

DIRECTOR'S REPORT TO THE NATIONAL ADVISORY MENTAL HEALTH COUNCIL

May 9, 2003

Director's Opening Remarks

It is my pleasure to extend greetings to members of the National Advisory Mental Health Council (NAMHC) and to all participants and guests at the Council meeting. In this brief report, I will highlight a number of topics that I will address in my oral report to the Council. I preface my report by noting that this is a time of exceptional opportunity and challenge for the National Institute of Mental Health (NIMH). Since our last meeting, we have seen the completion of the human genome, an historic event that will be a watershed for biomedical research. In this same period, we have been preoccupied by the war in Iraq and the potential for terrorist attacks at home. The few topics I address in the following pages can only begin to suggest the extent to which the Institute is involved in many of the most important and urgent issues facing our Nation today. I want to express my appreciation to the members of Council for your continuing advice and support of our activities noted here. I also offer a very sincere thank you and congratulations to the NIMH staff, who demonstrate remarkable dedication and energy in conducting the work of the Institute.

President's Commission on Mental Health

The President's New Freedom Commission on Mental Health convened for its final official session on April 29. President Bush issued an Executive Order in April 2002 that established the Commission and charged it to conduct a year-long comprehensive study of the U.S. mental health service delivery system, including both the public and private provider sectors, with a final goal of advising the President on methods for improving the system. The explicit focus is on the estimated 20 million Americans (5-7 percent of adults, and 5-9 percent of children) who have, respectively, serious mental illness and serious emotional disturbance. The Commission met monthly, a schedule that included public "hearings" in Washington, DC, and Los Angeles. More than 1,500 individuals and families of persons with mental disorders interacted personally and corresponded with the Commission regarding their personal experiences in seeking care for mental disorders. In addition, the Commission established some 15 workgroups to examine specific issues on a range of topics such as co-occurring disorders and child mental health, and consulted with a large number of nationally recognized experts. The Commission's Interim Report, issue papers developed by the workgroups, and other background information can be found on the web at www.mentalhealthcommission.gov.

The Substance Abuse and Mental Health Services Administration (SAMHSA) continues to serve as the Administration's primary point of contact with the Commission in light of the focus on mental health service delivery. Drs. Richard Nakamura, Wayne Fenton, and I have greatly appreciated the opportunities we have had to work with the Commission and, whenever possible, to press the case for research aiming to prevent and cure serious

mental disorders. While the report is still undergoing final changes before delivery to the White House, we expect the major theme to focus on the strengthening of a consumer-centered, recovery-oriented mental health service delivery system. Toward those ends, it does appear that the final report will point to the need for wider dissemination and use of evidence-based practices. This emphasis clearly has considerable significance for our services research portfolio and the ongoing Science-to-Service initiative that we are participating in with SAMHSA, along with the National Institute on Drug Abuse (NIDA) and the National Institute on Alcohol Abuse and Alcoholism (NIAAA). Dr. Junius Gonzales, NIMH, will talk about the Science-to-Service initiative during today's session of Council.

Biodefense

Since our last meeting in January, the Nation has been focused both on the war in Iraq and defense against terrorism at home. The Office of the Surgeon General of the Army reports that of the soldiers requiring evacuation from the front (total $n = 97$), the most common cause was listed as psychiatric ($n = 24$) or neurologic ($n = 16$). Increasingly, there is recognition that our defense against the threat of bioterrorism at home must address the "terror" as well as the "bio." Several initiatives have developed since our last meeting, resulting from Dr. Zerhouni's request that NIMH take the lead for NIH on issues related to the psychological response to terrorism.

