

Subject: Studies in the News: (December 12, 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
Depression and Suicide Rates
Disparities
Evidence-Based Practices
Mental Health Policies and Procedures
Suicide Prevention

The following studies are currently on hand:

CHILDREN AND ADOLESCENT MENTAL HEALTH

Are Children Accessing and Using Needed Mental Health Care Services? The Case of the San Mateo County Healthy Kids Program. By Louise Palmer, The Urban Institute, and others. Health Policy Briefs. No. 23. (The Institute, Washington, DC) October 2007. 8 p.

[“Mental health care services have been shown to prevent juvenile delinquency and improve cognitive, academic, and social outcomes for children. However, for various reasons, not all children with mental health needs access necessary services. While mental health disorders affect one in five children living in the United States, only a fifth of all children who need mental health services receive them. This unmet need for mental health services is especially high for Latino children relative to other children.

This brief provides data from San Mateo County, California, which provides subsidized health and mental health insurance to uninsured children in families with incomes below 400 percent of the federal poverty level who are ineligible for Medi Cal (the federal-state insurance program for low-income children) and Healthy Families (California’s SCHIP program) because of family income or documentation status....

In San Mateo County, Healthy Kids serves predominantly low-income, undocumented, Latino children whose first language is Spanish. The Healthy Kids program offers a comprehensive mental health benefits package. This brief discusses how many children are accessing mental health services through the program, how they access services, and possible reasons children who need services do not access them.”]

Full text at: http://www.urban.org/UploadedPDF/411573_children_mental_care.pdf

“Promoting Mental Health in Early Childhood Programs Serving Families From Low-Income Neighborhoods.” By Susan M. Breitenstein, Rush University College of Nursing, and others. IN: Journal of American Psychiatric Nurses Association, vol. 13, no. 5 (October 2007) pp.313-320.

[“Although the majority of young children growing up in low-income communities will not experience mental health problems, a proportion of children will develop problems that can be painful for families and costly to society. There is growing consensus that preventive interventions in the first 5 years of life are the most cost-effective strategy for reducing children's mental health problems. The purposes of this article are to (a) present the case for providing health promotion and preventive interventions to economically disadvantaged parents of young children as standard practice in early childhood programs and (b) describe the feasibility and utility of incorporating mental health promotion services in child care centers serving low-income families using the Chicago Parent Program (CPP) as an example. The CPP is an evidence-based intervention designed in

collaboration with low-income, ethnic minority parents to promote positive parenting skills and reduce behavior problems in young children.” **NOTE: Contact CA State Library for copy of article.]**

CUTURAL COMPETENCY

“Cultural Competence Reexamined: Critique and Directions for the Future.” By Elizabeth A. Carpenter-Song, Harvard Medical School, and others. IN: Psychiatric Services, vol. 58, no. 10 (October 2007) pp. 1362-1365.

[“This Open Forum aims to stimulate productive dialogue about cultural competence in providing mental health care. The authors examine recent calls for culturally competent care in mental health practice and give a brief overview of the context in which demands for such care have arisen. Using select examples from anthropology, the authors provide evidence of the importance of culture in the production, presentation, and experience of psychic distress. Acknowledging the value of culturally appropriate care, the authors synthesize anthropological critiques of cultural competence models. The essay concludes with suggestions for future directions in cultural competence research and implementation.” **NOTE: Copy of this article can be obtained from the California State Library.]**

The Hispanic Family in Flux. By Roberto Suro, Center on Children and Families. CCFC Working Paper. (The Brookings Institute, Washington, DC) November 2007. 18 p.

[“By virtue of its size, growth, and relative youth, the Hispanic population will have a growing impact on all policy matters related to the family. This impact will be large and distinctive. The growth of the Hispanic population has already slowed the decline of the two-parent family in the United States as immigration produces a steady flow of young adults with a higher propensity to marry than their native-born peers, both Latino and non-Latino. But, immigration, particularly under current policies, is also producing a disproportionate number of Hispanics who are geographically separated from their spouses. The dynamics shaping the Hispanic family are both complex and fluid. Within the Hispanic population there are notable differences in the prevalence of some key behaviors. Of greatest concern is the finding that births to women who are unmarried are more common among native-born Latinos than foreign born Latinos. Such differences are especially significant for the long term because a large and growing share of the youth population is made up of the native-born children of immigrants. Survey data shows that a powerful process of acculturation is taking place among immigrants and their offspring which produces an erosion of the strong sense of family evident among recent immigrants in favor of attitudes similar to those of non-Latinos in the U.S. population.”]

