

DEPARTMENT OF HEALTH AND HUMAN SERVICES

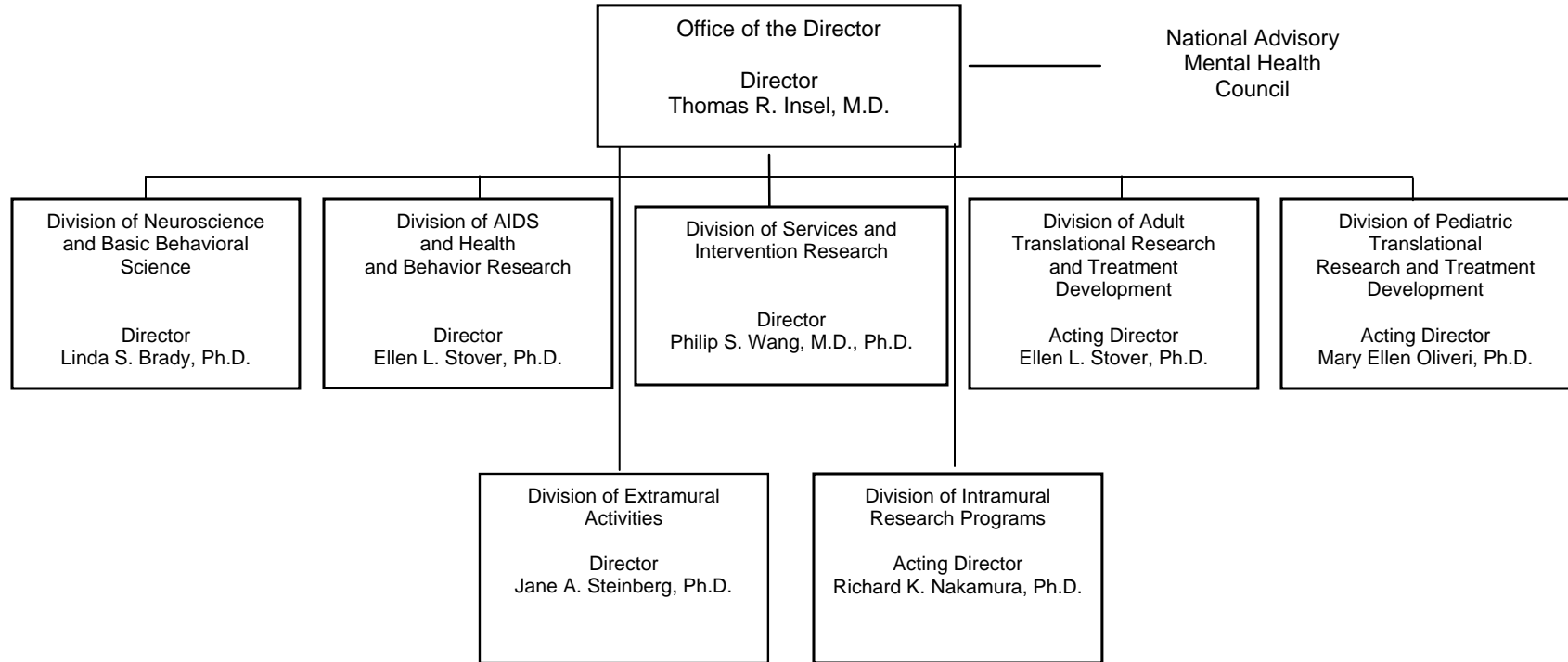
NATIONAL INSTITUTES OF HEALTH

National Institute of Mental Health

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health  
National Institute of Mental Health



**FY 2008 Proposed Appropriation Language**

**NATIONAL INSTITUTES OF HEALTH**

National Institute of Mental Health

*For carrying out section 301 and title IV of the Public Health Services Act with respect to mental health, \$1,405,421,000.*

**Supplementary Exhibit**

**Comparison of Proposed FY 2008 Appropriation Language to  
Most Recently Enacted Full-Year Appropriations**

**NATIONAL INSTITUTES OF HEALTH**

National Institute of Mental Health

For carrying out section 301 and title IV of the Public Health Services Act with respect to mental health [~~\$1,417,692,000~~], **\$1,405,421,000** (Department of Health and Human Services Appropriation Act, 2006)

**National Institutes of Health  
National Institute of Mental Health**

**Amounts Available for Obligation 1/**

Source of Funding	FY 2006 Actual	FY 2007 Cont. Resol.	FY 2008 Estimate
Appropriation	\$1,417,692,000	\$1,403,515,000	\$1,405,421,000
Enacted Rescissions	-14,177,000	0	0
Subtotal, Adjusted Appropriation	1,403,515,000	1,403,515,000	1,405,421,000
Real transfer under Roadmap authority	-12,542,000		
Real transfer under Secretary's one-percent transfer authority	-964,000		
Comparative transfer from OD for NIH Roadmap	12,542,000		
Comparative transfer to NIBIB	-83,000	-84,000	
Comparative transfer to OD	-37,000	-38,000	
Comparative transfer to NCRR	-615,000	-799,000	
Comparative transfers to the Office of the Assistant Secretary for Admin. and Mgmt. and to the Office of the Assistant Secretary for Public Affairs	-3,000	-3,000	
Subtotal, adjusted budget authority	1,401,813,000	1,402,591,000	1,405,421,000
Unobligated Balance, start of year	0	0	0
Unobligated Balance, end of year	0	0	0
Subtotal, adjusted budget authority	1,401,813,000	1,402,591,000	1,405,421,000
Unobligated balance lapsing	0	0	0
Total obligations	1,401,813,000	1,402,591,000	1,405,421,000

1/ Excludes the following amounts for reimbursable activities carried out by this account:

FY 2006 - \$5,979,000; FY 2007 - \$6,500,000; FY 2008 - \$6,535,000

Excludes \$456,000 in FY 2007 and \$457,000 in FY 2008 for royalties.

**NATIONAL INSTITUTES OF HEALTH**

**National Institute of Mental Health**

(Dollars in Thousands)

