DEPARTMENT OF HEALTH AND HUMAN SERVICES

NATIONAL INSTITUTES OF HEALTH

National Institute of Mental Health

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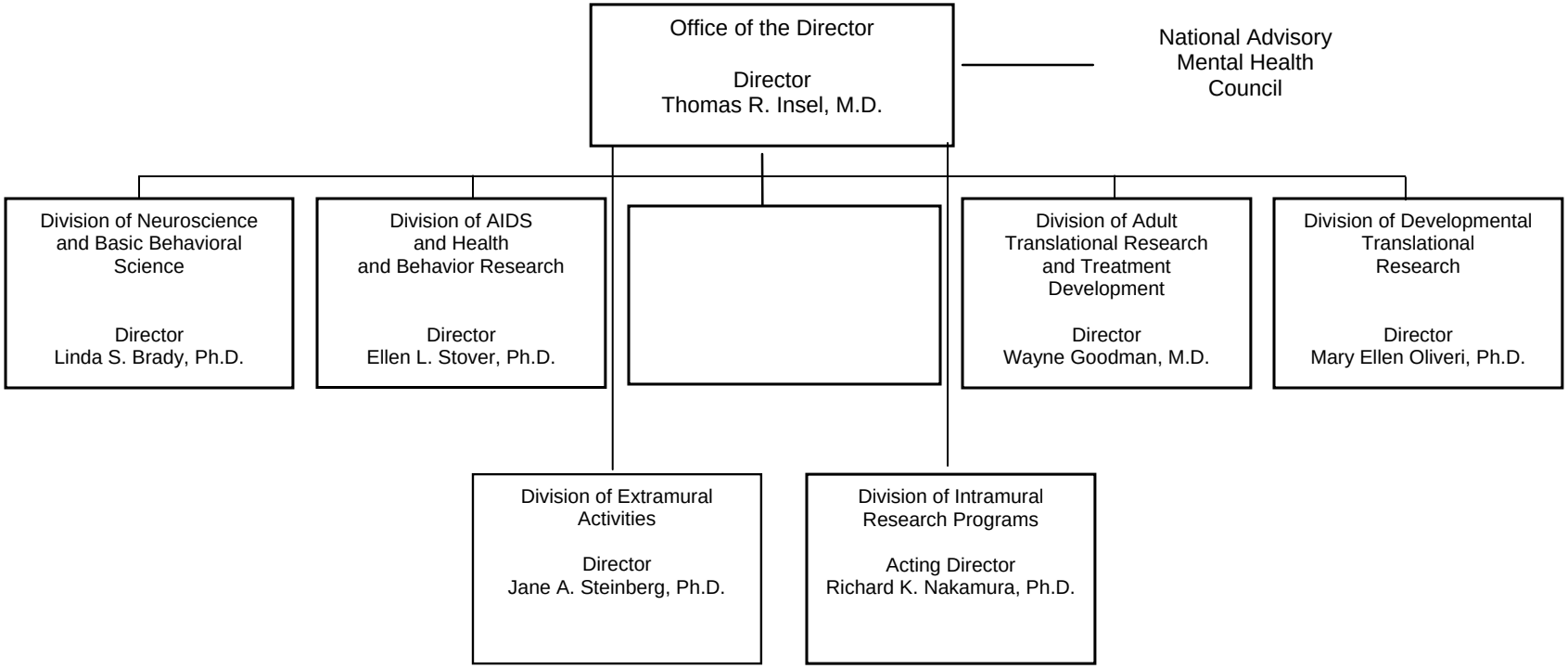


NATIONAL INSTITUTES OF HEALTH

National Institute of Mental Health

For carrying out section 301 and title IV of the Public Health Services Act with respect to mental health [~~$1,429,466,000,~~], ***$1,406,841,000*** (Department of Health and Human Services Appropriation Act, 2008)

National Institutes of Health
National Institute of Mental Health

Amounts Available for Obligation 1/

Source of Funding	FY 2007 Actual	FY 2008 Enacted	FY 2009 Estimate
Appropriation	$1,403,515,000	$1,429,466,000	$1,406,841,000
Pay cost add-on	979,000	0	0
Rescission	0	-24,973,000	0
Subtotal, adjusted appropriation	1,404,494,000	1,404,493,000	1,406,841,000
Real transfer under Director's one-percent transfer authority (GEI)	-2,109,000	0	0
Comparative transfer to NIBIB	-84,000	0	0
Comparative transfer to OD	-38,000	0	0
Comparative transfer to NCRR	-799,000	0	0
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	0	0
Comparative transfer under Director's one-percent transfer authority (GEI)	2,109,000	0	0
Comparative transfer from DHHS	0	983,000	0
Subtotal, adjusted budget authority	1,403,570,000	1,405,476,000	1,406,841,000
Unobligated balance, start of year	0	0	0
Unobligated balance, end of year	0	0	0
Subtotal, adjusted budget authority	1,403,570,000	1,405,476,000	1,406,841,000
Unobligated balance lapsing	0	0	0
Total obligations	1,403,570,000	1,405,476,000	1,406,841,000

1/ Excludes the following amounts for reimbursable activities carried out by this account:
FY 2007 - $4,230,000 FY 2008 - $5,000,000 FY 2009 - $6,000,000
Excludes $400,000 in FY 2008 and $400,000 in FY 2009 for royalties.

