

Subject: Studies in the News: (November 30, 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

Cultural Competency

Draft: National Institute of Mental Health Strategic Plan

Homelessness and Mental Illness

Mental Health Policies
Stigma
Suicide Prevention
Trauma and PTSD
Young Adults and Mental Illness

The following studies are currently on hand:

CHILDREN AND ADOLESCENT MENTAL HEALTH

**“Parental Attitudes and Opinions on the Use of Psychotropic Medication in Mental Disorders of Childhood.” By Helen Lazaratou, University of Athens, and others.
IN: *Annals of General Psychiatry*, vol. 6 (November 15, 2007) pp. 1-23**

[“The limited number of systematic controlled studies that assess the safety and efficacy of psychotropic medications for children reinforce the hesitation and reluctance of parents to administer such medications. The aim of this study was to investigate the attitudes of parents of children with psychiatric disorders, towards psychotropic medication.

A 20-item questionnaire was distributed to 140 parents during their first contact with an outpatient child psychiatric service. The questionnaire comprised of questions regarding the opinions, knowledge and attitudes of parents towards children’s psychotropic medication. Sociodemographic data concerning parents and children were also recorded. Frequency tables were created and the chi-square test and Fisher’s exact tests were used for the comparison of the participants’ responses according to sex, educational level, age and gender of the child and use of medication.

Respondents were mostly mothers aged 25–45 years. Children for whom they asked for help with were mostly boys, aged between 6 and 12 years old. A total of 83% of the subjects stated that they knew psychotropic drugs are classified into categories, each having a distinct mechanism of action and effectiveness. A total of 40% believe that there is a proper use of psychotropic medication, while 20% believe that psychiatrists unnecessarily use high doses of psychotropic medication. A total of 80% fear psychotropic agents more than other types of medication. Most parents are afraid to administer psychotropic medication to their child when compared to any other medication, and believe that psychotherapy is the most effective method of dealing with every kind of mental disorders, including childhood schizophrenia (65%). The belief that children who take psychotropic medication from early childhood are more likely to develop drug addiction later is correlated with the parental level of education.

Parents’ opinions and beliefs are not in line with scientific facts. This suggests a need to further inform the parents on the safety and efficacy of psychotropic medication in order to improve treatment compliance.”]

Full text at: <http://www.annals-general-psychiatry.com/content/pdf/1744-859x-6-32.pdf>

“Prevalence of Positive Substance Abuse Screen Results among Adolescent Primary Care Patients.” By John R. Knight, Harvard Medical School, and others. IN: Archives of Pediatric and Adolescent Medicine, vol. 161, no. 11 (November 2007) pp. 1035-1041.

[“Objectives of article were to measure the prevalence of positive substance use screen results among adolescent primary care patients and to estimate the prevalence of substance-related problems and disorders.

The participants in the study were a consecutive sample of 12-18-year old patients (N=2133) with a study participation rate of 92.7%. The CRAFFT substance abuse screening test (a full description of this screen is given in the ‘Introduction’ of this paper....

Overall, 14.8% of adolescents had positive results on the CRAFFT screen. Prevalence rates differed significantly across practices after adjusting for demographic factors. The highest positive rates on the CRAFFT screen were at school-based health centers (29.5%) and the rural family practice (24.2%), the middle rate was at the adolescent clinic (16.6%), and the lowest rates were at the health maintenance organization (14.1%) and pediatric clinic (8.0%). Sick visits had the highest rate (23.2%). Well-child care had a significantly lower rate (11.4%). Statistical modeling estimated that 11.3% of all patients had problematic use, 7.1% had abuse, and 3.2% had dependence.

Conclusion reached was that substance abuse screening should occur whenever the opportunity arises, not at well-child care visits only.”]

Full text at: <http://archpedi.ama-assn.org/cgi/reprint/161/11/1035>

School Mental Health: Role of Substance Abuse and Mental Health Services Administration and Factors Affecting Service Provision. By Cynthia A. Bascetta, Director Health Care, U.S. Government Accountability Office. GAO-08-19R. (The Office, Washington, DC) October 5, 2007. 34 p.