Budget Mechanism - Total

MECHANISM	FY 2006		FY 2007		FY 2008		Change	
	No.	Amount	No.	Amount	No.	Amount	No.	Amount
Research Grants:								
<u>Research Projects:</u>								
Noncompeting	1,619	\$592,017	1,578	\$562,802	1,585	\$558,769	7	-4,033
Administrative supplements	(41)	3,939	(55)	5,492	(55)	5,437	(0)	-55
<u>Competing:</u>								
Renewal	137	53,973	155	61,064	149	58,701	-6	-2,363
New	399	120,042	450	135,386	473	143,203	23	7,817
Supplements	7	1,683	8	1,886	7	1,563	-1	-323
Subtotal, competing	543	175,698	613	198,336	629	203,467	16	5,131
Subtotal, RPGs	2,162	771,654	2,191	766,630	2,214	767,673	23	1,043
SBIR/STTR	86	27,235	85	26,823	84	26,522	-1	-301
Subtotal, RPGs	2,248	798,889	2,276	793,453	2,298	794,195	22	742
<u>Research Centers:</u>								
Specialized/comprehensive	75	110,887	75	112,271	75	112,271	0	0
Clinical research	0	0	0	0	0	0	0	0
Biotechnology	0	0	0	0	0	0	0	0
Comparative medicine	0	695	0	692	0	692	0	0
Research Centers in Minority Institutions	0	0	0	0	0	0	0	0
Subtotal, Centers	75	111,582	75	112,963	75	112,963	0	0
<u>Other Research:</u>								
Research careers	474	71,125	483	71,482	493	72,382	10	900
Cancer education	0	0	0	0	0	0	0	0
Cooperative clinical research	18	17,235	13	10,012	13	10,012	0	0
Biomedical research support	0	0	0	0	0	0	0	0
Minority biomedical research support	0	0	0	0	0	0	0	0
Other	143	36,011	143	35,214	143	35,214	0	0
Subtotal, Other Research	635	124,371	639	116,708	649	117,608	10	900
<b>Total Research Grants</b>	<b>2,958</b>	<b>1,034,842</b>	<b>2,990</b>	<b>1,023,124</b>	<b>3,022</b>	<b>1,024,766</b>	<b>32</b>	<b>1,642</b>
<u>Research Training:</u>	<u>FTEs</u>		<u>FTEs</u>		<u>FTEs</u>			
Individual awards	291	10,823	290	10,769	290	10,769	0	0
Institutional awards	1,056	44,321	1,050	44,099	1,050	44,099	0	0
Total, Training	1,347	55,144	1,340	54,868	1,340	54,868	0	0
Research & development contracts (SBIR/STTR)	223	74,837	228	80,696	228	80,696	0	0
	(18)	(4,601)	(18)	(4,578)	(18)	(4,578)	(0)	0
	<u>FTEs</u>		<u>FTEs</u>		<u>FTEs</u>		<u>FTEs</u>	
Intramural research	384	159,926	402	161,576	411	160,445	9	-1,131
Research management and support	230	64,522	235	65,490	236	66,145	1	655
Cancer prevention & control	0	0	0	0	0	0	0	0
Construction		0		0		0		0
Buildings and Facilities		0		0		0		0
NIH Roadmap for Medical Research	2	12,542	4	16,837	4	18,501	0	1,664
Total, NIMH	616	1,401,813	641	1,402,591	651	1,405,421	10	2,830

Includes FTEs which are reimbursed from the NIH Roadmap for Medical Research

**NATIONAL INSTITUTES OF HEALTH**  
**National Institute of Mental Health**  
**Budget Authority by Program**  
(Dollars in thousands)

	FY 2004		FY 2005		FY 2006		FY 2006		FY 2007		FY 2008		Change	
	Actual		Actual		Actual		Comparable		Cont. Resol.		Estimate			
<b>Extramural Research</b>	FTEs	Amount	FTEs	Amount	FTEs	Amount	FTEs	Amount	FTEs	Amount	FTEs	Amount	FTEs	Amount
<u>Detail:</u>														
Health, Behavior & AIDS Research		\$204,133		\$207,333		\$203,765		\$203,765		\$202,585		\$202,872		\$287
Adult Translational Research & Treatment Development		244,360		248,190		243,919		243,810		242,506		242,850		344
Pediatric Translational Research & Treatment Development		135,698		137,825		135,453		135,453		134,668		134,859		191
Neuroscience & Basic Behavioral Science		400,162		406,434		399,440		399,440		397,127		397,689		562
Services & Intervention Research		183,192		186,063		182,861		182,355		181,802		182,060		258
<b>Subtotal, Extramural</b>		1,167,545		1,185,845		1,165,438		1,164,823		1,158,688		1,160,330		1,642
<b>Intramural research</b>	463	154,592	425	158,036	384	159,926	384	159,926	402	161,576	411	160,445	9	-1,131
<b>Res. management &amp; support</b>	264	57,088	235	59,126	230	64,645	230	64,522	235	65,490	236	66,145	1	655
<b>NIH Roadmap for Medical Research</b>	0	4,746	2	8,926	2	12,542	2	12,542	4	16,837	4	18,501	0	1,664
<b>TOTAL</b>	727	1,383,971	662	1,411,933	616	1,402,551	616	1,401,813	641	1,402,591	651	1,405,421	10	2,830

Includes FTEs which are reimbursed from the NIH Roadmap for Medical Research

## Major Changes in the Fiscal Year 2008 Budget Request

Major changes by budget mechanism and/or budget activity detail are briefly described below. Note that there may be overlap between budget mechanism and activity detail and these highlights will not sum to the total change for the FY 2008 budget request for NIMH, which is \$2.8 million more than the FY 2007 Estimate, for a total of \$1,405.4 million.

Autism Centers of Excellence (+\$1.4 million; total \$8.4 million): NIMH plans to continue its efforts in the coordination and focus of autism research. Savings realized from the cost-containment measures implemented at NIMH for non-competing center awards will allow the Institute to participate in a Request for Applications to support Autism Centers of Excellence as outlined in the program portrait under the Justification Narrative for the Pediatric Translational Research and Treatment Development program.

Human Genetics, Epigenetics, and Genomics Underlying Mental Disorders (+\$2.0 million; total \$79.8 million): Savings realized from the cost-containment measures implemented at NIH for non-competing Research Project Grant (RPG) awards will allow NIMH to expand research efforts on human genetics, epigenetics, and genomics underlying mental disorders as outlined in the program portrait under the Justification Narrative for the Neuroscience and Basic Behavioral Science research program.

NIMH Practical Clinical Trials (+\$2.5 million; total \$8.2 million): NIMH will continue to phase down funding for a cohort of large scale practical clinical trials. As these primary and secondary phases come to a close, funds will be redirected to provide ongoing infrastructure support for clinical studies as outlined in the program portrait under the Justification Narrative for the Services and Intervention research program.

Research Project Grants (+\$.7 million; total \$794.2 million): NIMH will support a total of 2,298 RPG awards in FY 2008. Noncompeting RPGS will increase by 7 awards and decrease by \$4.0 million. Competing RPGs will increase by 16 awards and increase by \$5.1 million.

Research Careers (+\$.9 million; total \$72.4 million): NIMH will support the Pathway to Independence program, by funding an additional 10 awards in FY 2008. Total support for the Pathway program in FY 2008 is 19 awards and \$1.7 million.

NIH Roadmap for Biomedical Research (+\$1.7 million; total \$18.5 million): NIMH will continue its support of the NIH Roadmap, an incubator for new ideas and initiatives that will accelerate the pace of discovery, in FY 2008.

