

DEPARTMENT OF HEALTH AND HUMAN SERVICES

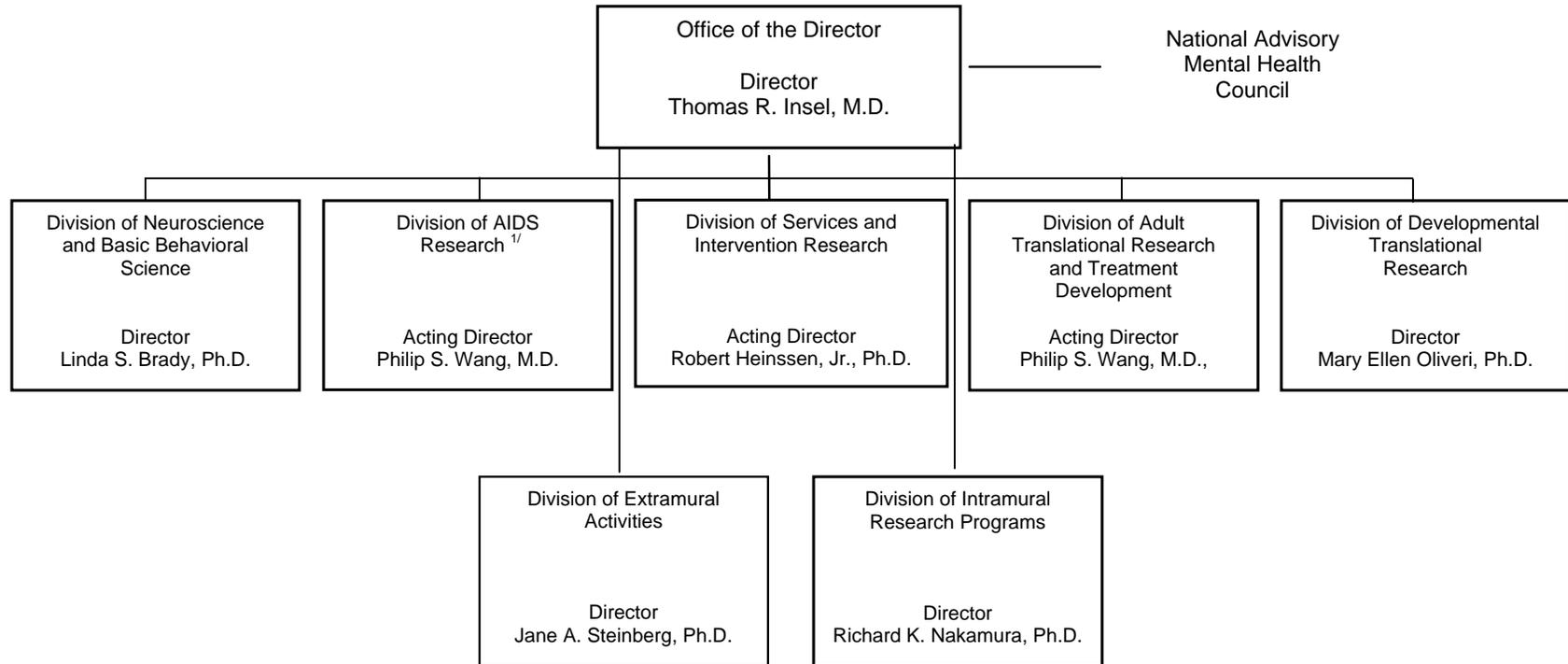
NATIONAL INSTITUTES OF HEALTH

National Institute of Mental Health (NIMH)

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health  
National Institute of Mental Health



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1/. The Health and Behavior components of the Division of AIDS and Health and Behavior Research have been dissolved. The Health and Behavior components have been absorbed by the other NON-AIDS Research divisions.

## **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 [\$1,489,372,000], \$1,540,345,000 (Public Law 111-117, Consolidated Appropriations Act, 2010.)

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

**Amounts Available for Obligation 1/**

Source of Funding	FY 2009 Actual	FY 2010 Estimate	FY 2011 PB
Appropriation	\$1,450,491,000	\$1,489,372,000	\$1,540,345,000
Rescission	0	0	0
Supplemental	0	0	0
Subtotal, adjusted appropriation	1,450,491,000	1,489,372,000	1,540,345,000
Real transfer under Director's one-percent transfer authority (GEI)	2,886,000	0	0
Comparative transfer for Public Access	-209,000	-226,000	0
Comparative transfer for NCBI	-229,000	-354,000	0
Comparative transfer under Director's one-percent transfer authority (GEI)	-2,886,000	0	0
Comparative transfer from DHHS for Autism	1,000,000	1,000,000	0
Subtotal, adjusted budget authority	1,451,053,000	1,489,792,000	1,540,345,000
Unobligated balance, start of year	0	0	0
Unobligated balance, end of year	0	0	0
Subtotal, adjusted budget authority	1,451,053,000	1,489,792,000	1,540,345,000
Unobligated balance lapsing	0	0	0
Total obligations	1,451,053,000	1,489,792,000	1,540,345,000

1/ Excludes the following amounts for reimbursable activities carried out by this account:  
FY 2009 - \$14,951,000    FY 2010 - \$18,000,000    FY 2011 - \$18,000,000

Excludes \$567,074 Actual in FY 2009; Estimate \$570,000 in FY 2010 and Estimate \$570,000 in FY 2011 for royalties.

**NATIONAL INSTITUTES OF HEALTH  
National Institute of Mental Health  
(Dollars in Thousands)  
Budget Mechanism - Total**

