

**Director's Report to the  
National Advisory Mental Health Council**  
May 14, 2004

**Director's Opening Remarks**

I'm pleased to welcome members of the National Advisory Mental Health Council (NAMHC), and other participants and guests to our 206<sup>th</sup> Council meeting. Since we last met in February 2004, we have seen progress on many fronts at the National Institute of Mental Health (NIMH). In particular, we have had two workgroups of our Council reviewing our portfolios to look for gaps and opportunities for research progress. Today we look forward to recommendations from each workgroup, one focused on clinical trials and one focused on basic science. In addition, our extramural program has been reviewing its organization, looking for opportunities to optimize translation of basic science discoveries to clinical care. At today's meeting, I will discuss a draft of a new organization for our extramural research divisions. Below I will summarize some NIH-wide events, some recent scientific accomplishments, updates on various initiatives, outreach efforts, conferences, and personnel changes since we last met in February.

**NIH-Wide Update**

As many of you know, NIH has been focused on two major issues in the past four months. The NIH Roadmap continues to pick up energy from all 27 institutes and centers. The latest Request For Application (RFA) released by the NIH Roadmap, with NIMH as a lead institute, invites applications for pilot programs to establish the Molecular Libraries Screening Centers Network (MLSCN). The MLSCN will be a national resource capable of providing innovative high-throughput molecular screening approaches for the identification of small organic molecules that are active in biological assays. It will also facilitate efforts in synthetic chemistry to improve the utility of these molecules as bioactive probes for *in vitro*, and potentially *in vivo*, studies of normal and abnormal physiology of cells, organs, model systems, and/or organisms. For more information visit: <http://grants1.nih.gov/grants/guide/rfa-files/RFA-RM-04-017.html>.

In addition, responses to the RFA for the Molecular Libraries Small Molecule Repository are being reviewed at NIMH, as are applications in response to the RFA on Interdisciplinary Health Research Training: Behavior, Environment, and Biology. For an update on Roadmap activities, please refer to the NIH Roadmap website: <http://nihroadmap.nih.gov/>.

At a special Congressional hearing on the NIH Roadmap on April 21, members of the House Appropriations Subcommittee on Labor, Health and Human Services and Education expressed great enthusiasm for the new trans-NIH effort. In his testimony, Elias Zerhouni, NIH Director, used schizophrenia as an example of a disorder that leads to great suffering at a high public health cost, and for which recent identification of susceptibility genes

offers great promise of scientific advance. He then described how the NIH Roadmap could accelerate scientific discovery leading to improved prevention and treatment of the disease.

NIH has also been involved in the past four months in settling confusion regarding NIH conflict of interest regulations. Dr. Zerhouni asked a Blue Ribbon Panel (chaired by Bruce Alberts and Norman Augustine) to review the existing conflict of interest regulations and submit recommendations for managing both conflicts of interest and disclosure.

The report of the Blue Ribbon Panel, [www.http://www.nih.gov/about/ethics\\_COI\\_panelreport.htm](http://www.nih.gov/about/ethics_COI_panelreport.htm)), released May 6<sup>th</sup>, found “an extremely complex set of rules governing conflicts of interest at NIH. These rules are widely misunderstood by some of the very people to whom they are intended to apply, thereby creating uncertainty as to allowable behavior and adversely affecting morale.” The panel recommends that institute directors and senior staff reporting to the institute director have no outside activities with industry or academia. The panel recommends that intramural scientists who have no authority over extramural awards be permitted to participate in speaking, writing, and other academic activities within specified limits. In addition, the panel notes that all staff should disclose outside activities to preserve transparency at NIH. At NIMH, we welcome these recommendations to clarify conflict of interest guidelines and we look forward to their implementation.

NIMH has a number of outreach activities designed to increase public awareness of our mission; we hope these will help to preserve and foster public trust. This year we are expanding our Outreach Partnership Program <http://www.nimh.nih.gov/outreach/partners>). To help the program’s Outreach Partners in 50 states and the District of Columbia transmit information locally about mental health research findings and clinical trials, NIMH is now working with NIDA and SAMHSA to provide important complementary information on drug abuse and mental health services. The program is also inviting a diverse range of national and local partners, including State Mental Health Program Directors, to help in our dissemination and outreach activities. This year, we will be holding the first meeting of the Alliance for Research Progress, a longer, interactive meeting with representatives from the patient and family advocacy community to discuss institute initiatives and to hear about priorities from our major constituents. And, to make our electronic presence more user-friendly for patients and families, we have revamped our website <http://www.nimh.nih.gov/>). In addition to a new look and feel, it includes specific recommendations about controversial topics, such as the treatment of adolescent depression.

