Science Advancement & Outreach
A DIVISION OF PETA

1536 16th St. N.W., Washington, DC 20036

June 15, 2026

Dear National Advisory Mental Health Council members:

On behalf of Science Advancement and Outreach, the biomedical science policy division of People for the Ethical Treatment of Animals, we request that the National Advisory Mental Health Council advise the National Institute of Mental Health (NIMH) to implement a new policy excluding projects that use the forced swim test or tail suspension test from extramural funding, and end the use of these tests in intramural research.

In addition, NIMH must end the invasive nonhuman primate experiments conducted in the NIMH Intramural Research Program (IRP) laboratory of Dr. Elisabeth Murray. As our colleagues have explained in detail to this Council previously, these experiments pose substantial welfare risks, involve extensive procedural harms, and offer limited scientific value, particularly considering the Administration's and NIH's stated priorities to advance innovative, human-based research approaches.

Broadly, we urge NIMH to prioritize and support mental health research, training, and related programs that focus exclusively on non-animal methods.

1. **End the use and funding of projects involving the forced swim test and tail suspension test**

In 2019, NIMH issued notice NOT-MH-19-053, stating that animal behavioral tests shouldn't be referred to as "models *of* a specific mental illness," but rather "models *for* addressing neurobiological questions" (emphasis added). The same year, former NIMH Director Joshua Gordon told *Nature* that the institute had "for some time been discouraging the use of certain behavioral assays, including the forced swim and tail suspension test, as models of depression."

In the seven years since, the global scientific and regulatory consensus has shifted substantially, but NIMH's policies have not kept pace. The forced swim test is now significantly restricted in the U.K. (which has explicitly prioritized replacing its use) and in Ireland. Australia's major research funders—the National Health and Medical Research Council and the Australian Research Council—have placed restrictions on funding projects that propose the forced swim test. The test is illegal in New South Wales and is considered obsolete in New Zealand. On the regulatory front, scientists with the U.K.'s Medicines and Healthcare products Regulatory Agency have discouraged applicants from using forced swim test data in regulatory submissions, the European Medicines Agency has written that tests like these are unnecessary

and poorly predictive, and the U.S. Food and Drug Administration has said it does not require them. On top of this, 19 companies—including most of the world's largest pharmaceutical companies—and more than 40 universities have stated they will not permit the forced swim test. Details on these policy changes can be found on our website, and we are happy to provide additional documentation upon request.

According to RePORTER, NIMH is currently funding six active projects that describe using the forced swim test and/or tail suspension test and an additional search on PubMed identified at least 35 more. Given NIH's agency-wide commitment to prioritizing human-based methods and reducing the use of animals in federally funded research, NIMH should no longer support tests so widely recognized as poor science and increasingly abandoned worldwide. Bluntly, explicitly prohibiting the forced swim and tail suspension test is *the least* the institute could do to better align with the agency's goals and modernize mental health research.

2. **Conclude the primate experiments conducted in the IRP laboratory of Dr. Elisabeth Murray**

For more than four decades, a NIMH intramural laboratory has subjected macaques to invasive surgeries, prolonged restraint, food and water deprivation, and social isolation, at a cost of over $50 million to taxpayers. As our colleagues have written many times to NIMH leadership over the past five years, these experiments involve inflicting intentional and irreversible brain-damage to rhesus macaques to study aspects of behavioral flexibility, emotional processing, and reward learning. They impose severe burdens on captive primates while producing results with limited to no applicability to human behavior or neuropsychiatric conditions. These harms have been documented in veterinary records and published papers.

A number of methodological and biological constraints indicate that Murray's nonhuman primate model is not fit-for-purpose for studying human neuropsychiatric conditions or the behaviors associated with them. Briefly:

- Lesion-based monkey models do not reflect the distributed, subtle neural alterations underlying human neuropsychiatric disorders.
- Lesion-based monkey models do not capture the complexity of neuropsychiatric disease.
- Behavioral measures in monkeys do not translate to human clinical phenotypes.

Dr. Murray's approach was developed nearly half a century ago. Since then, human-based neuroimaging and analytic tools—including MRI, fMRI, DTI, PET, EEG, MEG, TMS, voxel-based lesion–symptom mapping, and lesion network mapping—have advanced dramatically. These methods allow researchers to study intact human neural circuits involved in emotional regulation, behavioral flexibility, reward processing, reversal learning, and value updating; identify abnormalities, biomarkers, contributors, and treatment-related neural changes directly in human populations; and assess causal structure-function relationships without permanently damaging neural tissue in nonhuman animals.