Surgeon General's Meeting on Mental Health Preparedness and Response

Earlier this week (May 7) the Office of the Surgeon General convened an intra-Departmental meeting to discuss the status of and gaps in our existing scientific knowledge base about mental health preparedness, response, and research. Participating agencies included the Centers for Disease Control and Prevention (CDC), the National Institutes of Health (NIH) represented by NIMH, the Department of Health and Human Services (DHHS) Office of Public Health Emergency Preparedness (OPHEP), and SAMHSA. While much remains to be learned about the public health and mental health impacts of terrorism and threat and how best to help people prepare and recover, we know a great deal already about the consequences of trauma and fear. A strong consensus emerged at the meeting that we—and here I mean not only the Institute and the DHHS, but also the field—should be both innovative and energetic in informing preparation for and response to acts of terrorism. A principal goal of the meeting was to plan for a Surgeon General's communication to the American public on mental health preparedness and response.

On the same day in the afternoon, Congressman Patrick Kennedy hosted a briefing on Capitol Hill for Members of Congress and their staffs on the psychological and mental health effects of terrorism. Speakers at the briefing included the Surgeon General, myself, SAMHSA Administrator Mr. Charles Curie, and Dr. Brian Flynn, Uniformed Services University of the Health Sciences.

Trans-NIH Biodefense Coordinating Committee

At Dr. Zerhouni's request, NIH has formed a Biodefense Coordinating Committee to compile and assemble individual institute plans and research agendas into a coherent whole for the NIH; and to channel information regarding biodefense research between and among involved institutes, the NIH director, and relevant external agencies engaged in homeland security (OPHEP, Department of Homeland Security, Department of Defense, Office of Science and Technology Policy). The National Institute on Allergy and Infectious Diseases (NIAID) has been charged with organizing and leading this effort.

NIMH Trauma and Terrorism Consortium

Here at the Institute, we have formed a Consortium to undertake a more in-depth analysis of what is known and what gaps exist in our knowledge base and research portfolio across divisions. This Consortium will identify helpful and effective ways to communicate information before, during, and after a crisis; will establish capacity for rapid research, and will coordinate with other agencies.

I have asked Dr. Farris Tuma, Chief of the Traumatic Stress Program, Division of Mental Disorders, Behavioral Research and AIDS (DMDBA), to help organize the Consortium.

Biodefense Hearing

The House Appropriations Labor/HHS Subcommittee convened a hearing on bioterrorism on April 9. Witnesses and representatives of the Department who attended included Assistant Secretary for Public Health Emergency Preparedness, Mr. Jerome Hauer; CDC Director, Dr. Julie Gerberding; Health Resources and Services Administration Administrator, Betty Duke; NIH Director, Dr. Elias Zerhouni; NIAID Director, Dr. Anthony Fauci; and myself for NIMH. Members of the congressional panel expressed particular interest in the Department's commitment to the psychological aspects of terrorism threats.

Science of Note

Roadmap: The Trip Continues

NIH's systematic analysis of scientific challenges and opportunities, a process called Roadmapping, is progressing rapidly. An effort begun last summer to identify a representative set of measurable, quantifiable NIH research goals culminated with the selection by Dr. Zerhouni and his staff of specific scientific goals. NIH has established 13 workgroups to ensure that the theme of each of the groups is interwoven in the trans-institute activities designed to meet the goals. The workgroups fall under three major categories: (1) New Pathways to Discovery, including new scientific approaches and technologies; (2) Research Teams of the Future; and (3) Re-engineering the Clinical Research Enterprise. I am pleased to report that members of the NIMH volunteered and have been chosen to serve on every one of the workgroups:

- Building Blocks for Biology
- Biological Pathways and Networks
- Regenerative Medicine

- Molecular Libraries
- Structural Biology
- Bioinformatics and Computational Biology
- Molecular Imaging
- Multi-disciplinary Research Teams
- Public-private Partnerships
- High-risk Research
- Translational Research
- Integrated Clinical Research Networks
- Clinical Research Workforce Training

Each workgroup has outlined its mission and is in the process of developing a matrix of goals that range in degree of complexity to achieve over a 10-year period. The goals in the matrix will then be prioritized at a meeting with outside experts. For the top-ranked goals, initiatives will be developed and submitted for funding out of the NIH Director's Roadmap set-aside funds. Decisions regarding funding priorities for the many initiatives to be produced by the workgroups will be the order of business for the NIH Director's Budget Retreat in June.

