NIMH Grants to the Behavioral Sciences

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Investigators in several fields that are central to the research mission of the National Institute of Mental Health (NIMH) recently have voiced uncertainty and concern over the immediate prospects for new/competing R0-1 grant support from the Institute. Some queries reflect a degree of confusion about terms used to assess the “fundability” of application; others seek clarification of NIMH priorities with respect to both the balance of our portfolio and the mechanisms used to support research. I appreciate having this opportunity to describe key dynamics underlying our current funding pattern and to ensure that concerns, however understandable, are proportionate to reality.

The NIMH research budget experienced unprecedented growth during much of the past decade. Increases of 10 to 15 percent annually in the late 1980s contributed to an 85 percent increase in inflation-adjusted dollars between 1982 and 1994, reflecting a widely shared perception about the importance of our research. The gains benefitted all fields and disciplines supported by NIMH, including those that comprise the basic behavioral sciences-research aimed at better understanding the development and emergence of cognition, personality, and emotion; the mechanisms and processes involved in interpersonal interaction; the impact of the social environment in shaping adaptive and maladaptive behavior; and related issues. The capacity that exists today for further productive research in this vital area of inquiry is built largely on a foundation of NIMH support over the past four-plus decades.

Climate Change

However, over the past two years, the funding climate has changed, and we’ve experienced a dramatic reduction in the rate of increase. The current trend began in fiscal 1993, when serious efforts by Congress and the Administration to address the deficit (including strict caps on the Appropriations Committees) restricted all domestic discretionary spending, including biomedical and behavioral research.

For NIMH, continuing obligations undertaken during the rapid expansion of the late 1980s makes the ongoing constraints all the more painful. Thus, in 1993, in spite of a modest budget increase (which was actually above the NIH average), NlMH’s overall success rate (the percentage of grants paid over grants reviewed) dropped from 28 percent in 1992 to 19 percent, and support available for new and competing grants declined by about one-fifth.

This year (fiscal 1994), gains which might have been expected-given the 5.2 percent budget increase and an overall reduction in continuation are offset by: a still high load of non-competing renewals in our basic science program; a relatively high proportion of MERIT awards to senior investigators in the basic arena; and, most especially, our commitment to expand mental health services research from 12 percent of our budget to the 15 percent targeted this year by Congress. Our success in attaining this target in a single year requires about 80 percent of this year’s new funds. We recognize that solid services research data are important to making the case for the inclusion of mental illness treatment in health care reform,

and we remain firmly committed to maintaining and strengthening our services research portfolio. With the target achieved, further expansion of services research will be pursued at a pace proportionate to future growth in the overall Institute budget. In other words, starting this October, budget increase can be distributed more evenly.

Tight Squeeze

I realize this straightforward explanation will offer scant satisfaction to investigators whose applications are caught this year in the new dollar squeeze. Not surprisingly, the very competitive funding situation is a source of impatience and frustration among those applicants who are not likely to receive funding this year. More dangerously for our long-term endeavor, the one-year blip is prompting some to “misread between the lines” what this year’s convergence of factors signifies about NIMH’s research agenda and researchers’ roles in it.

Percentiles

Anxieties about funding prospects for individual grants are compounded by another factor alluded to above: uncertainty about the meaning of the percentile ranking that appears on a grant’s summary statement. The percentile formula was devised as a means of ascertaining an application’s priority relative to all other new and competing applications reviewed by an IRG over a given (3-cycle) period. The intent was to establish a “spread” that would decompress priority cores that tend to become tightly clustered in competitive areas. But percentile ranking does not indicate “fundability,” nor is it synonymous with the success rate of reviewed grant in a given area.

For several reasons, success rate, not percentile score, most accurately indicates the odds that an application will be paid. Even in this rather challenging year, our success rates in all programs are substantially higher than is being inferred from accounts circulating in the field of very low percentile scores not being paid. With the exception of services research, success rates for new and competing basic and clinical R0-1 applications this year will be in the range of 10 to 12 percent, with some variation at the branch level. Furthermore, we fully anticipate that in 1995 NIMH success rates for new and competing RO-ls will parallel those found elsewhere in NIH.

