

Subject: Studies in the News: (August 31, 2007)



Studies in the News for



California Department of Mental Health

Introduction to Studies in the News

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The following are the Subject Headings included in this issue:

Children and Adolescent Mental Health
College Campuses and Mental Health
Cultural Competency
Deinstitutionalization of People with Mental Illness
Mental Health Systems
Military and Mental Health

**Suicide Prevention
Trauma/Posttraumatic Stress Disorder**

The following studies are currently on hand:

CHILD AND ADOLESCENT MENTAL HEALTH

“Effects of a School-Based, Early Childhood Intervention on Adult Health and Well-Being.” By Arthur J. Reynolds, University of Minnesota, and others. IN: Archives of Pediatric Adolescent Medicine, vol. 161, no. 8 (August 2007) pp. 730-739.

[“The objective of this study is to determine the effects of an established preventive intervention on the health and well-being of an urban cohort in young adulthood. The participants were a total of 1539 low-income participants who enrolled in the Child-Parent Center program (Chicago, Illinois) in 20 sites or in an alternative kindergarten intervention. The Child-Parent Center program provides school-based educational enrichment and comprehensive family services from preschool to third grade. The main outcome measures were: educational attainment, adult arrest and incarceration, health status and behavior, and economic well-being.

Conclusions: participation in a school-based intervention beginning in preschool was associated with a wide range of positive outcomes. Findings provide evidence that established early education programs can have enduring effects on general well-being into adulthood.”]

Full text at: <http://archpedi.ama-assn.org/cgi/reprint/161/8/730>

[Request #S07-104-787]

“Failure of Psychiatric Referrals from the Pediatric Emergency Department.” By Jacqueline Grupp-Phelan, Cincinnati Children’s Hospital Medical Center, and others. IN: BioMed Central, vol. 7, no. 12 (2007) pp. 1- 25.

[“Recognition of mental illness in the pediatric emergency department (PED) followed by brief, problem oriented interventions may improve health-care seeking behavior and quality of life. The objective of this study was to compare the frequency of mental health follow up after an enhanced referral compared to a simple referral in children presenting to the PED with unrecognized mental health problems.

Methods: A prospective randomized control trial comparing an enhanced referral vs. simple referral in 56 families of children who were screened for mental health symptoms was performed in a large tertiary care PED. Children presenting to the PED with stable medical problems were approached every fourth evening for enrollment. After consent/assent was obtained, children were screened for a mental health problem using both child and parent reports of the DISC Predictive Scales. Those meeting cutoffs for a

mental health problem by either parent or child report were randomized to 1) simple referral (phone number for mental health evaluation by study psychiatrist) or 2) enhanced referral (short informational interview, appointment made for child, reminder 2 days before and day of interview for an evaluation by study psychiatrist). Data analysis included descriptive statistics and Chi-Square test to calculate the proportion of children with mental health problems who completed mental health follow-up with and without the enhanced Referral.

Results: A total of 69 families were enrolled. Overall 56 (81%) children screened positive for a mental health problem as reported by either the child (self report) or mother (maternal report of child mental health problem). Of these, 33 children were randomized into the enhanced referral arm and 23 into the simple referral arm. Overall, only 6 families with children screening positive for a mental health problem completed the psychiatric follow up evaluation, 2 in the enhanced referral arm and 4 in the simple referral arm($p=.13$). Conclusions: Children screened in the ED for unrecognized mental health problems are very unlikely to follow-up for a mental health evaluation with or without an enhanced referral. Understanding the role of ED based mental health screening and the timing of an intervention is key in developing ED based mental health interventions.”]

Full text at: <http://www.biomedcentral.com/content/pdf/1471-227x-7-12.pdf>

[Request #S07-104-789]

“Mental Health Disorders in Childhood: Assessing the Burden on Families.” By Susan H. Bush and Colleen L. Barry, Yale Medical School. IN: Health Affairs, vol. 26, no. 4 (July/August 2007) pp. 1088-1095.