The Roadmap process, while time consuming, is proving to be an unprecedented and invaluable exercise for staff across NIH. It helps broaden the vision beyond one's own institute to see common scientific goals, and allows us to address questions that might not be possible at just a single institute level. One of the many indirect benefits of these workgroups is that they model the multidisciplinary and translational work atmosphere we see as the future for scientific achievement.

Measuring Cognition in Schizophrenia

An exciting NIMH initiative also is moving ahead: MATRICS, or *Measurement and Treatment Research to Improve Cognition in Schizophrenia*. The rationale for this major initiative is that cognitive deficits, including impairments in such areas as memory, attention, and executive function, are prime determinants and predictors of long-term disability in schizophrenia. Currently marketed antipsychotic medications, however, are relatively ineffective in improving cognition. The MATRICS program will build on considerable NIMH-sponsored research that has focused on understanding the basic neuropharmacology of cognition in animal and human models of relevance to schizophrenia. Potentially promising compound classes include glutamatergic modulators, D₁ receptor agonists, alpha-2 noradrenergic agonists, cholinesterase inhibitors, muscarinic agonists and alpha-7 nicotinic agonists among others.

The Food and Drug Administration (FDA) historically has been reluctant to depart from the DSM entities and consider "syndromic indications" as valid targets for drug registration. This understandably represents a disincentive to substantial investment in development of procognitive agents for schizophrenia. More recently, the FDA has indicated that they recognize the clinical importance of cognition in schizophrenia but "will not accept a new endpoint or indication for the convenience of any particular drug company." The agency suggested that, as an independent Federal entity, NIMH play a

convening role in establishing a broad academic and industry consensus regarding appropriate measurement of cognition as a dependent variable and appropriate clinical trial methods to evaluate efficacy. If we can succeed in achieving such a consensus, the regulatory bottleneck may be remedied.

MATRICS will be conducted under contract awarded last September to UCLA, with Dr. Stephen R. Marder, as principal investigator (PI), and Dr. Michael F. Green, as co-PI. The contract term is 2 years with the initial aims being:

- To catalyze regulatory acceptance of cognition in schizophrenia as a valid target for drug registration.
- Promote development of novel compounds to enhance cognition in schizophrenia.
- Leverage economic research power of industry to focus on an important but neglected clinical target.

The contract could possibly be extended two additional years to conduct one or more human proof of concept trials for cognition in schizophrenia should we succeed in gaining access to promising lead compound(s).

Overall, we have a great deal of support and enthusiasm from the field for this effort. As you can see, the project involves a scope of activities that requires both breadth and depth of expertise that extends beyond our in-house capacity. For this reason, the willingness of experts such as you to provide ongoing guidance and “keep us on track” is critical.

Progress in Early Identification of Alzheimer’s Disease

One of the largest and most definitive studies to date has confirmed the value of biomarkers for identifying people with Alzheimer's disease. Scientists at the Intramural Research Program (IRP) of NIMH found that levels of two key indicators, beta-amyloid and tau in cerebrospinal fluid distinguished Alzheimer's patients from controls with 89-92 percent efficiency. These results match or beat current clinical diagnostic methods, such as doctor's evaluation of medical history, cognitive testing, and MRI scans, and are consistent with the meta-analysis of world literature conducted by the same scientists and published in the same report in the April 23, 2003 *Journal of the American Medical Association* (289(16):2094). However, the clinical usefulness of these biomarkers as predictive and diagnostic tools awaits completion of longitudinal prospective studies now underway at the Geriatric Psychiatry Branch under the leadership of Dr. Trey Sunderland.