MECHANISM	FY 2009 Actual		FY 2009 Recovery Act Actual		FY 2010 Recovery Estimate		FY 2010 Estimate		FY 2011 PB		Change	
	No.	Amount	No.	Amount	No.	Amount	No.	Amount	No.	Amount	No.	Amount
<b>Research Grants:</b>												
<b>Research Projects:</b>												
Noncompeting	1,585	\$631,965	0	\$0	202	\$ 127,016	1,549	\$654,888	1,529	\$656,286	(20)	\$1,398
Administrative supplements	(47)	4,951	(68)	25,827	(26)	10,000	(44)	4,593	(44)	4,593	0	0
<b>Competing:</b>												
Renewal	97	44,812	6	2,754	0	0	98	46,179	102	49,202	4	3,023
New	444	159,845	200	139,427	22	19,585	447	164,239	480	180,090	33	15,851
Supplements	1	369	15	8,783	0	0	1	376	1	384	0	8
Subtotal, competing	542	205,026	221	150,964	22	19,585	546	210,794	583	229,676	37	18,882
Subtotal, RPGs	2,127	841,942	221	176,791	224	156,601	2,095	870,275	2,112	890,555	17	20,280
SBIR/STTR	88	30,079	1	226	0	0	91	31,117	91	31,187	0	70
Subtotal, RPGs	2,215	872,021	222	177,017	224	156,601	2,186	901,392	2,203	921,742	17	20,350
<b>Research Centers:</b>												
Specialized/comprehensive	66	113,788	10	12,310	9	8,626	66	115,495	67	118,960	1	3,465
Clinical research	0	0	0	0	0	0	0	0	0	0	0	0
Biotechnology	0	0	0	0	0	0	0	0	0	0	0	0
Comparative medicine	0	0	0	0	0	0	0	0	0	0	0	0
Research Centers in Minority Institutions	0	0	0	0	0	0	0	0	0	0	0	0
Subtotal, Centers	66	113,788	10	12,310	9	8,626	66	115,495	67	118,960	1	3,465
<b>Other Research:</b>												
Research careers	397	61,560	0	1,771	0	0	397	62,483	401	64,357	4	1,874
Cancer education	0	0	0	0	0	0	0	0	0	0	0	0
Cooperative clinical research	5	1,833	0	0	0	0	0	497	0	512	0	15
Biomedical research support	0	0	0	0	0	0	0	0	0	0	0	0
Minority biomedical research support	0	0	0	0	0	0	0	0	0	0	0	0
Other	112	43,143	2	1,512	2	728	117	45,126	118	46,480	1	1,354
Subtotal, Other Research	514	106,536	2	3,283	2	728	514	108,106	519	111,349	5	3,243
<b>Total Research Grants</b>	<b>2,795</b>	<b>1,092,345</b>	<b>234</b>	<b>192,610</b>	<b>235</b>	<b>165,955</b>	<b>2,766</b>	<b>1,124,993</b>	<b>2,789</b>	<b>1,152,051</b>	<b>23</b>	<b>27,058</b>
<b>Research Training:</b>												
Individual awards	291	10,712	0	0	0	0	291	10,791	291	11,489	0	698
Institutional awards	764	32,738	7	424	0	0	764	32,980	764	35,112	0	2,132
<b>Total, Training</b>	<b>1,055</b>	<b>43,450</b>	<b>7</b>	<b>424</b>	<b>0</b>	<b>0</b>	<b>1,055</b>	<b>43,771</b>	<b>1,055</b>	<b>46,601</b>	<b>0</b>	<b>2,830</b>
<b>Research &amp; development contracts (SBIR/STTR)</b>	<b>170</b>	<b>72,824</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>170</b>	<b>73,916</b>	<b>174</b>	<b>85,369</b>	<b>4</b>	<b>11,453</b>
	(13)	(3,410)	(0)	(0)	(0)	(0)	(13)	(3,461)	(13)	(3,461)	(0)	(0)
<b>Intramural research</b>	<b>380</b>	<b>172,148</b>	<b>0</b>	<b>1,800</b>	<b>0</b>	<b>0</b>	<b>387</b>	<b>174,643</b>	<b>415</b>	<b>180,232</b>	<b>28</b>	<b>5,589</b>
<b>Research management and support</b>	<b>245</b>	<b>70,286</b>	<b>0</b>	<b>731</b>	<b>0</b>	<b>5,269</b>	<b>250</b>	<b>72,469</b>	<b>251</b>	<b>76,092</b>	<b>1</b>	<b>3,623</b>
<b>Construction</b>		<b>0</b>		<b>0</b>		<b>0</b>		<b>0</b>		<b>0</b>		<b>0</b>
<b>Buildings and Facilities</b>		<b>0</b>		<b>0</b>		<b>0</b>		<b>0</b>		<b>0</b>		<b>0</b>
<b>Total, NIMH</b>	<b>625</b>	<b>1,451,053</b>	<b>0</b>	<b>195,565</b>	<b>0</b>	<b>171,224</b>	<b>637</b>	<b>1,489,792</b>	<b>666</b>	<b>1,540,345</b>	<b>29</b>	<b>50,553</b>

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

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	FY 2007 Actual		FY 2008 Actual		FY 2009 Actual		FY 2009 Comparable		FY 2010 Estimate		FY 2011 PB		Change	
	FTEs	Amount	FTEs	Amount	FTEs	Amount	FTEs	Amount	FTEs	Amount	FTEs	Amount	FTEs	Amount
<b>Extramural Research</b>														
<u>Detail:</u>														
Health, Behavior & AIDS Research 1/		\$199,268		\$217,502		\$209,458		\$0		\$0		\$0		
AIDS Research 1/		0		0		0		175,640		179,841		\$185,390		5,549
Adult Translational Research & Treatment Development		259,552		257,334		263,271		278,148		286,188		295,826		9,638
Developmental Translational Research		127,334		127,321		134,557		139,508		143,541		148,375		4,834
Neuroscience & Basic Behavioral Science		387,144		399,838		434,226		432,250		444,745		459,722		14,977
Services & Intervention Research		200,745		176,112		169,993		183,073		188,365		194,708		6,343
<b>Subtotal, Extramural</b>		1,174,043		1,178,107		1,211,505		1,208,619		1,242,680		1,284,021		41,341
<b>Intramural research</b>	377	162,192	385	168,436	380	172,310	380	172,148	387	174,643	415	180,232	28	5,589
<b>Res. management &amp; support</b>	238	66,150	238	67,998	245	70,562	245	70,286	250	72,469	251	76,092	1	3,623
<b>TOTAL</b>	615	1,402,385	623	1,414,541	625	1,454,377	625	1,451,053	637	1,489,792	666	1,540,345	29	50,553

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

1/. The comparable column reflects the disolvement of the Health and Behavior components of the Division of AIDS and Health and Behavior Research. The Health and Behavior Research components have been absorbed by the other Non-AIDS Research divisions.

## Major Changes in the Fiscal Year 2011 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 2011 budget request for NIMH, which is \$50.553 million over the FY 2010 enacted level, for a total of \$1,540.345 million.

Research Project Grants (RPGs) (+\$20.350 million; total \$921.742 million): NIMH will fund 583 competing RPGs in FY 2011, an increase of 37 over FY 2010. About 1,529 noncompeting RPG awards, totaling \$656.286 million also will be made in FY 2011.

Adult Translational Research and Treatment Development Program (+\$9.638 million; total \$295.826 million): NIMH will continue to support research on novel approaches to identify, characterize, and validate biomarkers and/or biosignatures (integrated profiles of biomarkers and behavioral indicators) of major mental disorders. For conditions such as diabetes and cardiovascular disease, biomarkers are available for use in routine medical practice of diagnosis, prevention, and treatment. However, despite tremendous progress in basic neuroscience, no biomarkers have been developed with established clinical use in the management of major mental disorders. Identifying biomarkers for major mental disorders would facilitate prediction of disease risk, disease course, and therapeutic responses, ultimately leading to knowledge-based treatment and prevention strategies.

