

National Institute of Mental Health

CONGRESSIONAL JUSTIFICATION
FY 2027

Department of Health and Human Services
National Institutes of Health



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DEPARTMENT OF HEALTH AND HUMAN SERVICES

NATIONAL INSTITUTES OF HEALTH

National Institute of Mental Health (NIMH)

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General Notes

1. FY 2026 Enacted levels cited in this document include the effects of the FY 2026 HIV/AIDS transfer.
2. Estimates assume reauthorization of the SBIR/STTR program in FY 2026 and FY 2027.
3. Details in this document may not sum to the subtotals and totals due to rounding.

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National Institute of Mental Health Overview

The National Institute of Mental Health (NIMH) is the lead federal agency for research on mental illnesses, 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.

In the United States, an estimated 61.5 million adults struggle with a mental illness, which may be significantly impairing and life-threatening. Mental illnesses are the fifth leading cause of disability in the United States. One of the most tragic outcomes of untreated mental illness is suicide. Suicide is the second leading cause of death for people ages 10-34.¹

NIMH confronts the nation's ongoing mental health crisis by supporting research that aims to transform how mental health is understood and how mental health treatments and services are accessed – not only in healthcare settings, but also in communities, educational settings, and other contexts. The Institute is pursuing an ambitious and collaborative research agenda spanning basic, translational, and clinical research with the potential to improve care over the short, medium, and long term. For example, NIMH maintains a robust portfolio of research on youth mental health, including the mental health impacts of technology and digital media. Additionally, the NIMH Precision Psychiatry Initiative is targeting two parallel areas of need – biomarker development and precision assessments to tailor effective treatments to individuals – improving clinical decision-making for mental disorders.²

NIMH continues to prioritize gold-standard, solution-oriented research to improve the mental health of all Americans. Research on autism spectrum disorder has led to the development of digital screening tools to improve early detection.³ Suicide prevention research has demonstrated the benefits of integrating suicide care into routine adult primary care,⁴ and has revealed improved methods for predicting suicide risk.⁵ Genomics research has identified genetic linkages between some mental illnesses. Pioneering research on rapid-acting psychotropic interventional drugs (RAPIDS) continue to show progress for immediate and durable symptom relief in populations with acute mental health needs, The Brain Research Through Advancing Innovative Neurotechnologies® (BRAIN) Initiative Cell Atlas Network (BICAN) recently published the most comprehensive cell atlases of the developing human brain,⁶ providing powerful knowledge for understanding the biological underpinnings of numerous neurodevelopmental disorders. These accomplishments reflect NIMH's sustained commitment to ensuring the relevance, timeliness, and real-world impact of mental health research.

¹ [cdc.gov/suicide/facts/index.html](https://www.cdc.gov/suicide/facts/index.html)

² [impact-mh.org/](https://www.impact-mh.org/)

³ pubmed.ncbi.nlm.nih.gov/37783967/

⁴ [nimh.nih.gov/news/science-updates/2024/primary-care-can-play-key-role-in-suicide-prevention](https://www.nimh.nih.gov/news/science-updates/2024/primary-care-can-play-key-role-in-suicide-prevention)

⁵ pubmed.ncbi.nlm.nih.gov/40202745/

⁶ [alleninstitute.org/news/scientists-complete-first-drafts-of-developing-mammalian-brain-cell-atlases/](https://www.alleninstitute.org/news/scientists-complete-first-drafts-of-developing-mammalian-brain-cell-atlases/)

Major Changes in the 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 details and these highlights will not sum to the total change for the FY 2027 President's Budget request for NIMH. The FY 2027 President's Budget request is \$2,040.4 million, a decrease of \$268.7 million compared to the FY 2026 Enacted level. A portion of the decrease is due to the end of NIMH funding from the 21st Century Cures Act, for which the last year of authorization is FY 2026. The Budget continues the policy to limit indirect costs for all research grants to a maximum of 15 percent of the modified total direct cost.

Research Project Grants (-\$275.5 million; total \$1,297.5 million)

NIMH expects to award 1,472 competing and noncompeting Research Project Grants (RPG) in FY 2027, excluding SBIR/STTR awards. Funding is reduced by \$266.8 million from FY 2026, due in part to a lower number of awards and to the policy to cap indirect costs for grant awards to 15 percent of direct costs. Noncompeting awards are reduced by 136 awards and \$339.4 million. Competing RPGs are expected to increase by \$88.9 million with a reduction of 223 awards compared to the FY 2026 Enacted level. The FY 2027 request will continue to expand upon prior NIH policy of fully funding competing RPGs, allocating all of the budget for competing RPGs for awards that fully fund their outyear commitments as part of the initial grant awards. The RPG reductions are distributed across all programmatic areas and basic, epidemiology, translational or clinical research.

Research Centers (\$1.9 million; total \$99.0 million)

NIMH expects to support 50 awards, an increase of 8 awards compared to the FY 2026 Enacted level. Average costs to fund Research Center awards are reduced in FY 2027 due to implementation of the 15 percent limit on indirect costs.

Other Research (\$6.3 million; total \$122.4 million)

NIMH expects to support 459 Other Research awards, an increase of 39 awards and \$6.3 million compared to the FY 2026 Enacted level. Costs to fund Other Research awards are reduced in FY 2027 due to implementation of the 15 percent limit on indirect costs.