Human Gene Affects Memory

NIMH’s Drs. Michael Egan and Daniel Weinberger, along with Dr. Bai Lu, National Institute of Child Health and Human Development (NICHD), and colleagues from NIAAA and the National Cancer Institute (NCI), published in *Cell* (112:257-269, Jan 24, 2003) their work on the BDNF val66met polymorphism, which had been presented at the previous two Council meetings. BDNF, or brain-derived neurotrophic factor, had been known to modulate hippocampal plasticity and hippocampal-dependent memory in cell models and animals. In an extraordinary example of translational science, the NIH team

explored the consequences of a sequence variance in the human BDNF gene for cell trafficking in vitro, for hippocampal responses in vivo, and for deficits in human memory.

Intramural Science - Building

Work continues on schedule for the Porter Neuroscience Research Center here on our Bethesda campus. Phase 1 is approximately 45 percent installed. Approximately 90 percent of all subcontracts necessary to complete the Phase 1 base building have been negotiated and authorized. We expect completion on May 26, 2004, with construction of Phase 2 beginning a few weeks later. We hope to schedule a tour at one of the future Council meetings. This project is more than a building: it represents a new vision for NIH with space assigned by theme areas across institutes.

Research Conferences

Roots of Mental Illness in Children

Dr. Israel Lederhendler, Chief, Basic Behavioral and Systems Neuroscience Program, Division of Neuroscience and Basic Behavioral Science (DNBBS), organized an international conference of the New York Academy of Sciences. The conference, "*Roots of Mental Illness in Children*" was held at Rockefeller University in New York City, March 15-17, 2003. The objective of this conference was to identify effective bridges between behavioral neuroscience research and clinical approaches for studying mental health and disorders in children and adolescents. The premise of the initiative was that by illustrating common symptoms, or dimensions, in childhood disorders, features of behavioral and neural development will help conceptualize processes that can be addressed scientifically at multiple levels of analysis. The proceedings will be published as a volume in the *Annals of the New York Academy of Sciences*.

NIMH Pediatric Bipolar Conference

Dr. Regina James, Head, Attention Disorders Program Section, DMDBA, co-chaired and organized, with Dr. Joseph Biederman, a conference to address the dearth of research on children who present with symptoms of dysregulated mood, irritability, and severe temper tantrums. Despite debate over nosological issues, many clinicians recognize that a sizable number of children suffer from this extraordinary severe form of psychopathology. The conference entitled "NIMH Pediatric Bipolar Conference" was a joint effort with the Massachusetts General Hospital that provided a forum for researchers and clinicians to define critical questions and foster collaborative studies that would address the diagnosis and treatment of this serious childhood mental illness. The proceedings will be published in a special issue of the *Journal of Affective Disorders*.

Genes, Brain, and Behavior: Before and Beyond Genomics

Dr. Steve Moldin, Director, Office of Human Genetics & Genomic Resources and Associate Director, DNBBS, organized a satellite symposium to the NIH's month-long celebration of the genome, "50 Years of DNA: From Double Helix to Health." Seven institutes joined NIMH in co-sponsoring the symposium, which was held April 16 in Building 1. Invited speakers discussed how genes and model organisms are being

manipulated to gain insights into nervous system functioning and complex behavior. Participants also explored how knowledge about gene expression and function is contributing to the development of new therapeutic strategies for brain and behavioral disorders.

Taking Mental Health Services Research Outside the Specialty Sector

Dr. Junius Gonzales, Chief, Services Research and Clinical Epidemiology Branch, Division of Services and Intervention Research (DSIR), co-chaired and organized a conference in collaboration with NIDA and NIAAA. The conference entitled “*Beyond the Clinic Walls: Expanding Mental Health, Drug Abuse and Alcohol Services Research Outside the Specialty Care System,*” held in Washington, DC, March 10-13, 2003, was very well attended and included presentations of services research studies, including cost and financing research conducted in three different settings: juvenile justice system, school systems, and primary care. The conference reflected a high degree of consensus between the three institutes surrounding the importance of strengthening the research base underlying expansions of mental health and substance abuse care into non-specialty settings.