[“It is well known that caring for a sick child creates an economic burden for families. Less is known about how this burden differs by condition. We found that caring for a child with mental health care needs affects financial well-being more than caring for a child with other special health care needs. Parents of children with mental health disorders are also more likely than other parents to cut work hours, to quit work, and to spend more time arranging their child’s care. Equalizing private insurance coverage and providing cash support could play a vital role in easing the economic toll of care for children with mental health disorders.” **NOTE: Journal available for loan.**]

[Request #S07-104-791]

COLLEGE CAMPUSES AND MENTAL HEALTH

An Audit of Mental Health Care at U. S. Colleges and Universities: Focus on Anxiety Disorders. By Anxiety Disorders Association of America. (The Association, Silver Spring, Maryland) 2007. 22 p.

[“To get a sense of the mental health resources available to students at the top U.S. national universities and liberal arts colleges, the Anxiety Disorders Association of America (ADAA) commissioned a survey of the nation’s top national universities and liberal arts colleges. This report seeks to review the counseling and mental health resources available at America’s top colleges and universities to help determine whether these institutions are prepared to assist students who have an anxiety disorder with appropriate diagnostic counseling and other mental health services. Specifically, this report seeks to answer the following questions: How accessible are counseling services at America’s top-rated colleges? What specific mental health services are available to students? What anxiety-specific services are available to students? What are each school’s policies on medical confidentiality, parental reporting and suicidal behavior?”]

The following report (research completed in November 2006) provides important insights into the state of readiness of U.S. colleges and universities to help students suffering from anxiety disorders get proper diagnosis and treatment.”]

Full text at: <http://www.adaa.org/Bookstore/Publications/ADAA%20Report%20-%20Final%20embargoed.pdf>

[Request #S07-104-792]

CULTURAL COMPETENCY

Encouraging More Culturally and Linguistically Competent Practices in Mainstream Health Care Organizations: A Survival Guide for Change Agents. By Thomas D. Lonner, Foundation for Health Care Quality. (The California Endowment, Los Angeles, California and CompassPoint Non Profit Services, San Francisco, California) July 2007. 65 p.

[“The purpose of this paper is to encourage and guide a very narrow potential audience—those change agents internal and external to mainstream health care organizations and systems who intend to advance the cultural and linguistic (C&L) practices of those organizations. The conclusions are based on years of research conducted on the cultural and linguistic advances in public and private hospitals, clinics, and provider offices.

The central conclusion is that the key challenge is how to introduce C&L advances into the cultures, interests, and features of large mainstream health care organizations, not how to define or implement these advances or how to serve the various patient cultures presenting themselves for health care services. From a cultural perspective, it is the organizations not the patients who pose the cultural challenge.”]

Full text at: <http://www.calendow.org/reference/publications/pdf/cultural/Lonner.pdf>

[Request #S07-107-793]

DEINSTITUTIONALIZATION OF PEOPLE WITH MENTAL ILLNESS

Learning from History: Deinstitutionalization of People with Mental Illness as Precursor to Long-Term Care Reform. By Chris Koyanagi, Judge David L. Bazelon Center for Mental Health Law. Kaiser Commission on Medicaid and the Uninsured. Publication No. 7684. (Henry J. Kaiser Family Foundation, Menlo Park, California) August 15, 2007. 28 p.

[“This report examines what policy lessons can be learned from the deinstitutionalization of people with mental illnesses and applied to potential long-term care reform for the elderly or those with significant disabilities. The study assesses the reforms that took place under deinstitutionalization, their impact and what mistakes were made. It also discusses the take-away lessons for long-term care policy, with a focus on planning, financing, living situations and the role of families, workplace issues, and the political landscape.”]

Full text at: <http://www.kff.org/medicaid/upload/7684.pdf>

[Request #S07-104-794]

MENTAL HEALTH AND FAMILIES

Mental Health, Work, and Mental Health Service Use among Low-Income Mothers. By Pamela J. Loprest, and others, The Urban Institute. LIWF Discussion Paper No. 1. (The Institute, Washington, DC) August 2007. 38 p.