### **Neuroscience Blueprint**

Since our previous meeting, the 14 NIH institutes and centers involved in neuroscience have joined together to develop a blueprint for research on the nervous system. Though we all share an interest in similar research areas, we have not previously cooperated on this scale. The blueprint grew out of the recognition of current opportunities for providing new tools and repositories to the neuroscience community. The current issue of *Nature Neuroscience* (sponsored by six of the NIH neuroscience institutes) describes some of these opportunities, ranging from neurogenomics to behavior. In this era, with limited budgetary increases each year, all of the institutes see the value in leveraging their

investments. The Blueprint will coordinate many ongoing activities, as well as propose new collaborative efforts around the general themes of neural development, neural degeneration, and neural plasticity. The new Porter Neuroscience building on the NIH campus in Bethesda, which will open in the next two months, provides a tangible symbol of this kind of collective effort; it will group intramural scientists together by research area rather than by institute. With the broader extramural neuroscience community, we will be developing the Neuroscience Blueprint over the next four months. Our goal is to deliver a plan in September.

## Science of Note

### **Presynaptic Mechanisms Are Critical for Learning and Memory**

In recent years, efforts to elucidate the processes underlying learning and memory have been dominated by studies of postsynaptic mechanisms, while little is known of the role of presynaptic mechanisms. Researchers at the University of Texas Southwestern Medical Center in Dallas, led by C.M. Powell, are the first to demonstrate that alteration of a presynaptic protein can lead to selective deficits in cognitive function, while sparing motor coordination and other behaviors. The researchers showed that mice lacking RIM1alpha, a presynaptic active zone protein, are not only deficient in several presynaptically expressed forms of LTP, but exhibit severe behavioral impairments in associative learning paradigms, such as fear conditioning and the Morris water maze. This study highlights the importance of RIM1alpha and its associated presynaptic molecular cascades in cognitive behaviors.

*C.M. Powell, S. Schoch, L. Monteggia, M. Barrot, M.F. Matos, N. Feldmann, T.C. Sudhof, and E.J. Nestler. The Presynaptic Active Zone Protein RIM1alpha is Critical for Normal Learning and Memory. Neuron, 42: 143-153, 2004.*

### **Brain Signal Predicts Working Memory Prowess**

Some people are better than others at remembering what they have just seen—holding mental pictures in mind from moment to moment. An individual's capacity for such visual working memory can be predicted by his or her brainwaves, according to new research reported in *Nature* and led by Edward Vogel and graduate student Maro Machizawa, from the University of Oregon. A key brain electrical signal leveled off when the number of objects held in mind exceeded a subject's capacity to accurately remember them, while it continued to soar in those with higher capacity. Neural activity of subjects with poorer working memory scores leveled off early, showing little or no increase when the number of objects to remember increased from two to four, while those with high capacity, who correctly remembered more objects, showed large increases. Since working memory capacity is strongly predictive of performance on a broad array of cognitive abilities -- reasoning, language, flexible problem solving - Vogel foresees the physiological measure as finding applications in assessing individuals who are behaviorally or verbally impaired, such as in cases of stroke or paralysis. The technique has also been used to study development of cognitive abilities in pre-verbal children.

*Vogel EK, Machizawa MG, Neural activity predicts individual differences in visual working memory capacity. Nature, 428(6984):748-51, 2004.*

### **New Light Shed on Cognitive Style and Depression Vulnerability**

A substantial body of research has established that the way people characteristically interpret negative life events constitutes a strong depression vulnerability factor; excessively negative reactions are significantly associated with greater risk for future symptoms and diagnoses of depression. However, it has not been clear whether such negative reactions were qualitatively different from more adaptive interpretations of negative events, as suggested by some theorists, or whether the cognitive vulnerability is best represented as a dimension. In a recent study, Lauren Alloy of Temple University and Lynn Abramson of the University of Wisconsin-Madison, assessed more than 5,000 college students for the degree of negative cognitive styles, as well as measures of depressive symptomatology. They examined whether a dimensional or categorical model best explained the relationship between cognitive style and depressive symptoms. The results indicated that negative cognitive styles could best be represented as a single, continuous dimension. However, the risk for more severe depressive reactions appears to grow with increasingly negative cognitive styles. These results critically inform the development of new therapies designed to modify the harmful effects of negative cognitive styles.

