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Friday, 21 December 2007

To Whomever It May Concern:

The review that follows this introductory letter is a critical partial assessment of an NIMH draft plan titled, "**The National Institute of Mental Health Strategic Plan**," as published by the NIMH on or about 20 November 2007 on the National Institutes Mental Health's web page, http://www.nimh.nih.gov/about/strategic-planning-reports/nimh-draft-strategic-plan.pdf, which I found on Tuesday, 18 December 2006 as a part of my ongoing study of health issues.

In general, to clearly differentiate between my assessment comments and those of the article, the draft's printed statements are quoted in an *italicized* "***Times New Roman***" font followed by my review remarks in indented text written in a "**News Gothic MT**" font, the font used in this cover letter.

Quotes from general reference articles and documents will be presented in an "**Arial**" font; federal laws, statutes and court decisions will be quoted in a "**Lydian**" font.

For those who have access to a color printer, my comments are made in a **blue** color.

Should anyone find any factual misrepresentations in my review remarks, then please send me the factual error along with the scientifically sound and appropriate documents that prove your point so that I can learn from you, incorporate that new knowledge into my understanding, and, *where indicated*, appropriately correct this document.

Respectfully,

<s>
Paul G. King, PhD
Founder,
F.A.M.E. Systems

Review of "*The National Institute of Mental Health Strategic Plan*"

"*The National Institute of Mental Health Strategic Plan*

Generating research to profoundly transform the treatment of, recovery from, and prevention of mental disorders, paving the way toward cures

*****Draft: November 20, 2007***"**

This reviewer finds it non-credible that the NIMH would put forth a draft "Strategic Plan" and only allow 30 days for "public" input.

Obviously, providing such a short comment interval is designed to minimize the public's ability to comment and, as such, indicates that the NIMH is apparently engaged in a less than aboveboard activity.

Therefore, this reviewer's first critical comment is that the period of comment should be extended until 21 May 2008.

In addition, the introductory statement, "*Generating research to profoundly transform the treatment of, recovery from, and prevention of mental disorders, paving the way toward cures*," is doublespeak misdirection because its only real goal is "*to profoundly transform the treatment of …mental disorders*" – since, *by definition*, disorders are conditions that are diagnosed based on symptoms observed because these "disorders" have causes that are "unknown".

Furthermore, since mercury poisoning from Thimerosal and other mercury compounds and amalgam dental fillings have been shown to be implicated in numerous disorders and there exists a simple test that can reliably identify those who are mercury and/or lead poisoned, the NIMH is grossly deficient because it does not require this test and other critical diagnostic tests be performed before any attempt is made to classify a person as having some "causeless" mental disorder.

Finally, the phrase, "*paving the way toward cures*," clearly indicates that this plan is <u>not</u> designed to seek cures but rather designed to be research and treatment centric.

"NIMH Strategic Plan

> *We will support basic, translational, and clinical research to gain a more complete understanding of the genetic, neurobiological, behavioral, and environmental factors that contribute to mental disorders.*"

This reviewer supports this strategic objective as long as research is directed toward curing each truly mentally ill person and <u>not</u>, *as it is today*, treatment for "*mental disorders*."

"Strategic Objective 2: Chart Mental Illness Trajectories to Determine When, Where and How to Intervene....…….....p.13

We will chart the course of mental disorders over the lifespan in order to understand ideal times and methods for intervention to preempt, treat, or hasten recovery."

This reviewer does not support this strategic objective because the goal should be: **a)** interventional and curative, and **b)** to find the underlying causal factors and remove or ameliorate them.

Moreover, the overriding goals should not be, *as the case today*, to: **a)** track, *as the "chart the course of mental disorders over the lifespan" language indicates*, and **b)** treat, as mental disorders, neurological conditions, where, *in many cases*, a mental disorder label is used to cover up environmental poisoning (e.g., the use of labels: *today*, "autism" and, *previously*, "Pink disease" to cover up the *knowing* clinical mercury poisoning of the brain [today, *principally* by the use of Thimerosal in medicines without proof of safety, and, *to a lesser extent*, mercury amalgam fillings placed without proof of safety, and, *previously*, by the use of Calomel in medicine without proof of safety]).

"Strategic Objective 3: Develop New and Better Interventions that Incorporate the Diverse Needs and Circumstances of People with Mental Illnesses….....p.16

We will improve existing approaches and devise new ones for the prevention and treatment of mental illness, allowing those who may suffer from these disorders to live full and productive lives."

Here, this reviewer can only support improving existing approaches and devising new ones for the prevention of mental illness.

For those who truly have a mental illness (and not a mental disorder, this reviewer would support improving existing approaches and developing new ones for curing the underlying causal factors for the mental illness without the use of the current or any new dependency-inducing chemicals (drugs) so that those who are suffering from mental illnesses may recover and lead productive lives free of the daily drugging and drug dependency that typifies the lives of many who have a diagnosis for a mental disorder.

In addition, this reviewer suggests that much of your effort going forward should be directed toward detoxifying those whose minds have been poisoned by mercury, other heavy metals, and other neurotoxic chemicals and to understanding and providing those dietary interventions and supportive therapies that help those so poisoned to heal.

"Strategic Objective 4: Strengthen the Public Health Impact of NIMH-Supported Research……...…….p.20

Through research, evaluation, and stakeholder collaboration, we will further develop the dissemination capacity of the Institute to ensure that mental health information and effective interventions for mental disorders reach those most in need."

It makes no sense to this reviewer for the NIMH to "*further develop the dissemination capacity of the Institute to ensure that mental health information … for mental disorders*" to reach "*those most in need*" since those most in need will, *for the most part*, be unable to rationally evaluate that information.

Moreover, this reviewer knows that what is needed are non-addictive interventions that, *in intervening*, do not, *as most of today's interventions do*, substitute drug-related dependencies and other long-term chronic diseases for the existing problematic behaviors of those with a mental disorder.

"Appendices…..…..……...……...p.23"

This reviewer finds it odd here that the strategic objectives of the National Institute of Mental Health's "Strategic Plan" do not focus on mental health improvement but rather focus on mental disorders and the treatment of mental illness and, *given the minimal opportunity provided for public comment*, *obviously* do not truly consider the public as a significant "*stakeholder*" in their activities.

"**Director's Message**

The National Institute of Mental Health (NIMH) has just entered its seventh decade as the nation's scientific leader in the fight against mental illness. The landscape of mental health research has changed considerably over these decades. A critical acceleration began in the 1970's and 1980's when researchers began making rapid strides toward understanding the science of human behavior and the ways in which medicines can be used to treat illnesses. In the1990's, the 'Decade of the Brain' yielded insights into fundamental aspects of how the brain works including new ways of visualizing the brain with imaging technologies. This era also led to advanced methods for studying the interaction between the brain, behavior, and the environment. These advances, in turn, have set the stage for the current era which might be called the 'Decade of Discovery.' Many of the scientific opportunities in this discovery era were scarcely imagined 10 years ago. For the NIMH to continue fulfilling its vital public health mission, the Institute needs to remain adaptive and explore fully the changing scientific landscape, ensuring that breakthroughs in science become breakthroughs for people with mental disorders."

Until you discard the unsupported belief that mental illnesses are disorders that are caused by unproven "chemical imbalances," which should be treated by the suppression of the observed "symptoms" and/or "abnormal behaviors" rather than by an in-depth differential diagnostic evaluations that find/determine the underlying causal factors and use curative therapies, this reviewer finds that you are not interested in improving the mental health of the public but rather in maximizing the control of the unwanted behaviors by labeling them as aberrant, caused by "chemical imbalances," and drugging those so labeled for the benefit of the healthcare establishment.

Given the preceding realities, you should either change your beliefs or the public should support abolishing the NIMH because of its lack of concern about improving the mental health of the American public.

"When scientists think about this changing landscape, we usually focus on new and novel technologies and innovative models for approaching science. New maps and new mapping tools for the human genome, for instance, have transformed our understanding of how individuals genetically vary from each other and how these variations can put some people at increased risk for certain illnesses. Neuroimaging tools to visualize the brain have given us an unprecedented view of brain activity, providing a new understanding of its development and a picture of how specific networks of cells change with experience. One goal of this strategic plan is to translate these and other advances to what the National Institutes of Health (NIH) calls the '4 P's' of research: increasing the capacity to *Predict* who is at risk for developing disease; developing interventions that *Preempt* (or interrupt) the disease process; using knowledge about individual biological, environmental, and social factors for *Personalized* interventions; and, ensuring that clinical research involves *Participation* from the diversity of people and settings involved in health care."

This reviewer must respectfully disagree with your views because they start with a preconception, *borrowed from eugenics*, that genes are the only critical issue when the critical issue in almost all cases is the nurture (environment) that shapes whether or not a given genetic pattern will be beneficial, neutral or detrimental to the development and function of a person from viability in utero until death.

As proponents of this view, your "*Predict*" is a clever cover for "eliminate, abort or prune" – a ploy that you and the medical establishment have successfully used in the U.S. to eliminate the births of most Downs children by aborting them.

In addition, *even though not all with Fragile X develop autism-like symptoms*, when the genetic evaluation of the amniotic fluid indicates that the child is "Fragile X," rather than ensuring that that child receives no Thimerosal-containing vaccines and/or other drugs containing added mercury compounds, you and the medical establishment would simply recommend aborting the fetus – thus eliminating the risk.

When it comes to your "*developing interventions that Preempt (or interrupt) the disease process*," your myopic allopathic views restrict you to the use of drugs, including modified genetic materials, electro shock, restraint, and isolation to fix "genetic problems" rather than to look for environmental factors that can be changed to minimize the harm from potential genetic-harm factors. [**Note:** The classical example of a successful environmental intervention is the severe restriction of phenylalanine in diets of developing children who are identified with the genetic pattern for PKU.]

Unfortunately, rather than at-birth screening for Fragile X and other abnormal genetic patterns that may affect behavioral development and making sure that these are protected from any exposures to the environmental toxins that trigger the adverse outcomes by studying the dietary and other environmental factors that trigger and/or exacerbate the adverse outcomes associated with a particular genetic pattern, you seem to be focused on improved treatments, the earlier identification of more who may be affected and earlier (mainly drug-centric) interventions for those so identified.

