SAMHSA), our clinicians were among the first volunteers. The NIMH staff includes several clinicians with disaster and critical care experience. Some traveled to the affected region to provide emergency health care, others assisted in Bethesda by providing surge capacity for the Clinical Center, while others supported the triage effort developed by NIH. As the mental health consequences of this disaster continue to develop we expect to provide additional clinical support in the coming weeks and months.

Reauthorization

On July 19, 2005, a discussion draft of a reauthorization bill for NIH was the basis for a hearing in the House Energy and Commerce Committee, chaired by Congressman Joe Barton (R-TX). The draft calls for significant changes at NIH, but prospects for its enactment are uncertain. The draft bill divides NIH into 14 mission-specific Institutes (including NIMH) and 10 science-enabling Institutes and Centers (ICs) (including the

National Human Genome Research Institute (NHGRI) and the National Institute of Environmental Health Sciences), and places an increased emphasis on cross-Institute collaborations. Rather than continuing the tradition of having a separate appropriation for each Institute, the draft bill calls for just four appropriations: (a) the NIH Office of the Director (OD); (b) a new division for program coordination in the OD; (c) all mission-specific Institutes; and (d) all science-enabling ICs. Most of the current reporting requirements are eliminated in exchange for a biennial report. The Senate Health, Education, Labor and Pensions Committee, chaired by Senator Mike Enzi (R-WY), which also has jurisdiction, has taken no action on reauthorization.

Conflict of Interest

On August 31, 2005, the NIH announced the release of the final version of its new employee ethics rules, originally released in February in “interim final” form. The final regulations, less restrictive than those initially crafted, still prohibit NIH staff from having outside activities with organizations “significantly affected” by NIH decisions or actions—most particularly universities and both pharmaceutical and biotechnology companies. The final regulations also severely restrict the financial holdings of many top NIH officials, including Institute directors, scientific directors, and extramural program directors in “significantly affected organizations,” or SAOs. Most NIH employees, however, will now be allowed to participate more freely in the activities of non-profit organizations and societies, participate in presenting Grand Rounds, serve on Data Safety and Monitoring Boards, maintain financial holdings in SAOs (as long as their official duties do not put them in conflict-of-interest situations with such organizations), and receive awards (including cash awards) from outside organizations, as long as neither they nor their subordinates handle matters that affect the latter. As in the past, however, prior approval will often be required.

NIH Roadmap

The NIH Roadmap is an integrated vision to deepen the understanding of biology, stimulate interdisciplinary research teams, and reshape clinical research to accelerate medical discovery and improve public health. The Roadmap is organized into three themes, and much activity involving NIMH staff or resources has taken place in each of them.

I. Pathways to Discovery

Molecular Libraries Roadmap

On June 15, 2005, nine extramural screening centers were awarded a total of \$88.9 million over three years as part of the nationwide Molecular Libraries Screening Centers Network (MLSCN). This collaborative network (<http://www.nimh.nih.gov/press/molecularlibraries.cfm>) will use high-throughput screening (HTS) methods to identify functional small molecules, which are small organic chemical compounds that can be used as tools, like molecular probes, for understanding cellular events involved in health and disease, and ultimately help identify possible new targets for diagnosis, treatment and prevention. The MLSCN, which comprises the intramural

screening center (NIH Chemical Genomics Center) and the nine extramural centers, is funded by all of the NIH Institutes, and co-administered by NIMH and NHGRI. Descriptions of the ten network screening centers are available at <http://nihroadmap.nih.gov/molecularlibraries/fundedresearch.asp>.

The 64 applications received for the “Solicitation of Assays for High Throughput Screening in the Molecular Libraries Screening Centers Network” Program Announcement (PA, PAR, or PAS) were reviewed on June 28 by an NIMH Special Emphasis Panel. Approximately 20-30 HTS assays will be assigned to the ten network centers for implementation in September or October 2005. The *NIH Guide* reissued the announcement on July 29 as PAR-05-147, soliciting applications until September 14, 2005.

Discovery Partners International, the contract company maintaining the Molecular Libraries Small Molecule Repository (SMR), has started distributing an initial set of 3,300 compounds to the nine extramural screening centers. The compound collection in SMR will be expanded continuously through acquisitions from chemical companies and solicitations for compounds from the chemistry research community.

II. Research Teams of the Future

High Risk Research

The nine 2004 NIH Director’s Pioneer awardees will present their work in the “Next Pioneer Award Symposium” on Thursday, September 29, 2005, where the 2005 awardees will also be announced. For more information, please visit <http://nihroadmap.nih.gov/pioneer/symposium2005/index.aspx>.

Interdisciplinary Research

The Interdisciplinary Research Consortium is currently developing Requests for Applications (RFAs) to seek out consortia for funding in Fiscal Year (FY) 2007. In addition, two training announcements will be reissued: “Training for a New Interdisciplinary Research Workforce” (RFA-RM-04-015) and “Short Programs for Interdisciplinary Research Training” (RFA-RM-04-008). These initiatives aim to train a cadre of investigators who will use novel interdisciplinary approaches to address complex biomedical problems and to facilitate the development of new disciplines via training in research fields that typically do not intersect. Finally, an announcement of potentially broad implications for investigators conducting interdisciplinary research was issued as “Request for Information on the Plan to Recognize Multiple Principal Investigators on NIH Grants” (NOT-OD-05-055). This notice soliciting input and advice from the scientific community on various concepts associated with permitting more than one principal investigator to be associated with an NIH-funded grant, contract, or cooperative agreement.

III. Re-Engineering the Clinical Research Enterprise

The Inventory and Evaluation of Clinical Research Networks (IECRN) National Leadership Forum was held from May 31 – June 1, 2005. The purpose of this forum was

to present findings from the NIH-sponsored IECRN in the areas of Management and Governance; Network Operations; Information Technology; Data Management; Financial Practices; Recruitment and Retention; and Training and Professional Development. More information on this meeting and the IECRN can be found at <http://nihroadmap.nih.gov/clinicalresearch/iecrn2006/>.

The “Enhancing the Discipline of Clinical and Translational Research” (NOT-RR-05-006) meeting took place on May 23, 2005. Through discussions with deans of academic health centers and with recommendations from the Institute of Medicine, NIH recognized that a broader re-engineering effort would create greater opportunity by catalyzing the development of a new discipline of clinical and translational sciences and integrating certain Roadmap initiatives. The National Center for Research Resources will lead this new effort and organized a meeting that allowed participants to learn about new opportunities. Participants were also encouraged to give suggestions on how NIH can foster the development of clinical and translational sciences into a new academic discipline; promote the training and career pathways of clinical and translational investigators; allow for more comprehensive integration and expansion of resources for clinical and translational research; and also improve inter-institutional collaborations.

Neuroscience Blueprint

The Neuroscience Blueprint (<http://braininfo.us/blueprint/index.html>) is a framework to enhance cooperation among the 15 NIH ICs that support research on the nervous system. By pooling resources and expertise, the Blueprint can take advantage of economies of scale, confront challenges too large for any single IC, develop research tools and infrastructure that will serve the entire neuroscience community, or make the use of existing tools more widely available. For example, the services of a consortium of microarray centers, previously available only to grantees of the National Institute of Neurological Disorders and Stroke (NINDS) and NIMH, are now available to neuroscientists funded by any IC participating in the Blueprint. The Microarray Consortium (<http://arrayconsortium.tgen.org/np2/public/overview.jsp>) offers investigators access to state-of-the-art technologies for gene expression (activity) profiling and SNP genotyping (identifying DNA sequence variations). All of the data generated by the centers is made publicly available through a web database.

