

Subject: Studies in the News: (January 15, 2008)



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
Depression
Disparities
Evidence-Based Practices
Homelessness
Immigrants and Mental Health
Mental Health Policies

**Mental Health and Substance Abuse
Psychiatric and Advance Directives
Stigma
Suicide Prevention
Trauma and PTSD
Virginia Tech-Lessons Learned**

The following studies are currently on hand:

CHILDREN AND ADOLESCENT MENTAL HEALTH

California Report Card 2008: The State of the State's Children. By Children Now. (The Organization, Oakland, California) 2007. 52 p.

[“California Report Card 2008: The State of the State's Children highlights the health and education status of California children by assigning letter grades to key individual determinants. The report card, produced by Children Now, presents indicators of child health, education, and cross-systems issues. Topics include health insurance, oral health, asthma, mental health, infant health, adolescent health, early care and education, K-12 education, after-school programs, obesity, child safety, and integrated services. Notable policy progress, recommendations, and data are included.”]

Full text at: <http://publications.childrennow.org/assets/pdf/policy/rc08/ca-rc-2008.pdf>

"Perceiving a Problem-Solving Task as a Threat and Suicidal Behavior in Adolescents." By Israel Orbach, Bar-Illan University, and others. IN: Journal of Social & Clinical Psychology, vol. 26, no. 9 (November 2007) pp. 1010-1034.

[“The article presents a study that examined the link between appraisals of problem tasks as a threat or challenge, suicidality and the extent to which this link is mediated by hopelessness and problem-solving performance. Participants were classified into three adolescent groups, such as the suicidal inpatients, nonsuicidal inpatients, and a nonclinical control group. Evaluation of problem tasks as a threat emerged as a distal factor of suicidality mediated by hopelessness and problem-solving performance even after controlling for cognitive rigidity and emotion regulation.”]

Full text at:

<http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=27617746&site=ehost-live>

Scientists Can Predict Psychotic Illness in up to 80 Percent of High Risk Youth. By the National Institute of Mental Health. Press Release. (The Institute, Washington, DC) January 7, 2008. 4 p.

[“Youth who are going to develop psychosis can be identified before their illness becomes full-blown 35 percent of the time if they meet widely accepted criteria for risk,

but that figure rises to 65 to 80 percent if they have certain combinations of risk factors, the largest study of its kind has shown. Knowing what these combinations are can help scientists predict who is likely to develop the illnesses within two to three years with the same accuracy that other kinds of risk factors can predict major medical diseases, such as diabetes.

Plans for studies to confirm the results, a necessary step before the findings can be considered for use with patients in health-care settings, are underway.

The research was conducted in youth with a median age of 16 and was funded primarily by the National Institute of Mental Health (NIMH), part of the National Institutes of Health. Results were published in the January 7, 2008, issue of the *Archives of General Psychiatry*, by lead researchers Tyrone D. Cannon, Ph.D., of the University of California Los Angeles, and Robert Heinssen, Ph.D., of NIMH, with colleagues from seven other research facilities.”]

Full text at:

<http://www.nimh.nih.gov/science-news/2008/scientists-can-predict-psychotic-illness-in-up-to-80-percent-of-high-risk-youth.shtml>

DEPRESSION

Depression as a Major Component of Public Health for Older Adults. By Daniel P. Chapman and Geraldine S. Perry, Centers for Disease Control and Prevention. Preventing Chronic Disease: Public Health Research, Practice and Policy. Vol. 5, No. 1. (The Centers, Atlanta, Georgia) January 2008. 9 p.

[“Although public health is often conceptualized only as the prevention of physical illness, recent data suggest that mental illnesses are increasingly relevant to the mission of disease prevention and health promotion. Projections are that by 2020, depression will be second only to heart disease in its contribution to the global burden of disease as measured by disability-adjusted life years. Also, as the population ages, successive cohorts of older adults will account for increasingly larger segments of the U.S. population. We present the diagnostic criteria for, prevalence of, and risk factors for depressive disorders among older adults; the challenges of recognizing and treating depression in this population; the cost-effectiveness of relevant public health interventions; and the public health implications of these disorders.”]

