



AMERICAN
PSYCHOLOGICAL
ASSOCIATION

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Representing

**The American Psychological Association
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**Testifying on April 20, 2004
Before the House Appropriations Subcommittee on
Labor-HHS-Education
in support of federal health, mental health and education programs**

including

**Suicide prevention programs at the Centers for Disease Control and Prevention
and the Substance Abuse and Mental Health Services Administration;**

Behavioral research at the National Institutes of Health;

and

**The Graduate Psychology Education Program
in the Bureau of Health Professions,
Health Resources and Services Administration**

Mr. Chairman, thank you for giving me the chance to speak to you today. The American Psychological Association, APA, represents 150,000 members and affiliates across the nation. Some of our members conduct research funded by the NIH and CDC; some provide mental health services in hospitals, schools and other community settings, and others teach or study at our nation's colleges and universities.

I have three requests for the Subcommittee: first, to increase the level of support for suicide prevention programs; second, to ensure that NIH continues to fund both applied and basic behavioral research; and third, to support the Graduate Psychology Education Program, in the Bureau of Health Professions, that trains psychologists to work with our nation's underserved populations. These investments produce important contributions to the public health of our nation.

Mr. Chairman, suicide was the 11th leading cause of death in the United States in 2000, accounting for more deaths than homicide or HIV/AIDS. Since the 1950's, the rate of suicide among adolescents aged 15 to 19 has tripled. It is now the third leading cause of death for 15- to 24-year-olds and the fourth among youth aged 10-14. APA strongly urges this subcommittee to increase the federal investment in suicide prevention programs, particularly targeted for our nation's youth and the elderly.

Federally supported interventions to reduce the high suicide rates among racial and ethnic minorities are critically needed. American Indian and Alaskan Native adolescents are more than twice as likely to commit suicide as any other racial and ethnic group and three times as likely to commit suicide as whites of similar age. Thirty percent of Hispanic female high school students report seriously considering suicide, the highest rate of any racial or ethnic group in the country.

Tragically, Mr. Chairman, older adults have the highest rate of suicide of any age group, accounting for 20 percent of all suicides.

We need expanded programs at the Centers for Disease Control and Prevention and the Substance Abuse and Mental Health Services Administration. For CDC, we request an increase of \$5 million over the FY 2004 appropriation of \$2.7 million for suicide prevention activities. This would support prevention research and demonstration projects to identify promising and effective suicide prevention strategies. For SAMHSA/CMHS, the President's Budget for FY 2005 includes about \$3 million each for the Suicide Hotline and the Suicide Resource Center, a combined total of merely \$36,000 over FY 2004. APA strongly urges the subcommittee to provide additional funds urgently needed to support suicide prevention programs.

Turning to NIH, behavioral research is key if our nation is to make additional progress on problems such as obesity, smoking, and substance abuse. We can't rely only on medications to improve our nation's health and quality of life, but also need to develop the knowledge to enhance the individual's own ability and desire to make healthy choices. Beyond increasing opportunities for clinical research on these health problems, however, NIH must maintain a commitment to support basic behavioral research. Basic

research conducted by psychologists with NIH support is the foundation for much of what we know about how the brain affects behavior, how humans learn and develop, how the memory works, and how the social environment affects behavior.

Although all basic research is foundational and not disease-specific, it is necessary if we are to understand and make progress against illnesses. For example, basic research in bio-behavioral, cognitive, personality, emotional, and social processes that underlie behavioral functioning are important areas of research that are applicable to the prevention, diagnosis, and treatment of mental disorders. Understanding the impact of social relationships and environment, temperament, self-esteem, executive functioning, and self-regulation, particularly among children, is critical to furthering our understanding of the basic psychological functions that become disturbed in mental disorders. Identifying risk and protective factors for diverse populations may increase our ability to prevent and treat mental disorders, and improve the mental health of our nation. For this reason, APA has been urging that NIMH not redirect the funds it now invests in basic behavioral research. Similarly, APA has joined with other scientific societies to urge that the National Institute of General Medical Sciences, THE basic research institute at NIH, develop a program in basic behavioral research. We are pleased that NIH Director Zerhouni has asked for a review of basic behavioral research at NIH and look forward to discussing those findings with the subcommittee when they are developed this fall.