Full text at:

http://www.brookings.edu/~media/Files/rc/papers/2007/11_hispanicfamily_suro/11_hispanicfamily_suro.pdf

"Towards Cultural Competence in Child Intake Assessments." By Kathryn Ecklund, California State University, Sacramento. IN: Professional Psychology: Research and Practice, vol. 38, no. 4 (August 2007) pp. 356-362.

[“As cultural diversity within the U.S. population increases, cultural competence in service delivery to children, youths, and families is a growing necessity. This article presents a process for integrating assessment of cultural data with the traditional intake assessment in children's mental health. The purpose and process of integrating cultural assessment throughout the child intake are presented. By using the cultural formulation guidelines proposed in the Diagnostic and Statistical Manual of Mental Disorders (4th ed.; American Psychiatric Association, 1994), the content of a culture-integrated assessment is conceptualized and organized. The purpose of this article is to assist child, youth, and family psychologists with developing applied cultural competency skills in the context of the intake assessment with children.” **Note: Contact CA State Library for copy of article.**]

DEPRESSION AND SUICIDE RATES

Ranking America’s Mental Health: An Analysis of Depression across the States. By Tami L. Mark, Thomson HealthCare and others. (Mental Health America, Alexandria, Virginia) November 29, 2007. 50p.

[“Depression is a chronic illness that exacts a significant toll on America’s health and productivity. This illness is the leading cause of disability in the United States for individuals ages 15 to 44 (World Health Organization, 2004). Lost productive time among U.S. workers due to depression is estimated to be in excess of \$31 billion per year (Steward et al., 2003). Depression frequently co-occurs with a variety of medical illnesses such as heart disease, cancer, chronic pain and is associated with poorer health status and prognosis (Munce, 2007); Blumenthal et al., 2007, Moussavi, 2007). Tragically, each year, roughly 30,000 Americans take their lives, while hundreds of thousands make suicide attempts (Centers for Disease Control and Prevention). In 2004, suicide was the 11th leading cause of death in the United States (Centers for Disease Control and Prevention), third among individuals 15-24....

In this report, depression levels and suicide rates among all 50 states and the District of Columbia are compared. Then they are analyzed to identify variables that are associated with lower rates of depression and suicide, thereby highlighting strategies that states can pursue to improve their population’s mental health status and reduce suicide rates.”]

Full text at: <http://www.mentalhealthamerica.net/go/state-ranking>

DISPARITIES

“Race-ethnic Inequality and Psychological Distress: Depressive Symptoms from Adolescence to Young Adulthood.” By J. Scott Brown, Miami University, and others. IN: *Developmental Psychology*, vol. 43, no. 6 (November 2007) pp. 1295-1311.

[“Social inequality is well established in the mental health of race-ethnic groups, but little is known about this disparity from adolescence to young adulthood. This study examined differences in trajectories of depressive symptoms across 4 race-ethnic groups (Whites, Blacks, Hispanics, and Asians) using 3 waves of the National Longitudinal Study of Adolescent Health. Latent trajectory analyses showed race-ethnic variations among both females and males. Stressors were significantly related to depressive symptoms for all study members, but they accounted for symptom trajectories only among Black males and minority females. Persistent differences in trajectories for Blacks and Whites showed parallel slopes that did not converge over time. Neither background characteristics nor social resources (i.e., social support) altered this gap. However, social support represents a potential equalizer of these race-ethnic differences, owing to the ubiquitous nature of its protective effects.” **Note: Contact CA State Library for copy of article.**]

“Reaching Out to Those in Need: The Case for Community Health Science.” By Mark DeHaven and Nora E. Gimpel, University of Texas. IN: *Journal of the American Board of Family Medicine*, vol. 7 (2007) pp. 527-532.

[“The present health care delivery model in the United States does not work; it perpetuates unequal access to care, favors treatment over prevention, and contributes to persistent health disparities and lack of insurance. The vast majority of those who suffer from preventable diseases and health disparities, and who are at greatest risk of not having insurance, are minorities (Native Americans, Hispanics, and African Americans) and those of lower socioeconomic status. Because the nation's poor are most affected by built-in inequities in the health care system and because they have little political power, policy makers have been able to ignore their responsibility to this group. Family medicine leaders have an opportunity to integrate community health science into their academic departments and throughout the specialty in a way that might improve health care for the underserved. The specialty could adapt existing structures to better educate and involve students, residents, and faculty in community health. Family medicine can also involve community practices and respond to community needs through practice based research networks and community based participatory research models. It may also be possible to coordinate the community activities of family medicine organizations to be more responsive to the health crisis of those in need. More emphasis on community health science is consistent with family medicine's roots in social reform, and its historical and philosophical commitment to the principle of uninhibited access to medical care for the underserved.”]