Originally released earlier this year, a reissue of the “Course Development in the Neurobiology of Disease” RFA (RFA-MH-05-011) is expected in the fall. This initiative supports the development and initiation of courses on the neurobiology of disease for graduate students receiving basic neuroscience training. By integrating courses on the neurobiology of disease into basic neuroscience training programs throughout the nation, this RFA aims to help forge important links between basic and clinical science.

Also in 2005, the Neuroscience Information Framework was released as a Broad Agency Announcement (<http://www.eps.gov/spg/HHS/NIH/NIDA-01/Reference-Number-N01DA-BAA-5-7753/listing.html>). The goal is to develop an inventory within a framework that enables concept based queries (reflecting multiple levels of biological organization and function)

within and across diverse types of information. The inventory will include web-accessible, publicly available, national and international research activities, tools, resources and databases relevant to the neuroscience research community. Applications in response to both of these announcements have been reviewed and awards will be made soon.

Mike Huerta and Mayada Akil are the NIMH representatives to the Neuroscience Blueprint and Marlene Guzman is the executive secretary

NIMH Update

Collaborations

NIMH Collaborates with Private Industries on Genomic Bipolar Disorder Study

Perlegen Sciences, Inc., in collaboration with the Pritzker Neuropsychiatric Disorders Research Consortium, is conducting a comparative study of genetic variation in patients with bipolar disorder versus healthy controls. DNA samples systematically collected by projects that participated in the NIMH Bipolar Disorder Genetics Initiative and control samples from the NIMH Molecular Genetics of Schizophrenia (MGS-2) Initiative will be used. This effort represents a convergence of resources from the commercial, academic, federal and philanthropic sectors. Results of the study are expected to help guide development of improved diagnostics, therapeutics and more personalized clinical management strategies to combat bipolar disorder.

NIMH and NINDS Collaborate on NeuroAIDS Research in Resource-Limited Countries

The overwhelming majority of victims of the growing HIV epidemic are located in developing, resource-limited countries; up to 70% live in sub-Saharan Africa and nearly 5% live in South and Southeast Asia. Recognizing the need for increased research that addresses the special needs of people living with HIV in these countries, NIMH and NINDS collaboratively oversee neuroAIDS research in the United States and provide support for international studies, including cooperative efforts with the Joint United Nations Programme on HIV/AIDS (UNAIDS), the World Health Organization, foundations, governments, nongovernmental organizations, and health professionals and researchers in affected countries. Inter-Institute efforts include plans such as issuing the second competitive phase of the “Brain Disorders in the Developing World: Research Across the Lifespan” (PAR-05-100), which aims to boost research partnering between resource-rich and resource-poor countries, in conjunction with NINDS and The Fogarty International Center; and the “International Neurological Study,” which will study changes in neurocognitive functioning over time in people undergoing antiretroviral treatment, in conjunction with the National Institute of Allergy and Infectious Diseases.

Joseph J, Kopnisky KL, Nunn M. NeuroAIDS research in resource-limited countries. Emerging priorities of the U.S. National Institute of Mental Health and the National Institute of Neurological Disorders and Stroke. J Neurovirol. 2005;11 Suppl 1:1-3.

Science of Note

Cognitive Behavioral Therapy Can Reduce Subsequent Suicide Attempts

Suicide is the fourth leading cause of death for adults ages 18-65, and attempted suicide is one of the strongest predictors of subsequent death by suicide. Yet few clinical trials are adequately designed to assess treatments for suicide attempters. Gregory Brown and colleagues at the University of Pennsylvania tested the effectiveness of a 10-session cognitive behavior therapy (CBT) intervention that addressed suicidality among adults who had recently attempted suicide. Though randomly assigned either to receive CBT or not, all 120 participants were encouraged to receive usual care from clinicians in the community. Those in the CBT group were scheduled to receive 10 weekly or biweekly outpatient therapy sessions specifically developed to help them learn new ways to handle negative thoughts and feelings of hopelessness. Over the 18-month follow-up period, only 24% of those in the CBT group made repeat suicide attempts, compared to 42% of the usual care group. Although the groups did not differ significantly in suicidal thoughts, those who received cognitive therapy scored better on measures of depression severity and hopelessness, which the researchers suggest “may be more highly associated with a reduced risk of repeat suicide attempts.”

Brown GK, Ten Have T, Henriques GR, Xie SX, Hollander JE, Beck AT. Cognitive therapy for the prevention of suicide attempts: a randomized controlled trial. JAMA. 2005 Aug 3;294(5):563-70.

Cambodian Refugees Live with Enduring Burden of Mental Illness

Grant Marshall and colleagues at the RAND Corporation report that many Cambodian refugees living in the United States who fled the brutal Khmer Rouge regime more than two decades ago remain traumatized. Starting in 2003, the researchers interviewed more than 450 adults from the Long Beach area of California, the largest Cambodian community in the United States. Their results indicate that almost two-thirds (62%) suffered from post-traumatic stress disorder (PTSD), 51% suffered from depression, and that cases of PTSD and depression tended to overlap, with 42% of respondents reporting both. Rates of disorder were higher among people who were older, poor, unemployed, retired or disabled and who spoke English poorly. These high rates are in sharp contrast to estimated rates for the general U.S. adult population (3.6% for PTSD and 9.5% for depression). Their findings suggest that mental health services are either not available, underutilized and/or largely ineffective for this population. Being able to understand and address the special needs of refugees is essential for a healthy and productive society, and efforts to reduce the burden of mental illness in the United States must embrace an increasingly diverse population.

Marshall GN, Schell TL, Elliott MN, Berthold SM, Chun CA. Mental health of Cambodian refugees 2 decades after resettlement in the United States. JAMA. 2005 Aug 3;294(5):571-9.

Sleep Reorganizes Brain Connections to Improve Performance

Sleep helps strengthen memories and improves physical performance by producing large-scale changes in brain activity that makes a skill less dependent on conscious thought,

Matthew P. Walker and colleagues at Harvard Medical School have found. Twelve healthy, college-aged participants were taught a simple finger-tapping task and then retested 12 hours later, either after a night of sleep or after 12 daytime hours without sleep. The researchers monitored the participants' brain activity using functional magnetic resonance imaging (fMRI). Those who slept performed the task with fewer errors than those in the daytime test group, and showed greater brain activation in the motor cortex and cerebellum (which control speed and accuracy) as well as in the right frontal lobe and right temporal lobe (which help create memory sequences). In addition, those who slept showed decreased brain activity in the parietal lobes (involved in conscious monitoring of physical movement) and several emotion-regulating regions, suggesting that as memory of the task was reinforced it became easier to perform without thinking about it too much. The researchers propose that further studies are needed to find out whether a full night of sleep prompts these changes in the brain, or whether they are triggered by a specific stage of sleep. Such findings have important implications not only for learning real-life skills (such as learning a musical instrument or playing a sport), but also for physical rehabilitation (such as after a stroke), and for studying the relationship between sleep disturbances and learning problems.

Walker MP, Stickgold R, Alsup D, Gaab N, Schlaug G. Sleep-dependent motor memory plasticity in the human brain. Neuroscience. 2005. 133(4):911-17.

New Targeted Therapy Helps Overcome Disabling Grief

A targeted treatment developed specifically for complicated grief, a debilitating disorder with symptoms similar to both depression and PTSD, showed a better response in bereaved individuals when compared with interpersonal psychotherapy (IPT), a proven treatment for grief-related depression. The targeted grief treatment modified techniques used for depression to include PTSD therapies that addressed issues of trauma and loss-specific distress. In a randomized controlled trial of 95 individuals with complicated grief, 51% of those treated with the targeted therapy showed improved scores on various measures of depression, compared with 28% showing improvement from IPT.