[“This paper analyzes how mental health problems impede low-income mothers' ability to work and how health insurance improves access to mental health treatment services. According to data from the 2002 National Survey of America's Families, low-income mothers in poor mental health are significantly less likely to work and to work full time than those without these problems. Low-income mothers with public or private health insurance are significantly more likely to receive treatment than those without insurance. Mental health problems are an important barrier to work among low-income women, and access to treatment could be improved through increased health insurance coverage.”]

Full text at: http://www.urban.org/UploadedPDF/411522_low_income_mothers.pdf

[Request #S07-104-797]

“Parents’ Work, Depressive Symptoms, Children, and Family Economic Mobility: What Can Ethnography Tell Us?” By Roberta Rehner Iversen, University of Pennsylvania, and Annie Laurie Armstrong, Business Government Community Connections. School of Social Policy and Practice: Departmental Papers (SPP). IN: Families in Society: The Journal of Contemporary Social Services, vol. 88, no. 3 (July 2007) pp. 339-350.

[“Low-income work, job training, depressive symptoms or depression, and children’s school performance. These topics have occupied the attention of scholars and policy makers in recent years, particularly as they pertain to single mothers in the context of welfare reform. Broadening this landscape, findings from longitudinal, multicity ethnographic research reveal that low-income fathers also experience depression or depressive symptoms that hinder family economic mobility. Further, repeated scores from a community-based depressive symptoms measure embedded in the ethnographic inquiry show that the timing of parents’ training and employment pathways, economic conditions, and policies in forms and children’s schools intersect with parents’ depressive symptoms or depression to affect mobility. Program and policy supports seem to mediate these intersecting challenges.”]

Full text at:

http://repository.upenn.edu/cgi/viewcontent.cgi?article=1084&context=spp_papers

[Request #S07-104-799]

MENTAL HEALTH SYSTEMS

“Mental Health Systems Research is Urgently Needed.” By Benedetto Saraceno, World Health Organization. IN: International Journal of Mental Health Systems, vol. 1, no. 2 (August 9, 2007) pp. 1-5.

[“Recent developments, including experience related to the development of WHO’s World Health Report 2001, the WHO Atlas and the DCP Project related to Mental, Neurological, Developmental and Substance Abuse Disorders, indicate why advancing the interests of mental health is now so compelling.

In order to deliver a high standard of mental health treatment and care WHO emphasizes the adoption of an integrated system of service delivery to address comprehensively the psychosocial needs of people with mental disorders. Even though the burden is large and increasing, the capacity to reach those in need is poor. This gap cannot be filled just by seeking more funding for mental health, more human resources, or more training. Of course, these aspects are key ingredients but what is often neglected is the need to conceive service delivery rationally.

Mental health professionals’ attention should be channeled towards mental health systems and service organization which obviously has consequences in their training which should include more public health knowledge. We need to know how to plan and organize services and improve the use of scarce financial and human resources in order to reach out to the mental health needs of the general population and to provide effective and humane services to those who need care.”]

Full text at: <http://www.ijmhs.com/content/pdf/1752-4458-1-2.pdf>

[Request #S07-104-800]

MILITARY AND MENTAL HEALTH

The Psychological Needs of U. S. Military Service Members and their Families: A Preliminary Report. By Shannon Johnson and others, American Psychological Association. (The Association, Washington, DC) February 2007. 67 p.

[“Since September 11, 2001, American military service personnel and their families have endured challenges and stressful conditions that are unprecedented in recent history, including unrelenting operational demands and recurring deployments in combat zones. In response to concerns raised by members of the military community, the American Psychological Association (APA) President, Dr. Gerald Koocher, established the Task Force on Military Deployment Services for Youth, Families and Service Members in July of 2006.

