

Division of Services and Intervention Research (DSIR)

The Division supports two critical areas of research:

- Intervention research to evaluate the effectiveness of pharmacologic, psychosocial (psychotherapeutic and behavioral), somatic, rehabilitative and combination interventions on mental and behavior disorders—including acute and longer-term therapeutic effects on functioning across domains (such as school, family, peer functioning) for children, adolescents, and adults.
- Mental health services research.

The interventions focus is broad and inclusive with respect to the heterogeneity of patients, the severity and chronicity of disorders, and the variety of community and institutional settings in which treatment is provided. It includes clinical trials evaluating the effectiveness of known efficacious interventions, as well as studies evaluating modified or adapted forms of interventions for use with additional populations (such as women, ethnic, and racial groups), new settings (public sector, pediatric primary care, schools, other non-academic settings, communities at large), and people with co-occurring disorders. Other foci include: identifying subgroups who may be more likely to benefit from treatment, evaluating the combined or sequential use of interventions (such as to extend effect among refractory subgroups), determining the optimal length of intervention, establishing the utility of continuation or maintenance treatment (that is, for prevention of relapse or recurrence), and evaluating the long-term impact of efficacious interventions on symptoms and functioning.

Services research covers all mental health services research issues across the lifespan and disorders, including but not limited to:

- Services organization, delivery (process and receipt of care), and related health economics at the individual, clinical, program, community and systems levels in specialty mental health, general health, and other delivery settings (such as the workplace).
- Interventions to improve the quality and outcomes of care (including diagnostic, treatment, preventive, and rehabilitation services).
- Enhanced capacity for conducting services research.
- The clinical epidemiology of mental disorders across all clinical and service settings.
- The dissemination and implementation of evidence-based interventions into service settings.

The Division also provides biostatistical analysis and clinical trials operations expertise for research studies; analyzes and evaluates national mental health needs and community research partnership opportunities; and supports research on health disparities.

Division Offices, Units, and Branches

Small Business Innovation Research (SBIR) and Small Business Technology Transfer (STTR) Programs (8T-SB)

Office of Research Training and Career Development (8K-RTT)

Clinical Trials Operations and Biostatistics Unit (CTOB)

Adult Treatment and Preventive Intervention Research Branch (83-AT)

Child and Adolescent Treatment and Preventive Intervention Research Branch (84-CT)

Services Research and Clinical Epidemiology Branch (82-SE)

Director through Oct. 31, 2004

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Small Business Innovation Research (SBIR) Small Business Technology Transfer (STTR) Programs (8T-SB)

The Small Business Innovation Research (SBIR) Program supports research and development by small businesses of innovative technologies that have the potential to succeed commercially or provide significant societal benefits. The Small Business Technology Transfer (STTR) Program has the same objectives but requires academic research involvement. In this Division, the SBIR and STTR Programs support research and development of tools related to clinical trials (including preventive, treatment, and rehabilitative interventions alone and/or in combination), clinical epidemiology, services research, effectiveness research, health disparities (including rural populations) and the dissemination of evidence-based treatments/research into services and clinical practice in areas directly related to the mission of the NIMH. Such tools may include applied behavioral science and technology, software, hardware and associated technologies. Also supported is research and the development or adaptation of tools and technologies to be used to enhance the training and development of new generations of researchers and practitioners and to keep established researchers and practitioners up-to-date on the findings, implementation, and methods of interventions and services research. SBIR and STTR Programs support research through R41, R42, R43, and R44 grants and contracts.

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Office of Research Training and Career Development (8K-RTT)

This Office supports research training at the pre-doctoral, post-doctoral, and early investigator level of career development in areas relevant to the focus of the Division. This includes research training and early career development in: research related to clinical trials (including preventive, treatment and rehabilitative interventions alone and/or in combination); effectiveness research; adapting interventions and demonstrating their utility in broad populations (ethnic and racial groups, comorbid disorders) for various service settings (primary care, schools, public sector); and developing research methodology and analytic procedures related to interventions and services research, clinical epidemiology, health disparities (including rural populations), and the dissemination of evidence-based treatments and research. The primary goal of this Office is to ensure that sufficient, highly trained research investigators will be available to address interventions and services research questions pertinent to mental health and mental illness and thereby to reduce the burden of mental and behavioral disorders.