*Gibb, B. E., Alloy, L. B., Abramson, L. Y., Beevers, C. G., & Miller, I. W. Cognitive vulnerability to depression: A taxometric analysis. Journal of Abnormal Psychology, 113: 81-89, 2004.*

### **An Emerging Subtype of Late-Life Depression**

The characteristics of vascular depression continue to be delineated by NIMH-funded research. In a recent study it was proposed that the term “subcortical ischemic depression” (SID) be used to describe vascular depression due to subcortical ischemic changes. In a recent study of 139 depressed elders led by K.R.R. Krishnan of Duke University, investigators sought to show that individuals with SID differ in clinical presentation from those depressed individuals without SID. More than half of elderly depressed community-dwelling subjects treated in tertiary care settings met criteria for SID. Subjects with SID were significantly more likely to report a later age of depression onset, have a history of hypertension, and exhibit lassitude (difficulty in getting started or slowness in initiating and performing everyday activities). Such subjects were significantly less likely to describe a family history of depression and to experience loss of libido. The authors conclude that this clinical syndrome description meets the requirements for diagnostic validity, and that it should be seen as part of a continuum of neuropsychiatric conditions associated with subcortical ischemic disease. These results contribute to the field’s growing ability to improve prognosis and guide treatment in late-life depression.

*Krishnan, KRR, Taylor, WD, McQuoid, DR, MacFall, JR, Payne, ME, Provenzale, JM, and Steffens, DC. Clinical characteristics of magnetic resonance imaging-defined subcortical ischemic depression. Biological Psychiatry, 55:390-397, 2004.*

### **Assessing Treatment-related Decision-making Capacity Among Older Patients with Schizophrenia**

Antipsychotic medications constitute the backbone of treatment for schizophrenia. Current guidelines require clinicians to obtain patients’ informed consent for treatment, but few empirical studies have examined the capacity of patients with schizophrenia for meaningful consent in this context. This issue may be particularly relevant for middle-aged and older patients because normal aging-related cognitive changes may adversely

affect decision-making processes. Barton Palmer and colleagues at the University of California at San Diego assessed the correlates and stability of decision-making capacity among patients with schizophrenia compared with age-matched normal subjects. Overall, middle-aged and older outpatients with schizophrenia were less able to understand disclosed information than normal comparison subjects. However, such group comparisons obscured the remarkable heterogeneity among patients. The wide range of capacity among patients appeared more related to cognitive functions than to severity of psychopathology. Such information about barriers to capacity may help in developing more effective methods of providing informed consent.

*Palmer BW, Dunn LB, Appelbaum PS, Jeste DV. Correlates of treatment-related decision-making capacity among middle-aged and older patients with schizophrenia. Arch Gen Psychiatry. 61:230-236, 2004.*

### **Reducing HIV-Risk Behavior Among Adults Receiving Outpatient Psychiatric Treatment**

In the largest HIV prevention trial to date with people with serious mental illness, Michael Carey at Syracuse University and colleagues investigated the efficacy of a new 10-week HIV risk reduction intervention. The study enrolled 221 women and 187 men receiving outpatient psychiatric care for a mental illness. Patients were randomly assigned to one of three groups: the HIV intervention, a structurally equivalent substance-use-reduction (SUR) intervention, or standard care; they were assessed pre- and post intervention and at three- and six-month follow-ups. Compared with patients in the SUR and control conditions, those receiving the HIV-risk-reduction intervention reported less unprotected sex, fewer casual sex partners, fewer new sexually transmitted infections, more communications about safer sex, improved HIV knowledge, more positive condom attitudes, stronger condom use intentions, and improved behavioral skills. Patients receiving the SUR intervention reported fewer total and casual sex partners compared with control patients. Exploratory analyses suggested that female patients and patients diagnosed with a major depressive disorder were particularly likely to benefit from the HIV-risk-reduction intervention.

*Carey, MP, Carey, KB, Maisto, SA, Gordon, CM, Schroder, KEE, and Vanable PA. Reducing HIV-risk behavior among adults receiving outpatient psychiatric treatment: Results from a randomized controlled trial. Journal of Consulting and Clinical Psychology, 72(2): 252-268, 2004.*

### **New Trend Data on US AIDS Transmission Rate**

More than 95% of HIV-infected people in the United States do not transmit the virus to another individual in a year's time, according to a report by David Holtgrave, of Emory University's Rollins School of Public Health. In his analysis of the period 1978-2000, Holtgrave found that transmission rates dropped during the 1980s from essentially 100% to about 5.49%. The rate fell again slightly at the beginning of the 1990s, then remained relatively stable at 4.0-4.34%.

