

Psychiatry and the Medical Research Council

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The Medical Research Council's formal responsibility for research in psychiatry dates from 1921 when it took over from the Boards of Control. To meet this additional responsibility its budget was increased by £5,000 to a total of £130,000 per annum.

The Council's total budget in 1979/80 was £73,649,000. This derives mainly from the Science Vote through the Advisory Board to the Research Councils. The Council supports work both directly and indirectly: directly to its own establishments (Units and Institutes) where it employs its own staff, and indirectly through training awards and grants. Grants come in two main forms: programme grants which are for a broadly based programme of work and are awarded for five years, potentially renewable; and project grants which are for discrete pieces of work and are normally, but not invariably, awarded for three years.

As a result of deliberate Council policy the proportion of indirect support to total support has increased over the decade. Project grants, which account for about 75 per cent of the Council's indirect support, are the main method by which the Council can provide support to the universities. When it became apparent that the universities were under financial pressure, the Council decided that the amount of money available for project grant awards should be protected. In the last year no project which was recommended by a scientific committee has been rejected for lack of money.

The Council itself takes all major policy decisions, but the bulk of the scientific decision-making is done by the three main Boards and their Grants Committees.

Psychiatry comes under the aegis of the Neurosciences Board and its Grants Committee. There is strong representation of psychiatry on both: in addition, with a hiatus of one year, a psychiatrist has served on the Council since 1952.

As a government-funded body the Council clearly has a duty to ensure that its funds are spent in the best possible way. This is achieved by the use of the peer review system, whereby the Council invites the generally accepted leaders in any given field to advise it. These experts may serve on the Council, on the Boards and on the Grants Committees: in addition much valuable advice is given through committees and working parties and by individual referees.

The Council's scientific policy is to support what is deemed to be good science as defined by the peer review system. However much one wants to support work in a particular field or area within a field, standards must be maintained. As Sir Aubrey Lewis put it, one must 'boldly concentrate resources on those who can make use of them rather than adopt a kindly but reckless bread-on-the-water policy'¹.

At present the Council spends approximately 4.6 per cent of its budget on research in psychiatry: the percentage would be considerably higher if basic neurobiological research were included. This percentage has been built up steadily over the last decade. In 1969/70 there were six units in the field, 2 programme grants and 22 project grants. By 1979/80 there were 5 units, the Division of Psychiatry at the Clinical Research Centre, 10 programme grants and 55 project grants.

However, the relatively small proportion of the Council's expenditure has been a source of concern to it for many years, and it may be useful to discuss some of the possible reasons.

Sir Denis Hill, while serving on the Council, wrote in 1959: 'it has not been lack of funds or interest in the field, but a lack of suitably qualified research workers and a lack of worthwhile ideas which have held the subject (psychiatry) back'².

A rather different diagnosis was suggested by Sir Aubrey Lewis in his Harveian Oration in 1963. He said 'the barrier to conspicuous advance in psychiatry has not been stinginess and prejudice on the part of those who decide whether a research project submitted to them should live or die; nor has it been lack of ability among those who are engaged on psychiatric research: it lies in the inherent toughness of the problems'¹.

Thus both Sir Aubrey and Sir Denis were satisfied that money was not the problem, and as indicated above there is at present sufficient money to fund all project grants considered scientifically worthwhile. However, I believe there is now evidence to support the view that while there are still insufficient qualified research workers there are also workers, both clinical and non-clinical, of the highest distinction and that while the problems remain tough some at least can be tackled scientifically.

In large measure the Council is the passive recipient of applications for support from individual scientists; but the Council is also sensitive to the needs of the community which become evident from time to time, to the state of the art in different disciplines and to the opportunities to exploit scientific, or technological advances. In this numerous expert committees have advised it over the years; these tend to focus on topics and areas rather than methods and to be time-limited.