Ruth L Kirchstein Training (\$4.5 million; total \$49.6 million)

NIMH expects to fund 801 training awards, an increase of 65 full-time equivalent training personnel relative to the FY 2026 Enacted level.

Research & Development (R&D) Contracts (-\$7.0 million; total \$107.4 million)

NIMH expects to decrease funding for this activity by \$7.0 million due to overall reductions to NIMH.

Intramural Research Programs (\$10.0 million; total \$259.2 million)

NIMH expects to increase the intramural research budget by \$10.0 million, maintaining intramural research staffing at 293 full-time equivalent employees (FTE). This budget request aligns with the budget proposal to cap Title 42 salaries.

Research Management and Support (-\$8.8 million; total \$105.3 million)

NIMH expects to reduce this activity by \$8.8 million, including a reduction of 5 FTEs, and will continue to support oversight and management of scientific programs critical to fulfilling the Institute's mission. The decrease is due to the proposed overall NIMH decrease. This budget request aligns with the budget proposal to cap Title 42 salaries and supports the management of NIH and NIMH infrastructure.

BUDGET MECHANISM TABLE

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

**Budget Mechanism ^{*,1}
(Dollars in Thousands)**

Mechanism	FY 2025 Final		FY 2026 Enacted		FY 2027 President's Budget		FY 2027 +/- FY 2026	
	Number	Amount	Number	Amount	Number	Amount	Number	Amount
Research Projects:								
Noncompeting	1,654	\$1,104,261	1,395	\$996,692	1,259	\$657,293	-136	-\$339,399
Administrative Supplements	<i>(161)</i>	\$33,838	<i>(152)</i>	\$32,331	<i>(74)</i>	\$16,020	<i>-(78)</i>	<i>-\$16,311</i>
Competing:								
Renewal	30	\$25,062	37	\$38,710	18	\$46,644	-19	\$7,934
New	313	\$298,540	395	\$435,017	191	\$515,850	-204	\$80,833
Supplements	3	\$460	4	\$710	4	\$856	0	\$146
Subtotal, Competing	346	\$324,061	436	\$474,437	213	\$563,350	-223	\$88,913
Subtotal, RPGs	2,000	\$1,462,160	1,831	\$1,503,460	1,472	\$1,236,663	-359	-\$266,797
SBIR/STTR	82	\$66,420	90	\$69,562	80	\$60,834	-10	-\$8,728
Research Project Grants	2,082	\$1,528,581	1,921	\$1,573,022	1,552	\$1,297,497	-369	-\$275,525
Research Centers								
Specialized/Comprehensive	38	\$89,357	42	\$97,050	50	\$98,991	8	\$1,941
Clinical Research	0	\$0	0	\$0	0	\$0	0	\$0
Biotechnology	0	\$0	0	\$0	0	\$0	0	\$0
Comparative Medicine	0	\$0	0	\$0	0	\$0	0	\$0
Research Centers in Minority Institutions	0	\$0	0	\$0	0	\$0	0	\$0
Research Centers	38	\$89,357	42	\$97,050	50	\$98,991	8	\$1,941
Other Research:								
Research Careers	334	\$62,648	354	\$66,881	390	\$73,569	36	\$6,688
Cancer Education	0	\$0	0	\$0	0	\$0	0	\$0
Cooperative Clinical Research	0	\$300	0	\$300	0	\$300	0	\$0
Biomedical Research Support	0	\$0	0	\$0	0	\$0	0	\$0
Other Biomedical Research Support	0	\$699	0	\$0	0	\$0	0	\$0
Other	68	\$49,643	66	\$48,983	69	\$48,546	3	-\$437
Other Research	402	\$113,290	420	\$116,164	459	\$122,415	39	\$6,251
Total Research Grants	2,522	\$1,731,228	2,383	\$1,786,236	2,061	\$1,518,903	-322	-\$267,333
Ruth L Kirschstein Training Awards:	FTEPs		FTEPs		FTEPs		FTEPs	
Individual Awards	202	\$10,241	290	\$14,862	315	\$16,348	25	\$1,486
Institutional Awards	373	\$25,645	446	\$30,213	486	\$33,235	40	\$3,021
Total Research Training	575	\$35,887	736	\$45,076	801	\$49,583	65	\$4,508
Research & Develop. Contracts	143	\$111,912	150	\$114,409	148	\$107,379	-2	-\$7,030
<i>SBIR/STTR (non-add)</i>	<i>(5)</i>	<i>(\$2,315)</i>	<i>(0)</i>	<i>(\$1,702)</i>	<i>(0)</i>	<i>(\$1,394)</i>	<i>(0)</i>	<i>-(308)</i>
Intramural Research	294	\$244,601	293	\$249,276	293	\$259,247	0	\$9,971
Res. Management & Support	320	\$113,525	277	\$114,119	272	\$105,285	-5	-\$8,835
<i>SBIR Admin. (non-add)</i>		<i>(\$10)</i>		<i>(\$10)</i>		<i>(\$10)</i>		<i>(\$0)</i>
Construction		\$0		\$0		\$0		\$0
Buildings and Facilities		\$0		\$0		\$0		\$0
Total, NIMH	614	\$2,237,153	570	\$2,309,116	565	\$2,040,397	-5	-\$268,719

* All items in italics and brackets are non-add entries.