*"HIV Transmission: Rate in US Is Approximately 4 Percent Per Year" AIDS Weekly, 03.01.04.*

### **"Care Managers" Help Depressed Elderly Reduce Suicidal Thoughts**

An intervention that includes staffing doctors' offices with depression care managers helps depressed elderly patients reduce suicidal thoughts, according to a study by Martha Bruce at Cornell University and Charles Reynolds at the University of Pittsburgh. They report on

the outcome of the intervention in three major Eastern U.S. metropolitan areas. Older Americans comprise 13% of the population but account for 18% of all suicides. The major risk factor for suicide in late life is major depression. Since most older Americans who complete suicide have seen their doctor within a month of the event, effectively treating depression in primary care is a preventive intervention that can save lives. Suicidal thinking resolved more quickly in patients who received the intervention. Also, intervention patients had a more favorable course of depression, as measured by severity of symptoms, rate of treatment response and remissions. For example, at eight months, about 70% of intervention patients initially plagued by suicidal thoughts were free of them, compared to about 44% of "usual care" patients.

*Bruce ML, Ten Have TR, Reynolds CF 3rd, Katz II, Schulberg HC, Mulsant BH, Brown GK, McAvay GJ, Pearson JL, Alexopoulos GS. Reducing suicidal ideation and depressive symptoms in depressed older primary care patients: a randomized controlled trial. JAMA. 3;291(9):1081-91, 2004.*

## **Grants Management**

The Grants Management Branch continues to increase the efficiency and timeliness at which applications are awarded. For example, in FY 2002, 55% of competing grant applications (excluding training grants) considered at the October 2001 and January 2002 Council meetings were awarded by April 1. This proportion grew to over 75% in the current fiscal year (FY 2004). Non-competing awards also are being released more expeditiously: during FY 2002, 36.5% of all non-competing awards were issued prior to their anniversary date; in FY 2003 the level increased dramatically to 75.5% and during the first six months of FY 2004, the level is at 83%.

At the upcoming Grants Management Awards Ceremony in June, the Vision Steering Committee will recognize Rebecca Claycamp, Carole Robinson, Brian Albertini, Kevin Quinn and Izja Lederhendler for their leadership and contributions in grants administration. The mission of the Vision Steering Committee is to improve the operations and efficiency of grants management and research administration at NIH and in the grantee community. These awards represent the appreciation of the NIH grants management community.

## **NIMH Public Outreach**

### Real Men Real Depression Campaign Highlights

This campaign, designed to increase public awareness of depression in men, takes a new approach, in which men with depression talk directly to other men. By sharing personal stories of treatment and recovery, these men are making a powerful contribution to help others recognize depression. The campaign has recently experienced an increase in interest among advocacy organizations. To date, approximately 230 organizations across the country have proactively contacted NIMH to partner and/or to request materials to disseminate to consumer groups, patients, family members, and other stakeholders. For example, the Mental Health Association of Illinois Valley has adapted the campaign locally in Peoria, Illinois. They have distributed more than 5,000 brochures and several hundred booklets among their community and partner organizations. They will also

conduct media outreach using the campaign print and radio public service announcements and place **Real Men Real Depression** billboard and bus-side outdoor advertisements beginning this summer. Other recent partnership activities include working with groups such as the Mesa County Health Department in Grand Junction, CO and Blue Cross Blue Shield of California to provide them with materials so they can conduct their own local campaigns.

NIMH's **Real Men Real Depression** campaign continues to be recognized through a variety of awards programs that are highly regarded in the public relations industry. In March, the campaign was named as a finalist for *PRWeek's* 2004 awards for "Public Sector Campaign of the Year" and "Best Use of Broadcast." *PRWeek* is a leading public relations industry publication. In April, the campaign was named as a nominee in the "Social Marketing" category of the SABRE awards. Winners will be announced in mid-May. The campaign was also named as a finalist in the PSA category. The SABRE awards are sponsored by *The Holmes Report*, a PR industry newsletter. The campaign and its PSAs were named as finalists in the National Association of Government Communicators 2003 Blue Pencil & Gold Screen Awards. Winners will be announced on May 20. The campaign's video PSAs and Web site were also honored in April with NIH's Plain Language awards, which recognize materials that are clear and to the point and help improve communication between the government and the public.

