



AMERICAN  
PSYCHOLOGICAL  
ASSOCIATION

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Testimony of the American Psychological Association  
Submitted for the written record  
to  
The House Appropriations Subcommittee on Labor-HHS-Education  
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The American Psychological Association (APA) represents 148,000 scientists, students and professional psychologists. The largest association of psychologists in the world, APA is proud to advance psychology as a science, a practice, and a means of promoting health, education and human welfare. APA members serve as scientists, funded by agencies such as the National Institutes of Health and Centers for Disease Control and Prevention; as teachers and professors in our nation's high schools, colleges and universities; and as health professionals who provide mental health and related services to individuals in public and private settings. APA encourages the Committee to strengthen the U.S. investment in a continuum of programs on health promotion, disease prevention and care, ranging from basic research to clinical applications that will improve the health and education of all Americans. We appreciate the opportunity to highlight programs and funding recommendations for the Committee's written record.

**National Institutes of Health (NIH) recommendations--**APA joins the Ad Hoc Group for Medical Research Funding and the Coalition for Health Funding in support of a 6.7 percent increase for NIH for Fiscal Year 2008. Funding for NIH has eroded significantly during the past three years, and the success rates of most institutes and centers have fallen below 20 percent. Having only a one in five chance of getting funded is discouraging to established investigators, doubly so to new faculty and young investigators. The unfavorable odds are causing some scientists to look elsewhere for careers—an exodus that will only increase without improved funding.

Meager budget increases have led some institutes to cut back on training programs for young investigators. This could have a disproportionate affect on the research careers of minority scientists. For example, APA is disappointed that the National Institute of Mental Health (NIMH) intends to reduce its commitment to training minority scientists through the Minority Fellowship Program and the Career Opportunities in Research Program. Both programs have demonstrated success in training biomedical and behavioral scientists who are addressing critical ethnic minority mental health issues. The Minority Fellowship Program in particular has been an important national program that has provided access to training to all, without regional or

university-specific restrictions. It seems ill-advised to reduce support for training within these populations while at the same time NIH is focused on reducing health disparities for vulnerable and underserved populations. APA supports the recent recommendation of the National Research Council that the institutes, including NIMH, should continue to fund these programs at sufficient levels to meet the demands for minority mental health research.

The NIH Office of Behavioral and Social Sciences Research (OBSSR) serves a convening and coordinating role among the institutes and centers at NIH. OBSSR focuses on cross-cutting behavioral and social research issues (e.g. “Long-term Maintenance of Behavior Change”) using its modest budget to seed cross-institute research initiatives. OBSSR has spurred cutting edge research in areas such as measures of community health, socioeconomic status, and new methodology development. OBSSR has been able to leverage substantive funding initiatives with a small budget. The Administration’s budget proposal for FY 2008 is \$25.9 million, a reduction of \$200,000 from the FY 2007 funding level. In FY 2008, OBSSR plans to work with the 27 NIH Institutes and Centers (ICs) to initiate two new programs: cross-cutting research on health disparities and on genes, behavior and the social environment. APA supports an increase of 6.7 percent for OBSSR.

Within the institutes and centers, among the areas of behavioral research for which additional resources are needed are cognitive health and exercise. There are intriguing findings about the valuable contributions of exercise to preventing falls and the development of diabetes, decreasing depression and maintaining cognitive health. The National Institute on Aging (NIA) is planning additional clinical studies to quantify the benefits of exercise in the aging population, but funds well above the President’s budget would be needed in order for the studies to be large and inclusive enough. A second important project, the Cognitive and Emotional Health Project, is jointly funded by the National Institute of Neurological Disorders and Stroke (NINDS), NIA and NIMH. It includes a searchable database of studies and planned cooperative efforts to solicit research on enhancing healthy cognitive and emotional function. This initiative is a model of how institutes can work together on complex issues involving multiple disciplines and methodologies, and can leverage their budgetary contributions to a greater scientific advantage.

One cooperative effort that deserves mention is the Surgeon General’s Call to Action to Prevent and Reduce Underage Drinking, developed in collaboration with the National Institute for Alcohol Abuse and Alcoholism (NIAAA) and the Substance and Mental Health Services Administration (SAMHSA). Although there has been a significant decline in tobacco and illicit drug use among teens, underage drinking has remained at consistently high levels. The 2005 National Survey on Drug Use and Health estimates there are 11 million underage drinkers in the United States. Behavioral research funded by NIAAA shows that young people who start drinking before the age of 15 are five times more likely to have alcohol-related problems later in life. New research also indicates that alcohol may harm the developing adolescent brain. The availability of this research provides more reasons than ever before for parents and other adults to protect the health and safety of young people. This is an important example of ways in which research at NIH is leading to applications and public health benefits.

### **Health Resources and Services Administration**

**Bureau of Health Professions recommendations**— The Graduate Psychology Education (GPE) Program is the nation’s only federal program dedicated solely to the education and training of psychologists. The activity is authorized by the Public Health Service Act [P.L. 105-

392 Section 755 (b)(1)(J)] and funded under the “Allied Health and Other Disciplines” account in the Labor-HHS Appropriations Bill. At its current level of \$1.8 million, the GPE Program is in serious jeopardy. The seven geropsychology grants focusing on older adults were eliminated and funding amounts for the other twenty grants were reduced by almost 50 percent.