**NATIONAL INSTITUTES OF HEALTH**  
**National Institute of Mental Health**  
**Summary of Changes**

FY 2007 Continuing Resolution		\$1,402,591,000	
FY 2008 Estimated Budget Authority		1,405,421,000	
Net change		2,830,000	
CHANGES	FY 2007		
	Continuing Resolution	Change from Base	
	FTEs	Budget Authority	Budget Authority
A. Built-in:			
1. Intramural research:			
a. Annualization of January 2007 pay increase		\$62,121,000	\$600,000
b. January 2008 pay increase		62,121,000	2,060,000
c. Two extra days of pay		62,121,000	478,000
d. Payment for centrally furnished services		29,147,000	291,000
e. Increased cost of laboratory supplies, materials, and other expenses		70,308,000	1,145,000
Subtotal			4,574,000
2. Research Management and Support:			
a. Annualization of January 2007 pay increase		\$29,933,000	\$315,000
b. January 2008 pay increase		29,933,000	1,079,000
c. Two extra days of pay		29,933,000	230,000
d. Payment for centrally furnished services		9,478,000	95,000
e. Increased cost of laboratory supplies, materials, and other expenses		26,079,000	424,000
Subtotal			2,143,000
Subtotal, Built-in			6,717,000



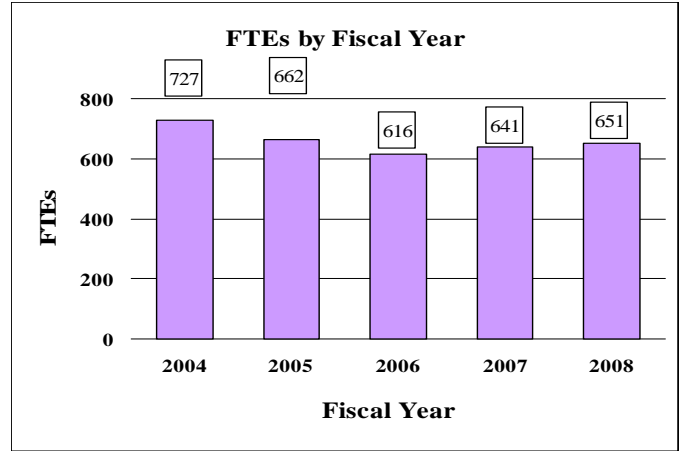
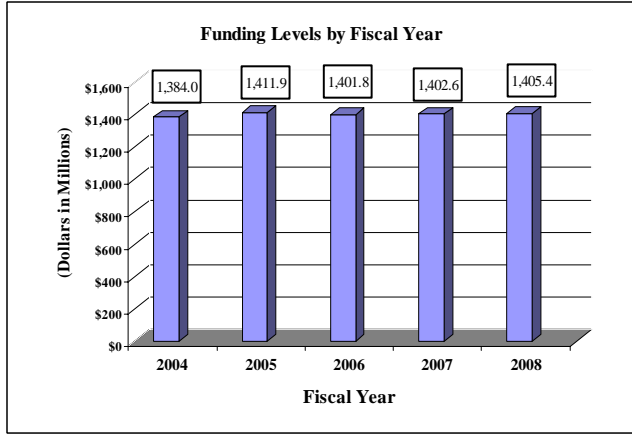
**NATIONAL INSTITUTES OF HEALTH  
National Institute of Mental Health**

**Summary of Changes--continued**

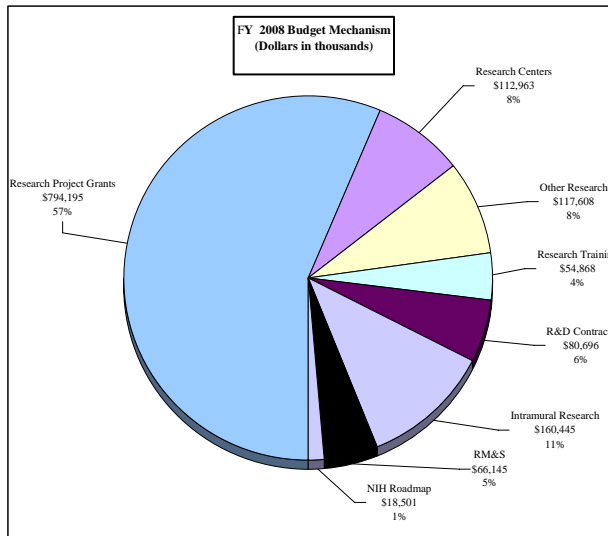
CHANGES	FY 2007			
	Continuing Resolution		Change from Base	
	No.	Amount	No.	Amount
<b>B. Program:</b>				
1. Research project grants:				
a. Noncompeting	1,578	\$568,294,000	7	-4,088,000
b. Competing	613	198,336,000	16	5,131,000
c. SBIR/STTR	85	26,823,000	-1	-301,000
Total	2,276	793,453,000	22	742,000
2. Research centers	75	112,963,000	0	0
3. Other research	639	116,708,000	10	900,000
4. Research training	1,340	54,868,000	0	0
5. Research and development contracts	228	80,696,000	0	0
Subtotal, extramural				1,642,000
6. Intramural research	402	161,576,000	9	-5,705,000
7. Research management and support	235	65,490,000	1	-1,488,000
8. NIH Roadmap for Medical Research	4	16,837,000	0	1,664,000
Subtotal, program		1,402,591,000		-3,887,000
Total changes	641		10	2,830,000

## Fiscal Year 2008 Budget Graphs

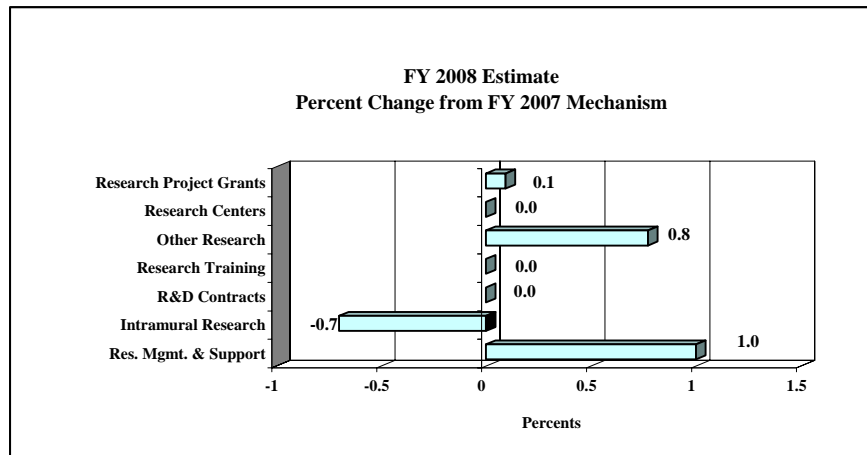
### History of Budget Authority and FTEs:



### Distribution by Mechanism:



### Change by Selected Mechanisms:



## Justification

### National Institute of Mental Health

Authorizing Legislation: Section 301 and title IV of the Public Health Service Act, as amended.

Budget Authority:

FY 2006 Actual		FY 2007 Cont. Resol.		FY 2008 Estimate		Increase or Decrease	
<u>FTEs</u>	<u>BA</u>	<u>FTEs</u>	<u>BA</u>	<u>FTEs</u>	<u>BA</u>	<u>FTEs</u>	<u>BA</u>
616	\$1,401,813,000	641	\$1,402,591,000	651	\$1,405,421,000	10	+\$2,830,000

This document provides justification for the Fiscal Year (FY) 2008 activities of the National Institute of Mental Health (NIMH), including HIV/AIDS activities. Details of the FY 2008 HIV/AIDS activities are in the “Office of AIDS Research (OAR)” section of the Overview. Details on the Roadmap/Common Fund are located in the Overview, Volume One.