¹ Of which \$45.5 million in FY 2025 and \$97.5 million in FY 2026 is derived by transfer from the NIH Innovation Account under the 21st Century Cures Act.

² Includes FY 2025 21st Century Cures Act funding not obligated in FY 2025, and carried over into FY 2026.

SUMMARY OF CHANGES

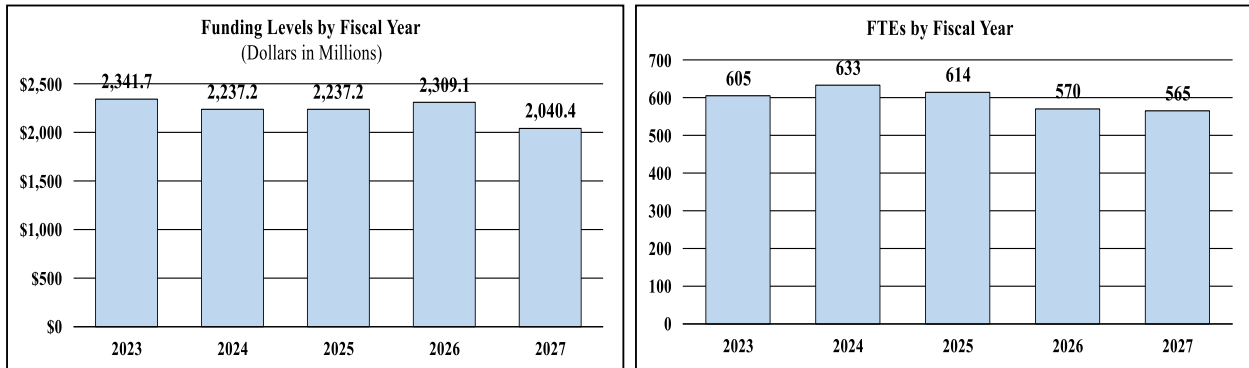
**NATIONAL INSTITUTES OF HEALTH
National Institute of Mental Health**

Summary of Changes
(Dollars in Thousands)

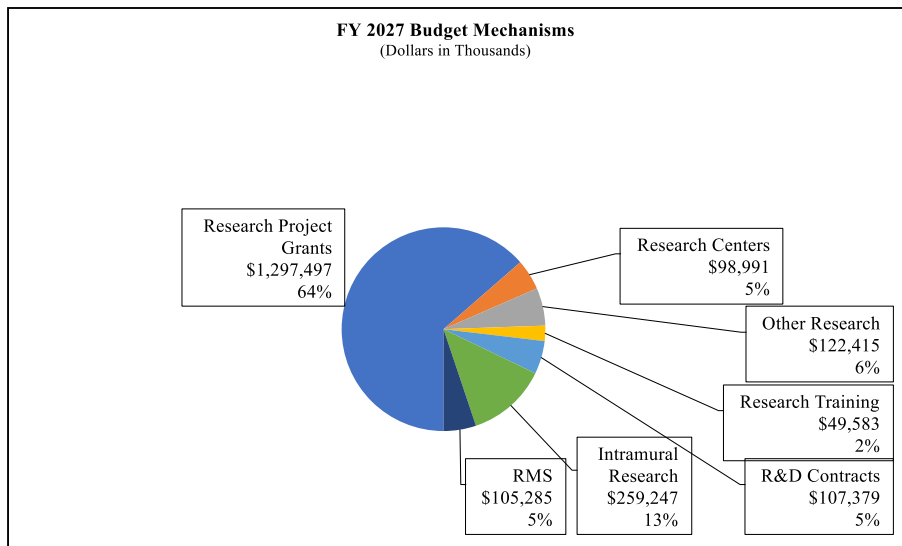
FY 2026 Enacted	\$2,309,116
FY 2027 President's Budget	\$2,040,397
Net change	-\$268,719

CHANGES	FY 2026 Enacted		FY 2027 President's Budget		Built-In Change from FY 2026 Enacted	
	FTEs	Budget Authority	FTEs	Budget Authority	FTEs	Budget Authority
A. Built-in:						
1. Intramural Research:						
a. Annualization of FY 2026 pay and benefits increase		\$86,776		\$87,082		\$317
b. FY 2027 pay and benefits increase		\$86,776		\$87,082		-\$10
c. Paid days adjustment		\$86,776		\$87,082		\$0
d. Differences attributable to change in FTE		\$86,776		\$87,082		\$0
e. Payment for centrally furnished services		\$38,143		\$34,328		-\$3,814
f. Cost of laboratory supplies, materials, other expenses, and non-recurring costs		\$124,358		\$137,836		\$2,613
Subtotal						-\$894
2. Research Management and Support:						
a. Annualization of FY 2026 pay and benefits increase		\$59,119		\$58,630		\$228
b. FY 2027 pay and benefits increase		\$59,119		\$58,630		-\$8
c. Paid days adjustment		\$59,119		\$58,630		\$0
d. Differences attributable to change in FTE		\$59,119		\$58,630		-\$1,083
e. Payment for centrally furnished services		\$16,326		\$14,694		-\$1,633
f. Cost of laboratory supplies, materials, other expenses, and non-recurring costs		\$38,674		\$31,961		\$811
Subtotal						-\$1,684
Subtotal, Built-in						-\$2,578
CHANGES	FY 2026 Enacted		FY 2027 President's Budget		Program Change from FY 2026 Enacted	
	No.	Amount	No.	Amount	No.	Amount
B. Program:						
1. Research Project Grants:						
a. Noncompeting	1,395	\$1,029,023	1,259	\$673,313	-136	-\$355,710
b. Competing	436	\$474,437	213	\$563,350	-223	\$88,913
c. SBIR/STTR	90	\$69,562	80	\$60,834	-10	-\$8,728
Subtotal, RPGs	1,921	\$1,573,022	1,552	\$1,297,497	-369	-\$275,525
2. Research Centers	42	\$97,050	50	\$98,991	8	\$1,941
3. Other Research	420	\$116,164	459	\$122,415	39	\$6,251
4. Research Training	736	\$45,076	801	\$49,583	65	\$4,508
5. Research and development contracts	150	\$114,409	148	\$107,379	-2	-\$7,030
Subtotal, Extramural		\$1,945,721		\$1,675,866		-\$269,855
6. Intramural Research	293	\$249,276	293	\$259,247	0	\$10,865
7. Research Management and Support	277	\$114,119	272	\$105,285	-5	-\$7,151
8. Construction		\$0		\$0		\$0
9. Buildings and Facilities		\$0		\$0		\$0
Subtotal, program changes						-\$266,141
Total built-in and program changes	570	\$2,309,116	565	\$2,040,397	-5	-\$268,719

