Minority Fellowship Program Webinar
Mental Health in Older Adults

Substance Abuse and Mental Health Services Administration
U.S. Department of Health and Human Services

Minority Fellowship Program
Webinar • February 22, 2023

SAMHSA
Substance Abuse and Mental Health Services Administration

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Webinar Objectives

During this webinar, participants will:

- Discuss NIMH priorities for research in geriatric mental health.
- Understand the types and effects of SMIs on older adults.
- Discuss the growing need for mental health professionals and whole person care for elder adults living with or experiencing SMI(s).
- Explore funding opportunities for early career investigators.

Mental Health in Older Adults

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Division of Translational Research
National Institute of Mental Health

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February 22, 2023

National Institute of Mental Health

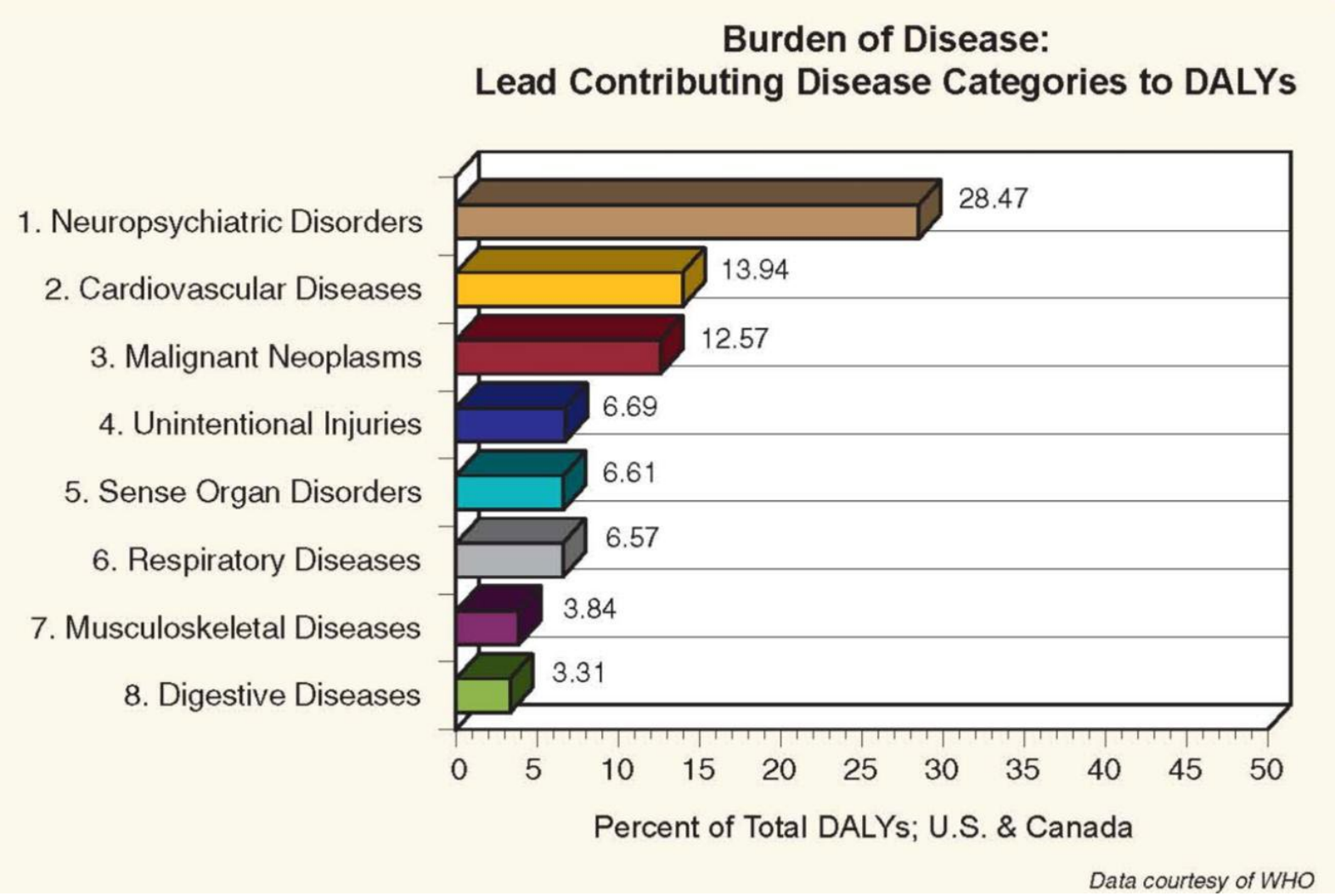
Disclosures

No Conflicts to disclose

Outline

- NIMH Overview
- Alzheimer's Disease Research
- Geriatric Mental Health Research
  - Late Life Depression
  - Late Life Anxiety
- Suicide Research
- Funding Opportunities for Junior Researchers

Mental Disorders are Chronic and Disabling



Source: World Health Organization, 2008

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Mental Disorders: Mortality

- **Over 45,900 suicides per year in the U.S. (CDC, 2020)**
  - 90% related to mental illness
- **For context:**
  - 24,576 homicides
  - 40,698 traffic fatalities
- **Excess Mortality 10 – 20 years (WHO, 2015)**

NIMH is 1 of 27 NIH Institutes and Centers

NIH is committed to research training and career development that prepares individuals to conduct innovative research in areas of program relevance that will advance the mission of the Institutes.

Source: https://researchtraining.nih.gov/

NIMH Vision and Mission

- **Vision:** NIMH envisions a world in which mental illnesses are prevented and cured.
- **Mission:** To transform the understanding and treatment of mental illnesses through basic and clinical research, paving the way for prevention, recovery, and cure.

NIMH Structure

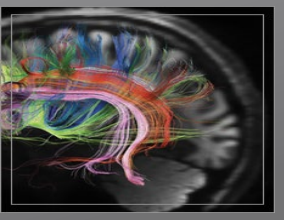
- Division of Neuroscience and Basic Behavioral Science (DNBBS)
- Division of Translational Research (DTR)
- Division of Services and Interventions Research (DSIR)
- Division of AIDS Research (DAR)
- Global Mental Health Research (CGMHR)
- Disparities Research and Workforce Diversity (ODWD)

- Strategic Objective 1: Define mechanisms of complex behaviors
- Strategic Objective 2: Determine when, where, and how to intervene
- Strategic Objective 3: Stive for prevention and cures
- Strategic Objective 4: Strengthen the public health impact

Geriatrics Research Branch

Full Spectrum of Mental Disorders of Late Life:

- Mood and anxiety disorders
- Schizophrenia and other psychotic disorders
- Psychiatric syndromes and behavioral disorders in Alzheimer's disease, Parkinson's disease, and related dementias
- Suicide
- Personality disorders




Alzheimer's Disease

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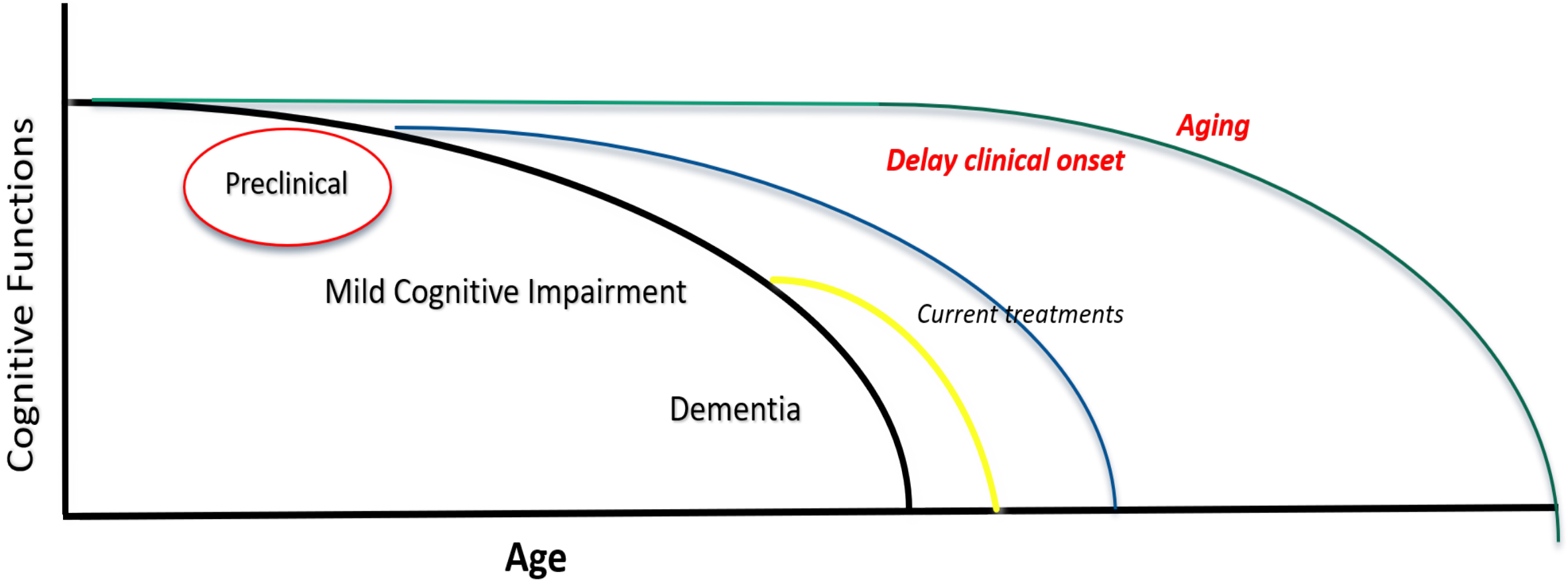
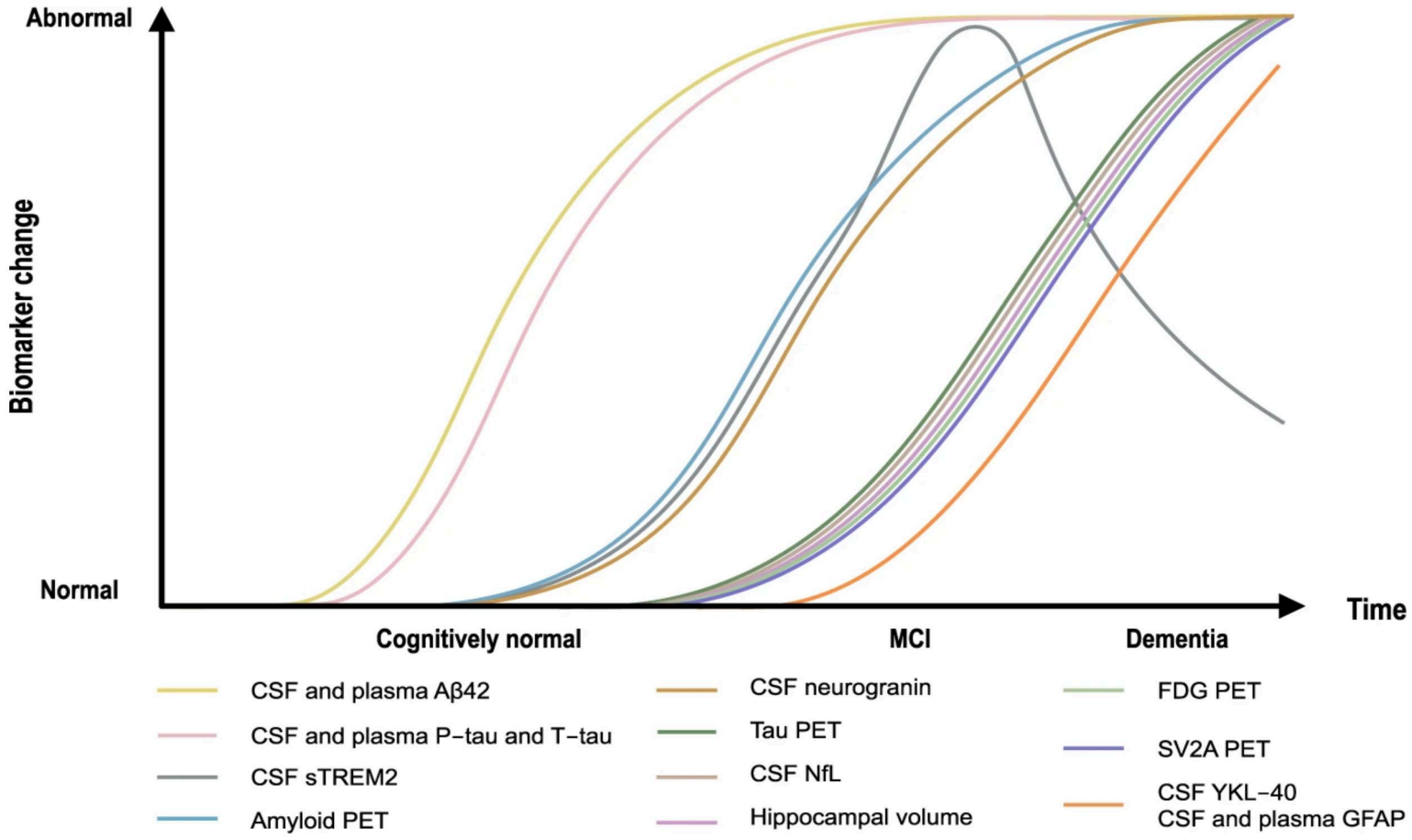
Continuum of Alzheimer's disease