[“The U.S. Surgeon General reported in 1999 that about one in five children in the United States suffer from a mental health problem that could impair their ability to function at school or in the community. Yet many children receive no mental health services. While many of the existing mental health services for children are provided in schools, the extent and manner of school mental health service delivery vary across the country and within school districts. Federally led initiatives have identified schools as a potentially promising location for beginning to address the mental health needs of children. Both the report of the Surgeon General’s Conference on Children’s Mental Health and the 2003 report of the President’s New Freedom Commission on Mental Health—Achieving the Promise: Transforming Mental Health Care in America—identified school mental health services as a means of improving children’s mental and emotional well-being.

At the federal level, the Department of Health and Human Services' (HHS) Substance Abuse and Mental Health Services Administration (SAMHSA) has a stated mission of building resilience and facilitating recovery for people—including children at risk for mental health problems. Although SAMHSA is the federal government's lead agency for mental health services, other federal agencies and departments, such as HHS's Centers for Disease Control and Prevention (CDC) and the Department of Education (Education), engage in, or coordinate, activities related to school mental health services in various ways. SAMHSA works to achieve its mission chiefly by providing grants and technical assistance. For example, the agency uses grant funds and technical assistance to support the expansion of mental health service capacity and the use of evidence-based practices in mental health services. Typically, efforts that have been validated by some form of documented scientific data are referred to as evidence-based.

We were asked to provide information on school mental health services and the role of SAMHSA in this area. In this report, we describe (1) SAMHSA's coordination with other federal departments and agencies to support mental health services in schools, (2) the efforts SAMHSA has made to identify and support evidence-based school mental health services and best practices for service delivery, and (3) factors that affect the provision of mental health services in schools.”]

Full text at: <http://www.gao.gov/new.items/d0819r.pdf>

Treating Concurrent Substance Use and Mental Disorders in Children and Youth: A Research Report Prepared for Child and Youth Mental Health Policy Branch British Columbia Ministry of Children and Family Development. By Christine Schwartz, Simon Fraser University, and others. (The University, Vancouver, British Columbia) March 2007. 25 p.

[“The Children’s Health Policy Centre in the Faculty of Health Sciences at Simon Fraser University prepared this report at the request of the British Columbia (BC) Ministry of Children and Family Development (MCFD). Our goal was to summarize the best currently available research evidence in order to inform policy and practice for treating concurrent substance use and mental disorders in children and youth. This report is one in a series of reports prepared in support of MCFD’s Child and Youth Mental Health Plan for BC. Our reports summarize the best currently available research evidence on the prevention and treatment of a wide variety of children’s mental health problems and are intended as a resource for policy-makers, practitioners, families and community members.”]

Full text at: <http://www.childhealthpolicy.sfu.ca/publications/documents/RR-16-07-full-report.pdf>

CULTURAL COMPETENCY

Innovative Practices in Multicultural Health Care. By the National Committee for Quality Assurance. (The Committee, Washington, D.C.) 2007. 32 p.

[“Many quality improvement activities directly target clinical processes and outcomes for a general population and racially/ethnically/economically identified subpopulations. A continually growing body of evidence illustrates that such efforts can reduce disparities in care and errors related to literacy levels and language needs. According to an Institute of Medicine (IOM) report, “racial and ethnic minorities tend to receive a lower quality of health care than non-minorities tend to receive a lower quality of health care than non-minorities, even when access-related factors, such as insurance status and income are controlled.” In light of this finding, the IOM clearly identifies disparities in health and health care, as well as lack of attention to patients’ cultural and linguistic needs, as pressing issues for America’s health care system. Research shows disparities based on race, ethnicity, gender, and socioeconomic status in the receipt of preventive services and treatments. Recent analyses of Medicare managed care data indicates that while quality has improved greatly over the past five years, significant disparities in the treatment and control of chronic conditions persist.

In the past year, we learned that when patients have “medical homes” – health care settings that provide patients with timely, well-organized care and enhanced access to providers – racial and ethnic disparities are reduced or eliminated. Unfortunately, some pay for performance and public quality-reporting programs have had the unintended consequence of increasing racial and ethnic disparities; thus, it is imperative to highlight programs that demonstrate the impact of and build the business case for quality improvement activities related to language needs, cultural competence, and health care disparities.”]