Moreover, your "*using knowledge about individual biological, environmental, and social factors for Personalized interventions*" is a goal this reviewer could support if it were not for the reality that the approaches being used and investigated are oriented toward continual treatments (by drugs) and away from curative therapies.

Further your "*ensuring that clinical research involves Participation from the diversity of people and settings involved in health care*" sounds appealing until this reviewer and others realize that your implementations involve human experimentation with less than informed consent or, *in many cases*, no informed consent, since the persons being experiment on are misinformed about the nature of their treatment or its expected outcomes.

Finally, until you can prove you are actually putting the health of the American public ahead of the financially driven imperatives of the medical establishment and the medical industries, you should not be allowed to undertake your current "Strategic Plan" or any part of it.

"It is important to note that the changing landscape is found outside scientific laboratories as well. Demographically, America is a different nation than it was 10 years ago: we are more diverse, we are aging, and we are increasingly challenged by the costs and complexities of health care. A major goal of this strategic plan is to enhance the impact of research on the enormous public health burden that mental illnesses have across the lifespan. Our success cannot be measured solely by our traditional 'outputs': the numbers of grants, papers, or discoveries supported. In addition, NIMH must measure success by 'outcomes': how well the research we support provides the evidence base for mental health care providers to preempt illness for those at risk, enhance recovery for those affected, and serve diverse and previously under-served populations."

While your glib pronouncements have been cleverly crafted to project care and concern for the health and health costs for the public, you actions stand above your words and speak so loudly that this reviewer cannot hear what you are saying here.

"The urgency of this cause cannot be over-stated. The President's New Freedom Commission on Mental Health, which examined the need for reform of the mental health care system, concluded that the problems of fragmentation, access, and quality of mental health care were so great that nothing less than transformation would suffice. With several large-scale clinical trials completed by NIMH, we can add that for too many people with mental disorders even the best of current care is not good enough. To realize this goal, we must continue to (a) discover the fundamental knowledge about brain and behavior and (b) use such discoveries to develop better tools for diagnosis, preemptive interventions, more effective treatments, and improved strategies for delivering services for those who provide direct mental health care. There is an unavoidable tension between the urgent need for transformation and the longer-term nature of scientific progress; scientific progress is generally slow and incremental - too slow and too incremental for families who need more effective treatments today. Yet, progress has been made and it has been accelerating over the past decade. This plan is our commitment to continue the accelerated pace of scientific progress by generating over the next 5 years the best mental health research that will have the greatest public health impact and continue to fuel the transformation of mental health care.

Thomas R. Insel, M.D.
Director, NIMH"

Until the financial interests of all facets of the medical establishment, including the medical industries and care providers, are placed behind the health and health-cost interests of the American public, this reviewer cannot support a plan, such as this, that is so obviously being driven by financial interests who lack any real care or concern for the overall well-being of the public.

"**NIMH Vision**
To generate research in the next decade to profoundly transform the treatment of, recovery from, and prevention of mental disorders, paving the way toward cures."

Here this reviewer finds that your vision has been clouded, if not blinded, by the self-serving interests of the pharmaceutical industry and the healthcare providers who are driven by the profits that a treatment-centric approach, where the goal is to address mental illnesses as chronic conditions, rather than a truly curative approach that seeks to understand the underlying causal factors for what are conditions diagnosed by symptoms and treated by "suppressing" the symptoms rather than diseases where the causal factors are identified and curative therapies, including in-depth counseling and extended human network support, are implemented.

Since, as far as the reviewer can ascertain, most "mental illness" is simply the manifestation of the poisoning of the central nervous system by environmental toxins, including, but not limited to, short-term acute and long-term chronic infection by:

- A range of microorganisms (e.g., amebas, bacteria, fungi, mycobacteria, prions, spirochetes, and viruses),
- A multiplicity of environmental chemicals (e.g., Thimerosal, other organic mercury compounds, inorganic mercury compounds, mercury amalgams, organic lead compounds, inorganic lead compounds, various compounds of antimony, arsenic, bismuth, cadmium, and thallium, pesticides, and industrial wastes), and
- Prolonged exposure to elemental mercury.

Based on the preceding realities, this reviewer recommends that the NIMH change its vision to:

"*To generate research in the next decade to profoundly transform the therapies for mental illnesses from treatment-centric approaches to approaches that find the underlying causal factors for each person's mental illness and implement curative regimens designed to minimize the monetary costs, and duration, of all the curative therapies*."

"**NIMH Mission**
To reduce the burden of mental and behavioral disorders through research on mind, brain and behavior."

If the "***NIMH Vision***" were to be changed as this reviewer has outlined, then this reviewer could support this vision statement if it were to be revised to read:

"*To reduce the burden of mental and behavioral disorders*" on the public and each person who has this type of problem through scientifically sound and appropriate "*research on mind, brain and behavior*."

"**Introduction:**

As the lead federal agency for research on mental and behavioral disorders, the National Institute of Mental Health (NIMH) aims to generate research that will profoundly transform the treatment of, recovery from, and prevention of these disorders over the next decade, paving the way toward cures.

Again, this reviewer notes that, though glib, your "*research that will profoundly transform the treatment of, recovery from, and prevention of these disorders over the next decade, paving the way toward cures*" amounts to a treatment-centric approach with no emphasis on finding and implementing curative therapies.

Repeating this phrase, as a "mantra," does not change the reality that this plan is oriented toward more, "better" and earlier treatment with drugs whose long-term safety and side effects are either not determined or, as they are today, ignored.

"In consideration of this vision, the mission of the NIMH is to reduce the burden of mental and behavioral disorders through research on mind, brain, and behavior. The burden is enormous. In a given year, an estimated 13 million American adults (approximately 1 in 17) have a seriously debilitating mental illness.[1,2] Mental health disorders are the leading cause of disability in the United States and Canada, accounting for 29.6 percent of all years of life lost to disability and premature mortality (Disability Adjusted Life Years or DALYs).[3] Moreover, suicide is the 11th leading cause of death in the United States, accounting for the deaths of approximately 30,000 Americans each year.[4] Schizophrenia, bipolar disorder, depression, post-traumatic stress disorder, eating disorders, autism, and other mental disorders are serious, often life-threatening illnesses for which we need reliable diagnostic tests, new treatments, and effective strategies for prevention."

Since you and other health officials having similar views and imperatives are the source of these estimates for "(m)*ental health disorders*" and abnormal behaviors, this reviewer must question the validity of any of your admitted "*estimates*" of "*debilitating mental illness*" and "*years of life lost to disability and premature mortality*."

With respect to your "*suicide is the 11th leading cause of death in the United States*," this reviewer notes that there is an increasing body of evidence that a major factor in suicide is the prescription psychotropic drugs that the person was taking at the time of their death.

Thus, the very medicines that your past efforts have helped to develop, deploy and tout to the public have been and are a significant factor in suicide.

While this reviewer may agree that "*we need reliable diagnostic tests, new treatments, and effective strategies for prevention*," your current track record disqualifies you as the agent that we should trust to address these issues in a manner that places the interests of the public above those of the medical establishment and the medical industries.

"This public health mandate demands that we harness powerful scientific tools to achieve better understanding, treatment, and ultimately, prevention of these disabling conditions."

First, this reviewer notes that your "*pubic health mandate*" has been fabricated by yourself and the establishments who stand to profit from your earlier and increased diagnosis (your

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1 Kessler RC, Chiu WT, Demler O, Merikangas KR, Walters EE. Prevalence, severity, and comorbidity of twelve-month DSM-IV disorders in the National Comorbidity Survey Replication (NCS-R). Archives of General Psychiatry, 2005 Jun;62(6):617-27. PMID: 15939839

2 U.S. Census Bureau Population Estimates by Demographic Characteristics. Table 2: Annual Estimates of the Population by Selected Age Groups and Sex for the United States: April 1, 2000 to July 1, 2004 (NC-EST2004-02) Source: Population Division, U.S. Census Bureau Release Date: June 9, 2005.

3 The World Health Organization. The World Health Report 2004: Changing History, Annex Table 3: Burden of disease in DALYs by cause, sex, and mortality stratum in WHO regions, estimates for 2002. Geneva, Switzerland: The World Health Organization, 2004.

4 Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS). (www.cdc.gov/ncipc/wisqars)

preferred approach to "*understanding*") and your drugging (your preferred approach to "*treatment*") approaches to mental disorders.

"To fulfill its mission, the Institute:

- Conducts research on mental disorders and the underlying basic science of brain and behavior.
- Supports research on these topics at research settings throughout the United States and the world.
- Collects, analyzes, and disseminates information on the causes, occurrence, and treatment of mental illnesses.
- Supports the training of more than 1,000 scientists each year to carry out basic and clinical mental health research.
- Communicates with scientists, patients, the news media, and primary care and mental health professionals about mental illnesses, the brain, behavior, and opportunities and research advances in these areas."

Since your "*mission*" is based on a flawed vision as to how you should proceed, this reviewer notes that you are effectively pursuing a mission that is not intended to benefit the public but rather to benefit yourself and the mental health establishment at the expense of the public.

Since you do not admit that mercury poisoning through Thimerosal is a major factor in the current mental disorders and their increase in number and severity, much of the research you conduct, fund at other "*research settings*," and purpose to conduct is fundamentally flawed.

While this reviewer has no problem with your collection of information per se, this reviewer finds that your collection is biased by your preconception that genetics and "chemical imbalance" are the drivers for mental illness with little or no regard for the reality that, *by European standards in countries (where Thimerosal-preserved vaccines are not allowed to be:* ***a)*** *injected into pregnant women or* ***b)*** *repeatedly injected in to children and adults and where mercury amalgams are no longer used in dentistry)*, most Americans have some level of mercury poisoning.

In addition, because you ignore the underlying sub-acute mercury poisoning reality, your analyses are flawed.

Moreover, your dissemination of information is both biased and selective to the point that it is often misleading.

With respect to your "*training of more than 1,000 scientists each year*," this reviewer finds that underlying your training is your attempt to indoctrinate "scientists" so that their mindset is the same as yours and, *based on the results and outcomes that this reviewer observes*, independent thought is discouraged and truly independent research (especially research into the effects of the poisoning of the brain by abnormally high levels of mercury, lead, aluminum, arsenic, bismuth, cadmium, and other heavy metals; pesticides and pesticide metabolites; and industrial chemicals at all stages of brain formation, development, maturation, and senescence) is suppressed (not funded).

