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APA Submits Comments on NIH Strategic Plan Framework

APA submitted the following comments in response to the Request for Information (RFI) on the framework for the NIH-Wide Strategic Plan for Fiscal Years 2027–2031. The NIH-Wide Strategic Plan outlines the National Institutes of Health's overall approach to advancing its mission while ensuring responsible stewardship of taxpayer resources. The plan is intended to provide broad strategic direction and does not address specific disease-focused research opportunities or the individual research missions of NIH Institutes, Centers, and Offices.

The proposed framework is organized around three priority areas:

1. Research Areas
2. Research Capacity
3. Research Operations

APA provided feedback on each of these priority areas. Responses were submitted through the NIH online portal rather than as a formal Federal Register letter and were limited to 500 words per priority area. Additional information about the RFI and the framework is available on the NIH website: https://grants.nih.gov/grants/guide/notice-files/NOT-OD-26-047.html

Priority 1: Research Areas

- **Goal 1: Advance Foundational Knowledge of Human Health and Disease**
- **Goal 2: Prevent Disease and Promote Health Across the Lifespan**
- **Goal 3: Advance and Optimize Interventions, Treatments, and Cures**

Advancing the understanding and treatment of psychiatric disorders requires a shift from fragmented, population-averaged approaches toward integrated, lifespan, and mechanism-driven science. Current research remains siloed across neurology and psychiatry and across developmental stages, limiting insight into how genetic and environmental factors interact over time. A neurodevelopmental framework that spans perinatal periods throughout aging and conceptualizes brain health along a continuum rather than discrete categories is needed.

A major limitation in the field of psychiatry is reliance on study designs that describe an "average" patient, despite substantial inter-individual heterogeneity. To enable more precise approaches, research should identify biologically meaningful subtypes, model individual risk trajectories, and link these to targeted interventions. This includes integrating multimodal data such as genomics, neuroimaging, behavioral, and environmental exposures, along with analytic methods capable of capturing variability across individuals.

Foundational datasets remain insufficiently representative of the full population. Most clinical trials and psychiatric genetic and postmortem brain research, and are based on limited population groups, which constrains generalizability. Large-scale cohorts that reflect a broader range of backgrounds, environments, and lived experiences are needed, along with sufficient sample sizes for subgroup analyses. Dedicated funding should support studies of group-specific risk factors, barriers to care, and variation in treatment response.

Critical knowledge gaps persist in psychiatric genetics beyond well-studied conditions such as psychosis and mood disorders. Expanding genetic and molecular research across a wider range of psychiatric conditions will be necessary to identify shared and condition-specific mechanisms. Investment in expanded molecular brain atlases with broader sampling is needed, as existing atlases are limited by small sample sizes and lack variation across sex, age, and disease states, restricting efforts to link neuroimaging with gene expression.

Longitudinal, population-based studies, like the Framingham Heart Study, are required to understand how risk and protective factors interact across the lifespan and to identify actionable targets for prevention and early intervention. At the same time, there is limited evidence to guide optimal screening strategies, including who to screen, when to screen, and in which settings, despite widespread use of tools such as the PHQ-9.

Comorbidity is common in psychiatric illness, yet many studies exclude individuals with co-occurring psychiatric, substance use, or medical conditions, limiting real-world applicability. Research should better reflect real-world clinical populations. Encouraging inclusive study designs and pragmatic trials will improve the applicability of findings to routine care settings.

Treatment resistance remains understudied relative to its burden, with no consensus definition or reliable prognostic biomarkers. Research priorities should align with pressing clinical challenges, including treatment resistance, suicide risk, and functional disability. Focusing on these areas will enhance the relevance of funded research and address unmet needs in clinical practice.

Finally, development of circuit-based and symptom-focused interventions should be accelerated, including neuromodulation approaches such as TMS and deep brain stimulation targeting domains like anhedonia, suicidality, and cognitive dysfunction. Digital tools and artificial intelligence should also be studied both as interventions and as exposures that may influence mental health outcomes.