Last, I want to thank this subcommittee for its support of an important program that trains psychologists to work with underserved populations, such as older adults, children, the chronically ill, and victims of trauma and abuse. The Graduate Psychology Education program, or GPE, in the Bureau of Health Professions provides grants to accredited programs for interdisciplinary training of psychology students to provide mental and behavioral health services in rural and urban underserved areas.

The GPE Program was funded at \$4.5 million for both FY 2003 and FY 2004. Innovative programs are located in places as diverse as an inner-city public charter school, the University of Texas Medical Branch and Eastern Virginia Medical School. Without additional funds, though, there will be no new competition for these three-year grants for the next two fiscal years. Far too many areas in our country lack psychological services. According to the President's New Freedom Commission on Mental Health, in any given year, about 5 to 7 percent of adults are diagnosed with a serious mental disorder, and 5 to 9 percent of children suffer a serious emotional disturbance. Consequently, millions of adults and children are disabled by mental illnesses every year. APA requests \$6.5 million for the Graduate Psychology Education Program for FY05 to help psychologists reach more underserved Americans.

Thank you again, Mr. Chairman, for inviting me to testify. On behalf of APA, I thank you all for your work as public servants and the vital programs that your efforts bring to the American people.

Norman B. Anderson, Ph.D.
CEO
American Psychological Association

Norman B. Anderson, PhD, is the Executive Vice President and Chief Executive Officer of the American Psychological Association. Founded in 1892, APA is the primary scientific and professional association for psychologists in the United States. With over 150,000 members and affiliates, APA is the largest and oldest of the world's psychological societies. It is a major publisher of psychological books and journals. The chief executive officer is responsible for overseeing both the corporate and professional management of the association and for supervising a staff of 500.

Trained as a practitioner and as a scientist, Dr. Anderson has dedicated much of his professional life to studying the relationships between health and behavior, and health and race. Prior to joining APA, Dr. Anderson was Professor of Health and Social Behavior at the Harvard University School of Public Health, where his interests centered on health disparities and mass media approaches to public health.

Dr. Anderson is widely known as the former Associate Director of the National Institutes of Health (NIH) for Behavioral and Social Sciences Research, and the first Director of the NIH Office of Behavioral and Social Sciences Research (OBSSR). At NIH, he was charged with facilitating behavioral and social sciences research across all of the [then] 24 Institutes and Centers of the National Institutes of Health. Under his purview was behavioral and social research in such areas as cancer, heart disease, mental health, diabetes, aging, and oral health. Appointed by then NIH Director Dr. Harold Varmus in 1995, Dr. Anderson worked closely with the scientific community nationally to quickly establish the Office's long-term goals and to develop strategies for achieving them, resulting in the first OBSSR Strategic Plan. Under his leadership, the Office organized funding initiatives totaling over \$90 million in five years.

Prior to going to NIH, Dr. Anderson was Associate Professor in the Department of Psychiatry and Psychology: Social and Health Sciences at Duke University. There he studied the role of stress in the development of hypertension in African Americans and directed the NIH-funded Exploratory Center for Research on Health Promotion in Older Minorities. Dr. Anderson is a Past-President of the Society of Behavioral Medicine. He is also Past-President of the Board of Directors for filmmaker Steven Spielberg's STARBRIGHT Foundation of Los Angeles. He serves on the Advisory Committee for Public Issues for the Advertising Council, and chairs the National Academy of Science's Panel on the Future of Research on Race, Ethnicity, and Health in Later Life.

(January 2004)