Since this reviewer notes that the increases in the rates and number of mental disorders seems, in most cases, to parallel the increase in the maximum level of mercury from Thimerosal injected into, or topically applied to, pregnant women, developing children and adults by medicine, the failure to establish the roles that mercury poisoning of the

brain and other bodily systems play in each "mental disorder" is, *to say the least*, reprehensible given the body of toxicological evidence that mercury poisons the human brain functions at levels below 0.001 ppm.

Finally, this reviewer finds that much of your communication contains significant propaganda designed to legitimize activities that sell your treatment-centric approach to mental illness as if it were in the interests of the American public when, *in fact*, it actually supports the interests of the medical establishment including the drug manufacturers who profit not only from the drugs prescribed for mental illnesses but also from the drugs needed to treat the long-term harm that the "side effects" (e.g., diabetes and heart disease) of those drugs cause in many who are prescribed them

"Important discoveries in areas such as genetics, neuroscience, and behavioral science largely account for the substantial gains in knowledge that have helped us to understand the complexities of mental illnesses and behavioral disorders over the past 15 years. The elaboration of observed behavior, which include such aspects as cognition, emotions, social interactions, learning, motivation, and perception, are the observable 'tips of the iceberg' in reflecting the expanse of complexity further revealed in studying genes, proteins, cells, systems, and circuits. To inspire and support research that will continue to make a difference for those living with mental illness, we developed this Strategic Plan to guide what has become an increasingly complex research effort. The Plan seeks to bring into sharper focus the methods, questions, and perspectives that will transform the diagnosis, treatment, and prevention of mental disorders, paving the way for cures."

Here, this reviewer finds that, while elucidating "*genes, proteins, cells, systems and circuits*" can be helpful in understanding all of the body's systems, not just the brain, you fail to mention the poisoning or hijacking of these by toxins, which, *to this reviewer and independent toxicologists and researchers*, seem to be the underlying causes for the "*observed behavior*" used to diagnose most mental disorders.

Since your stated "*Plan*" does not explicitly address (ignores) the toxin-induced nature of many "*mental disorders*," where the degree of mental disorder depends on the toxins, their specific doses, their half-life, and the developmental status of the brain when the toxin first reached a toxic level (which collectively define the effective susceptibility and current outcome status for the individual – the "no harm/no foul" reality), your current draft "*Plan*" is fatally flawed and needs significant revision.

Finally, this reviewer notes the text again closes with your treatment-centric mantra: "*transform the diagnosis, treatment, and prevention of mental disorders, paving the way for cures*."

"With this goal in mind, NIMH identified four overarching Strategic Objectives (see Appendix A for details on the strategic planning process).

Since the "*details on the strategic planning process*" in Appendix A fails to provide more than an outline and lacks timeframes and times spent (in FTEs), this reviewer finds that Appendix A lacks the critical details needed for a reviewer to assess the validity of the process steps used to devise your "*Strategic Objectives*."

"The four Strategic Objectives can be viewed as a cumulative progression of the Institute's priorities for the next 5 years. This agenda begins with promoting discovery in the brain and behavioral sciences in order to better understand the workings of the brain that can be translated to the study of mental disorders. In effect, our efforts to understand how changes in the brain can lead to mental

illness will inform (and be informed by) fundamental research to understand the trajectories of mental illnesses across the lifespan and across diverse populations. By learning more about the trajectories, or paths, by which mental illnesses develop, we hope to stimulate innovative approaches that can preempt or change these trajectories before mental illness occurs. Finally, we will retain a strong focus on public health impact and create better methods for ensuring that our research reaches all whose lives are affected by mental illness, as well as those who are dedicated to their care."

> Because, *as this reviewer has shown previously*, the "***NIMH Vision***" (upon which your "*Strategic Objectives*" rest) is fatally flawed, your statements here are, at best, empty rhetoric disguised as meaningful discourse.
>
> Given the current state of brain toxicology, it is obvious that mercury poisoning is a causal factor in many abnormal behaviors that are characterized as "*mental disorders*."
>
> In the case of mercury-poisoning-related behavioral disorders, since the "cause is known," your fundamental "*Strategic Objectives*" should have begun with
>
> 1. The elimination of the use of mercury-containing compounds in medicine and dentistry, the identification of all who have mercury poisoning as a causative factor in their behaviors, and the deployment of effective chelation programs to reduce the level of mercury in the child coupled with supportive therapies designed to improve the mercury excretion capabilities of all those affected by mercury poisoning.
> 2. The identification of all other man-made chemicals that can induce abnormal behaviors coupled with banning them from all uses and developing effective detoxification programs for all of those affected.
>
> Until and unless the preceding is made the basis of your "*Strategic Objectives*," your objectives will remain as fundamentally flawed as they have been since the NIMH was formed.

"Given this background, the structure of this Strategic Plan is based on the following four Objectives:

- Promote Discovery in the Brain and Behavioral Sciences to Fuel Research on the Causes of Mental Disorders
- Chart Mental Illness Trajectories to Determine When, Where and How to Intervene
- Develop New and Better Interventions that Incorporate the Diverse Needs and Circumstances of People with Mental Illnesses
- Strengthen the Public Health Impact of NIMH-Supported Research[5]

> Since your strategic plan does <u>not</u> address the proven role of mercury poisoning in abnormal behaviors and mental disorders, this reviewer is compelled to find that your "*Objectives*," *however laudable they may seem*, are, *at best*, off target.

"It is important to also highlight several core research themes that are essential to advancing and accomplishing the Strategic Objectives. First, in order for research on mental disorders to more fully harness the scientific power of brain-behavior science, sound efforts must be made to reconstruct

[5] While the Institute invests significantly in research on the intersections between mental health and AIDS, it is important to note that this investment is guided by a National Institutes of Health (NIH)-wide Strategic Plan coordinated through the NIH Office on AIDS Research (http://www.oar.nih.gov/public/pubs/fy2008/Preface.pdf). Therefore, research on the mental health aspects of AIDS is not addressed in this plan.

mental disorders into dimensions or components of observable behaviors that are more closely aligned with the biology of the brain. Such an effort will result in a research-based description of the key elements of mental disorders, gaining even greater traction about the potential mechanisms that can cause mental suffering and targets for more effective preemption and treatment."

> Since the behaviors are abnormal or those associated with metal disorders, the focus should be on the toxicological effects of Thimerosal, other mercury compounds and other toxic substances and microorganisms (e.g., the measles virus and Neisseria meningitis), on brain functions rather than, *as it apparently is here*, on understanding the normal "*biology of the brain*."

"Second, it is imperative that the NIMH continue to lead efforts that foster data and resource sharing. As we strive to capture and understand the complexity of mental disorders, the data and resources generated by our research also require greater complexity and diversity. We are committed to working with the scientific community to support the broad sharing of data and the resources necessary to accelerate scientific progress"

> This reviewer supports the fostering of the sharing of data and resources provided this "*data and resource sharing*":
>
> - Is complete and unbiased, and
> - Extends outside the scientific community to the American public – a public whose outside-the-box views could provide valuable insights and novel approaches because the general public has not been indoctrinated with the medical-establishment-serving views that currently permeate the NIMD, the medical community, and the medical industries.

"Third, all advances rest on our ability to support and train future generations of mental health scientists. Future research scientists will use different neuro-behavioral, clinical, and services skill sets as the field advances and transforms itself across traditional academic boundaries. It is equally clear that training must inspire creativity, innovation, and a thirst to make a difference in the lives of those with mental disorders. Balancing these needs and finding improved ways to mentor and train the most talented young researchers are fundamental to the future of mental health research. For this reason, the National Advisory Mental Health Committee (NAMHC) is developing a separate document that will outline the Institute's future research training priorities."

> Provided you stop your current myopic indoctrination of those who you propose to teach in treatment-centric approaches, abandon the pseudo-scientific "chemical imbalance correction" approach to the treatment of mental disorders, and adopt a curative approach that identifies the causal factors and eliminates or ameliorates each causal factor, this reviewer understands and supports the need to train and support future generations of investigative scientists focused on understanding the causal factors for each "mental disorder" and, *based on that understanding*, developing effective curative regimens.
>
> However, this reviewer is unalterably opposed to training that is treatment centric and focuses on behavioral control based on symptom suppression – the approaches that you are currently using and, *based on your rhetoric*, plan to continue using.

Based on these three research themes, the Strategic Objectives and underlying strategies outlined in this document serve as a guide to the Institute for advancing mental health science and ensuring that research-based interventions and information are made widely available. They also seek to

complement the President's New Freedom Commission report on mental health by outlining new research-based tools for transforming the mental health services provided by partner Federal agencies, particularly those of the Substance Abuse and Mental Health Services Administration (SAMHSA).[6] Ultimately, this Strategic Plan represents the NIMH's commitment to studying and providing the research evidence that can be used to transform the treatment of, recovery from, and prevention of mental disorders, paving the way toward cures.

First, this reviewer notes that you again close with your mantra, "*treatment of, recovery from, and prevention of mental disorders, paving the way toward cures*."

Second, though your rhetoric seems to promise much, this reviewer finds that your "*new research-based tools*" seems to be code for "new screening surveys" principally designed to: **a)** increase the number of persons diagnosed with a given mental disorder and **b)** identify those with a mental disorder sooner to benefit the medical establishment including the drug suppliers.

To the extent that this is the case, this reviewer remains unalterably opposed to the use of any symptom-based screening tools, new or otherwise, used to diagnose mental disorders because what are needed are medical tests that can accurately identify the underlying causal biological, dietary, and chemical exposure factors for the observed symptom patterns that characterize a real "*mental disorder*."