This Task Force was charged with: identifying the psychological risks and mental health-related service needs of military members and their families during and after deployment(s); developing a strategic plan for working with the military and other organizations to meet those needs; and constructing a list of current APA resources available for military members and families, as well as additional resources that APA might develop or facilitate in order to meet the needs of this population. At present, 700,000 children in America have at least one parent deployed. Having a primary caretaker deployed to a war zone for an indeterminate period is among the more stressful events a child can experience.

Adults in the midst of their own distress are often anxious and uncertain about how to respond to their children’s emotional needs. The strain of separation can weigh heavily on both the deployed parent and the caretakers left behind. Further, reintegration of an absent parent back into the family often leads to complicated emotions for everyone involved. This Task Force was established to examine such potential risks to the psychological well-being of service members and their families, acknowledging the changing context and impact of the deployment cycle, and to make preliminary recommendations for change and further review at the provider, practice, program, and policy levels.

To meet the Task Force charge, we will first provide an overview of what is currently known about the impact of military deployments on service members and their families (spouses, children and significant others). In addition, we will discuss a number of programs that have been developed to meet the mental health needs of service members and their families, and we will describe the significant barriers to receiving mental health care within the Department of Defense (DoD) and Veterans Affairs (VA) system. Finally, we will offer several general recommendations for improving the psychological care offered to service members and their families.”]

Full text at: <http://www.apa.org/releases/MilitaryDeploymentTaskForceReport.pdf>

[Request #S07-104-801]

SUICIDE PREVENTION

“Explaining Cross-State Differences in Elderly Suicide Rates and Identifying State-Level Public Policy Responses that Reduce Rates.” By Jean Giles-Sims and Charles Lockhart, Texas Christian University. IN: **Suicide and Life-Threatening Behavior**, vol. 36, no. 6 (December 2006) pp. 694-708.

[“Elderly Americans commit suicide at higher rates than other age groups. We contend that macro- and micro-social variables contribute distinct aspects to explanations of this tragic loss: the former focus on circumstances that affect overall rates, the latter reveal why certain individuals succumb to suicide. Our analysis focuses on the macro-social end of a causal sequence including variables at both levels. We describe how elderly suicide rates vary among states, show that macro social indicators of social integration contribute to cross-state variation in elderly suicide rates, and explain how selected aspects of state-level public policy contribute to reducing elderly suicide rates.”]

[Request #S07-104-802]

“Screening as an Approach for Adolescent Suicide Prevention.” By Juan B. Pena and Eric D. Caine, University of Rochester Medical Center. IN: **Suicide and Life-Threatening Behavior**, vol. 36, no. 6 (December 2006) pp. 614-637.

[“Among the provisions of the recently signed Garrett Lee Smith Memorial Act, Congress called for the use of screening to detect adolescents who are at risk for suicide. After a review of the literature, 17 studies involving screening instruments and programs were identified. We addressed the question: What do we know about the demonstrated effectiveness and safety of screening as a tool or program to prevent suicide among adolescents? While youth suicide screening programs offer the promise of improving identification for those who need treatment the most, further research is essential to understand how, when, where, and for whom screening programs can be used effectively and efficiently.”]

[Request #S07-104-803]

“A Shot in the Dark: Failing to Recognize the Link between Physical and Mental Illness.” By Tammy R. Copsey Spring, Virginia Commonwealth Medical Center, and others. IN: **Journal of General Internal Medicine**, vol. 22, no. 5 (May 2007) pp. 677-680.

[“A 74-year-old widowed white man with chronic rheumatoid arthritis presented with nausea and weight loss. He was diagnosed with failure to thrive and admitted for hydration. Misoprostol was determined to be the etiology of his symptoms and he was

discharged home. Three days later, he killed himself with a gunshot to the head. Clinicians often fail to recognize those at high risk for suicide.

Suicidal risk is increased in both psychiatric and physical illness, and particularly when both are present. Psychiatric illness, particularly depression, often underlies chronic medical illness. The purpose of this case report is to remind health care providers of the strong association between depression and chronic medical illness, and to consider this in all patients, including those who present solely with physical symptoms. Recognizing this association and screening for it, as recommended by the U.S. Preventive Services Task Force, may prevent the unnecessary tragedy of suicide.”]