Programs

The Institutional Training Program (T32)

Mentored Career Development Program (K01, K08, K23, K25)
Individual Pre-doctoral and Post-doctoral Fellowships (F30, F31, F32)
Mental Health Education Program (R25)
Dissertation Research Grants to Increase Diversity (R36)

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Clinical Trials Operations and Biostatistics Unit (CTOB)

This Unit serves as the operations focal point for collaborative clinical trials on mental disorders in adults and children. The Unit has responsibility for operations and oversight of both contract-supported and cooperative agreement-supported multisite clinical trial protocols, as well as operations focus on special clinical trial research projects that may be undertaken by the Institute. In addition, the Unit has general leadership responsibility for over-arching matters related to clinical trials operations, such as the coordination of the ancillary protocols across the large trials, development of long-term strategies for clinical trials research (such as clinical trials research networks), improvement of the quality of clinical trials by development and monitoring of operations guidelines, and implementing the NIMH policy for dissemination of public access datasets. Unit staff serves as primary liaison with the Data and Safety Monitoring Boards for all matters related to the operation and conduct of the clinical trials. The Unit provides consultation to Institute staff and grantee/contractor staff on biostatistical matters related to appropriateness of study design, determination of power and sample size, and approaches to statistical analysis of data from clinical trials supported by NIMH.

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Adult Treatment and Preventive Intervention Research Branch (83-AT)

This Branch supports research evaluating the therapeutic (acute, maintenance, and preventive) and adverse effects of psychosocial, psychopharmacologic, and somatic interventions of proven efficacy in the treatment of mental disorders in adult populations. The program focus is broad and inclusive with respect to the heterogeneity of patients, the severity and chronicity of disorders, and the variety of community and institutional settings in which treatment is provided. It includes trials evaluating and comparing the effectiveness of known efficacious interventions, as well as studies evaluating modified or adapted forms of interventions for use with specialized populations (such as women, or specific ethnic or racial groups), new settings (public sector, primary care, workplace, other non-academic sites), new methods of treatment delivery (e.g., web or computer-based), and people with comorbid physical or mental disorders. Types of intervention research supported by the Branch include the full range of behavioral, psychotherapeutic, pharmacologic, and nonpharmacologic somatic or complementary/alternative approaches for which acute efficacy has been demonstrated, as well as rehabilitation or other adjunctive services, e.g., integrated approaches to the treatment of the chronically mentally ill. Outcome measures extend beyond symptom reduction to include short- and long-term assessment of functioning. Other examples of areas of research support include identification of disorder subgroups who may be more likely to benefit from treatment, evaluation of the combined or sequential use of interventions of similar or different modalities (e.g., to extend efficacy among refractory subgroups), determination of the optimal length of treatment, establishment of the utility of continuation or maintenance treatment with the same or different intervention as that used for acute response (i.e., for prevention of relapse or recurrence), and evaluation of the long-term impact of efficacious interventions on symptoms and functioning.

Branch Programs

Adult Preventive Intervention Program (83-ATP)

Adult Psychotherapy Intervention Program (83-ATAS)

Rehabilitative Intervention Program (83-ATRH)

Research Centers Program (83-ATC)

Somatic Treatments Program (83-ATSO)

Adult Psychopharmacology Intervention Program (83-ATAP)

Adult Integrated Treatment Program (83-ATIT)

Acting Branch Chief

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Adult Preventive Intervention Program (83-ATP)

Areas of program responsibility include studies evaluating the effectiveness of preventive interventions, including those designed to reduce the occurrence of mental disorders, dysfunctions and related problems within asymptomatic and subclinical populations and those related to treatment (such as prevention of relapse, recurrence, inappropriate resource use) or side effects. A specially designated programmatic focus is in the area of suicide prevention.

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Adult Psychotherapy Intervention Program (83-ATAS)

Areas of program responsibility include evaluation of the effectiveness of psychotherapeutic, behavioral, and psychosocial treatments, assessment of standardized approaches to treatment (based on treatment manuals), and applications of psychotherapy treatments in all areas of program support.

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Rehabilitative Intervention Program (83-ATRH)

Areas of program responsibility include studies evaluating the effectiveness of rehabilitative interventions related to optimizing long-term outcomes of treatment with respect to function, disability, and quality of life.

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Research Centers Program (83-ATC)

This program supports the centers mechanisms (P20, P30) and other institutional infrastructure grants in support of large-scale intervention studies in all areas of Branch programmatic responsibility.