If you are truly interested in "*transforming the mental health services provided by partner Federal agencies*" then you should conduct large-scale first-morning urine porphyrin profile analysis (UPPA) testing using the test protocol currently used by Laboratory Corporation of America (LabCorp) in groups of adult individuals (age 21 – 30 years, unless the mental disorder is in the elderly where the test group should be age 61 – 70) who have a diagnosis for each mental disorder and single genetically matched groups, of "normal" healthy individuals for each age range, consisting of individuals who have:

a) no chronic disease,
b) received no Thimerosal-containing drugs, and
c) no mercury-amalgam fillings

(from countries in Europe where the use of Thimerosal in medicine has been banned since the early 1990s) and, *without any manipulation of the data*, report the porphyrin test results and ratios of each of the identified porphyrins to the reported uroporphyrin for all of the valid test results reported by the testing laboratory.

Then, in each mental disorder where the results of the testing indicate that those in the test group have urine-porphyrin-profile-analysis results indicating that those in that mental disorder group have toxicities, you should change the general diagnostic codes (DSM-IV) for that mental disorder to the appropriate medical (IDC-9) toxicity codes (for mercury poisoning, lead poisoning, mercury and lead poisoning, arsenic poisoning, heavy metal poisoning, pesticide poisoning, or unidentified chemical poisoning as appropriate), and reclassify and treat those mental disorders as medical conditions.

For those with mental illnesses that have no evidence of toxicity by the UPPA test, you should then examine the patients in the test groups for other medical abnormalities by performing full differential diagnostic work ups.

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[6] President's New Freedom Commission on Mental Health. Achieving the Promise: Transforming Mental Health Care in America. Final Report. DHHS Pub. No. SMA-03-3832. Rockville, MD: 2003. (http://www.mentalhealthcommission.gov/reports/FinalReport/toc.html)

Only when the results of the differential diagnostic work-ups find no medical abnormalities should that mental disorder for adults continue to be classified as an adult mental disorder.

In the other cases, the adult disorder should be appropriately reclassified as a medical condition.

If and only if the preceding studies were done and the appropriate reclassifications made, would this reviewer be willing to accept that you had the interests of the public at heart and not, *as the evidence clearly indicates you do now*, your own and the medical establishment's self-serving interests.

The Public is Invited to Review this Draft Plan and Provide Comments by December 21, 2007

Comments may be e-mailed to:

Strategicplanning2@mail.nih.gov

Or mailed to the following postal address:

National Institute of Mental Health
Attn: Draft Strategic Plan
8280 Greensboro Drive, Suite 300
McLean, Virginia 22102

Since you have only set a 30-day comment window for this draft, it is obvious that you are not truly seeking public comment and your notice here was included simply to satisfy a regulatory requirement with which you are required to comply prior to issuing any final policy document or plan.

Given the preceding reality, this reviewer would again protest your failure to set out a comment period that provides adequate time for the "*public*" to provide detailed comments, and would again respectfully request that you extend the comment period to at least May 21, 2008 (a 180-day comment period).

"Strategic Objective 1: Promote Discovery in the Brain and Behavioral Sciences to Fuel Research on the Causes of Mental Disorders.

We will support basic, translational, and clinical research to gain a more complete understanding of the genetic, neurobiological, behavioral, and environmental factors that contribute to mental disorders.

Provided you first take the steps to eliminate medical conditions that are currently being misidentified as mental disorders as this reviewer has outlined in his preceding comments, this reviewer agrees, in principle with the areas where "*a more complete understanding of the … factors that contribute to mental disorders* " is needed.

However, this reviewer would change the order of the factors needing study to match their general importance: environmental, behavioral, neurobiological, and genetic.

Further, this reviewer would caution that research into "genetic" factors should be approached from an non-eugenic point of view – a different mindset than that currently in vogue today where the emphasis is genetic screening of the fetus coupled with strong pressure for abortion to eliminate the probable genetic defectives identified before they are born, a eugenic view, rather than a neutral presentation where the genetic information is simply presented to the parents without any recommended course of action.

"This is a time of great scientific excitement in mental health research. Building on new discoveries from genetics, neuroscience and behavioral science, we are better poised to understand how the brain, behavior, and the environment interact to lead to mental disorders. Mental illnesses are now studied as brain disorders, specifically as disorders of brain circuits. The current era of neuroscience promises to reveal much about their origins, development, and manifestations. In addition to translating neuroscience discoveries to the clinic, we are also in a phase of using clinical findings (e.g., genetic or brain imaging data) from those with mental disorders to guide research on neurobiology."

Until and unless the knowing unnecessary exposure of developing children, adults and the elderly to Thimerosal in vaccines and other medicines and other mercury compounds in other drugs is stopped and **all** uses of mercury in medicine are banned worldwide and the use of mercury in dentistry is banned and appropriate corrective dental restorations provided to the American public, this reviewer knows that your approaches will be less than successful because of your institutional refusal to first consider and second eliminate poisoning by mercury and/or lead and/or other heavy metals as a causal factor for the abnormal behaviors that are being classified as mental disorders.

Furthermore, with respect to "*brain imaging data*," until you develop the technologies to permit the imaging of the toxins (e.g., mercury) that are the underlying causes of the abnormal responses being observed in today's brain scans, this reviewer understands that your knowledge will still be limited to outcomes observed since the actions of the causal factors are not being observed.

"Research has made significant progress in identifying a wide array of the genetic, neurobiological, and behavioral components that comprise mental disorders. For example, studies have shown that certain genetic variations can increase risk for developing a mental disorder."

Here, this reviewer finds that your statements are an admission that your research efforts have been into areas other than the environmental factors that may, or, in some cases, have been proven to be caused by environmental poisoning (e.g., autism and related neurodevelopmental disorders where the poisoning by Thimerosal and other mercury compounds begins in utero and continues through the child's neurological development until the effects of the toxicity overcome the development of the child and the child begins to regress – time points that, *for some children*, were not reached until the "child" was given a Thimerosal-preserved Sanofi-Aventis Menomune® shot prior to college and then cannot attend college because he or she can no longer focus).

With respect to your statement that "*studies have shown that certain genetic variations can increase risk for developing a mental disorder*," this reviewer simply notes that this statement is an admission that these genetic variations are, *in and of themselves*, not causal and that the true causal factors are *probably* environmental.

So that, *unlike Downs' syndrome or sickle-cell anemia (where the genetic abnormality is clearly causal)*, absent what are obviously environmental "triggers," these "*genetic variations*"

are not a factor because those who have these "*genetic variations*" but do not develop the mental disorder clearly establish.

Moreover, in many cases, the on-going attempts to pin the cause on genetics is just the latest attempt by the healthcare establishment to transfer the blame for the harm their interventions cause on the parents and/or those who are harmed and away from their knowing failure to prove that their treatments are safe and not the cause of the consequential harm observed.

"Environmental influences, such as stress, may interact with specific genetic variations during specific periods of development. This complex interaction of genetics, environment, and development may compound risk for mental disorders by altering the structure and function of neural pathways relevant to some forms of adaptive behavior."

While this reviewer understands the key causative role that environmental factors play, this reviewer finds that the non-specific environmental factor "stress" is, at best, a poor example of an environmental influence when there are other clear environmental factors, like mercury, that have been proven to play a causal role in the "*mental disorders*" in the autism spectrum (see: ***Hannah Poling v. Sec. HHS***; vaccine court case: 02-1466V) and the published articles and other documents posted on the CoMeD website: http://www.mercury-freedrugs.org, which establish that Thimerosal (49.55% mercury by weight) is a major causal factor in the mental disorders in the autism spectrum.

In this instance, it is clear that, *absent the knowing mercury poisoning by the medical establishmen*t, there would be no "autism epidemic."

Unless and until the NIMH not only accepts the reality that many mental disorders have poisoning by mercury and, to a lesser extent, other heavy metals as a casual factor but also moves to demand that all uses of mercury be banned from medicine and dentistry, this reviewer finds that not only is your "*Plan*" fundamental flawed but also that you are a culpable party in, *if nothing else*, the cover-up of the *knowing* poisoning of the American people by mercury-poisoning them starting in utero under the guise of protecting them from disease, including the *knowingly* false claims that the current influenza vaccines, *where most doses are still preserved with Thimerosal (49.55% mercury)*, protect those vaccinated from getting influenza and/or prevent the spread of influenza.

This is the case because, *based in the published retrospective study of U.S. influenza vaccinations, influenza cases, and influenza related hospitalizations and deaths for the period 1979 to 2000*, all that the influenza vaccines are, *in general*, assured of doing is mercury poisoning all those who receive a Thimerosal-preserved dose of such vaccines (all that were available until recently and most of the doses available until today [December 2008] unless the person receiving them is under 3 years of age and weighs more than 276 pounds (125 kg) or, *if over three years of age*, weighs more than 550 pounds (250 kg) even if one ignores the short-term toxic effects of Thimerosal and its initial post-injection mercury-containing solvolysis products, ethylmercury chloride and ethylmercury hydroxide.

"With new insights come new challenges. It is becoming increasingly clear that the genetic underpinnings of mental disorders are highly complex, likely involving the interaction between many risk genes."

Again, this reviewer finds that, based on the admitted "*highly complex*" nature of the putative genetic factors, which the NIMH admits are only risk increasers, the NIMH would do well to focus on the environmental factors which are not complex and which are the triggers for

most of the current plethora of "mental disorders" whose identifying symptoms have been identified/described by mental healthcare providers.

"An enormous variety of experiences and number of environmental factors may influence development, and the ability of these factors to confer risk may change across the lifespan. It is challenging to demonstrate how interactions between genes, the environment, and development contribute to the formation and function of neural circuits. We still know little about how information is stored in neural circuits. In addition, the very definition of mental disorders as complex clusters of behaviors makes it difficult to deconstruct behavioral components and link them to underlying neural circuitry."

Fundamentally, the admissions made here only serve to reinforce the reality that the current genetic-centric and cellular-biologic emphases, *while useful in some cases*, should be replaced by approaches that focus on finding and eliminating the environmental triggers for mental disorders.

This should be the approach because finding and elimination the major causal factor(s) for a given mental disorder would eliminate almost all future instances of that mental disorder.

Of course, choosing to pursue this approach should rapidly reduce many mental disorders to historical realities and eliminate the need for better treatments, earlier interventions, and tailored treatments and would reduce the prestige of the NIMH as the number of Americans with mental disorders would return to the < 1 in 10,000 levels that were found before the healthcare establishment, including the manufacturers of medicines and medical devices, began to *knowingly* mercury poison Americans to grow their customer bases.