### DIRECTOR’S OVERVIEW

The mission of NIMH is to reduce the burden of mental and behavioral disorders through research on mind, brain, and behavior. Each year, one in every 20 adults experiences a disabling mental disorder<sup>1</sup>, while nearly one in 10 experiences a serious emotional disorder during childhood<sup>2</sup>. This translates into more than 44 million people who annually experience significant mental illness symptoms that interfere with everyday living. The report of the President’s New Freedom Commission: Achieving the Promise—Transforming Mental Health Care in America, estimated the economic costs of treating mental disorders at \$150 billion, with elements of these costs increasing beyond 20 percent per year. To reduce this tremendous burden, NIMH supports innovative research and research training that: (1) advances discovery in integrative brain and behavior science that provides the foundation for understanding mental disorders and their treatments; (2) develops more reliable, valid diagnostic tests and biomarkers; (3) defines genetic and environmental risk for disorders; (4) develops interventions to prevent occurrence and/or reduce relapse; (5) develops more effective, safer, and equitable treatments; (6) conducts clinical trials that will provide treatment options to deliver more effective personalized care; and (7) creates improved pathways for rapid dissemination of science to mental health care and service efforts.

<sup>1</sup> Kessler, RC, Chiu, WT, Demler, O, Merikangas, KR, Walters, EE. Prevalence, severity, and comorbidity of 12-month DSM-IV disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry*. 2005; 62, 617-627.

<sup>2</sup> “Prevalence of serious emotional disturbance in children and adolescents.” *Mental Health, United States, 1996*. Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, 1996.

NIMH strives to generate innovative research that will profoundly transform the diagnosis, treatment, recovery, and prevention of mental disorders, paving the way toward a cure. Already NIMH-funded researchers have made extraordinary progress, determining that mental disorders are complex brain disorders and demonstrating that medications and behavioral therapies can relieve suffering and improve daily functioning for many people. Recent discoveries from mapping the human genome, sophisticated studies of the brain, and investigations of cognition and behavior have laid the vital groundwork needed to make unprecedented progress toward preventing and treating mental and behavioral disorders. The NIMH commitment to basic science has never been greater, and along with the rest of NIH, NIMH is committed to translating discoveries from basic science to clinical practice.

The NIMH clinical research vision focuses on the four P's of medical research: increasing the capacity to Predict who is at risk for developing disease; developing interventions that Pre-empt the disease process; using knowledge about individual biological, environmental, and social factors to better Personalize interventions; and, ensuring that clinical research involves Participation from the diversity of people and settings involved in health care. For example, whole genome association studies will give us the ability to predict who is genetically at risk for a mental disorder, while neuroimaging studies, through visualization of brain circuitry, hold the potential to predict who will respond to certain treatments. Now the challenge is to use these approaches to improve and personalize treatment.

Although traditional clinical trials aid in telling us if groups of patients respond to a treatment, new “practical” trials provide the opportunity to better understand individual responses to treatment, providing valuable information about which therapies work best and for whom. For example, DNA collected from participants of the Sequenced Treatment Alternatives to Relieve Depression (STAR\*D) practical clinical trial led to the discovery of specific genetic variations associated with response to antidepressants as well as vulnerability to serious side-effects. This pharmacogenomic approach holds the potential to transform the treatment of mental disorders, allowing clinicians to optimize treatments based on each patient's biology. In addition, the completion of several other large, practical clinical trials—including Clinical Antipsychotic Trials for Intervention Effectiveness (CATIE), and Systematic Treatment Enhancement Program for Bipolar Disorder (STEP-BD) studies—has provided valuable information, not only on changes in symptoms, but on changes in real-world functioning and whether a treatment improves quality of life, caregiving burden, or use of health services.

Other NIMH initiatives are attempting an ambitious leap from treating mental disorders to preventing them altogether. Pre-emption invariably requires an intimate understanding of how a disease begins and progresses, the risks associated with certain symptoms, and what to target for early intervention. In FY 2008, NIMH will fund several initiatives focused on early detection, prevention, and treatment of schizophrenia. These initiatives will define critical moments in the disease course, such as a first psychotic episode, and will develop unique early interventions to pre-empt the serious disability caused by schizophrenia.

NIMH also aims to accelerate research discoveries in predicting risk for mental disorders through collaborative public-private partnerships such as the Genetic Association Information Network (GAIN) and the Biomarkers Consortium. The purpose of GAIN is to investigate the

genetic roots of several common diseases and to provide the immediate, broad release of scientific information through a publicly accessible database. Four of the six current GAIN initiatives are related to brain disorders: attention deficit/hyperactivity disorder, schizophrenia, bipolar disorder, and major depressive disorder. The Biomarkers Consortium builds public-private partnerships to help identify new and valid biomarkers that will advance the creation of innovative technologies and therapies for early detection, diagnosis, and treatment of disease. These public-private initiatives offer translational opportunities for further developing interventions and treatment options that can deliver more effective, personalized care across diverse populations and settings.

This is a time of great scientific excitement for mental health research. Building on previous discoveries, new work in genomics, neuroscience, and behavioral science will lead to more effective treatments, and ultimately to the possibility of preventing and curing mental illness.

## **FY 2008 JUSTIFICATION BY PROGRAM ACTIVITY DETAIL**

**Overall Budget Policy:** Investigator-initiated research projects and new investigator research are the Institute's highest priorities. The National Advisory Mental Health Council and NIMH program staff selectively recommend payment of grants based on Institute priorities, and balance in the existing research portfolio. The level of support provided for Institute initiated projects such as requests for applications is also evaluated. NIMH will continue to make funding decisions based on research relevance to the Institute's mission, traction for making scientific advances, and innovation for making new discoveries in biomedical and behavioral research in mental health.

### **Health, Behavior, and AIDS Research**

The Health, Behavior, and AIDS program supports research and research training to: (1) reduce the burden of mental illness due to non-adherence to treatment, unhealthy behaviors, stigma and discrimination, health disparities, and co-occurring medical conditions; (2) develop and disseminate behavioral interventions that prevent HIV/AIDS transmission; and (3) clarify the biological, psychological, and functional effects of HIV/AIDS infection and alleviate the associated consequences. The program supports research on a range of health behaviors in order to identify risk and protective factors for mental disorders that may guide the development and testing of theory-driven interventions. Interventions may be directed toward prevention, treatment, or rehabilitation, and may include biological, pharmacological, behavioral, psychosocial, and/or environmental components. Within the program, the Center for Mental Health Research on AIDS supports studies that range from the molecular and cellular basis of HIV/AIDS infection of the central nervous system to the domestic and international dissemination of effective preventive interventions. The Center seeks to rapidly translate data from biological, behavioral, and epidemiological studies into interventions designed to prevent new HIV infections and to limit disease symptoms and death among those infected.

**Budget Policy:** The FY 2008 budget estimate for the Health, Behavior, and AIDS program is \$202,872,000 an increase of \$287,000 or +0.1% over the FY 2007 estimate. The program plans for FY 2008, are as follows: High priority will be given to studies that identify basic behavioral

functions, such as cognition, emotion, decision-making, and motivation that determine health behaviors like smoking, diet, exercise, and adherence among people with mental disorders. This knowledge is crucial to the development of interventions to foster healthy behavior, thereby reducing disease symptoms and death. NIMH will address this priority with a funding opportunity announcement to encourage investigators to develop new tools to assess and understand real-world functioning in people with mental disorders. High priority will be given to studies that assess the neurological and psychiatric consequences of HIV, particularly in international and resource-poor settings, in order to develop new therapeutic interventions. To promote this priority, NIMH plans to support a workshop focused on emerging domestic and global issues associated with mechanisms of HIV disease in the current era of effective treatments for HIV/AIDS. Recommendations from the meeting will guide the development of a request for applications.

