

**Subject:** Studies in the News: (February 29, 2008)

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## Studies in the News for



## California Department of Mental Health

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### 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

[Environment shapes health including mental health.](#)

[Social networking sites used for bullying and harassment.](#)

[Adolescents and perception of mental health.](#)

#### DEPRESSION

[Long term cost and late-life depression.](#)

#### EARLY ONSET PSYCHOSIS

[First aid guidelines for psychoses in Asian countries.](#)

[Outcomes of early-onset psychosis.](#)

**FOSTER CARE**

[Youth in foster care with adult mentors.](#)

**CRIMINAL JUSTICE SYSTEM**

[Health and prisoner reentry.](#)

**JUVENILE JUSTICE AND MENTAL HEALTH**

[Dangers of incarcerating youth in adult jails.](#)

**MENTAL HEALTH POLICIES AND PROCEDURES**

[State E-health activities in 2007.](#)

**OTHER MENTAL HEALTH ISSUES**

[The Administration's Medicaid regulations and effects on health care.](#)

[Association between income and mental disorders in working population.](#)

[Mothers with severe mental illness and parenting skills.](#)

**SUICIDE PREVENTION**

[Cultural considerations and adolescent suicide prevention.](#)

[Mental illness, suicidality, and access to guns.](#)

[Gatekeeper program for suicide prevention.](#)

**NEW ADDITION TO STUDIES IN THE NEWS-PODCASTS**

**MENTAL HEALTH PODCASTS**

[Medical University of South Carolina Podcasts on mental health topics.](#)

**CHILDREN AND ADOLESCENT MENTAL HEALTH**

**“Environment Shapes Health, Including Children’s Mental Health.” By Richard J. J. Jackson and June Tester, University of California, Berkeley. IN: Journal of the American Academy of Child & Adolescent Psychiatry, vol. 47, no. 2 (February 2008) pp. 129-131.**

[“At the end of the 19<sup>th</sup> century, nearly every American had lost friends and loved ones to illness and early death. During the course of the 20<sup>th</sup> Century, there is a 30-year improvement in the American life span. Although this may seem a medical miracle, most of those added years of life were due to environmental change-better water, food, and housing; less crowding and safer workplaces....

Now, in the early years of the third millennium, the American public faces a new set of challenges. In the United States, we have transitioned from an era marked predominantly by infectious diseases to one dominated by chronic diseases such as coronary artery disease, diabetes, cancer and mental disorders. Addressing these modern ailments, clinicians and researchers have been working ever harder to promote health lifestyles and to offer the latest therapies and medications....The role of the physician is just as critical today: the challenges are different, but the environment still shapes many of our health problems, including those of mental health.” **NOTE: This Journal is available for loan at the California State Library.]**

**“How Risky Are Social Networking Sites? A Comparison of Places Online Where Youth Sexual Solicitation and Harassment Occurs.” By Michele L. Ybarra, Internet Solutions for Kids, and Kimberly J. Mitchell, University of New Hampshire. IN: Pediatrics, vol. 121, no. 2 (February 2008) pp. 350-357.**

[“Recently, public attention has focused on the possibility that social networking sites such as MySpace and Facebook are being widely used to sexually solicit underage youth, consequently increasing their vulnerability to sexual victimization. Beyond anecdotal accounts, however, whether victimization is more commonly reported in social networking sites is unknown....

Fifteen percent of all of the youth reported an unwanted sexual solicitation online in the last year; 4% reported an incident on a social networking site specifically. Thirty-three percent reported an online harassment in the last year; 9% reported an incident on a social networking site specifically. Among targeted youth, solicitations were more commonly reported via instant messaging (43%) and in chat rooms (32%), and harassment was more commonly reported in instant messaging (55%) than through social networking sites (27% and 28%, respectively).

Broad claims of victimization risk, at least defined as unwanted sexual solicitation or harassment, associated with social networking sites do not seem justified. Prevention efforts may have a greater impact if they focus on the psychosocial problems of youth instead of a specific Internet application, including funding for online youth outreach programs, school anti-bullying programs, and online mental health services.”]

Full text at: <http://pediatrics.aappublications.org/cgi/reprint/121/2/e350>

**“Why do Adolescents Say They Are Less Healthy Than Their Parents Think They Are? The Importance of Mental Health Varies by Social Class in a Nationally Representative Sample.” By Sara B. Johnson, University of California, San Francisco, and Constance Wang, University of California, Berkeley. IN: Pediatrics, vol. 121, no. 2 (February 2008) pp. 307-313.**

[“The authors sought to (1) confirm the discrepancy between parent-reported and youth-reported adolescent health in a nationally representative sample, (2) compare the predictors of parent-reported and adolescent self-reported health, and (3) determine whether the discrepancy between the 2 ratings differed by socio-demographic characteristics, particularly income....