Full text at:

http://www.cdc.gov/pcd/issues/2008/jan/pdf/07_0150.pdf

“Internet-based Treatment for Adults with Depressive Symptoms: The Protocol of a Randomized Controlled Trial.” By Lisanne Warmerdam and others, University of Amsterdam, the Netherlands. IN: BMC Psychiatry, vol. 7 (December 19, 2007) pp. 1-20.

[“Depression is a highly prevalent condition, affecting more than 15% of the adult population at least once in their lives. Guided self-help is effective in the treatment of depression. The purpose of this study is to investigate the effectiveness of two Internet-based guided self-help treatments with adults reporting elevated depressive symptoms. Other research questions concern the identification of potential mediators and the search for subgroups who respond differently to the interventions.

This study is a randomized controlled trial with three conditions: two treatment conditions and one waiting list control group. The two treatment conditions are Internet-based cognitive behavior therapy and Internet-based problem-solving therapy. They consist of 8 and 5 weekly lessons respectively. Both interventions are combined with support by e-mail. Participants in the waiting list control group receive the intervention three months later. The study population consists of adults from the general population. They are recruited through advertisements in local and national newspapers and through banners on the Internet. Subjects with symptoms of depression (a score of 16 or higher on the Center for Epidemiological Studies Depression scale) are included. Other inclusion criteria are having sufficient knowledge of the Dutch language, access to the Internet and an e-mail address. Primary outcome is depressive symptoms. Secondary outcomes are anxiety, quality of life, dysfunctional cognitions, worrying, problem solving skills, mastery, absence at work and use of healthcare. We will examine the following variables as potential mediators: dysfunctional cognitions, problem solving skills, worrying, anxiety and mastery. Potential moderating variables are: socio-demographic characteristics and symptom severity. Data are collected at baseline and at 5 weeks, 8 weeks, 12 weeks and 9 months after baseline. Analyses will be conducted on the intention-to-treat sample.

This study evaluates two Internet-based treatments for depression, namely cognitive behavioral therapy and problem-solving therapy. The effectiveness of Internet-based problem-solving therapy suggests that this may be a worthwhile alternative to other more intensive treatment options. Strengths and limitations of this study are discussed.”]

Full Text at: <http://www.biomedcentral.com/content/pdf/1471-244x-7-72.pdf>

“WAR & Military Mental Health: The US Psychiatric Response in the 20th Century.” By Hans Pols, University of Sidney, and Stephanie Oak, University of Newcastle. IN: **American Journal of Public Health**, vol. 97, no. 12 (December 2007) pp. 2132-2142.

[“Involvement in warfare can have dramatic consequences for the mental health and well-being of military personnel. During the 20th century, US military psychiatrists tried to deal with these consequences while contributing to the military goal of preserving manpower and reducing the debilitating impact of psychiatric syndromes by implementing screening programs to detect factors that predispose individuals to mental disorders, providing early intervention strategies for acute war-related syndromes, and treating long-term psychiatric disability after deployment.

The success of screening has proven disappointing, the effects of treatment near the front lines are unclear, and the results of treatment for chronic postwar syndromes are mixed. After the Persian Gulf War, a number of military physicians made innovative proposals for a population-based approach, anchored in primary care instead of specialty-based care. This approach appears to hold the most promise for the future.” **Note: Contact CA State Library for copy of article.]**

DISPARITIES

"Health Disparities among Latina/o Adolescents in Urban and Rural Schools: Educators' Perspectives." By Jose A. Villalba, University of North Carolina at Greensboro. IN: Journal of Cultural Diversity, vol.14, no. 4 (Winter 2007) pp. 169-171.