Priority 2: Research Capacity

- **Goal 1: Develop and Sustain an Interdisciplinary Research Workforce**
- **Goal 2: Build, Improve, and Sustain Research Resources and Infrastructure**

The pipeline of psychiatrist scientists is shrinking due to increasing clinical demands, financial tradeoffs (such as educational debt pressure, grant-dependent salary support, lower compensation relative to full-time clinical practice, and limited protected research time), and inequitable access to research opportunities. These challenges are particularly pronounced for psychiatrists working in high-need settings, where heavy clinical workloads and limited institutional resources constrain participation in research. Addressing these

barriers is essential to sustaining a workforce that can translate psychiatric science into meaningful clinical practice.

A primary barrier is the lack of protected research time. Funding mechanisms such as K awards, K12, and R25 programs should be expanded with guaranteed and enforceable protected time of at least 50 to 75 percent. Institutional accountability measures should ensure that this time is not reduced by clinical demands. In addition, In addition, research salaries should better match what psychiatrists can earn in clinical practice, since lower research pay often pushes psychiatrists away from research careers m

Targeted career development pathways are needed to support psychiatrists across a range of training environments and career stages. Programs should include bridge funding to facilitate transition from mentored to independent funding and should allow flexibility to accommodate different institutional contexts. Psychiatrists in community, public, and safety-net settings require tailored funding mechanisms that support research in real-world clinical environments, including flexible study designs and timelines.

Limited access to mentorship and professional networks is another major constraint. Investment in multi-institutional mentorship models, peer networks, and collaborative research programs can help address this gap. Funding mechanisms should support team-based science and provide structured opportunities for early-career investigators to participate in large-scale projects.

Administrative burden remains a significant challenge, especially for clinician scientists with limited time. Streamlining grant application and reporting processes and providing centralized support for grant writing, data management, and statistical analysis would improve efficiency and reduce barriers to entry.

To ensure that research includes a broad range of participants, funding agencies should require clear recruitment and retention plans and evaluate these as part of the review process. Applications should justify population selection, and progress in enrollment should be monitored through defined benchmarks and reporting requirements.

Partnerships with community organizations, clinical sites, and patient groups can strengthen recruitment and improve the relevance of research. Dedicated funding for stakeholder engagement and support for community-based research approaches will be important for building trust and improving participation.

Review processes should incorporate expertise relevant to population representation and require explicit evaluation of study generalizability. Strengthening the research workforce and improving access to resources will be critical for advancing psychiatric research that is both rigorous and broadly applicable.

Priority 3: Research Operations

- **Goal 1: Enhance Scientific Stewardship and Decision-Making**
- **Goal 2: Foster Transparency and Accountability to Improve Public Trust in Science**

Optimizing research operations is essential to ensure that funded studies are clinically relevant, feasible, and impactful. Physician scientists, particularly practicing psychiatrists, remain underrepresented in the research workforce and in peer review. This limits the ability to assess clinical feasibility, implementation, and real-world relevance. Study sections reviewing psychiatric research should include sufficient representation from practicing clinicians and other mental health professionals.

Peer review criteria should place greater emphasis on studies that connect mechanistic insights to meaningful clinical outcomes, including symptom reduction, functional improvement, quality of life, and care delivery. Translational impact should be prioritized, particularly for prevention, early intervention, and treatment optimization.

Administrative burden continues to pose challenges, especially for investigators balancing clinical and research responsibilities. Reducing duplication in regulatory and reporting requirements and expanding centralized support for study coordination and compliance would improve efficiency. Providing access to shared infrastructure, including research coordinators and regulatory support, could further reduce barriers.

Public trust in psychiatric research depends on demonstrating clear benefits for patients and clinicians. Efforts should be made to communicate how research findings improve prevention, diagnosis, treatment, and access to care. Highlighting concrete examples of clinical impact can strengthen public engagement and support.

Emerging technologies such as digital tools and artificial intelligence present both opportunities and challenges. Standardized frameworks are needed to evaluate their effectiveness, safety, privacy, and generalizability. Comparative effectiveness studies should assess these tools related to standard care, and clear guidelines should support responsible research practices.

Finally, investment in infrastructure for large-scale and longitudinal studies is essential. This includes support for data sharing, harmonization, and cross-institutional collaboration. Strengthening operational systems will improve the efficiency, quality, and impact of psychiatric research and help ensure that scientific advances translate into meaningful improvements in care.