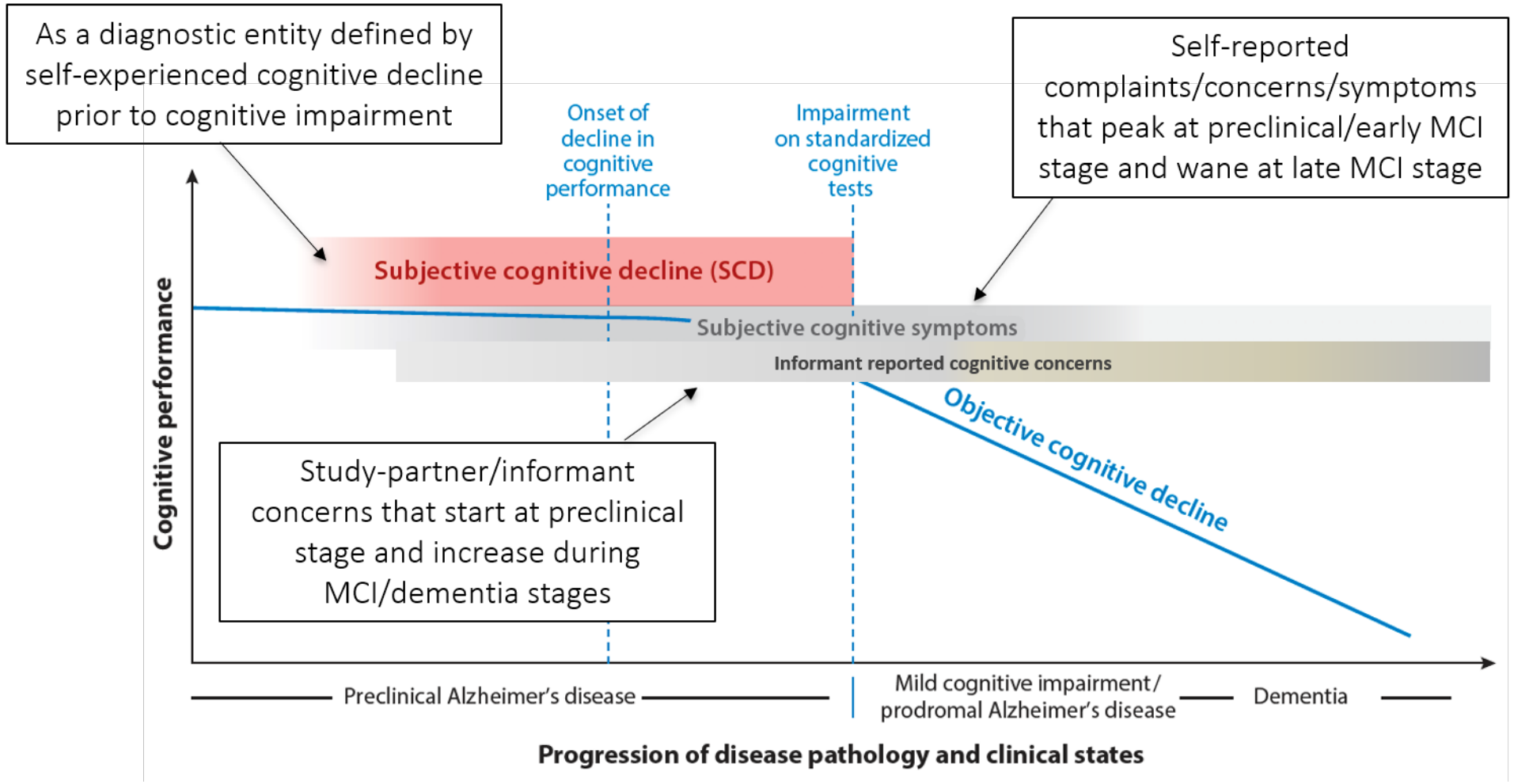
Adapted from Sperling et al., 2011

Biomarkers Along the Continuum



Source: Zetterberg & Bendlin, *Mol Psychiat* 2021

Subjective Report Along AD Continuum



adapted from Rabin et al., *Ann Rev Clin Psychol* 2017

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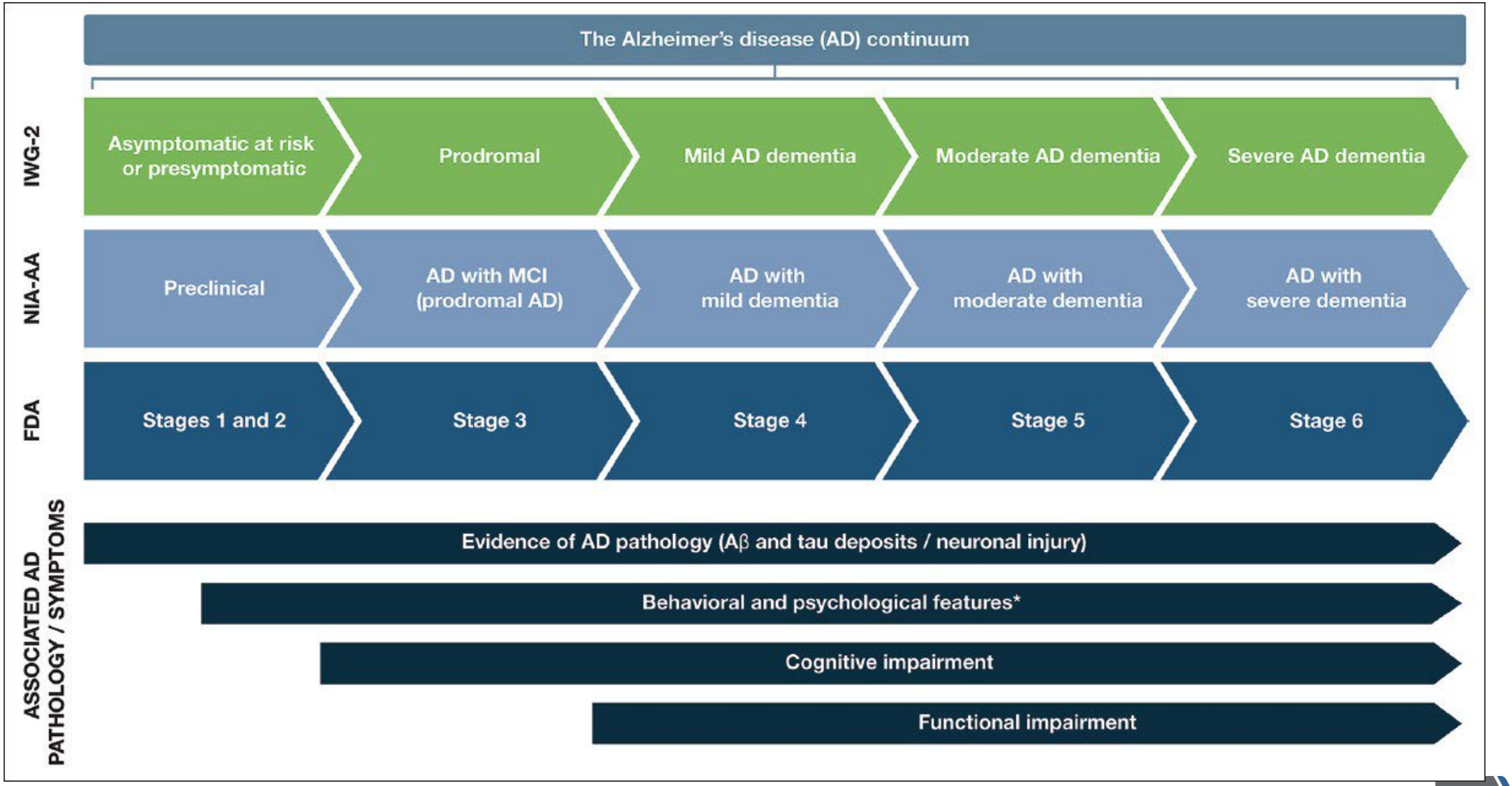
The Alzheimer's Disease (AD) Continuum



Source: https://link.springer.com/article/10.14283/jpad.2021.23

Measurement Needs: One Size Does Not Fit All

https://www.nature.com/articles/s43587-022-00269-x

PERSPECTIVE
https://doi.org/10.1038/s43587-022-00269-x

nature aging

Check for updates

Designing the next-generation clinical care pathway for Alzheimer's disease

Harald Hampel[1]✉, Rhoda Au[2], Soeren Mattke[3], Wiesje M. van der Flier[4], Paul Aisen[5], Liana Apostolova[6], Christopher Chen[7], Min Cho[1], Susan De Santi[1], Peng Gao[1], Atsushi Iwata[8], Ricky Kurzman[1], Andrew J. Saykin[9], Stefan Teipel[10,11], Bruno Vellas[12], Andrea Vergallo[1], Huali Wang[13] and Jeffrey Cummings[14]

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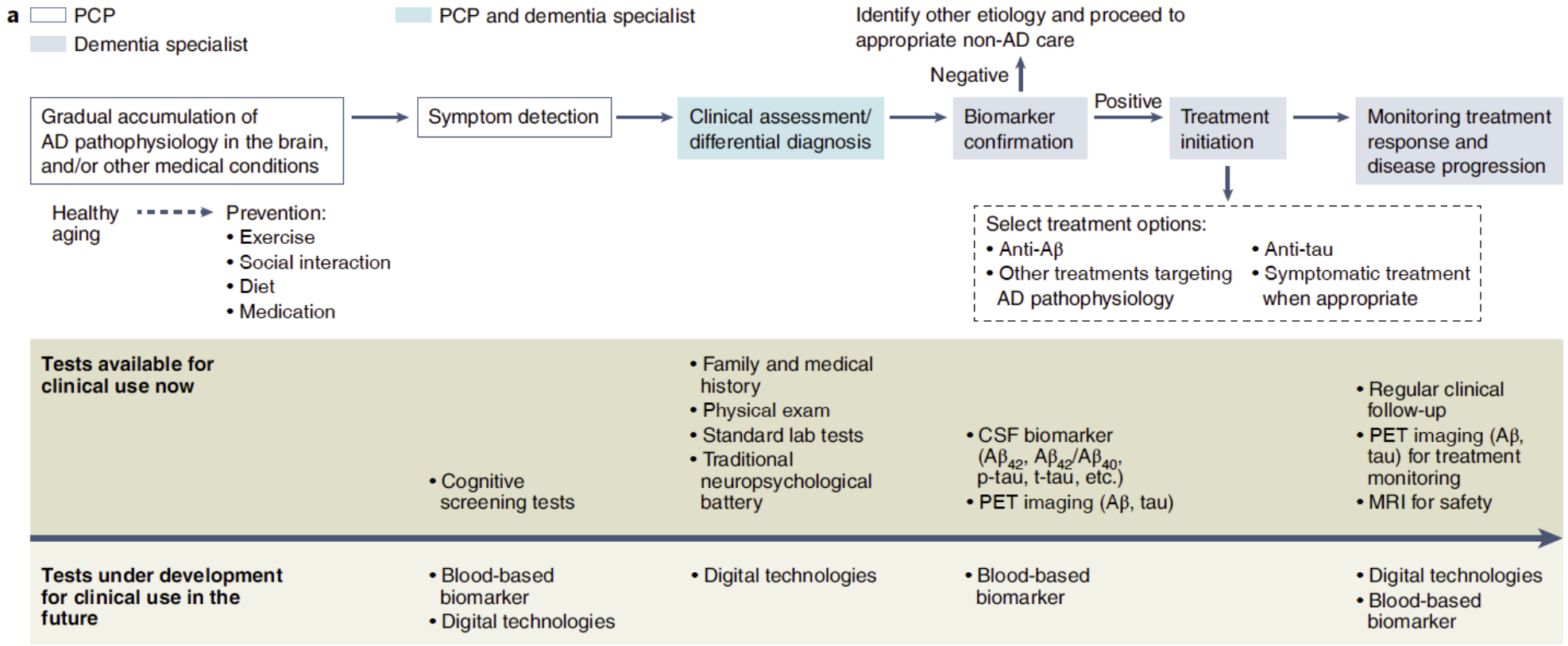
Measurement Needs: One Size Does Not Fit All (con't)