### **Adult Translational Research and Treatment Development**

The Adult Translational Research and Treatment Development program plans, supports, and administers programs of research, research training, and resource development aimed at: (1) understanding the biological, psychological, and functional changes that occur with mental illness, and (2) hastening the translation of science advances into innovations in clinical care. The program supports a broad research portfolio, which includes studies of the risk factors for major psychiatric disorders; clinical neuroscience studies to elucidate causes and functional effects of these disorders; and research on psychosocial, pharmacological, and somatic treatment development. In addition, the program supports an integrated research portfolio to clarify the psychological symptoms and biological underpinnings of psychiatric disorders in older populations and to develop new treatments for these disorders.

Budget Policy: The FY 2008 budget estimate for the Adult Translational Research and Treatment Development program is \$242,850,000, an increase of \$344,000 or +0.1% over the FY 2007 estimate. The program plans for FY 2008, are as follows: High priority will be given to studies aimed at identifying risk factors associated with psychiatric illnesses and developing early interventions for reducing symptom severity and incidence. NIMH will address this priority by continued support to studies on treatments and therapies for post-traumatic stress disorder. Priority will be given to studies that evaluate the safety and efficacy of drug and behavioral interventions that target aspects of mental disorders not addressed by current therapies. For example, NIMH will fund a multi-site study on adult anorexia nervosa that will include the collection of genetic data to gain insight into the etiology, classification, and treatment response for anorexia. NIMH will publish a request for applications to establish a research network to predict, characterize, and pre-emptively treat serious mental illness, including schizophrenia, schizoaffective disorder, and bipolar disorder. To support the priority of establishing prevalence rates for mental disorders in order to better monitor national trends in mental illness, NIMH will expand upon the data sharing capacities for the Collaborative Psychiatric Epidemiology Surveys (CPES). Initiated in 2003, CPES provides a comprehensive description of mental disorders and their rates among diverse ethnicities in the U.S., including African, Latino, and Asian American, as well as prevalence among adolescents. NIMH will continue to support the development of training materials designed to facilitate researchers' use of these surveys. As the results of the

surveys become publicly available, NIMH will continue to accept new applications to analyze the data.

### **Pediatric Translational Research and Treatment Development**

The Pediatric Translational Research and Treatment Development program supports research and research training with the ultimate goal of preventing and curing childhood psychiatric illness. The program stimulates this emerging field by promoting an integrated agenda of research on brain development, basic behavior and psychology, and the psychiatric and behavioral dysfunction associated with pediatric mental disorders. Areas of focus include: research on developmental transition periods (prenatal through adolescence); studies on gender differences in childhood mental disorders; studies to identify behavioral and biological markers of vulnerability or resilience to mental disorders; research on normal, at-risk, and clinical populations; and behavioral, genetic, and developmental approaches to elucidate the influence of environmental factors on the biology of childhood mental disorders. The program seeks to translate knowledge from basic research into novel psychosocial and pharmacological preventive and treatment interventions.

Budget Policy: The FY 2008 budget estimate for the Pediatric Translational Research and Treatment Development program is \$134,859,000, an increase of \$191,000 or +0.1% over the FY 2007 estimate. Savings realized from the cost-containment measures implemented at NIMH for non-competing center awards will allow the Institute to participate in a Request for Applications (RFA) to support Autism Centers of Excellence highlighted in the program portrait below. The program plans for FY 2008, are as follows: High priority will be given to studies designed to determine the developmental aspects of brain and behavior that are relevant to understanding pediatric mental disorders. Focus will be given to periods of rapid biological change, such as infancy, preschool age, and adolescence during which the brain is particularly sensitive to environmental influences. To address this priority NIMH will continue to collect brain images of children and young adults (ages 7 days to 24 years) through the trans-NIH MRI Study of Normal Brain Development. The goal is to create a database of normal brain images to serve as a resource for researchers studying childhood disorders. High priority will be provided to studies aimed at developing novel preventive and treatment interventions for serious mental disorders of childhood and adolescence. For example, there are plans to consult with experts in pediatric stress and trauma research to generate translational research opportunities to develop and test preventive interventions in the immediate aftermath of psychologically traumatizing events.

**Program Portrait: Enhancing Collaboration through Autism Centers of Excellence**

FY 2007 Level: \$6,934,000  
FY 2008 Level: 8,367,000  
Change: +1,433,000

Over the past several years, the NIMH autism research portfolio has expanded significantly. Much of this expansion has been through collaborations with multiple NIH institutes, including the National Institute of Child Health and Human Development (NICHD), the National Institute of Neurological Disorders and Stroke (NINDS), the National Institute on Deafness and Other Communication Disorders (NIDCD), and the National Institute of Environmental Health Sciences (NIEHS). These Institutes have created several research centers and

networks to enhance the coordination and focus of autism researchers throughout the country. Primary among these are the eight centers established in 2002-2003 as part of the Studies to Advance Autism Research and Treatment (STAART) Network.

The Collaborative Programs of Excellence in Autism (CPEA) Network—ten centers established by NICHD and NIDCD in 1997—has collaborated with the STAART centers on numerous research projects. With the expiration of the STAART and CPEA Networks in 2007 and 2008, NIH has initiated a new, unified centers program called the Autism Centers of Excellence (ACE), which will be funded at comparable levels to the STAART and CPEA centers.

To facilitate data sharing among autism researchers, NIH has created the National Database for Autism Research (NDAR). NDAR will allow scientists to share data, as well as reach consensus on common measures and methodologies to enhance the comparison of data among various centers. NDAR will coordinate data with other federal databases, such as the NIMH Genetics Repository (<http://www.nimhgenetics.org>).

In addition to numerous collaborative efforts between other NIH Institutes, Federal agencies, and private sources, NIMH continues to grow its own portfolio in autism research, covering all aspects of the disorder, ranging from basic neuroscience to novel treatment strategies. Furthermore, the NIMH intramural program has created a new program focused on autism spectrum disorders, taking a multidisciplinary approach to the evaluation and treatment of children, adolescents, and adults. The program recently launched three major clinical studies on autism and related disorders, such as Rett syndrome. The investigations will continue in FY 2008, focusing on improved characterization, pathophysiology, and treatment of the autism spectrum disorders.

## **Neuroscience and Basic Behavioral Science**

The Neuroscience and Basic Behavioral Science research program provides support for research in the areas of basic neuroscience, genetics, basic behavioral science, research training, resource development, technology development, drug discovery, and research dissemination. In cooperation with other components of the Institute and the research community, the program is responsible, for ensuring that relevant basic science knowledge is generated and then utilized to improve diagnosis, treatment, and prevention of mental and behavioral disorders.