Full text at:

http://web.ncqa.org/Portals/0/HEDISQM/CLAS/CLAS_InnovativePrac07.pdf

DRAFT: NATIONAL INSTITUTE OF MENTAL HEALTH STRATEGIC PLAN

National Institute of Mental Health Strategic Plan. By the National Institute of Mental Health. Draft. (The Institute, McLean, Virginia) 26 p.

[“Important discoveries in areas such as genetics, neuroscience, and behavioral science largely account for the substantial gains in knowledge that have helped us to understand the complexities of mental illnesses and behavioral disorders over the past 15 years. The elaboration of observed behavior, which include such aspects as cognition, emotions, social interactions, learning, motivation, and perception, are the observable ‘tips of the iceberg’ in reflecting the expanse of complexity further revealed in studying genes, proteins, cells, systems, and circuits. To inspire and support research that will continue to make a difference for those living with mental illness, we developed this Strategic Plan to guide what has become an increasingly complex research effort. The Plan seeks to bring into sharper focus the methods, questions, and perspectives that will transform the diagnosis, treatment, and prevention of mental disorders, paving the way for cures.

With this goal in mind, NIMH identified four overarching Strategic Objectives...The four Strategic Objectives can viewed as a cumulative progression of the Institute’s priorities for the next 5 years....The structure of this Strategic Plan is based on the following four Objectives: 1.) Promote Discovery in the Brain and Behavioral Science to Fuel Research on the Causes of Mental Disorders; 2.) Chart Mental Illness Trajectories to Determine When, Where and How to Intervene; 3.) Develop New and Better Interventions that Incorporate the Diverse Needs and Circumstances of People with Mental Illnesses; and, 4.) Strengthen the Public Health Impact of NIMH-Supported Research.”]

Full text at: <http://www.nimh.nih.gov/about/strategic-planning-reports/nimh-draft-strategic-plan.pdf>

HOMELESSNESS

Fannie Mae Homelessness in America: American’s Perceptions, Attitudes and Knowledge. By Gallup, Inc. (Gallup, Princeton, New Jersey) 55 p.

[“The following report presents the findings of a quantitative survey research program conducted by Gallup, Inc. on behalf of Fannie Mae. The overall objective of the study was to examine adults’ perceptions and knowledge of homelessness in America. The study also measures public opinion as to who and why some people may become homeless, and in particular, why U.S. veterans may be homeless.

To achieve this goal, Gallup, Inc. conducted more than 5200 interviews with adults residing in telephone households in the United States. The studies included a national survey of 1,005 veterans who had served in any military service, the findings of which were released on November 8, 2007, in Washington, D.C. and included in a separate report. Gallup also conducted a national survey of 1002 adults, among the U.S. general population age 18 and over (included in this report). In addition, Gallup surveyed 3,216 adults living in eight major U.S. cities (approximately 400 in each city’s metropolitan statistical area (MSA), included in this report). The eight cities selected for this study have partnered with the Fannie Mae Foundation to raise awareness and funds through the Foundation’s 20th annual Help the Homeless Walkathon on November 17, 2007. Each of these cities has engaged organizations and civic leadership to help address the unique issues surrounding homelessness in their local communities. The cities surveyed include:

- Atlanta, GA
- Boston, MA
- Charlotte, NC
- Dallas, TX
- Denver, CO
- Los Angeles, CA
- Seattle, WA
- Washington, DC

The surveys were conducted beginning on September 4 through October 17,

2007. Of note, interviewing was conducted prior to the fires in California. Up to five calls were made to each household to reach an eligible respondent, that is, one initial call plus four additional calls if necessary. The sampling frames used for this study included (1) a random-digit dial (RDD) sampling frame designed to include both listed telephones and unlisted telephones in each of the eight cities, and (2) a national sample of U.S. adults residing in households with telephones drawn from Gallup's proprietary in-house probability sampling frame and (3) a cross-section sample of U.S. veterans residing in households with telephones drawn from Gallup's national probability sampling frame.”]