https://www.nature.com/articles/s43587-022-00269-x

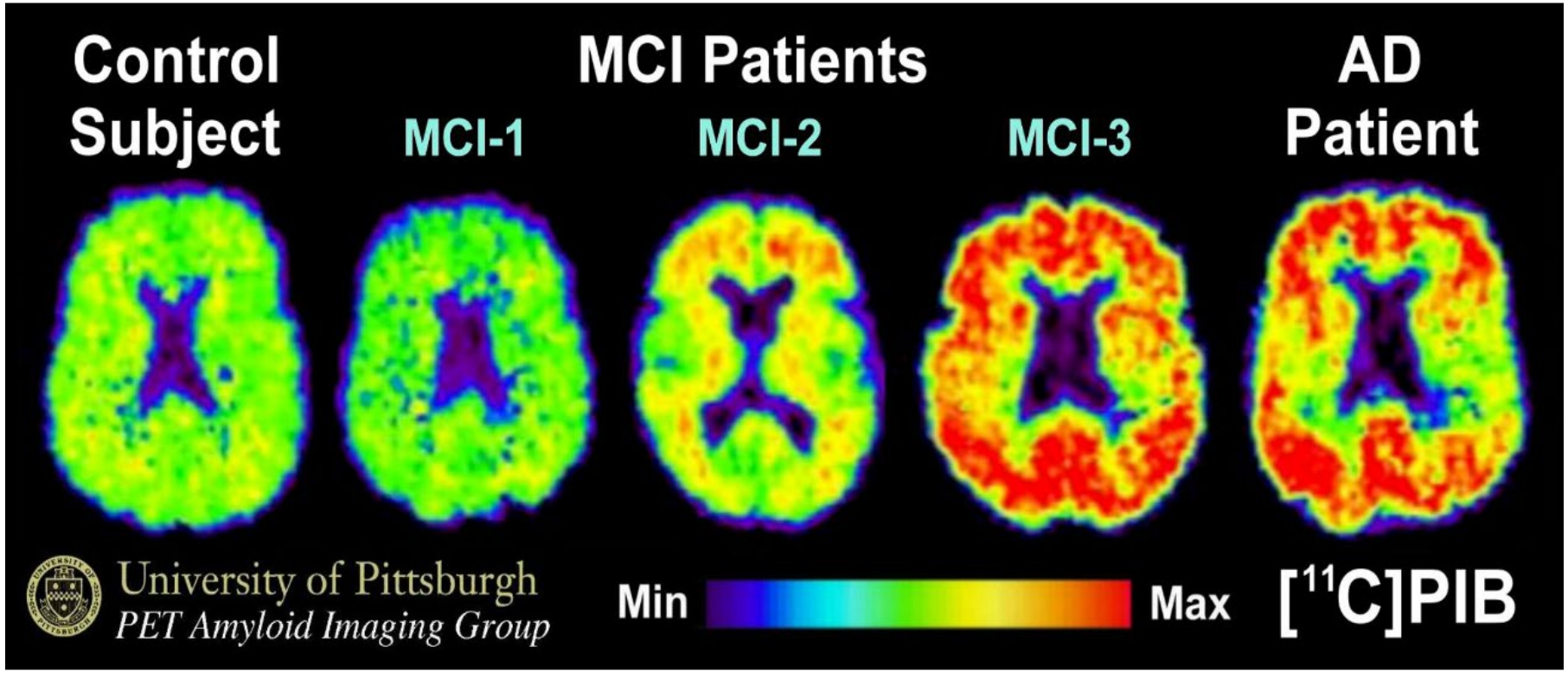
NATURE AGING PERSPECTIVE



Increasing Role of Imaging & Biomarkers in AD Diagnosis and Treatment Trials

- Many studies have shown changes in the brain of normal aging and in AD
- Structural MRI shows shrinkage, esp. of medial temporal lobe and cortex
- FDG PET shows reduced metabolism
- AD Biomarkers can improve diagnosis and reflect disease progression
- Great potential for use for early detection and in clinical trials for patient selection and monitoring of treatment effects

Individuals with MCI cover the range of amyloid load



PET images obtained with the amyloid-imaging agent, Pittsburgh Compound-B ([^{11}C]PIB) in a normal control (far left), three different patients with mild cognitive impairment (MCI; center images) and a mild AD patient (far right). Some MCI patients have control-like levels of amyloid, some have AD-like levels of amyloid and some have intermediate levels.

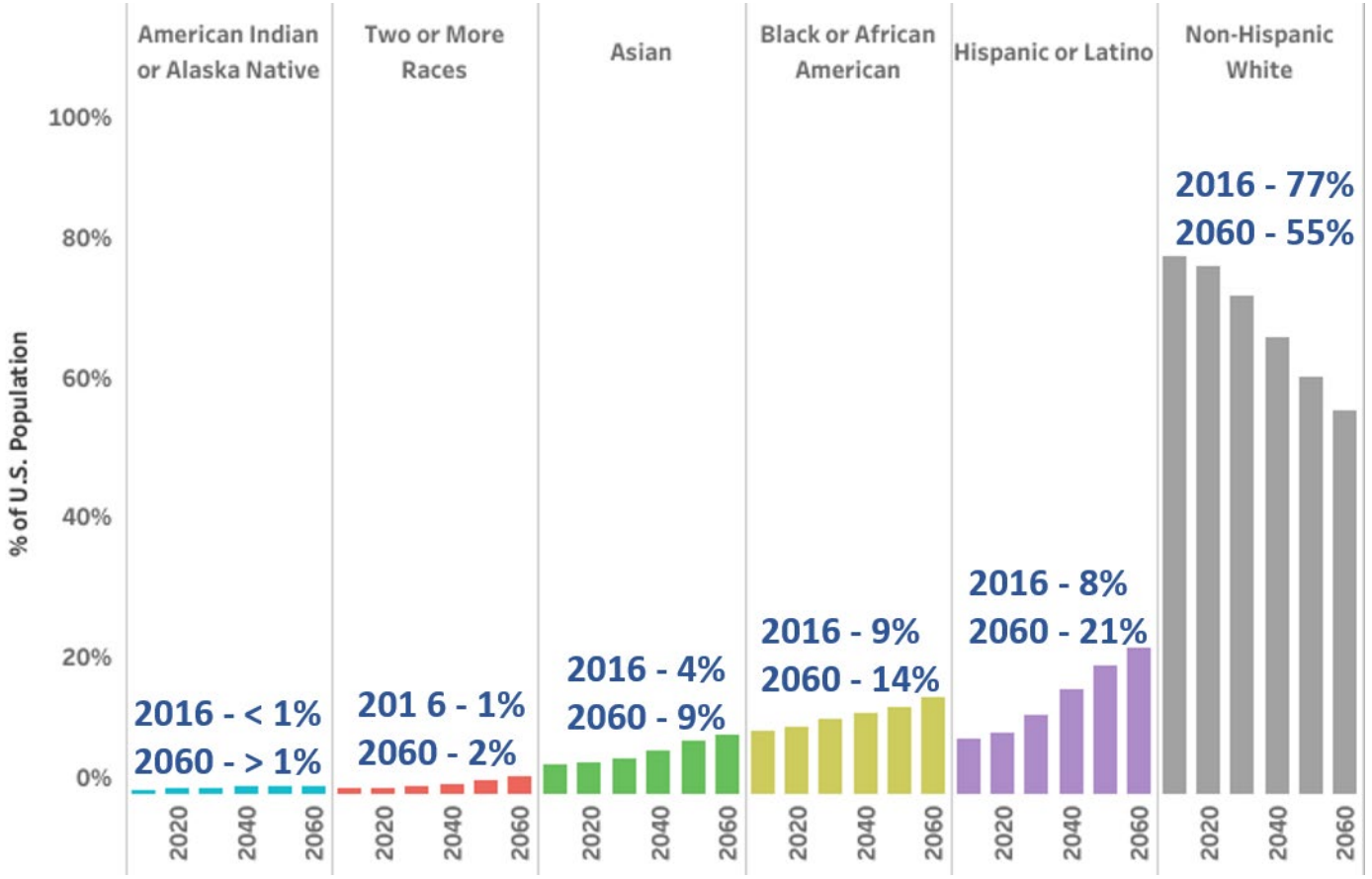
AD Treatment options

- Cholinesterase Inhibitors
- Antipsychotic Medications
- Amyloid Clearing Medications
- Behavioral Treatments
- Prevention Strategies

US population 65 years and older is becoming more racially and ethnically diverse

Population projections by Race and Ethnicity, aged 65 years and older:

- In 2016, non-Hispanic Whites (NHWs) accounted for 77%, while minoritized populations accounted for 23%.
- By 2060, NHWs will account for 55%, while minoritized populations will account for 45%.
  - Minorities will experience growth while NHW will experience decrease in population numbers.



Vespa J, Medina L, Armstrong DM. Current Population Reports, Issued March 2018.
APM Research Lab. August 2, 2018, https://www.apmresearchlab.org/blog/the-united-states-will-soon-be-bigger-older-and-more-diverse