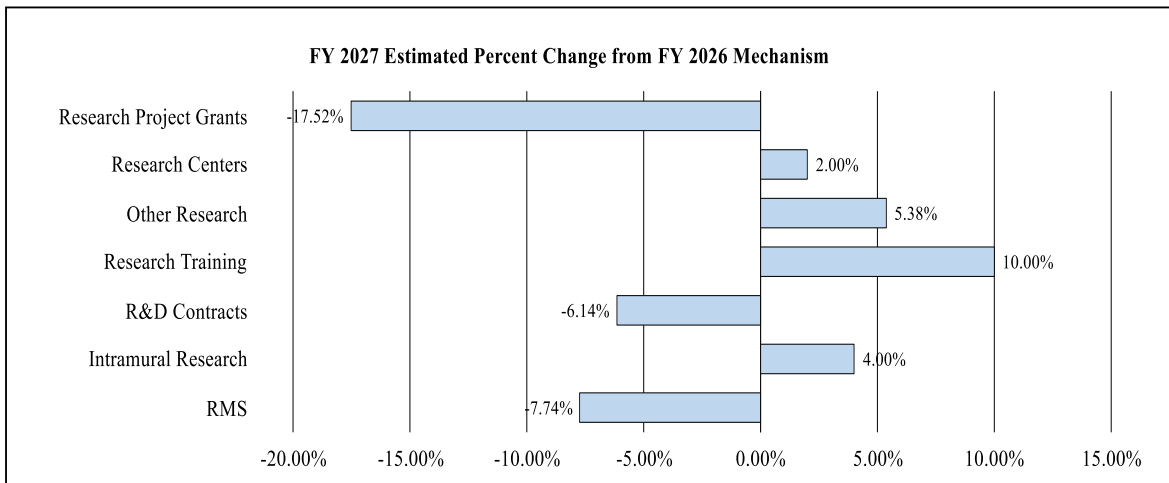
History of Budget Authority and FTEs:



Distribution by Mechanism:



Change by Selected Mechanisms:



BUDGET AUTHORITY BY ACTIVITY TABLE

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

Budget Authority by Activity *
(Dollars in Thousands)

	FY 2025 Final		FY 2026 Enacted		FY 2027 President's Budget		FY 2027 +/- FY 2026 Enacted	
	<u>FTE</u>	<u>Amount</u>	<u>FTE</u>	<u>Amount</u>	<u>FTE</u>	<u>Amount</u>	<u>FTE</u>	<u>Amount</u>
<u>Extramural Research</u>								
<u>Detail</u>								
Neuroscience & Basic Behavioral Science		\$650,456		**		\$577,859		**
Services & Intervention Research		\$239,627		**		\$212,882		**
Translational Research		\$683,629		**		\$607,329		**
Data Science & Technology		\$107,661		**		\$95,645		**
AIDS Research		\$188,086		**		\$173,652		**
Office of the Director		\$9,567		**		\$8,499		**
Subtotal, Extramural		\$1,879,027		\$1,945,721		\$1,675,866		-\$269,855
Intramural Research	294	\$244,601	293	\$249,276	293	\$259,247	0	\$9,971
Research Management & Support	320	\$113,525	277	\$114,119	272	\$105,285	-5	-\$8,835
TOTAL	614	\$2,237,153	570	\$2,309,116	565	\$2,040,397	-5	-\$268,719

* Includes FTEs whose payroll obligations are supported by the NIH Common Fund.

** For FY 2026 Enacted, funding levels are displayed for statutory and report-directed PPAs. Amounts with an asterisk represent other PPAs as levels have not yet been determined.

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National Institute of Mental Health

Budget Authority (BA):

	FY 2025 Final	FY 2026 Enacted	FY 2027 President's Budget	FY 2027 +/- FY 2026
BA	2,237,153,000	2,309,116,000	2,040,397,000	-268,719,000
FTE	614	570	565	-5

Program funds are allocated as follows: Competitive Grants/Cooperative Agreements; Contracts; Direct Federal/Intramural and Other.