NATIONAL INSTITUTES OF HEALTH

National Institute of Mental Health

(Dollars in Thousands)

Budget Mechanism - Total

MECHANISM	FY 2007 Actual		FY 2008 Enacted		FY 2009 Estimate		Change	
Research Grants:	No.	Amount	No.	Amount	No.	Amount	No.	Amount
Research Projects:								
Noncompeting	1,553	$557,537	1,610	$592,769	1,558	$591,714	-52	-$1,055
Administrative supplements	(41)	2,591	(42)	2,755	(42)	2,805	(0)	50
Competing:								
Renewal	133	57,282	108	46,953	107	46,522	-1	-431
New	483	159,458	390	129,969	387	128,979	-3	-990
Supplements	4	505	3	379	3	379	0	0
Subtotal, competing	620	217,245	501	177,301	497	175,880	-4	-1,421
Subtotal, RPGs	2,173	777,373	2,111	772,825	2,055	770,399	-56	-2,426
SBIR/STTR	94	28,655	94	27,755	94	27,705	0	-50
Subtotal, RPGs	2,267	806,028	2,205	800,580	2,149	798,104	-56	-2,476
Research Centers:								
Specialized/comprehensive	77	115,120	77	123,118	77	123,468	0	350
Clinical research	0	0	0	0	0	0	0	0
Biotechnology	0	160	0	160	0	0	0	-160
Comparative medicine	0	190	0	190	0	0	0	-190
Research Centers in Minority Institutions	0	0	0	0	0	0	0	0
Subtotal, Centers	77	115,470	77	123,468	77	123,468	0	0
Other Research:								
Research careers	460	69,580	470	70,480	470	70,480	0	0
Cancer education	0	0	0	0	0	0	0	0
Cooperative clinical research	5	6,228	5	4,410	5	4,410	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	140	37,305	140	37,305	140	37,305	0	0
Subtotal, Other Research	605	113,113	615	112,195	615	112,195	0	0
Total Research Grants	2,949	1,034,611	2,897	1,036,243	2,841	1,033,767	-56	-2,476
Research Training:	FTTPs		FTTPs		FTTPs			
Individual awards	275	9,864	275	9,864	275	9,931	0	67
Institutional awards	913	39,994	913	39,994	913	40,266	0	272
Total, Training	1,188	49,858	1,188	49,858	1,188	50,197	0	339
Research & development contracts	197	90,884	187	85,941	187	85,941	0	0
(SBIR/STTR)	(13)	(3,685)	(13)	(3,685)	(13)	(3,685)	(0)	(0)
	FTEs		FTEs		FTEs		FTEs	
Intramural research	377	162,192	377	165,436	377	167,918	0	2,482
Research management and support	238	66,025	238	67,998	242	69,018	4	1,020
Construction		0		0		0		0
Buildings and Facilities		0		0		0		0
Total, NIMH	615	1,403,570	615	1,405,476	619	1,406,841	4	1,365

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

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

Extramural Research	FY 2005 Actual FTEs	FY 2005 Actual Amount	FY 2006 Actual FTEs	FY 2006 Actual Amount	FY 2007 Actual FTEs	FY 2007 Actual Amount	FY 2007 Comparable FTEs	FY 2007 Comparable Amount	FY 2008 Enacted FTEs	FY 2008 Enacted Amount	FY 2009 Estimate FTEs	FY 2009 Estimate Amount	Change FTEs	Change Amount
Detail:														
Health, Behavior & AIDS Research		$ 208,894		$ 205,958		$ 199,268		$ 199,295		$ 199,858		$ 199,855		$ (3)
Adult Translational Research & Treatment Development		250,058		246,544		259,552		259,894		258,862		258,294		(568)
Developmental Translational Research		138,862		136,911		127,334		127,502		126,996		126,717		(279)
Neuroscience & Basic Behavioral Science		409,493		403,739		387,144		387,653		386,114		385,266		(848)
Services & Intervention Research		187,464		184,828		200,745		201,009		200,212		199,773		(439)
Subtotal, Extramural		1,194,771		1,177,980		1,174,043		1,175,353		1,172,042		1,169,905		(2,137)
Intramural research	425	158,036	384	159,926	377	162,192	377	162,192	377	165,436	377	167,918	0	2,482
Res. management & support	237	59,126	232	64,645	238	66,150	238	66,025	238	67,998	242	69,018	4	1,020
TOTAL	662	1,411,933	616	1,402,551	615	1,402,385	615	1,403,570	615	1,405,476	619	1,406,841	4	1,365

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

Major Changes in the Fiscal Year 2009 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 2009 budget request for NIMH, which is $1.4 million more than the FY 2008 Estimate, for a total of $1,406.8 million.

Autism Centers of Excellence (+$1.0 million; total $11.1 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 Developmental Translational Research program.

Post Traumatic Stress Disorder (PTSD) (+$.6 million; total $50.2 million): NIMH will support network(s) that will create tools for determining risk for developing PTSD. Results from this initiative may help differentiate between trauma survivors who require early preemptive interventions and those who are likely to recover without assistance. This initiative is also outlined in the program portrait under the Justification Narrative for the Adult Translational Research & Treatment Development program.

Genomic Studies in Mental Disorders (+$2 million; total $81.9 million): Savings realized from the cost-containment measures implemented at NIH for non-competing Research Project Grant (RPG) awards will allow NIMH to fund two initiatives on the genomics of mental disorders. The first initiative will support data deposition into the NIMH Genomics Repository and statistical analysis in order to facilitate genome wide association studies. The second initiative will support sample collection and genomics studies of large cohorts of individuals with bipolar disorder and schizophrenia.

Neurodevelopmental Disorders (+2.0 million; total $38.4 million): NIMH will support the development of novel interventions for neurodevelopmental disorders to improve various aspects of daily functioning that are impaired across disorders. Given the variability between these disorders, this approach may facilitate the development of personalized intervention strategies. This initiative is also outlined in the Justification Narrative for the Developmental Translational Research program.

Research Project Grants (-$2.5 million; total $798.1 million): NIMH will support a total of 2,149 RPG awards in FY 2009. Non-competing RPGS will decrease by 52 awards and decrease by $1.1 million. Competing RPGs will decrease by 4 awards and decrease by $1.4 million. The NIH Budget policy for RPGs in FY 2009 is to provide no inflationary increases in noncompeting awards and no increase in average cost for competing RPGs.