In income-stratified multiple regression models, higher-income adolescents’ and their parents’ ratings were predicted by indicators of physical health. In contrast, poor youth and parent ratings were better predicted by mental health care use. Poor youth with a mental health visit in the last year reported better health, but their parents saw these mental health visits as an indication of poor health.

The findings suggest that social class differences in subjective ratings of adolescents' health are related to the differential ways that youth and parents, determine what constitutes health and are not simply a reflection of objective health status.”]

Full text at: <http://pediatrics.aappublications.org/cgi/reprint/121/2/e307>

### **CRIMINAL JUSTICE SYSTEM AND MENTAL HEALTH**

**Health and Prisoner Reentry: How Physical, Mental, and Substance Abuse Conditions Shape the Process of Reintegration. By Kamala Mallik-Kane and Christy A. Visher, the Urban Institute. (The Institute, Washington, DC) February 2008. 82 p.**

[“Each year, nearly 700,000 men and women are released from prison into communities across the United States but many do not make a successful transition: two-thirds are arrested within three years and one-half are returned to prison, either for parole violations or new crimes. The Urban Institute’s study, *Returning Home: Understanding the Challenges of Prisoner Reentry*, provides an in-depth examination of the reentry process through a series of interviews with a representative sample of 1,100 returning prisoners before and after their release. This report documents the health challenges facing returning prisoners and describes how individuals with health conditions navigated the first year after release from prison. Taking a comprehensive perspective on “health,” we report on the influence of physical health conditions, mental illness, and substance abuse on the reentry process. We demonstrate, empirically, how returning prisoners with these health conditions faced distinct challenges with regard to finding housing and employment, reconnecting with family members, abstaining from substance use and crime, and avoiding a return to prison.”]

Full text at: [http://www.urban.org/UploadedPDF/411617\\_health\\_prisoner\\_reentry.pdf](http://www.urban.org/UploadedPDF/411617_health_prisoner_reentry.pdf)

### **DEPRESSION**

**“Long Term Cost Effects of Collaborative Care for Late-Life Depression.” By J. Unutzer, University of Washington School of Medicine, and others. IN: *American Journal of Managed Care*, vol. 14, no. 2 (February 14, 2008) pp. 95-100.**

[“The study seeks to determine the long-term effects on total healthcare costs of the Improving Mood: Promoting Access to Collaborative Treatment (IMPACT) program for late-life depression compared with usual care. ...Results indicated that IMPACT participants had lower mean total healthcare costs (\$29 422; 95% confidence interval, \$26 479-\$32 365) than usual care patients (\$32 785; 95% confidence interval, \$27 648-\$37 921) during 4 years. Results of a bootstrap analysis also suggested an 87% probability that the IMPACT program was associated with lower healthcare costs than usual care. Compared with usual primary care, the IMPACT program is associated with a high probability of lower total healthcare costs during a 4-year period.”]

Full text at:

<http://www.ajmc.com/article.cfm?ID=7019&CFID=8484149&CFTOKEN=59784034>

### **EARLY ONSET PSYCHOSIS**

**"First Aid Guidelines for Psychosis in Asian Countries: a Delphi Consensus Study." By Anthony F. Jorm, University of Melbourne, Australia, and others. IN: International Journal of Mental Health Systems, vol. 2, no. 2 (February 21, 2008) pp. 1-17.**

[“Guidelines for how a member of the public should give first aid to a person who is becoming psychotic have been developed for English-speaking countries. However, these guidelines may not be appropriate for use in other cultures. A study was therefore carried out to examine whether it was possible to achieve consensus on guidelines that could apply in a range of Asian countries.

A Delphi consensus study was carried out with a panel of 28 Asian mental health clinicians drawn from Cambodia, China, Hong Kong, Indonesia, Japan, Malaysia, Mongolia, South Korea, Sri Lanka, Taiwan, Thailand and Vietnam. The panel was given a 211 item questionnaire about possible first aid actions and asked to rate whether they thought these should be included in guidelines. Panel members were invited to propose additional items.

After three Delphi rounds, there were 128 items that were rated as "essential" or "important" by 80% or more of the panel members. These items covered: recognition of psychosis, encouraging and assisting the person to seek help, how to interact with the person, responding to acute psychosis, responding to aggression, and what to do if the person refuses to get professional help.