Complicated grief affects about 10% to 20% of people suffering the loss of a loved one, or about one million people a year, and differs from grief and depression in that feelings of loss and disbelief do not go away and eventually affect a person's daily functioning. It is not currently recognized by the American Psychiatric Association (APA), a distinction that the researchers, Katherine Shear and colleagues at the University of Pittsburgh, hope to have changed in the next edition of the APA's Diagnostic and Statistical Manual of Mental Disorders.

Shear K, Frank E, Houck PR, Reynolds CF 3rd. Treatment of complicated grief: a randomized controlled trial. JAMA. 2005 Jun 1;293(21):2601-8.

Risperidone Effective for Long-Term Relief of Behavioral Disturbances in Children with Autism

Children with autism sometimes display severe behavioral disturbances, such as aggression, self-injury, and prolonged tantrums, which can cause major functional impairment and distress. A previous NIMH-funded clinical trial had indicated that risperidone at doses 0.5-3.5 mg/day was highly effective in improving behavior in the short term (eight weeks). Two recently published reports expand on that finding by

showing that the therapeutic effects of risperidone persist in the long-term, but, upon drug discontinuation, behavioral problems recur in about two-thirds of the children. Side effects, especially drowsiness, increased appetite and weight gain, were common but seldom caused drug discontinuation. Over the six-month treatment, the average weight gain was about 11 pounds. In addition to controlling behavioral disturbances, risperidone led to significant improvement in the restricted, repetitive, and stereotyped behavior patterns that are typical in autism, but did not change the deficits in social interaction and communication. Novel approaches are needed to develop interventions that can improve the core deficits of autism. This research was conducted by the NIMH-funded Research Units on Pediatric Psychopharmacology Autism Network.

Research Units on Pediatric Psychopharmacology Autism Network. Risperidone treatment of autistic disorder: longer-term benefits and blinded discontinuation after 6 months. Am J Psychiatry. 2005 Jul;162(7):1361-9.

McDougle CJ, Scahill L, Aman MG, McCracken JT, Tierney E, Davies M, Arnold LE, Posey DJ, Martin A, Ghuman JK, Shah B, Chuang SZ, Swiezy NB, Gonzalez NM, Hollway J, Koenig K, McGough JJ, Ritz L, Vitiello B. Risperidone for the core symptom domains of autism: results from the study by the autism network of the research units on pediatric psychopharmacology. Am J Psychiatry. 2005 Jun; 162(6):1142-8.

Genetic Variation, Hippocampus Volume Influence Age of Depression Onset

Abnormalities in the promoter region of the serotonin transporter gene, 5-HTTLPR, are thought to play a role in the course of depression. Recent research has suggested that these abnormalities may be reflected by changes in the volume or density of brain tissue, primarily affecting the area of the brain associated with memory, the hippocampus, in depressed people. Warren Taylor and colleagues at Duke University examined the association between differing variants—short (S) or long (L)—of this gene and brain volume among older adults. Individuals inherit two copies of the gene, so a person may have two short copies (S/S), two long copies (L/L), or one of each (L/S). Participants in the study were all over age 60 and had early-onset depression (before age 50), late-onset depression, or served as healthy comparisons. The researchers found that people who had late-onset depression and the L/L gene combination had significantly smaller right-side hippocampal volumes than either healthy participants or early-onset depressed patients with L/L. In contrast, among people with early-onset depression, smaller hippocampal volumes were associated with earlier age of onset and the S/S gene combination. These findings provide evidence of the interaction of both genetic and brain structure factors on the course of the disease. This study also highlights the need to examine these factors among older adults who may show different patterns or course of illness due to other comorbid illnesses that may not be seen among younger people.

Taylor WD, Steffens DC, Payne ME, MacFall JR, Marchuk DA, Svenson IK, Krishnan KR. Influence of serotonin transporter promoter region polymorphisms on hippocampal volumes in late-life depression. Arch Gen Psychiatry. 2005 May;62(5):537-44.

Social Behavior Possibly Encoded in “Junk” DNA

Repeating sequences of letters in the genetic code, once dismissed as junk DNA, may actually encode for human social behavior and disorders such as autism, according to Elizabeth Hammock and Larry Young at Emory University. In a particular species of

vole, social behavior traits, such as monogamy, were traced to repeating sequences, called microsatellites, that determine when and where a gene turns on. The length of microsatellites in the gene that codes for vasopressin, a key hormone receptor, influenced mating and parenting behaviors. Each animal species has its own signature microsatellites; monogamous vole species have much longer microsatellites than polygamous voles, but even within a species, there are individual differences in microsatellite length. In this study, the researchers demonstrated that the vole vasopressin receptor microsatellites could modify gene expression, and that adult male offspring with a long version of the microsatellites had more vasopressin receptors in brain areas involved in social behavior and parenting (olfactory bulb and lateral septum), so release of vasopressin facilitated social behavior. For example, the same male offspring also investigated female odors, greeted strangers more readily, and were more apt to form pairs and nurture their young. Variability in vasopressin receptor microsatellite length could help account for differences in normal human personality traits, such as shyness, and perhaps influence disorders of sociability like autism and social anxiety disorders. The researchers concluded that the repetitive DNA sequences, which are highly prone to mutate rapidly, may ultimately exert their influence through complex interactions with other genes to produce individual differences and social diversity.

Hammock EA, Young LJ. Microsatellite instability generates diversity in brain and sociobehavioral traits. Science. 2005 Jun 10;308(5728):1630-4.

HIV/AIDS

Partner Involvement in HIV Interventions Helps Curb Transmission Risk Behavior

There are 27 million people living with HIV in sub-Saharan Africa, with women comprising nearly 57% of these cases. In countries such as Zambia, infection rates may be as high as 25%; the majority of HIV infection occurs from sexual transmission in marital or cohabiting relationships. Deborah Jones and colleagues at Barry University in Florida adapted the Stress Management & Relaxation Training/Expressive Supportive Therapy, a cognitive-behavioral group intervention, from an urban U.S. context for urban Zambia. Their study assessed the influence of male partner participation on sexual risk behavior among HIV-positive Zambian women. The study's 180 female participants attended either one or four group intervention sessions and received sexual behavior skill training, and were encouraged but not required to bring their male partners. The 152 male participants were randomly assigned to high- or low-intensity (greater or lesser levels of participation in the intervention) group intervention sessions. Sexual risk behavior, strategies, attitudes, and knowledge were assessed at baseline, 6, and 12 months. After the intervention, female participants whose partners had greater participation in the intervention reported higher rates of condom use, more positive condom attitudes, safer sex intentions, and less alcohol use. These findings highlight the influence of male partners in implementing effective risk reduction interventions.

Jones DL, Ross D, Weiss SM, Bhat G, Chitalu N. Influence of partner participation on sexual risk behavior reduction among HIV-positive Zambian women. J Urban Health. 2005 Sep;82(3 Suppl 4):iv92-iv100.

Skill-Based Interventions Reduces Risky Behavior Among Teenage Minority Girls

The number of sexually transmitted HIV infection among adolescent girls is increasing, especially among African-Americans and Latinos. To determine the efficacy of a skill-

based HIV/STD risk-reduction intervention in reducing self-reported unprotected sexual intercourse among these populations, John B. Jemmott, III, and colleagues at the University of Pennsylvania conducted a randomized controlled trial with three-, six-, and 12-month follow-ups. A total of 682 African-American and Latino adolescent girls (average age, 15.5 years) were recruited from the adolescent medicine clinic of a children's hospital serving a low-income inner-city community. The participants received one of three interventions based on cognitive-behavioral theory: an information-based HIV/STD intervention that provided information necessary to practice safer sex; a skill-based HIV/STD intervention that provided information and taught skills necessary to practice safer sex; or a health-promotion control intervention concerned with health issues unrelated to sexual behavior. Each intervention lasted a little over 4 hours (250 minutes). After 12 months, the skills-intervention participants reported fewer sexual partners compared with health control-intervention participants, and were less likely to test positive for STD (10.5% vs. 18.2%) than were health control-intervention participants.

