

Anxiety Hits Mental Health Institute

The National Institute of Mental Health is undergoing a major upheaval as labs brace for budget cuts and clinical researchers complain of unfair treatment. Other NIH institutes could soon face similar pressures

Michael Brownstein, cell biologist and acting scientific director of the National Institute of Mental Health (NIMH), had a tense encounter with his staff on 13 April. The week before, he had received an extraordinary memo signed by 11 NIMH senior investigators. The signatories*—all branch or lab chiefs—claimed institute morale was at a low ebb. "Major program decisions," they wrote, "are taken in what appears to be an arbitrary and unconsidered manner, without opportunity for comment."

And they expressed fear that Brownstein—who took office last December—intended to make disproportionate cuts in clinical research.

The confrontation came after months of jitters at the nation's flagship mental health research center. Senior researchers in NIMH's \$94-million-a-year intramural research program, many of whom spoke with *Science* on condition of anonymity, say that the prospect of budget cuts in the next few months is creating tensions between clinical scientists who study human behavior and basic researchers who explore the biochemical and genetic basis of mental illness. Some labs have been subjected to tough reviews by outside scientists, and many are facing cuts. Psychiatrists and clinicians, in particular, wonder, as the 6 April memo says, "Where is all this heading?"

But unlike King John, who yielded to the English barons at Runnymede, Brownstein didn't sign a Magna Carta. Instead, he and Michael Gottesman, acting deputy director of the National Institutes of Health (NIH), called a meeting with all the senior NIMH staff on 13 April to discuss the need for belt tightening. In many respects, they noted, the turmoil at NIMH reflects pressures that are

occurring across the NIH campus. After cruising on a high-octane budget for years, many of NIH's \$1.3 billion of intramural programs are running low on gas. Gottesman, who spoke first, said, for example, that the Clinton Administration's order for personnel cutbacks throughout the federal government could mean "downsizing" the NIH intramural program by as much as 15%. Next, Brownstein stepped up to talk about "shrinking resources" and the need to face "the realities of the situation." They tried to reassure the staff that hardships will be allocated fairly.

NIMH will be one of the first to feel the pinch. Although NIMH is only the sixth-largest NIH institute (with \$613 million appropriated

in 1994), it contains several of NIH's biggest labs—the legacy of double-digit growth before 1992, when it was independent of NIH. Its intramural program is also still the most heavily weighted toward clinical research: 71% of the NIMH intramural budget goes to clinical studies, according to Brownstein, compared with 30% for the National Cancer Institute. Because clinical costs have been rising steeply in recent years, the budget squeeze is hitting NIMH particularly hard. And, as one senior clinician says, NIMH lacks a leader "at a time when we need leadership most."

Last week, NIMH director Frederick Goodwin—under fire since 1992 when he suggested that primate studies might help explain violence in the inner cities—retired quietly, leaving acting officials in charge. He will be moving to the psychiatry staff at George Washington University in Washington, D.C. The deputy director, Alan Leshner, had already departed in February to become director of the National Institute on Drug Abuse. And the number three position—scientific director—changed hands in December for the second time in 2 years. The institute is now being run by two men drawn from its ranks: Rex Cowdry, a 17-year NIMH psychiatrist who manages a hospital research center, as acting director; and Brownstein,

chief of the cell biology lab for 12 years, as acting scientific director. A search is on to find permanent appointees.

Brownstein's major task, after winning strong support from NIH Director Harold Varmus, was to plan for funding cuts. Although NIMH may look flush, with a 4% increase in the President's budget request this year, it carries some extra baggage. Congress has set aside 15% of all NIMH research funds—including intramural money—for "services research" on methods and organization for providing health care. Since intramural scientists don't conduct such research, their budgets are "taxed" for use by extramural grantees. The big squeeze, though, comes from fast-rising clinical costs, forcing 30% cutbacks in some labs.