["This qualitative pilot study examined health disparities among rural and urban Latina/o adolescents from the perspective of middle and high school administrators, counselors, nurses, and teachers. Participants were asked to describe Latina/o health disparities in their schools, reasons attributed to health disparities, and school-based interventions for addressing health disparities. Focus group participants reported that common health disparities for Latina/o youth in rural and urban settings include poor vision care and high teenage pregnancy rates. However, participants reported differences in physical health and mental health disparities, as well as differences in social-cultural-economic contributors to disparities and school-based interventions."]

Full text at:

<http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=27889438&site=ehost-live>

EVIDENCE-BASED PRACTICES

“An Integrated, Multidimensional Treatment Model for Individuals Living with HIV, Mental Illness, and Substance Abuse.” By Stephanie Bouis, Duke University Medical Center, and others. IN: Health and Social Work, vol. 32, no. 4 (November 2007) pp. 268-278.

[“The challenge of providing effective treatment services for the growing population of HIV-positive individuals who are also dually diagnosed with substance use and mental disorders has only recently been recognized as an important public health concern affecting both HIV treatment and prevention. This article describes a treatment model that was created for a study of integrated treatment for HIV-positive individuals with substance use and mental disorders. The treatment model was based on the transtheoretical model of behavior change as well as evidence-based practices that are widely used in the treatment of individuals dually diagnosed with substance use and mental disorders. The model involved collaboration between medical and behavioral health care professionals and emphasized the importance of goal reinforcement across disciplines. Furthermore, it included the development and enhancement of client

motivation to modify medical and behavioral health-risk behaviors using individual readiness for change and offered comprehensive care addressing a continuum of client needs that may influence treatment outcomes. Treatment modalities included individual therapy, group therapy, and psychiatric medication management. This treatment intervention was associated with positive outcomes in the integrated treatment study and can be adapted for use in a variety of psychiatric or medical treatment settings.”]

Full text at:

<http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=28087574&site=ehost-live>

HOMELESSNESS

“ ‘The Street Will Drive You Crazy’: Why Homeless Psychotic Women in the Institutional Circuit in the United States Often Say No to Offers of Help.” By Tanya Marie Luhrmann, Stanford University. IN: American Journal of Psychiatry, vol. 161, no. 1 (January 2008) pp. 15-20.

[“Many people who struggle with psychotic disorder often refuse offers of help, including housing, extended by mental health services. This article uses the ethnographic method to examine the reasons for such refusal among women who are homeless and psychiatrically ill in the institutional circuit in an urban area of Chicago. It concludes that such refusals arise not only from a lack of insight but also from the local culture's ascription of meaning to being 'crazy'. These data suggest that offers of help—specifically, diagnosis-dependent housing—to those on the street may be more successful when explicit psychiatric diagnosis is down-played.” **Note: Contact CA State Library for copy of article.**]

IMMIGRANTS AND MENTAL HEALTH

Children in Immigrant Families: A California Data Brief. By Corey Newhouse, Children Now. (The Organization, Oakland, California) August 2007. 26 p.

[“The report presents the most current data available on the health, education and family well-being of children in California's immigrant families, who represent 51% of the state's total child population. Significant differences between immigrant and non-immigrant children are highlighted, including:

Nearly 60% of 3- and 4-year-olds in immigrant households do not attend preschool, compared to about half of children in non-immigrant households.

10% of children in immigrant families do not have health insurance, compared to 3% of their non-immigrant peers. 39% of immigrant households are low-income (earning less than 200% of the federal poverty level), compared to 25% of non-immigrant households.

“It becomes exponentially more difficult and expensive to make up lost preventative health and formative education ground later in a child's life,” said Ted Lempert, Children Now's president. “Addressing these issues early in a child's life is the key to success.”]