In addition to the awards for the **Real Men Real Depression** campaign, NIMH also received a Plain Language award for the booklet, "A Look at Attention Deficit Hyperactivity Disorder (ADHD)."

*Time* cover story on "Secrets of the Teen Brain"

A cover story on the teen brain in the May 10 issue of *Time* magazine showcases NIMH's Jay Giedd and the Child Psychiatry Branch's longitudinal MRI study of brain development. The story also highlights grantees Elizabeth Sowell, Ronald Dahl, Deborah Yurgelun-Todd, Martin Teicher, and Mary Carskadon. Time-lapse 3-D MRI pictures, provided by UCLA collaborators Art Toga and Paul Thompson, show the brain developing over 15 years.

Other NIMH media mentions:

PBS's *Charlie Rose Show* devoted a 30-minute segment on February 20, 2004 to "Fear, Stress, and the Brain." NIMH's Dennis Charney, and grantees Joe LeDoux and Bruce McEwan were on the guest panel of scientific experts.

A major story on autism in the *New York Times* at the end of February included an interview with Tom Insel and information about the federal 10-year research plan to fight the brain disorder. Several grantees funded by the Interagency Autism Coordinating Committee (IACC) also were featured in the story.

New research funded by NIMH to study the use of the medication propranolol for the treatment of PTSD was featured in major articles in the *New York Times Magazine*,

*Science*, and on *CNN* this month. Roger Pitman, who is conducting the PTSD research, and NIMH's Dennis Charney were interviewed.

NIMH's Sue Swedo and Ben Vitiello co-authored an editorial in the April 7 *New England Journal of Medicine* that addressed the current concerns about antidepressants and suicidal ideation. Swedo also co-authored with NIMH's Judith Rapoport an editorial in the April *Pediatrics*, describing the evidence in support of the Pediatric Autoimmune Disorders Associated with Strep (PANDAS) diagnosis, and recommending that children with sudden onset OCD be given throat cultures.

## **Research Conferences**

### **NIMH Pediatric Bipolar Conference**

The annual NIMH Pediatric Bipolar Conference, held in early April in Boston, was organized as a collaborative effort between NIMH and Massachusetts General Hospital to encourage researchers and clinicians to exchange information, define critical questions, and foster collaborative studies about children and adolescents with symptoms consistent with bipolar disorder. Participants discussed the course and outcome of bipolar youth, family studies of pediatric onset bipolar disorder, psychopathology in the offspring of bipolar parents, and evidence for linkage to chromosome 9q34. Proceedings from this conference will be published in *Biological Psychiatry*.

### **Neurogenesis: Defining Preclinical Opportunities**

Recent observations of neurogenesis in the adult mammalian brain, along with the reported effects of stress and antidepressant agents on this process, have highlighted the need for targeted, mental health-related research that will assess the theoretical link between neurogenic processes and behavioral outcomes. NIMH sponsored a workshop on the topic in Bethesda in March, which convened a panel of leading developmental, molecular and behavioral neuroscientists to consider how the biology of neurogenesis could be directed toward understanding neuropsychiatric disorders. The goal of this meeting was to define a unique, mission-appropriate niche through which NIMH can identify and promote the most outstanding and forward-looking research on this important topic. The event was moderated by Beth-Anne Sieber (NIMH) and René Hen (Columbia University). A report is in preparation and will be posted on the NIMH web site and forwarded to participants and interested investigators.

### **First DSM Revision Research Planning Conference**

The first in a series of eleven research planning conferences funded by NIMH in collaboration with NIDA and NIAAA, was held at the NIH campus in February. Principal aims of the conferences are to stimulate empirical research in advance of a formal revision to the DSM, to facilitate movement to a unified DSM/ICD, and to develop alternative research criteria for investigations into the etiology and pathophysiology of disorders. Much prior nosologic research has concentrated on the reliability of diagnostic criteria, but the next challenge is to study the validity of disorders by linking them to pathophysiology. While the rest of the conferences will address specific diagnostic topics, this first

conference was designed to examine a broad array of statistical methods and techniques that can be used to capture, examine, interpret, and, when useful, synthesize disparate datasets. Presentations included novel approaches for designing, analyzing, and interpreting studies of diagnostic categories. The next conference in the series, focusing on personality disorders, will be held in December 2004.