NIMH Outreach to the Public

Launch of *Real Men. Real Depression.* Campaign

On April 1, the NIMH Office of Communications sponsored a press conference in Washington, DC, to launch the ***Real Men. Real Depression.*** campaign that was previewed at the January Council meeting. The conference featured U.S. Surgeon General Dr. Richard Carmona; NIH Deputy Director Dr. Raynard King; President of the Depression and Bipolar Support Alliance Lydia Lewis; and New York City firefighter Jimmy Brown, who serves as one of the spokesmen for the campaign.

Since April 1, the campaign has been seen by millions of people, on television, radio, in newspapers, and on the web. The ***Real Men. Real Depression.*** web site has had 64,000 page views (700,000 web hits), and emails and phone calls are pouring in. Clarissa Wittenberg and her staff will say that it is all in a day’s work, but I must say I have been most gratified by the tremendous public response. As part of the roll-out, I had the opportunity to be a guest on NPR’s Diane Rehm show, and I was struck again by how much information on this disorder means to people from all walks of life.

Campaign materials include public service announcements for television, radio and print, brochures and fact sheets, and a web site, which can be accessed at <http://www.menanddepression.nimh.nih.gov/> or from the NIMH home page. The toll-free campaign information number is 1-866-227-6464.

“Dialogue Four Corners: Mental Health”

On April 24, NIMH convened “Dialogue Four Corners” in Albuquerque, New Mexico, to focus on mental health issues in the “Four Corners” areas of Arizona, Colorado, New Mexico, and Utah. Over the past several years, NIMH has conducted a series of dialogue meetings to share information about progress in mental health research, to explain in

face-to-face settings well outside the Beltway why research is important to people, and to seek input from the American public regarding needs and future directions for research. Previous meetings have taken place in Alaska, Texas, Pittsburgh, and Chicago, and information may be found at <http://www.nimh.nih.gov/events/townmeetings.cfm>.

“Dialogue Four Corners” focused on health disparities among American Indian and Hispanic populations. The meeting was unique in that NIMH invited other NIH institutes and DHHS agencies (as well as members of Council) to participate. NIDA, NIAAA, the National Library of Medicine (NLM), the National Institute of Diabetes and Digestive and Kidney Diseases, the National Institute of General Medical Sciences, the National Institute on Aging, the Indian Health Service, SAMHSA, and the Social Security Administration all participated. Mr. James McNulty and Dr. Chip Reynolds from the NAMHC joined us as well. The opening plenary included presentations on the co-occurrence with mental disorders of other serious health conditions including alcohol and other substance abuse, and diabetes; barriers to seeking and receiving treatment; and cultural issues in mental health for American Indians and Hispanic peoples.

The afternoon session consisted of breakout groups and a report of those groups’ discussions. The topics and questions for the breakouts may be found at <http://www.nimh.nih.gov/events/fourcornersgroup.pdf>. One of the breakouts took a unique approach: Careers in Mental Health Research was led by Dr. Ernest Marquez, Director, Office for Special Populations, and was designed to give high school and college students and faculty an idea of the types of opportunities that exist for young people, women, and underrepresented minorities to pursue careers in mental health research.

All day during “Dialogue Four Corners” attendees were able to visit the exhibition hall for a health information fair where each Institute and agency had a table of materials selected for the audience. The NLM offered a continuous, on-line session demonstrating how to use the computer to locate health information. The agenda for the day-long session can be viewed at <http://www.nimh.nih.gov/events/fourcornersagenda.pdf>. A full account of conference activities will be posted to the web site soon.

On the day before the public outreach conference, NIMH and the other partners conducted a workshop in Albuquerque that was designed to assist potential NIH grantees in building the skills necessary to apply successfully for NIH support. The other government agencies participated in the workshop to provide technical assistance for other types of funding. The workshop was also an excellent networking opportunity for attendees.