Hopefully, after the American public begins to read and understand the reality and truth of this reviewer's remarks, even the NIMH will be forced to adopt this "eliminate the environmental triggers" approach or be disbanded by the representatives of the public if they choose to pursue approaches that do not truly put the health interests of the American public ahead of the interests of the medical establishment whose interests your current draft "*Plan*" are clearly designed to promote.

"Improving our understanding of the underlying causes of mental disorders will provide the necessary foundation for better diagnosis and interventions. To clarify and integrate these neurobiological and behavioral components, NIMH will engage in a number of strategies:

Strategy 1.1: Develop an integrative understanding of basic brain-behavior processes that provide the foundation for understanding mental disorders.

To further clarify how changes in neural activity contribute to mental disorders, it will be necessary to know more about the basic neuroscience of neural circuit formation and how these circuits interact to contribute to observable behaviors. Teams to integrate findings across genetic, neuroscience, and behavioral studies. This research will serve as the foundation for translation to clinical studies."

Unless this strategy is modified to place studies to find and eliminate or minimize the environmental factors ahead of this strategic initiative, this reviewer understands that all this strategic initiative will do is little more than provide more moneys for less-than-effective research.

"To facilitate these discoveries, NIMH will:

- Support research to improve our basic understanding of the development, structure, and function of neural circuits, with a focus on those most relevant to mental disorders.
  - Determine the mechanisms by which genes and their products (e.g., signaling molecules, proteins, peptides, hormones) influence the development and functioning of neural cells and circuits across the lifespan.
  - Define the mechanisms by which experience (e.g. stress, learning, social interaction) and environment (e.g., prenatal-postnatal exposure to chemical, biological agents) influence
  - the development and functioning of neural cells and circuits.
  - Determine the mechanisms and course of brain development and how this development maps onto or is affected by observable changes in behavior.
- Develop novel tools and methodologies for understanding how populations of neural cells work together within and between brain regions. For example, develop:
  - Improved methods for recording cellular activity
  - Mathematical modeling of cellular and circuitry functioning
  - New ways of imaging intracellular communication.
- Promote discovery of novel risk/susceptibility genes (including transcription factors, noncoding regulators of gene expression, and proteins) to understand their function in cells, circuits, and systems, and how these risk/susceptibility genes impact behavior."

Overall, this representative is not qualified to assess the order, or validity, of the individual items listed here and will, therefore, refrain from commenting further here.

"**Strategy 1.2: Identify the genetic and environmental factors associated with mental disorders.**

First, this reviewer notes that this strategic initiative should have been the first one and that it should have put "*environmental factors*" before the "*genetic*" ones and made them a separate strategic initiative.

With this in mind, this reviewer would have written this strategic initiative as:

"**Strategy 1.0**: Identify the environmental factors that are the causative triggers for or are associated with various mental disorders."

Then, this reviewer would have provided a detailed set of items starting with the mercury factor that are known to be causal factors in a wide variety of clinical neurological dysfunction symptoms

"Research has demonstrated that genes exert a significant influence on the risk for many mental disorders, including autism, schizophrenia, and bipolar disorder. However, studies are revealing the complexity of the genetic origins of mental disorders. A single disorder might result from the interaction of combined, small effects of many different genetic variations, none of which is powerful enough to cause the disorder by itself. Alternatively, it is possible that a disorder might result from diverse, single gene mutations that result in similar physiological changes. Furthermore, additional research will help ascertain whether a specific gene variation contributes to the cause of a disorder, a subgroup within a disorder, or a symptom that might be shared across multiple disorders. With the sequencing of the human genome, improved understanding of how genes are expressed, and new technologies to measure variation in the genome, we have an unprecedented opportunity to

define how genes confer risk for the major mental disorders, potentially yielding new diagnostic and therapeutic targets."

> Given your previous admission that "*studies have shown that certain genetic variations can increase risk for developing a mental disorder*," you would do better to focus on the triggers that are more directly causal than to invest research effort into normal genetic interaction processes that are disrupted or changed by the underlying causative environmental factors that have been repeatedly found to underlie disorders that are diagnosed based in symptoms that environmental toxins and diseases are known to cause.

"Genetics appears to explain only part of the risk for each of these disorders. Research has also demonstrated the importance of environmental factors in conferring risk for many mental disorders. Due to their scope and complexity, ranging from, for example, cultural/sociodemographic factors to exposure to toxic substances in utero, environmental influences are challenging to define and measure. In addition, some environmental influences, such as stress, may be risk factors for multiple disorders."

> In general, this reviewer would place this paragraph toward the end of the "**1.0**" strategy item that he has suggested creating.
>
> At the beginning of the "*environmental factors*" item, this reviewer would lay out a plan to systematically investigate each major chemical to which humans in the U.S. are routinely exposed that is known to be toxic to human neurological development and/or neurological function, starting with the most toxic, Thimerosal, and proceeding to the other organic mercury compounds, the inorganic mercury compounds (including mercury amalgams) and elemental mercury.
>
> Moreover, since these have been toxicologically proven to be causal factors in many neurological disorders, this initiative should demand that all such should be banned form use in medicine and dentistry and appropriate remedial plans developed and deployed for those who persons are found to be: **a)** mercury poisoned (from mercury-laced drugs, mercury amalgam fillings and/or mercury from other sources), **b)** at risk of being mercury poisoned (from mercury amalgam fillings, mercury-laced medicines, and/or mercury from other sources), or **c)** at risk of mercury poisoning their offspring (mothers-to-be having mercury-amalgam fillings, prior exposures to mercury-laced drugs, and prior exposures to significant microgram amounts mercury from other sources).
>
> Following this, the environmental poisoning impacts of the other heavy metals should be systematically studied and all those that have any significant impact restricted to exposure levels for the American public that, with a 100-fold safety margin, cannot trigger any mental disorder.
>
> Next, each biological agent (virus, bacterium, prion, or biologically generated toxin to which any in America may be exposed) and drugs should be similarly evaluated and controlled.
>
> Then, pesticides and pesticide residues to which Americans can be exposed should be evaluated and those which are shown to be triggers for neurological dysfunction should either be banned or have their levels reduced to a level that does not exceed 1/100th the lowest level where any mental disorder may be triggered.
>
> Furthermore, other industrial chemicals that are or may be neurological disruptors should be studied and similarly controlled.

Then, all imports should be appropriately screened to ensure that the American safety levels for each regulated neurological disruptor are met.

Were the preceding to be done, this reviewer estimates that eliminating mercury would reduce the incidence of mental disorders by more than 75% and coupled with the microbial triggers, eliminate future cases for many disorders just as the removal of Calomel from medicine led to the rapid disappearance of "Pink disease" and the rapid decline in the incidence of stomach cancer.

Since adopting this approach would lead to a rapid disappearance of new cases of a wide variety of mental disorders and significantly decrease the need for the other strategies and, for that matter, the NIMH itself, this reviewer understands why the NIMH did not address environmental factors and the approach outlined by this reviewer as the primary strategic initiative upon which the NIMH should focus its efforts.

"Epigenetic mechanisms - ways that the environment influences genes to control their function – will likely prove very important in the cause of these complex disorders. To add to this complexity, it is likely that the interplay between genes and the environment is different at different points in the lifespan. To identify better the genetic and environmental factors associated with mental disorders, we will:

- Define genomic variations associated with mental disorders.
  - Apply current and emerging technologies to identify how variations in the sequence of the genome and its packaging within the cell may be associated with susceptibility and resistance to mental disorders.
  - Continue to develop large scale repositories (e.g. the NIMH Center for Collaborative Genetic Studies on Mental Disorders) as a resource for biological samples, phenotypic data, and genotypic data for broad use by the international scientific community in its search for the genetic basis of mental disorders.
  - Develop statistical theory and methods to model and detect the role of genomic variation in the development of mental disorders.
- Determine the biological consequences of genomic variations associated with mental disorders.
  - Identify how variations within the genome influence the expression of those genes and the function of the encoded proteins to alter cells, circuits, and behavioral outcomes.
  - Ensure access to cell lines and model organisms to demonstrate how changes in gene sequence may change the function of the resulting protein.
- Continue to support studies of how genes interact with the environment to identify mechanisms by which experience confers enduring changes in gene expression.
  - Improve methods for defining and measuring the diverse types of environmental influences in both human and non-human animal studies.
  - Develop and apply tools for epigenetic research to determine how, when, and where experience affects gene expression.
  - Ensure that clinical studies on epigenetic mechanisms include samples from diverse populations (e.g., race, ethnicity, age, sex).

- Examine how known sensitive periods in development and aging may be possible points of vulnerability or resilience for gene-environment interactions. Continue to support studies of plasticity and resiliency of the nervous system across the lifespan"

  Although the stated strategy mentions "*genetic and environmental factors*," this reviewer notes that all of the discussion is genetics centric where environmental factors are second- or third- actors to genetics.

  Hopefully, given this reviewer's remarks and your "*studies have shown that certain genetic variations can increase risk for developing a mental disorder*" admission, you and those who this review will, *after reading this reviewer's general comments and studying the toxicological literature*, realize that environmental factors should be the NIMH's primary focus for the next five years if you are truly interested in the improving the overall mental health of the American public rather than in studying and characterizing mental disorders in ways that do not reduce either case frequency or eliminate those caused by environmental triggers.

"**Strategy 1.3: Identify and integrate biological markers (biomarkers) and behavioral indicators associated with mental disorders.**

Biomarkers are biological indicators of a physiological or disease process. Examples of biomarkers can include genetic mutations, altered levels of a specific protein in blood or spinal fluid, and brain abnormalities observed in neuroimaging tests. Detecting biomarkers may predict risk for developing a mental disorder or may aid in the identification, diagnosis, and treatment of individuals with the disorder. Currently, very few biomarkers have been identified for mental disorders due in part to their complexity and an incomplete understanding of the neurobiological basis of mental disorders. Mental disorders also have observable behaviors associated with them (e.g., startle reactions, compulsions, social avoidance) that, like biomarkers, once identified can indicate a possible underlying disorder and assist mental health professionals with proper diagnosis and treatment. To accelerate the identification of biomarkers and behavioral indicators for mental disorders, it will be important to:

- Support the development of integrated profiles/panels of clinically relevant and validated biomarkers and behavioral indicators (e.g., genes, proteins, brain images, behaviors, or a combination), creating a *biosignature* of disorder. A single biomarker is not likely to be sufficient to indicate the presence of a disorder, but a combination of biomarkers and behavioral indicators of small effect might. For example, a biosignature could consist of a genetic variant, an abnormal amount of serum protein, a distinct neuroimaging pattern from a brain scan, a certain response during a cognitive test, or any number of indicators from lymphocytes, serum, sweat, or other biological fluids.
- Support studies to identify biomarkers and behavioral indicators for different stages of illness and recovery (e.g., biomarkers for onset vs. relapse, biomarkers indicating risk vs. resilience).
- Support research that examines biomarkers that may be common to mental disorders and other medical disorders (e.g., inflammatory markers for heart disease) in order to identify shared molecular pathways that contribute to development of mental disorders."

