New Study Shows that NIMH Clinical Research on Serious Mental Illness is Deficient by both National and International Standards

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(This is the second in a new series of Treatment Advocacy Center reports on the NIMH research portfolio.)

The Treatment Advocacy Center published a research study on November 19 in PLOS ONE criticizing the National Institute of Mental Health (NIMH) for not prioritizing clinical research on schizophrenia. Coincidentally, three days later the International Alliance of Mental Health Research Funders released a report, accompanied by a summary in Lancet Psychiatry, on mental health research funding in 38 countries. The results suggest that the NIMH research portfolio is deficient in clinical research on serious mental illness by international standards, in addition to national standards as we previously reported.

Basic research: Research into fundamental processes, such as how the brain works

Clinical research: Research into the health and disease of people, such as the effect of a drug on improving symptoms.
The sixty-two page report included all mental health, including substance abuse, research funded by governments or philanthropic organizations but not by pharmaceutical companies or other commercial interests. The authors reported results by region, including Europe, the United Kingdom, Australia and New Zealand, Canada, and the United States. The report covered the years 2015 – 2019. For 2018, for example, the total amount of mental health research spending for Europe and the four countries was $3.4 billion of which 76% represented expenditures in the United States and 49% specifically from NIMH. The report includes the following findings:

- Research which was defined by the study as basic research received 56% of the funds overall. As shown in the table, this varied regionally from 46% in the UK; 49% in Australia and New Zealand; and 55% in Canada to 58% in the US and 62% in Europe. Thus, the finding from our schizophrenia study that NIMH is spending up to 90% of schizophrenia related funds on basic research is deficient by both national and international standards.

- Research which was defined by the study as clinical research (treatment trials, management of treatment, and health services) received 27% of the funds overall. This varied regionally from 37% in Australia and New Zealand; 36% in the UK; and 33% in Canada to 26% in the US and 23% in Europe. Thus, the finding from our NIMH schizophrenia study that only 10% of the research grants were likely to help anybody with the disease within the next twenty years also places NIMH outside of the national and international norms for such research.

- Compared to Europe and the other three countries, the United States invests very heavily in research on substance abuse - 24% of its total mental health research funding. This is three times more than the average of the other four.
• Spending on serious mental illness is represented in this report by a combination of research expenditures for schizophrenia and psychosis. The United Kingdom spends 30% of mental health research funds on serious mental illness compared to 11% in Australia and New Zealand; 9% in Europe and the United States; and 7% in Canada.

• If Europe and the four countries were to be rank ordered based on funds allocated for clinical research and serious mental illness, the United Kingdom would rank first; Australia and New Zealand second; Canada third; the United States fourth; and Europe fifth.

In conclusion, on clinical research which may help people who currently have a serious mental illness, the United States ranks poorly by international standards. This is mostly because NIMH fails to support such research.

Table 1. International Mental Health Research, 2015-2019

<table>
<thead>
<tr>
<th>Regions</th>
<th># of grants</th>
<th>Median grant (in US dollars)</th>
<th>% Basic Research</th>
<th>% Clinical Research</th>
<th>% Substance Abuse</th>
<th>% Schizophrenia and Psychosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>UK</td>
<td>4,578</td>
<td>$404,192</td>
<td>46%</td>
<td>36%</td>
<td>11%</td>
<td>30%</td>
</tr>
<tr>
<td>Australia and New Zealand</td>
<td>1,643</td>
<td>$353,008</td>
<td>49%</td>
<td>37%</td>
<td>8%</td>
<td>11%</td>
</tr>
<tr>
<td>Canada</td>
<td>8,990</td>
<td>$52,093</td>
<td>55%</td>
<td>33%</td>
<td>9%</td>
<td>7%</td>
</tr>
<tr>
<td>USA</td>
<td>29,285</td>
<td>$638,187</td>
<td>58%</td>
<td>26%</td>
<td>24%</td>
<td>9%</td>
</tr>
<tr>
<td>Europe</td>
<td>11,025</td>
<td>$290,065</td>
<td>62%</td>
<td>23%</td>
<td>5%</td>
<td>9%</td>
</tr>
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</table>

References:


Using the NIH research, condition and disease categorization
database for research advocacy: Schizophrenia research at NIMH as an example, *PLOS One.*


*Stay tuned for further updates from the Treatment Advocacy Center on the NIMH research portfolio.*