One of the best known, and certainly one of the most influential, was the Committee for Biochemical Research in Psychiatry set up in 1968 under the chairmanship of Professor Sir Douglas Black. The committee was set up because the Council was faced with a number of domestic problems concerning certain of its establishments working in this general field and it considered it important to take decisions

in the context of the state of the art as a whole. The committee's recommendations which were accepted by Council and published, led more or less directly to the establishment of the Council's Neurochemical Pharmacology Unit in Cambridge under the direction of Dr Leslie Iversen. However, in its annual report to Parliament for 1972/3 the Council recorded that 'in university departments there has been a disappointing lack of progress in implementing work as recommended in the report'³. It put this down partly to the heavy clinical and teaching commitments of most departments of psychiatry and thus to the limited number of centres where such work could be carried out: other factors related to career opportunities and the shortage of trained research workers of high calibre in the field.

In 1976 the Health Departments in their role as customer departments drew the Council's attention to the need for more research on the neuroses, with special emphasis on psychotherapy. Having looked into the matter, the Neurosciences Board, breaking with normal policy, advertised widely for applications and set up a Psychotherapy Subcommittee to consider draft applications and to offer comments and advice to those applicants whose proposals they considered the most promising. In all 27 outline submissions were received and all were considered by the subcommittee: six formal applications for project grant support were submitted, but only three were awarded by the Neurosciences Board's Grants Committee. Despite the subcommittee's efforts the number of research projects deemed profitable for scientific study by experts in the field—by the peer review method—was disappointingly small.

This exercise demonstrated forcibly that, however important the problem, little can be done to promote research unless the problem, or some of its component parts, can be presented in a form capable of scientific inquiry and unless there are people who can so formulate the problem and design work as to throw light upon it.

In more recent times the availability or lack of availability of manpower in the field has been identified as a crucial factor by a committee set up by the Neurosciences Board under the chairmanship of Professor Gelder. The committee drew attention to the fact that while many new professorial departments of psychiatry had been established over the last ten years, these were typically under-endowed and heavily committed to undergraduate teaching and the provision of clinical services of high quality. Many heads of these departments, before acquiring professorial status, were actively engaged in research, but their departmental commitments now made this difficult if not impossible. Further in several cases the time afforded them to train their junior colleagues in research techniques was limited.

Interestingly enough, a number of the committee's recommendations tally closely with the comments suggested by Professor Peart in an editorial in *Psychological Medicine* last year⁴. The committee commented on the fact that junior psychiatrists are no different from other clinicians in wishing

to achieve consultant status as soon as possible; and since psychiatry is not as lucrative in terms of UMTs as most other branches of medicine the incentive is correspondingly greater. From this came the recommendation, later accepted by Council, that a Senior Fellowship scheme should be set up with the aim of enabling promising young workers who had already shown an aptitude for original and independent research, and who were thought likely to benefit especially from an opportunity to develop this aptitude, to take a further period of research (say for five years) before deciding whether to have a career in full-time research or to take up a permanent teaching appointment. This scheme, which was put forward in the context of psychiatry, was adopted by the Council for all clinical staff. So far no psychiatrist has applied.

The Gelder Committee also recommended that the Council should provide support for senior university members distinguished in research to enable them to step aside from their teaching and administrative commitments and devote themselves to full-time research in psychiatry over a period of two to five years. The academic department to which they belonged would not suffer hardship as funds would be released to employ a replacement on a short-term basis. The Council accepted this recommendation, and the scheme for Research Fellowships for Academic Staff was born. This too applied to all specialties, and again no psychiatrist has applied.

It might be deduced, therefore, that the Council has little success in spotting winners. This is emphatically not the case. The Neurosciences Board recently had occasion to review its portfolio in psychiatry and concluded that, on the whole, it could strongly recommend it to the Council. The Board considered that there were signs that many of the obstacles to investigable work were being overcome and that recent developments had helped to establish the outlines of a clinical science of psychiatry. Council-supported work has been in the forefront of these advances and its success has largely been due to three factors: (i) the emergence of new scientific methods and technologies for laboratory investigation; (ii) the development of increasingly reliable techniques of clinical measurement; and (iii) the recognition of the value of correlative studies in which research workers from several different disciplines focus their efforts on clearly delineated objectives.

There is now firmer basis for understanding the relationship between identifiable brain disorder and psychotic disturbances of various kinds: hypotheses concerning the pathogenesis of these disorders are emerging and likely mechanisms of action of empirically established methods of treatment are becoming clearer. The interplay, and the complementary nature of biomedical and psychosocial treatments can be explained more satisfactorily, and treatments based on the application of modern psychological concepts have firmer empirical validation. Moreover, where the Council's interests and those of the Health Departments

converge, more coherent patterns are emerging with respect to the precise clinical needs of different groups of patients.