Full text at:

<http://www.pubmedcentral.nih.gov/articlerender.fcgi?tool=pubmed&pubmedid=17443378>

[Request #S07-104-804]

“Suicidal Ideation among Elderly Homecare Patients.” By Patrick J. Raue and others, Cornell University. IN: International Journal of Geriatric Psychiatry, vol. 22, no. 1 (January 2007). pp. 32-37.

[“Objective: To identify the prevalence, correlates, and one-year naturalistic course of suicidal ideation in a representative sample of elderly adults newly admitted to visiting nurse homecare. Method: Five hundred and thirty-nine participants (aged ≥ 65), newly initiating homecare for skilled nursing services, were interviewed with the Structured Clinical Interview for DSM-IV (SCID-IV) and measures of depression severity, medical comorbidity, functional status, and social support. Participants were classified as having no suicidal ideation in the past month, passive ideation, active ideation, or active ideation with poor impulse control or suicide plan.

Results: Fifty-seven participants (10.6%) reported passive and six (1.2%) reported active suicidal ideation. Higher depression severity, greater medical comorbidity, and lower subjective social support were independently associated with the presence of any level of suicidal ideation. At one year, suicidal ideation persisted for 36.7% of those with ideation at baseline, and the incidence of suicide ideation was 5.4% Conclusions The high prevalence, persistence, and incidence of suicidal ideation in medically ill home healthcare patients underscore the relevance of this population for suicide prevention efforts. The clinical and psychosocial factors associated with suicidal ideation in this underserved, high-risk population are potentially modifiable and thus useful targets for suicide prevention interventions.”]

Full text at:

<http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=23488715&site=ehost-live>

[Request #S07-104-805]

“Suicide Attempts among Patients Starting Depression Treatment with Medications or Psychotherapy.” By Gregory E. Simon and James Savarino, Center for Health Studies, Seattle, Washington. IN: American Journal of Psychiatry, vol. 164, no. 7 (July 2007) pp. 1029-1034.

[“This study compared the time patterns of suicide attempts among outpatients starting depression treatment with medication or psychotherapy....Overall incidence of suicide attempt was highest among patients receiving antidepressant prescriptions from psychiatrists(1,124 per 100,000), lower among those starting psychotherapy (778 per 100,000), and lowest among those receiving antidepressant prescriptions in primary care (301 per 100,000). The pattern of attempts over time was the same in all three groups: highest in the month before starting treatment, next highest in the month after starting treatment, and declining thereafter. Results were unchanged after eliminating patients receiving overlapping treatment with medication and psychotherapy. Overall incidence of suicide attempt was higher in adolescents and young adults, but the time pattern was the same across all three treatments.

Conclusions: The pattern of suicide attempts before and after starting antidepressant treatment is not specific to medication. Differences between treatments and changes over time probably reflect referral patterns and the expected improvement in suicidal ideation after the start of treatment.” **NOTE: Journal available for loan.]**

[Request #S07-104-806]

TRAUMA/POSTTRAUMATIC STRESS DISORDER

“Early Psychosocial Intervention Following Traumatic Events.” By Jonathan I. Bisson, Johns Hopkins University, and others. IN: American Journal of Psychiatry, vol. 164, no. 7 (July 2007) pp. 1016-1019.

[“Treatment in Psychiatry begins with a hypothetical case illustrating a problem in current clinical practice. The authors review current data on prevalence, diagnosis, pathophysiology and treatment. The article concludes with the authors’ treatment recommendations for cases like the one presented....

Epidemiological studies suggest that the majority of individuals involved in traumatic events will not develop a problematic psychological response. The so-called normal response is highly variable. Some individuals will develop a marked initial reaction that resolves over a few weeks, while others will have little or not initial reaction and will not develop any difficulties. However, a minority will develop mental health difficulties that require psychological or pharmacological intervention.” **NOTE: Journal available for loan.]**

[Request #S07-107-807]