In addition to the workshop, small groups of researchers, presenters, and NIH scientists went on three field visits so that they could see firsthand the unique problems faced by the people in local communities, talk to providers and consumers, and tour facilities.

An e-mail address was set up for the conference, which is continuing to receive comments until June 30: nimhfourcorners@mail.nih.gov.

Constituency Outreach and Education Program Meets in Santa Fe

The fourth annual meeting of the NIMH Constituency Outreach and Education Program (COEP) took place April 24-27 in Santa Fe, New Mexico. COEP Outreach Partners from throughout the United States attended. I had the privilege of delivering a key note address, in which I talked about advances in the genetics of schizophrenia and other mental illnesses and outlined my priorities for the Institute. Other presentations included: Dr. Richard Nakamura, on the neuroscience of mental illness and substance abuse; Dr. Jane Pearson, on suicide research; Dr. Ernest Marquez, on health disparities; grantees Drs. Sergio Aguilar-Gaxiola, Spero Manson, and Tassy Parker on mental health and resiliency among Hispanics/Latinos and American Indians and Alaska Natives; grantee Dr. Fran Norris on psychological effects of terrorism and disasters; and National Association of State Mental Health Program Directors (NASMHPD) Executive Director Dr. Robert Glover on incorporating mental health into state disaster readiness plans and on the challenges of integrating mental health and substance abuse treatment.

Most of the 51 Outreach Partners made presentations in plenary sessions, breakout groups, and a poster session on how they are disseminating NIMH research results to minority communities; employers; the justice system; the media; health professionals; school personnel and other service providers; youth; consumers and families. Clarissa Wittenberg provided all Outreach Partners with a turnkey kit to help them publicize the *Real Men. Real Depression.* public education campaign. Eric Newhouse, a Pulitzer Prize-winning reporter, spoke on how to work with media to educate the public and combat stigma. Gemma Weiblinger described how COEP fits into the new Office of Constituency Relations and Public Liaison. COEP is led by Elaine Baldwin, director, and Jane Jacobs, associate director.

Information about the Constituency Outreach and Education Program is available at www.outreach.nimh.nih.gov.

BUDGET

FY 2003 Congressional Action:

After almost 6 months of Continuing Resolutions that held the National Institutes of Health to its FY 2002 funding level, the Congress passed an FY 2003 appropriation for the NIH as part of the FY 2003 Omnibus Appropriations Bill on February 20, 2003. The Bill provides a total of \$26.9 billion for the NIH as a completion to the 5-year doubling of the NIH budget since FY 1998. While the FY 2003 total NIH appropriation increases by 14.5% over FY 2002, much of this increase is earmarked for biodefense and NIH construction. The NIMH FY 2003 appropriation of \$1.3 billion is an increase of \$107 million or 8.7% over FY 2002. NIMH currently projects an FY 2003 success rate of about 24% for Research Project Grants (RPGs) compared to almost 28% in FY 2002.

FY 2004 President's Budget Request:

The FY 2004 President's Budget Request for the NIH was completed and submitted to the Congress a few weeks prior to the passage of the FY 2003 Omnibus Bill. As the first

NIH budget to be submitted to the Congress after the 5-year doubling period, the President's Budget requests a total budget of \$27.8 billion for the NIH, representing an increase of 3.5% over the FY 2003 Appropriation. The request of \$1.4 billion for the NIMH is an increase of 3.1% over FY 2003. At the FY 2004 President's Budget level, the NIMH success rate for RPGs would be about 24% compared to an NIH average of about 30%. The NIMH Congressional Justification for FY 2004 is available at www.nimh.nih.gov/about/cj2004.pdf (**Budget Tables Attached**)

In the larger budgetary context, NIH is involved in implementing the President's Management Agenda in several ways. Over the past year, for example, all Human Resources management staff at the NIH (including members of the NIMH's former HR Office) have been consolidated at the Office of the NIH Director level. More recently, the NIH Director has established an Administrative Restructuring Advisory Committee to look at other potential consolidations of administrative staff. Another component of the agenda is based on the premise that certain governmental functions might be performed more efficiently if "outsourced" to contractors. In accord with OMB Circular A-76, roughly 9,000 of NIH's 18,000 employees have been identified as performing commercial functions, and half of these 9,000 will have their activities studied for possible outsourcing by September 30, 2005.