Full text at: http://www.fanniema.com/media/pdf/GP_Citiesfinal.pdf

Improving the Health of Canadians 2007-2008: Mental Health and Homelessness. Canadian Population Health Initiative. By the Canadian Institute for Health Information. (The Institute, Ottawa, Ontario) 2007. 70 p.

[“Individuals experiencing homelessness live in shelters, on the street, with friends or family or in other facilities. Statistics Canada estimates that more than 10,000 people in Canada are homeless on any given night. Studies indicate that people who are homeless are more likely to experience compromised mental health and difficulties accessing health services than others....

This report presents an overview of research data, interventions and policy directions related to mental health and homelessness. It is organized into two sections. The first section presents compiled estimates of the prevalence of both homelessness and self-reported mental health issues among the homeless across Canada. The second section looks at the effectiveness of two types of related policies and programs-housing and community mental health programs-and their role in promoting mental health and helping people find a way out of homelessness. The report concludes with an overview of what we know and what we do not know about the links between mental health and homelessness.”]

Full text at:

http://secure.cihi.ca/cihiweb/products/mental_health_report_aug22_2007_e.pdf

MENTAL POLICES AND PROCEDURES

Screening and Entry into Mental Health Treatment: Balancing Help for the Individual and the Community. By the National Conference of State Legislators. (The Conference, Washington, DC) November 2007. 4 p.

[“The National Institute of Mental Health estimates that one in 10 children suffer from mental illness severe enough to result in significant functional impairment. An estimated 26.2 percent of Americans ages 18 and older — about one in four adults — suffer from a diagnosable mental disorder in a given year.¹ Even though we have made marked

progress in recent years in identifying and providing services to individuals with mental illness, the fact remains that nearly two-thirds of all individuals with a diagnosable mental disorder fail to seek treatment due to the stigma associated with mental illness.

In 2003, President Bush's New Freedom Commission on Mental Health published recommendations which included the promotion of early mental health screening, assessment and referral. Their reasons cited new understanding of the brain indicating that early identification and intervention could sharply improve outcomes, and that longer periods of abnormal thoughts and behavior have cumulative effects which could limit the capacity for recovery. The report recognizes that currently there is no agency or system responsible for young people with serious emotional disturbances. Children with mental disturbances have the highest rates of failure in school, with more than 50 percent of this population dropping out of high school. The report recommended systematic screening procedures in all settings in which children, youth, or older adults are at high risk for mental illnesses.

After the Virginia Tech shootings in the spring of 2007, community leaders found themselves grappling with the question of how to balance helping those with mental illness while at the same time assuring the safety of the community and preserving privacy and liberty for the individual. In the next year many state legislators will consider these questions and more as they examine their existing state systems and how they provide for the needs of all populations.”]

Full text at: <http://www.ncsl.org/programs/health/forum/screening.htm>

“Mental Health Services Then and Now.” By David Mechanic, Rutgers University. IN: Health Affairs, vol. 26, no. 6 (2007) pp. 1548-1550.

[“Over the past twenty-five years, psychiatric services have shifted from hospital to community. Managed care reinforces this trend. Mental illness is better understood and less stigmatized, and services are more commonly used. But many in need do not receive care consistent with evidence-based standards, or at all. Challenges are greatest for people with serious and persistent mental illnesses who depend on generic health and welfare programs and integrated services. Evidence-based rehabilitative care is often unavailable. Failures in community care lead to arrest; jail diversion and treatment are required. Despite progress, implementing an effective, patient-centered care system remains a formidable challenge.”]

Full text at: <http://content.healthaffairs.org/cgi/reprint/26/6/1548>

STIGMA

“Application of Mental Illness Stigma Theory to Chinese Societies: Synthesis and New Directions.” By L. H. Yang, Columbia University. IN: Singapore Medical Journal, vol. 48, no. 11 (2007) pp. 977-985.