Full text at: <http://publications.childrennow.org/assets/pdf/policy/immigrantkids-2007.pdf>

"Ethnic Density of Neighborhoods and Incidence of Psychotic Disorders among Immigrants." By Wim Veling, Parmassia Psychiatric Institute, The Hague, the Netherlands, and others. IN: American Journal of Psychiatry, vol. 165, no. 1 (January 2008) pp 66-73.

["Objective: A high incidence of psychotic disorders has been reported in immigrant ethnic groups in Western Europe. Some studies suggest that ethnic density may influence the incidence of schizophrenia. The authors investigated whether this increased incidence among immigrants depends on the ethnic density of the neighborhoods in which they live....Results: A total of 226 native Dutch and 240 immigrants were diagnosed as having a psychotic disorder. Compared with native Dutch, the adjusted incidence rate ratio for immigrants was significantly increased in low-ethnic density neighborhoods but not in high-ethnic density neighborhoods. There was a strong interaction between individual ethnicity as neighborhood ethnic density as predictors of incidence of illness. These finds were consistent across all immigrant groups. Conclusions: The incidence of psychotic disorders was elevated most significantly among immigrants living in neighborhoods where their own ethnic group comprised a small proportion of the population." **Note: Contact the CA State Library for copy of article.]**

Paying the Price: The Impact of Immigration Raids on America's Children. By Randy Capps and others, The Urban Institute. (The National Council of La Raza, Washington, DC) 2007. 109 p.

["The primary goal of this paper is to go beyond the human interest stories reported in the media and provide a factual basis for discussing the impact of worksite enforcement operations on children with undocumented parents. The study focuses on children because they have strong claims to the protection of society, especially when they are citizens and integrated into their schools and communities, and the United States is the only country they have known and consider home. They also warrant our attention because they are emotionally, financially, and developmentally dependent on their parents' care, protection, and earnings....

This report discusses the number of people arrested in the three raids covered by the study along with the numbers and characteristics of children in arrestees' families. Next, the report discusses what actually happened on the day of the raids in each site, and what happened to the people who were arrested. Following is a section discussing the immediate impact of the raids on children in terms of their care giving arrangements, schooling, and basic economic needs. Longer-term consequences – economic, social, and psychological – are discussed in a separate section.

The next section describes the social service responses of the three communities visited for the study. Implications for future responses to immigration raids are discussed throughout the report in text boxes at the end of each substantive section; vignettes and stories about affected families are also described in text boxes.

Conclusions and recommendations are provided as the last substantive section of the report. Four appendices follow: (1) a detailed description of the methodology; (2) summary of the demographic, economic, and social characteristics of the sites; (3) description, in systematic detail, of the community responses to the raids in the three study sites; and (4) detailed estimates of the number of children in undocumented families nationally, regionally, by country of origin, and by parent occupation.”]

Full text at: http://www.urban.org/UploadedPDF/411566_immigration_raids.pdf

MENTAL HEALTH POLICIES

“Mental Health Transformation: Moving Toward a Public Health, Early-Intervention Approach in Texas.” By Vijay Ganju, Texas Mental Health Transformation State Incentive Grant. IN: Psychiatric Services, vol. 59, no. 1 (January 2008) pp. 17-20.

[“This column describes a mental health system transformation initiative in Texas that aims to fully integrate mental health as a component of public health early-intervention efforts. The process has included a formal needs assessment initiative and a broad-based interagency Transformation Workgroup made up of executive-level agency staff, consumers and family members, and representatives of the legislature and governor’s office. Community collaboratives have been formed to instigate transformation at the local level. Major objectives include development of consumer and family networks, workforce development and training, and an improved data and technology infrastructure.” **Note: Contact the CA State Library for a copy of this article.**]

MENTAL HEALTH AND SUBSTANCE ABUSE ISSUES

Mental Health and Substance Abuse Issues among People with HIV: Lessons from HCSUS. By the RAND Corporation. (The Corporation, Santa Monica, California) 7 p.