Jemmott JB 3rd, Jemmott LS, Braverman PK, Fong GT. HIV/STD risk reduction interventions for African American and Latino adolescent girls at an adolescent medicine clinic: a randomized controlled trial. Arch Pediatr Adolesc Med. 2005 May;159(5):440-9.

PTSD May Account for Increased Health Service Use by HIV Patients

Jane Leserman and colleagues at the University of North Carolina at Chapel Hill examined how trauma, severe stressful events, PTSD, and depressive symptoms are related to physical functioning and health service use in HIV-infected adults living in rural areas of the U.S. South. Interviews of 611 patients from eight rural HIV clinics in five southern states revealed that trauma, recent stressful events, and PTSD explained from 12% to 27% of the variance in health-related functioning, over and above that explained by demographic variables. In addition, patients with more trauma, including sexual and physical abuse, and PTSD symptoms were at greater risk for having bed disability (spending five or more days in bed due to illness or injury), an overnight hospitalization, an emergency room visit, and four or more HIV outpatient clinic visits in the previous nine months. The effects of trauma and stress were not explained by CD4 count or HIV viral load; however, these effects appear to be largely accounted for by increases in current PTSD symptoms. These findings highlight the importance of addressing trauma, stress, and current PTSD within clinical HIV care.

Leserman J, Whetten K, Lowe K, Stangl D, Swartz MS, Thielman NM. How trauma, recent stressful events, and PTSD affect functional health status and health utilization in HIV-infected patients in the south. Psychosom Med. 2005 May-Jun;67(3):500-7.

Progress on NIMH Initiatives

Schizophrenia Research Forum

The Schizophrenia Research Forum (SRF) is an NIMH-supported website collaboration between the National Alliance for Research in Schizophrenia and Depression (NARSAD) and a group of scientific writers/web designers led by Hakon Heimer. This project is supported by a three-year contract from NIMH and is scheduled to go live on October 15, 2005. The site aims to advance research in schizophrenia and related diseases, and

although free and open to the public, will be intended for scientists. SRF will provide news and analyses of current research relevant to schizophrenia, including basic science as well as clinical research. The website will also centralize web-based resources and information for both researchers and others interested in an overview of the field. A database of relevant research citations published from 2000 to present will be gathered from PubMed, and scientists will be able to comment on these papers. Users may also interact with each other through moderated live chats and sections of the website dedicated to discussions on current hypotheses and new ideas.

Collaborative RFAs

Collaborative Research on Mental and Neurological Disorders

Neurological and psychiatric symptoms are known to coexist in a number of patient populations. For example, depression and psychosis are often comorbid with Parkinson's disease, epilepsy, multiple sclerosis, and stroke. Similarly, cognitive impairment, psychomotor slowing, and executive dysfunction are commonly seen in major depression and schizophrenia. The current state of the science suggests that at this point, research gains in one field could productively contribute to scientific advances in the other.

The goal of this RFA is to foster progress in understanding the cause and treatment of comorbid mental and neurological disorders or syndromes. Since collaboration between experts on mental disorders and experts on neurological disorders is considered to be a critical component in achieving this aim, all applications must include significant participation from at least one mental health specialist (psychiatrist, psychologist, or basic scientist with a clear focus on mental health issues) and one neurological specialist (neurologist, neurosurgeon, or basic scientist with a clear focus on neurological issues).

Release Date: September 9, 2005; Expiration Date: November 19, 2005

<http://grants.nih.gov/grants/guide/rfa-files/RFA-MH-06-003.html>

Scientific Program Director: Debra J. Babcock, MD, PhD, Division of Adult Translational Research and Treatment Development (DATR), National Institute of Mental Health

Completion of a Comprehensive Mouse Knockout Resource

For many years, mouse mutants with phenotypes that mimic human traits have served as critical research tools in understanding the genetics underlying mammalian biology. The importance of the mouse as a model organism was indicated by the inclusion of a goal for the construction of genetic and physical maps of the mouse genome in the initial plan for the Human Genome Project (HGP). The ultimate aim of the Knockout Mouse Project is to generate a null-mutant mouse resource comprising a null mutation marked with a reporter of high utility for each gene in mouse strain C57BL/6, the strain most widely utilized by mouse researchers. The purpose of this RFA is to make maximum progress toward this goal using gene targeting, transposon-mediated mutagenesis or gene trapping.

Release Date: September 8, 2005; Expiration Date: November 23, 2005

<http://grants.nih.gov/grants/guide/rfa-files/RFA-HG-05-007.html>

Scientific Program Director: Jane L. Peterson, PhD, Division of Extramural Research, National Institute of Human Genome Research

New Ways to Image Neural Activity

Neuroimaging has the potential to allow observation of the function of human nervous system, and to aid in clinical diagnosis and monitor ongoing neural function. To date,

neuroimaging approaches commonly used to study neural activation that accompanies particular behaviors have been invasive (such as requiring the insertion of electrodes or injection of radioactive tracers) or constraining (such as requiring no movement in closed spaces for long times), and limited in their ability to localize in space (such as magnetoencephalography and electroencephalography) or in time (such as functional magnetic resonance imaging) the distribution of activity as it unfolds during those behaviors. This RFA is an initiative of the NIH Blueprint for Neuroscience Research (<http://neuroscienceblueprint.nih.gov>) and is intended to support research leading to new ways for high resolution imaging of the neural activity that is reflected in electrophysiological signals.

Release Date: August 19, 2005; Expiration Date: October 26, 2005

<http://grants.nih.gov/grants/guide/rfa-files/RFA-EB-05-001.html>

Scientific Program Director: Michael F. Huerta, PhD, Division of Neuroscience and Basic Behavioral Science (DNBBS), National Institute of Mental Health

Enhancing Practice Improvement in Community-Based Care for Prevention and Treatment of Drug Abuse or Co-occurring Drug Abuse and Mental Disorders

Community-based providers of services to prevent or treat substance abuse and related problems or co-occurring substance abuse and mental disorders are well-situated to bridge the gaps between science-based innovations and everyday service practices. This initiative is designed to strengthen the capacity of community-based providers with sufficient numbers of participants, sufficient numbers of sites, and sufficient site size and diversity to study and ultimately support system-wide assessment of existing or newly adopted therapeutic and/or business policies and practices.

Release Date: August 5, 2005; Expiration Date: December 20, 2005

<http://grants.nih.gov/grants/guide/rfa-files/RFA-DA-06-001.html>

Scientific Program Director: Carmen Moten, PhD, Division of Services and Intervention Research (DSIR), National Institute of Mental Health

NIMH Public Outreach

Real Men Real Depression (RMRD) Public Education Campaign

The American Psychological Association's publication, *Monitor on Psychology*, featured a series of articles in its June 2005 issue on men and depression and this year's conference featured presentations on the NIMH RMRD campaign. In partnership with the HHS Office for Minority Health and the Indian Health Service Office of Behavioral Health, NIMH will be releasing several new Spanish-language public service announcements (PSAs) in September, and PSAs featuring two American Indian men from the Oglala Lakota Nation in South Dakota later this fall.

In an effort to make Real Men Real Depression materials more accessible to communities and organizations across the country, NIMH is developing an electronic "Join the Campaign" tool kit, which will be available by December 2005 on CD-ROM and on the Real Men Real Depression website. The kit will include suggestions for how organizations may integrate the materials into their existing health education programs, use the campaign to establish new programs, and place the PSAs in local media outlets.