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Somatic Treatments Program (83-ATSO)

Areas of program responsibility include electroconvulsive therapy (ECT), repetitive transcranial magnetic stimulation (rTMS), bright light, physical exercise, and similar nonpharmacologic approaches for which efficacy has been demonstrated in all areas of Branch program support.

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Adult Psychopharmacology Intervention Program (83-ATAP)

Areas of program responsibility include research involving psychotropic medications (singly or in combination) of demonstrated efficacy. Examples include evaluation of long-term effectiveness of pharmacotherapy and treatment of subpopulations of recognized diagnostic groups.

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Adult Integrated Treatment Program (83-ATIT)

Areas of program responsibility include the use of combined or sequential treatment approaches to improve long-term outcome. A major focus is improvement of efficacious psychopharmacological interventions to maximize symptomatic relief while minimizing adverse reactions. For example, medications may be combined with the full range of therapies (from behavior modification or other psychotherapies to rehabilitative remediation to milieu therapy) in individual, conjoint, or group settings. Multiple approaches within the same class of modalities (e.g., two drugs or two psychotherapies) would not be considered integrated treatment for programmatic purposes. Grants in this program are in all areas of program support.

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Child and Adolescent Treatment and Preventive Intervention Research Branch (84-CT)

This Branch plans, supports, and administers programs of research, research training, and research infrastructure development to evaluate the effectiveness of mental health preventive, treatment and rehabilitative interventions—alone or in combination—for children and adolescents (including those co-occurring with other conditions). The Branch also supports research addressing the long-term effectiveness of known efficacious interventions, including their role in the prevention of relapse and recurrence of mental disorders. The program focus is broad and inclusive with respect to the heterogeneity of patients, the severity and chronicity of disorders, and the variety of community and institutional settings in which treatment is provided. It includes trials evaluating the effectiveness of known efficacious interventions, as well as studies evaluating modified or adapted forms of interventions for use with additional populations (such as women, ethnic and racial groups), new settings (public sector, pediatric primary care, schools, other non-academic settings), and people with comorbid disorders. Types of intervention research supported by the Branch include the full range of behavioral, psychotherapeutic, pharmacologic, and nonpharmacologic somatic or complementary/alternative approaches for which acute efficacy has been demonstrated, as well as rehabilitation or other adjunctive interventions. Other examples of areas of research support include identification of subgroups who may be more likely to benefit from preventive or treatment interventions, evaluation of the combined or sequential use of interventions of similar or different modalities (e.g., to extend efficacy among refractory subgroups, determination of the optimal length of treatment, and establishment of the utility of continuation or maintenance treatment with the same or different intervention as that used for acute response (i.e., for prevention of relapse or recurrence).

Branch Programs

Child and Adolescent Combined Intervention Program (84-CTCT)

Child and Adolescent Preventive Intervention Program (84-CTP)

Child and Adolescent Psychosocial Intervention Program (84-CTS)

Pharmacological Treatment Intervention Research Program (84-CTM)

Research Centers (84-CTC)

Areas of Emphasis

- Research on the effectiveness of treatment interventions for childhood and adolescent mental and behavioral disorders in practice and community settings to determine the 'real life' therapeutic benefit short- and long-term.
- Research to prevent mental and behavioral disorders in children and adolescents.
- Research to build new methodologies that can be effectively used to evaluate the safety of interventions in community settings.
- Research to determine whether treatment of mental and behavioral disorders in children results in improved outcomes as adolescents and young adults and prevents the negative functional outcomes associated with those disorders (such as substance abuse, academic failure, higher medical costs, co-occurring mental disorders).

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Child and Adolescent Combined Intervention Program (84-CTCT)

Areas of program responsibility include all research that combines different treatment modalities in which efficacy has been demonstrated in a single combined or comparative protocol (such as pharmacological plus psychosocial intervention).

Areas of Emphasis

See Branch description above.

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Child and Adolescent Preventive Intervention Program (84-CTP)

Areas of program responsibility include research examining the effectiveness of preventive intervention studies, including those designed to reduce the occurrence of mental disorders, dysfunctions and related problems within asymptomatic and subclinical populations.

Areas of Emphasis

See Branch description above.

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Child and Adolescent Psychosocial Intervention Program (84-CTS)

The psychosocial interventions research program supports research evaluating the effectiveness of psychosocial (psychotherapeutic and behavioral) interventions on children's and adolescents' mental and behavior disorders, including acute and longer-term therapeutic effects on functioning across domains (such as school, family, peer functioning).