[“The rapidly-evolving literature concerning stigma towards psychiatric illnesses among Chinese groups has demonstrated pervasive negative attitudes and discriminatory treatment towards people with mental illness. However, a systematic integration of current stigma theories and empirical findings to examine how stigma processes may occur among Chinese ethnic groups has yet to be undertaken. This paper first introduces several major stigma models, and specifies how these models provide a theoretical basis as to how stigma broadly acts on individuals with schizophrenia through three main mechanisms: direct individual discrimination, internalisation of negative stereotypes, and structural discrimination. In Chinese societies, the particular manifestations of stigma associated with schizophrenia are shaped by cultural meanings embedded within Confucianism, the centrality of "face", and pejorative aetiological beliefs of mental illnesses. These cultural meanings are reflected in severe and culturally-specific expressions of stigma in Chinese societies. Implications and directions to advance stigma research within Chinese cultural settings are provided.” **NOTE: Copy of article can be obtained from CA State Library.]**

SUICIDE PREVENTION

“A Common Casualty of Old Age: The Will to Live.” By Jane E. Brody. IN: The New York Times, Science Desk Section (November 27, 2007) 7.

[“Suicide is more common among older Americans than any other age group. The statistics are daunting. While people 65 and older account for 12 percent of the population, they represent 16 percent to 25 percent of the suicides. Four out of five suicides in older adults are men. And among white men over 85, the suicide rate -- 50 per 100,000 men -- is six times that of the general population.

Yet, says Dr. Gary J. Kennedy, director of geriatric psychiatry at Montefiore Medical Center in the Bronx, ‘If you consider only major depression as the antecedent of elder suicide, you’ll miss 20 to 40 percent of cases in which there is no sign of mental illness.’

Dr. Kennedy, who is also affiliated with Albert Einstein College of Medicine, recently directed a symposium in New York on preventing suicide in older adults, designed to alert both mental health and primary care practitioners to the often subtle signs that an older person may try to end it all.” **NOTE: Copy of article can be obtained from the CA State Library.]**

Holiday Suicide Link: Newspapers Turn the Corner. By the Annenberg Public Policy Center of the University of Pennsylvania. (The Center, Philadelphia, Pennsylvania) November 19, 2007. 4 p.

[“Newspapers are close to putting to rest the myth that the holidays increase the risk of suicide. A new study shows a dramatic drop in articles that – despite having no basis in fact – attribute the arrival of the holiday season with an uptick in suicides.

An analysis of newspaper reporting released today by the Annenberg Public Policy Center shows that only nine percent of articles written during last year's holiday season (2006-2007) about suicides perpetuated the myth. That represents a statistically significant drop from the previous holiday period when more than 50 percent supported the myth. The majority of last season's stories debunked the myth.

The rate of suicide in the U.S. is lowest in December, and peaks in the spring and fall. Data collected by the National Center for Health Statistics (see Figure 1 below) show that this pattern has not changed through 2004, the most recent year for which national data are available. The Annenberg Public Policy Center of the University of Pennsylvania has been tracking holiday suicide reporting since 2000 when it released its first press alert on newspaper coverage of the myth.”]

Full Text at:

http://www.annenbergpublicpolicycenter.org/Downloads/Releases/Release_HolidaySuicide_111907/suicidereleasenov152007final.pdf

“A Review of Rates, Risk Factors and Methods of Self Harm among Minority Ethnic Groups in the UK: A Systematic Review.” By Kamaldeep Bhui, Queen Mary’s School of Medicine and Dentistry, and others. IN: BMC Public Health, vol. 7 (November 19, 2007) pp. 1-34.

[“Studies suggest that the rates of self harm vary by ethnic group, but the evidence for variation in risk factors has not been synthesised to inform preventive initiatives.

Methods We undertook a systematic literature review of research about self harm that compared at least two ethnic groups in the United Kingdom.

Results: 25 publications from 1765 titles and abstracts met our inclusion criteria. There was higher rate of self harm among South Asian women, compared with South Asian men and White women. In a pooled estimate from two studies, compared to their white counterparts, Asian women were more likely to self harm (Relative Risk 1.4, 95% CI: 1.1 to 1.8, $p=0.005$), and Asian men were less likely to self harm (RR 0.5, 95% CI: 0.4 to 0.7, $p<0.001$). Some studies concluded that South Asian adults self-harm impulsively in response to life events rather than in association with a psychiatric illness. Studies of adolescents showed similar methods of self harm and interpersonal disputes with parents and friends across ethnic groups. There were few studies of people of Caribbean, African and other minority ethnic groups, few studies took a population based and prospective design and few investigated self harm among prisoners, asylum seekers and refugees.

