

# NIMH Might Be (Partly) Right

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Tom Insel has a point. As director of the National Institute of Mental Health (NIMH), he is charged with developing effective treatments for severe mental illnesses like schizophrenia and major depression. Insel knows that basic behavioral research is extremely important. He understands that such research may one day contribute to effective treatments. But given limited funds and more grant applications than his institute can afford, he has come to the conclusion that proposals that directly explore the basis of mental illness or, better yet, cures, should take precedence over applications that promise to advance our understanding of mind, memory, and social processes. Really, could you convince the family of a person with schizophrenia otherwise? Insel's mission is noble, and the sooner we accept that, the better.

We need to understand that the decision has been made, and in many ways, this is actually a positive step for health in general, as I discuss below. Basic behavioral research has implications for many other areas of health besides those covered in the mission of NIMH. But NIMH is also jettisoning basic behavioral science that is central to issues of mental illness and mental health. The message from NIMH often is framed something like "NIMH does continue to fund basic behavioral research. Psychologists simply need to get used to more competitive climates." This is disingenuous. Even grantees who obtain top priority scores find their budgets severely cut and the near demise of training grants in some areas, like social psychology, is threatening to wipe out the next generation of behavioral researchers.

It is important to note that, although Congress charged NIMH with funding research on the prevention and treatment of psychopathology, it also charged the institute with funding the study of the psychological and social factors that influence behavior. If nothing changes, the plans underway are ones that will fund research on mental illness, in part, at the expense of research on basic behavioral processes. This we must fight, because it is not only politically unwise, it is scientifically misguided. Among other things, it presumes a choice can be made between basic behavioral research and research on prevention and treatment of behavioral disorders. It presumes there is scientific justification for choosing biology over behavior or genes over experience. The choice is especially untimely given that biologists are just beginning to understand the molecular mechanisms by which experience influences gene expression. As sure as any lesson learned from research on psychopathology in past decades is the lesson that "cures" for mental illness are unlikely to come solely in the form of pills or even genetic remodeling. Rather they will likely come from treatments that manage the illness, reduce episodes and allow people to live satisfying lives.

That said, if we can avoid potentially devastating cuts in funding in the short-term, this crisis may present a real opportunity. Relocating funding for basic behavioral research out of NIMH may benefit the health of the nation. Let me go further and say that the fact that NIMH has been the historical home of basic behavioral research may have held back the field. The demand that basic research speak to mental illness rather than to health more generally may have inadvertently imposed a sort of myopia on the field. Behavior is at the root of all of the major causes of death in the population. Behavior plays a key role in heart disease, many cancers, diabetes, and hypertension. Indubitably, behavior is at the root

of obesity. We need answers to questions like: Why do people engage in behaviors they know are unhealthy? How can we help people make good decisions about the long-term future? Why doesn't the simple flow of information modify behavior? How does culture affect perception? How does the social world come to be inscribed on the human brain? Answers to these questions are coming from social and cognitive psychologists, areas of the field that are likely to be the hardest hit by the changes in priorities at NIMH.

The home for basic behavioral research should be the National Institute for General Medicine (NIGMS). The charge of the NIGMS is to fund basic research whose relevance spans Institutes. It should have been home to basic behavioral research from the beginning.

I say this having served on an ad hoc committee convened under the NIH Director's advisory council to look at basic behavioral science across all of NIH. (The group's report is discussed in greater detail elsewhere in this issue of the *Observer*.) From that vantage point, it's clear that the challenge we face as a field is to make the transition and, critically, the *funding* move quickly and seamlessly from NIMH to NIGMS. The challenge is to recruit a scientific staff to NIGMS who will help develop behavioral research portfolios, facilitate linkages across disciplines when needed, and help to lead the field. The challenge is not to lose a generation of graduate students, post-doctoral fellows and assistant professors while grants from NIMH disappear. The challenge is to keep established and active labs funded so that advances do not slow. The challenge is to make sure that basic behavioral research does not suffer because of bureaucratic infighting or lack of clarity in bureaucratic missions. Those are the challenges.

We need to secure a stable home that values basic behavioral research and make sure that the funding Congress allocated for it comes along. This isn't Tom Insel's job. It's NIH Director Zerhouni's job, and the job of Congress. Lucky for us, Senators Specter, Inouye and Harkin and Representatives Kennedy and Baird, along with many others in Congress, understand the issues. We should let them know we are grateful for their support. And of course we should once again thank Alan Kraut and APS for having the foresight to pursue a basic behavioral research program at NIGMS long before NIMH started its cutbacks in this area.