### **Winter Conference on Brain Research**

An NIMH/Human Brain Project panel presentation on “Improved Experimentation Through Modeling” at the Winter Conference on Brain Research in January focused on recent approaches to modeling neuronal process that afford new ways to quantitatively express experimental results. These approaches allow for the integration of vast amounts of data collected with different experimental techniques and spanning multiple scales and levels of analysis. This process provides a medium for the discovery of new principles of neural function and a clear and precise mechanism for communicating a theory with other scientists.

### **Neuroinformatics Coordinating Facility**

In April, The Global Science Forum of the Office for Economic Cooperation and Development hosted a meeting to finalize the drafting of a multinational understanding to create and support an International Neuroinformatics Coordinating Facility (INCF). The INCF will coordinate and develop international activities in neuroscience informatics. The participants in this meeting, all of whom intend to sign this document, included representatives from the governments of Australia, Belgium, Canada, China, Czech Republic, Denmark, European Commission, Finland, France, Germany, India, Italy, Japan, Korea, Netherlands, Norway, Sweden, Switzerland, UK, and the USA. Stephen Koslow of NIMH chaired the meeting.

### **A Decade of Neuroscience Informatics: Looking Ahead**

The Human Brain Project (HBP) continues to provide funding to create a distributed system of web based databases, analytical tools, and data driven computational models; these provide a venue for data sharing and enable the integration of structural, functional and dynamic data. A meeting held in April featured a special program of lectures by leaders in the field to commemorate a decade of work to share vital neuroscience advances and their implications for research and education. Speakers gave their reflections on the past and vision for the future in terms of the technological, scientific, and social opportunities and challenges scientists face in today's shifting research paradigm of sharing published primary data. Long-term and recently funded program grantees also presented new capabilities they have developed and the impact of their availability on neuroscience research.

### **The Cost of Prevention**

In February, NIMH hosted the meeting “Preventing Child and Adolescent Mental Disorders: Research Roundtable on Economic Burden and Cost Effectiveness.” The roundtable brought together investigators in child mental health prevention, experts in research methodology, and economists to discuss the economic burden of mental illness in childhood and the cost effectiveness of preventive interventions. Thus far, few studies

have addressed to what extent the economic burden of mental illness in children could be alleviated through prevention. Research in this area will require close collaboration between child mental health researchers and economists.

### **Science and Service: Forging Partnerships in Discovery**

In March, the NIMH Division of Interventions and Services Research, the NIMH Child Consortium, and the Center for Mental Health Services (CMHS) co-sponsored a technical assistance workshop to facilitate the submission of grant applications in response to NIMH Program Announcement “Effectiveness, Practice and Implementation in CMHS’ Children’s Service Sites.” The announcement calls for effectiveness, practice and/or implementation research to be conducted within CMHS-funded “System of Care” or “Safe Schools/Healthy Students” grant communities. Ten teams attended the workshop, each composed of academic research partners, CMHS site representatives, and family members. Presentations included information on promising research opportunities, mechanisms for building academic-community partnerships, and innovative community-based research methods. Individual breakout groups were designed so that teams could meet to discuss grant application specific aims and methods; the groups also provided opportunities for joint technical assistance from CMHS staff, NIMH program staff, and workshop scientific advisors.

### **Participation in Government Health Services Research Grants**

In April, the NIMH and program staff from NIDA, NIAAA, NCI, and the Agency for Healthcare Research and Quality (AHRQ) co-sponsored a technical assistance workshop for organizations and management researchers. The purpose of the workshop was to facilitate increased contributions to grants programs by investigators with a solid grounding in mainstream organizational and management research theories and methods. This one-day workshop introduced HHS agencies that sponsor research grants in this area, discussed ways to combine public health needs and organizational research problems, and offered assistance on ways of participating in mental health, substance abuse, and general medical health services researchers. More than 70 participants attended, discussing concept papers of potential application submissions with program staff from all five institutes and agencies. NIMH applications in this area will likely be directed to the Dissemination and Implementation Research Program with the Services Research and Clinical Epidemiology Branch.