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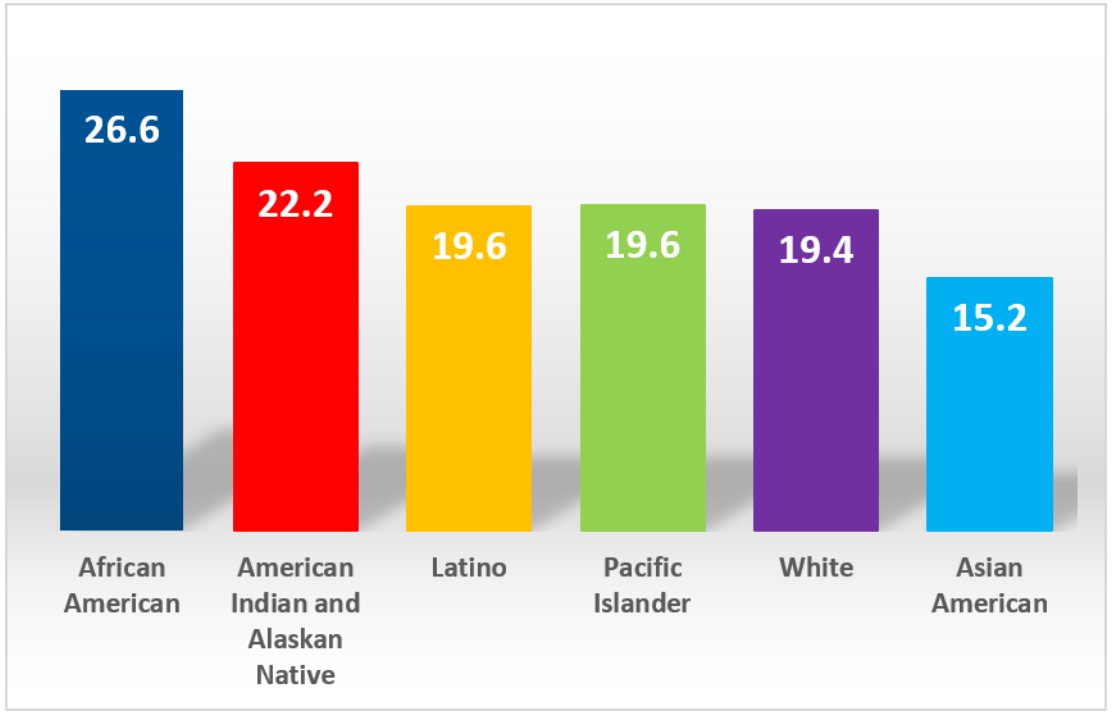
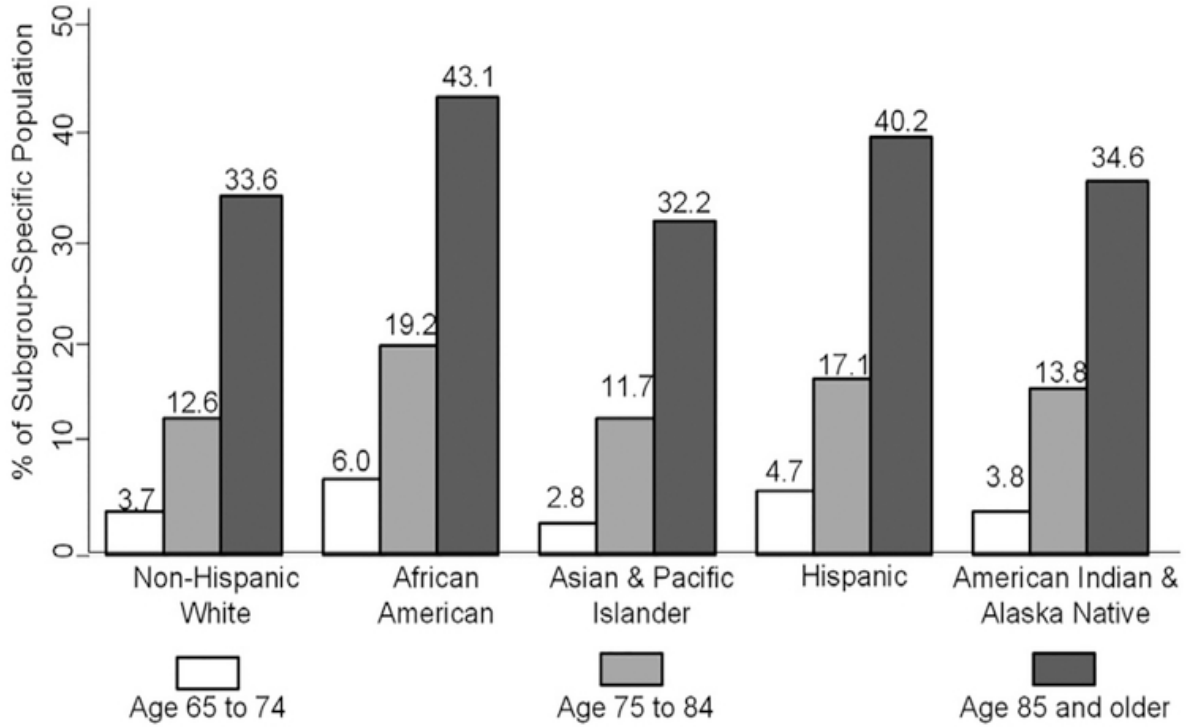
Incidence and Prevalence of Alzheimer's Dementia by Race and Ethnicity in US Population aged 65 years and older.

A. Age-adjusted incidence rate per 1000 py



B. Estimated prevalence of AD/ADRD



A. Mayeda ER, Glymour MM, Quesenberry CP, Whitmer RA. Alzheimer's Dement.; 12: 216-224, 2016.
B. Matthew KA, Xu W, Gaglioti AH, Holt JB, et al. Alzheimer's Dement.; 15: 17-25, 2019.

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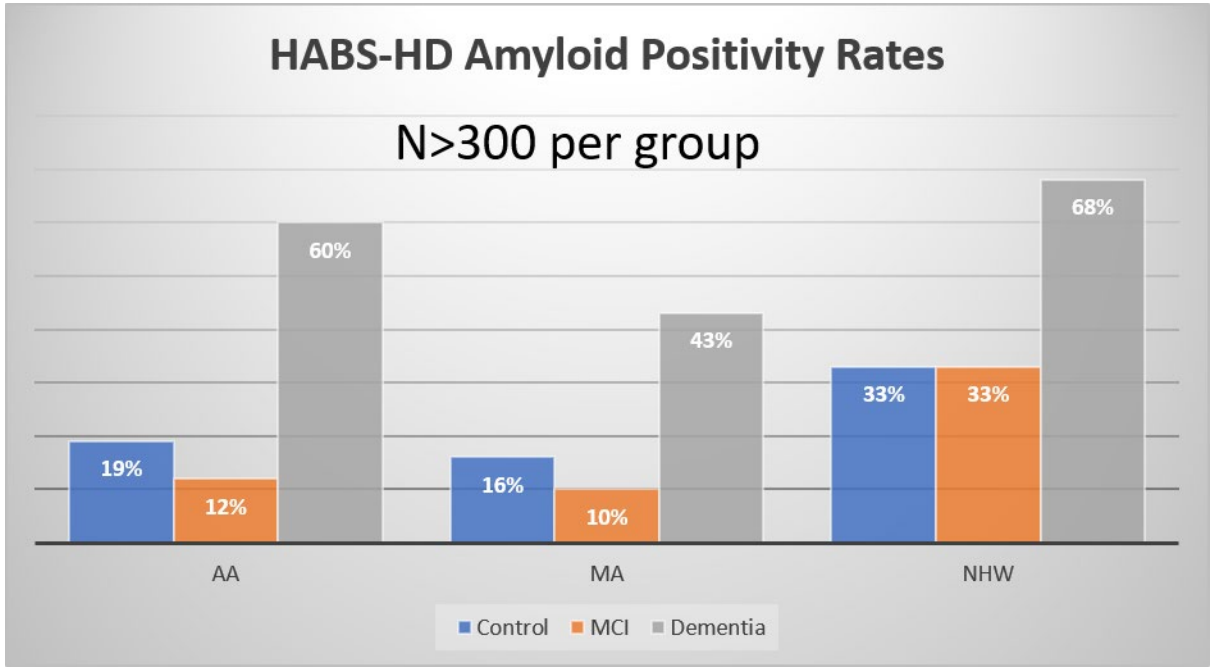
Neuropathology and Biomarkers

- Sample sizes are small
- Populations may not be representative
- Less studies in some race and ethnic groups
- Suggests that further evaluation of ATN framework is needed
- Consider diverse populations with the context of various environments (Precision medicine/Precision Public Health)

Study	Study Design	Findings
Barnes et al., 2015	Prospective Cohort	AA with AD dementia were more likely to have mixed pathologies compare with whites with AD dementia
Gottesman et al., 2016	Longitudinal, Prospective	Florbetapir uptake higher in AA; AA more likely to have elevated SUVR and Global cortical SUVR
Howell et al., 2017	Cross-sectional	Lower CSF levels of p-tau, t-tau and Aß40 in cognitively normal AA compared to whites; lower CSF t-tau/Aß42 and p-tau181/Aß42 in cognitive impaired AA compared to whites
Garrett et al., 2019	Case-Control	Lower levels for tau, p-tau181, lower p-tau181/Aß42 in AA with MCI compared to white
Morris et al., 2019	Cross-sectional analysis	No difference in frequency of cerebral lesions or SUVR for Pittsburgh Compound B, AAß42 between cognitively normal AA and whites. Lower total hippocampal volumes in AA with family history of AD. Lower CSF t-tau, p-tau181 in AA compared to Whites
Kumar et al., 2020	Cross-sectional	Poorer indices of vascular health(higher central SBP, central MAP, etc.), less CSF tau burden in AA compared to whites. Small differences in tau correlated with poorer cognition in AAs
Brickman et al., 2020	Community-based, longitudinal	Biomarker concentrations similar across all race and ethnic groups.
Meeker et al., 2021	Cross-sectional	Increase neurodegeneration/decrease cortical volume in AA compared to whites. No significant effects for amyloid, tau or rs-fc signature between AA and whites.

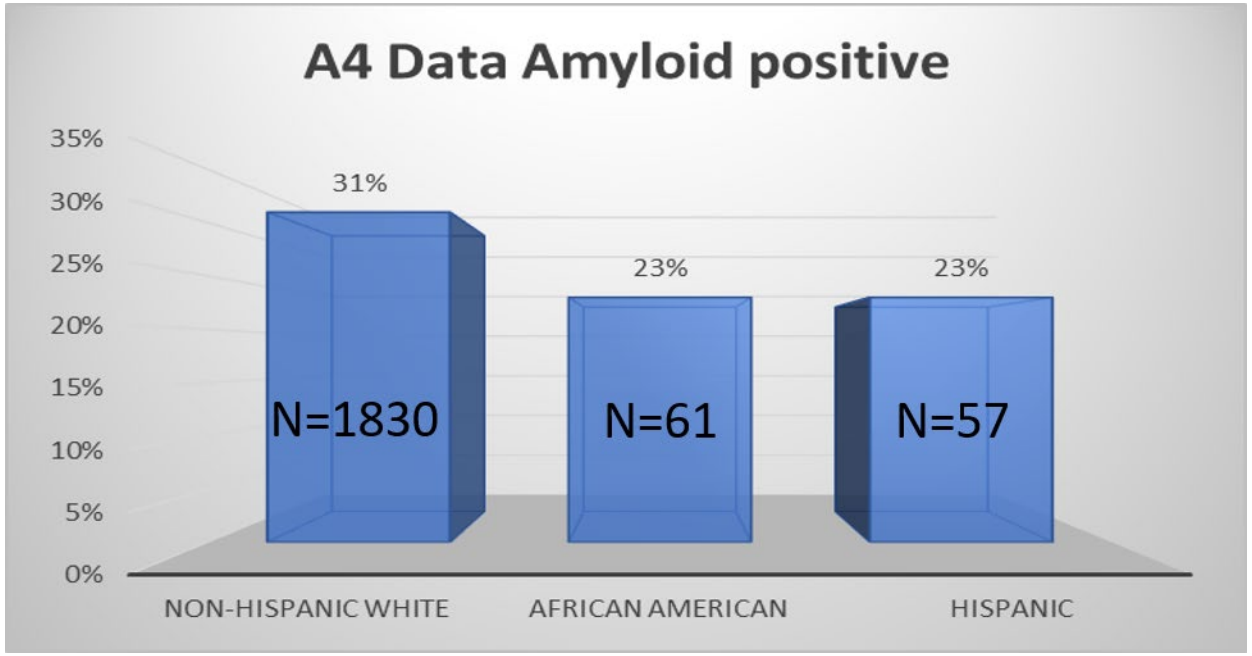
Amyloid Positivity Rates

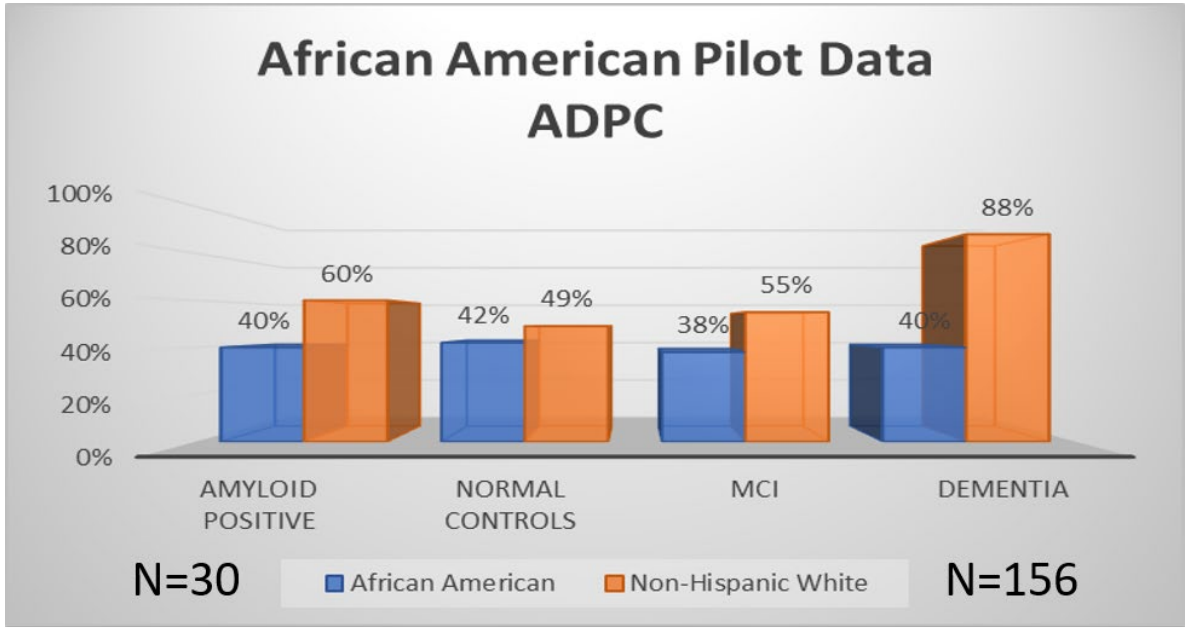
- All p<0.05
- HABS-HD currently scheduling approximately 45 new amyloid PET scans weekly
- N>600 participants already awaiting consent process
- **O'Bryant et al 2021 DADM Special Collection**