NIMH Outreach Partnership Program

The NIMH Outreach Partnership Program is a nationwide educational outreach initiative that brings together national and state organizations to help bridge the gap between research and clinical practice. The Program receives support from the National Institute on Drug Abuse, and works in cooperation with SAMHSA's Center for Mental Health Services (CMHS).

Organizations with statewide outreach that focus on mental health or substance abuse disorders were invited to submit, by September 7, proposals to become Outreach Partners. The program solicited, and is evaluating, proposals from organizations in the District of Columbia and 25 states. Awards will be announced by the end of 2005, and remaining awards are planned for the fall of 2006. Additional information about the Outreach Partners' solicitation for proposals is available at <http://www.nimh.nih.gov/outreach/partners/solicitation.cfm> and a description of the benefits of becoming an NIMH Outreach Partner is available at <http://www.nimh.nih.gov/outreach/partners/index.cfm>.

Summer Alliance for Research Progress Meeting

NIMH is committed to maintaining an active dialogue with its stakeholders and to developing a research agenda that is responsive to the needs of its constituents. As part of this effort, the Institute convened the third meeting of the Alliance for Research Progress on July 25 at the Hyatt Regency in Washington, D.C. Attendees embody wide-ranging perspectives including those of consumers, providers of mental health services, family members, and others. Attendees received updates on NIH reauthorization, NIH Public Access Policy, NIMH initiatives and public outreach activities, and the NIMH fiscal year 2006 budget. The Annapolis Coalition presented its vision of the future of education and training for the behavioral health workforce; SAMHSA discussed progress in transforming America's mental health care system; and NIMH grantees and staff spoke on the need for cultural competency to become part of the culture of healthcare and health disparities. Summaries of prior Alliance meetings are available at <http://www.nimh.nih.gov/outreach/alliancemenue.cfm>.

Research Conferences and Workshops

State-of-the-Science Conferences

The "NIH State-of-the-Science Conference Statement on Management of Menopause-Related Symptoms," held March 21-23, was co-sponsored by NIMH. Participants reviewed the literature and discussed topics such as ovarian aging, menopause symptoms, treatment, and future research directions. The "NIH State of the Science Conference on Manifestations and Management of Chronic Insomnia in Adults" was held June 13-25. Participants met and discussed questions on the definition and diagnosis of chronic insomnia, common comorbidities, treatments, and directions for future research. Final

consensus statements from both conferences can be found at <http://consensus.nih.gov/>. For more information, please contact Mayada Akil at makil@mail.nih.gov.

45th Annual NCDEU (New Clinical Drug Evaluation Unit) Meeting

This national conference, sponsored by NIMH in collaboration with the Food and Drug Administration (FDA), was held June 6-9, 2005 in Boca Raton, Florida, bringing together researchers from multiple disciplines involved in clinical trials. In addition to its central focus on medication development and evaluation, the conference was expanded from previous years to encompass translational research. The theme in 2005 was “Individualized Treatment Through Clinical Research,” and presentations covered a range of topics from pharmacogenomics to clinical trials methodology and included a training day designed for the New Investigators Awardees as well as a day devoted to an FDA symposium. For more information, please contact Mayada Akil at makil@mail.nih.gov.

American Psychiatric Association (APA) Meeting

At this meeting, held May 21-26, 2005 in Atlanta, Georgia, NIMH organized a research track that aimed to bring the latest findings from NIMH-sponsored research to the practicing psychiatrist. The central theme, “From the Science of Mental Illness to Clinical Care,” focused on research that can translate into better prevention, diagnosis, and treatments for patients. The track consisted of more than 28 lectures, symposia and workshops. It included invited lectures by Nobel Laureate Dr. Eric Kandel and other world-renowned scientists and clinicians. It also included symposia and workshops addressing issues ranging from efficacy and safety of SSRIs in adolescents, to the genetics of psychiatric disorders, as well as two symposia entitled “Neuroscience for the Psychiatrist I and II,” focusing on genetics and neuroimaging, respectively. For more information, please contact Mayada Akil at makil@mail.nih.gov.

NIMH Director’s Seminar Series

This monthly seminar series is designed to highlight outstanding basic and clinical science supported by NIMH. There were eight seminars from October 2004 through May 2005. The following is a list of presenters and the titles of their talks:

Nelson Freimer:	The Human Phenome Project
Karen Berman:	Neuroimaging and Mechanisms of Brain Dysfunction in Schizophrenia and Williams Syndrome
Jay Giedd:	Child and Adolescent Psychiatry: New Views from Brain Imaging
Solomon Snyder:	Novel Cell Death Cascades of Neural Relevance
Terrie Moffit:	Interaction Between Measured Genes and Measured Environments: A Research Strategy
Roberto Malinow:	Mechanisms of Neural Plasticity
Elizabeth Grove:	Pattern and Cell Type in the Mammalian Cerebral Cortex
Helen Mayberg:	Development of a Novel Therapy for Treatment-Resistant Depression: Selective Modulation of Subgenual Cingulate Pathways Using Deep Brain Stimulation

For more information, please contact Mayada Akil at makil@mail.nih.gov.

NIMH Council Work Group on MRI Research Practices

NIMH convened a work group on September 14 to address safety issues regarding appropriate safety/ethical guidelines for the conduct of magnetic resonance imaging (MRI) research in human volunteers. The goal was to draft standards for neuroimaging investigators in both university-based and medical-center based research and for NIMH in reaching funding decisions. Recommendations will be presented to Council for approval via a full vote, and will not be binding on institutional review boards (IRBs) or research facilities, but will be made publicly available for use by extramural research facilities. *For more information, please contact Judy Rumsey at jrumsey@mail.nih.gov.*

NIMH/NINDS Update on Diagnostic Definitions of HIV-Associated Dementia and Minor Cognitive Motor Disorder in the Era of HAART

This meeting was held in conjunction with the symposium entitled “HIV Infection and the Central Nervous System: Developed and Resource Limited Settings” from June 11-13, in Rome, Italy. The major goal of this meeting was to reexamine the validity of current American Academy of Neurology diagnostic criteria for HIV associated neurocognitive impairment in the era of highly active retroviral therapy. Twenty-one leading neurologists and neuropsychologists participated. A revision to the current criteria was proposed and will be submitted for publication to a relevant journal. *For more information, please contact Jeymohan Joseph at jjeymoha@mail.nih.gov.*

Novel BBB Molecules and HIV Neuropathogenesis

This symposium was organized as an integral part of the VI Conference on Cerebral Vascular Biology (CVB 2005) held June 25-29, in Münster, Germany. The presentations focused on emerging data relating to the role of newly defined blood-brain barrier molecules in the pathophysiology of HIV-induced CNS disease. A major goal of this symposium was to stimulate interactions between NeuroAIDS researchers and the broader blood-brain barrier research community. *For more information, please contact Jeymohan Joseph at jjeymoha@mail.nih.gov.*

NeuroAIDS in Brazil

This meeting, held on July 28 in Rio de Janeiro, Brazil, was affiliated with the 3rd IAS conference on HIV Pathogenesis and Treatment scheduled for July 24-27. The major goals of the “NeuroAIDS in Brazil” meeting was to highlight the current ongoing research in Brazil relating to neurological and neuropsychological complications of HIV infection. Another focus of the meeting was to assess the impact of HIV-associated opportunistic and co-infections on the nervous system. Participants included U.S. researchers involved in NeuroAIDS research in resource-limited settings. It is anticipated that this event will promote interactions and build new collaborations among Brazilian scientists as well as between U.S. and Brazilian colleagues. *For more information, please contact Jeymohan Joseph at jjeymoha@mail.nih.gov.*