Developmental Translational Research Program (+\$4.834 million; total \$148.375 million): NIMH will continue to support neurodevelopmental research in humans and animals that will increase our understanding of the neurobiology underlying developmentally sensitive periods for risk, resilience, and intervention. Projects will address sensitive periods in the development of normal function or psychopathology; sensitive periods for intervention to prevent, pre-empt, and/or treat mental illness; and the mechanisms underlying the interaction between genetics, experience, and development.

Services and Intervention Research Program (+\$6.343 million; total \$194.708 million): Several large longitudinal epidemiologic surveillance programs (such as those supported by CDC and SAMHSA) conduct annual, ongoing surveys in the U.S. general population. NIMH will support an initiative to leverage the power of these existing surveys on behavioral health in order to further assess psychopathology, functioning, and service use. The longitudinal nature of these data would give NIMH the ability to track, over time, the prevalence, incidence, and severity of mental disorders, and would enable analysis of trends in service use and outcomes.

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

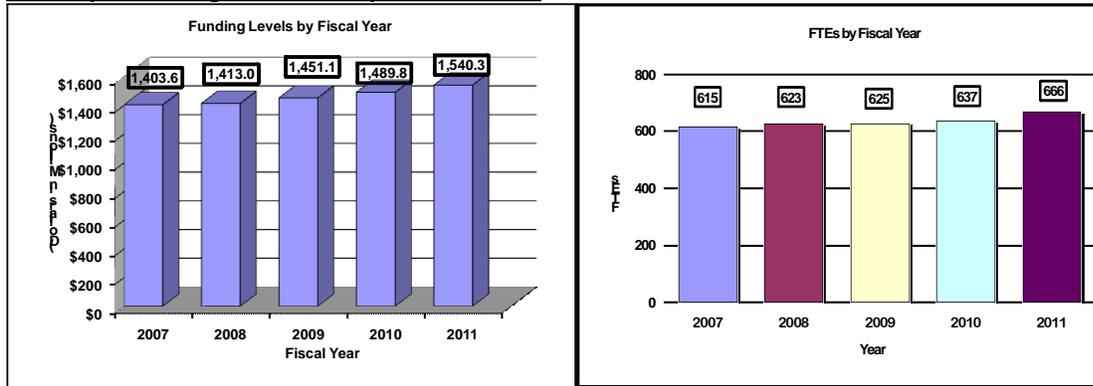
FY 2010 estimate		\$1,489,792,000	
FY 2011 estimated budget authority		1,540,345,000	
Net change		50,553,000	
CHANGES	2010 Current Estimate Base		Change from Base
	FTEs	Budget Authority	FTEs Budget Authority
A. Built-in:			
1. Intramural research:			
a. Annualization of January 2010 pay increase		\$67,616,000	\$409,000
b. January FY 2011 pay increase		67,616,000	710,000
c. Zero less days of pay (n/a for 2011)		67,616,000	0
d. Payment for centrally furnished services		29,979,000	600,000
e. Increased cost of laboratory supplies, materials, and other expenses		77,048,000	1,304,000
Subtotal		3,023,000	
2. Research management and support:			
a. Annualization of January 2010 pay increase		\$35,548,000	\$215,000
b. January FY 2011 pay increase		35,548,000	373,000
c. Zero less days of pay (n/a for 2011)		35,548,000	0
d. Payment for centrally furnished services		10,702,000	214,000
e. Increased cost of laboratory supplies, materials, and other expenses		26,219,000	451,000
Subtotal		1,253,000	
Subtotal, Built-in		4,276,000	

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

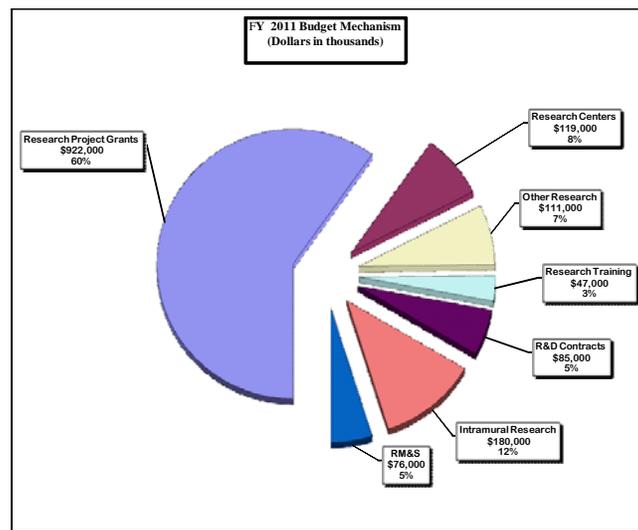
CHANGES	2010 Current Estimate Base		Change from Base	
	No.	Amount	No.	Amount
<b>B. Program:</b>				
1. Research project grants:				
a. Noncompeting	1,549	\$659,481,000	(20)	\$1,398,000
b. Competing	546	210,794,000	37	18,882,000
c. SBIR/STTR	91	31,117,000	0	70,000
Total	2,186	901,392,000	17	20,350,000
2. Research centers	66	115,495,000	1	3,465,000
3. Other research	514	108,106,000	5	3,243,000
4. Research training	1,055	43,771,000	0	2,830,000
5. Research and development contracts	170	73,916,000	4	11,453,000
Subtotal, extramural				41,341,000
6. Intramural research	<u>FTEs</u> 387	174,643,000	<u>FTEs</u> 28	2,566,000
7. Research management and support	250	72,469,000	1	2,370,000
8. Construction		0		0
9. Buildings and Facilities		0		0
Subtotal, program		1,489,792,000		46,277,000
Total changes	637		29	50,553,000

## Fiscal Year 2011 Budget Graphs

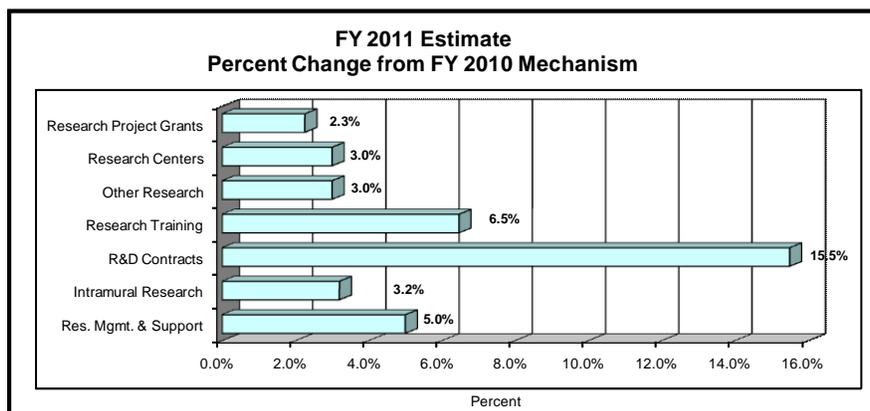
### History of Budget Authority and FTEs:



### 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 2009 <u>Appropriation</u>	FY 2010 <u>Appropriation</u>	FY 2011 <u>President's Budget</u>	FY 2011 +/- <u>2010</u>
BA	\$1,451,053,000	\$1,489,792,000	\$1,540,345,000	+\$50,553,000
<u>FTE</u>	625	637	666	+29

This document provides justification for the Fiscal Year (FY) 2011 activities of the National Institute of Mental Health (NIMH), including HIV/AIDS activities. Details of the FY 2011 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

The National Institute of Mental Health (NIMH) is the lead federal agency for research on mental and behavioral disorders, with a mission to transform the understanding and treatment of mental illnesses through basic and clinical research, paving the way for prevention, recovery, and cure. The burden of mental illness is enormous. In a given year, an estimated 13 million American adults (approximately 1 in 17) suffer from a seriously debilitating mental illness.<sup>1, 2</sup> Mental disorders are the leading cause of disability in the United States and Canada, accounting for 24 percent of all years of life lost to disability and premature mortality (Disability Adjusted Life Years or DALYs).<sup>3</sup> Moreover, suicide is the 11<sup>th</sup> leading cause of death in the United States, accounting for the loss of approximately 33,000 American lives each year.<sup>4</sup> Schizophrenia, bipolar disorder, depression, autism, post-traumatic stress disorder, eating disorders, and other disorders are serious, life-threatening illnesses for which we need reliable diagnostic tests, new treatments, and effective strategies for prevention.

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<sup>1</sup> 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

<sup>2</sup> 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.

<sup>3</sup> The World Health Organization. The global burden of disease: 2004 update, Table A2: Burden of disease in DALYs by cause, sex and income group in WHO regions, estimates for 2004. Geneva, Switzerland: WHO, 2008.

<sup>4</sup> 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](http://www.cdc.gov/ncipc/wisqars))

With the FY 2009 release of the Institute's new Strategic Plan, NIMH is working to accelerate the next generation of mental health research. This research is aimed not only at further expanding our understanding of the brain and causes of brain disorders, but also is directed toward generating knowledge that can tangibly improve mental healthcare and the lives of people living with and affected by mental illness. To advance these goals, in FY 2010 and 2011 NIMH will support initiatives ranging from basic research in the brain and behavioral sciences to research on mental healthcare networks and delivery systems that is truly global in scope.

### **Genomics and Other High Throughput Technologies**

Over the past several years, the technology used in genomics research has progressed at an astounding pace, and has been matched with equally impressive reductions in cost. Recognizing the opportunities that these advances and cost savings present, NIMH supports research that uses these new approaches to study the brain and mental disorders in ways that are truly comprehensive. For example, in FY2010 and FY2011, NIMH will support several innovative genomics studies of autism spectrum disorder (ASD), utilizing data from thousands of samples from the NIMH Center for Collaborative Genetic Studies. In the first study of its kind, researchers will sequence the entire genomes of individuals with ASD. This work will help to identify specific subtypes of ASD based on genomics; provide the first molecular targets for treatment development; and yield a robust strategy for the study of environmental factors (which interact with genetic risk).

### **Translating Basic Science into New and Better Treatments**

Discoveries in basic science are exciting not only for the knowledge they generate, but for the opportunities they present for developing new treatments, and improving existing ones, that can enhance the quality of life for people living with mental illness. NIMH supports a broad range of translational research, from improving and personalizing preventive interventions to validating potential medication targets and undertaking medication safety and efficacy research. In FY 2011, NIMH will support an initiative to leverage and link large existing healthcare networks so that they can be used to conduct treatment effectiveness trials. When completed, this infrastructure will be able to more efficiently identify, recruit, and enroll participants than "one-shot" clinical trials, saving taxpayer dollars and allowing for more rapid translation from bench to bedside.

### **Using Science to Enable Mental Healthcare Reform**

The basic, clinical, and translational research supported by NIMH can only impact the Nation's public health if it ultimately leads to improved mental healthcare for those in need. NIMH supports a broad portfolio of services research aimed at making meaningful improvements in mental healthcare. In FY 2011 and beyond, NIMH will be funding a series of grants that pair state agencies with researchers to analyze existing state and national administrative datasets and track the impact of state-level policy initiatives,

such as the State Children's Health Insurance Program. These research teams will be studying the effects of changes in mental health policies, financial policies, delivery systems, and other policies that affect the cost, quality of care, and outcomes for persons with mental disorders. NIMH will also be supporting a national mental health tracking system in FY 2011 that will leverage existing national surveys to provide timely data on the prevalence, severity and age of onset of mental disorders, and allow for the assessment of mental health service use, the quality and outcomes of care, and disparities among people from diverse populations.

### **Focusing on Global Mental Health**

As the world's largest mental health research organization, NIMH has a significant role not only in improving the mental health of Americans, but also in improving the mental health of people throughout the world. Through collaboration with other countries and non-governmental organizations (NGOs), NIMH has the opportunity to ensure that culturally appropriate, evidence-based programs to prevent HIV/AIDs and diagnose and treat mental disorders are disseminated and implemented in the developing world. To advance these goals, in FY 2011 NIMH will continue to collaborate with other countries and NGOs on the Mental Health Global Action Plan (mhGAP); an international effort by the World Health Organization to develop evidence-based mental health 'packages of care' that can be easily and efficiently used in developing countries.

### **Reinvigorating the Mental Health Research Community**

NIMH is initiating several programs to reinvigorate the NIMH research community and fuel the next generation of mental health researchers. For example, in FY 2011 NIMH will continue to support several exciting grants through the new Biobehavioral Research Awards for Innovative New Scientists (BRAINS). This initiative is based on the successful Pioneer Award program intended to support the research and career development of outstanding scientists who are in the early stages of their careers and who are making a long term career commitment to mental health research. NIMH remains committed to expanding opportunities for students from diverse backgrounds and in FY 2011 will continue to support mentoring programs for underrepresented minority graduate students in high priority fields for the Institute.