The Board concluded that the prospects for the development of further types of inquiry were bright: the areas of application of new knowledge and techniques were likely to expand considerably over the next ten years. Its members were conscious, however, that among the medical and psychological sciences subserving psychiatry there were daunting and virtually untouched problems affecting both theory and practice; even here, however, there were grounds

for cautious optimism and for the belief that only the application of rigorous scientific standards could lead genuine advancement of the subject.

REFERENCES

- ¹LEWIS, A. (1963) Editorial. *British Medical Journal*, *ii*, 1549-57.
²HILL, D. (1959) *Review of Policy on Psychiatric Research*. (Unpublished)
³MEDICAL RESEARCH COUNCIL. Annual Report 1972/73. HMSO.
⁴PEART, W. S. (1979) Editorial. *Psychological Medicine*, *9*, 205-6.

Research and the Royal College of Psychiatrists

By A. C. P. SIMS, Professor of Psychiatry, University of Leeds and Chairman of the Research Committee

Right from the beginning, and that is not a very long time, the Royal College of Psychiatrists has been concerned with research. In the Charter, the Research Committee is set up as a Standing Committee of Council, of the College. Our membership is entitled to know what the Research Committee has been doing for the last four years. What are the concerns of the College for research?

The Research Committee has a Janus-like role; communicating both inside and outside the College. Its aims are to advise the Council on the place of research in all College activities; that is, in training, in stimulation of higher standards of practice, and in promoting new knowledge. In particular the aim is to see that fund-granting and research-supporting bodies are informed as to what kinds of research in psychiatry are worthwhile, and it puts potential researchers in touch with grant-giving bodies. Further, through its working parties, the Committee carries out some projects which are best conducted at national level.

Encouragement to researchers

Encouragement of research interest is an important concern of the Committee, particularly in advising and enabling trainees in psychiatry to become involved with research.

An important way of doing this has been to use the resources and experience of the members of the Committee in giving advice about method and about the practical issues of carrying out projects. We have, in the past, used the pages of the *Bulletin* to offer assistance in research problems. Enquiries about research from psychiatrists, either consultants or trainees, come to the Committee, and we put the enquirer in touch with someone who can help him. This will most often be an experienced researcher in his locality; but it may also involve contact with an expert in his particular field of study who will be able to give detailed advice on methodology and the likelihood of this project attracting funds. There are plans, through the *Journal*, for producing more detailed practical advice for researchers.

To provide an opportunity for the presentation of research carried out by trainees there has, for the last two years, been

a session at the Annual Meeting of the College for a large number of short papers by trainees. This session has shown the wide extent to which small-scale research is being carried out by trainees all over the country. It has highlighted the need for a similar form of presentation of short free papers for those who are not trainees.

We have been closely interested in the research option in the Membership examination of the College. Very few candidates have taken this option, and a disappointingly small proportion of these pass the examination. For a reasonably good candidate, even if he has carried out an appropriate research project, there seems little advantage under the existing regulations for him to hazard the uncertainty of the research option. Some opinion in the College feels that the present format and timing of the MRCPsych examination at the end of three years in psychiatry has had a deleterious effect upon creativity in psychiatric research. The Research Committee has made proposals for modifications in the research option which, it is hoped, would encourage research during the third year of basic training in preparation for the Membership examination.

Various courses in research method appropriate to psychiatry have been organized under the auspices of the Research Committee. These have dealt with the practical and elementary issues, and it is hoped they will give trainees confidence and enthusiasm to become involved in research. To my knowledge such courses have taken place in London, Manchester, Leeds, Glasgow, Lichfield and York.

There is an existing research register of the College, and this is in the process of being brought up to date. It is clearly helpful for researchers new to a field to know who else is carrying out research in this or a related area.

An agent for carrying out research

An important part of our business is to find ways in which questions addressed to the College by Government Departments, Research Councils and other organizations relating to mental health issues might be investigated, and also to represent the needs of psychiatric research to these organizations. Several questions relevant to research have come to