Parkinson’s Disease and Mental Disorders—Shared Neurocircuitry

Although defined by its motor symptoms, Parkinson’s disease (PD) frequently presents with comorbid depression, anxiety, and cognitive impairment. Since the neuropathology is well known and largely limited to primary dopaminergic dysfunction, PD may be

useful as a lesion model for studying isolated depression, anxiety, or frontal dysfunction (as seen in schizophrenia). Similarly, research on mental illness may have important implications for understanding and treating emotional or cognitive dysfunction in PD. The goals of the workshop were to determine if there is a common neuropathology, and whether the research tools (such as animal models) or treatments (such as deep brain stimulation) for one disorder can be used to advance research or treatment for other disorders. Conference participants came to a consensus that PD represents a reasonable neurological model for studying aspects of depression in both animal models (especially primate) and humans (neuroimaging and deep brain stimulation). *For more information, please contact Douglas Meinecke at dmeineck@mail.nih.gov.*

Workshop on Social Neuroscience and Behavior

On July 14-15, NIMH convened a workshop on “Social Neuroscience and Behavior: From Basic to Clinical Science.” The workshop included a wide range of leading neuroscientists, psychologists, and clinical scientists with expertise related to the study of social behavior in humans and animals. Participants assessed the current state of research on social behavior and identified major opportunities for future progress, with a specific focus on those areas of basic research that can enhance understanding of mental disorders and the development of interventions. *For more information, please contact Kevin Quinn at kquinn@mail.nih.gov.*

Meeting-based Publications

Children’s Mental Health Indicator in America’s Children

In July, the Federal Interagency Forum on Child and Family Statistics issued the newest release of its signature report, *America’s Children: Key National Indicators of Well-being 2005*. For the first time, this report included a special feature on children’s mental health. The feature, *Parental Reports of Emotional and Behavioral Difficulties*, was developed by staff from NIMH in collaboration with the CMHS in SAMHSA, the National Center for Health Statistics, the National Center for Birth Defects and Developmental Disabilities, and an international panel. It was compiled from responses to an item in a child behavioral assessment instrument administered as part of the National Health Interview Survey, conducted by the National Center for Health Statistics. The indicator shows that nearly 5% of children ages 4 – 17 (about 2.7 million children) are reported by their parents to suffer from definite or severe emotional or behavioral difficulties, problems that may interfere with their family life, their ability to learn, and their formation of friendships. These difficulties may persist throughout a child's development and lead to lifelong disability, including more serious illness, more difficult to treat illness, and co-occurring mental illnesses. A summary of the findings is available on the ChildStats website at <http://childstats.gov/americaschildren>.

The latest supplement of the *Journal of NeuroVirology* features highlights from the **NeuroAIDS Symposium** at “AIDS in India: A Workshop-Symposium on Research, Trials and Treatment,” which took place in Bangalore, India from August 2-8, 2004. The Symposium included international, U.S., 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. Joseph J, Prasad V. *NeuroAIDS in the developing world. J Neurovirol. 2005;11 Suppl 1:4-6.*

Budget

The FY 2006 President's Budget Request for NIH was submitted to Congress on February 7, 2005. The President's Budget proposed a total NIH program level of \$28,845 million, an increase of \$196 million or 0.7% over the FY 2005 comparable level (see Attachment 1). The President's request for NIMH was \$1,417 million, an increase of \$6 million or 0.4% over FY 2005.

On June 24, 2005 the House of Representatives completed Floor Action on its FY 2006 Appropriations Bill for Labor-HHS-Education, which includes NIH. The funding amounts provided in the House version were essentially identical to the President's Budget Request for all NIH components, except the House reduced the President's request for the National Institute of Allergy and Infectious Diseases (NIAID) by \$100,000. In total, the House provided an NIH program level of \$28,745 million, an increase of \$96 million or 0.3% over FY 2005. The House Floor Action for NIMH was the same as the President's Budget Request of \$1,417 million.

The House accepted the following key points of the FY 2006 President's Budget Request for NIH:

- Noncompeting Continuation Research Project Grants (RPGs) that normally would receive an inflationary increase for direct, recurring costs averaging 3%, would not receive this increase in FY 2006. The average cost of competing RPGs in FY 2006 would be held at the FY 2005 average cost with no inflationary increase. Training stipends for post-doctoral fellows would increase from 0% to 4%, depending on levels of experience, and post-doctoral fellows would receive a \$500 increase for health benefits. These increases would be financed by reducing the number of training positions in FY 2006.

The Full Senate Committee on Appropriations reported its FY 2006 Appropriations Bill for Labor-HHS-Education, including NIH, on July 14, 2005. The Senate bill provides a total program level of \$29,653 million for NIH, an increase of \$1,003 million or 3.5% over the comparable FY 2005 level. Funding for the NIMH in the Senate bill is \$1,460 million, an increase of \$48 million or 3.4% over FY 2005.

The Senate Report for NIH includes the following significant provisions, which differ from the policies included in the President's Budget and House versions:

- Noncompeting continuation RPG awards in FY 2006 would receive full committed levels of funding. Competing RPGs would receive an average cost increase equal to 3.2% over FY 2005. All training stipends would be increased by 4%.

NIMH Extramural Loan Repayment Program

For FY 2005 NIMH had a \$5.1 million budget for its Extramural Loan Repayment Program (LRP), which paid 144 loan repayment program contracts. This represents 36% of the eligible applicants, and also includes NIMH applicants who were paid by other NIH ICs. NIMH received 320 Clinical LRP applications and paid 115 (36% success rate), and 84 Pediatric LRP applications and paid 29 (35% success rate). Of the 54 MD applicants selected for support, 44 (61% success rate) were from the clinical repayment program and 10 (45% success rate) were from the pediatric repayment program.

Major NIMH Staff Awards

DHHS Secretary's Award

Junius Gonzales, MD, Acting Director, Division of Services and Intervention Research (DSIR), received the Department of Health and Human Services (DHHS) Secretary's Award for Distinguished Service for participation in the Federal Transformation Partners Team in 2005. This is the highest level honor award within DHHS, granted for accomplishments that advance the mission and goals of the Department.

Keisha Shropshire, MPH, Health Science Analyst, Science Policy and Evaluation Branch, Office of Science Policy, Planning, and Communications (OSPPC), received the DHHS Secretary's Award for Distinguished Service for her exceptional teamwork with the Agency for Health Care Quality and Research in the advancement of adoption and delivery of evidence-based prevention services. This is the highest level honor award within DHHS, granted for accomplishments that advance the mission and goals of the Department.

NIH Director's Award

Michael Huerta, PhD, Director, Office of Interdisciplinary Research and Scientific Technology, Division of Neuroscience and Basic Behavioral Science, and **Marlene Guzman**, Senior Advisor to the NIMH Director, received an NIH Director's Award for "exemplary leadership, dedication, creativity, and teamwork in planning and designing the NIH Neuroscience Blueprint."

NIH Merit Awards

William T. Fitzsimmons, Executive Officer, NIMH Office of the Director, was recognized in two group NIH Merit Awards: to the CASC "Getting to Green Team" for "outstanding leadership and guidance in the NIH-wide Competitive Sourcing initiative, and for helping the Department 'Get to Green'"; and to the Extramural Support MEO Transition Team for "commitment and dedication to transforming the provision of extramural support services at NIH."

Charles R. Gerfen, PhD, Chief, Laboratory of System Neuroscience, received an NIH Merit Award from the Office of the Director in recognition for "outstanding service as chair of the Cooperative Research and Development Agreement subcommittee."

Donald Rosenstein, MD, Acting Clinical Director for the NIMH Intramural Research Program (IRP), was recognized in a group NIH Merit Award to the Graduate Medical Education Program Directors for “contributions and demonstrated commitment to improving the quality of NIH clinical training programs.”