Budget Policy: The FY 2008 budget estimate for the Neuroscience and Basic Behavioral Science research program is \$397,689,000, an increase of \$562,000 or +0.1% over the FY 2007 estimate. Savings realized from the cost-containment measures implemented at NIH for non-competing RPG awards will allow NIMH to expand research efforts on human genetics, epigenetics, and genomics underlying mental disorders. The program plans for FY 2008, are as follows: High priority will be given to studies aimed at elucidating fundamental mechanisms of complex social behavior. NIMH plans to fund projects in response to a Program Announcement (PA) titled “Basic and Translational Research Opportunities in the Social Neuroscience of Mental Health,” which invites applications examining the neurobiological bases of social behavior, including its developmental, cognitive, and affective components. Disruption in social behavior is often a hallmark of mental disorders such as autism and schizophrenia. NIMH will support a request for applications to stimulate research on how a brain region, called the prefrontal cortex, interacts with other parts of the brain to give rise to sophisticated behavior and cognitive function. Abnormal functioning of the prefrontal cortex has been associated with mental disorders such as schizophrenia and depression. Priority will also be given to studies designed to identify and validate new molecular targets and tools for drug discovery relevant to treating mental disorders. For example, NIMH, the National Institute on Aging (NIA), and the



National Institute of Neurological Disorders and Stroke (NINDS) have co-sponsored a program announcement called “Drug Discovery for CNS Disorders” to encourage translation of basic science findings and to accelerate development of innovative therapeutics for these diseases. NIMH will continue its commitment to the NIH Neuroscience Blueprint which, in collaboration with the NIH Office of the Director and 15 NIH Institutes and Centers, is identifying ways to enhance data sharing and provide enabling resources to accelerate research in the neurosciences.

**Program Portrait: Human Genetics, Epigenetics, and Genomics Underlying Mental Disorders**

FY 2007 Level: \$77,792,000

FY 2008 Level: 79,792,000

Change: +2,000,000

With the completion of the Human Genome Project, there is unprecedented capacity to understand how the genetic blueprint gives rise to basic biological functions, and how genetic variation can lead to disruptions in function and disease states. NIMH continues to support exciting research in genetics and genomics—fields that will allow us to determine the link between genes and the biological underpinnings of mental and behavioral disorders. Over the past decade, scientists have come to realize that the relationship between genes and disease is complex. It is unlikely that a single gene is responsible for causing a single mental disorder. Instead, it is probable that multiple genes and environmental influences contribute to complex disorders such as autism, schizophrenia, and bipolar disorder. Furthermore, epigenetic mechanisms—ways that the environment influences genes to control their function—may prove very important in the etiology of these complex disorders. The NIMH Program on Human Genetics, Epigenetics, and Genomics places high priority on research to identify gene variants, epigenetic mechanisms, and gene-environment interactions that contribute to risk for mental and behavioral disorders. This work will eventually give us the tools to predict vulnerability, validate diagnosis, and identify targets for new, effective, and personalized treatments.

Over the last nine years, NIMH has built the infrastructure for large-scale genetics studies by funding new research grants, attracting new investigators to the field, and supporting programs such as the NIMH Human Genetics Initiative (<http://nimhgenetics.org>). This Initiative has established a repository of DNA, cell cultures, and clinical data—serving as a national resource for researchers studying the genetics of complex mental disorders. NIMH will continue to build upon this valuable investment by funding new research studies that will utilize the full array of information housed in the repository. As a result of building this genetics repository, NIMH investigators are able to successfully compete for and participate in a multitude of projects, including several public-private partnerships, such as the Genetic Association Information Network (GAIN)—an initiative that will elucidate the genetic factors influencing risk for many complex diseases, including mental disorders. Using samples collected from previous clinical studies, GAIN will evaluate the subtle differences between the genomes of healthy people and those suffering from common diseases in order to determine how genetic variability contributes to disease susceptibility. The resulting data will be made available in a central database managed by NIH for no-cost access by the scientific community. Of the six initial studies receiving funding through GAIN, four will target mental disorders: schizophrenia, bipolar disorder, major depression, and attention deficit hyperactivity disorder. New private partners are being sought to support GAIN initiatives in FY 2008.

## **Services and Intervention Research**

The Services and Intervention Research program supports research to evaluate the effectiveness of pharmacologic, psychosocial, somatic, rehabilitative, and combination interventions on mental and behavior disorders. The program evaluates interventions for children, adolescents, and adults, focusing on both acute and long-term therapeutic effects. Another important area supported by the program is mental health services research, including services organization and delivery; related health economics in diverse delivery settings; interventions to improve the

quality and outcomes of care; clinical epidemiology of mental disorders; enhanced capacity for conducting services research; and research on the dissemination and implementation of evidence-based interventions into service settings. The program also supports research on health disparities and analyzes national mental health needs and community research partnership opportunities.

**Budget Policy:** The FY 2008 budget estimate for the Services and Intervention Research program is \$182,060,000, an increase of \$258,000 or +0.1% over the FY 2007 estimate. NIMH will continue to phase down funding for a cohort of large scale practical clinical trials. As these primary and secondary phases come to a close, funds will be redirected to provide ongoing infrastructure support for clinical studies as outlined below in the program portrait. The program plans for FY 2008, are as follows: High priority will be given to projects that develop innovative, personalized interventions for use in diverse populations. NIMH will address this priority by issuing a request for proposals titled “Recovery after Initial Schizophrenic Episode.” The goal is to improve prognosis and long-term outcomes for people with schizophrenia by intervening early in the course of illness to prevent subsequent loss of function. High priority will also go to projects that test interventions through effectiveness research to ensure that the interventions are safe, ameliorative, cost-effective, and personalized. To address this, NIMH will establish an internal working group and an external group of consultants to evaluate NIMH’s clinical trials and to translate findings to stakeholders. NIMH will emphasize programs that identify effective dissemination and implementation strategies for services, as recommended by the National Advisory Mental Health Council’s Workgroup report, *The Road Ahead: Research Partnerships to Transform Services* (<http://www.nimh.nih.gov/council/TheRoadAhead.pdf>). NIMH also plans to foster strategic partnerships and community engagement to enhance research in underserved and diverse populations, as well as traditional and nontraditional service settings. Using recommendations from the workgroup report as a guide, NIMH will reissue a program announcement that encourages studies related to the financing of mental health services.

**Program Portrait: Improving Public Health through the NIMH Practical Clinical Trials**

FY 2007 Level:	\$5,660,000
FY 2008 Level:	<u>8,160,000</u>
Change:	+2,500,000

NIMH has completed primary and secondary phases of several practical clinical trials that have examined treatment effectiveness for mental disorders such as schizophrenia, bipolar disorder, and depression. These are the largest and longest trials of their kind, involving more than 10,000 patients at over 200 sites. Compared to traditional clinical trials, which focus solely on how treatments affect patient symptoms, practical trials are "effectiveness studies" designed to examine not only changes in symptoms but changes in real world functioning. The studies seek to determine whether a treatment improves quality of life, care-giving burden, or use of health services. These clinical trials are examining the effectiveness of many current, widely-used treatments as part of a rigorous effort to discover what therapies work best and for whom. Example of issues to be addressed in the upcoming, final phases of the trials include: (1) for schizophrenia, are there differences in cost-effectiveness among conventional and atypical antipsychotic medications? 2) for bipolar disorder, what are the effects of antidepressant medications and psychotherapy?