Correcting Assumptions

Given the very high likelihood that the crunch we are experiencing now will ease in 1995, it is all the more important for me to address directly the incorrect assumptions that are so discouraging to some investigators.

One misinterpretation is that basic behavioral science is at a disadvantage in competition with basic neuroscience. This is not the case. In fact, both areas, with their multiple disciplines, are funded through the same division, the one that this year carries the largest burden of continuation obligations. As a result of the catch-up funding of past year, the Division of Neuroscience and Behavioral Science is now funding more grants than ever before. Further, given the nature of NIMH-supported neuroscience — i.e., a focus on integrative processes that demand a level of behavioral sophistication not common in molecular neuroscience — our investments in both areas are necessarily parallel, and in both, psychologists and other behavioral scientists represent the majority of principal investigators. In

addition, behavioral science can and must play a role in services research, and we will work with investigators to explore ways to meld behavioral expertise to the existing services research enterprise.

For reasons discussed earlier, some individuals have surmised an Institute plan that discount their specific field. No such plan exists. For the remainder of this year, the most difficult funding situation is in basic neuroscience, with slightly less pressure on the basic behavioral fields and slightly less, again, on clinical research. Our analyses of long-term funding trends support our conclusion that the immediate pressure points essentially reflect the cyclical patterns that occur regularly in all fields. I should note in this context, too, that the pressure on R0-1 s is not a function of preferential funding of large research Centers. Last year, we funded two new Behavioral Science Research Centers, at Wisconsin and North Carolina. This year, we anticipate that the total number of NIMH-funded Centers will hold steady at last year's level.

Similarly, another new NIMH behavioral science initiative, B/START (Behavioral Science Track Award for Rapid Transition) is designed to assist new investigators in behavioral research and is not an issue in this year's funding. In fact, B/START's major budget impact will be in next year's budget when we will be able to more equitably balance the NIMH portfolio. The result of B/START should well be more overall funding money for behavioral science, not less.

Another concern derives, in part, from the well-publicized announcement of the NIMH-led, multi-agency sponsored Human Brain Project (HBP), implemented to build a research infrastructure capable of supporting and coordinating the development of cutting edge technologies in the context of neuroscience research by taking advantage of the national information superhighway. Such technologies include computer databases of neuroscience information, network systems, and associated tools which will allow information to be shared, integrated, and synthesized. Launched in April 1993, the HBP is still in a start-up phase and does not account for current budget challenges. One concern being voiced in the field is that the HBP signifies a shift in NIMH research support policy toward "big science," at the expense of traditional investigator-initiated research. In fact, current HBP funding is in the RO-1 category, and will generate increased opportunities for RO-1 support in multiple fields and disciplines.

I hesitated to begin this message with a refrain that has, in recent years, become cliche in behavioral and biomedical research circles: That we in the mental health research field find ourselves in the best and worst of times. But I believe the facts support the refrain, and I intend for this message to encourage researchers who are caught in the peculiar constellation of factors that are so dramatically evident this year. NIMH will continue, in good faith, to solicit research proposals from the behavioral science community. One measure of our commitment to the field is the impending issuance, by the National Advisory Mental Health Council, of a National Plan for Basic Behavioral Research. We foresee that this Plan — for which Congress has requested an implementation schedule within 60 days of issuance — will provide research guidance and goals that will be engaged as successfully as those of previous National Plans in the areas of schizophrenia, neuroscience, services for persons with severe mental illnesses, and child/adolescent disorders.

With the field, we continue to look forward to the establishment of and our opportunities to collaborate with and contribute to the planned NIH Office of Behavioral and Social Research.

Finally, let me note that in the immediate future I plan to step aside as NIMH Director. Pending the

results of a national search, interim leadership of NIMH will be provided by Rex Cowdry, a long-time member of the Institute. Cowdry most recently has served as Chief Executive Officer of the Neuropsychiatric Research Hospital, Intramural Research Program and, previously, as Acting NIMH Deputy Director under Frank Sullivan. My own plans include establishment of a new Center for Science, Medicine, and Human Values at the George Washington University Medical Center, where I will also serve as Professor of Psychiatry and Director of the Center on Neuroscience and Psychiatry. I look forward eagerly to contributing in these new roles to the scientific and policy challenges before our field.