Source: O'Bryant, S. NIA funding: R01AG058533; U19AG078109

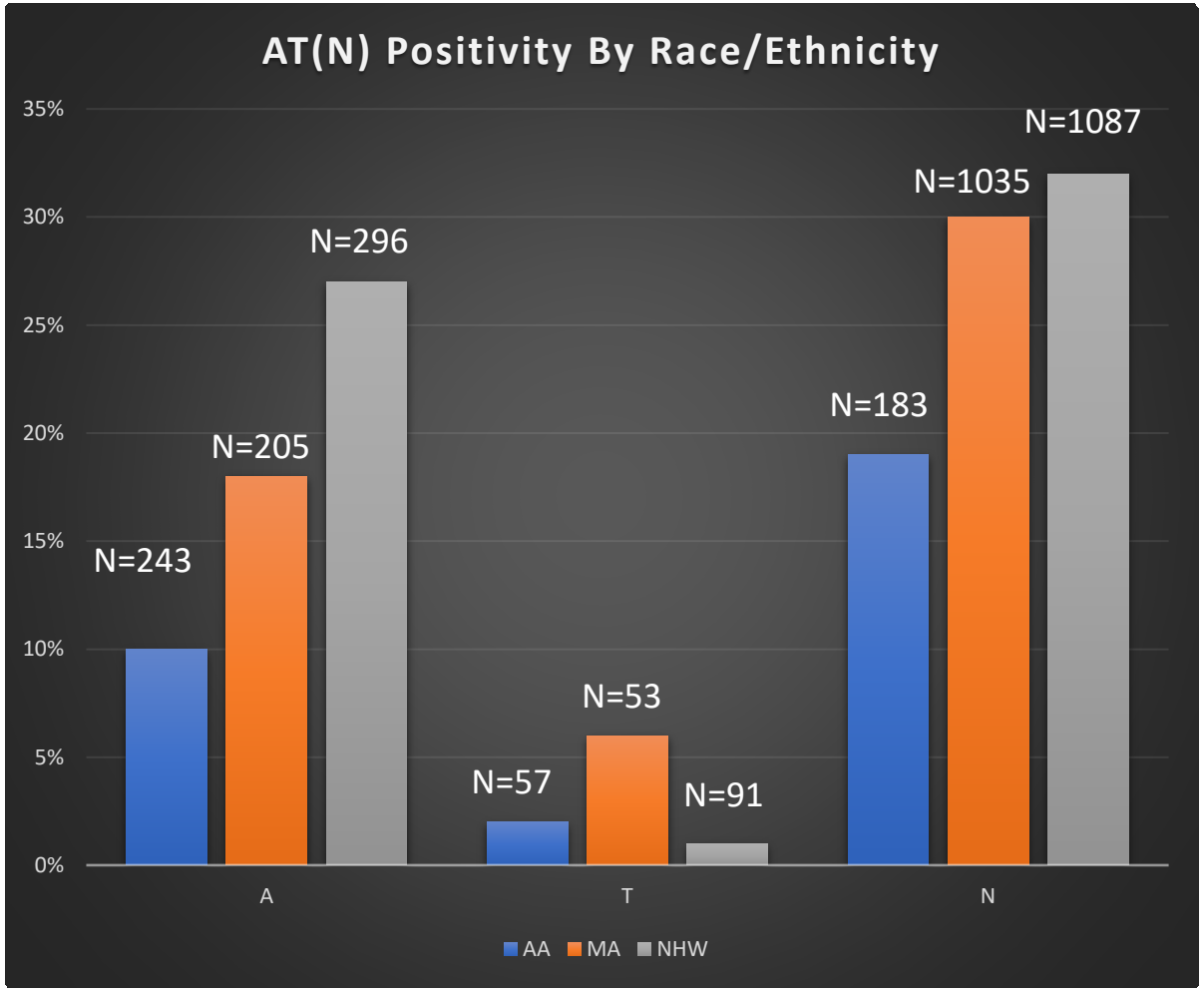
Amyloid Positivity Rates (con't)

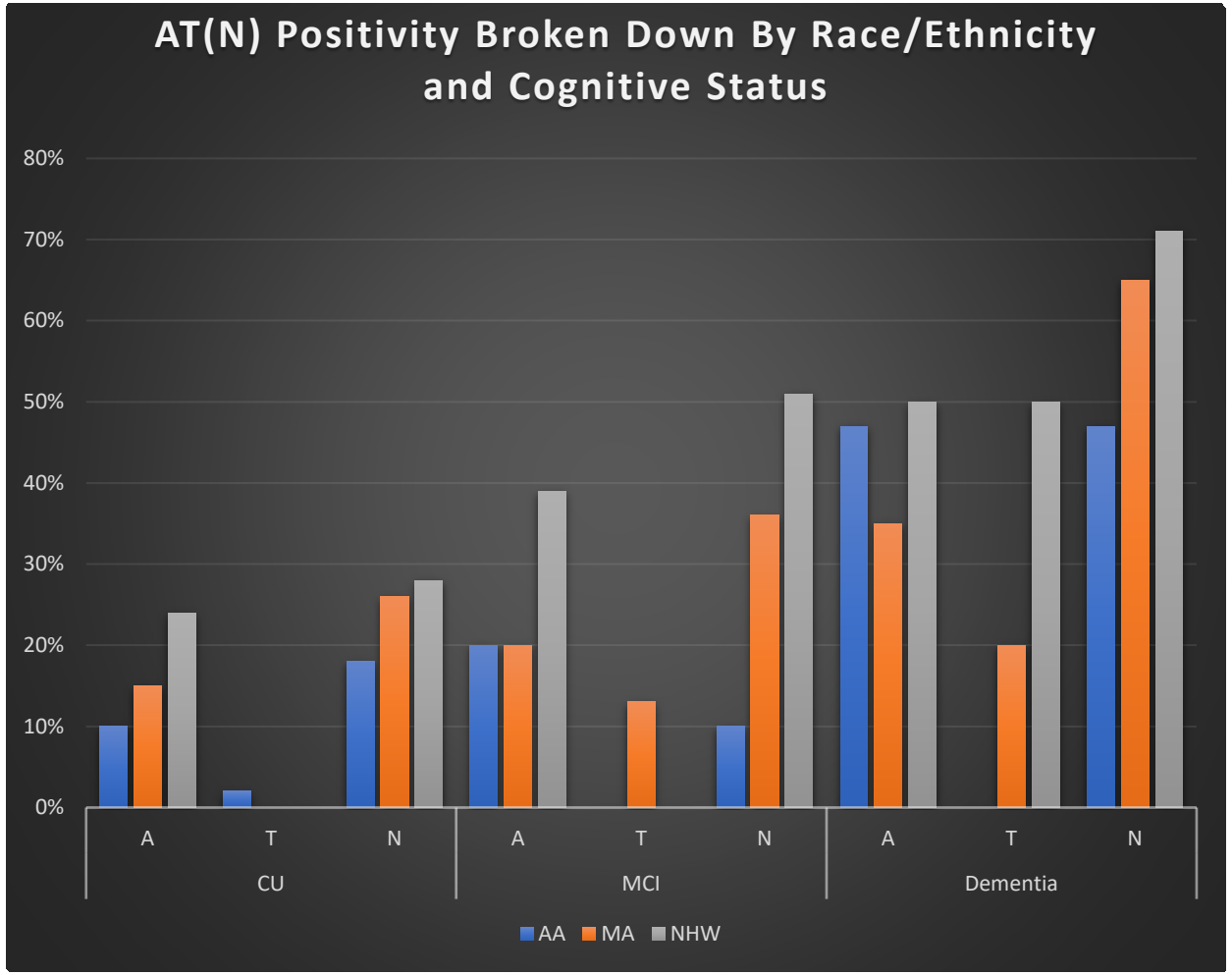




Source: O'Bryant, S. NIA funding: R01AG058533; U19AG078109

AT(N) Positivity Rates Vary By Race/Ethnicity





Slide created by O'Bryant, S. NIA funding: R01AG058533; U19AG078109

hsc Health & Aging Brain Study Health Disparities

Conclusions

- ATN-defined biomarkers are differentially prevalent among diverse populations
- ATN-defined biomarkers are differentially related to clinical outcomes among diverse populations
- Clinical, demographic and sociocultural factors are differentially related to ATN-defined and cognitive outcomes among diverse populations
- We cannot advance true precision medicine without inclusion of diverse communities

HEALTH & AGING BRAIN STUDY

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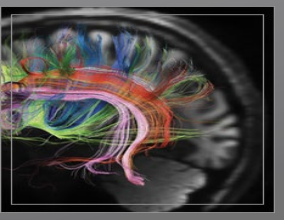


Mood and Anxiety Disorders

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Common Clinical Issues

- Common clinical problems associated with life transitions
  - Loss
  - Stress
  - Depression
- Treatment
  - Treatment for Depression
  - Treatment for Anxiety

Stress and Depression

- Stress
- Adjustment Problems
- Depression
- Medical Illness

Transitions in Late Life

- “Bad” transitions
  - Death of loved one
  - Acute or chronic illness
  - Relocation
  - Retirement

- “Good” transitions
  - Birth of grandchild

Major Manifestations of Loss

- Adjustment Disorder
- Mood/ Anxiety
- Bereavement
- PTSD

Bereavement

- Losses frequently encountered in later-life that lead to bereavement
- Features that distinguish depression from bereavement:
  - Prominent feelings of guilt and worthlessness
  - Suicidal thoughts
  - Prolonged and marked functional impairment
  - About 1 in 5 bereaved people will develop major depression

Stress and Serious illness

- Cancer
- Heart disease is associated with the buildup of fats in blood vessels; stress increases this effect.
- Immune system functioning is impaired by exposure to stress.
  - Cortisol suppresses immune system functioning.
  - Compromised immune system is less able to resist infection and cancer development.

Resources to Manage Stress

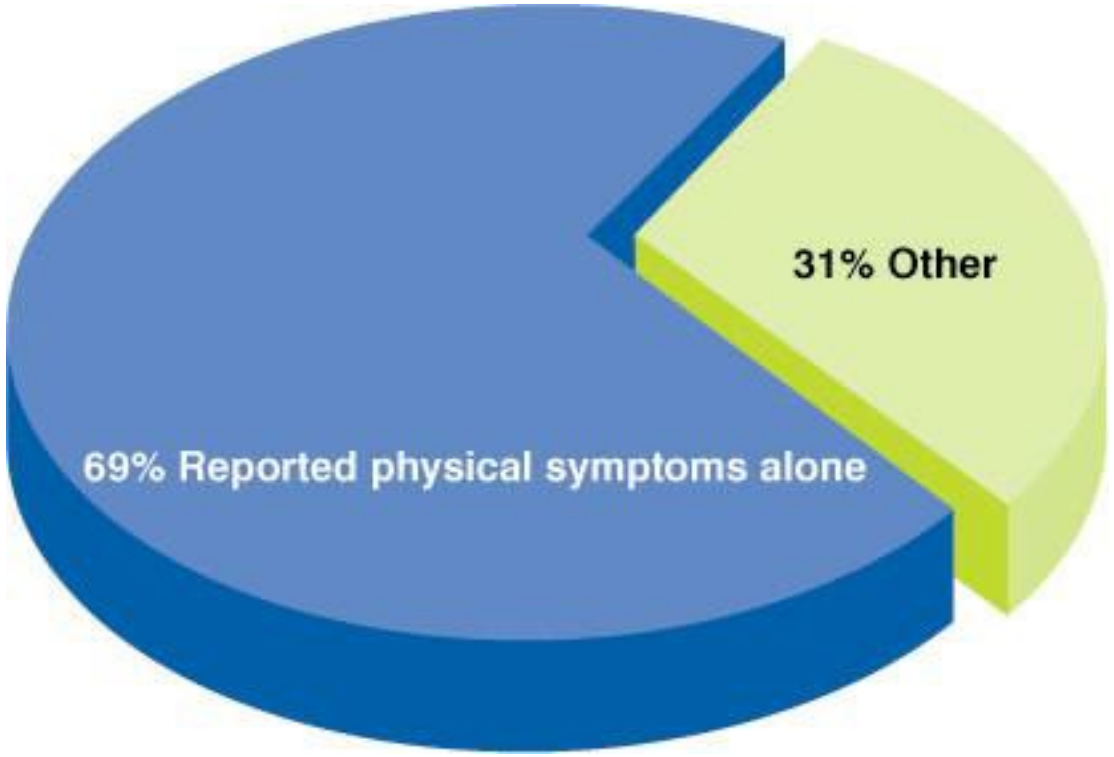
- Positive beliefs and attitudes
- Social support (network of friends, family)
- Personal control
- Health and energy
  - Exercise
  - Relaxation
- Mindfulness Based Stress Reduction (MBSR)