The infrastructure developed for each of these large multi-site trials has forged efficient, effective, and collaborative relationships between scientists and clinicians throughout the country. In order to capitalize on the national networks established for the trials on depression, schizophrenia, and bipolar disorder, NIMH has decided to fund, at reduced levels, infrastructure-only support for the “platform” of clinical sites and an administrative core. It is anticipated that the platform will serve as a foundation for supporting participant enrollment, facilitating communication between trial sites, maintaining up-to-date training in diagnosis and treatment, and providing needed administrative organization. This network of clinical sites will continue to serve as an extensive resource for more rapid initiation of research aimed at answering the real world questions involved in treating mental disorders, such as better ways to determine the likelihood of an individual patient developing adverse side effects from specific medications. This network also represents a potential impetus for public-private partnerships, as pharmaceutical companies stand to benefit from the large, diverse testing conducted in these trials. Nevertheless, safeguarding public interests will remain the highest priority. It is anticipated that the networks will eventually inter-connect with other NIH disease networks to accomplish the broader goals of NIH—creating multidisciplinary teams that work toward improving patients' quality of life and the nation's overall public health.

### **Intramural Research Programs (IRP)**

The IRP is the internal research component of NIMH. Its mission is to plan and conduct basic, clinical, and translational research to advance understanding of the diagnosis, causes, treatment, and prevention of mental disorders. IRP scientists study brain function and behavior; conduct state-of-the-art research that complements extramural research activities; and provide an environment conducive to the training of clinical and basic scientists. IRP fosters standards of excellence in the ethical treatment of research participants and the provision of their clinical care; serves as a resource to NIH on cutting-edge science and clinical care for mental disorders; and provides expert advice to the NIMH Director on matters of mental health research interest.

Budget Policy: The FY 2008 budget estimate for the Intramural Research Programs is \$160,445,000, a decrease of \$1,131,000 or -0.7% from the FY 2007 estimate. Plans for FY 2008, are as follows: The IRP will undergo a comprehensive review to ensure that the Program is undertaking the most innovative and groundbreaking research in areas of high strategic importance for understanding and treating mental disorders. This review will be accomplished by convening a special advisory meeting of the Board of Scientific Counselors and by holding a series of workshops in the four main areas of research focus for the IRP: cognition, schizophrenia, mood and anxiety disorders, and developmental neuroscience. Recommendations from these meetings will guide the future organization and research trajectory for the IRP. Scientists in the IRP will also continue with research efforts that range from studies of normal brain function (conducted at the behavioral, systems, cellular, and molecular levels) to clinical investigations into the diagnosis, treatment, and prevention of mental illness. Major disorders studied throughout the lifespan include mood and anxiety disorders, schizophrenia, obsessive-compulsive disorder, attention deficit hyperactivity disorder, pediatric autoimmune neuropsychiatric disorders, and autism.

### **Research Management and Support (RMS)**

The NIMH RMS activities provide administrative, budgetary, logistical, and scientific support in the review, award, and monitoring of research grants, training awards and research and development contracts. RMS functions also encompass strategic planning, coordination, and

evaluation of the Institute's programs, regulatory compliance, international coordination, and liaison with other Federal agencies, Congress, and the public. The Institute currently oversees more than 3,433 research grants. RMS also provides support for a number of non-administrative programs that supplement and are integral to both the intramural and extramural research studies funded by NIMH. Examples include public health education, information dissemination activities, epidemiological studies and science education activities

Budget Policy: The FY 2008 budget estimate for RMS is \$66,145,000, an increase of \$655,000 or +1.0% over the FY 2007 estimate. In FY 2008, the NIMH will accrue savings in salary expenses and space utilization from its recent consolidation of extramural administrative staff, which will be used to offset operating cost increases.

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**Budget Authority by Object**

	FY 2007 Cont. Resol.	FY 2008 Estimate	Increase or Decrease
Total compensable workyears:			
Full-time employment	641	651	10
Full-time equivalent of overtime & holiday hours	0	0	0
Average ES salary	\$162,238	\$167,916	\$5,678
Average GM/GS grade	11.8	11.8	0.0
Average GM/GS salary	\$85,579	\$88,571	\$2,992
Average salary, grade established by act of July 1, 1944 (42 U.S.C. 207)	\$101,209	\$104,751	\$3,542
Average salary of ungraded positions	123,188	127,500	4,312
<b>OBJECT CLASSES</b>	<b>FY 2007 Cont. Resol.</b>	<b>FY 2008 Estimate</b>	<b>Increase or Decrease</b>
Personnel Compensation:			
11.1 Full-Time Permanent	\$42,793,000	\$45,006,000	\$2,213,000
11.3 Other than Full-Time Permanent	17,935,000	18,863,000	928,000
11.5 Other Personnel Compensation	1,123,000	1,181,000	58,000
11.7 Military Personnel	1,163,000	1,223,000	60,000
11.8 Special Personnel Services Payments	11,436,000	12,028,000	592,000
<b>Total, Personnel Compensation</b>	<b>74,450,000</b>	<b>78,301,000</b>	<b>3,851,000</b>
12.0 Personnel Benefits	16,837,000	17,708,000	871,000
12.2 Military Personnel Benefits	767,000	807,000	40,000
13.0 Benefits for Former Personnel	0	0	0
<b>Subtotal, Pay Costs</b>	<b>92,054,000</b>	<b>96,816,000</b>	<b>4,762,000</b>
21.0 Travel & Transportation of Persons	2,630,000	2,700,000	70,000
22.0 Transportation of Things	259,000	259,000	0
23.1 Rental Payments to GSA	0	0	0
23.2 Rental Payments to Others	8,000	8,000	0
23.3 Communications, Utilities & Miscellaneous Charges	1,852,000	1,871,000	19,000
24.0 Printing & Reproduction	521,000	521,000	0
25.1 Consulting Services	2,429,000	2,429,000	0
25.2 Other Services	6,875,000	6,875,000	0
25.3 Purchase of Goods & Services from Government Accounts	140,594,000	136,562,000	-4,032,000
25.4 Operation & Maintenance of Facilities	1,740,000	1,757,000	17,000
25.5 Research & Development Contracts	44,831,000	43,505,000	-1,326,000
25.6 Medical Care	624,000	624,000	0
25.7 Operation & Maintenance of Equipment	1,422,000	1,436,000	14,000
25.8 Subsistence & Support of Persons	0	0	0
<b>25.0 Subtotal, Other Contractual Services</b>	<b>198,515,000</b>	<b>193,188,000</b>	<b>-5,327,000</b>
26.0 Supplies & Materials	7,940,000	7,940,000	0
31.0 Equipment	3,975,000	3,975,000	0
32.0 Land and Structures	0	0	0
33.0 Investments & Loans	0	0	0
41.0 Grants, Subsidies & Contributions	1,077,992,000	1,079,634,000	1,642,000
42.0 Insurance Claims & Indemnities	0	0	0
43.0 Interest & Dividends	8,000	8,000	0
44.0 Refunds	0	0	0
<b>Subtotal, Non-Pay Costs</b>	<b>1,293,700,000</b>	<b>1,290,104,000</b>	<b>-3,596,000</b>
<b>NIH Roadmap for Medical Research</b>	<b>16,837,000</b>	<b>18,501,000</b>	<b>1,664,000</b>
<b>Total Budget Authority by Object</b>	<b>1,402,591,000</b>	<b>1,405,421,000</b>	<b>2,830,000</b>

