

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



Studies in the News for



California Department of Mental Health

Introduction to Studies in the News

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CHILDREN AND ADOLESCENT MENTAL HEALTH

Addressing the Needs of Young Children in Child Welfare: Part C-Early Intervention Services. By Child Welfare Information Gateway. (U.S. Department of Health and Human Services, Washington, D.C.) May 2007. 16 p.

[“Enactment of the Part C referral provisions in the Child Abuse Prevention and Treatment Act (CAPTA) and the Individuals with Disabilities Education Improvement Act of 2004 (IDEA) opens the door to a powerful partnership with great potential benefits for children under age 3 involved in substantiated cases of abuse or neglect and their families. For child welfare administrators, these provisions offer new tools to enhance policy and practice and ensure compliance with Federal child welfare requirements that focus on child well-being. The provisions also connect child welfare staff to early intervention service providers who can assist in assessment, service delivery, and permanency planning. This partnership can expand the array of supports and resources for children and their caregivers to promote safety, permanency, and well-being.

This bulletin provides examples of State efforts to implement the new referral provisions and provides lessons learned to child welfare administrators and practitioners in accessing early intervention services for children and families identified by the child welfare system. While policies and practices vary from State to State, this bulletin explains the overall importance to child welfare of the Part C Early Intervention Program and offers potential strategies to address barriers.”]

Full text at: <http://www.childwelfare.gov/pubs/partc.pdf>

Teens with Treatment-Resistant Depression More Likely to Get Better with Switch to Combination Therapy. By National Institute of Mental Health. Press Release. (The Institute, Bethesda, Maryland) February 26, 2008. 2 p.

[“Teens with difficult-to-treat depression who do not respond to a first antidepressant medication are more likely to get well if they switch to another antidepressant medication and add psychotherapy rather than just switching to another antidepressant, according to a large, multi-site trial funded by the National Institutes of Health’s National Institute of Mental Health (NIMH). The results of the Treatment of SSRI-resistant Depression in Adolescents (TORDIA) trial were published February 27, 2008, in the *Journal of the American Medical Association* (JAMA).

“The findings should be encouraging for families with a teen who has been struggling with depression for some time,” said lead researcher David Brent, M.D., of the University of Pittsburgh. “Even if a first attempt at treatment is unsuccessful, persistence will pay off. Being open to trying new evidence-based medications or treatment combinations is likely to result in improvement.”]

Full text at: <http://www.nimh.nih.gov/science-news/2008/teens-with-treatment-resistant-depression-more-likely-to-get-better-with-switch-to-combination-therapy.shtml>

CULTURAL COMPETENCY

“And the Journey Continues: Achieving Cultural and Linguistic Competence in Systems Serving Children and Youth with Special Care Needs and their Families.” By T. D. Goode and others, Georgetown University Center for Child and Human Development. National Center for Cultural Competence. (The Center, Washington, DC) Fall 2007. 66 p.

[“This monograph was designed to offer insights and lessons learned by the National Center for Cultural Competence (NCCC) during the past 13 years. Additionally, the NCCC is pleased to present, in this monograph, stories from the journeys of State Title V Children with Special Health Care Needs (CSHCN) programs. Through these stories, state and territorial programs share their experiences in implementing culturally and linguistically competent policies, structures, and practices. The NCCC invites you to take an excursion, learn about the experiences of others, and consider taking some of these innovative routes on your own journey.”]

Full text at: <http://www.guchdgeorgetown.net/NCCC/journey/xyzdgm/journey.pdf>

DISPARITIES

Racial-Ethnic Inequality in Child Well-Being from 1985-2004: Gaps Narrowing but Persist. By Donald J. Hernandez and Suzanne E. McCartney, State University of

New York. Foundation for Child Development. FCD Policy Brief. Child Well Being Index, (CWI). No. 9. (The Foundation, New York, New York) 15 p.