Jane Steinberg, PhD, Director, Division of Extramural Activities (DEA), was chosen to receive two group NIH Merit Awards for her participation on the Extramural Program Management Committee Most Efficient Organization Implementation Committee and on the NIH Council Workgroup.

June M. Walker, Grants Management Specialist, DEA, was recognized in a group NIH Merit Award to the Compliance, Education and Review Team for “assisting with the Electronic Streamlined Non-competing Award Procedure (E-SNAP) Retrospective Review initiative.”

Robert Innis, MD, PhD, Chief of the Molecular Imaging Branch (MIB) at the NIMH IRP, and **Victor Pike, PhD**, Chief, Section on PET Radiopharmaceutical Sciences, MIB, were recognized in a group NIH Merit Award to the Graduate Partnership Program for their contributions to the establishment of the Graduate Partnership Program.

Other NIH Director’s Recognitions

William Fitzsimmons and **Ellen Stover, PhD**, Director, Division of AIDS and Health and Behavior Research, received Senior Executive Service Performance Recognition awards.

Henry Haigler, PhD, Associate Director of Staff Development in DEA, was honored with the Mentor-of-the-Year Award for “dedication to serving as a counselor and teacher and his strong collegial relationship among the SRAs in the NIMH extramural program.”

Patricia Middleton, Supervisory Personnel Management Specialist, NIH Office of the Director, was recognized with an Honorable Mention at the NIH Office of the Director Honor Awards for “40 Years of Service to the U.S. Government.”

Carlos Zarate, MD, Chief of the Mood & Anxiety Disorders Research Unit and Associate Clinical Director of the Laboratory of Molecular Pathophysiology, was awarded the Supervisor-of-the-Year Award for “providing outstanding leadership as a supervisor, providing guidance, and encouraging staff.”

Awards from Outside Organizations

Jacqueline Crawley, PhD, Chief of the Laboratory of Behavioral Neuroscience, Division of Intramural Research Programs, NIMH, was recently awarded the highest honors of two organizations—The Marjorie A. Myers Lifetime Achievement Award from the International Behavioral Neuroscience Society for “outstanding scientific contributions to the field of Behavioral Neuroscience,” and the Fleur Strand Award, recognizing her scientific achievements, from the Summer Neuropeptide Conference. Dr.

Crawley delivered the Fleur Strand Lecture on the topic of “Neuropeptides and Behavior: The Trouble with Galanin in Alzheimer’s Disease” at the group’s July 8 meeting in Miami, Florida.

Susan E. Swedo, MD, Director, Division of Pediatric Translational Research and Treatment Development, received the Distinguished Alumna Award from Southern Illinois University Medical School in May 2005 in recognition of scholarship, research excellence, and contributions to medicine.

Daisy Whittemore, Director of the Outreach Partnership Program, OCRPL, and **Jennifer Loukissas**, Writer/Editor, OSPPC, each recently received Presidential Citation Awards from American Psychological Association for “pioneering work in developing and implementing the Real Men Real Depression public education campaign, which is designed to reduce the stigma of mental illness, and encourage men to seek psychological help for depression.” President Ron Levant presented the awards at the end of their APA symposium.

Major Awards for NIMH Grantees

Edwin R. Chapman, PhD (University of Wisconsin-Madison), **Michael D. Ehlers, MD, PhD** (Duke University Medical Center), **Erik M. Jorgensen, PhD** (University of Utah) and **Alex Kolodkin, PhD** (The Johns Hopkins University School of Medicine) were recently appointed as investigators of the Howard Hughes Medical Institute (HHMI). A nonprofit medical research organization, the HHMI is dedicated to biomedical research focused on the discovery and dissemination of new knowledge in the basic life sciences. These appointments were the result of a rigorous national competition, the first held in five years, to identify innovative researchers who have the potential to make significant contributions to science.

Bernice Pescosolido, PhD, received the 2005 Leo G. Reeder Award for Distinguished Contributions to Medical Sociology at the annual meeting of the American Sociological Association meeting in Philadelphia, PA. Dr. Pescosolido is Chancellor’s Professor of Sociology at Indiana University. Through her innovative program of research, she has made major contributions to understanding the mechanisms of mental illness stigma and discrimination and stigma change.

Other Awards & Recognitions

Renata J. Henry, Council member, was named President of the Board of Directors of the National Association of State Mental Health Program Directors in July.

Staff Changes

Arriving:

David Armstrong, PhD, joined DEA as Chief of the Extramural Review Branch on July 24. As Review Chief, he will oversee the reviews conducted at NIMH and will be a

resource to the Institute and extramural community on review policies and practices. Dr. Armstrong was awarded his PhD at Ohio State. Prior to joining NIMH, Dr. Armstrong served as Chief of the Center for Scientific Review's Brain Disorder and Clinical Neurosciences Integrated Review Group. During this tenure, he also worked to establish the NIH Pioneer Award program. Dr. Armstrong has a wealth of research experience, primarily focusing on the study of cellular and molecular mechanisms underlying neuronal vulnerability in stroke and Alzheimer's disease, and has been the principal investigator on numerous NIH grants. He has an extensive scientific publication record, has been a member of editorial boards and/or NIH study section panels, and has received numerous awards.

David Shore, MD, Associate Director for Clinical Research, has agreed to serve as Acting Director of DSIR effective October 1. Dr. Shore first came to the Institute in 1978 as a Senior Staff Fellow in the Neuropsychiatry Branch of Intramural Research Program. He later joined the Schizophrenia Research Branch of the Division of Clinical and Treatment Research in the Extramural Program, where he served as Branch Chief and Acting Deputy Director of the Division from 1993 – 1997, when he assumed his current position. David's work with our Data Safety and Monitoring Boards, his intimate knowledge of the Institute's efforts in interventions and multi-site clinical trials, and his understanding of the challenges facing the Institute in these areas should enable him to transition smoothly as the Acting Director of DSIR.

Samantha Helfert, MLS, formally joined the Office of Constituency Relations and Public Liaison (OCRPL) in August as an Outreach Liaison for the Outreach Partnership Program after having worked for the program as a contractor for a year. Samantha brings skill and expertise developed as a result of more than 10 years experience in the private sector providing information and web services to the public health field, including substance abuse prevention.

Christine Moretto, MPH, a past participant in the HHS Emerging Leader program, took the position of Public Health Analyst with the NIMH Data Safety and Monitoring Board in July.

James Petersen joined the Public Information & Communications Branch, OSPPC as Acting Team Lead for the Electronic Communication Team and NIMH Web Editor.

Chana Rabiner, PhD, a participant in the HHS Emerging Leaders Program, recently joined the review branch. She will be working with DEA for two months where her responsibilities will include assisting with the review of T32 applications and with the R56/innovation committee. Dr. Rabiner received her PhD this past spring from the University of Connecticut Health Center, Farmington, Connecticut.

Janell M. Richardson joined the Public Information & Communications Branch, OSPPC, in April as Lead Public Affairs Specialist. Prior to NIMH, Ms. Richardson

worked with the National Oceanic & Atmospheric Administration and the National Science Foundation.

Barbara Berman, contractor, joined the Public Information & Communications Branch, OSPPC, as a Writer/Editor.

Khari Shamba, contractor, joined NIMH in April as an Ethics Program Assistant. Prior to working at NIMH, she served as a Service Policy Program Assistant at the National Institute of Diabetes & Digestive & Kidney Diseases.