Despite the diversity of the countries involved, there was consensus on a core set of first aid items that were considered as suitable for assisting a psychotic person. Future work is needed to develop guidelines for specific countries.”]

Full text at: <http://www.ijmhs.com/content/2/1/2>

**“The Psychopathological and Psychosocial Outcome with Early-Onset Schizophrenia: Preliminary Data of a 13-Year Follow-Up.” By Andreas Reichert, University of Wuerzburg, Germany, and others. IN: Child & Adolescent Psychiatry and Mental Health, vol. 2, no. 6 (February 27, 2008) pp. 1-17.**

[“Relatively little is known about the long-term psychopathological and psychosocial outcome of early-onset schizophrenia. The existing literature describes more severe courses of illness in these patients compared with adult-onset schizophrenia. This article

reports preliminary data of a study exploring the outcome of early-onset schizophrenia 13.4 years (mean) after first admission. Predictors for inter-individual outcomes were investigated....

Concerning the psychopathological outcome, 22.2% reported having acute schizophrenic symptoms. Almost one third (30.8%) described symptoms of depression and 37.0% reported having tried to commit suicide or seriously thought about it. 77.8% of the former patients were still in outpatient treatment. Compared to the general population, the number of patients without a school graduation was relatively high (18.5%). Almost half of participants still live with their parents (48.1%) or in assisted or semi-assisted living conditions (33.3%). Only 18.5% were working in the open market.

Schizophrenia with an early onset has an unfavourable prognosis. The retrospective study of the psychopathological and psychosocial outcome concludes with a generally poor rating.”]

Full text at: <http://www.capmh.com/content/pdf/1753-2000-2-6.pdf>

### **FOSTER CARE**

**“Youth in Foster Care with Adult Mentors during Adolescence have Improved Adult Outcomes.” By Kym R. Ahrens, University of Washington at Seattle, and others. IN: Pediatrics, vol. 121, no. 2 (February 2008) pp. 246-252.**

[“The goal of this study was to determine whether youth in foster care with natural mentors during adolescence have improved young adult outcomes. Data was used from waves I to III of the National Longitudinal Study of Adolescent Health (1994–2002). Individuals who reported that they had ever been in foster care at wave III were included. Youth were considered mentored when they reported the presence of a non-parental adult mentor in their life after they were 14 years of age and reported that the relationship began before 18 years of age and had lasted for at least 2 years....

Results showed that a total of 310 youth met the inclusion criteria; 160 youth were mentored, and 150 youth were non-mentored. Demographic characteristics were similar for mentored and non-mentored youth. Mentored youth were more likely to report favorable overall health and were less likely to report suicidal ideation, having received a diagnosis of a sexually transmitted infection, and having hurt someone in a fight in the past year. There was also a borderline significant trend toward more participation in higher education among mentored youth. On the summary measure, mentored youth had, on average, a significantly greater number of positive outcomes than non-mentored youth.

Conclusions established that mentoring relationships are associated with positive adjustment during the transition to adulthood for youth in foster care. Strategies to

support natural mentoring relationships for this population should be developed and evaluated.”]

Full text at: <http://pediatrics.aappublications.org/cgi/reprint/121/2/e246>

### **JUVENILE JUSTICE AND MENTAL HEALTH**

**Jailing Juveniles: The Dangers of Incarcerating Youth in Adult Jails in America. By the Campaign for Youth Justice. (The Campaign, Washington, DC) November 2007. 56 p.**

[“Every day in America, an average of 7,500 youth are incarcerated in adult jails. The annual number of youth who are placed in adult jails is even higher-ten or twenty times the daily average according to some researchers-to account for the “turnover rate” of youth entering and exiting adult jails. Despite the life-altering consequences of incarceration in an adult jail, relatively little attention has been given to these youth. This report presents the latest research about the risks youth face in jail, the number and characteristics of youth incarcerated in jails across the country, the lack of state and federal laws protection youth in jails, and concludes with recommendations for federal, state, and county policymakers.”]

Full text at: [http://www.campaign4youthjustice.org/national\\_reports.html](http://www.campaign4youthjustice.org/national_reports.html)

### **MENTAL HEALTH POLICIES AND PROCEDURES**

**State E-Health Activities in 2007: Findings from a State Survey. By Vernon K. Smith, Health Management Associates, and others. Publication No. 1104. (The Commonwealth Fund, New York, New York) February 2008. 84 p.**

[“Virtually all states now are actively engaged in e-health strategies to facilitate the use of information technology to make the health care system more effective while providing greater value and higher quality. States see e-health initiatives as high-priority; however, they and their private sector partners face significant challenges that accompany such initiatives, including the issues of cost and time required for implementation and for realizing a return on investment. Nevertheless, as reflected in the wide range of e-health activities across the states, a consensus has emerged that these policies and initiatives are significant and well worth the effort. This report is based on a 2007 survey of states and the District of Columbia conducted by the National Governors Association (NGA) in partnership with Health Management Associates (HMA) and with support from The Commonwealth Fund. The purpose of the survey was to identify current ehealth initiatives, priorities, and challenges within state governments.”]