Full text at: <http://www.jabfm.org/cgi/reprint/20/6/527>

EVIDENCE-BASED PRACTICES

“AACAP 2005 Research Forum: Speeding the Adoption of Evidence-Based Practice in Pediatric Psychiatry.” By John S. March, Duke University, and others. IN: Journal of American Academy of Child and Adolescent Psychiatry, vol. 46, no. 9 (September 2007) pp. 1098-1110.

[“At the 2005 Annual Meeting of the American Academy of Child and Adolescent Psychiatry (AACAP), the Academy's Workgroup on Research conducted a Research Forum entitled ‘Increasing Research Literacy Through the Adoption of Evidence-Based Practice (EBP) in Pediatric Psychiatry.’

Forum participants focused on speeding the adoption of EBP across five areas: EBP as the preferred heuristic for teaching research literacy, use of EBP in training programs, dissemination of EBP in clinical practice, EBP in partnership with industry, and EBP as a framework for developing practice guidelines.

EBP provides an easy-to-understand method for accessing and evaluating the research literature and then applying this information to decisions about patient care. Although EBP has been gaining greater visibility in pediatric psychiatry, it is far from the preferred heuristic. To move the field toward fully embracing EBP will require greater understanding of what EBP is (and is not), educating mental health professionals in EBP skills, access to EBP resources, and a commitment to apply EBP to the conceptualization and design of research protocols and practice guidelines. Conclusions were that Pediatric psychiatry would benefit from a principled commitment to follow other areas of medicine in adopting EBP.” **Note: Contact CA State Library for copy of article.]**

“Implementation of Evidence-Based Practice in Community Behavioral Health: Agency Director Perspectives.” By Enola K. Proctor, Washington University in Saint Louis, and others. IN: Administration and Policy in Mental Health and Mental Health Services Research, vol. 34, no. 5 (September 2007) pp. 479-488.

[“Despite a growing supply of evidence-based mental health treatments, we have little evidence about how to implement them in real-world care. This qualitative pilot study captured the perspectives of agency directors on the challenge of implementing evidence-based practices in community mental health agencies. Directors identified challenges as limited access to research, provider resistance, and training costs. Director leadership, support to providers, and partnerships with universities were leverage points to implement evidenced-based treatments. Directors' mental models of EBP invoked such concepts as agency reputation, financial solvency, and market niche. Findings have potential to shape implementation interventions.” **Note: Contact CA State Library for copy of article.]**

“Trauma Professionals’ Attitudes and Utilization of Evidence-Based Practices.” By Matt J. Gray, University of Wyoming, and others. IN: Behavior Modification, vol. 31, no. 6 (November 2007) pp. 732-748.

[“This study was designed to evaluate attitudes toward and utilization of evidence-based practices (EBPs) among mental health professionals specializing in trauma. An Internet survey was completed by 461 trauma professionals who were recruited via International Society for Traumatic Stress Studies membership rolls and electronic mailing lists of trauma special interest groups. Although a minority of participants held negative views of EBPs, the overwhelming majority of respondents were supportive of the EBP movement. Theoretical orientation, training model, and age were associated with EBP attitudes. Favorable EBP attitudes were not as strongly related to reported clinical behaviors as might reasonably be expected. Even respondents utilizing unsupported treatments espoused positive EBP opinions, suggesting that practitioners may hold widely varying evidentiary standards.” **Note: Contact CA State Library for copy of article.**]

MENTAL HEALTH POLICIES AND PROCEDURES

The Commonwealth Fund 2007 International Symposium on Health Care Policy. Descriptions of Health Care Systems: Australia, Canada, Germany, the Netherlands, New Zealand, the United Kingdom and the United States. By The Commonwealth Fund. (The Fund, New York, New York) November 26, 2007. 14 p.

[“At a time when most Americans favor an overhaul of our healthcare system it's important to look closely at what other countries are getting right. A growing number of health care stakeholders, including policymakers and insurance industry officials, are recommending that we look across the Atlantic to explore the health systems in countries that cover all of their citizens.

The Commonwealth Fund's 2007 International Health Policy Survey released in October—our 10th annual international survey—reveals that, while no one health system provides an ideal model, we have much to learn from the other countries. The complete results of the survey of 12,000 adults in Australia, Canada, Germany, the Netherlands, New Zealand, the United Kingdom, and the United States were published as a *Health Affairs* Web Exclusive authored by Cathy Schoen, Robin Osborn, Michelle M. Doty, Meghan Bishop, Jordon Peugh, and Nandita Murukutla. (See this article in the current Studies in the News Issue.)