  In general, this reviewer supports this strategic initiative and the items presented by you here.

However, *as the recent "Thimerosal (49.55% mercury) causes mercury poisoning that exhibits as the clinical neurological symptoms that characterize autism spectrum disorders" instance indicates*, many key toxicological biomarkers (e.g., the UPPA test for mercury poisoning, the endocrine panel for elevated androgens, and blood testing for key biochemicals [e.g., glutathoine, reduced glutathione, cysteine, homocysteine, and DHEA sulfate]) are already known as key indicators for heavy-metal poisoning by mercury, .lead, mercury and lead or other heavy metals and neurotoxic pesticides that generate the clinical symptoms associated with many neurodevelopmental and neurological disorders.

Since these are known, you should be using these to screen all those with a diagnosed mental disorder to ascertain which patients who have a given mental-disorder diagnosis are actual poisoned by mercury and/or other heavy metals and pesticides.

"Strategy 1.4: Develop, for research purposes, new ways of classifying mental disorders based on dimensions of observable behavior and neurobiological measures.

Currently, the diagnosis of mental disorders is based on clinical observation—identifying symptoms that tend to cluster together, determining when the symptoms appear, and determining whether the symptoms resolve, recur, or become chronic. However, the way that mental disorders are defined in the present diagnostic system does not incorporate current information from integrative neuroscience research, and thus is not optimal for making scientific gains through neuroscience approaches. It is difficult to deconstruct clusters of complex behaviors and attempt to link these to underlying neurobiological systems. Many mental disorders may be considered as falling along multiple dimensions (e.g., cognition, mood, social interactions), with traits that exist on a continuum ranging from normal to extreme. Co-occurrence of multiple mental disorders might reflect different patterns of symptoms that result from shared risk factors and perhaps the same underlying disease processes.

To clarify the underlying causes of mental disorders, it will be necessary to define, measure, and link basic biological and behavioral components of normal and abnormal functioning. This effort will require integration of genetic, neuroscience, imaging, behavioral, and clinical studies. By linking basic biological and behavioral components, it will become possible to construct valid, reliable phenotypes (measurable traits or characteristics) for mental disorders. This will help us elucidate the causes of the disorder, while clarifying the boundaries and overlap between mental disorders. In order to understand mental disorders in terms of dimensions and/or components of neurobiology and behaviors, it will be important to:

- Initiate a process for bringing together experts in clinical and basic sciences to jointly identify the fundamental behavioral components that may span multiple disorders (e.g., executive functioning, affect regulation, person perception) and that are more amenable to neuroscience approaches.
- Develop reliable and valid measures of these fundamental components of mental disorders for use in basic studies and in more clinical settings.
- Determine the full range of variation, from normal to abnormal, among the fundamental components to improve understanding of what is typical versus pathological.
- Integrate the genetic, neurobiological, and behavioral variations that comprise these fundamental components of mental disorders."

In general, this reviewer supports this strategic initiative and its bullet points.

However, this reviewer would suggest that all be evaluated for poisoning by mercury and/or other heavy metals and neurotoxic pesticides to remove these fro the ranks of those with mental disorders and properly place them in the ranks of those who have medical substance toxicity conditions.

"Strategic Objective 2: Chart Mental Illness Trajectories to Determine When, Where and How to Intervene.

We will chart the course of mental disorders over the lifespan in order to understand ideal times and methods for intervention to preempt, treat, or hasten recovery.

Mental disorders are a group of chronic, changing conditions, symptoms of which often begin to appear in childhood and adolescence and ebb and flow over the course of an individual's life. Research demonstrates that the symptoms of many medical disorders (e.g., Parkinson's, Alzheimer's, coronary artery disease) represent a late stage of a process that began years earlier. As with many other medical illnesses, science promises to redefine mental disorders along a trajectory moving across stages of risk: from early symptoms, to full symptoms or syndromes, to remission, relapse, and recovery. The NIMH aims to decipher the trajectory of mental disorders in order to pinpoint the best times and techniques to preempt the onset of symptoms or halt and reverse the progression and recurrence of illness. By predicting, detecting, and intervening early in the disease process, we can dramatically improve an individual's likelihood of a life without suffering from a mental disorder.

Charting the course of mental disorders requires attention to genetic, neurobiological, behavioral, and environmental factors that confer a risk of developing a mental disorder. Individual characteristics, such as race, ethnicity, sex and socioeconomic background, are critical considerations in this research. Either singly or in combination, these different factors may not only increase the likelihood an individual will develop a mental disorder, but also with how well that person will respond to interventions and his or her tendency to experience adverse side effects. The results of these efforts will enable the NIMH to foster more personalized, preemptive, and effective therapeutic interventions."

Provided all those who have a misdiagnosed mental disorder because their conditions are actually caused by an underlying medical toxicity from mercury, lead and/or other heavy metals or neurotoxic pesticides are first identified and given an appropriate medical toxicity diagnosis, this reviewer would concur with your approach provided that you do not delay any effective curative therapy so that you may gather additional information about the progression of the disorder absent the effective curative intervention.

However, this reviewer does not support the use of therapies that simply suppress the symptoms of the mental disorder or whose side effects are themselves mind altering and/or have side effects that induce other serious chronic or acute diseases in those so treated.

In this reviewer's view, this strategic objective should only use counseling, interactive training, and drugs and devices that are safe (free of the risk of dependency and/or induction of other serious disease conditions) and effective in "normalizing" the person's behavior or in reducing barriers to the person's ability to function in "normal" society during those human studies where an interventional therapy is used.

"To advance research on the trajectories of mental illnesses, the NIMH will undertake the following strategies:

Strategy 2.1: Define the developmental trajectories of mental disorders.

Genetic variation interacts with environmental factors dynamically, varying across stages of development. We can view mental disorders as following trajectories throughout the lifespan, beginning with risk and evolving as symptoms or syndromes, which in turn can follow cycles of remission and relapse. Our challenge is to redefine disorders by understanding them as unfolding developmental processes, recognizing too that these disease processes can have different consequences at different life stages. To understand the origin and development of mental disorders, we need a firm understanding of how normal brain development enables behavior as well as how experience shapes the developing brain. In support of this effort, the NIMH will:"

To the extent that you state "*(g)enetic variation* and gene expression *interacts with environmental factors dynamically, varying across stages of development*," you should be addressing all environmental factors rather than just "*how experience shapes the … brain*" as you do here.

Alternatively, you may want to change the initial statement to read:
"Experiential factors dynamically interact with genetic variation and gene expression across the different periods of mental development and/or healing."

In either case, the strategic objective needs to explicitly recognize that gene expression and suppression are as important as, if not more important than, each person's encoded genetic variations.

"➢ Determine how periods of change in development (e.g., infancy to young childhood, childhood to adolescence, adolescence to adulthood, adulthood to old age) may also be periods of vulnerability for the emergence of risk, symptoms, remission or relapse.
  - o Augment descriptive studies of developmental changes in behavior, hormone levels in the brain and body, brain volume, etc. with studies of how these changes affect an individual's genes, molecules, and cells, including neural cells.
  - o Link studies of brain development with behavioral development to understand how brain regions critical for mental disorders are associated with typical and atypical behavioral functioning.
- ➢ Broaden the study of biomarkers and biosignatures of disorders to include not only ways to detect genetic, neural, and/or behavioral markers for risk or onset of disorder, but also ways to indicate illness progression, relapse, remission, and recovery."

Provided those with a medical toxicity misdiagnosed as a mental disorder are identified and removed form these studies, this reviewer generally supports the strategies outlined above but would include studies of the indicators of genetic expression and the identification if the factors governing gene expression as a part of the suggested studies.

"**Strategy 2.2: Enhance understanding of how cultural diversity may influence the developmental trajectories of mental illness.**

We will enrich the types of data used in the study of mental illnesses to enable more thorough and precise analyses of cultural and ethnic factors that may be involved in risk, resilience, and recovery from illness.

- When identifying behavioral, neural, and/or genetic markers along the trajectory of illness, design the studies to consider variation in relation to sex, race, ethnicity, and other important socio-demographic factors.
- Ensure and enhance diversity in creating and supporting data and resource repositories, such as the NIMH Genetics Repository. This may include, for example, international populations and isolated cases.
- Examine how genetic differences associated with diverse ethnic and cultural groups may affect how well interventions preempt, treat, or enhance recovery."

Again, provided those with a medical toxicity misdiagnosed as a mental disorder are identified and removed form these studies, this reviewer generally supports the strategies outlined above for the study of cultural and ethnic factors.

"**Strategy 2.3: Develop tools to better define and identify risk and protective factors for individuals across the course or trajectory of mental illness.**

An understanding of the developmental trajectory of illnesses opens the possibility that we could intervene and alter trajectories, thereby preempting suffering associated with disease. By using the example of efforts in other fields of medicine that have adopted this approach (e.g., cardiology with regard to coronary artery disease), we will facilitate research to identify risk at the individual (as opposed to population) level and to develop a new set of interventions. To develop such tools and methods to intervene in the trajectory of illness, the NIMH plans to:

- Identify malleable and robust risk factors for different phases of the disease trajectory. Factors would span across genes, cells, systems, behaviors, emotions, and the environment to understand their contribution in pre-symptomatic stages of mental illness, onset, relapse, and recovery. This knowledge would be used to develop integrated risk checklists, covering neurological, behavioral, and environmental factors, so that we can describe patterns of risk at an individual level.
- Develop and test innovative interventions based on robust risk factors to reduce risk and positively alter trajectories of illness.
- Identify predictors (e.g., biological, genetic, behavioral) of intervention response and side effects in different patient populations, throughout the trajectory of illness, and throughout the clinical research and drug development pipelines."