Full text at: [http://www.commonwealthfund.org/usr\\_doc/1104\\_Smith\\_state\\_e-hlt\\_activities\\_2007\\_findings\\_st.pdf?section=4039](http://www.commonwealthfund.org/usr_doc/1104_Smith_state_e-hlt_activities_2007_findings_st.pdf?section=4039)

## **OTHER MENTAL HEALTH ISSUES**

**Administration’s Medicaid Regulations Will Weaken Coverage, Harm States, and Strain Health Care System. By Allison Orris and Judith Solomon, Center on Budget and Policy Priorities. (The Center, Washington, DC) February 22, 2008. 6 p.**

[“Over the last year, the Department of Health and Human Services (HHS) has issued a series of Medicaid regulations that could significantly affect health care at the state and local level. These regulations, most of which alter longstanding Medicaid policies, do not require congressional approval. In fact, in some cases Congress has expressly declined to enact the very same changes that HHS is now making through administrative action. In addition, in December the Administration issued an interim final rule to implement a provision of the 2006 Deficit Reduction Act. The new rule goes well beyond Congress’s intent in that legislation, and does so in ways that will jeopardize access to essential health services. Taken together, these regulatory changes will reduce federal Medicaid spending by close to \$15 billion over the next five years.<sup>4</sup> Most of these costs will simply be shifted to state and local governments, at a time when states have less capacity to absorb added costs given the economic slowdown and their weakening fiscal conditions.

The various regulations restrict how Medicaid pays for hospital services, graduate medical education, outpatient services, school-based health services; services for individuals with disabilities, and case management services.<sup>5</sup> (See the Appendix for details.) While the direct impact will be greatest for Medicaid beneficiaries — particularly children and people with disabilities — the regulations will also have a substantial impact on educational services, the foster care system, and health care services such as trauma care and neonatal intensive care, upon which entire communities rely.

Congress has delayed some of the regulations, but they will soon take effect if Congress does not act swiftly to further postpone implementation.<sup>6</sup> Without such action, states and localities that wish to maintain essential services such as case management for children in foster care and rehabilitation services for people with serious mental illness will be forced to scale back other parts of their budgets. In some cases, states and localities will be forced to cut services for Medicaid beneficiaries or cut payments to hospitals and other health care providers.”]

Full text at: <http://www.cbpp.org/2-13-08health.pdf>

**“Contribution of Non-work and Work-Related Risk Factors to the Association between Income and Mental Disorders in a Working Population: The Health 2000 Study.” By M. Virtanen, Finnish Institute of Occupational Health and others. IN: Occupational and Environmental Medicine, vol. 65 (2008) pp. 171-178.**

[“Objectives of this article were to examine the contribution of non-work and work factors to the association between income and DSM-IV depressive and anxiety disorders in a working population.

A representative sample of the Finnish working population aged 30–64 (1667 men, 1707 women) in 2000–2001 responded to a survey questionnaire on non-work factors (marital status, housing conditions, non-work social support, violence victimisation, smoking, physical symptoms), work factors (job demands, job control, social support at work, educational prospects, job insecurity) and household income. Somatic health was examined in a standard health examination. The 12-month prevalence of depressive and anxiety disorders was examined with the Composite International Diagnostic Interview.

The risk of having a depressive or anxiety disorder was 2.8 times higher in the low-income group than in the high-income group among men and 2.0 times higher among women. For men, non-work and work factors explained 20% and 31% of this association, respectively. For women, the corresponding figures were 65% and 23%.

Conclusions reached were that low income is associated with frequent mental disorders among a working population. In particular, work factors among men and non-work factors among women contribute to the income differences in mental health.”]

Full text at: <http://oem.bmj.com/cgi/reprint/65/3/171>

**“Mothers with Severe Mental Illness: When Symptoms Decline Does Parenting Improve?”** By Sang Kyoung Kahng, Seoul National University, and others. IN: **Journal of Family Psychology**, vol. 22, no. 1 (February 2008) pp. 162-166.

