the development of drugs which are tailored to the treatment of specific kinds of mental illnesses, in this case specific kinds of schizophrenic syndromes. Some drugs work well in certain cases of schizophrenia, others work better with other types of schizophrenia.

The development over the years and the support of research to develop these drugs has been a function of the National Institute of Mental Health. Extending from that point, in the treatment of schizophrenia, for example, we have been able to support and come to the point where now we can satisfactorily maintain chronic schizophrenic individuals in the community through the use of drugs and keep them from returning to the State hospitals and filling up those beds I spoke about.

This also extends to the treatment of the depressions. For example, the development of agents which will alleviate the depressions. The emotional problems, for example, of hyperactive children. Drugs tailored to improving the adjustment of the aged in terms of their mental problems, and to make them more amenable to treatment. I could go on for a long period of time. All of these are subjects of a good deal of psychopharmacology research. This has been a major concern of the National Institute of Mental Health—not the total concern but certainly one of our major interests has been in the treatment and cure of mental illnesses.

Senator DOLE. You referred to development of drugs—do you carry on the developments yourself?

Dr. YOLLES. We do this under a number of different systems. We occasionally do it by contract, more often by grant to investigators around the country.

In many cases in terms of evaluating the efficacy of a new drug which has come on the market we support collaborative studies. This technique has been one of the singular succcesses in the Institute's programs. This collaborative program enlists the aid of a large number of individual clinics or hospitals who work together using the same protocol and same drug. We can then pool the results and establish the efficacy of the drug.

Senator DOLE. Do you have any contact with the Food and Drug Administration?

Dr. YOLLESS. Yes, quite a bit.

Senator DOLE. Maybe Dr. Levine will go into that.

Thank you very much.

Senator NELSON. Dr. Levine, you may present your statement in any way you desire.

Dr. LEVINE. Mr. Chairman, I am pleased to be here today to present to you and the subcommittee some information on the extent and nature of psychotropic drug use in the United States. My prepared presentation is fairly long, detailed, and technical. However, after having been associated with work to develop information in this area over the past 3 to 4 years, I am convinced that a thorough consideration of the issues is important.

A proper understanding of the drug-prescribing process requires an intimate knowledge of the patient being treated, including such things as age, diagnoses, previous medical history, prior exposure to psychotropic drugs, and the circumstances which brought the patient into