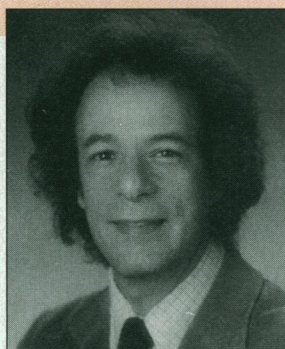
In addition NIMH, like all intramural programs at NIH, has been coping with what Brownstein calls a "malicious freeze" imposed on all government agencies by Congress. This is in addition to the Clinton Administration's efforts to slim down the government with a rule that labels government employees, including NIH scientists, "administrative overhead." Ten percent of positions at the top are targeted for phase-out. Brownstein says he must lose a minimum of 20 permanent positions in the next year. He finds the freeze "unfair," because it makes it almost impossible to plan selective growth.

Yet even in this climate, Brownstein says he and Varmus "are both looking for outstanding research to fund." At a time when only 10% to 13% of extramural proposals are winning grants—as is true now at NIMH (see box)—"we have to be putting some awfully impressive stuff on the table" in the intramural program, Brownstein says. "Cuts will inevitably get made," Brownstein told *Science*. But "they are not going to be evenly spread across the program; they are going to be based on programmatic needs and on the outcome of very stringent scientific reviews." Already, he has brought in teams of outside scientists to take a hard look at specific labs and programs—exactly the kind of process that Varmus has been advised to adopt (see p. 763). One branch chief complains that as a result, he is spending "two thirds of [his] time on paperwork."

Virtually all the researchers who spoke with *Science* accept the need for selective cuts and tough reviews. But Brownstein's critics—including four of those who signed

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—Michael Brownstein

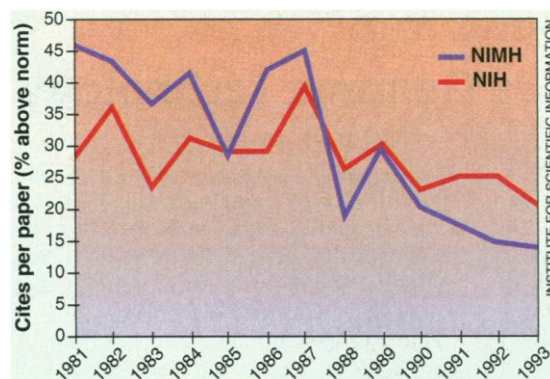


* Elliot Gershon, Philip Gold, Joel Kleinman, Dennis Murphy, David Pickar, Robert Post, William Potter, Judith Rapoport, Thomas Wehr, Daniel Weinberger, and Richard Wyatt.

the 6 April memo—say he's created an adversarial mood that puts clinicians on the defensive. While not admitting any such bias, Brownstein conceded that he may have had a clumsy start, telling the 13 April gathering: "If you had given me a grade for my first couple of months, it probably would have been a C or lower."

Even some who support Brownstein's efforts, like neuropsychology lab chief Mortimer Mishkin, agree the intense self-scrutiny makes some people uneasy. "There was a time," says Mishkin, "when it was possible to be a little more tolerant of everybody's ideas and everybody's work"—but no longer. Judith Rapoport, chief of the child psychiatry branch and a co-signer of the 6 April memo, also counts herself one of Brownstein's "strongest supporters." Like any new scientific director, she says, he is still learning to represent NIMH's diverse community of specialists. Yet another award-winning lab chief grumbles about a "climate of fear" that has brought out jealousies between basic researchers and clinicians.

Indeed, some viewed Brownstein's appointment as a sign that the top NIH brass—Varmus and Gottesman—had decided to shift NIMH toward basic biology. Brownstein, like Varmus, is a highly regarded cell biologist; recently he has focused on genes that regulate neurotransmitter functions. But clinical researchers were upset most because they say Brownstein has made dispar-



Downward trend. Papers from NIMH and NIH as a whole score highly, but their impact is slipping.

aging remarks about NIMH's clinical research. As the 6 April memo says, "Comments made by you in some meetings and to some of us appear to question the priority and value of human studies in mental illness." So far, however, Brownstein hasn't announced any big decisions that would confirm the clinicians' fears. It's an "unfair hit," Brownstein told *Science*, to say that "I don't like clinical work." But he does feel that "our clinical costs are very high" and must be cut.