Overall Budget Policy: In FY2011 NIMH will support new investigators on R01 equivalent awards at success rates equivalent to those of established investigators submitting new R01 equivalent applications. NIMH will continue to maintain competing RPGs in order to further the research priorities of the NIMH Strategic Plan. NIMH is providing a 2 percent inflationary increase for non-competing and competing grants. In addition, the NIMH has targeted a portion of the funds available for competing research project grants to support high priority projects outside of the payline, including awards to new investigators, and early stage investigators. Intramural Research and Research Management and Support receive increases to support program growth. Funds are included in R&D contracts to support several trans-NIH initiatives, such as the Therapies for Rare and Neglected Diseases program (TRND), the Basic Behavioral and Social Sciences Opportunity Network (OppNet), and support for a new synchrotron at

the Brookhaven National Laboratory, as well as increased support for other HHS agencies through the program evaluation set-aside.

## **FY 2011 JUSTIFICATION BY PROGRAM ACTIVITY DETAIL**

### **Program Descriptions and Accomplishments**

#### **AIDS Research<sup>5</sup>**

The program supports research and research training to develop and disseminate behavioral interventions that prevent HIV/AIDS transmission and to clarify the biological, psychological, and functional mental health effects of HIV/AIDS infection and alleviate the associated consequences. Through FY 2011, NIMH, NICHD, and NINR will continue to support a Program Announcement (PA) that invites research to enhance the science of technology transfer, dissemination, implementation, and operational research for evidence-based HIV-prevention interventions. To articulate the research scope for this announcement, staff from NIH and the Centers for Disease Control and Prevention (CDC) identified research gaps and opportunities in the field. NIMH and CDC staff frequently collaborate to ensure strong linkages between the NIMH/NIH research on evidence-based prevention interventions and the prevention services and training that the CDC provides in community and clinical settings.

Budget Policy: The FY 2011 budget estimate for this program is \$185.390 million, an increase of \$5.549 million or +3 percent over the FY 2010 estimate. FY 2011 program plans will emphasize innovative, interdisciplinary HIV prevention research designed to better understand individual, community, social, and structural factors that impact HIV risk-reduction in order to improve preventive behaviors. The program will further support innovative, interdisciplinary prevention science research that examines the psychosocial needs of children affected by AIDS, particularly children in low-resource settings. NIMH will support studies to assess the neurologic, neuropsychiatric, and neuropathologic consequences of HIV in the current therapeutic context, particularly in international and resource-poor settings, in order to develop new therapeutic interventions to prevent or reverse these complications.

#### **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 are involved in the causes and course of 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

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<sup>5</sup> The Health and Behavior components of the Division of AIDS and Health and Behavior Research have been dissolved. The Health and Behavior components have been absorbed by the other NON-AIDS Research divisions.

functional effects of these disorders; and research on psychosocial, pharmacological, and somatic treatment development. In FY 2009, NIMH issued two new Requests for Applications (RFAs) to accelerate scientific progress on the treatment and prevention of Post-Traumatic Stress Disorder (PTSD), a potentially debilitating and complex psychiatric disorder experienced by a substantial percentage of people exposed to a range of traumatic and life threatening events (e.g., war/combat, disasters, assaults, accidents). One RFA focuses on developing highly predictive sets of risk indicators to allow for the identification of trauma survivors at highest risk for developing PTSD. The other RFA encourages research on novel treatment targets and existing, but unproven, treatments for PTSD.

Budget Policy: The FY 2011 budget estimate for this program is \$295.826 million, an increase of \$9.638 million or +3.4 percent over the FY 2010 estimate. High priority will be given to studies that advance the understanding of the biological underpinnings of mental illness and hasten the translation of behavioral science and neuroscience advances into innovations in clinical care. Program plans include the development of models to predict the treatment response and vulnerability to side effects of medications for mental disorders, and will support studies on the prevention or amelioration of treatment-related side effects. In FY 2011, the program will emphasize studies evaluating the safety and efficacy of novel pharmacological agents and behavioral interventions that target features of mental illness that are inadequately addressed by current therapies and prevention strategies.

### **Developmental Translational Research**

The program supports research and research training with the ultimate goal of preventing and curing mental disorders that originate in childhood and adolescence. The program stimulates and promotes an integrated program of research across basic behavioral/psychological processes, environmental processes, brain development, genetics, developmental psychopathology, and therapeutic interventions. The mission of the program is to translate knowledge from basic science to discover the developmental origins of mental disorders and effect their prevention and cure. This goal will be accomplished through the integration of research on neurobehavioral mechanisms of psychopathology; understanding of the trajectories of risk/illness; and the design and testing of innovative and personalized treatments. In FY 2009, NIMH issued a RFA titled "Identification and Characterization of Sensitive Periods for Neurodevelopment in Studies of Mental Illness." This RFA encourages research on the developmental periods during which the brain is maximally sensitive to environmental and experiential factors that affect the development of cognitive and affective functions associated with psychiatric disorders. The initiative's ultimate goal is to use knowledge of brain development and plasticity to design novel interventions that can be used to prevent or mitigate the onset of mental disorders.

Budget Policy: The FY 2011 budget estimate for this program is \$148.375 million, an increase of \$4.834 million or +3.4 percent over the FY 2010 estimate. Priority will be given to studies that delineate the neurobehavioral mechanisms responsible for the

development of mental disorders, including critical and sensitive periods in brain development and the effects of behavior and experience on the brain. In FY 2011, NIMH will also support research to develop, test, and validate biologically based markers (e.g., genetic indicators, brain imaging) to improve diagnosis, identify risk indicators in order to preempt disorder, serve as criteria to personalize treatment, and evaluate treatment response.

#### **Program Portrait: Autism Spectrum Disorders Research**

FY 2010 Level: 74.340 million

FY 2011 Level: 76.719 million

Change: +2.379 million

Researchers, clinicians, and families all agree that autism spectrum disorders (ASD) are an urgent public health challenge, with enormous financial and societal costs. Matching the increasing public health urgency, NIH research funding for ASD has increased over the past decade. The Interagency Autism Coordinating Committee's (IACC's) Strategic Plan for Autism Spectrum Disorder Research, released in January 2009, provides scientific goals and benchmarks for ASD research. NIH is working to jumpstart many of the short-term objectives in the Plan, supporting science that facilitates the best possible outcomes for individuals with ASD and their families.

A fundamental insight and challenge is the heterogeneity of ASD. While one diagnostic category is typically used, research increasingly demonstrates that ASD covers many disorders, with different causes and possibly requiring different treatments. NIH issued a series of funding opportunity announcements (FOAs) in FY 2009 under ARRA to address this challenge, entitled "Research to Address the Heterogeneity in Autism Spectrum Disorders." This collaborative effort among several NIH Institutes and Centers is the largest single funding opportunity for ASD research in NIH's history. The NIH awarded more than 50 ASD research grants in response to this FOA, totaling more than \$65 million. Awards will be supported through FY 2011.