Areas of Emphasis

See Branch description above.

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Pharmacological Treatment Intervention Research Program (84-CTM)

Areas of program responsibility include evaluation and comparison of efficacious pharmacological and other somatic treatments for children and adolescents with mental disorders.

Areas of Emphasis

See Branch description above.

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Research Centers (82-SEC)

This program supports the centers mechanisms (P20, P30) and other institutional infrastructure grants in support of intervention studies in all areas of Branch programmatic responsibility.

Areas of Emphasis

See Branch description above.

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Services Research and Clinical Epidemiology Branch (82-SE)

This Branch plans, supports and administers programs of research, research training, and research infrastructure development, across the lifespan, on all mental health services research issues, including but not limited to:

- Services organization, delivery (process and receipt of care), and related health economics at the individual, clinical, program, community and systems levels in specialty mental health, general health, and other delivery settings (such as the workplace).
- Interventions to improve the quality and outcomes of care, including diagnostic, treatment, preventive, and rehabilitation services.
- Enhanced capacity for conducting services research.
- The clinical epidemiology of mental disorders across all clinical and service settings.
- The dissemination and implementation of evidence-based interventions into service settings.

Branch Programs

Research Centers (82-SEC)

Clinical Epidemiology Research Program (82-SECE)

Child and Adolescent Services Research Program (82-SECH)

Dissemination and Implementation Research Program (82-SEDR)

Disablement and Functioning Research Program (82-SEDX)

Financing and Managed Care Research Program (82-SEEC)

Disparities in Mental Health Services Research Program (82-SEHD)

Systems Research Program (82-SEMS)

Primary Care Research Program (82-SEPC)

Methodological Research Program (82-SEQQ)

Socio-Cultural Research Program (82-SESC)

Outcomes and Quality of Care Research Program (82-SESQ)

Areas of Emphasis

- To develop a sound knowledge base to substantially increase the sustainable uptake of scientifically based treatments and services for mental disorders across diverse community settings.
- To identify and utilize active therapeutic ingredients in complex community-based services and programs for applications that optimize functioning and sustain community reintegration of people with mental disorders.
- To understand how and which traits of individuals, their families, providers, organizations, and social and cultural environments affect whether, where, and when people will seek care, the types of care chosen/provided, what happens during care, and the impact on outcomes.
- To enhance the research capacity and infrastructure for mental health services research through strategic partnerships, community engagement, and information technologies.

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Research Centers (82-SEC)

This program supports the centers mechanisms (P20, P30) and other institutional infrastructure grants in support of large-scale services trials and effectiveness studies in all areas of Branch programmatic responsibility.

Areas of Emphasis

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Clinical Epidemiology Research Program (82-SECE)

This program includes epidemiologic studies of mental disorders in clinical settings, that is, the distribution of treatments and services in a population; studies to determine usual or best practices and the relationship to patient, provider, and system factors, as well as to outcomes; pharmacoepidemiology studies; research to identify factors for the development of mental disorders in clinical settings, factors important in the natural history of mental disorders, including comorbid conditions, and the rates of occurrence of mental disorders in clinical and services populations.

Areas of Emphasis

- To determine usual and/or "best" mental health practices in real settings, and their relationship to patient, provider, and system factors; to outcomes; and to evidence.
- Studies to address the delivery of treatments and services to better meet the needs and clinical characteristics of subgroups (such as person with subsyndromal conditions or comorbidity).
- To develop methods and instruments to better assess and characterize typical day-to-day practice (that is, usual care).

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Child and Adolescent Services Research Program (82-SECH)

This program includes research on the quality, organization, and content of services for children with mental disorders and their families. The program focuses on child mental health services provided in multiple sectors and settings, such as schools, primary care, child welfare, juvenile justice, and mental health. Program emphases include practice research within child service

systems, research testing the outcomes of innovative child service delivery models, and studies that examine the adaptability or sustainability of child mental health services.

Areas of Emphasis

- Studies that expand upon documented levels of unmet child mental health needs to investigate how these needs should be successfully addressed.
- Research that attempts to define, characterize or operationalize current child mental health practice, particularly within non-traditional systems (such as education, child welfare, juvenile justice, primary care).
- Research on the impact of family engagement and choices regarding the acceptability of interventions.
- Studies of factors that may influence the adaptability or sustainability of child mental health services (such as pharmacological, psychosocial, preventive) in real-world settings.