Provided: **a)** the interventions are restricted to those that are safe and effective, and **b)** those with a medical toxicity misdiagnosed as a mental disorder are identified and removed from such studies, this reviewer generally supports this strategic objective and the proposed strategic initiatives needed to effect said strategic objective.

"Strategic Objective 3: Develop New and Better Interventions for Mental Disorders that Incorporate the Diverse Needs and Circumstances of People with Mental Illness.

We will improve existing approaches and devise new ones for the prevention, treatment, and cure of mental illness, allowing those who may suffer from these disorders to live full and productive lives.

Though the stated mission of the NIMH is "*(t)o reduce the burden of mental and behavioral disorders through research on mind, brain and behavior*," this reviewer would strongly suggest that you abandon the objective of devising new approaches.

This reviewer makes this suggestion because your track record suggests that, regardless of your rhetoric, you are focused, *as a surrogate for the pharmaceutical industry and, to a lesser extent, the medical device industry*, on developing new treatments with little or no true regard for the side effects of those treatments and no real interest in preventive or curative measures.

Until you repurpose yourself, your efforts should be confined to abandoning your current mindset and remembering that the true health of the public, whose money you spend, is supposed to be your goal and not, as it is today, the interests of those who would, as they have and do now, from the suffering that they knowingly inflict on the American people for their profit.

The only 5-year objective here that you should be pursuing is to study the current plethora of interventions (mainly treatments) and to determine which are truly scientifically sound and have a true net benefit to those treated that exceeds the collateral damage and harm of the "side effects" of that intervention (treatment).

In how many more sudden killing rampages ending in suicide (e.g., Columbine and the recent school and mall attacks) do you want the implementation of your discoveries to be a major factor?

Until you consider and understand that the long-term adverse outcomes of each of your "discoveries" and "insights" are more important that the short-term suppression of the symptoms of mental disorders that you currently achieve in most instances and you understand how to help the brain "heal" from what, in most cases, are injuries by toxins and inflicted harm by others, you should abandon your, at best, misguided efforts to "*improve existing approaches and devise new ones for the prevention, treatment, and cure of mental illness*" because they generally only suppress unwanted behaviors but do not truly improve the mental health of the person being treated.

Moreover, were poisoning by mercury and other toxins to be eliminated from medicine and dentistry, as it should have early in the 20th century, most (>60 %) of the mental disorders would not exist.

Thus, rather than remaining a part of the scientific community that denies the preceding reality, you should first direct your efforts to identifying all those who have been poisoned by mercury and other easily removable heavy metal and/or other exposures to neurotoxic chemicals, and to removing those toxins and providing the appropriate supportive dietary supplementation and therapeutic interventions to aid in their recovery (healing) from these poisonings.

Given the Poling decision and its ramifications, if you do <u>not</u> rapidly remake yourself in the manner suggested, then you will find that this reviewer will be an ever more vocal advocate for disbanding the NIMH and for holding all those who have contributed to the current drugging-centric approach to improving the public's mental health to account for their crimes against humanity.

Thus, this reviewer suggests that you should remove this strategic objective and, unless you can replace it with one that addresses the issues this reviewer has raised, not make it a strategic objective in your current "5-year plan."

~~The rapid discovery rate for new factors affecting the trajectories of illness suggests that new targets for interventions (e.g., pharmacological, behavioral) should be examined in a systematic way. We need new and better methods to intervene at all points along the trajectories of mental illnesses to preempt the occurrence of disease or, when that is not possible, to hasten recovery. Traditionally, intervention research, whether preventive or therapeutic, has focused on the absence or reduction of symptoms of mental illness. Alleviating symptoms, although important, does not necessarily address the totality of a person's life, including how well he or she functions in their community and workplace. While an intervention may potentially prevent or alleviate the symptoms of a mental illness, it may not help; in some cases it might even further impair a person's ability to function in everyday life. Moreover, an effective preventive strategy or treatment regimen may prove to be too difficult or expensive for proper use by providers."~~

~~"In general, traditional intervention research has focused on comparing how groups of individuals receiving an experimental intervention fare against a comparison group that does not receive that intervention. This approach has given us information about treatments for selected groups of people but not necessarily about how to choose the best treatment for a specific individual. We need personalized medicine: tailoring pharmacological, behavioral, and other forms of treatment to the needs of each individual. A new generation of clinical trials is needed to gather a wider array of data and examine the kinds of questions that can be used for personalized decision-making in medicine."~~

~~We need innovative approaches to help providers of mental health interventions ensure that every person who may fall along the trajectory of mental disorder can be helped to preempt or recover from illness. To do so, we will broaden our concept of intervention research to address how these interventions affect an individual's ability to live a full life, as well as the impact on the providers and settings in which the interventions are delivered (e.g., medical settings, schools). We will also need to address relationships between mental disorders and other illnesses, such as substance abuse and heart disease. In addition to shifting the intervention focus to treating the whole person, it provides substantial opportunity for the reduction of mental illness-related mortality. Ultimately, our intervention research will focus on new targets, resulting in preventive and treatment strategies that allow individuals and their families, their health providers, and their social support systems to find the means to preempt or stop the progression of mental illness."~~

~~"To further develop interventions that are personalized and work in multiple and diverse settings such as clinical practices, hospitals, schools, and communities, the NIMH will employ the following strategies:~~

~~Strategy 3.1: Further develop innovative interventions and designs for intervention studies.~~

~~The body of work in mental health intervention research is vast and has led to numerous advances in the prevention and treatment of mental disorders. Future research needs to build on this existing scientific knowledge. Additionally, we must adopt innovative approaches to develop personalized preventive and therapeutic approaches for those in need.~~

- ~~Use research on the biological causes of disorder to develop interventions that target core features of disease, assess outcomes appropriate to the course of illness under study, and develop study designs that have impact on these features.~~

- ~~Develop new technologies (e.g., software for enhancing or building cognitive skills, small molecules for molecular targets to develop medications) that can advance the development of new interventions.~~
- ~~Promote new intervention trials that focus on the moderators and predictors (e.g., biological, genetic, behavioral) of intervention response and side effects in different patient populations. This will be done throughout the disease course, and throughout the clinical research and drug development pipelines. Follow exploratory trials with prospective trials to determine if using predictors enhances recovery.~~
- ~~Design more innovative and comprehensive intervention studies by building on existing data from administrative records, epidemiological studies, and previous clinical research. These may include clinical strategies already used by some and showing promise for improving symptoms or managing side-effects, but need research validation to either dissuade use or foster more wide-spread adoption.~~
- ~~Strengthen ongoing research that examines the balance between adverse effects and beneficial effects of interventions in order to enhance the understanding of cost/benefit ratios of specific treatments and support additional research that examines how to minimize or better manage side effects. Achieve a balance between efficacy and safety within a unified study, rather than addressing them in isolation in separate studies.~~
- ~~Accelerate research that maximizes the ability of current treatments to reduce symptoms, improve adherence and functioning, and minimize side-effects. Ensure that this research also accounts for cultural/ethnic diversity."~~

~~Strategy 3.2: Expand and deepen the focus to personalize intervention research.~~

~~Adopting novel approaches in clinical research is essential to investigating new, brain-behavior-environmental targets for intervention research in conjunction with a broader focus on an individual's functioning as a whole. When developing interventions, we will:~~

- ~~Broaden the focus of what is meant by *outcome measures* in treatment research to include assessments of daily functioning, presence of side effects, and adherence to treatment. Expand the time course for studying intervention effects to examine longer-term alterations in outcome/disorder trajectory.~~
- ~~Broaden the focus of what is meant by *outcome measures* in prevention research by focusing on targets relevant to particular phases of the trajectory of illness, including neurobiological and behavioral measures. In cases where interventions are being used to preempt disorder, the targets could be improvements in neurobiological or behavioral functioning, rather than reduction in symptoms.~~
- ~~Develop standard measures of functional outcome for intervention research across a range of disorders and diverse populations (age, sex, ethnicity/race, educational backgrounds). Children have traditionally been an under-served population for the development of new interventions with functional outcomes.~~
- ~~Adopt a comprehensive health care perspective. For example, studies to address illnesses (e.g., heart disease, substance abuse) co-occurring with mental disorders; also, the effects of taking multiple prescribed medications (e.g., conditions that may increase the risks involved in using a particular medication).~~
    - ~~Ensure that study designs encompass a more comprehensive assessment of treatment side effects that includes impact on functioning and patient preferences.~~

- Expand research on treatment adherence to include systematic assessments on why patients do not adhere to treatment regimens, as well as how patients self-manage or individually tailor their treatments.
- Develop interventions to improve adherence.

Strategy 3.3: Strengthen the application of mental health interventions in diverse care settings by examining community and intervention delivery approaches and how they may affect intervention outcomes.

Mental health interventions are delivered by a wide variety of providers in different settings. For example, preventive interventions may be implemented in schools, in the workplace, or by communities at large. Treatment interventions can be delivered, for instance, by primary care doctors, social workers, clinical psychologists, or psychiatrists. In order for intervention development research to succeed, it must incorporate the perspectives of these various providers and take into account the diverse systems in which interventions are delivered.

- Incorporate the perspectives of the family, immediate community, and providers into intervention research from the initial stages of development.
- Develop early interventions, taking into consideration that these may be delivered by people outside of the traditional mental health systems, such as teachers, community leaders, and pediatricians.
- Determine how different settings of care (e.g., clinics, private patient care, hospital, in-home care, schools) affect treatment outcomes, as well as side effects.
- Support research that tailors interventions to different kinds of providers (e.g., psychologists, psychiatrists, social workers) and different intervention settings (e.g., schools, mental health clinics, community health clinics).

Strategy 3.4: Identify and systematically study elements of personalized mental health care.