The IACC Strategic Plan also includes several goals and objectives related to testing the safety and efficacy of novel interventions for people with ASD across the lifespan. In FY 2009, NIH issued an FOA on novel interventions for neurodevelopmental disorders and will support three grants proposing new, innovative interventions for ASD. These grants will be supported through FY 2014. In other FOAs, NIH intends to emphasize the need for research on optimizing the transition from adolescence to adulthood for people with ASD, including a focus on employment and housing.

NIH will also continue to build its investment in ASD research through support for an intramural ASD research program and the Autism Centers of Excellence (ACE) program. The intramural program serves as an incubator for studying the biology of ASD, as well as for testing new treatments. The ACE program, which comprises 11 research centers and networks at major research institutions and universities across the country, focuses on identifying the causes of ASD and developing new and improved treatments. Initially funded in FY2007 and FY2008, these centers will be supported through FY2013. All ACE award recipients are contributing their data to the National Database for Autism Research (NDAR). NDAR is a bioinformatics system for data collection, sharing, and analysis. Through investments in NDAR, NIH is making considerable progress in addressing the complex data sharing needs of ASD researchers, which is a cross-cutting theme highlighted in the IACC Strategic Plan. As NDAR continues to expand its reach to other research institutions worldwide, it will provide a common platform and standard formats for the effective communication of detailed research data, tools, and information across the entire ASD research community, facilitating scientific collaboration.

## **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. Many mental disorders are first diagnosed in adolescents or young adults, indicating that these mental disorders may be disorders of brain development. Understanding the normal trajectory of brain development and the genes that shape these processes will be critical for identifying when and how developmental trajectories are changed in mental disorders. Therefore, in FY 2009, NIMH issued an RFA to encourage the research community to construct an atlas of when and where genes are switched on and off during normal brain development. A second RFA encouraged the discovery of genes and gene regulators that control brain development. Studies supported in response to these RFAs will present data that will inform studies of function and dysfunction in the developing human brain that contribute to ADHD, schizophrenia, autism spectrum disorders, and depression.

Budget Policy: The FY 2011 budget estimate for this program is \$459.722 million, an increase of \$14.977 million or +3.4 percent over the FY 2010 estimate. Priority will be given to projects that seek to understand the biological functions of genes, gene products, cells, and brain circuits in normal and abnormal mental function. Program plans include research to identify biological markers (e.g., genetic, proteomic, imaging) in model systems and humans that could be further validated as methods for diagnosing and detecting risk, onset, progress, and severity of mental disorders. High priority projects also include those that identify in diverse populations (from the U.S. and around the world) genetic variants, epigenetic mechanisms, and gene-environment interactions that influence vulnerability to mental disorders and treatment response. In addition, NIMH will continue to support studies to identify and validate new molecular targets and tools for drug discovery relevant to the treatment of mental disorders.

### **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. In FY2009, the program launched a major initiative, the Study to Assess Risk and Resilience in Service members (Army STARRS). It is the largest study of suicide and mental health among military personnel ever undertaken. Funded with \$50 million from the U.S. Army and additional funding from NIH, its goal is to identify, as rapidly as possible, risk and protective factors that will help the Army develop effective strategies

for reducing rising suicide rates and addressing associated mental health problems among service members. The study will evaluate representative samples of soldiers across all phases of Army service, both retrospectively and prospectively, and the results are expected to also inform NIMH's suicide research and prevention efforts in the civilian population.

**Budget Policy:** The FY 2011 budget estimate for this program is \$194.708 million, an increase of \$6.343 million or +3.4 percent over the FY 2010 estimate. High priority will be given to studies that develop innovative interventions, including treatment regimens, prevention strategies, and innovative service delivery approaches to reduce the prevalence and burden of mental disorders. Program plans further emphasize research that will personalize interventions for optimal use among diverse populations, including underserved groups, those with comorbid conditions, across geographic locations, and across age groups. In FY 2011, the program will also emphasize research that will reduce the burden and mortality associated with suicide. This area of emphasis includes studies on early detection, assessment, interventions, and services for individuals at risk for suicide, across populations and ages.

**Program Portrait: Intervening Earlier and More Effectively in Schizophrenia**

FY 2010 Level: 46.078 million  
FY 2011 Level: 47.645 million  
Change: + 1.567 million

Schizophrenia is a chronic, severe, disabling brain disorder that affects 2.4 million Americans age 18 and older in a given year. To address this serious public health problem, NIMH supports a robust research program focused on identifying the underlying causes of schizophrenia and developing and testing effective interventions for its treatment and prevention.

A priority for NIMH research outlined in the Institute's new Strategic Plan is to chart the trajectories of mental disorders in order to know when, where, and how to intervene. The best chance for preventing serious functional disability among people with schizophrenia may be to intervene at the earliest stages of the disorder, at the first episode of psychosis or even before symptoms appear. However, to act before symptoms appear requires improved predictive capacity. Therefore, NIMH has established the North American Prodromal Longitudinal Study (NAPLS) research consortium to identify genomic and brain imaging biomarkers that predict schizophrenia risk and to develop interventions to prevent psychotic symptoms. Funding for this consortium will continue through FY 2014. Research stemming from this initiative has already shown that it is possible to predict psychotic illness in up to 80 percent of high-risk youth well before symptoms emerge.

To test whether early, intensive intervention improves outcomes, NIMH launched a large-scale clinical trial in FY 2009 called the Recovery After an Initial Schizophrenia Episode (RAISE) project. Despite the availability of moderately effective treatments, such as antipsychotic medications and various psychosocial interventions as well as rehabilitation, people with schizophrenia often do not receive treatment until the disease is already well-established. This can result in costly multiple hospitalizations and disabilities that can last for a lifetime. RAISE will examine whether function can be preserved and disability forestalled with intense and sustained pharmacological, psychosocial, and rehabilitative intervention after an initial episode of psychosis--or even before symptoms appear. The hope is that such a coordinated approach, tailored to each individual and sustained over time, will improve the day-to-day functioning of individuals living with schizophrenia.

## **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 2009, IRP researchers discovered that schizophrenia could be linked to the over-expression of a specific gene, called DISC-1, during critical times in fetal brain development. The DISC1 gene codes for a protein important for brain development, as well as for mood and memory - functions that are disturbed in schizophrenia. The researchers discovered that a shortened version of DISC 1 was over-expressed in the fetal brain and was more likely to be seen in adults with schizophrenia. These findings suggest that variations in the DISC1 gene are a risk factor for the development of schizophrenia and present exciting opportunities for future research.

Budget Policy: The FY 2011 budget estimate for these programs is \$180.232 million, an increase of \$5.589 million or +3.2 percent over the FY2010 estimate. Scientists in the IRP will continue with ongoing research efforts that address several of the objectives of the NIMH Strategic Plan, which 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. The IRP will continue to encourage and support cross-disciplinary collaborative efforts in these areas. The IRP will also continue to implement the recommendations of the NIMH 2008 Blue Ribbon Panel on Intramural Research, which included recommendations for strategic recruitments in emerging areas of mental health research.