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

FY 2008 enacted				$1,405,476,000
FY 2009 estimated budget authority				1,406,841,000
Net change				1,365,000
	2008 Current Enacted Base		Change from Base	
CHANGES	FTEs	Budget Authority	FTEs	Budget Authority
A. Built-in:				
1. Intramural research:				
a. Annualization of January 2008 pay increase		$62,371,000		$700,000
b. January FY 2009 pay increase		62,371,000		1,357,000
c. One less day of pay		62,371,000		(238,000)
d. Payment for centrally furnished services		28,895,000		433,000
e. Increased cost of laboratory supplies, materials, and other expenses		74,170,000		1,280,000
Subtotal				3,532,000
2. Research management and support:				
a. Annualization of January 2008 pay increase		$31,739,000		$356,000
b. January FY 2009 pay increase		31,739,000		690,000
c. One less day of pay		31,739,000		(121,000)
d. Payment for centrally furnished services		9,742,000		147,000
e. Increased cost of laboratory supplies, materials, and other expenses		26,517,000		457,000
Subtotal				1,529,000
Subtotal, Built-in				5,061,000

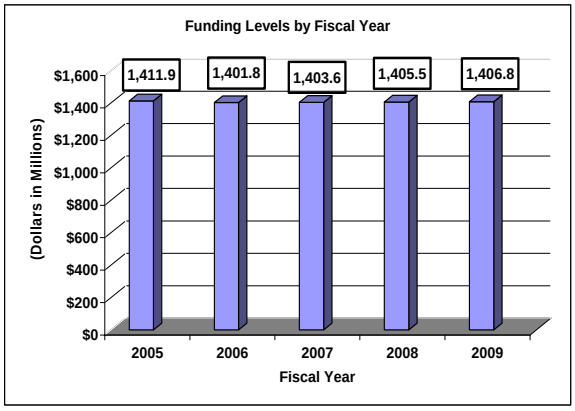
NATIONAL INSTITUTES OF HEALTH
National Institute of Mental Health

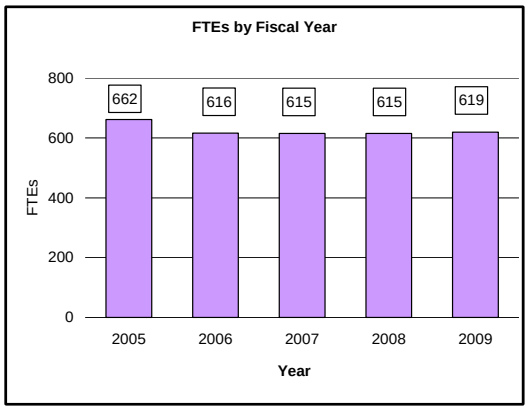
Summary of Changes--continued

CHANGES	2008 Current Enacted Base		Change from Base	
	No.	Amount	No.	Amount
B. Program:				
1. Research project grants:				
a. Noncompeting	1,610	$595,524,000	(52)	($1,005,000)
b. Competing	501	177,301,000	(4)	(1,421,000)
c. SBIR/STTR	94	27,755,000	0	(50,000)
Total	2,205	800,580,000	(56)	(2,476,000)
2. Research centers	77	123,468,000	0	0
3. Other research	615	112,195,000	0	0
4. Research training	1,188	49,858,000	0	339,000
5. Research and development contracts	187	85,941,000	0	0
Subtotal, extramural				(2,137,000)
	FTEs		FTEs	
6. Intramural research	377	165,436,000	0	(1,050,000)
7. Research management and support	238	67,998,000	4	(509,000)
Subtotal, program		1,405,476,000		(3,696,000)
Total changes	615		4	1,365,000

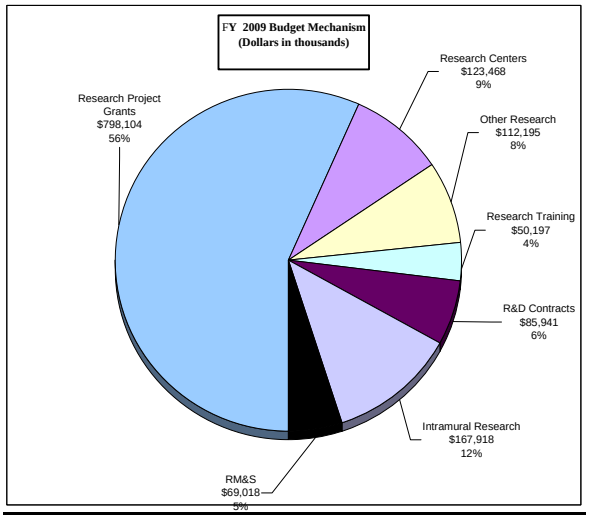
Fiscal Year 2009 Budget Graphs

History of Budget Authority and FTEs:

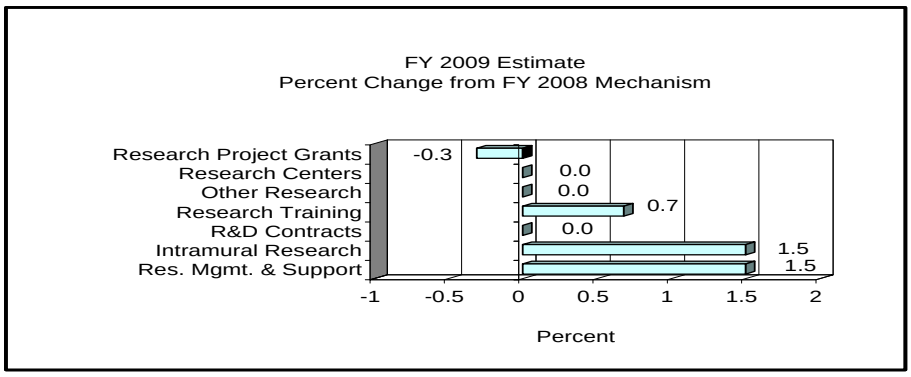




Distribution by Mechanism:



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 2007 Actual		FY 2008 Enacted		FY 2009 Estimate		Increase or Decrease	
FTEs	BA	FTEs	BA	FTEs	BA	FTEs	BA
615	$1,403,570,000	615	$1,405,476,000	619	$1,406,841,000	4	+$1,365,000

This document provides justification for the Fiscal Year (FY) 2009 activities of the National Institute of Mental Health (NIMH), including HIV/AIDS activities. Details of the FY 2009 HIV/AIDS activities are in the "Office of AIDS Research (OAR)" section of the Overview. Details on the Common Fund are located in the Overview, Volume One. Program funds are allocated as follows: Competitive Grants/Cooperative Agreements; Contracts; Direct Federal/Intramural and Other.