One proposal Brownstein has floated for reducing these costs prompted alarm in the clinical community. Brownstein wants to move some NIMH patients out of the high-cost Clinical Center, the heart of the Bethesda, Maryland, campus of NIH, to outpatient treatment, to other hospitals, or to

NIMH's small St. Elizabeth's Hospital in Washington, D.C. The reason, according to Brownstein: Daily bed costs are \$1500 in Bethesda, but only \$500 at St. Elizabeth's. Last year, NIMH spent \$20 million on beds, while also supporting a staff of 75 at St. Elizabeth's. Brownstein sees this as "inherently unproductive." Already, one and one-half of NIMH's five wards at the Clinical Center are closing. Brownstein has asked researchers to come up with their own solutions, but branch chiefs who spoke with *Science* say they're reluctant to leave the Clinical Center, and they say St. Elizabeth's may not accommodate them. Brownstein concedes this 1930s facility needs a renovation costing \$10 to \$18 million, and the money's not in the budget.

Clinical researchers also complain that reviews of their programs have been conducted in a "vigilante fashion," and that they have not been allowed to nominate reviewers they consider knowledgeable. For example, a trans-NIMH review of brain imaging, organized by an outside expert, has drawn flak as harsh and narrow. Brownstein concedes that the process may have been difficult and novel for some, but argues that the reviewers had "really done their homework" and "thought a lot about their advice." He says the review identified "generic issues"—like the need for standards across NIMH, quality controls, and rules for sharing equipment. These issues may soon be taken up by a broader, NIH-wide review of imaging.

Indeed, Brownstein stoutly defends the process. "We can't choose reviewers on the basis of whether they will inevitably be friendly," he says. Neuroscientist Solomon Snyder of Johns Hopkins University in Baltimore agrees. "When I served on the NIMH board of scientific counselors," Snyder says, "the reviews were very informal, relaxed. You were sitting face-to-face with the people you were reviewing; it was difficult to be critical." He approves of the new rigor.

Summing up his predicament, Brownstein says: "I'm caught between a rock and a hard place"—between the budget and the staff. He regards the criticism of him as an example of attacking the bearer of bad tidings. "People can kill the messenger if they want," Brownstein says, "but the message will still be there, and there's a long line of other messengers waiting to deliver it." And the message—that times are tough and cuts are the order of the day—applies not just to NIMH, but to the entire NIH intramural program. Diplomatic or not, the administrators who succeed in this environment will be those who can apply the scalpel without causing a hemorrhage.

—Eliot Marshall

NIMH Grantees Already Feel the Shock

While researchers in the National Institute of Mental Health (NIMH)'s labs are bracing for budget cuts (see main text), their colleagues in the extramural community are already reeling. Many have been told that, even though peer reviewers ranked their grant applications in the top 10%, they wouldn't get funded. The reason: NIMH's extramural budget has been hit by a double whammy—a long-term budget squeeze compounded by a congressional requirement to spend more money studying the delivery of mental health services. NIMH acting director Rex Cowdry says the grant success rate (the percentage of approved applications that get funded) is now hovering at 10% to 13%, roughly half last year's rate and half the NIH average.

NIMH budget officer Richard Pine explains that money was particularly tight during the first part of the year because Congress asked NIMH to honor a legal requirement that 15% of its funds be spent on "services research," focusing on methods of providing help for the mentally ill. Because NIMH only spent 12% last year in this category, it had to make a 3% increase (about \$20 million) this year. To be "prudent," Pine says, NIMH held money in reserve that otherwise might have been available to spend. Another factor, says Cowdry, is that NIMH supports many centers, targeted contracts, and "merit awards" (non-reviewed continuations of existing grants to senior scientists). Because NIMH is coming off a period of very rapid growth, Cowdry says, it has a large portfolio of such promises to keep.

But relief may be on the way, Cowdry says. Now that the institute has almost reached its 15% goal for services research, reserve funds can be released. In addition, Cowdry says the institute may want to defer funding of some contracts and center awards this summer. This would enable it to pay smaller grants and bring the success rate closer to the NIH average. "We're assessing it now," Cowdry says, and will decide "later this month."

—E.M.