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

The 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 2009, the Institute oversaw 2,795 research grants, 429 training grants and 170 research and development contracts. In FY 2009, the Institute proactively conducted several internal risk management reviews to examine and assess the effectiveness of management controls in seven major areas of responsibility. The focus of the reviews was to identify any weaknesses and detect any fraud, waste, or abuse. A few minor deficiencies were discovered during the reviews and corrective action plans were implemented. NIMH modified internal policies and/or procedures to avoid reoccurrences of the deficiencies.

Budget Policy: The FY 2011 budget estimate for RMS is \$76.092 million, an increase of \$3.623 million or +5.0 percent over the FY 2011 estimate. RMS costs shall continue to be closely monitored since staff salaries and expenses account for almost half of all

RMS costs. Efforts are currently underway to analyze workforce efficiency and productivity to insure that new staff and support contractors are aligned to areas of increased program needs. Controls are in place 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.

### **Recovery Act Implementation**

Recovery Act Funding: \$366.789 million

In FY 2009, NIMH received \$366.789 million under the Recovery Act. Of this amount, \$195.565 million was obligated in FY 2009 and \$171.224 million will be obligated in FY 2010. NIMH is utilizing Recovery Act funds for two-year support of basic and clinical R01 grants that could not be paid despite outstanding scores; for selected supplements to existing grants; and for grants funded through a new two-year R01 program called the NIH Challenge Grants in Health and Science. Through the NIH Core Center Grants Program, NIMH is funding awards to augment multidisciplinary training and faculty recruitment programs, nurturing the development of investigators focused on areas of biomedical research relevant to NIMH.

NIMH is investing significant Recovery Act funds in the NIH Research and Research Infrastructure Grand Opportunities ("GO" grants) program. For example, one Signature GO project is the NIMH Transcriptional Atlas of Human Brain Development—a large multi-site study to create a web-based atlas of gene expression patterns in the developing human brain. Another NIMH GO project will characterize thousands of adolescents and young adults to create a landmark dataset that integrates genetic, clinical, neuropsychological, and neuroanatomical information. These efforts will allow for better characterization of the development of brain circuits to improve our understanding of the trajectories of risk for and resilience to mental disorders.

NIMH is also using Recovery Act funds to support a research partnership with the U.S. Army to address a pressing public health concern—suicide and mental health issues among our military personnel. The Study to Assess Risk and Resilience of Service-members (Army-STARRS) is the largest mental health study of military personnel ever undertaken. Army-STARRS will identify risk and protective factors for suicide among soldiers and will provide a science base for effective and practical interventions to reduce suicide rates and address associated mental health problems. In FY 2009, NIMH provided \$10 million from Recovery Act funds and the U.S. Army provided an additional \$10 million.

Another landmark study, called the Recovery After an Initial Schizophrenia Episode (RAISE) project, holds the promise to fundamentally change the way schizophrenia is treated. The RAISE project will develop and test innovative and coordinated intervention approaches in the early stages of the illness when symptoms may be most responsive to treatment. The study is designed to alter the long-term

disability that can result from schizophrenia and help ensure that people with the disease can lead productive, independent lives.

Finally, in collaboration with several NIH Institutes, NIMH issued a series of funding opportunities announcements (FOAs) entitled "Research to Address the Heterogeneity in Autism Spectrum Disorders." This is the largest NIH funding opportunity for autism spectrum disorder research to date.

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**Budget Authority by Object**

	FY 2010 Estimate	FY 2011 PB	Increase or Decrease
Total compensable workyears:			
Full-time employment	637	666	29
Full-time equivalent of overtime and holiday hours	0	0	0
Average ES salary	\$164,158	\$165,882	\$1,724
Average GM/GS grade	12.1	12.1	0.0
Average GM/GS salary	\$97,615	\$98,640	\$1,025
Average salary, grade established by act of July 1, 1944 (42 U.S.C. 207)	\$115,684	\$116,899	\$1,215
Average salary of ungraded positions	124,598	125,906	1,308
<b>OBJECT CLASSES</b>	FY 2010 Estimate	FY 2011 Estimate	Increase or Decrease
Personnel Compensation:			
11.1 Full-time permanent	\$42,584,000	\$44,720,000	\$2,136,000
11.3 Other than full-time permanent	26,413,000	28,529,000	2,116,000
11.5 Other personnel compensation	1,728,000	1,825,000	97,000
11.7 Military personnel	354,000	384,000	30,000
11.8 Special personnel services payments	12,176,000	13,258,000	1,082,000
<b>Total, Personnel Compensation</b>	<b>83,255,000</b>	<b>88,716,000</b>	<b>5,461,000</b>
12.0 Personnel benefits	19,693,000	20,955,000	1,262,000
12.2 Military personnel benefits	216,000	234,000	18,000
13.0 Benefits for former personnel	0	0	0
<b>Subtotal, Pay Costs</b>	<b>103,164,000</b>	<b>109,905,000</b>	<b>6,741,000</b>
21.0 Travel and transportation of persons	2,888,000	2,954,000	66,000
22.0 Transportation of things	295,000	298,000	3,000
23.1 Rental payments to GSA	1,000	1,000	0
23.2 Rental payments to others	0	0	0
23.3 Communications, utilities and miscellaneous charges	1,374,000	1,413,000	39,000
24.0 Printing and reproduction	625,000	709,000	84,000
25.1 Consulting services	2,376,000	2,609,000	233,000
25.2 Other services	24,224,000	25,149,000	925,000
25.3 Purchase of goods and services from government accounts	140,884,000	148,120,000	7,236,000
25.4 Operation and maintenance of facilities	1,241,000	1,219,000	(22,000)
25.5 Research and development contracts	27,584,000	33,104,000	5,520,000
25.6 Medical care	718,000	701,000	(17,000)
25.7 Operation and maintenance of equipment	1,358,000	1,434,000	76,000
25.8 Subsistence and support of persons	1,000	1,000	0
<b>25.0 Subtotal, Other Contractual Services</b>	<b>198,386,000</b>	<b>212,337,000</b>	<b>13,951,000</b>
26.0 Supplies and materials	6,823,000	6,693,000	(130,000)
31.0 Equipment	7,471,000	7,382,000	(89,000)
32.0 Land and structures	0	0	0
33.0 Investments and loans	0	0	0
41.0 Grants, subsidies and contributions	1,168,764,000	1,198,652,000	29,888,000
42.0 Insurance claims and indemnities	0	0	0
43.0 Interest and dividends	1,000	1,000	0
44.0 Refunds	0	0	0
<b>Subtotal, Non-Pay Costs</b>	<b>1,386,628,000</b>	<b>1,430,440,000</b>	<b>43,812,000</b>
<b>Total Budget Authority by Object</b>	<b>1,489,792,000</b>	<b>1,540,345,000</b>	<b>50,553,000</b>