Clinical Features of Late-life Depression

- “Depression” without sadness
- Irritability and/or Anxiety
- Cognitive problems
- Prominent vague somatic complaints
- Unexplained health worries
- Heightened pain complaints
- Loss of interest and pleasure
- Social withdrawal or avoidance of social interactions
- Unexplained functional decline

Physical Symptoms and Depression

In a *New England Journal of Medicine* study, 69% of diagnosed depressed patients reported unexplained physical symptoms as their chief complaint

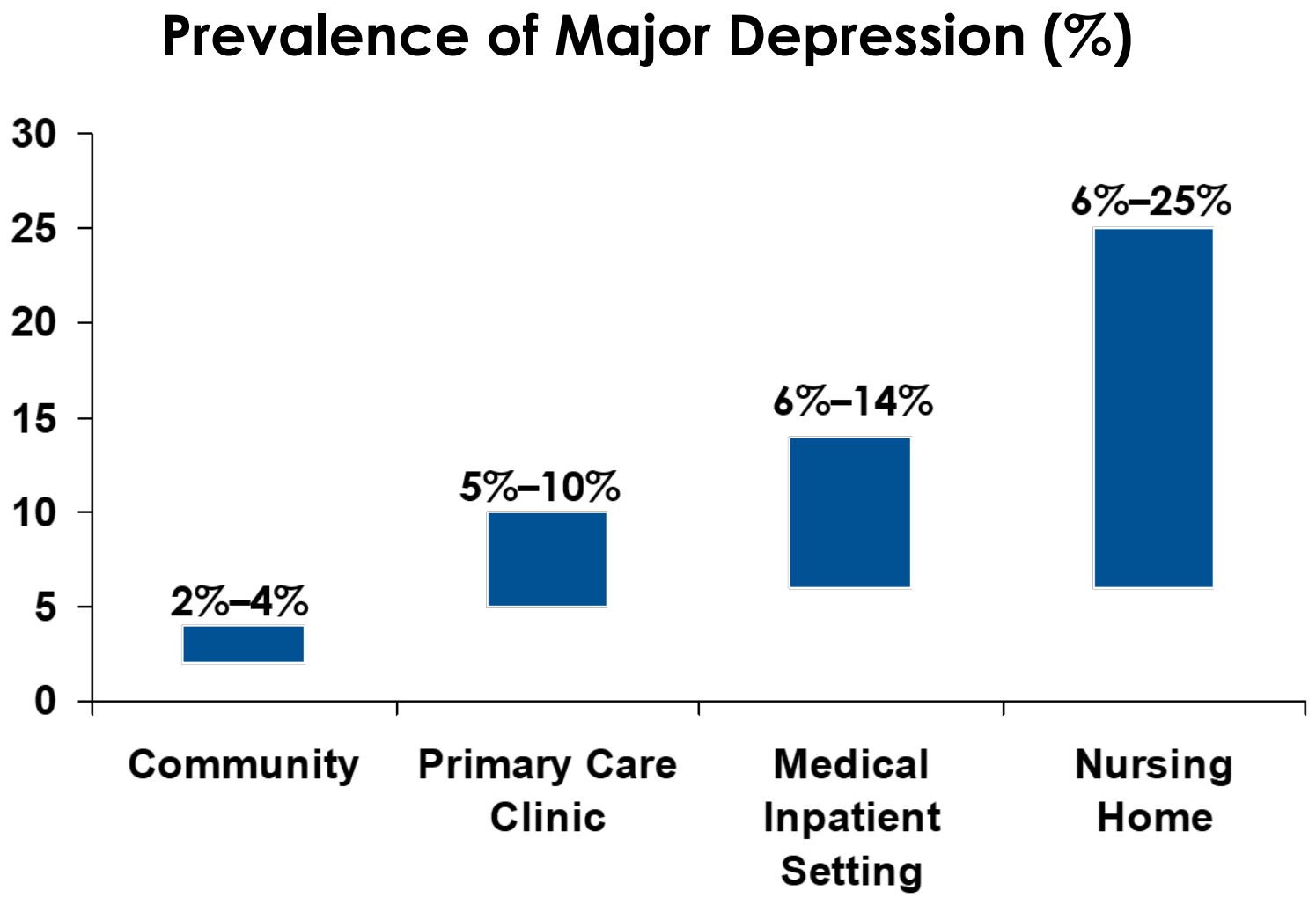


Source: Simon GE, et al. *N Engl J Med*. 1999;341(18):1329-1335.

Risk Factors

- Medical diagnosis or diagnoses associated with a high risk of depression
- New admission or change of environment
- New stressful losses (loss of autonomy, privacy, functional status, body part, family member or friend)
- Personal or family history of depression or mood disorder
- Hearing or vision impairment severe enough to affect function

Major Depression Is Associated with Chronic Medical Illness



Source: Reynolds, CF, *Depress Anxiety*, 2009; 26:1062-5.

Late-Life Depression

- Depressive symptoms occur in 15%–25% of older adults (>65 years)
  - 25-50% of post-stroke patients
  - 1/3 of Alzheimer's patients
  - 50% of Parkinson's patients
- Fewer than half of depressed seniors are formally diagnosed
- Of those who are identified fewer than half receive treatment

Treatment Response

- 40% of cases of major depression respond to initial pharmacotherapy within 6 weeks
- Additional 15% to 25% achieve remission with continued treatment for 6 weeks
- Monotherapy fails 35-45%
- Responsive to initial pharmacotherapy 40%
- Responsive to continued treatment 15-25%

Source: Nelson, Delucchi, & Schneider, *The American Journal of Geriatric Psychiatry*, 2008 Vol 16 (7) , 558-567

Treatment

- Acute Phase (reverse current episode)
  - Duration: about 3 months: Goal is complete recovery from signs and symptoms of acute episode
- Continuation Phase (prevent a relapse)
  - Duration: 4-6 months: Goal is to prevent relapse as symptoms continue to decline and functionality improves
- Maintenance Phase (prevent future recurrence)
  - Duration: 3 months or longer: Goal is to prevent recurrence of a new depressive episode

Caregiver Depression

- Often seen in those **caring for** older adult with dementia
- Associated with changing roles, increased responsibility, risk of social isolation, grief surrounding loss of demented person
- Often fail to recognize stress/burden, but report fatigue, insomnia, social withdrawal, and feeling “burned out”
- Complicated by anger, guilt, ambivalence

Most Common Presentations of Anxiety in Older Medical Patients

- Mixed anxiety-depression
- Anxiety associated with or masked by physical illness or medications
- Anxiety/agitation associated with dementia

Mixed Anxiety-Depression

- Possibly the most common presentation in older patients, but no consensus on diagnostic criteria
- Features of depression (sadness, decreased appetite, low energy etc.) coexist with anxiety (irritability, insomnia, muscle tension)
- More dysfunction and worse prognosis compared to “pure” anxiety

Common Late-Life Disorders Presenting with Anxiety-like Symptoms

- Cardiovascular, pulmonary, neurologic, and endocrine disorders
- Several medications (e.g., steroids, L-dopa) and over the counter drugs with sympathomimetic effects

Anxiety/Agitation Associated with Dementia

- Typically expressed as motor restlessness, pacing, and “agitation”
- May be difficult to obtain details due to communication difficulties
- Nursing staff and caregivers needed to provide an accurate picture

Geriatric Psychotherapy

- Cognitive Behavioral Therapy
- Interpersonal Therapy
- Problem Solving Therapy
- Combination approaches
- Stress Reduction Activities

Treating Older Adults

- Majority improve with antidepressant, psychotherapy, or a combination
- Treatment improves outcomes of medical conditions
- May be preventive in some circumstances

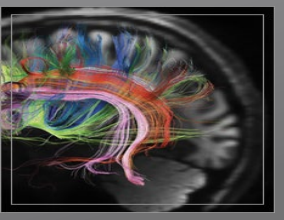
Successful Aging

- 1/3 of our longevity is inherited. That means that we have control over 2/3
- Attributes of centenarians
  - Sense of humor
  - Sense of hope
  - Engagement
  - Coping with loss
  - Stress reduction

Quote

"As a rule, people whose connections with others are relatively strong—through family (including marriage), friendships, and organizational memberships—live longer."

("Successful Aging," John Rowe & Robert Kahn, 2000)




Suicide Research

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NIMH Suicide Research

Progress since 2010: More evidence-based practices

- Valid risk identification approaches in healthcare settings
  - Risk Identification: Screening; Risk Algorithms
- Intervention & implementation examples
  - Safety planning
  - Pragmatic trials in healthcare systems
  - Collaborative care to address opioid comorbidity

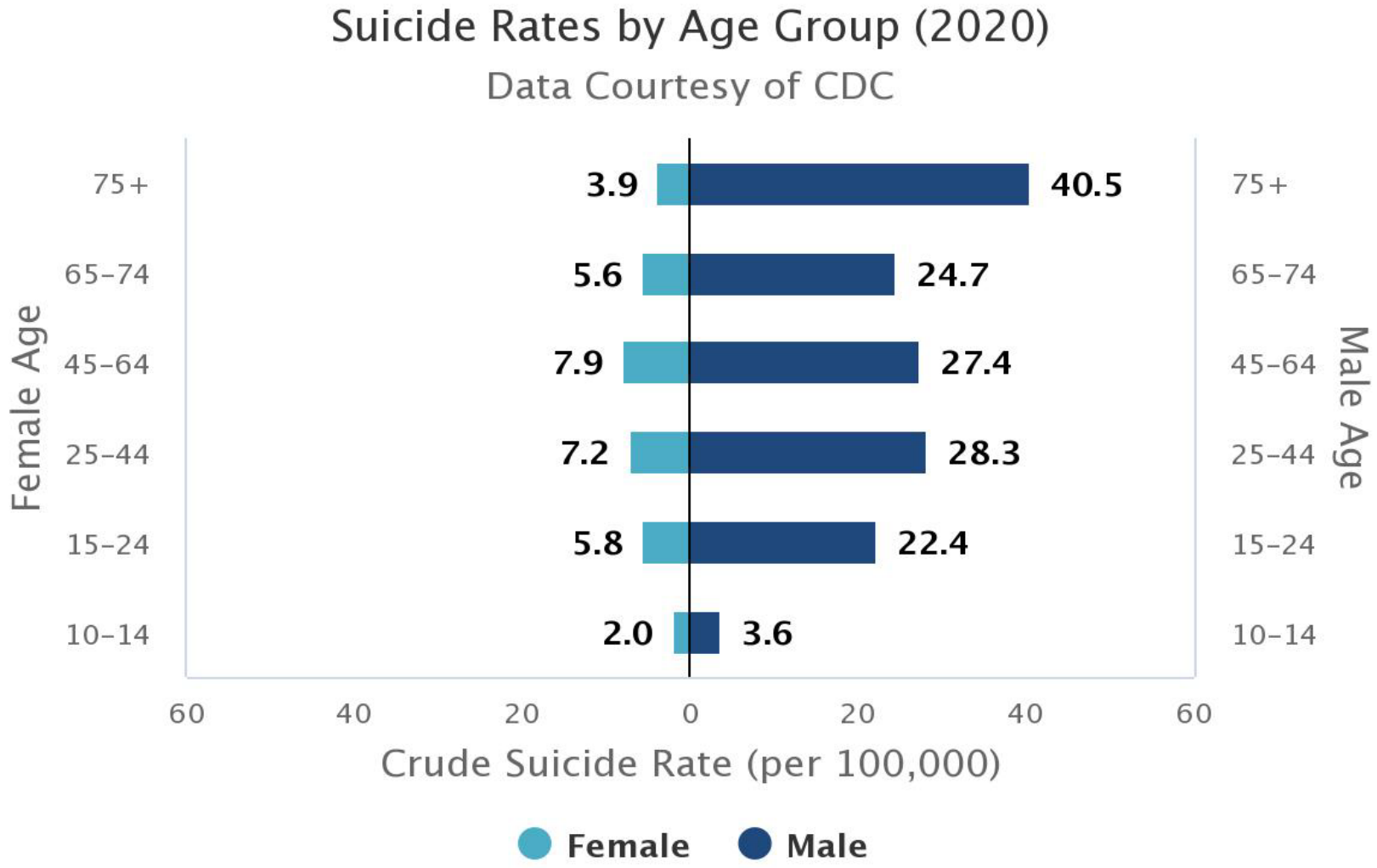
Improved US estimates of suicide decedents & their characteristics

- Healthcare access and mental health diagnoses

How can we better implement what we know to reduce the suicide rate?