DIRECTOR'S OVERVIEW

As the lead federal agency for research on mental and behavioral disorders, the National Institute of Mental Health (NIMH) aims to generate research that will profoundly transform the treatment of, recovery from, and prevention of these disorders over the next decade, paving the way toward cures. In consideration of this vision, the mission of NIMH is to reduce the burden of mental and behavioral disorders through research on mind, brain, and behavior. The burden is enormous. In a given year, an estimated 13 million American adults (approximately 1 in 17) have a seriously debilitating mental illness.[1, 2] Mental health disorders are the leading cause of disability in the United States and Canada, accounting for 29.6 percent of all years of life lost to disability and premature mortality (Disability Adjusted Life Years or DALYs).[3] Moreover, suicide is the 11th leading cause of death in the United States, accounting for the deaths of approximately 30,000 Americans each year.[4]

[1] Kessler RC, Chiu WT, Demler O, Merikangas KR, Walters EE. Prevalence, severity, and comorbidity of twelve-month DSM-IV disorders in the National Comorbidity Survey Replication (NCS-R). Archives of General Psychiatry, 2005 Jun;62(6):617-27. PMID: 15939839

[2] U.S. Census Bureau Population Estimates by Demographic Characteristics. Table 2: Annual Estimates of the Population by Selected Age Groups and Sex for the United States: April 1, 2000 to July 1, 2004 (NC-EST2004-02) Source: Population Division, U.S. Census Bureau Release Date: June 9, 2005.

[3] The World Health Organization. The World Health Report 2004: Changing History, Annex Table 3: Burden of disease in DALYs by cause, sex, and mortality stratum in WHO regions, estimates for 2002. Geneva, Switzerland: The World Health Organization, 2004.

[4] Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS). (www.cdc.gov/ncipc/wisqars)

To reduce this tremendous burden, NIMH recently developed a Strategic Plan to guide future research efforts. The overarching objectives of the Strategic Plan are to: (1) promote discovery in the brain and behavioral sciences to fuel research on the causes of mental disorders; (2) chart mental illness trajectories to determine when, where and how to intervene; (3) develop new and better interventions that incorporate the diverse needs and circumstances of people with mental illnesses; and (4) strengthen the public health impact of NIMH-supported research.

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. New maps and new mapping tools for the human genome have transformed our understanding of how individuals genetically vary from each other and how these variations can put some people at increased risk for certain illnesses. Neuroimaging studies 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 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 *Preempt* (or interrupt) the disease process; using knowledge about individual biological, environmental, and social factors for *Personalized* interventions; and, ensuring that clinical research involves *Participation* from the diversity of people and settings involved in health care. In FY 2009, NIMH will continue to incorporate this vision into several research initiatives.

For example, through whole genome association studies—investigations comparing the differences between the genomes of healthy people and those suffering from a disease—we may be able to predict who is genetically at risk for a mental disorder. To support these efforts, in FY 2008, NIMH launched an initiative to enrich the resources within the NIMH Human Genetics Repository. This repository of DNA, cell cultures, and clinical data currently serves as a national resource for researchers studying the genetics of complex mental disorders. Funding to enhance the repository will continue through FY 2012. Resources in the repository have allowed NIMH-funded investigators to participate in several promising projects, including those supported through a public-private partnership called the Genetic Association Information Network (GAIN). 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, and data from the studies are expected to be available in FY 2008.

Other NIMH initiatives are attempting to pre-empt the disabling course of mental disorders 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, continuing through FY 2009, NIMH is launching 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.

Treatment studies suggest that multiple factors (e.g., genetic, brain imaging, clinical, and contextual) can predict differential treatment response and side effects. However, little progress has been made to integrate these factors and tailor specific treatments to individual characteristics. To facilitate these studies, in FY 2009, NIMH will support an initiative focused on developing innovative personalized treatments for mental disorders.

The success of clinical research depends on broad participation in the planning, conducting, utilization, and dissemination of the research. NIMH recently completed several practical clinical trials that examined treatment effectiveness for mental disorders such as schizophrenia, bipolar disorder, and depression. To continue the collaborations forged through the trials, the Institute established the NIMH Clinical Trials Networks. These networks 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. The Schizophrenia Trials Network currently supports two studies, while new trials will be implemented through the Bipolar Trials Network and the Depression Trials Network in FY 2008.

Building on previous work, NIMH will continue to discover fundamental knowledge about brain and behavior, using such discoveries to develop better tools for diagnosis, preemptive interventions, more effective treatments, and improved strategies for delivering services for those who provide direct mental health care. For NIMH to continue fulfilling its vital public health mission, the Institute will remain adaptive and explore fully the changing scientific landscape, ensuring that breakthroughs in science become breakthroughs for people with mental disorders.

FY 2009 JUSTIFICATION BY PROGRAM ACTIVITY DETAIL

Program Descriptions and Accomplishments

Overall Budget Policy: Intramural Research and Research Management and Support receive modest increases to help offset the cost of pay and other increases. NIMH will continue to support new investigators and to maintain an adequate number of competing RPGs as its highest priorities. The National Advisory Mental Health Council and NIMH program staff selectively recommend payment of scientifically meritorious 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 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 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.

In 2007, NIMH, NIDA, and NINR supported a Program Announcement (PA) titled "HIV Treatment Adherence Research," emphasizing the development of novel interventions with sustained impact, innovative approaches to engaging HIV/AIDS patients in care, and research in international settings where HIV/AIDS treatment is scaling up. Through the issuance of this PA and the recent convocation of an NIMH-led International Conference on HIV Treatment Adherence (in 2006 and 2007), NIMH has demonstrated domestic and international leadership in advancing the science and practice of HIV/AIDS treatment adherence.

