

NIMH Faces Renewed Uncertainties

The threat of personnel cuts is seriously affecting morale and could impair a research program that is set to boom

Friday, 13 July, is a day of special significance at the National Institute of Mental Health (NIMH). The Reagan Administration's budget calls for abolishing many NIMH positions, and they are scheduled for posting that day. This early step in the federal procedure known as a RIF, or reduction in force, is part of a plan to reduce NIMH's work force by 8 percent as of February 1985. The threat of a RIF has undercut morale and already prompted some early departures from NIMH. Moreover, NIMH administrators are worried that this RIF, unlike its predecessors, could do serious harm to the institute's research programs.

Because the Senate has used strong language against such a move in NIMH's appropriations bill, there is a chance this latest effort to reduce NIMH's ranks may not occur. The uncertainty arises from a continuing contest that began soon after Reagan took office but which remains unsettled. His Administration has been trying to dismantle certain NIMH programs—insisting, for example, that all service programs be absorbed into block grants for states to administer and also trying to end the institute's clinical training programs. This led to a massive RIF in 1981 and 1982, with a cut of about half the positions at NIMH headquarters.

The fight over those two programs is continuing, with the Administration having omitted them from the current budget and the Senate now trying to reinstate the clinical training program at \$25 million and a community support program at \$12 million. (During the Carter Administration, the two programs were funded at much higher levels.) Strong constituency groups have kept pushing Congress to maintain NIMH programs in these areas, and their influence is evident in the Senate's recent move.

If the House of Representatives goes along with the Senate while the Administration insists on NIMH staff reductions, acting NIMH director Larry Silver will be faced with a difficult dilemma. "Unless there's an agreement, I'll have almost \$40 million more, and no one here to do the processing and to direct the programs," he says. This issue cannot come to a head until Congress passes an NIMH appropriations bill. In any event, the job shuffle will not occur—if at all—before next February.

This contest that pits a Republican-run Senate against the Reagan Administration is part of a more general question about NIMH that comes up often these days: What, besides research, ought to be on the institute's agenda? The absence of a clear answer to that question is affecting the institute's research program, which many feel is ready for a rapid period of growth.

Much of the turbulence in NIMH's recent history derives from the widely different ways in which successive administrations have tried to define the institute's mission. NIMH grew rapidly after World War II, at first much in

but no one sees that as likely anytime soon. Nonetheless, cutting out NIMH's nonresearch activities and reducing its staff could serve that end.

Other uncertainties figure into NIMH's present picture, including the question of who will be chosen as director of the institute. Silver, who has been the acting director since Herbert Pardes left last year to take a post at Columbia University, is one of several candidates within NIMH for the directorship. Other frequently mentioned candidates include Frederick Goodwin, director of intramural research, and Darrel Regier, director of biometry and epidemiology. Whether one of them or a candidate from outside gets the job is not yet known, but having a permanent instead of an acting director will relieve some uncertainties. Unease at NIMH also is affected by other administrative uncertainties, including the controversial nomination of Donald MacDonald to become administrator at ADAMHA, a choice that has not been received well because of his lack of experience in biomedical research (*Science*, 13 April, p. 139).

With those issues providing a high background level of anxiety at NIMH, the impending RIF is seen as affecting the institute's research programs in several ways. For instance, the intramural research program, which has remained closely allied with intramural research at NIH, is likely to suffer because of the ways RIF's shift employees around in a federal agency, with seniority often determining who gets to stay. Earlier RIF's sharply cut NIMH's clerical staff. This cutback will likely hit hardest in the administrative ranks. It is slated to trim 29 positions from the intramural program and 28 from NIMH headquarters.

Anticipation of a RIF is "untolerably depressing and stressful," says a former NIMH official, who recently chose to leave because of the impending cutback. People are forced to leave or moved between jobs "inappropriately," the official continues. "You can't plan programs and staffing when this is about to happen." Moreover, because hiring is frozen, the scheduled RIF would be certain to "hit the free flow of short-term appointments." Although the resulting damage will be "hard to measure," the ability to arrange for various specialists, including technicians, computer pro-



Larry Silver

NIMH could have \$40 million to spend from Congress with no one to run the programs.

parallel with the rest of the National Institutes of Health (NIH), of which it was then a part. During the Johnson Administration, however, NIMH's role changed radically as the institute took on major new tasks besides research, including the delivery of mental health services to communities and the training of professionals to provide those services.

NIMH's size and these added programs eventually were used to justify its separation from NIH in 1967, and later inclusion in 1973 in the Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA), of which it is now the major component. Currently there is guarded talk of NIMH rejoining NIH,

grammers, and research scientists, to join the intramural program is made considerably more difficult than usual.

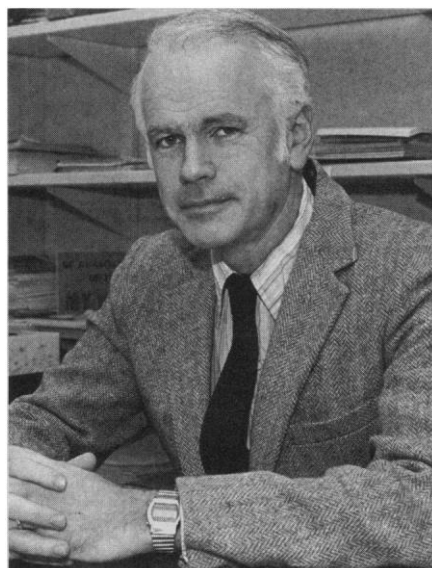
"The administration urged ADAMHA to streamline," says associate director for intramural research Seymour Kety, who recently rejoined NIMH after retiring from Harvard. "This has caused major ripples in the intramural research program." (In the 1950's and 1960's Kety was instrumental in establishing the intramural research program.)