- Telehealth enabled suicide prevention
- Rapid-acting interventions

2020 US Suicide Rates by Age and Sex



Source: https://www.nimh.nih.gov/health/statistics/suicide.shtml

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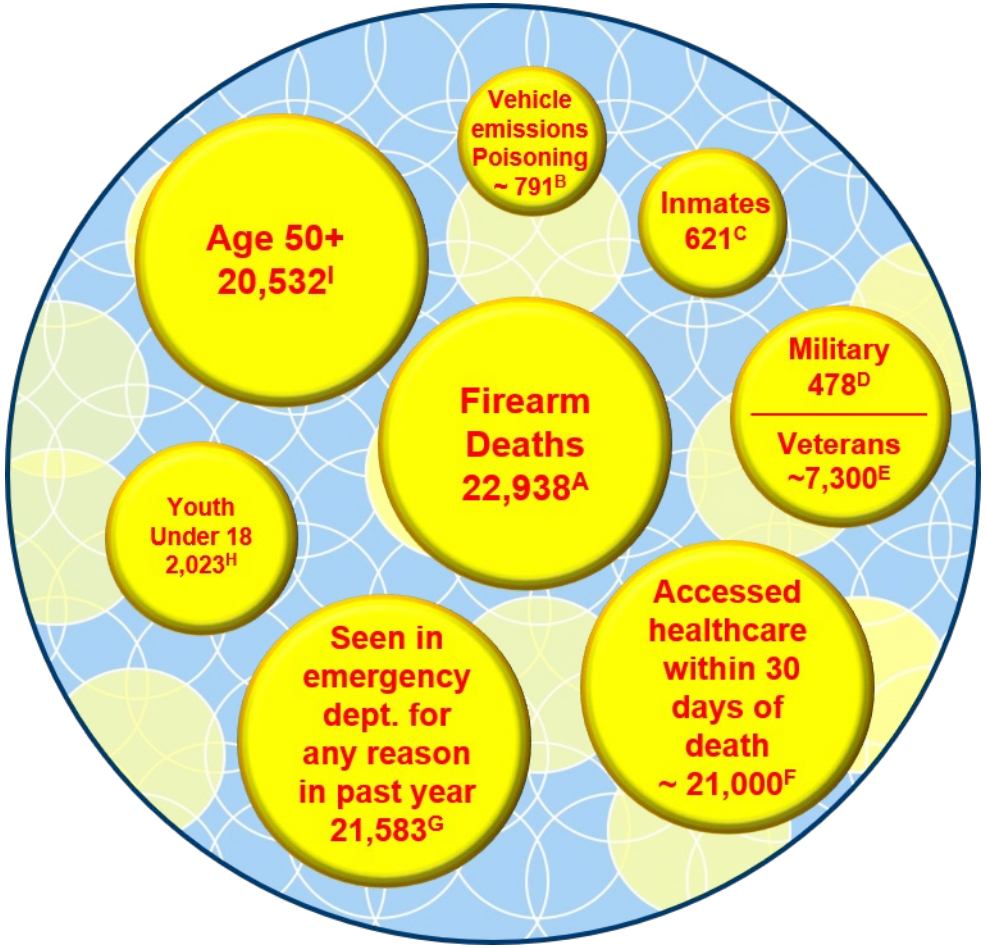
Identifying 47,173 Suicide Decedents in the United States (2017)[1]

- Age 50+: 20,532
- Vehicle emissions poisoning: 791
- Inmates: 621
- Firearm Deaths: 22,938
- Military: 478
- Veterans 7,300
- Youth under 18: 2,023
- Seen in emergency department for any reason in past year: 21,583
- Accessed healthcare within 30 days of death: 21,000



Overlap in subgroups and **multiple opportunities** to detect individuals at risk

Source: NCHS Data Brief 330. Suicide Mortality in the United States, 1999-2017; (https://www.cdc.gov/nchs/products/databriefs/db330.htm)

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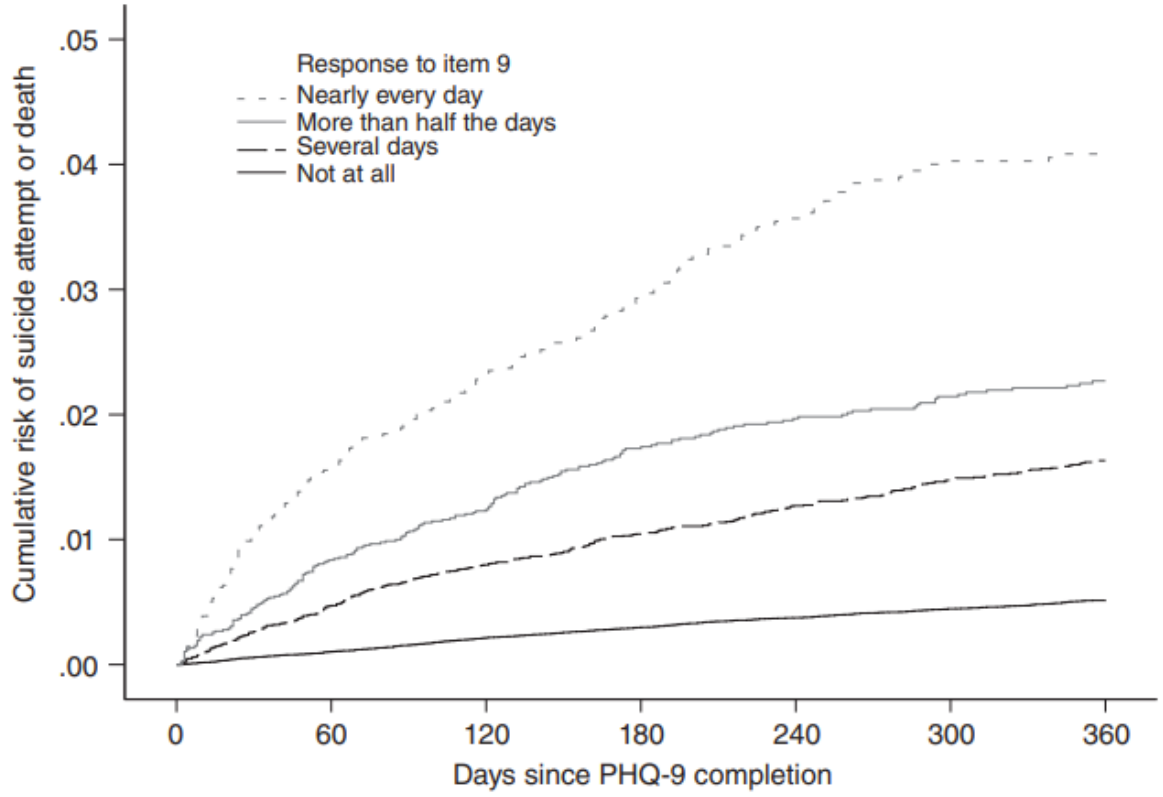
Progress in Risk Identification

Figure 1

Cumulative risk of suicide attempt or death among 84,418 responders to PHQ-9 item 9 in 2007–2011[a]



[a] PHQ-9, Patient Health Questionnaire for depression

"Response to item 9 of the PHQ-9 for depression identified outpatients at increased risk of suicide attempt or death.

This excess risk emerged over several days and continued to grow for several months, indicating that suicidal ideation was an enduring vulnerability rather than a short-term crisis."

Source: Simon et al., *Amer J Psychiatry* 2013

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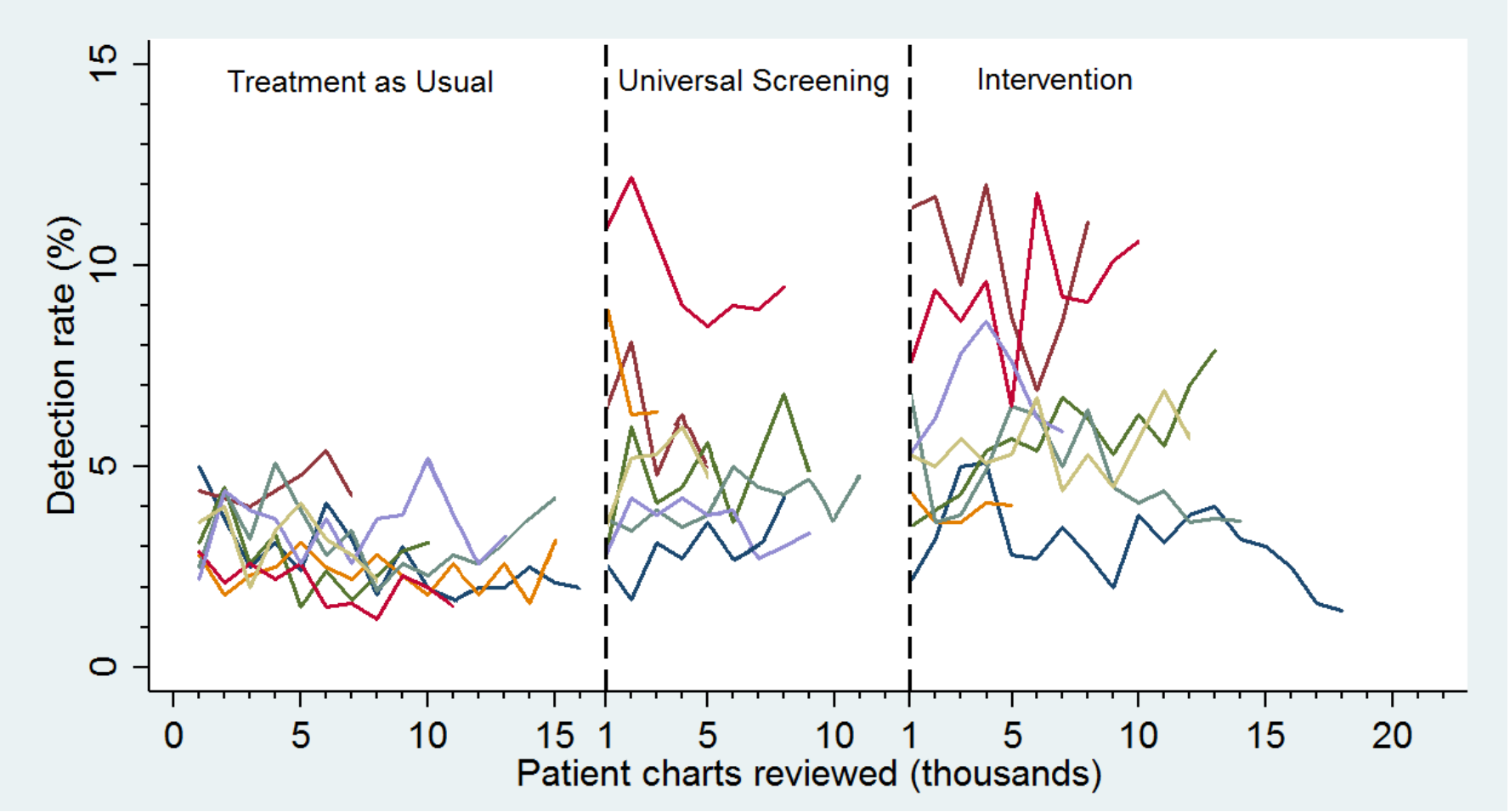
ED-SAFE: Universal Suicide Screening Doubles the Rate of Suicide Risk Detection



Source: Boudreaux et al., *Am J Prev Med*, 2016

Electronic Health Record Algorithms Identify Suicide Risk

Integrating Predictive Modeling Into Mental Health Care: An Example in Suicide Prevention

Greg M. Reger, Ph.D., M.A., Mary Lou McClure, R.N., B.S.N., David Ruskin, M.D., Sarah P. Carter, Ph.D., Mark A. Reger, Ph.D.