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Dissemination and Implementation Research Program (82-SEDR)

This program includes studies that will contribute to the development of a sound knowledge base on the effective transmission of mental health information to multiple stakeholders and of the process by which efficacious interventions can be adopted within clinical settings. Research on dissemination will address how information about mental health care interventions is created, packaged, transmitted, and interpreted among a variety of important stakeholder groups. Research on implementation will address the level to which mental health interventions can fit within real-world service systems. Related topics include multilevel decision-making perspectives about services and interventions in community settings, with special focus on translating behavioral science into applied research in these areas.

Areas of Emphasis

- Development of innovative ways of disseminating information to stakeholders (such as new technologies, use of multimedia approaches).
- Novel methods development to address the multidimensional components of dissemination and implementation (consumer, practitioner, clinic, organization, state).
- Implementation studies addressing organizational outcomes around sustainability.

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Disablement and Functioning Research Program (82-SEDX)

This program supports studies on the development of methodologies for assessing disablements and functional status, and the development of global and specific measures of disablements and functional status; the identification and assessment of disablements/functional status in clinical investigations and in clinical epidemiological surveys. In addition, it supports studies of the

relationship of rehabilitative and traditional mental health services and service systems; impact of disability benefits and insurance; factors affecting impairments and disabilities during and as an outcome of rehabilitation and other treatments; rehabilitative services focused on specific domains of disabilities, such as work and social relationships; and, factors that influence and sustain community reintegration.

Areas of Emphasis

- Research on social support and service system changes necessary to make it possible for former patients/clients to reintegrate into community settings.
- The effect of individual and caseworker characteristics on treatment effectiveness.
- Research on needs of caseworkers within organizations and systems to be able to provide clients what they need when they need it.
- Studies addressing why current models of rehabilitation work for some clients and not others.
- Development and testing of better measures of disablement and functioning, particularly ones that are informed by end-users and community settings.

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Financing and Managed Care Research Program (82-SEEC)

This program supports research on economic factors affecting the delivery of mental health services including the economic burden of mental illness; financing and reimbursement of public and private mental health services; impact of various forms of managed care and physician payment methods on the cost of mental health care; pharmaco-economics; evaluation of the impact of insurance coverage including mandated coverage and mental health insurance parity on access, cost, and quality; cost-benefit, cost-effectiveness and cost-utility analysis of mental health service interventions; and economic analysis of practice patterns of different mental health providers. The goal of the program is to expand understanding of the role of economic factors in the delivery and use of mental health services and assist in the development of improved mental health financing methods promoting high quality, cost-effective care for people suffering from mental disorders.

Areas of Emphasis

- Pharmaco-economics.
- Cost-effectiveness analyses from multiple stakeholder perspectives.
- Impact of new financing policies in private and public health insurance programs.
- Research on financial incentives to promote bridging science and services.

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Disparities in Mental Health Services Research Program (82-SEHD)

This program plans, stimulates, disseminates, and supports research on the complex factors that influence disparities in mental health services, particularly across special population groups such as racial and ethnic groups, as well as women and children, and persons living in rural and frontier areas. The program addresses care delivered in a variety of settings such as the specialty mental health sector, the general medical sector, and community settings (such as schools). Also, it supports research that examines innovative services interventions (such as community-based participatory methods, faith-based) to overcome mental health disparities related to mental health service delivery and use.

Areas of Emphasis

- Studies to address the reduction of disparities in services using multilevel interventions (such as organizational and community).
- Use of community-based participatory research techniques to enhance the relevance of research questions and improve uptake of findings.
- Adaptation of evidence-based practices to reduce disparities.

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Systems Research Program (82-SEMS)

Supports studies on organization, coordination, and collaboration of mental health and related services both within and across care settings in order to improve mental health outcomes and prevent or treat co-occurring substance abuse, physical problems, and other behavioral health disorders. Service sectors of interest include: the criminal justice system, housing and other social services, community support, post-trauma services, and adult autism services. Also relevant are studies to establish the effectiveness of legal mechanisms relevant to persons with mental illness, such as outpatient commitment, community monitoring, and guardianship; and the development of the role and expertise of social workers in mental health research activities.

