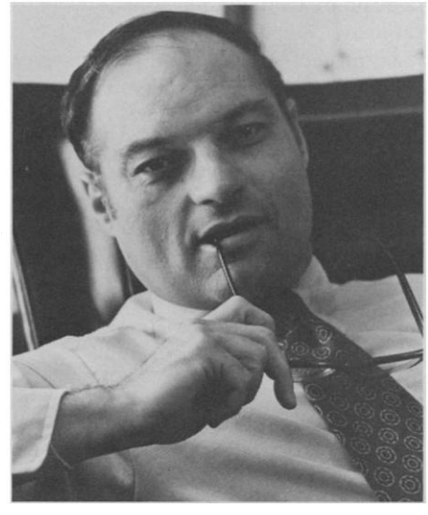
New ADAMHA Head Expected to Lead, Not Just Coordinate

Harvard psychiatrist Gerald L. Klerman is to be nominated soon as director of the Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA). His selection signals the Carter Administration's desire for strong central policy leadership in the tripartite organization.

ADAMHA was established in 1973, to bring together the National Institute for Mental Health, the National Institute on Drug Abuse, and the National Institute on Alcoholism and Alcohol Abuse under a single administrative umbrella. The institutes have remained relatively autonomous under career bureaucrat James Isbister; now, says HEW assistant for health Julius Richmond, "the time has come" for ADAMHA leadership to move from a "management approach" into a more active "programmatic" mode.

Klerman has a broad background in teaching, research, and administration, but he says "my main identity is as a researcher" in psychopharmacology and in depression and related affective disorders. He also has run two community mental health centers, in New Haven and Boston. Currently he is director of the Stanley Cobb Laboratories for Psychiatric Research at Massachusetts General Hospital, and (like Richmond) professor of psychiatry at Harvard Medical School.



Psychiatrists seem happy with the appointment. According to psychiatrist David Hamburg, president of the Institute of Medicine (who had a strong hand in the selection), Klerman's is "an exceptionally strong appointment." Hamburg praised his "first rate intellect," his "complex grasp of public policy," and his "complete integrity."

But all is not sweetness and light. Psychologists and other nonmedical professionals in the ADAMHA constituency are very concerned about the Klerman appointment.

Professional psychologists have been struggling for years to gain autonomy and equal status with medically trained psychiatrists. The dispute between the two professions is largely based on the relative degree of emphasis that should be placed on "medical" as opposed to "psychosocial" models of mental health care. This has direct implications for research, training of professionals, and indeed the whole structure of the health care system.

Charles Kiesler, director of the American Psychological Association (APA), points out that the administration is becoming littered with psychiatrists (Richmond, the two top ADAMHA officials, and the heads of all three ADAMHA institutes) and that there is no top level representation from the other three mental health professions—psychology, psychiatric nursing, and social work.

The dominance of medical men, says Kiesler, is reflected in imbalances in support given out by ADAMHA. For example, psychiatrists receive 40 percent of the training money dispensed by NIMH, despite the fact that there are 15 to 20 times as many full-time scientists among psychologists as psychiatrists.

Psychologists have been further alarmed by reports of the Klerman personality. "Arrogant and opinionated," is a phrase commonly heard. Klerman has also been called "narcissistic," and "blatantly self-seeking."

In a telephone interview with *Science*, Klerman said he was "amused" by the criticism—"one man's arrogance is another man's independence. . . ."

Unlike many people whose appointments are not yet official, Klerman was perfectly willing to discuss the future. He observed that ADAMHA "represents a novel experiment in public administration" in that its scope includes research, training, and services. He believes the alcohol and drug institutes have benefited from their parity with NIMH, but they "need a chance to jell and gain strength."

With regard to research, Klerman said the mental health profession "as a whole needs to pay more attention to affective disorders" (his specialty), including those afflicting drug abusers. He is also interested in genetic research, both on mental illness and on alcoholism, with an eye to disentangling environmental from genetic causes. "The latter has been neglected," he said, "but I think genetics is coming into its own."

On drugs, Klerman is in accord with the somewhat more flexible stance (for example, decriminalization of marihuana) taken by the Carter Administration. He decries the double standard in public attitudes toward liquor as opposed to illegal drugs and has derided as "pharmacological Calvinists" those who have the attitude that anything that makes you feel good must be bad. Presumably the term also applies to critics who say his therapeutic approach is too "drug-oriented."

In the services area, Klerman thinks we need many more data to evaluate community mental health centers and the social and economic benefits of various kinds of psycho-social intervention. On the controversial topic of deinstitutionalization of the mentally ill, he has written that it "has become a slogan and a de facto policy . . . based on limited research evidence. . . . The promise of community treatment has not been realized."

Although everyone agrees that Klerman is smart and competent, many believe he is politically naive, and psychologists in particular have the impression he really doesn't understand what's up with them.

"We will certainly not object to his appointment," says Kiesler of APA, but "we're going to have problems and they're going to be serious problems." The major issues in mental health revolve not around "what particular drug works," he says, but around "systems"—for financing mental health services, for delivering mental services to the masses, for evaluating psychosocial interventions and their relation to social goals.

Klerman says he understands all these matters, and promises that "there will be an effort to broaden the upper echelons of ADAMHA" to include nonmedical professionals. But these professionals remain skeptical so long as the psychiatrists are running the show.—C.H.