Recent advances in statistical methods and computing power have improved the ability to predict risks associated with mental illness with more efficiency and accuracy. However, integrating statistical prediction into a clinical setting poses new challenges that need creative solutions. A case example explores the challenges and innovations that emerged at a Department of Veterans Affairs hospital while implementing REACH VET (Recovery Engagement and Coordination for Health—Veterans Enhanced Treatment), a suicide prevention program that is based on a predictive model that identifies veterans at statistical risk for suicide.

Psychiatric Services 2019; 70:71–74; doi: 10.1176/appi.ps.201800242

Predicting Suicide Attempts and Suicide Deaths Following Outpatient Visits Using Electronic Health Records

Gregory E. Simon, M.D., M.P.H., Eric Johnson, M.S., Jean M. Lawrence, Sc.D., Rebecca C. Rossom, M.D., M.S., Brian Ahmedani, Ph.D., Frances L. Lynch, Ph.D., Arne Beck, Ph.D., Beth Waitzfelder, Ph.D., Rebecca Ziebell, Robert B. Penfold, Ph.D., Susan M. Shortreed, Ph.D.

PROSPECT Study

Reducing Suicidal Ideation and Depressive Symptoms in Depressed Older Primary Care Patients

A Randomized Controlled Trial

Martha L. Bruce, PhD, MPH
Thomas R. Ten Have, PhD
Charles F. Reynolds III, MD
Ira I. Katz, MD, PhD
Herbert C. Schulberg, PhD
Benoit H. Mulsant, MD
Gregory K. Brown, PhD
Gail J. McAvay, PhD
Jane L. Pearson, PhD
George S. Alexopoulos, MD

Context Suicide rates are highest in late life; the majority of older adults who die by suicide have seen a primary care physician in preceding months. Depression is the strongest risk factor for late-life suicide and for suicide's precursor, suicidal ideation.

Objective To determine the effect of a primary care intervention on suicidal ideation and depression in older patients.

Design and Setting Randomized controlled trial known as PROSPECT (Prevention of Suicide in Primary Care Elderly: Collaborative Trial) with patient recruitment from 20 primary care practices in New York City, Philadelphia, and Pittsburgh regions, May 1999 through August 2001.

Participants Two-stage, age-stratified (60-74, ≥75 years) depression screening of randomly sampled patients; enrollment included patients who screened positive and a random sample of screened negative patients. This analysis included patients with a depression diagnosis (N=598).

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Rapid-Acting Transformative Therapeutics with Potential for Suicide Prevention – Esketamine

RFA MH-20-345

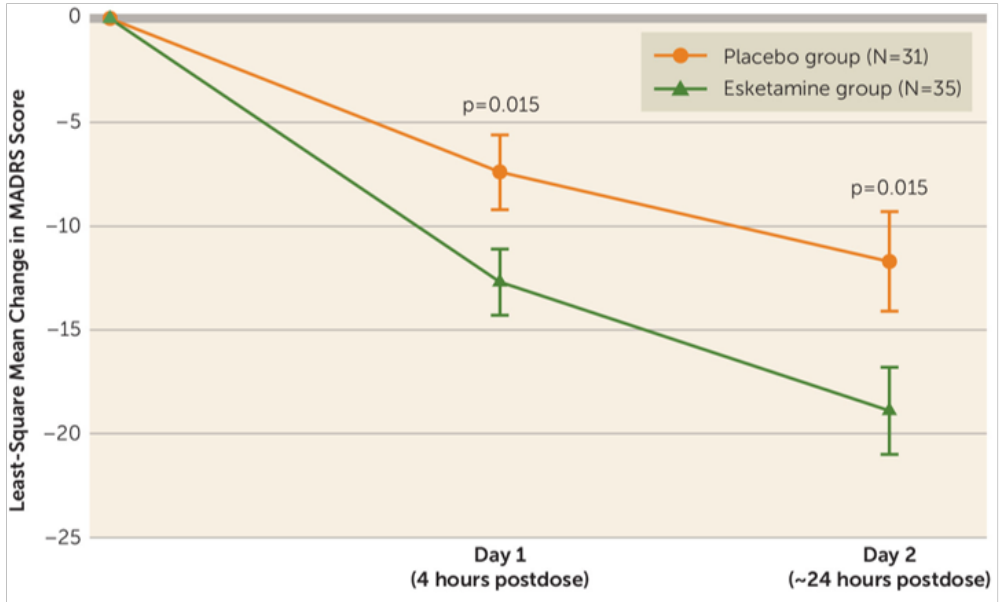
Safety and Feasibility Trials for Rapid-Acting Interventions for Severe Suicide Risk

8 Funded Awards

Includes neuromodular (ECT) neurocognitive, and psychotherapies

FDA NEWS RELEASE

FDA approves new nasal spray medication for treatment-resistant depression; available only at a certified doctor's office or clinic



Source: Canusco…Drevets, *Am J. Psychiatry*, 2018

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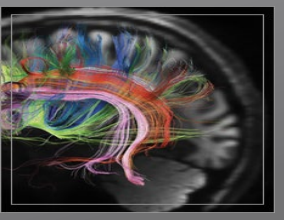


Funding Opportunities for Early Career Investigators

National Institute of Mental Health

Best Practices

- Know: Know your funding options and timelines
- Plan: Start planning earlier than you think
- Contact: Contact program staff early and often

The Office of Research Training & Career Development at NIMH

- Extramural Research Program
- Office of Research Training and Career Development
  - Division of Neuroscience and Basic Behavioral Science
  - Division of Translational Research
  - Division of Translational Research
  - Division of Services and Intervention Research
  - Division of AIDS Research

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NIMH Training Contacts

- **Division of Neuroscience and Basic Behavioral Science (DNBBS)**
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- **Division of Translational Research (DTR)**
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  - Anita Bechtholt, Mark Chavez, Ashley Smith
- **Division of Services and Intervention Research (DSIR)**
  - Belinda Sims: Belinda.sims@nih.gov
- **Division of AIDS Research (DAR)**
  - Susannah Allison: Allisonsu@nih.gov
- **Office for Disparities Research and Workforce Diversity (ODWD)**
  - Ishmael Amarreh: Ish.amarreh@nih.gov

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Please Contact Program Staff

Contact us early… and often! We provide assistance prior to submission to ensure your application…

- ✓ Meets referral guidelines and is consistent with NIH/NIMH grant policies
- ✓ Aligns well with the Institute priorities (find the right home for your research)
- ✓ Uses the funding mechanism most appropriate for your research career stage, needs, and training/research goals
- ✓ Meets review criteria (research plan, training plan, mentors, environment)
- ✓ Will optimally set you up for subsequent funding and future success

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NIMH Supported Training Across Career Stages

Graduate/Medical Student

- Dissertation Grant: R36
- NRSA Fellowships: F30, F31
- Institutional Training Grant: T32
- Research Residency (MDs): R25
- Diversity Supplements

Early Career Faculty

- K-Awards: K01, K08, K23
- Research Education Grant: R25
- Diversity Supplements
- Loan Repayment Program

NIMH Supported Training Across Career Stages (con't)

3 Funding Pathways

1. **Individual** NIMH Awards (R36, F, K)
2. **Institutional** NIMH training awards (T32, R25)
3. **Administrative supplement** to a mentor's NIMH grant

Post-Doctoral Fellow

- NRSA Fellowship: F32
- K-Awards: K99/R00
- Institutional Training Grant: T32
- Research Education Grant: R25
- Diversity Supplements
- Loan Repayment Program

Fellowships

- F30 Predoctoral for MD/PhD Training
  - Up to 6 years of support
- F31 Predoctoral Fellowship/F31 Predoctoral Diversity Fellowship
  - Up to 5 years of support
- R36 Dissertation Grant to Enhance Diversity
  - Not technically fellowships, these grants support dissertation research costs
- F32 Postdoctoral Fellowship
  - Up to 3 years of support

https://www.nimh.nih.gov/funding/training/funding-opportunities-for-predoctoral-fellows.shtml

Career Development Awards

- K99/R00 NIH Pathway to Independence Award
  - 2 years K99 + 3 years R00 support
  - 4 years postdoctoral eligibility
  - Only CDA for which non-US citizens or nationals are eligible
- K01 Mentored Research Scientist Development Award
- K08 Mentored Clinical Scientist Research Career Development Award
- K23 Mentored Patient-Oriented Research Career Development Award
  - Up to 5 years of support
  - 6 years postdoctoral eligibility

https://www.nimh.nih.gov/funding/training/funding-opportunities-for-early-career-investigators.shtml

NIMH Supplements

- Research Supplements to Promote Diversity in Health-Related Research (PA-21-071)
- Supplements to Promote Reentry and Re-Integration into Health-Related Research Careers (Clinical Trials Not Allowed) (NOT-OD-21-134)
- NIMH Administrative Supplement Program to Enable Continuity of Research Experiences of MD/PhDs During Clinical Training

https://www.nimh.nih.gov/funding/training/programs-to-enhance-workforce-diversity.shtml

NIH Loan Repayment Programs

NIH Loan Repayment Programs (LRPs) are a **vital component** in our nation's effort to keep health professionals in research careers

- **Applicant:** Commit to perform research for 2 years
- **NIH:** Repays up to $50,000/year of your qualified educational debt
- **Outcome:** Increase in nation’s stock of biomedical research scientists

More info? Questions? Pearsonmi@nih.gov

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NIH Loan Repayment Programs (con't)

Apply to one of five NIH Loan Repayment Programs:

1. Clinical Research
2. Pediatric Research
3. Health Disparities Research
4. Contraception & Infertility Research
5. Clinical Research for Individuals from Disadvantaged Backgrounds

NIMH supports 3 programs:
Clinical, Pediatric, and Health Disparities Research.

- Clinical research is defined as patient-oriented research conducted with human subjects or research on the causes and consequences of disease in human populations.
- Pediatric research is directly related to diseases, disorders, and other conditions in children.
- For investigators conducting research that focuses on mental health in one or more of the minority health disparity populations.

https://www.lrp.nih.gov

More info? Questions? Pearsonmi@nih.gov

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Plan ahead!

- Due dates: Be aware of application due dates, info in FOA
- Peer Review: First Level- Initial Review Groups
- Council Review: Second Level- program staff and councils
- Award: Final funding decisions and award

This process encompasses a 8-9 month time span, and that assumes you successfully compete on your first submission. If you have to revise and re-submit you can add an additional 5-7 months time.

https://grants.nih.gov/grants/how-to-apply-application-guide/due-dates-and-submission-policies/due-dates.htm

Stay Informed

NIMH

- **NIMH Email Updates**
  https://public.govdelivery.com/accounts/USNIMH/subscriber/new

- **Director's Message** A monthly blog written by the Director of NIMH
  https://www.nimh.nih.gov/about/director/messages/index.shtml

NIH

- **NIH Guide Listserv** Provides updates on notices for grant policies, guidelines, and funding opportunities
  http://grants.nih.gov/grants/guide/listserv.htm

- **Open Mike** A biweekly blog written by NIH's Deputy Director for Extramural Research
  https://nexus.od.nih.gov/all/category/blog/open-mike/

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Social Media

Follow us on Social Media
https://www.nimh.nih.gov/news/social-media

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Facebook: https://www.facebook.com/nimhgov

YouTube: https://www.youtube.com/nimhgov

LinkedIn: https://www.linkedin.com/company/national-institute-of-mental-health-nimh

Instagram: https://www.instagram.com/nimhgov/

Social Media Sharables: https://www.nimh.nih.gov/get-involved/digital-shareables

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Thank You

SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.

If you have questions or need additional information about this or other webinars

Contact the Minority Fellowship Program Coordinating Center: MFPCC@mayatech.com

https://www.samhsa.gov

1-877-SAMHSA-7 (1-877-726-4727)

1-800-487-4889 (TDD)

SAMHSA
Substance Abuse and Mental Health Services Administration