Murray's experiments do not satisfy NIH's expectations for scientific rigor, reproducibility, or align with current, human-relevant research priorities. For these reasons, they should be discontinued.

3. **Expand training and support for mental health researchers using human-based methods**

In addition to advanced brain imaging, other non-animal, human-based technologies are already transforming mental health research. Brain organoids are being used to study mood disorders,[1] psychoses,[2] and neurodivergence.[3] These models can be combined into assembloids to investigate neurodevelopmental conditions such as autism,[4] Tourette's syndrome,[5] and schizophrenia.[6] *In silico* "virtual patient" models are being used to evaluate potential therapeutics for conditions such as attention-deficit/hyperactivity disorder.[7] In addition, longitudinal studies are being conducted with individuals who have lived experience of psychiatric conditions, generating clinically meaningful insights.[8]

NIMH must act on NIH's initiative to prioritize human-based research methods to fully "accelerate innovation, improve healthcare outcomes, and deliver life-changing treatments."[9]

To enable researchers to make human-relevant discoveries, NIMH should:

- Create training grants and fellowships for researchers who use non-animal methods in mental health research.
- Assist universities and research institutes in developing continuing education and certification programs focused on non-animal methodologies.
- Provide transition and early-career awards that incentivize investigators to replace animal experiments with human-based systems and establish research programs centered on non-animal approaches.

These recommendations and others are expanded on in our policy roadmap, Research Modernization NOW.

Implementing these recommendations would position NIMH as a leader in advancing an ethical research paradigm that is also more predictive, efficient, and human-specific—ultimately improving patient outcomes and expanding effective treatment options for those living with mental health disorders.

Thank you for considering these recommendations.

Sincerely,

Gabby Vidaurre

Gabby Vidaurre, Ph.D.
Research Associate

[1] Li M, Duan W, Hao X, et al. Effects of esketamine on electrophysiology and metabolic reprogramming in brain organoids: insights into antidepressant mechanisms. *Mol Psychiatry*. 2025;30(12):6107-6118. doi:10.1038/s41380-025-03198-4

[2] Ahn I, Chang S, Lee J, Choi SH, Han J, Kim Y. Exploration of novel biomarkers through a precision medicine approach using multi-omics and brain organoids in patients with atypical depression and psychotic symptoms. *Adv Sci (Weinh)*. 2026;13(4):e08383. doi:10.1002/advs.202508383

[3] Li C, Fleck JS, Martins-Costa C, et al. Single-cell brain organoid screening identifies developmental defects in autism. *Nature*. 2023;621(7978):373-380. doi:10.1038/s41586-023-06473-y

[4] Wu J, Chen X, Zhang J, et al. Human microglia in brain assembloids display region-specific diversity and respond to hyperexcitable neurons carrying *SCN2A* mutation. *Sci Adv*. 2026;12(8):eady2977. doi:10.1126/sciadv.ady2977

[5] Miura Y, Kim JI, Jurjuț O, et al. Assembloid model to study loop circuits of the human nervous system. 2024:2024.10.13.617729. doi:10.1101/2024.10.13.617729

[6] Walsh RM, Crabtree GW, Kalpana K, et al. Forebrain assembloids support the development of fast-spiking human PVALB+ cortical interneurons and uncover schizophrenia-associated defects. *Neuron*. 2025;113(19):3185-3203.e7. doi:10.1016/j.neuron.2025.06.017

[7] Gutiérrez-Casares JR, Quintero J, Segú-Vergés C, et al. In silico clinical trial evaluating lisdexamfetamine's and methylphenidate's mechanism of action computational models in an attention-deficit/hyperactivity disorder virtual patients' population. *Front Psychiatry*. 2023;14:939650. doi:10.3389/fpsyt.2023.939650

[8] See CRZ, Tan AX, Valmaggia LR, Kempton MJ. The association between recent stressful life events and brain structure: a UK Biobank longitudinal MRI study. *Eur Psychiatry*. 2025;68(1):e18. doi:10.1192/j.eurpsy.2025.2

[9] National Institutes of Health. NIH to prioritize human-based research technologies. April 29, 2025. Accessed June 15, 2026. https://www.nih.gov/news-events/news-releases/nih-prioritize-human-based-research-technologies