### **Cognitive Perspectives on Mental Health Practice**

This workshop, held in early May, was sponsored by both the Services Research and Clinical Epidemiology and the Basic Behavioral Science Branches of NIMH. Goals were to identify directions for cognitive research that can lead to better understanding of the behavior of mental health care providers; development of techniques and tools for enhancing the effectiveness of providers’ work; recommendations for how NIMH can stimulate new, high-quality cognitive research on mental health practice; better communication and collaboration among basic cognitive researchers and mental health services researchers. The workshop considered the behavior of all professional mental health care providers, including psychiatrists, psychologists, primary care physicians,

nurses, counselors, and social workers, who work in any setting to prevent and treat mental disorders. Types of provider behaviors addressed include:

- diagnosis and assessment of risk and prognostic factors
- treatment and management
- referrals to other providers
- interactions with clients/patients and their families
- interactions with colleagues
- training/education (at all career stages)

Cognitive research on these behaviors includes studies of decision-making, knowledge representation, executive function, attention, learning, and language, operating at both the individual and social levels.

### **The National Psychiatry Training Council**

NIMH is concerned that a shortage of psychiatrist-investigators will impair the ability to translate groundbreaking scientific discoveries into meaningful treatment advances for patients suffering from mental illness. In response to the Institute of Medicine report entitled "*Research Training in Psychiatry Residency: Strategies for Reform*," NIMH has taken the lead in organizing the National Psychiatry Training Council to determine the best ways to introduce research experience into psychiatry residency training. The Council met in April in Bethesda to discuss its "vision for reform." The 25 Council members, who are key leaders and stakeholders in child and adult psychiatry residency training, were charged with identifying key elements of this vision, describing concerns and potential obstacles to achieving reform, and suggesting specific proposals. Workgroups were formed and timelines were set to address model pilot programs, regulatory guidelines, research literacy, mentoring, pipeline, and recruitment development.

### **Enhancing Critical Capacity in Mental Health Research and Training Technical Assistance**

NIMH and the Howard University Graduate School sponsored a two-day workshop in April at Howard. It sought to foster research and training opportunities that will help increase the number of racial/ethnic scientists in mental health research. The goal is to establish collaborations and partnerships among Historically Black Colleges and Universities (HBCU), Hispanic Serving Institutions (HSI), and Tribal Colleges (TC) as a first step in strengthening research infrastructure at institutions with substantial racial/ethnic populations. The meeting brought NIMH staff together with administrators, faculty, and graduate students from approximately 23 doctoral and medical degree-conferring HBCUs, HSIs, and TCs, to discuss research funding opportunities, peer review process, and grant administration. On the second day, participants had an opportunity to meet one-on-one with NIMH staff at NIMH Headquarters.

### **Meeting-Based Publications**

The proceedings of the meeting **Viral and Host Genetic Factors Regulating HIV/CNS Disease**, held in November 2002 in Washington, DC, was published recently as a supplement to the *Journal of NeuroVirology*. Jeymohan Joseph (NIMH) and Toby Behar (NINDS), who organized the meeting, also served as guest editors for the supplement. The

supplement summarized the key findings presented at the meeting, as well as emerging priorities for future research. *NeuroVirology, Vol.10, Supplement 1, 2004.*

A recent supplement to the journal *AIDS* is dedicated to research on CNS-related comorbidities and complications in HIV-infected older adults, as discussed at the NIMH workshop **Mental Health Research Issues in HIV Infection and Aging**, co-sponsored by the NIA, NIDA, and the NIH Office of Rare Diseases, held in April 2002 in Washington, D.C. The supplement highlights the world's leading research programs on HIV/AIDS and aging in addressing questions on neurocognitive aspects, neuropsychiatric aspects, neuropathogenesis, and treatment. *Stoff, D.M., Khalsa, J., Monjan, A., and Portegies, P. (Eds.) ():* *HIV/AIDS and aging. AIDS, 18 Suppl. 1, 2004.*

Izja Lederhendler, Chief of the Behavioral and Systems Neuroscience Program, is co-editor of the just-published volume **Roots of Mental Illness in Children**. This volume is published by the NY Academy of Sciences and is based on an NIMH-sponsored meeting, which took place in 2003.

## Major Awards

**Lauren Alloy, Ph. D.**, Temple University, and **Lyn Abramson, Ph. D.**, University of Wisconsin-Madison, were jointly awarded the 2004 Distinguished Scientist Award from the Society for a Science of Clinical Psychology (SSCP). This award recognizes their long record of distinguished contributions to the literature on cognitive vulnerabilities to depression and bipolar disorder.

**George S. Alexopoulos, M.D.**, Weill Medical College of Cornell University, received the 2004 Joseph Zubin Award of the American Psychopathological Association in recognition of his contributions to research in aging and late-life depression.