[“A diagnosis of HIV affects every aspect of a person’s life. Simple awareness of the disease, as well as progression of symptoms, can precipitate new, or exacerbate existing, problems with mental health and substance abuse. In turn, such problems increase as individual’s need for health care services and interfere with his or her ability to comply with complex treatment regimens. What’s more, persons with HIV who struggle with mental health or substance abuse issues may be more likely to engage in unsafe sex and needle sharing behaviors than others, thus increasing the risk of spreading the disease.

To understand how mental health and substance abuse problems affect those struggling with HIV, the HIV Costs and Services Utilization Study (HCSUS) – the first survey of a nationally representative sample of persons with HIV, to assess those persons’ access to appropriate care, and to measure how these problems affected their ability to adhere to treatment. A special follow-up survey was conducted on the segment of participants who

initially screened positive for mental health problems or substance abuse, and another follow-up survey focused on issues related to the sexual behavior of people living with HIV.”]

Full text at: http://www.rand.org/pubs/research_briefs/2007/RAND_RB9300.pdf

PSYCHIATRIC ADVANCE DIRECTIVES

“Understanding the Personal and Clinical Utility of Psychiatric Advance Directives: A Qualitative Perspective.” By Mimi M. Kim, University of North Carolina-Chapel Hill, and others. IN: *Psychiatry: Interpersonal & Biological Processes*, vol. 70, no. 1 (Spring 2007) pp. 19-28.

[“Psychiatric advance directives (PADs) are legal tools that allow competent individuals to declare preferences for future mental health treatment when they may not be capable of doing so as a result of a psychiatric crisis. PADs allow individuals to maintain self-determination during times when they are most vulnerable to loss of autonomy and in need of assistance to make their preferences known and honored. This article describes the content of twenty-eight open-ended, semi-structured qualitative interviews of adults with PADs who have experienced psychiatric crises. The qualitative analysis revealed three major themes from the interviews: (1) PADs are tools for empowerment and self-determination, (2) limited knowledge of PADs among service providers; and (3) difficulties communicating PADs to inpatient staff...In sum, though the most significant challenges facing the implementation of PADs involve clinicians’ familiarity with and education about PADs, much promise for the future growth of PADs lies in the benefits perceived by the patients.” **Note: Contact the CA State Library for copy of this article.**]

STIGMA

“Does Stigma Keep Poor Young Immigrant and U.S.-Born Black and Latina Women From Seeking Mental Health Care?” By Erum Nadeem, University of California, Los Angeles, and others. IN: *Psychiatric Services*, vol. 58, no. 12 (December 2007) pp. 1547-1554.

[“This study examined the extent to which stigma-related concerns about mental health care account for the underuse of mental health services among low-income immigrant and U.S.-born black and Latina women. Methods: Participants included 15,383 low-income women screened for depression in county entitlement services who were asked about barriers to care, stigma-related concerns, and whether they wanted or were getting mental health care. Among those who were depressed, compared with U.S.-born white women, each of the black groups were more likely to report stigma concerns. Compared with U.S.-born white women, immigrant African women, immigrant Caribbean women, U.S.-born black women and U.S.-born Latinas were less likely to want treatment. Conversely, compared with U.S.-born white women, immigrant Latinas were more likely to want treatment. There was a significant stigma-by-immigrant interaction predicting

interest in treatment. Stigma reduced the desire for mental health treatment for immigrant women with depression to a greater extent than it did for U.S.-born white women with depression. Conclusions: Stigma-related concerns are most common among immigrant women and may partly account for underutilization of mental health care services by disadvantaged women from ethnic minority groups.” **Note: Contact the CA State Library for a copy of this article.]**

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, suppl. 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.]**

“A Decrease in Suicide Rates in Japanese Rural Towns after Community-Based Intervention by the Health Promotion Approach.” By Yutaka Motohashi and others, Akita University School of Medicine, Japan. IN: Suicide & Life Threatening Behavior, vol. 37, no. 5 (October 2007) pp. 593-599.