Along with the forecast of limited increases for budgets in FY2004, these changes have understandably made many in the NIMH community anxious about our future. Although we have a larger budget than anytime in the past, there is no denying that the budget increases of the past 5 years are unlikely to continue in the near term. Clearly, we will need to set priorities, support our experienced workforce, and find ways to increase efficiency if we are to realize fully the opportunities for discoveries relevant to mental illness.

Awards

Dr. Richard Nakamura received the 2002 Senior Executive Service Presidential Rank Award - Meritorious Executive Award. Upon assuming the position of Acting Institute Director following the resignation of Dr. Steven Hyman in December 2001, Dr. Nakamura ensured continued significant progress on both scientific and administrative initiatives begun under Dr. Hyman, and he started several new initiatives aimed at fulfilling the NIMH mission.

Dr. Daniel Weinberger, Chief of the Clinical Brain Disorders Branch, received the Warren Foundation Award, from the International Society of Schizophrenia Research, the major award for research accomplishments from this Society. Dr. Weinberger was also selected to receive this year's NIH Director's Award, to be presented June 27.

Melissa Spearing, Clarissa Wittenberg, Margaret Strock, and Katie West of the NIMH Office of Communications received the 2002 NIH Plain Language Awards for their work on two publications. *A Story of Bipolar Disorder (Manic-Depressive Illness): Does This*

Sound Like You? was rated outstanding, and *Stories of Depression: Does This Sound Like You?* was given an honorable mention.

Personnel Changes

Arriving:

Dr. Norwood Knight-Richardson, who has served as one of the distinguished members of the President's Commission as well as a member of our Council, will join the Institute this month on a part-time basis, on loan from the University of Oregon Health Science Center. I am delighted that Norwood has agreed to assist us in the area of biodefense as well as in the implementation of recommendations offered by the President's Mental Health Commission. While his service on the "inside" means that Norwood will no longer be able to serve on Council, I know that he will still be involved in our meetings and that the Institute will benefit even more intensively from his wisdom and expertise.

Dr. Kazutoshi (Kazu) Nakazawa, from MIT, joined the IRP in October as a Tenure Track Investigator in the Mood and Anxiety Disorders Program. Dr. Nakazawa has a powerful combination of experimental skills in molecular biology, mouse technology, slice cerebellum and in vivo multi-electrode recording, as well as substantial experience in behavioral paradigms for rodents. His focus is defining the cellular and neural networking mechanisms that underlie higher cognitive functions, such as learning and memory, by manipulating gene expression in genetically engineered mice. The combination of in vivo monitoring of neural activity with behavioral manipulation can be used as a powerful tool for identifying neural mechanisms that underlie behavioral phenotypes, following gene manipulation.

Dr. Sara Goldsmith has joined the Division of Extramural Activities (DEA) as a Scientific Review Administrator. She brings a wealth of experience in neuroscience, clinical psychology, and policy planning. Dr. Goldsmith earned her doctorate in Physiological/Clinical Psychology at the University of Illinois at Chicago and began her neuroscience work in the likely anatomical basis of hallucinations and their amelioration by dopamine blocking drugs in schizophrenia, molecular biology of aging, and animal models of pre- and post-natal brain and behavioral development. Her clinical work includes service in public psychiatric settings such as St. Elizabeth's Hospital in Washington, DC. She also served as an AAAS Science Policy Fellow in Congressman Fattah's office (PA-02), staff director of the NIMH-supported Institute of Medicine suicide study, and most recently as Deputy Director of a federally funded education-workforce development non-profit organization, Capitol City Careers, in Washington, D.C.