The survey found that financial barriers prevent many U.S. adults from getting the care they need. Thirty-seven percent of all U.S. adults surveyed skipped medications, did not see a doctor when sick, or did not obtain recommended care because they could not afford it. Despite going without care, 30 percent of U.S. adults reported paying more than \$1,000 in out-of-pocket medical costs in the last year. By contrast, only 5 percent of adults in the Netherlands and 8 percent in the U.K., reported problems accessing care due to costs. And only 5 percent of adults in the Netherlands and 4 percent of adults in the U.K reported paying more than \$1000 in out-of-pocket costs.”]

Full text at:

http://www.commonwealthfund.org/usr_doc/Int_Country_Profiles_final.pdf?section=4036

"Mental Health in the Mainstream of Health Care: The Mostly Inadvertent Shift to 'Mainstream' Health Care and Social Insurance Programs Greatly Benefited People with Mental Illness." By Richard G. Frank, Harvard University, and Sherry A. Glied, Columbia University. IN: Health Affairs, vol. 26, no. 6 (November/December 2007) pp. 1539-1541.

["Mental health policy making has moved steadily into the mainstream of health policy. The phenomenon has expanded the resources available to people with mental disorders. It has also led to decisions that are based on inadequate understanding of mental illnesses and their treatment. Continued progress in the well-being of people with mental disorders requires expanded engagement of the mental health community with mainstream policymakers." **NOTE: Journal may be borrowed from library.**]

"State Mental Health Policy: Critical Priorities Confronting State Mental Health Agencies." By Noel A. Mazade and Robert W. Glover, National Association of State Mental Health Program Directors. IN: Psychiatric Services, vol. 58, no. 9 (September 2007) pp. 1148-1150.

["The authors of this column report on an environmental scan conducted via intensive interviews of the 55 state and territorial state mental health agency (SMHA) directors who collectively oversee a \$28 billion budget and serve nearly six million Americans who have a serious mental illness. Currently, a dynamic set of forces are substantively reshaping the role, resources, and capacities of the SMHA within the larger fabric of state government. As such, SMHA directors developed year 2007 priorities. These priorities include integrating health and mental health care, enhancing consumer empowerment, addressing mental health workforce crises (for example, training and recruitment), and ensuring financial stewardship." **NOTE: A copy of this article can be obtained from the California State Library.**]

"Toward Higher Performance Health Systems: Adults' Health Care Experiences in Seven Countries, 2007." By Cathy Schoen, Commonwealth Fund and others. IN: Health Affairs – Health Affairs Web Exclusive, vol. 26, no. 6 (October 31, 2007) pp. w717-w734.

["This 2007 survey compares adults' health care experiences in Australia, Canada, Germany, the Netherlands, New Zealand, the United Kingdom, and the United States. In all countries, the study finds that having a "medical home" that is accessible and helps coordinate care is associated with significantly more positive experiences. There were wide country differences in access, after-hours care, and coordination but also areas of shared concern. Patient-reported errors were high for those seeing multiple doctors or having multiple chronic illnesses. The United States stands out for cost-related access barriers and less-efficient care."]

Full text at: <http://content.healthaffairs.org/cgi/reprint/26/6/w717>

SUICIDE PREVENTION

"The Contribution to Suicide Prevention of Restricting Access to Methods and Sites." By Annette Beautrais, University of Otago, New Zealand. IN: Crisis: the Journal of Crisis Intervention and Suicide Prevention, vol. 28, Supplement 1 (2007) pp.1-3.

["There is now a large body of research literature suggesting that restricting access to a particular method of suicide may successfully reduce suicides by that method. However, the extent to which reductions in rates of suicide by one method that is restricted are paralleled by reductions in overall suicide rates is less clear, and this has led to debates about the extent to which restriction of one method may lead to substitution through an equally lethal method. While the risk of substitution has often been used as an argument against restricting access to specific methods of suicide, even in cases in which substitution may occur, method restriction may still be justified. In particular, if it becomes apparent that some particular feature of the environment facilitates or encourages suicidal behavior it may be ethical to remove access to that feature even though there is a risk of substitution.

The accumulated evidence suggests that restricting access to a wide range of means and sites of suicide can be an effective, relatively simple approach to suicide prevention--an approach that is, perhaps, sometimes undervalued. At the very least, restriction of method should be considered as one component of any integrated plan for local, regional, and national suicide prevention. This journal supplement presents a series of papers focusing on specific means of suicide and discusses, for each method, current developments in restricting access to that method and the impact thereof on suicide." **Note: Contact CA State Library for copy of article.]**