Each individual at risk for or suffering from a mental illness presents a unique set of characteristics, whether they are genetic, environmental, developmental, or a combination of these factors. As noted above, mental health interventions must adapt to the needs and circumstances of each individual they are designed to help. Therefore, an environment in which mental health care adopts a personalized approach where individual characteristics (e.g., biological, cultural, socioeconomic) are considered is expected to optimize outcomes. Similarly, patient preference is a powerful indicator of how well someone will adhere to treatment and must also be part of a personalized approach to mental health intervention.

- Further develop adaptive designs for intervention research that include patient preference.
- Identify the components of treatment that are necessary for improved outcomes and clarify what aspects of intervention can and cannot be safely modified when working with different populations (e.g., different cultural and ethnic, socioeconomic, and age groups).
- Enhance participation in clinical research to better reflect the diversity and complexity of the mentally ill population through improved approaches for engaging and working with different cultural, ethnic, and socioeconomic groups, and through improved dissemination of information on existing clinical research and related recruitment efforts.
- Develop tools for clinicians to detect and monitor mental illness progression.

- ~~Develop tools for individuals and families to monitor and gauge their own or their family member's illness (e.g., home testing kits to monitor medication levels), thereby enhancing self-management of their illness.~~"

"Strategic Objective 4: Strengthen the Public Health Impact of NIMH-Supported Research.

Through research, evaluation, and stakeholder collaboration, we will further develop the dissemination capacity of the Institute to ensure that mental health information and effective interventions for mental disorders reach those most in need."

This reviewer would suggest that you carefully read his introductory remarks and recast this strategic objective to address the correction of the current misinformation and propaganda campaigns in which you are currently engaged as suggested or, better, strike it, as this reviewer has done from your short-term strategic objectives.

"~~The NIMH's mission to reduce the burden of mental and behavioral disorders through research depends inherently on our ability to understand the nature and developmental course of these disorders, enabling the development of research-based interventions for treatment and prevention. The Institute's role, however, does not end there. To reduce burden and eventually pave the way toward cures, we must find ways to ensure that the interventions and information we generate can be used by patients, families, health care providers, and the wider community involved in mental health care.~~

~~Our sister agency, SAMHSA, supports the delivery of services to build resilience and facilitate recovery in communities across America. NIMH supports research, not services. An important part of our mission is to support research that will optimize services. For instance, NIMH research identifies factors that may enhance access to mental health services, improves the quality of and lower the cost of care, and strengthens the means by which new interventions are broadly disseminated and implemented. NIMH also pursues numerous dissemination efforts. Since our founding, the NIMH has consistently sought the most effective and efficient methods to communicate our findings to the research community, the providers of mental health services, and the public at large.~~

~~Yet, how will we know if we are succeeding? Are the products of our research reaching those most in need of it? Are we providing the right information at the right time to the right people? To answer these crucial questions, we must closely monitor our research portfolio and our dissemination activities, and evaluate them in the context of impacting public health.~~

~~Finally, to achieve our public health mission, we must rely on our alliances with those who are also concerned with reducing the burden of mental illness. By building new or strengthening already existing partnerships with our many stakeholders, whether they are patients, families, service providers, advocacy groups, or others, we can better understand the needs, questions, and concerns of those intended to benefit from the research we support. Working together more closely and efficiently will help to advance the science of mental health and lead to a quicker realization of our common goals.~~

~~To strengthen the public health impact of NIMH-supported research, the Institute will:~~

Strategy 4.1: Improve understanding of the factors that affect access to service, quality and cost of services, and the means by which newly discovered effective mental health interventions are disseminated and implemented.

To ensure that our research findings are translated into clinical practice, we must examine the context in which they will be delivered, and provide a knowledge base that better enable patients, their care takers and health providers to adopt proven strategies to promote mental health and treat mental disorders. To do so, the NIMH will:

- Stimulate research that develops and tests novel models and methods on ways to best implement mental health interventions to diverse groups and populations (e.g., age, sex, stage of illness, racial/ethnic groups, rural, urban).
- Support research that identifies barriers and limitations to the uptake and implementation of interventions by various stakeholders (e.g., payers, patients, service providers) and subsequently use this knowledge to develop more effective models for implementation.
- Expand research efforts to identify factors that will improve access to service as well as better the quality and lower the costs of services.
- Include stakeholder input in the development of services research.
- Nurture partnerships with other NIH institutes and other Federal agencies regarding services research.

Strategy 4.2: Improve the research and dissemination activities of the Institute through monitoring and evaluation.

Through improved research monitoring and evaluation efforts, we will be better positioned to ensure that supported research is aligned with the Institute's scientific priorities. Also, as new research findings unfold and communication mediums continue to change, the Institute's dissemination strategies will need to be regularly evaluated and adjusted to ensure that our stakeholders are receiving the information they want and need. To do so, the NIMH plans to:

- Monitor NIMH's research portfolio to ensure that supported work continues to match closely with the Institute's stated research priorities.
- Evaluate the impact of NIMH's existing research programs and dissemination strategies via an ongoing process of evaluation and identify opportunities for improving them.
- Support the development of indicators and metrics, including usability and satisfaction tools, to monitor the impact of dissemination efforts for various stakeholders.
- Experiment and evaluate new technologies for information dissemination (e.g., podcasting, e-books) and make better use of existing media.
- Assess the type of information that different stakeholders want and their preferred modalities of communication (i.e., know the audiences) and incorporate this into future dissemination efforts.

Strategy 4.3: Strengthen partnerships between NIMH and its stakeholder groups (e.g., patients, families, service providers, advocacy groups).

The success of the Institute's mission depends on the effective collaboration of all stakeholders in the field of mental health. This requires strengthening our current partnerships and working to build new ones so that we can understand the needs, capabilities, and limitations of the field as we work together to move forward.

- ~~Strengthen partnerships between NIMH and its stakeholder groups (e.g. payers, service providers, patients, families, advocacy groups).~~
  - ~~Improve dialogue to provide a clearer understanding of stakeholders' needs, as well as NIMH's role and what we have to offer.~~
  - ~~Establish new relationships with systems of care that have common interests (e.g., Departments of Education, the criminal justice system).~~
  - ~~Emphasize the scientific basis of mental health research findings in the information and resources provided to stakeholders.~~
  - ~~Strengthen the partnership between clinical practitioners and researchers.~~

~~Strategy 4.4: Strengthen NIMH's relationships with Federal agencies that address mental health services provision.~~

- ~~Continue to participate in the activities of the Federal Action Agenda (the SAMHSA-led Federal response to the President's New Freedom Commission report) by contributing research findings to address the priorities set forth in the agenda.~~
- ~~Strengthen our collaboration with the Centers for Medicare and Medicaid Services and the Food and Drug Administration to inform our clinical research.~~"

Reviewer's Concluding Remarks

Had you truly wished to hear from the public and provided a reasonable comment period of at least six months to allow an in-depth consideration of and reply to your "Strategic Plan," then this reviewer would have had time to review your "Plan" in greater detail and to provide more details about the scientific realities to which he alludes and the supporting documentation that underlies them.

However, this reviewer, *as an informed and articulate member of the public*, has done what he could, in the limited time you chose to provide, to present to you the honest, science-based feedback that you should have been seeking.

Appendix A

Development Process for the NIMH Strategic Plan

This Strategic Plan was developed using a multi-stage process that solicited input from NIMH's staff and stakeholders. The first stage involved developing the Institute's Vision and Mission Statements, as well as the Institute's overarching scientific objectives. These objectives, developed with assistance of the National Advisory Mental Health Council, are broad goals that capture the diversity of topics the Institute must focus on in order to achieve its mission. The seven scientific objectives successively building in scale from the most basic neuroscience and behavioral science through broad societal dissemination of mental health research and treatment best practices:

1. Understand the neuronal and behavioral basis of mental disorders and how they deviate from normal processes.
2. Develop reliable, valid diagnostic tests and biomarkers for mental disorders.
3. Define the genetic and environmental risk architecture of mental disorders.
4. Develop interventions to prevent occurrence and/or reduce relapse of mental disorders.
5. Develop more effective treatments that have minimal side effects, reduce symptoms and improve daily living.
6. Conduct clinical trials that will provide practitioners with treatment options to deliver more effective personalized care across diverse populations and settings.
7. Create improved pathways for dissemination of science to mental health care and service efforts.

The second stage in the Strategic Plan's development involved identifying the current state of the science for each of the seven scientific objectives, as well as gaps and opportunities for research advancement. This was accomplished through a series of Institute-wide brainstorming sessions, the results of which identified the four objectives that serve as the basis for this Strategic Plan.

Appendix B

NIMH Staff Participants in the Strategic Plan Brainstorming Sessions

Kathleen C. Anderson
Chiiko Asanuma
Shelli Avenevoli
Karen S. Babich
Andrea Beckel-Mitchener
Alison Bennett
Cheryl A. Boyce
Linda Brady
James P. Breiling
Marina Broitman
Liza Q. Bundesen
David Chambers
Serena Chu
Joan A. Cole
Mark Czarnolewski
Rebecca DelCarmen-Wiggins
Nancy L. Desmond
Jamie Driscoll
Katharine D. Egan
Jovier D. Evans
Courtney B. Ferrell
Stephen Foote
Lisa Gilotty
Amy Goldstein
Margaret Grabb
Della Hann
Robert Heinssen
Samantha Helfert
John Hsiao
Mi S. Hillefors
Mike Huerta
Denise Juliano-Bult
Christine Kaucher
Susan Koester
Howard Kurtzman
Allan F. Mirsky
Thomas Lehner
A. Roger Little
Ernest Marquez
Elizabeth Martin
Donna J. Mayo
Robert A. Mays, Jr.
Douglas Meinecke
Eve K. Moscicki
Peter Muehrer
Laurie Nadler
George Niederehe
Editha D. Nottelmann
Karen Oliver
Bettina D. Osborne
Emeline Otey
LeShawndra N. Price
Phyllis M. Quartey
Kevin Quinn
William Riley
Louise Ritz
Judy Rumsey
Christopher Sarampote
Aileen M. Schulte
Michael Sesma
Peter Sheridan
Joel Sherrill

Keisha Shropshire
David I. Sommers
Anne Sperling
Ellen L. Stover
Farris Tuma
Aleksandra Vicentic
Ben Vitiello
Marina Volkov
Ann Wagner
Phillip Wang
Gemma Weiblinger
Lois Winsky
Steven J. Zalcman
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