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Treatment Research and the NIMH Re-Reorganization

The current reorganization of the National Institute of Mental Health, like those that have preceded it, promises to better promote the accumulation of basic knowledge necessary to prevent mental disorders, improve their treatment, and enhance the care of vulnerable populations [see NIMH Report, page 1267]. The public pronouncements about the structural changes suggest that prior obstacles to achieving these time-honored NIMH goals will be overcome by the magic of reshuffling and relabeling administrative units to be consistent with specific mental disorders and specific age groups.

Since I do not believe that anyone seriously thinks that changes in institutional structures alone can cure institutional ills, I suggest that we attend less to the possible wisdom and sophistication of the new organizational charts and more to the philosophy that guides their implementation. I am troubled by the present impact and the potential effects of a policy that has lowered NIMH's high priority on treatment research and threatens to reduce the capacity of the NIMH staff to provide substantive scientific and professional contributions to that field. A major cost of the "decentralization" of treatment research has been the dissolution of two branches that long provided central foci for NIMH activities in treatment research: the psychosocial treatments research branch and the pharmacologic and somatic treatments branch, both based in the former Division of Extramural Research Programs. They performed coordinating functions and identified the special research needs of the field. In addition, staff of these branches sponsored workshops and conferences and on occasion organized critically needed collaborative studies.

A unique responsibility of the NIMH staff is to anticipate and respond to pragmatic public health concerns, particularly those shared by Congress and relevant federal agencies. It is difficult to see how these responsibilities can be adequately fulfilled in the field of treatment research by the small, parochial, and, to some degree, redundant treatment units of the new Division of Clinical Research.

This priority shift has already been interpreted by grantees and applicants as evidence of NIMH's sharply diminished concern with the field of treatment; they fear that it is now less likely that their own treatment research will be adequately supported. It requires no great prescience to anticipate that unless such fears are quickly allayed, students and young investigators in treatment research may be dissuaded from research careers in the field. I believe that the policies that underlie the current reorganization, if left unmodified, will seriously obstruct rather than enhance some of NIMH's fundamental functions in the area of treatment research.—MORRIS B. PARLOFF, PH.D., *adjunct professor of psychology, American University, Washington, D.C.; former chief, psychosocial treatments research branch, Division of Extramural Research Programs, NIMH*

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