Budget Policy: The FY 2009 budget estimate for the Health, Behavior, and AIDS program is $199,855,000, a decrease of $3,000 or 0% from the FY 2008 estimate. The program plans for FY 2009, are as follows: High priority will be given to broadening research on mental disorders to better address issues of daily functioning, disability, morbidity, and mortality. NIMH will address this priority by funding applications received in response to a Funding Opportunity Announcement on the development and refinement of definitions and measures of daily functioning, disability, and morbidity in order to facilitate ongoing assessments of these processes in people with mental disorders. A related focus will be on funding studies on affecting positive changes in health behaviors (such as smoking, diet, exercise and adherence) that are contributors to these functional outcomes, as well as disability, morbidity and mortality in people with mental disorders. In addition, high priority will be given to advancing HIV prevention in the United States. As part of this initiative, NIMH will provide leadership for an NIH-wide effort at better coordinating and strengthening HIV prevention science. A major focus will be on encouraging innovative interdisciplinary prevention science that will expand the evidence base for public health policies and programming to reduce new HIV infections in the US, including for example: studies to increase HIV testing and early detection; research that enhances the integration of HIV prevention into clinical services for those most at-risk; and studies to identify and develop theory-based interventions that address the most promising opportunities to minimize HIV incidence in the U.S. An additional focus will be on evaluating prevention interventions that are effective in small-scale studies and applying them to a broader community level.

Adult Translational Research and Treatment Development

The 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 2007, NIMH reissued the PA for the Silvio O. Conte Centers to Develop Collaborative Research in the Neuroscience of Mental Disorders, continuing more than 15 years of NIMH support of integrated basic and clinical neuroscience research programs focused on elucidating the causes of the major mental disorders. These centers have focused on understanding the causes of a broad range of mental disorders, including schizophrenia, major depression, bipolar disorder, and anxiety disorders.

Budget Policy: The FY 2009 budget estimate for the Adult Translational Research and Treatment Development program is $258,294,000 a decrease of $568,000 or -0.2% from the FY 2008 estimate. The program plans for FY 2009, are as follows: High priority will be given to studies aimed at developing specialized behavioral measures to characterize specific cognitive mechanisms in persons with schizophrenia. NIMH will address this priority by funding studies submitted in response to a Request for Applications to adapt and optimize experimental cognitive measures for use in treatment trials of schizophrenia; the measures will be incorporated into the NIMH Measurement and Treatment Research to Improve Cognition in Schizophrenia (MATRICS) initiative battery. High priority will also be given to development of methods for assessing and measuring risk for post-traumatic stress disorder (PTSD). In FY 2009, NIMH will launch an initiative to developing reliable and practical tools for determining PTSD risk and informing strategic intervention studies. Results from these studies should help to differentiate trauma survivors likely to recover without assistance from those requiring early preemptive interventions.

Program Portrait: The NIMH Traumatic Stress Research Program

FY 2008 Level: 49,553,000
FY 2009 Level: 50,153,000
Change: + 600,000

Post-traumatic Stress Disorder (PTSD) is an anxiety disorder that can develop following exposure to an overwhelming traumatic event, such as violent personal assault, war, or natural disaster. The aftermath of recent national traumas, such as the 9/11/2001 terrorist attacks, military actions in Afghanistan and Iraq, and Hurricane Katrina have highlighted the toll that such traumas may take on the mental health of the men and women who respond to emergencies or defend our national interests.

The NIMH Traumatic Stress Research Program funds research to understand the causes of PTSD, to determine risk and protective factors for developing PTSD, and to develop predictive diagnostics and treatment interventions. Over the past several years, researchers have made rapid progress in understanding the mental and biological foundations of PTSD, including the brain's fear circuitry, making the prediction and prevention of PTSD a realistic goal.

NIMH, often in collaboration with other agencies, such as the Department of Defense (DoD) and the Department of Veterans Affairs (VA), supports a number of research initiatives on traumatic stress disorders. For example, in September 2005, NIMH, DoD, and VA issued a joint Request for Applications (RFA) to accelerate research on the identification, prevention, and treatment of combat related post-traumatic disorders and similar adjustment problems**.** NIMH also maintains an active Program Announcement (PA) titled "Mental Health Consequences of Violence and Trauma" for DoD, VA, and civilian researchers to enhance scientific understanding of the causes of traumatic stress disorders and to develop and test effective treatments, services, and prevention strategies.

In 2006, NIMH reissued a PA called "Rapid Assessment Post-Impact of Disaster" in order to expedite the funding of applications for research following emergency events that may have significance for mental health. In response to a RFA issued in FY 2007, NIMH funded a Disaster Mental Health Research Center for interdisciplinary researchers to conduct innovative and high-impact disaster mental health studies in the wake of emergency events.

In FY 2008 and 2009, NIMH is supporting an initiative to develop and test preemptive interventions to prevent the development of trauma-related disorders among those occupational groups at high risk for trauma exposure, such as firefighters, police officers, rescue workers, and military personnel. In FY 2009, NIMH will launch an initiative to develop reliable and practical tools for determining risk for developing PTSD. Results from this initiative may help differentiate between trauma survivors who require early preemptive interventions and those who are likely to recover without assistance.

The additional $600,000 included in the FY 2009 Budget for the NIMH Traumatic Stress Research Program is expected to be made available from expiring grants and contracts during FY 2008.

Developmental Translational Research

The 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 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; and behavioral, genetic, and developmental approaches to elucidate the influence of environmental factors on the biology of childhood mental disorders.

FY 2007 marked the first data release from the NIH MRI Study of Normal Brain Development—a longitudinal, multi-site study that uses magnetic resonance technologies to further knowledge of brain maturation in healthy, typically-developing infants, children, and adolescents. Data gathered on normal brain maturation will serve as the basis for understanding atypical brain development associated with mental and neurological disorders affecting children and adults. The project has produced a Pediatric MRI Data Repository as a resource for the scientific community. In June 2007, data was released from the first of three time points for subjects aged 4 1/2 years and up; additional data releases are planned over the next year. The study is supported by NIMH, NICHD, NIDA, NINDS and the NIH Neuroscience Blueprint.