Without the GPE Program, the nation will lose its critical mechanism for preparing psychologists to provide integrated health care services to underserved populations (i.e, older adults, children, chronically ill persons, and victims of abuse and trauma including returning military personnel and their families) in urban and rural communities. Outcome data show that GPE grants are making a significant difference to underserved communities. Within the first funding cycle, the rate of psychology students remaining to practice in underserved areas has increased dramatically by over 40 percent.

Established six years ago, the GPE Program provides grants to accredited psychology doctoral, internship and postdoctoral training programs. The FY 2008 request of \$7 million will restore funding to allow HRSA to run a national competition to produce approximately thirty general GPE training grants and ten geropsychology grants.

**Substance Abuse and Mental Health Services Administration recommendations--  
Center for Mental Health Services (CMHS)**

**Suicide in Older Adults--** Older adults are among the fastest growing subgroups of the U.S. population; approximately 20-25 percent of older adults have a mental or behavioral health problem. In fact, older white males (age 85 and over) currently have the highest rates of suicide of any group in the U.S. The APA acknowledges the efforts of SAMHSA to address the mental and behavioral health needs of older adults through the Targeted Capacity Expansion Grant Program. The APA encourages increased support for communities to assist them in building a solid foundation for delivering and sustaining effective mental health outreach, treatment and prevention services for older adults at risk for a mental disorder.

**Minority Fellowship Program--** Health disparities need to be addressed as the demographics of our society are changing dramatically. The APA notes that minorities represent 30 percent of the population and are projected to increase to 40 percent by 2025. Yet, only 23 percent of recent doctorates in psychology, social work and nursing were awarded to minorities. APA encourages the committee to include an additional \$2 million to increase funding for the Minority Fellowship Program, in order to train an increasing number of culturally competent mental health professionals.

**Child Trauma--** Traumatic events can severely impact the physical, mental, emotional, and behavioral health of children and families. In particular, such events can lead to developmental disability, cognitive impairment, mental disorders and substance abuse, severely affecting family and social relationships and school productivity. The APA acknowledges the effort of the Emergency Mental Health and Traumatic Stress Services Branch to provide trauma services and support for children, families, and providers through the outstanding and effective National Child Traumatic Stress Network (NCTSN) program. The APA recommends increased support for NCTSN programs supporting the recovery of children, families and communities impacted by a wide range of trauma, including physical and sexual abuse, violence in families and communities, natural disasters and terrorism, accidental or violent death of a loved one, life-threatening injury and illness, and refugee and war experience (especially the impact of war on

active duty, guard, and reserve military families). The APA encourages SAMHSA, in collaboration with the NCTSN, to broaden the national impact of this important program and increase attention to the needs of children and families affected by trauma, and those who are working to support their recovery.

**Center for Substance Abuse Prevention (CSAP)** -- According to the HIV Cost and Services Utilization Study (HCSUS), almost half of persons with HIV screened positive for illicit drug use or a mental disorder, including depression and anxiety disorder. Unfortunately, health care providers fail to notice mental disorder and substance use problems in almost half of patients with HIV/AIDS, and mental health and substance use screening is not common practice in primary care settings. Several diagnostic mental health and substance use screening tools are currently available for use by non-mental health staff. APA encourages the Committee to direct SAMHSA to collaborate with the HRSA to train health care providers to screen HIV/AIDS patients for mental health and substance use problems.

#### **Centers for Disease Control and Prevention (CDC) Recommendations**

**Suicide Prevention**-- The APA supports an increase of \$5 million over the FY 2007 appropriation for suicide prevention activities that will allow CDC to support the evaluation of suicide prevention planning, programs, and communication efforts to change knowledge and attitudes and to reduce suicidal behavior. These evaluation efforts will support communities to identify promising and effective suicide prevention strategies that follow the public health model and build community resilience.

**Prevention of Child Maltreatment**-- Child maltreatment is a serious public health threat with extensive short- and long-term health consequences. An increase of \$5 million over the FY 2007 appropriation for child maltreatment would allow CDC to further public health research, prevention programs, and policies to prevent child maltreatment and promote safe, stable, nurturing relationships between children and parents, caregivers, and other adults.

**National Violent Death Reporting System (NVDRS)** --- APA recommends an increase of \$10 million over the FY 2007 appropriation for the NVDRS to allow approximately 20 additional states to be funded to gather and share state-level data about violent deaths. This state-based system collects data from medical examiners, coroners, police, crime labs, and death certificates to understand the circumstances surrounding violent deaths. The information can be used to develop, inform, and evaluate violence prevention programs.

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**Administration for Children, Youth and Families Recommendations**-- Bullying directly affects about one-third of American school children in a given semester. Research demonstrates that bullying poses serious risks for victims and bullies and may seriously affect the climate of schools. The APA urges appropriate federal funding to support the implementation of effective, research-based, and comprehensive bullying prevention programs. The adoption of research and prevention strategies for bullying targeting obese children and its effect on the development of low self-esteem is strongly encouraged.

Again, the American Psychological Association urges the Subcommittee to accept these recommendations, and is glad to provide additional information.