Includes FTEs which are reimbursed from the NIH Roadmap for Medical Research

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**Salaries and Expenses**

OBJECT CLASSES	FY 2007 Cont. Resol.	FY 2008 Estimate	Increase or Decrease
<b>Personnel Compensation:</b>			
Full-Time Permanent (11.1)	\$42,793,000	\$45,006,000	\$2,213,000
Other Than Full-Time Permanent (11.3)	17,935,000	18,863,000	928,000
Other Personnel Compensation (11.5)	1,123,000	1,181,000	58,000
Military Personnel (11.7)	1,163,000	1,223,000	60,000
Special Personnel Services Payments (11.8)	11,436,000	12,028,000	592,000
<b>Total Personnel Compensation (11.9)</b>	<b>74,450,000</b>	<b>78,301,000</b>	<b>3,851,000</b>
Civilian Personnel Benefits (12.1)	16,837,000	17,708,000	871,000
Military Personnel Benefits (12.2)	767,000	807,000	40,000
Benefits to Former Personnel (13.0)	0	0	0
<b>Subtotal, Pay Costs</b>	<b>92,054,000</b>	<b>96,816,000</b>	<b>4,762,000</b>
Travel (21.0)	2,630,000	2,700,000	70,000
Transportation of Things (22.0)	259,000	259,000	0
Rental Payments to Others (23.2)	8,000	8,000	0
Communications, Utilities and Miscellaneous Charges (23.3)	1,852,000	1,871,000	19,000
Printing and Reproduction (24.0)	521,000	521,000	0
<b>Other Contractual Services:</b>			
Advisory and Assistance Services (25.1)	2,379,000	2,379,000	0
Other Services (25.2)	6,875,000	6,875,000	0
Purchases from Govt. Accounts (25.3)	84,762,000	79,632,000	-5,130,000
Operation & Maintenance of Facilities (25.4)	1,740,000	1,757,000	17,000
Operation & Maintenance of Equipment (25.7)	1,422,000	1,436,000	14,000
Subsistence & Support of Persons (25.8)	0	0	0
<b>Subtotal Other Contractual Services</b>	<b>97,178,000</b>	<b>92,079,000</b>	<b>-5,099,000</b>
Supplies and Materials (26.0)	7,926,000	7,926,000	0
<b>Subtotal, Non-Pay Costs</b>	<b>110,374,000</b>	<b>105,364,000</b>	<b>-5,010,000</b>
<b>Total, Administrative Costs</b>	<b>202,428,000</b>	<b>202,180,000</b>	<b>-248,000</b>

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**Authorizing Legislation**

	PHS Act/ Other Citation	U.S. Code Citation	2007 Amount Authorized	FY 2007 Cont. Resol.	2008 Amount Authorized	FY 2008 Budget Estimate
Research and Investigation	Section 301	42§241	Indefinite	\$1,402,591,000	Indefinite	\$1,405,421,000
National Institute of Mental Health	Section 402(a)	P.L. 109-482	Indefinite		Indefinite	
<b>Total, Budget Authority</b>				<b>1,402,591,000</b>		<b>1,405,421,000</b>

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**Appropriations History**

Fiscal Year	Budget Estimate to Congress	House Allowance	Senate Allowance	Appropriation <u>1/</u>
1999	699,679,000 <u>2/ 3/</u>	815,707,000	861,208,000	861,208,000
Rescission				-570,000
2000	758,892,000 <u>2/</u>	930,436,000	969,494,000	978,360,000
Rescission				-5,214,000
2001	896,059,000 <u>2/</u>	1,114,638,000	1,117,928,000	1,107,028,000
Rescission				-492,000
2002	1,238,305,000	1,228,780,000	1,279,383,000	1,248,626,000
Rescission				-533,000
2003	1,359,008,000	1,359,008,000	1,350,788,000	1,349,788,000
Rescission				-8,774,000
2004	1,382,114,000	1,382,114,000	1,391,114,000	1,390,714,000
Rescission				-8,940,000
2005	1,420,609,000	1,420,609,000	1,436,800,000	1,423,609,000
Rescission				-11,676,000
2006	1,417,692,000	1,417,692,000	1,460,393,000	1,417,692,000
Rescission				-14,177,000
2007	1,394,806,000	1,394,806,000	1,403,551,000	1,403,515,000 <u>4/</u>
2008	1,405,421,000			

1/ Reflects enacted supplementals, rescissions, and reappropriations.

2/ Excludes funds for HIV/AIDS research activities consolidated in the NIH Office of AIDS Research

3/ Reflects a decrease of \$2,111,000 for the budget amendment for Bioterrorism

4/ Annualized current rate



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**Details of Full-Time Equivalent Employment (FTEs)**

OFFICE/DIVISION	FY 2006 Actual	FY 2007 Cont. Resol.	FY 2008 Estimate
Office of the Director	84	85	85
Division of Neuroscience and Basic Behavioral Science	27	28	29
Division of AIDS and Health and Behavior Research	21	22	22
Division of Services and Intervention Research	23	24	24
Division of Adult Translational Research and Treatment Development	15	16	16
Division of Pediatric Translational Research and Treatment Development	17	18	18
Division of Extramural Activities	45	46	46
Division of Intramural Research Programs	384	402	411
<b>Total</b>	<b>616</b>	<b>641</b>	<b>651</b>
Includes FTEs which are reimbursed from the NIH Roadmap for Medical Research			
FTEs supported by funds from Cooperative Research and Development Agreements			
	(0)	(0)	(0)
FISCAL YEAR	Average GM/GS Grade		
2004	11.6		
2005	11.7		
2006	11.8		
2007	11.8		
2008	11.8		

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**Detail of Positions**

GRADE	FY 2006 Actual	FY 2007 Cont. Resol.	FY 2008 Estimate
Total, ES Positions	4	4	4
Total, ES Salary	625,794	648,938	671,651
GM/GS-15	49	50	51
GM/GS-14	74	76	77
GM/GS-13	76	80	82
GS-12	72	72	74
GS-11	65	67	68
GS-10	1	1	1
GS-9	57	58	60
GS-8	21	21	21
GS-7	18	19	19
GS-6	4	1	1
GS-5	2	2	2
GS-4	3	3	3
GS-3	0	0	0
GS-2	0	0	0
GS-1	0	0	0
Subtotal	442	450	459
Grades established by Act of July 1, 1944 (42 U.S.C. 207):			
Assistant Surgeon General	0	0	0
Director Grade	8	8	8
Senior Grade	0	0	0
Full Grade	0	0	0
Senior Assistant Grade	0	0	0
Assistant Grade	0	0	0
Subtotal	8	8	8
Ungraded	177	179	180
Total permanent positions	542	551	559
Total positions, end of year	631	641	651
Total full-time equivalent (FTE) employment, end of year	616	641	651
Average ES salary	156,449	162,238	167,916
Average GM/GS grade	11.8	11.8	11.8
Average GM/GS salary	82,526	85,579	88,571

Includes FTEs which are reimbursed from the NIH Roadmap for Medical Research.

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**New Positions Requested**

	FY 2008		
	Grade	Number	Annual Salary
Health Science Administrator	GS-14	1	\$112,374
Clinical Fellow	AD-00	2	67,938
Research Fellow	AD-00	5	59,450
Investigator	AD-00	2	92,000
<b>Total Requested</b>		<b>10</b>	