Overall Budget Policy: The FY 2027 President’s Budget request is \$2,040.4 million, a decrease of \$268.7 million or 11.6 percent compared to the FY 2026 Enacted level. The request does not include funding for the 21st Century Cures Act, for which the last year of authorization was FY 2026. This reduction will be distributed across all programmatic areas and basic, epidemiology, or clinical research.

Program Descriptions and Accomplishments

Office of the Director (OD)

The NIMH OD provides scientific leadership, sets programmatic priorities, coordinates cross-cutting programs, determines institute policies, funds several research projects, and provides overall administrative and operational coordination for the institute. Each of the offices within the OD play an important role in supporting NIMH. Examples of cross-cutting efforts supported by the OD include research on prevention, mental health comorbidities, and computational research and data science. The OD also supports workforce development and training.

Budget Policy: The FY 2027 President’s Budget request for the NIMH OD is \$8.5 million.

Neuroscience and Basic Behavioral Science

The Division of Neuroscience and Basic Behavioral Science (DNBBS) supports research in the areas of basic molecular and cellular neuroscience, genetics, integrative neuroscience, and drug discovery, as well as research training. The Division ensures that relevant basic scientific knowledge is generated and used in pursuit of improved methods that, in the long term, could be used to diagnose, treat, and prevent mental illnesses. Examples of research in this area include:

Accelerating the basic understanding of mental illnesses: Understanding the basic components of and contributors to neurotypical molecular functions is essential to make America healthy. DNBBS funds grants across a range of research topics to enhance understanding of the

basic neurobiology underlying mental illnesses. For example, DNBS supports the Psychiatric Genomics Consortium (PGC), a collaboration of clinical studies focused on identifying genetic factors, cell types, and pharmacological targets associated with risk for mental illness such as major depressive disorder, autism, and bipolar disorder. One PGC study examined genetic data across 14 mental illnesses and found that many disorders share genetic influences.⁷ Researchers identified genetic linkages between certain mental illnesses like schizophrenia and bipolar disorder. They found that only a small set of genetic variants was unique to specific mental illnesses. In another PGC study, researchers conducted a meta-analysis of data from over half a million individuals with major depression (MD) to gain a better understanding of the biological factors that contribute to MD. Representing one of the largest and most inclusive Genome-Wide Association Study (GWAS) of MD to date, researchers identified 697 genetic associations.⁸ These findings could influence the development of new targeted treatments and more effective therapies for mental illnesses.

Targeting molecular mechanisms of neurodevelopmental disorders: NIMH also supports the NIH Brain Research Through Advancing Innovative Neurotechnologies® (BRAIN) Initiative, a collaborative research effort, funded in part by the 21st Century Cures Act, that has fueled innovative discovery revolutionizing the understanding of the brain. In 2025, two of the three BRAIN Initiative Transformative Projects – the Armamentarium for Precision Brain Cell Access and the BRAIN Initiative Cell Atlas Network (BICAN) - published a series of high-impact papers related to gene delivery systems and how different brain cells are established in different species through neurodevelopment. These and other studies pave the way for future therapies and tools targeting the molecular mechanisms associated with many neurodevelopmental disorders.

Budget Policy: The FY 2027 President’s Budget request for DNBS is \$577.9 million.

Translational Research

The Division of Translational Research (DTR) supports integrative, multidisciplinary programs that translate findings from basic science to discover the causes, mechanisms, and trajectories of mental illnesses, and to develop effective interventions for individuals across the lifespan. DTR supports research using innovative forms of scientific analysis, including computational psychiatry and machine learning. Areas of focus include the characteristics and risk factors for mental illnesses, neurobehavioral mechanisms, and trajectories of risk and resilience based on the interactive influences of genetics, brain development, and environment. DTR also supports the design and testing of innovative treatments and interventions.

DTR supports the Accelerating Medicines Partnership® Program - Schizophrenia (AMP® SCZ), the Precision Psychiatry Initiative (PPI), and research on the impact of technology and digital media on youth mental health. In 2025, NIMH awarded five new precision assessment projects through the PPI’s Individually Measured Phenotypes to Advance Computational Translation in Mental Health (IMPACT-MH) project. These studies have the potential to support individual-level prediction and improve clinical decision-making for mental disorders.

⁷ pubmed.ncbi.nlm.nih.gov/40568675/

⁸ pubmed.ncbi.nlm.nih.gov/39814019/

Budget Policy: The FY 2027 President’s Budget request for DTR is \$607.3 million.

Services and Intervention Research

The Division of Services and Intervention Research (DSIR) supports research that evaluates the effectiveness of a variety of interventions to prevent or treat mental illnesses and their adverse consequences (including suicide, functional disability, and lost productivity). DSIR funds research to refine and evaluate interventions across the lifespan. Research projects focus on acute and long-term symptom reduction, remission, and improved community functioning. DSIR also supports mental health services research to improve the quality, delivery, and outcomes of care. An area of focus is developing strategies for widespread dissemination and implementation of evidence-based treatments into routine care settings in all geographic areas (rural, urban, frontier, and island) and communities. Research highlights include:

Translating research into practice: As America continues to confront the mental health crisis, there is a critical need to translate evidence-based research into practice. To address this need, DSIR initiatives encourage practice-based research with near-term potential for improving intervention effectiveness and service delivery. For example, the Advanced Laboratories for Accelerating the Reach and Impact of Treatments for Youth and Adults with Mental Illness (ALACRITY) Research Centers aim to advance clinical practice and generate knowledge that will fuel the transformation of mental health care in the United States.