Areas of Emphasis

- Studies to address the improvement of functioning and outcomes for both adults and juveniles with mental illness who have contacts with, are detained or incarcerated within, or are on parole or probation from the criminal justice system.
- Research on organizational structures, cultures, and patterns of communication within and across service and other relevant systems that maximize access, appropriateness of care and improve outcomes for persons with mental illness.
- Understanding the barriers and facilitators to effective trauma mental health services.
- Research on the delivery, access, and effectiveness of services for adults with autism.
- Research on innovative services for co-occurring substance use and mental disorders and elimination of structural barriers that preclude appropriate high quality care.

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Primary Care Research Program (82-SEPC)

This program includes studies on the delivery and effectiveness of mental health services within the general health care sector; recognition, diagnosis, management, and treatment of mental and emotional problems by primary care providers; coordination of general medical care with and referrals to mental health specialists; provision of psychiatric emergency services, consultation/liaison psychiatry, and other psychiatry, psychology, and social work services within the general medical care sector; studies that improve understanding of how best to improve care for people with mental disorders and co-occurring physical conditions.

Areas of Emphasis

- Understanding how multiple levels of “competing demands” in primary care, and their interactions, affect the appropriate recognition and management of mental health problems.
- Understanding the decision-making process of providers and patients that lead to appropriate care processes and improved outcomes in general health care settings.
- Delineating the active mechanisms of multimodel, multipart interventions for mental disorders in primary care—what part works and why?

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Methodological Research Program (82-SEQQ)

Supports studies that involve development, testing, and refinement of methodologies and instruments to facilitate research on services for mentally ill persons, including measures of severity of illness, family burden, social support, quality of care, effectiveness of care, direct and indirect cost of mental disorders, and short-term and long-term outcome measures; studies submitted by statisticians, psychometricians, and other experts in research methodology and scientific data analysis for work on the design, measurement, and statistical challenges inherent in conducting mental health services research.

Areas of Emphasis

- Work designed to move assessment as rapidly as possible to computerized adaptive testing (CAT).
- Novel subject-centered research designs that incorporate subject choice.
- Studies bearing on the use and/or combination of data from multiple informants, including attention to (1) individual characteristics and ecological-cultural context, and (2) how the influences of these factors change as a function of the nature of the information reported.
- Studies of the reliability and validity of instruments in multiple outcome domains particularly for understudied populations, such as severely mentally ill persons who are homeless, minorities, rural residents, and severely emotionally disturbed children.

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Socio-Cultural Research Program (82-SESC)

This program is concerned with strengthening the theoretical and empirical base for mental health services research by including approaches that derive from sociology, anthropology, and the behavioral sciences in general. The program supports research relating to issues of culture, social systems, and social networks as they relate to help seeking, use, and provision of services, effectiveness, quality, and outcomes of services.

Areas of Emphasis

- Test theoretical perspectives from the social and behavioral sciences in all aspects of services research, with special focus on the role of culture.
- Examinations of how cultural explanations for disorder affect receptivity and response to treatment, particularly when patient/client and family explanations differ from those of the mental health clinicians.
- The influence of culture and socioeconomic status on the decision-making strategies used by patient/clients, their families, and clinicians and whether potential differences in these approaches increase the risk of distrust, confusion, noncompliance, and/or treatment dropout.
- The development and incorporation of a better understanding of the dimensions of social and cultural context that have an impact on care and outcomes.

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Outcomes and Quality of Care Research Program (82-SESQ)

This program supports multidisciplinary research—especially mixed methods—to characterize, examine, assess, and improve the quality and outcomes of mental health services; to develop tools to monitor outcomes and quality; to investigate what factors affect quality (including processes such as adherence, participatory decision-making and other qualities such as culture, age, personality, organizational factors, practice type, clinician training, experience, and satisfaction, financial incentives, family “buy-in,” etc.). The program also supports efforts to examine the impact of coordination of treatment and other care, across settings and over time, on quality and outcomes.

Areas of Emphasis

- The relationship between patient or client satisfaction and quality, as defined by treatment guidelines or standards of care, or to client outcomes and whether these relationships hold constant across cultural groups, disorders, and age groups.
- The relationship between typically measured aspects of quality (such as fidelity to the model) and client or parent satisfaction, clinician motivation and involvement, and clinical and functional outcomes for clients.
- Methods for evaluating quality in psychotherapeutic Internet interventions. Can client satisfaction and clinical and functional outcomes be assessed online? Do certain clinical, cultural, or age groups respond better to online therapy than to face-to-face therapy?
- Development of innovative and meaningful quality measures that reflect multiple stakeholder perspectives.

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