Budget Policy: The FY 2009 budget estimate for the Developmental Translational Research program is $126,717,000, a decrease of $279,000 or -0.2% from the FY 2008 estimate. The program plans for FY 2009, are as follows: High priority will be given to studies designed to develop novel therapies for serious mental disorders of childhood and adolescence. To address this priority, NIMH intends to build upon the findings and recommendations of the upcoming report from the National Advisory Mental Health Council's Neurodevelopment Workgroup. In conjunction, NIMH will launch a Request for Applications to support the development of novel interventions for neurodevelopmental disorders with the aim of improving various aspects of daily functioning that are impaired across disorders. Given the variability between these disorders, this approach may facilitate the development of personalized intervention strategies. Another area of high priority will be research on understanding effective strategies to prevent child abuse and neglect, and on the amelioration of the biological and behavioral effects of child abuse and neglect on its victims. The support of research in child abuse and neglect is worthy of special attention because of the profound impact that abuse and neglect have on children's immediate and long-term mental health. NIMH anticipates funding initiatives to identify risk and protective factors that influence the development of mental illness in cases of child abuse and neglect, and initiatives to develop novel treatment and prevention strategies.

Program Portrait: Enhancing Collaboration through Autism Centers of Excellence

FY 2008 Level: 10,134,000
FY 2009 Level: 11,134,000
Change: +1,000,000

Over the past several years, the NIMH autism research portfolio has expanded significantly, ranging from basic and clinical neuroscience to treatment and services. Much of this expansion has been through collaborations with multiple NIH institutes through research center programs.

The Autism Centers of Excellence (ACE) program is a consolidation of two existing programs, the Studies to Advance Autism Research and Treatment (STAART; established in 2002) and the Collaborative Programs of Excellence in Autism (CPEA; established in 1997). These centers attracted new and established researchers to the field of autism research.

The NIH Institutes providing support and expertise for the effort are the National Institute of Mental Health, the National Institute of Child Health and Human Development, the National Institute of Deafness and other Communication Disorders, the National Institute of Environmental Health Sciences, and the National Institute of Neurological Disorders and Stroke.

The ACE program will encompass research centers and networks. The centers will foster collaborations between teams of specialists who share the same facility so they can address a particular research problem in depth. The networks consist of researchers at many facilities in locations throughout the country, all of whom work together on a single research question. Networks encompass multiple sites, so they can recruit large numbers of participants. Initially, five centers and two networks received funding in 2007. Funding for a second set of ACE research programs will be announced in 2008.

All ACE award recipients will contribute their data to the National Database for Autism Research (NDAR). Housed at NIH, NDAR is a Web-based tool that autism researchers around the world can use to collect and share information on autism. To further assist researchers, NIMH is enhancing the

resources available through the NIMH Genetics Repository. In FY 2007, NIMH funded the NIMH Center for Genomic and Phenomic Studies for Autism to expand the autism sample collection for studies to elucidate the causes of autism and to develop baseline data for future clinical trials.

In addition, the NIMH Intramural Research Program is conducting cutting edge clinical research to understand the causes of autism and related social and communication disorders and to develop new treatments. The increase of $1,000,000 included in the FY 2009 Budget for Enhancing Collaboration through Autism Centers of Excellence is anticipated to be made from expiring grants and contracts during FY 2008.

Neuroscience and Basic Behavioral Science

The 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.

In FY 2007, NIMH issued a request for applications in order to enhance research resources available through the NIMH Center for Genomic Studies on Mental Disorders—a repository of DNA, cell cultures, and clinical data that serves as a national resource for researchers. The long-term objective of this initiative is to accelerate gene discovery associated with complex mental disorders such as Alzheimer disease, attention-deficit hyperactivity disorder, autism spectrum disorders, bipolar disorder, depression, eating disorders, obsessive-compulsive disorder, and schizophrenia.

Budget Policy: The FY 2009 budget estimate for the Neuroscience and Basic Behavioral Science research program is $385,266,000, a decrease of $848,000 or -0.2% from the FY 2008 estimate. The program plans for FY 2009, are as follows: High priority will be given to efforts to continue, enhance, and enrich research resources in the NIMH Human Genetics Initiative, in order to accelerate gene discovery in mental disorders through free and open sharing of data and resources with the scientific community. To accomplish this, NIMH plans to continue to support the Center for Genomic Studies in Mental Disorders. NIMH expects that this effort will involve activities at multiple institutions that are strategically and functionally coordinated such that the Center will function as a single, national resource. Another area of high priority involves efforts to understand the molecular machinery underlying mental disorders. To accomplish this, NIMH plans to fund applications in response to a Funding Opportunity Announcement titled “Implicating Noncoding RNAs in the Genetics of Mental Disorders,” that is designed to encourage efforts to characterize the role of microRNAs and other noncoding RNAs in the biological basis of mental disorders. MicroRNAs are small molecules that play a critical, yet not fully understood role in the regulation of gene expression, and their dysfunction may be associated with the development of mental disorders. High priority will also be given to studies using of state-of-the-art electrophysiological, molecular, genetic, and/or imaging techniques in animals to

examine the neural mechanisms by which regions in the mature and developing prefrontal cortex (PFC) interact with other cortical and sub-cortical systems to give rise to complex mental functions (e.g., cognition, emotion, reward, motivation). NIMH plans to fund applications in response to a Request for Applications titled "Prefrontal Cortical Influences on Brain Systems Supporting Complex Mental Function" to understand better how the PFC regulates the circuits that support complex cognitive and emotional functions; this is critically important for discovering the biological bases of mental disorders and for future treatment development. In addition, 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.

Services and Intervention Research

The program supports research to evaluate the effectiveness of pharmacologic, psychosocial, rehabilitative, and combination interventions on mental and behavior disorders. The program evaluates interventions for children, adolescents, and adults, focusing on acute and long-term therapeutic effects. Another important area supported by the program is mental health services research, including services organization and delivery; interventions to improve the quality and outcomes of care; and research on the dissemination and implementation of evidence-based interventions into service settings.

Mental health problems that occur during the transition to adulthood can result in negative outcomes such as hospitalizations, separation from parents, and low educational attainment. Care for these individuals is complicated by the lack of interventions and services adapted for their age group. To address this issue, NIMH issued a PA titled "Refining and Testing Mental Health Interventions and Services Models for Youth with Mental Illness who are Transitioning to Adulthood." In FY 2007, NIMH funded several grants in response to this initiative, spanning interventions and services research and targeting a variety of disorders among transition age youth in various settings.