Preventing suicide: A related program supports Practice-Based Suicide Prevention Research Centers that address NIMH suicide prevention research priorities to reduce the national suicide rate. In 2025, NIMH funded six projects to promote the development of outcome-focused health care quality measures.⁹ By establishing these outcome-measures, researchers will gain a better understanding of what treatments work in real-world settings, help patients and their clinicians choose care options that best meet their needs, improve the delivery of interventions, and ultimately promote the development of best practices. As part of these projects, researchers are required to engage with and submit their measures to regulatory or governing bodies such as the Center for Medicare and Medicaid Services, to encourage implementation and uptake.

Budget Policy: The FY 2027 President’s Budget request for DSIR is \$212.9 million.

Data Science and Technology

The Division of Data Science and Technology (DST) supports research focused on the development of scientific tools, technologies, and approaches related to brain and behavioral research, including software (e.g., neuroinformatics tools and resources), hardware (e.g., devices and instrumentation), and wetware (e.g., novel genetic methods or bioactive and molecular imaging agents). DST coordinates NIMH efforts and initiatives focused on advancing technology development and scientific informatics. DST also manages a variety of infrastructure programs for mental health researchers such as the NIMH Data Archive, the Brain Research Through

⁹ [nimh.nih.gov/news/science-updates/developing-tools-for-measuring-mental-health-outcomes](https://www.nimh.nih.gov/news/science-updates/developing-tools-for-measuring-mental-health-outcomes)

Advancing Innovative Neurotechnologies® (BRAIN) Initiative data archives, the shared instrument program, and the NeuroBioBank.

Budget Policy: The FY 2027 President’s Budget request for DST is \$95.6 million.

AIDS Research

The Division of AIDS Research (DAR) supports research and research training that addresses the priority areas outlined in the NIH Strategic Plan for HIV and HIV-related Research and the Ending the HIV Epidemic in the United States initiative. DAR-supported research is aimed at reducing HIV/AIDS incidence through the development, testing, and implementation of new and improved prevention strategies. This program aims to improve the linkage to care and adherence to effective treatments for those living with HIV. DAR also supports research to better understand, prevent, and treat the neurological and mental disorders associated with HIV. Additionally, DAR engages with multidisciplinary expertise in NIH-wide planning efforts to ensure effective integration of behavioral and biomedical approaches to help achieve an AIDS-free generation. One example of this research includes:

Removing HIV-infection in the brain: DAR supports studies to eradicate or silence HIV from biological reservoirs in the central nervous system (CNS), where the virus may evade detection and treatment. HIV latency in the CNS is critically important to consider in studies of eradication and reactivation. DAR places a strong emphasis on targeted research to understand the mechanisms underlying HIV-induced neuronal pathology and the resulting motor, cognitive, and psychiatric dysfunction that results, with the goal of identifying preventive and therapeutic interventions. In a recent NIMH-funded study, researchers explored a potential solution by testing a drug called BLZ945 that targets macrophages, a type of immune cell that contributes to how HIV multiplies and spreads in the brain.¹⁰ Researchers found that macrophage levels in the brain of animals declined after treatment with BLZ945, while treatment with BLZ945 did not significantly affect other immune cells in the brain that support brain health. The results suggest that using medications like BLZ945 to target macrophages may be a promising strategy for removing HIV-infection from in the CNS.

Budget Policy: The FY 2027 President’s Budget request for DAR is \$173.7 million.

Intramural Research Programs

The Division of Intramural Research Programs (IRP) is the internal research component of NIMH, complementing the institute’s extramural grant funding program. IRP scientists investigate basic, translational, and clinical aspects of brain function and behavior across the lifespan, conducting state-of-the-art research using unique NIH resources. In addition, the IRP provides an excellent environment for training the next generation of basic, translational, and clinical scientists.

IRP researchers use sophisticated experimental techniques (such as optogenetic stimulation and two-photon imaging) to study brain circuit function and behavior. Researchers are also

¹⁰ academic.oup.com/brain/article/147/9/3059/7714669?login=true

supporting efforts aimed at understanding how brain circuits involved in regulating emotional behavior may point towards treatments that target dysregulation of these circuits in neuropsychiatric disorders.¹¹ Other IRP scientists are interested in looking at the autoimmune underpinnings of some neuropsychiatric conditions. IRP scientists are exploring novel medications and other treatments for mood disorders in adults, including research on the efficacy and safety of fast-acting treatments like ketamine and magnetic-seizure therapy – which have been shown to rapidly decrease acute symptoms. IRP researchers also continue to study youth suicide in different populations.¹² Other research examples include:

Predicting future hospital visits: In a recent study, IRP researchers validated the NIMH-developed Ask Suicide-Screening Questions (ASQ) tool in emergency departments and inpatient and outpatient primary care settings and demonstrated that the tool can help predict future-suicide-related hospital visits. The tool has also been translated into 32 languages and validated in Spanish, Japanese, and Korean. The ASQ is also being adapted and tested for use in a variety of settings and populations, including youth with autism and other neurodevelopmental disorders.