Conclusions: This review finds some ethnic differences in the nature and presentation of self harm. This argues for ethnic specific preventive actions. However, the literature does not comprehensively cover the UK’s diverse ethnic groups.”]

Full text at: <http://www.biomedcentral.com/content/pdf/1471-2458-7-336.pdf>

"Sexual Orientation and Risk Factors for Suicidal Ideation and Suicide Attempts among Adolescents and Young Adults." By Vincent M. B. Silenzio, Columbia University, and others. IN: American Journal of Public Health, vol. 97, no. 11 (November 2007) pp. 2017-2019.

["Same gender sexual orientation has been repeatedly shown to exert an independent influence on suicidal ideation and suicide attempts, suggesting that risk factors and markers may differ in relative importance between lesbian, gay, and bisexual individuals and others. Analyses of recent data from the National Longitudinal Study of Adolescent Health revealed that lesbian, gay, and bisexual respondents reported higher rates of suicidal ideation and suicide attempts than did heterosexual respondents and that drug use and depression were associated with adverse outcomes among heterosexual respondents but not among lesbian, gay, and bisexual respondents." **Note: This journal available for loan or contact the library for a copy of the article.**]

TRAUMA AND PTSD

"Previous Trauma Exposure and PTSD Symptoms as Predictors of Subjective and Biological Response to Stress." By Cheryl Regehr, University of Toronto, and others. IN: Canadian Journal of Psychiatry, vol. 52, no. 10 (October 2007) pp. 675-683.

["Objective: The immediate and long-term effects of traumatic exposure and subsequent posttraumatic stress reactions in people in high-risk occupations are well-documented. What is less evident is the impact of this traumatic exposure and subsequent traumatic stress symptoms on workers' response to acute stress situations. This study aimed to examine the association between prior traumatic exposure related to policing, current posttraumatic stress symptoms and biological markers of stress, and subjective appraisal of stress before, during, and after exposure to acutely stressful stimuli.

Method: A stressful policing situation was created through the use of a video simulator room. Participants' responses to the simulated emergency were evaluated by monitoring heart rate, collecting salivatory samples for cortisol analysis, and repeated administration of a subjective measure of anxiety. Results: Biological indicators of stress, as measured by cortisol level and heart rate, were not associated with previous trauma exposure or trauma symptoms; however, biological response was associated with subjective anxiety. Vulnerability to psychological stress responses during an acute stress situation was also associated with lower levels of social support, previous traumatic exposures, and preexisting symptoms of traumatic stress. The importance of these factors became more pronounced as time progressed after the event.

Conclusion: Previous trauma exposure did not put individuals at increased risk of biological distress during an acute stress situation. However, previous trauma and reduced social supports were associated with continuing psychological distress, confirming previous research and raising concerns about the cumulative negative effects of traumatic exposure on psychological health in emergency responders."]

Full text at:

<http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=27223446&site=ehost-live>

YOUNG ADULTS AND MENTAL HEALTH

Depression and the Initiation of Cigarette, Alcohol, and other Drug Use among Young Adults. By the Substance Abuse and Mental Health Services Administration, Office of Applied Studies. The NSDUH Report. (The Administration, Rockville, Maryland) November 15, 2007. 4 p.

[“Research has shown a strong association between mental disorders and substance use disorders. There is evidence that this linkage may be bidirectional: depression may be associated with an escalation of substance use, and chronic substance abuse may be a factor in the development of depression. The association between depression and the initiation of alcohol and other drug use among youths aged 12 to 17 was investigated in a previous issue of The NSDUH Report.³ This report examines the linkage among young adults aged 18 to 25. The National Survey on Drug Use and Health (NSDUH) includes questions for adults aged 18 or older to assess lifetime and past year major depressive episode (MDE).”]

Full text at: <http://oas.samhsa.gov/2k7/newUsers/depression.pdf>