[“A community-based intervention study for suicide prevention was conducted in six towns (total population 43,964) in Akita Prefecture of Japan according to a quasi-experimental design to reduce suicide rates in rural towns. Public awareness raising activities using a health promotion approach emphasizing the empowerment of residents and civic participation were conducted. The welfare measures of promoting a sense of purpose among senior citizens and creating a community network were also taken. As a result, the suicide rate per 100,000 in the intervention towns decreased from 70.8 before

intervention (1999) to 34.1 after intervention (2004). The suicide rate per 100,000 in the control towns was 47.8 before intervention and 49.1 after intervention.”]

Full text at:

<http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=27359057&site=ehost-live>

“Suicide Mortality among Individuals Receiving Treatment for Depression in the Veteran’s Affairs Health System: Associations with Patient and Treatment Setting Characteristics.” By Kara Zivin, University of Michigan Medical School, and others. IN: American Journal of Public Health, vol. 97, no. 12 (December 2007) pp. 2193-2198.

[“Objectives. We sought to report clinical and demographic factors associated with suicide among depressed veterans in an attempt to determine what characteristics identified depressed veterans at high risk for suicide.

Methods. We used longitudinal, nationally representative data (1999–2004) to determine suicide rates among depressed veterans, estimating time until suicide using Cox proportional hazards regression models.

Results. Of 807694 veterans meeting study criteria, 1683 (0.21%) committed suicide during follow-up. Increased suicide risks were observed among male, younger, and non-Hispanic White patients. Veterans without service-connected disabilities, with inpatient psychiatric hospitalizations in the year prior to their qualifying depression diagnosis, with comorbid substance use, and living in the southern or western United States were also at higher risk. Posttraumatic stress disorder (PTSD) with comorbid depression was associated with lower suicide rates, and younger depressed veterans with PTSD had a higher suicide rate than did older depressed veterans with PTSD.

Conclusions. Unlike the general population, older and younger veterans are more prone to suicide than are middle-aged veterans. Future research should examine the relationship between depression, PTSD, health service use, and suicide risks among veterans.” **Note: Contact CA State Library for copy of article.]**

TRAUMA AND PTSD

“US Department of Veteran’s Affairs Disability Policies for Posttraumatic Stress Disorder: Administrative Trends and Implications for Treatment, Rehabilitation, and Research.” By B. Christopher Frueh, University of Hawai’i and others. IN: American Journal of Public Health, vol. 97, no. 12 (December 2007) pp. 2143-2145.

[“An accumulating body of empirical data suggests that current Department of Veterans Affairs (VA) psychiatric disability and rehabilitation policies for combat-related posttraumatic stress disorder (PTSD) are problematic. In combination, recent administrative trends and data from epidemiological and clinical studies suggest these

policies are counter therapeutic and hinder research efforts to advance our knowledge regarding PTSD. Current VA disability policies require fundamental reform to bring them into line with modern science and medicine, including current empirically supported concepts of resilience and psychiatric rehabilitation.” **Note: Contact CA State Library for copy of article.]**

VIRGINIA TECH: LESSONS LEARNED

“Connecting the Dots: Lessons from the Virginia Tech Shootings.” By Gordon K. Davies, Richard Stockton State College. IN: Change, vol. 40, no. 1 (January/February 2008) pp. 8-15.

[“The article offers information about the shooting incidence in Virginia Tech, wherein Seung Hui Cho shot and killed two people, and the lessons learned from the incidence. There had been a panel interview with the faculty and administrators of the school, the shooter's family, and a private panel interview with the victims' families. The conclusion of the panel review raised 3 concerns on structural system of public health and security, management of the university and state government, and the actions done in the incident. Several lessons learned are presented such as providing of sufficient outpatient mental-health service by the states, and strict compliance with the Federal Gun Control Act.”]

Full text at:

<http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=28070434&site=ehost-live>