Developing behavioral therapy for children: Researchers developed a novel treatment for severe irritability in children using exposure-based cognitive behavioral therapy (CBT).¹³ Irritability and outbursts are part of many mental disorders, but they are core symptoms of disruptive mood dysregulation disorder (DMDD). Children received 12 sessions of CBT, during which clinicians carefully exposed children to anger-provoking situations and worked with children to learn to tolerate and constructively respond without outburst. Clinicians found that the irritability symptoms decreased significantly during treatment and gains were maintained several months after treatment ended. This study set the foundation to further explore CBT treatment for childhood irritability.

Budget Policy: The FY 2027 President’s Budget request for the NIMH intramural research program is \$259.2 million, an increase of \$10.0 million or 4.0 percent compared with the FY 2026 Enacted level.

Research Management and Support

Research Management and Support (RMS) activities provide administrative, budgetary, logistical, and scientific support in the review, award, and monitoring of research and training grants, and research and development contracts. RMS functions include strategic planning, coordination, and evaluation of NIMH programs, regulatory compliance, coordination of global mental health efforts, and liaising with other Federal agencies, Congress, and the public. Staff also play key roles in coordinating NIMH’s involvement in the NIH BRAIN Initiative and in managing related research. Through RMS activities, NIMH continues to provide accountability and administrative support for meritorious basic, clinical, and translational research and promote health information dissemination, education, and outreach activities. RMS also supports outreach activities to connect the public with evidence-based mental health information.

¹¹ pubmed.ncbi.nlm.nih.gov/37644172/

¹² nimh.nih.gov/news/science-news/2024/increases-found-in-preteen-suicide-rate

¹³ nimh.nih.gov/news/science-updates/2024/novel-treatment-helps-children-with-severe-irritability

Budget Policy: The FY 2027 President’s Budget request for RMS activities is \$105.3 million, a decrease of \$8.8 million or 7.7 percent compared with the FY 2026 Enacted level.

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

Appropriations History

Fiscal Year	Budget Estimate to Congress¹	House Allowance	Senate Allowance	Appropriation
2018 ² Rescission	\$1,244,901,000	\$1,668,461,000	\$1,724,568,000	\$1,754,775,000 \$0
2019 ² Rescission	\$1,612,192,000	\$1,790,231,000	\$1,871,250,000	\$1,870,296,000 \$0
2020 ² Rescission	\$1,630,422,000	\$1,961,704,000	\$2,076,244,000	\$2,038,374,000 \$0
2021 ² Rescission	\$1,844,865,000	\$2,060,303,000	\$2,139,491,000	\$2,103,708,000 \$0
2022 ² Rescission	\$2,213,574,000	\$2,223,085,000	\$2,218,900,000	\$2,216,976,000 \$0
2023 ² Rescission	\$2,210,828,000	\$2,428,775,000	\$2,332,672,000	\$2,337,843,000 \$0
2024 ² Rescission	\$2,541,653,000	\$2,198,843,000	\$2,437,843,000	\$2,273,843,000 \$0
2025 ² Rescission	\$2,548,662,000	\$2,256,289,000	\$2,687,843,000	\$2,233,343,000 \$0
2026 ² Rescission		\$2,285,343,000	\$2,291,343,000	\$2,287,343,000 \$0
2027	\$2,040,397,000			

¹ The FY 2026 President’s Budget proposed consolidating the 27 NIH Institutes and Centers into an 8-Institute structure, while maintaining the Office of the Director and the Building and Facilities account.

² Includes funds derived by transfer from the NIH Innovation Account under the 21st Century Cures

BUDGET AUTHORITY BY OBJECT CLASS

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

Budget Authority by Object Class¹
(Dollars in Thousands)