At a practical level, this means that some senior scientists and administrators are frustrated now by not being able to hire the secretaries and research assistants that have been promised them. At another level, it has meant forgoing plans to build new programs, such as in neuroendocrinology, Kety says. That opportunity arose fleetingly when Irwin Kopin left NIMH to become a scientific director of an intramural program at NIH. Under ordinary circumstances, his successor would be offered slots to appoint several senior scientists to build a new group, Kety explains. "But with a freeze, all ideas of offering new positions to develop a program . . . were shelved."

The NIMH intramural research program has been zealously guarded over the years. During the 1970's, when inflation was seriously eroding the mental health research base, NIMH's support for extramural research fell by 50 percent but the intramural program was reduced by only about 20 percent, says Goodwin. "The greater stability of the intramural program along with its critical mass has helped sustain its excellence." The intramural program now accounts for about 30 percent of the total NIMH budget, and nearly half of the intramural funds go to NIH and St. Elizabeth's Hospital as overhead.

Several NIMH officials credit former director Pardes with getting the institute "on track" by emphasizing "hard, biomedically oriented research." Pardes, who presided over the institute when RIF's were severe and programs were being drastically cut, now is angry that promises for growth in NIMH's research budget are not being kept. "The cuts are coming from the highest levels [in the Administration]," he says. "We had the impression they would increase research."

Pardes's conclusions are not disputed by his former colleagues. "Although the current budget reflects this Administration's commitment to relative protection of biomedical research, it has not addressed the catching up sorely needed in mental health," Goodwin says. Silver agrees, citing a comparative analysis of

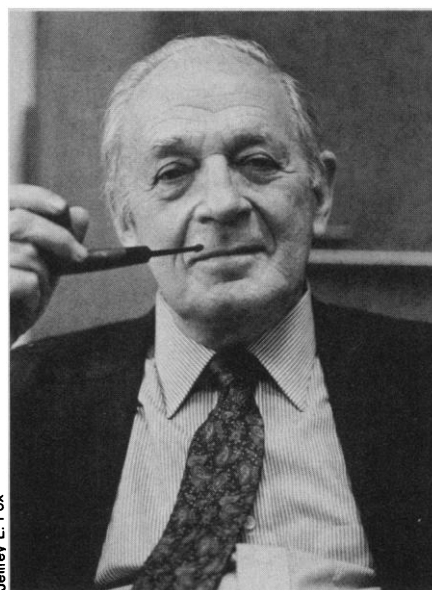


Frederick Goodwin

The budget fails to recognize the catching up needed in mental health research.

the NIMH and NIH research budgets during the past 12 years. It shows that NIMH, budgeted for \$174 million for fiscal year 1984, would have been at \$312 million if its research budget had kept pace with NIH's.

The 1985 budget for intramural research calls for a modest increase to \$177 million, which the Senate Appropriations Committee recommends raising to \$196 million. "We're booming [with research ideas] and feel we need more money," Silver says. "We also can't fund as many grants as we want." Nonetheless, NIMH's research budget has risen, albeit slightly, in the last several



Seymour Kety

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years after barely keeping pace with inflation for almost a decade. Current plans show more extramural research money available next year, and chances for grant approval are greater now than since the 1960's.

"Don't convey that we've lost interest in research [grant] applications," another NIMH official told *Science*. "A lot of people at NIMH are looking at it pessimistically, but what can you expect from people whose life work may be erased?" An odd mixture of gloom and optimism splits the ranks at NIMH, and even officials who expect to lose their jobs say that some of the institution's programs are healthier now than in a long time.

Some NIMH administrators clearly also would like their programs to be more closely involved with the rapid developments taking place in basic neuroscience. Currently, the lion's share of neuroscience research funding through NIH is aimed at answering questions more closely related to neurology, development, and aging rather than to specific mental disease problems. The direction of some of this research might be different if it "were coming from the mental health point of view," Goodwin says. This also is true in behavioral medicine where, for example, NIMH and NIH might be interested in very different questions regarding the effect of stress on the immune system.

"In terms of public health, schizophrenia is our most serious problem," Goodwin continues, yet understanding of this disease is poor. "I agree that basic research in neuroscience could help create the scientific base for solving that problem, regardless of whether it's done under NIMH auspices. On the other hand, there are ways it could make a big difference if the questions were addressed from the mental health viewpoint."

Thus, in several senses, NIMH's current problems have a significant psychological component. The unresolved debate over the institute's proper mission is keeping some administrators, who advocate continuing service and training programs, on edge. And the uncertainties raised by the proposed RIF are at least equally distracting.

Such distractions tend to keep many career-level administrators in disarray and, in this subtle way, their low morale impinges on the research programs they help direct. What makes some NIMH officials bitter is that this low morale is so out of step with the enthusiasm now felt by many researchers studying mental health-related problems.

—JEFFREY L. FOX