Dr. Kevin O'Brien has joined the Division of Services and Intervention Research. He is a graduate of the George Washington University with 15 years of professional experience in the development, provision, and administration of mental health services in a variety of community settings. In addition to his clinical specialization in trauma and loss, his professional interests include enhancing the transition of scientific findings to clinical practice settings and advancing public-private partnerships to improve community mental

health services. In DSIR, he will work with program staff in the development of research programs across the division.

Departing:

Elaine Baldwin is retiring at the end of May. She has served as an outstanding director of the NIMH COEP, which she initiated in 1999, and NIMH public liaison officer in the recently formed Office of Constituency Relations and Public Liaison. She coordinated the HHS media and constituency relations strategy to publicize *Mental Health: A Report of the Surgeon General*, released December 1999. Ms. Baldwin was Chief, Public Affairs and Science Reports Branch, Office of Scientific Information (OSI), which later became the Office of Communications, 1991-2000, and served as OSI acting director, September 1997-June 1998. She managed media relations and publications development, and directed the Panic Disorder Education Program (1991-96) and the Anxiety Disorders Education Program (1996-1999).

Dr. Walter Goldschmidts will leave the NIMH at the end of May to pursue an exciting opportunity with Booz, Allen and Hamilton. He has been with the NIMH for eleven years and with the NIH for more than 15 years. For the past 6 years, Walter has been the Associate Director, DNBBS, and Director of the Office of Training and Career Development. He also has coordinated all training and career development programs and initiatives for NIMH. Previously, he was a program officer with the NIMH Office on AIDS, managing research programs focused on investigating the impact of HIV infection on the CNS. Walter has played a key role on behalf of NIMH in increasing diversity in the neuroscience research workforce, and helping address the need to recruit and retain clinically trained investigators to pursue mental health research.

Dr. Jason Olin, Chief of the Geriatric Psychopharmacology Program and Chair of the NIMH Aging Research Consortium, will be leaving the Institute at the end of May. Dr. Olin will be joining Forest Pharmaceuticals in Jersey City as Associate Director, CNS Medical Affairs.

Dr. Serene Olin, Chief of the Child & Adolescent Combined Intervention Program, will be leaving the Institute at the end of May. Dr. Olin will be taking time off to raise her son, Zachary.

Dr. Ellen Gerrity has accepted a new position as Senior Policy Advisor with the Duke University/UCLA National Center for Child Traumatic Stress. The mission of the Center and the National Child Traumatic Stress Network (NCTSN; www.nctsn.org)—about 40 hospital or community-based child trauma programs affiliated with the Center—is to raise the standard of care and improve access to services for traumatized children, their families, and communities throughout the United States. While holding a joint faculty appointment with Duke University's Department of Psychiatry and Duke's Sanford Institute for Policy Studies, she will be based in Washington, DC, to help guide the long-term strategic planning to shape national policy for the prevention and treatment of child trauma. Dr. Gerrity came to NIMH from the American Red Cross as an expert in disaster

research. After serving as Acting Branch Chief of the Violence and Traumatic Stress Research Branch, she left to become an aide to Senator Paul Wellstone.

In conclusion, this is a busy and challenging time at NIMH. There are more trans-NIH activities than anytime in the past, not only in roadmapping but in re-organizing. Over the next few months, NIH will need to develop a plan for re-organization that addresses the President's Management Agenda (see web site), in the context of flattening budgets. At the same time, the era of genomics provides us with unprecedented opportunities to find vulnerability genes and new candidates for therapeutics. Finding funds for new initiatives in the next few years will be both more difficult and more important than in the recent past. I am looking forward to working with you as we plan how to fulfill our mission—reducing the burden of mental illness through research—during these challenging times.

APPENDIX

Budget Table 1– [NIH FY 2004 President's Budget Request](#)

Budget Table 2– [NIMH FY 2004 President's Budget Request](#)



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

NIMH
National Institute
of Mental Health