Budget Policy: The FY 2009 budget estimate for the Services and Intervention Research program is $199,773,000, a decrease of $439,000 or -0.2% from the FY 2008 estimate. The program plans for FY 2009, 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 funding applications received in response to a Request for Applications (RFA) titled "Innovative Approaches to Personalizing the Treatment of Depression." The purpose of this RFA is to advance research on individualizing the treatment of depression by developing models and testing new approaches that, by accounting for patient characteristics, aim to be more specific to individuals. This research could leading to more effective and efficient treatment interventions. High priority will also be placed on efforts to create new partnerships aimed at understanding the impact of state and regional policy changes on mental health outcomes. As noted in 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), collaborating strategically with stakeholders can significantly enhance the impact of NIMH research. Through the issuance of an RFA entitled "Developing State Mental Health Services Research 'Laboratories' for Policy Relevant Studies," NIMH will support the formation of new partnerships between state mental health representatives and researchers in order to conduct studies using existing state and national level clinical and administrative datasets to study the impact of policy changes. Findings from these studies will be of great relevance to state agencies seeking to advance evidence-based policies for addressing mental disorders.

Intramural Research Programs (IRP)

The IRP is the internal research arm 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.

In FY 2007, IRP researchers made advances in understanding the molecular mechanisms involved in depression, opening new doors for identifying novel and faster acting medications.

Budget Policy: The FY 2009 budget estimate for the Intramural Research Programs is $167,918,000, an increase of $2,482,000 or +1.5% over the FY 2008 estimate. Plans for FY 2009, are as follows: The IRP will respond to the recommendations of the NIMH 2008 Blue Ribbon Panel on Intramural Research. The Panel has been charged with conducting a comprehensive review to ensure that the Division is undertaking the most innovative and groundbreaking research in areas of high strategic importance for understanding and treating mental disorders. It is anticipated that the report of the Panel will be available in late FY 2008, and FY 2009 will be spent implementing many of its recommendations in the four main areas of research focus for the Division: cognition, schizophrenia, mood and anxiety disorders, and developmental neuroscience. The Panel is likely to make several recommendations concerning both the future organization of and the 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 RMS program provides administrative, budgetary, logistical, and scientific support in the review, award, and monitoring of research grants, training awards, and research and development contracts. RMS functions include strategic planning, coordination, and evaluation of the Institute's programs, regulatory compliance, international coordination, and liaison with other Federal agencies, Congress, and the public. In FY 2007 the Institute oversaw more than 2,949 research grants, 445 training grants and 197 research and development contracts.

In FY 2007, the NIMH eForms initiative was developed under the RMS program to automate the submission and tracking of forms and requests across the Institute. This initiative has significantly decreased the time to process requests and has provided a level of accountability, tracking, and reporting that was not available with the paper process.

Budget Policy: The FY 2009 budget estimate for RMS is $69,018,000, an increase of $1,020,000 or +1.5% over the FY 2008 estimate. Plans for FY 2009, are as follows: Efforts will continue to be made to control RMS costs. Because staff salaries and expenses account for almost half of all RMS costs, tighter controls will continue to be placed on the hiring of new staff, including contract employees, following an ongoing analysis of program needs. Tighter controls also will continue being placed on travel and equipment purchases and on conference support.

Common Fund

NIMH and NHGRI are the lead Institutes for the Molecular Libraries Roadmap Initiative supported through the NIH Common Fund. This initiative offers public-sector researchers access to high throughput screening (HTS) of libraries of small organic compounds that can be used as chemical probes to study the functions of genes, cells, and biological pathways. This powerful HTS technology provides novel approaches to explore the functions of major cellular components in health and disease.

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Budget Authority by Object

	FY 2008 Enacted	FY 2009 Estimate	Increase or Decrease
Total compensable workyears:			
Full-time employment	615	619	4
Full-time equivalent of overtime and holiday hour	0	0	0
Average ES salary	$174,720	$181,709	$6,989
Average GM/GS grade	11.9	11.9	0.0
Average GM/GS salary	$88,880	$92,435	$3,555
Average salary, grade established by act of July 1, 1944 (42 U.S.C. 207)	116,928	121,605	4,677
Average salary of ungraded positions	$127,680	$132,787	$5,107

OBJECT CLASSES	FY 2008 Estimate	FY 2009 Estimate	Increase or Decrease
Personnel Compensation:			
11.1 Full-time permanent	$47,034,000	$49,371,000	$2,337,000
11.3 Other than full-time permanent	15,232,000	15,961,000	729,000
11.5 Other personnel compensation	1,587,000	1,665,000	78,000
11.7 Military personnel	918,000	962,000	44,000
11.8 Special personnel services payments	11,500,000	11,925,000	425,000
Total, Personnel Compensation	76,271,000	79,884,000	3,613,000
12.0 Personnel benefits	17,234,000	18,077,000	843,000
12.2 Military personnel benefits	605,000	634,000	29,000
13.0 Benefits for former personnel	0	0	0
Subtotal, Pay Costs	**94,110,000**	**98,595,000**	**4,485,000**
21.0 Travel and transportation of persons	3,546,000	3,546,000	0
22.0 Transportation of things	389,000	389,000	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 and miscellaneous charges	1,846,000	1,846,000	0
24.0 Printing and reproduction	617,000	617,000	0
25.1 Consulting services	1,977,000	1,977,000	0
25.2 Other services	8,404,000	8,404,000	0
25.3 Purchase of goods and services from government accounts	132,324,000	131,341,000	(983,000)
25.4 Operation and maintenance of facilities	987,000	987,000	0
25.5 Research and development contracts	60,520,000	60,520,000	0
25.6 Medical care	530,000	530,000	0
25.7 Operation and maintenance of equipment	1,613,000	1,613,000	0
25.8 Subsistence and support of persons	0	0	0
25.0 Subtotal, Other Contractual Services	**206,355,000**	**205,372,000**	**(983,000)**
26.0 Supplies and materials	6,394,000	6,394,000	0
31.0 Equipment	6,102,000	6,102,000	0
32.0 Land and structures	0	0	0
33.0 Investments and loans	0	0	0
41.0 Grants, subsidies and contributions	1,086,101,000	1,083,964,000	(2,137,000)
42.0 Insurance claims and indemnities	0	0	0
43.0 Interest and dividends	8,000	8,000	0
44.0 Refunds	0	0	0
Subtotal, Non-Pay Costs	**1,311,366,000**	**1,308,246,000**	(3,120,000)
Total Budget Authority by Object	**1,405,476,000**	**1,406,841,000**	1,365,000