**Rosalind Cartwright, Ph. D.**, University of Chicago, was awarded the 2004 Distinguished Scientist Award from the Sleep Research Society. This is the highest honor that the society bestows; she received it in recognition of her many seminal contributions to the field of sleep and dream research.

Two NIMH grantees have been elected to the **National Academy of Sciences**: **Richard Huganir, Ph.D.**, professor of neuroscience at Johns Hopkins University School of Medicine and a Howard Hughes Medical Institute investigator; and **Walter Mischel, Ph.D.**, Robert Johnson Niven Professor of Humane Letters in Psychology at Columbia University.

**Peter Klein, M.D., Ph.D.**, has won the The Solowey Lecture Award, established in 1973 by the Foundation for Advanced Education in the Sciences. The award annually honors a scientist for his or her outstanding research in neurobiology or diseases of the central nervous system. As the award winner, Dr. Klein will deliver the 31st Mathilde Solowey Award Lecture on May 20 on the NIH campus. His talk is titled, "A molecular mechanism

for lithium action in development and behavior.” Dr. Klein has been a Howard Hughes Medical Institute Assistant Investigator since 1995 and is now an Associate Professor in the Department of Medicine at the University of Pennsylvania.

NIMH grantees **Wendy Suzuki, Ph.D.**, (New York University) and **Robert L. Goldstone, Ph.D.**, (Indiana University) received the prestigious Troland Research Award from the National Academy of Sciences. Dr. Suzuki was honored for her research on the neurobiology of memory function in non-human primates and Dr. Goldstone for his research showing how perceptual learning dynamically adjusts dimensions and boundaries of categories and concepts in human thought. These awards are given to young investigators in recognition of unusual achievements in empirical research on psychological functions.

**Gail E. Wyatt, Ph.D.**, of the University of California at Los Angeles was honored by the Los Angeles Commission on Women as "Woman of the Year" at an event in March. In addition, the San Fernando Valley Chapter of Jack and Jill of America, a family organization, also honored Dr. Wyatt for Outstanding Research and Clinical Practice with African American Families in February. In mid-May Dr. Wyatt and her husband, Dr. Lewis Wyatt, will be honored by Alpha Kappa Alpha Sorority for their contributions to the community and for their co-authored 2003 book published by John Wiley and Sons. Finally, in October 2004, The UCLA Medical Alumni Association will honor Dr. Wyatt with the Professional Achievement Award. Her children, Dr. Lance Wyatt, a plastic and reconstructive surgeon and Dr. Lacey Wyatt, a family medicine specialist, both UCLA alumni, will present their mother with the award.

## **Staff Changes:**

### **Arriving**

**Aileen Schulte, Ph.D.**, joined the Review Branch, DEA, as a Scientific Review Administrator in April 2004. She received her doctorate in sociology in 1995 from Indiana University and was Assistant Professor of Sociology at the State University of New York at New Paltz. Her research interests are in social stigma and mental health, and computer-based distance-learning.

### **Departing**

**Susan Brandon, Ph.D.**, formerly Chief of the Affect and Biobehavioral Regulation Program in the Behavioral Science Research Branch, DNBBS, has assumed a two-year detail to the Office of Science and Technology Policy as Assistant Director for Social, Behavioral and Educational Sciences.

**Helen Lejnar**, Secretary to the Director, DSIR, retired in April after 33 years of service.

**Mary Lou Prince**, the Grants program Assistant in the Geriatrics Treatment Branch was selected as one of the Supervisors of the Extramural Support Staff of the NIH Most Efficient Organization (MEO). She began her new position in mid-April.

In April, two DMDBA staff retired after long and productive NIMH careers: **Claudia Zust** and **Laurel Gilligan**. In addition, a long-term secretarial contractor, **Bernice Lawson**, returned to retirement.

### **In Memoriam**

Colleagues at NIMH and in the international mental health community were very saddened to hear that **David Lozovsky** died recently while on a cruise ship with his wife and son in the Caribbean. As a top Soviet psychiatric research investigator who defected to the U.S. in 1977 to join the NIMH, he had the wisdom and diplomatic skill to serve as the indispensable consultant and guide for the State Department visit to the Soviet Union in 1988-89, the return visit of Soviet psychiatrists to the U.S. in 1990, and the mental health mission of the Gore-Chernomyrdin Commission, Health Committee through the late 1990s. David worked with many of us to address the abuse of psychiatry in the former Soviet Union and then served as an ambassador to facilitate significant improvements in the availability of modern psychiatric services to the people of his native Russia.



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