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

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**Salaries and Expenses**

OBJECT CLASSES	FY 2010 Estimate	FY 2011 PB	Increase or Decrease
<b>Personnel Compensation:</b>			
Full-time permanent (11.1)	\$42,584,000	\$44,720,000	\$2,136,000
Other than full-time permanent (11.3)	26,413,000	28,529,000	2,116,000
Other personnel compensation (11.5)	1,728,000	1,825,000	97,000
Military personnel (11.7)	354,000	384,000	30,000
Special personnel services payments (11.8)	12,176,000	13,258,000	1,082,000
<b>Total Personnel Compensation (11.9)</b>	<b>83,255,000</b>	<b>88,716,000</b>	<b>5,461,000</b>
Civilian personnel benefits (12.1)	19,693,000	20,955,000	1,262,000
Military personnel benefits (12.2)	216,000	234,000	18,000
Benefits to former personnel (13.0)	0	0	0
<b>Subtotal, Pay Costs</b>	<b>103,164,000</b>	<b>109,905,000</b>	<b>6,741,000</b>
Travel (21.0)	2,888,000	2,954,000	66,000
Transportation of things (22.0)	295,000	298,000	3,000
Rental payments to others (23.2)	0	0	0
Communications, utilities and miscellaneous charges (23.3)	1,374,000	1,413,000	39,000
Printing and reproduction (24.0)	625,000	709,000	84,000
<b>Other Contractual Services:</b>			
Advisory and assistance services (25.1)	2,376,000	2,609,000	233,000
Other services (25.2)	24,224,000	25,149,000	925,000
Purchases from government accounts (25.3)	97,972,000	99,846,000	1,874,000
Operation and maintenance of facilities (25.4)	1,241,000	1,219,000	(22,000)
Operation and maintenance of equipment (25.7)	1,358,000	1,434,000	76,000
Subsistence and support of persons (25.8)	1,000	1,000	0
<b>Subtotal Other Contractual Services</b>	<b>127,172,000</b>	<b>130,258,000</b>	<b>3,086,000</b>
Supplies and materials (26.0)	6,671,000	6,545,000	(126,000)
<b>Subtotal, Non-Pay Costs</b>	<b>139,025,000</b>	<b>142,177,000</b>	<b>3,152,000</b>
<b>Total, Administrative Costs</b>	<b>242,189,000</b>	<b>252,082,000</b>	<b>9,893,000</b>

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**Authorizing Legislation**

	PHS Act/ Other Citation	U.S. Code Citation	2010 Amount Authorized	FY 2010 Estimate	2011 Amount Authorized	FY 2011 PB
Research and Investigation	Section 301	42§241	Indefinite	\$1,489,792,000	Indefinite	\$1,540,345,000
National Institute of Mental Health	Section 402(a)	42§281	Indefinite		Indefinite	
<b>Total, Budget Authority</b>				<b>1,489,792,000</b>		<b>1,540,345,000</b>

**NATIONAL INSTITUTES OF HEALTH  
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**Appropriations History**

Fiscal Year	Budget Estimate to Congress	House Allowance	Senate Allowance	Appropriation
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)
Supplemental				7,475,000
2009	1,406,841,000	1,455,145,000	1,445,987,000	1,450,491,000
2010	1,474,676,000	1,502,266,000	1,475,190,000	1,489,372,000
2011	1,540,345,000			

1/ Reflects enacted supplementals, rescissions, and reappropriations.

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

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

OFFICE/DIVISION	FY 2009 Actual	FY 2010 Estimate	FY 2011 PB
Office of the Director	104	102	103
Division of Neuroscience and Basic Behavioral Science	28	31	31
Division of AIDS Research	15	13	13
Division of Services and Intervention Research	20	23	23
Division of Adult Translational Research and Treatment Development	17	18	18
Division of Developmental Translational Research	11	14	14
Division of Extramural Activities	50	49	49
Division of Intramural Research Programs	380	387	415
<b>Total</b>	<b>625</b>	<b>637</b>	<b>666</b>
Includes FTEs which are reimbursed from the NIH Roadmap for Medical Research			
FTEs supported by funds from Cooperative Research and Development Agreements			
	(0)	(0)	(0)
FISCAL YEAR	Average GM/GS Grade		
2007	11.9		
2008	11.9		
2009	12.1		
2010	12.1		
2011	12.1		

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**Detail of Positions**

GRADE	FY 2009 Actual	FY 2010 Estimate	FY 2011 PB
Total, ES Positions	2	2	2
Total, ES Salary	322,462	328,316	331,763
GM/GS-15	57	56	56
GM/GS-14	73	76	79
GM/GS-13	94	98	99
GS-12	82	85	88
GS-11	65	59	62
GS-10	2	2	2
GS-9	47	60	63
GS-8	14	19	23
GS-7	10	14	18
GS-6	3	4	4
GS-5	1	1	1
GS-4	0	0	0
GS-3	1	1	1
GS-2	0	0	0
GS-1	0	0	0
Subtotal	449	475	496
Grades established by Act of July 1, 1944 (42 U.S.C. 207):			
Assistant Surgeon General	0	0	0
Director Grade	2	5	5
Senior Grade	0	0	0
Full Grade	0	0	0
Senior Assistant Grade	0	0	0
Assistant Grade	0	0	0
Subtotal	2	5	5
Ungraded	195	205	208
Total permanent positions	447	478	479
Total positions, end of year	648	685	689
Total full-time equivalent (FTE) employment, end of year	625	637	666
Average ES salary	161,231	164,158	165,882
Average GM/GS grade	12.1	12.1	12.1
Average GM/GS salary	95,875	97,615	98,640

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

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**New Positions Requested**

	FY 2011		
	Grade	Number	Annual Salary
Faculty Position	AD	3	\$134,000
Health Science Administrator	GS-14	1	126,251
Medical Officer	GS-14	2	126,251
Health Science Administrator	GS-13	1	106,839
General Biological Science	GS -12	2	89,846
Chemist	GS-12	1	89,846
General Biological Science	GS-11	3	74,958
General Biological Science	GS-9	5	61,952
Nurse	GS-9	1	61,952
Information Technology Specialist	GS-9	2	61,952
Administrative Support Staff	GS-8	4	56,092
Purchasing Agents	GS-7	4	50,653
<b>Total Requested</b>		<b>29</b>	