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

NATIONAL INSTITUTES OF HEALTH
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Salaries and Expenses

OBJECT CLASSES	FY 2008 Enacted	FY 2009 Estimate	Increase or Decrease
Personnel Compensation:			
Full-time permanent (11.1)	$47,034,000	$49,371,000	$2,337,000
Other than full-time permanent (11.3)	15,232,000	15,961,000	729,000
Other personnel compensation (11.5)	1,587,000	1,665,000	78,000
Military personnel (11.7)	918,000	962,000	44,000
Special personnel services payments (11.8)	11,500,000	11,925,000	425,000
Total Personnel Compensation (11.9)	**76,271,000**	**79,884,000**	**3,613,000**
Civilian personnel benefits (12.1)	17,234,000	18,077,000	843,000
Military personnel benefits (12.2)	605,000	634,000	29,000
Benefits to former personnel (13.0)	0	0	0
Subtotal, Pay Costs	**94,110,000**	**98,595,000**	**4,485,000**
Travel (21.0)	3,546,000	3,546,000	0
Transportation of things (22.0)	389,000	389,000	0
Rental payments to others (23.2)	8,000	8,000	0
Communications, utilities and miscellaneous charges (23.3)	1,846,000	1,846,000	0
Printing and reproduction (24.0)	617,000	617,000	0
Other Contractual Services:			
Advisory and assistance services (25.1)	0	0	0
Other services (25.2)	8,404,000	8,404,000	0
Purchases from government accounts (25.3)	77,438,000	76,219,000	(1,219,000)
Operation and maintenance of facilities (25.4)	987,000	987,000	0
Operation and maintenance of equipment (25.7)	1,613,000	1,613,000	0
Subsistence and support of persons (25.8)	0	0	0
Subtotal Other Contractual Services	**88,442,000**	**87,223,000**	**(1,219,000)**
Supplies and materials (26.0)	6,384,000	6,384,000	0
Subtotal, Non-Pay Costs	101,232,000	100,013,000	(1,219,000)
Total, Administrative Costs	**195,342,000**	**198,608,000**	**3,266,000**

NATIONAL INSTITUTES OF HEALTH
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Authorizing Legislation

	PHS Act/ Other Citation	U.S. Code Citation	2007 Amount Authorized	FY 2008 Enacted	2008 Amount Authorized	FY 2009 Budget Estimate
Research and Investigation	Section 301	42§241	Indefinite	$1,405,476,000	Indefinite	$1,406,841,000
National Institute of Mental Health	Section 402(a)	42§281	Indefinite		Indefinite	
Total, Budget Authority				1,405,476,000		1,406,841,000

NATIONAL INSTITUTES OF HEALTH
National Institute of Mental Health

Appropriations History

Fiscal Year	Budget Estimate to Congress	House Allowance	Senate Allowance	Appropriation 1/
2000	758,892,000 2/	930,436,000	969,494,000	978,360,000
Rescission				(5,214,000)
2001	896,059,000 2/	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	1,404,494,000
2008	1,405,421,000	1,425,531,000	1,436,001,000	1,429,466,000
Rescission				(24,973,000)
2009	1,406,841,000			

1/ Reflects enacted supplementals, rescissions, and reappropriations.
2/ Excludes funds for HIV/AIDS research activities consolidated in the NIH Office of AIDS Research.

NATIONAL INSTITUTES OF HEALTH

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Details of Full-Time Equivalent Employment (FTEs)

OFFICE/DIVISION	FY 2007 Actual	FY 2008 Enacted	FY 2009 Estimate
Office of the Director	97	97	99
Division of Neuroscience and Basic Behavioral Science	25	25	27
Division of AIDS and Health and Behavior Research	20	20	20
Divisioin of Services and Intervention Research	22	22	22
Division of Adult Translational Research and Treatment Development	14	14	14
Division of Developmental Translational Research	14	14	14
Division of Extramural Activities	46	46	46
Division of Intramural Research Programs	377	377	377
Total	615	615	619
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
2005	11.7
2006	11.8
2007	11.9
2008	11.9
2009	11.9

NATIONAL INSTITUTES OF HEALTH
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Detail of Positions

GRADE	FY 2007 Actual	FY 2008 Enacted	FY 2009 Estimate
Total, ES Positions	1	1	1
Total, ES Salary	$ 168,000	$ 174,720	$ 181,709
GM/GS-15	54	54	56
GM/GS-14	73	73	75
GM/GS-13	82	82	82
GS-12	73	73	73
GS-11	73	73	73
GS-10	2	2	2
GS-9	53	53	53
GS-8	17	17	17
GS-7	15	15	15
GS-6	4	4	4
GS-5	2	2	2
GS-4	1	1	1
GS-3	0	0	0
GS-2	0	0	0
GS-1	0	0	0
Subtotal	449	449	453
Grades established by Act of July 1, 1944 (42 U.S.C. 207):			
Assistant Surgeon General	0	0	0
Director Grade	7	7	7
Senior Grade	0	0	0
Full Grade	0	0	0
Senior Assistant Grade	0	0	0
Assistant Grade	0	0	0
Subtotal	7	7	7
Ungraded	198	198	198
Total permanent positions	503	503	505
Total positions, end of year	655	655	659
Total full-time equivalent (FTE) employment, end of year	615	615	619
Average ES salary	168,000	174,720	181,709
Average GM/GS grade	11.9	11.9	11.9
Average GM/GS salary	85,462	88,880	92,435

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

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New Positions Requested

	FY 2009		
	Grade	Number	Annual Salary
Health Science Administrator	GS-14	2	$121,323
Health Science Administrator	GS-15	2	144,228
Total Requested		4	