	FY 2026 Enacted	FY 2027 President's Budget	FY 2027 +/- FY 2026
Total compensable workyears:			
Full-time equivalent	570	565	-5
Full-time equivalent of overtime and holiday hours	1	1	0
Average ES salary	\$215	\$216	\$1
Average GM/GS grade	13.0	13.0	0.0
Average GM/GS salary	\$115	\$115	\$0
Average salary, Commissioned Corps (42 U.S.C. 207)	\$0	\$0	\$0
Average salary of ungraded positions	\$157	\$143	-\$14
OBJECT CLASSES	FY 2026 Enacted	FY 2027 President's Budget	FY 2027 +/- FY 2026
Personnel Compensation			
11.1 Full-Time Permanent	\$58,506	\$57,980	-\$525
11.3 Other Than Full-Time Permanent	\$30,882	\$30,959	\$77
11.5 Other Personnel Compensation	\$4,308	\$4,319	\$11
11.7 Military Personnel	\$0	\$0	\$0
11.8 Special Personnel Services Payments	\$14,836	\$14,873	\$37
11.9 Subtotal Personnel Compensation	\$108,532	\$108,132	-\$400
12.1 Civilian Personnel Benefits	\$37,363	\$37,580	\$217
12.2 Military Personnel Benefits	\$0	\$0	\$0
13.0 Benefits to Former Personnel	\$0	\$0	\$0
Subtotal Pay Costs	\$145,895	\$145,712	-\$183
21.0 Travel & Transportation of Persons	\$2,184	\$2,230	\$46
22.0 Transportation of Things	\$283	\$289	\$6
23.1 Rental Payments to GSA	\$0	\$0	\$0
23.2 Rental Payments to Others	\$0	\$0	\$0
23.3 Communications, Utilities & Misc. Charges	\$882	\$900	\$19
24.0 Printing & Reproduction	\$6	\$6	\$0
25.1 Consulting Services	\$93,855	\$77,554	-\$16,301
25.2 Other Services	\$23,921	\$24,424	\$502
25.3 Purchase of Goods and Services from Government Accounts	\$178,294	\$188,089	\$9,794
25.4 Operation & Maintenance of Facilities	\$198	\$202	\$4
25.5 R&D Contracts	\$8,723	\$8,906	\$183
25.6 Medical Care	\$91	\$95	\$4
25.7 Operation & Maintenance of Equipment	\$5,121	\$5,229	\$108
25.8 Subsistence & Support of Persons	\$0	\$0	\$0
25.0 Subtotal Other Contractual Services	\$310,204	\$304,498	-\$5,706
26.0 Supplies & Materials	\$6,243	\$5,915	-\$328
31.0 Equipment	\$9,215	\$9,408	\$194
32.0 Land and Structures	\$2,851	\$2,911	\$60
33.0 Investments & Loans	\$0	\$0	\$0
41.0 Grants, Subsidies & Contributions	\$1,831,312	\$1,568,486	-\$262,826
42.0 Insurance Claims & Indemnities	\$0	\$0	\$0
43.0 Interest & Dividends	\$42	\$42	\$0
44.0 Refunds	\$0	\$0	\$0
94.0 Financial Transfers	\$0	\$0	\$0
Subtotal Non-Pay Costs	\$2,163,221	\$1,894,685	-\$268,536
Total Budget Authority by Object Class	\$2,309,116	\$2,040,397	-\$268,719

¹ Includes FTEs whose payroll obligations are supported by the NIH Common Fund.

DETAIL OF FULL-TIME EQUIVALENT EMPLOYMENT (FTE)

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

Detail of Full-Time Equivalent Employment (FTE)

Office	FY 2025 Final			FY 2026 Enacted			FY 2027 President's		
	Civilian	Military	Total	Civilian	Military	Total	Civilian	Military	Total
Division of Extramural Activities									
Direct:	55	-	55	48	-	48	48	-	48
Total:	55	-	55	48	-	48	48	-	48
Division of Translational Research									
Direct:	35	-	35	35	-	35	35	-	35
Total:	35	-	35	35	-	35	35	-	35
Office of the Director									
Direct:	147	-	147	112	-	112	107	-	107
Reimbursable:	4	-	4	4	-	4	4	-	4
Total:	151	-	151	116	-	116	111	-	111
Division of Neuroscience and Basic Behavioral Science									
Direct:	31	-	31	31	-	31	31	-	31
Total:	31	-	31	31	-	31	31	-	31
Division of AIDS Research									
Direct:	19	-	19	19	-	19	19	-	19
Total:	19	-	19	19	-	19	19	-	19
Division of Services and Intervention Research									
Direct:	17	-	17	18	-	18	18	-	18
Total:	17	-	17	18	-	18	18	-	18
Data Science & Technology									
Direct:	13	-	13	14	-	14	14	-	14
Total:	13	-	13	14	-	14	14	-	14
Division of Intramural Research Programs									
Direct:	288	-	288	284	-	284	284	-	284
Reimbursable:	5	-	5	5	-	5	5	-	5
Total:	293	-	293	289	-	289	289	-	289
Total	614	-	614	570	-	570	565	-	565
Includes FTEs whose payroll obligations are supported by the NIH Common Fund.									
FTEs supported by funds from Cooperative Research and Development Agreements.	0	0	0	0	0	0	0	0	0

DETAIL OF POSITIONS

NATIONAL INSTITUTES OF HEALTH
National Institute of Mental Health

Detail of Positions ¹

GRADE	FY 2025 Final	FY 2026 Enacted	FY 2027 President's Budget
Total, ES Positions	1	1	1
Total, ES Salary	\$212,331	\$214,985	\$215,522
General Schedule			
GM/GS-15	80	86	85
GM/GS-14	82	89	88
GM/GS-13	97	105	105
GS-12	71	77	75
GS-11	28	30	29
GS-10	0	0	0
GS-9	7	8	8
GS-8	2	2	2
GS-7	2	2	2
GS-6	0	0	0
GS-5	0	0	0
GS-4	1	1	1
GS-3	1	1	1
GS-2	0	0	0
GS-1	0	0	0
Subtotal	371	401	396
Commissioned Corps (42 U.S.C. 207)			
Assistant Surgeon General	0	0	0
Director Grade	0	0	0
Senior Grade	0	0	0
Full Grade	0	0	0
Senior Assistant Grade	0	0	0
Assistant Grade	0	0	0
Junior Assistant	0	0	0
Subtotal	0	0	0
Ungraded	168	168	168
Total permanent positions	328	434	434
Total positions, end of year	540	570	565
Total full-time equivalent (FTE) employment, end of year	614	570	565
Average ES salary	\$212,331	\$214,985	\$215,522
Average GM/GS grade	13.0	13.0	13.0
Average GM/GS salary	\$113,437	\$114,854	\$115,141

¹ Includes FTEs whose payroll obligations are supported by the NIH Common Fund.