[“Serious mental illnesses (SMI) and problems with parenting are associated, but the link between change in psychiatric symptoms and change in parenting over time has not been examined. Three hypotheses were tested. Hypothesis 1: As symptoms decline, parenting stress will decline and parenting nurturance will improve. Hypothesis 2: High prior levels of symptoms have a continuing impact on parenting over time, persisting even when symptoms remit. Hypothesis 3: Both symptoms and parenting are influenced by contextual factors; taking these into account diminishes the association between them. With the use of latent growth curve modeling and an economically and racially diverse sample of mothers with SMI (N = 294), evidence supporting Hypothesis 1 was found, but there was no support for Hypothesis 2. For Hypothesis 3, contextual factors predicted both symptoms and parenting; accounting for context diminished the association between symptoms and parenting stress, but context did not completely explain the association between symptoms and parenting.” **Note: Article available through CA State Library.]**

### **SUICIDE PREVENTION**

**“Cultural Considerations in Adolescent Suicide Prevention and Psychosocial Treatment.”** By David B. Goldston, Duke University School of Medicine, and others. IN: **American Psychologist**, vol. 63, no. (January 2008) pp.14-31.

[“Ethnic groups differ in rates of suicidal behaviors among youths, the context within which suicidal behavior occurs (e.g., different precipitants, vulnerability and protective factors, and reactions to suicidal behaviors), and patterns of help-seeking. In this article,

the authors discuss the cultural context of suicidal behavior among African American, American Indian and Alaska Native, Asian American and Pacific Islander, and Latino adolescents, and the implications of these contexts for suicide prevention and treatment. Several cross-cutting issues are discussed, including acculturative stress and protective factors within cultures; the roles of religion and spirituality and the family in culturally sensitive interventions; different manifestations and interpretations of distress in different cultures; and the impact of stigma and cultural distrust on help-seeking. The needs for culturally sensitive and community-based interventions are discussed, along with future opportunities for research in intervention development and evaluation.” **Note: Article available through CA State Library.]**

**“Mental Illness, Previous Suicidality, and Access to Guns in the United States.”** By **Mark A. Ilgen, University of Michigan, and others.** IN: **Psychiatric Services, vol. 59, no. 2 (February 2008) pp. 198-200.**

[“This study examined the association between mental disorders, prior suicidality, and access to guns and gun safety in the U.S. population....Using data from adult participants from the National Comorbidity Survey...This study examined relationships between mental disorders, past suicidality, and gun access and safety practices. Results showed that individuals with lifetime mental disorders were as likely as those without to have access to a gun, carry a gun, or store a gun in an unsafe manner. However, individuals with a prior suicide attempt were less likely than those without such an attempt to have access to a gun. Given the previously established relationship between mental health risk factors and suicide, this study highlights the need to assess for gun access among high-risk individuals.” **NOTE: Article available through CA State Library.]**

**“Randomized Trial of a Gatekeeper Program for Suicide Prevention: 1-Year Impact on Secondary School Staff.”** By **Peter A. Wyman, University of Rochester School of Medicine, and others.** IN: **Journal of Consulting and Clinical Psychology, vol. 76, no. 1 (February 2008) pp. 104-114.**

[“Gatekeeper-training programs, designed to increase identification and referral of suicidal individuals, are widespread but largely untested. A group-based randomized trial with 32 schools examined impact of Question, Persuade, Refer (QPR) training on a stratified random sample of 249 staff with 1-year average follow-up.

To test QPR impact, the authors introduced and contrasted 2 models of gatekeeper-training effects in a population: gatekeeper surveillance and gatekeeper communication. Intent-to-treat analyses showed that training increased self-reported knowledge appraisals of efficacy, and service access. Training effects varied dramatically. Appraisals increased most for staff with lowest baseline appraisals, and suicide identification behaviors increased most for staff already communicating with students about suicide and distress.

Consistent with the communication model, increased knowledge and appraisals were not sufficient to increase suicide identification behaviors. Also consistent with the communication model were results from 2,059 8th and 10th graders surveyed showing

that fewer students with prior suicide attempts endorsed talking to adults about distress. Skill training for staff serving as "natural gatekeepers" plus interventions that modify students' help-seeking behaviors are recommended to supplement universal gatekeeper training." **Note: Article available through CA State Library.]**

### **MENTAL HEALTH PODCASTS**

**Podcasts from the Medical University of South Caroline on Mental Health Topics. Topics include: Cultural Differences and How They Affect Health; Depression; Posttraumatic Stress Disorder; and, Racial Disparities in Mental Health.**

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Full text at:

<http://www.muschealth.com/multimedia/Podcasts/index.aspx?type=topic&groupid=5>