Patrick Shirdon accepted the position as NIMH's Deputy Executive Officer in August. Patrick was initially recruited to NIH in 1992 through the Outstanding Scholars Program and participated in the NIH Office of Financial Management's intern program. He has served with a number of Institutes and Offices, including the Office of AIDS Research, National Institute of Dental and Craniofacial Research, and most recently, with the National Institute on Aging as Budget Officer. Mr. Shirdon received his Masters of Science in business from Johns Hopkins University.

Keisha Shropshire, MPH, joined the Science Policy and Evaluation Branch, OSPPC, as a Health Science Analyst. Previously, Ms. Shropshire was a member of the DHHS Emerging Leaders Program and worked within the DSIR Dissemination Branch as a Program Analyst.

Rita Sisco joined the Grants Management Branch, DEA, in June as the Supervisory Grants Specialist (Team Leader) for the Division of Adult Translational Research and Treatment Development and the Division of AIDS and Health and Behavior Research. Prior to her arrival at NIMH, Ms. Sisco was a senior grants specialist with NINDS.

Dennis James, contractor, joined DEA as a Program Assistant/Secretary in August.

David Smith, contractor, joined the DIRP Administrative Services Branch as an Administrative Technician in May 2005. He previously worked as an Administrative Associate for BAR/BRI Bar Review in Washington, D.C.

Departing:

David Rubinow, MD, asked to be relieved of his administrative role to devote more time to his laboratory. David's leadership over the 18 years he served as Clinical Director has transformed the NIMH clinical research program into a nationally-recognized model of excellence for compliance, safety, and recruitment. During his tenure, the NIMH clinical program became the second largest (behind NCI) at NIH. Dr. Rubinow developed the Office of the Clinical Director into an exemplary program with responsibilities for psychiatric consultations, IRB, patient recruitment, and clinical training. His has been one of those critical jobs—a job in which every challenge can become a crisis and almost every success goes unrecognized. Dr. Donald Rosenstein will serve as Acting Clinical

Director, effective July 29, 2005. A celebration to honor David for his many years of service will be scheduled in September.

Fred Altman, PhD, Assistant Director, Research Training and Career Development, Division of Adult Translational Research and Treatment Research (DATR), retired from NIMH after 30 years of service.

Debra Babcock, MD, PhD, Program Officer for the Neural Systems Psychopathology Program in the Clinical Neuroscience Branch, and interim branch chief for the Experimental Therapeutics Branch, DATR, will be joining NINDS as Program Director in the Systems and Cognitive Neuroscience Cluster in October 2005.

Lisa Colpe, PhD, MPH, who served as Program Chief of the Psychopathology Risk & Protective Factors Program in DATR, moved to the NIH Office of the Director as the Senior Advisor for the NIH Roadmap for Medical Research in June 2005. In her new role, Dr. Colpe oversees NIH Roadmap activities related to extramural research policy.

Bruce Cuthbert, PhD, Chief of the Adult Psychopathology & Psychosocial Intervention Research Branch in DATR and Mentor-of-the-Year awardee, accepted a teaching position as a Professor in the Department of Psychology at the University of Minnesota in August 2005. Over the seven years he worked at NIMH, Dr. Cuthbert served as NIMH representative to the Cognitive and Emotional Health (“Healthy Brain”) Project, Associate Director for Translational Research in Behavioral Science, and NIMH liaison to the DSM-V conference grant series, in addition to his duties as branch chief.

Kirk Denicoff, MD, Staff Clinician, has left the Mood and Anxiety Disorders Program (MAP).

Regina Dolan-Sewell, PhD, who headed DATR’s Mood, Sleep, & Eating Disorders Research Program, retired from her position at NIMH in June 2005 to join a family business.

Junius Gonzales, MD, Acting Director of DSIR, will leave NIMH at the end of September to assume a position with Abt Associates as a Principal. Junius joined NIMH in 1999 as Chief of the Services Research and Clinical Epidemiology Branch, overseeing the activities of 10 distinct scientific programs. Under his leadership, the branch experienced a doubling of research applications with no set aside funds. Junius’ extensive background in clinical mental health care and services research also enabled him to make significant contributions to the Institute’s trans-agency partnerships during his tenure as Acting Division Director. In this role Junius was instrumental in advancing collaborations with SAMHSA, CMS, and foundations such as the Milbank Fund. His insights about the challenges facing us on bridging science and service via evidence-based practices will be missed.

Belinda Sims, PhD, Chief of the NIMH Child and Adolescent Prevention Research Program, left in June to join the prevention branch at NIDA.

Bonnie J. Jackson, Senior Grants Management Specialist, DEA, has moved onto the Grants Management Branch at the National Institute of Arthritis and Musculoskeletal and Skin Diseases.

Michael Moody, who served as a Contracts-Grants Review Administrator in DEA, retired in May after 37 years of Federal service.

Robert Steele, IT Specialist, has moved on from the Research Services Branch.

Transferring:

Tracy Waldeck, PhD, joined the Extramural Review Branch, DEA, in May, and will serve as a Scientific Review Administrator. Prior to joining DEA, Dr. Waldeck was a psychologist at the Institute's Intramural Mood and Anxiety Disorders Program, where she participated in multidisciplinary studies, including imaging, psychological, neuroendocrine studies and treatment trials for anxiety disorders and depression.

Daisy Whittemore is joining OCRPL to serve as the Director of the Outreach Partnership Program. For the past six years, Daisy has worked in the NIMH Office of Communications managing the acclaimed Real Men Real Depression campaign and overseeing information dissemination, public inquiries, and health information on the web. She previously worked at the National Institute on Child Health and Human Development as outreach coordinator for the Back to Sleep public education campaign.

Rajni Agarwal, MA, moved from the IRP/MAP to DATR and will assist the Traumatic Stress Disorders Research Program and other program activities of the Division.

Christine D'Ambrosio, formerly a Secretary with MAP's Section on Development and Affective Neuroscience, has taken a position as Program Specialist with DSIR.

In Memoriam:

One of our most accomplished senior scientists, **Giulio Cantoni, MD**, died on July 27, 2005, at age 89. A Jewish refugee from Mussolini's Italy, Dr. Cantoni pioneered understanding of methylation, a key chemical reaction that is increasingly appreciated as the switch that turns genes on and off in biological processes ranging from cancer metastasis to nurture's influence on nature in shaping stress reactivity. In 1954, Dr. Cantoni was invited to launch one of the first intramural labs in the then fledgling NIMH Intramural Research Program, where his lab was, for a time, located in the newly opened NIH Clinical Center. He served as founding Chief of the Laboratory of General and Comparative Biochemistry until 1994. Dr. Cantoni's work was recognized in his election to membership in the National Academy of Sciences in 1983. He was also a member of the Italian Academy of Sciences, the American Academy of Arts and Sciences, and a recipient of the Department of Health and Human Services's Distinguished Service Award. Dr. Cantoni continued to be scientifically active into his 80's as an emeritus faculty member, and was also appreciated throughout NIH for his musical skills. An accomplished flute player, Dr. Cantoni remained active until his death in programs to

bring classical music to the NIH campus. He inaugurated the FAES Chamber Music Series in 1968, later recounting 25 years of chamber music at NIH in one of his last publications in 1993.

Mona Law Pedersen, 53, a research scientist at NIMH, died of congestive heart failure June 17, 2005, at Shady Grove Adventist Hospital. Born in Burbank, California, she moved to the Washington area as an infant. She graduated from Walt Whitman High School and the College of William and Mary, and earned a master's degree in history from George Washington University. She worked at Microbiological Associates in Bethesda before joining NIMH, where she was working at the time of her death. She also was a member of the Tissue Culture Association and an active volunteer in the community.



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
NATIONAL INSTITUTES OF HEALTH • NATIONAL INSTITUTE OF MENTAL HEALTH

NIMH
National Institute
of Mental Health