[“The United States is rapidly becoming amore racially and ethnically diverse society. Less than 25 years from now, no single racial or ethnic group will constitute a majority of children and youth. But those race-ethnic groups that are furthest behind will, taken together, become a majority. What does this mean for the country? To avoid social fragmentation and assure that we continue to be a unified people based on enduring democratic principles, it is critical that we pursue the twin social goals of equality of opportunity and equality in life conditions among all groups. For the past four years, the Foundation for Child Development (FCD) has released a Child Well-Being Index (CWI) comprised of 28 statistical indicators organized into seven domains of child well-being: safety/behavioral concerns, family economic wellbeing, health, community connectedness, educational attainment, social relationships, and emotional/spiritual well-being.¹ This report is the first effort to analyze child well-being trends through the lens of race and ethnicity to better understand how differences between White and Black children and between White and Hispanic children have changed on key indicators and domains over the decades and what these changes could signal for the efforts by policymakers and others to reduce race-ethnic disparities and to lift the status of all children in this country.”]

Full text at: http://www.fcd-us.org/usr_doc/DisparitiesBrief.pdf

“Racial/Ethnic Minority Children’s Use of Psychiatric Emergency Care in California’s Public Mental Health System.” By Lonnie R. Snowden and others, University of California, Berkeley. IN: American Journal of Public Health, vol. 98, no. 1 (January 2008) pp. 118-124.

[“The authors examined rates and intensity of crisis services use by race/ ethnicity for 351174 children younger than 18 years who received specialty mental health care from California's 57 county public mental health systems between July 1998 and June 2001. Fixed-effects regression were used for a controlled assessment of racial/ethnic disparities in children's use of hospital-based services for the most serious mental health crises (crisis stabilization services) and community-based services for other crises (crisis intervention services).

Results showed that African American children were more likely than were White children to use both kinds of crisis care and made more visits to hospital-based crisis stabilization services after initial use. Asian American/Pacific Islander and American Indian/Alaska Native children were more likely than were White children to use hospital-based crisis stabilization services but, along with Latino children, made fewer hospital-based crisis stabilization visits after an initial visit.

Conclusions were that African American children used both kinds of crisis services more than did White children, and Asian Americans/Pacific Islander and American

Indians/Alaska Native children visited only when they experienced the most disruptive and troubling kind of crises, and made nonrecurring visits.”]

Full text at:

<http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=28804949&site=ehost-live>

MENTAL HEALTH POLICIES AND PROCEDURES

“Perpetration of Violence, Violent Victimization, and Severe Mental Illness: Balancing Public Health Concerns.” By Jeanne Y. Choe and others, Northwestern University. IN: *Psychiatric Services*, vol. 59, no. 2 (February 2008) pp. 153-164.

[“This review examined U.S. empirical studies, published since 1990 of the perpetration of violence and of violent victimization among persons with severe mental illness and their relative importance as public health concerns....

The search yielded 31 studies of violence perpetration and ten studies of violent victimization. Few examined perpetration and victimization in the same sample....Half of the studies of perpetration examined inpatients; of these, about half sampled only committed inpatients, whose rates of perpetration were higher than those of other samples. Among outpatients, 2%-13% had perpetrated violence in the past six months to three years, compared to 20%-34% who had been violently victimized....

Perpetration of violence and violent victimization are more common among persons with severe mental illness than in the general population. Victimization is a greater public health concern than perpetration. Ironically, the discipline’s focus on perpetration among inpatients may contribute to negative stereotypes.” **NOTE: This article can be obtained from the CA State Library.]**

States in Action: A Bimonthly Look at Innovations in Health Policy. By the Commonwealth Fund. (The Fund, New York, New York) February/March 2008. 14 p.

[“Today, most states are actively promoting the use of information technology as a way to improve the efficiency and effectiveness of health care. ‘E-health’ describes any health care practice supported by electronic processes and communication; state officials; state e-health initiatives include health information exchanges and use of technology such as tele-health, e-prescribing, electronic medical records, and decision support tools. States are encouraging e-health activities in the private sector and in a wide variety of public programs, from public health agencies, Medicaid, and state employee health benefit plans to state-run mental health hospitals and prison systems. Consensus among states has emerged that, despite significant implementation challenges, e-health policies and initiatives are well worth the effort.

The Commonwealth Fund partnered with the National governors Association (NGA) and Health Management Associates (HMA) to survey states about their current e-health activities, the challenges they faced, and opportunities for further development."]

Full text at:

http://www.commonwealthfund.org/usr_doc/2008_02_03_StatesInAction.pdf?section=4039

MILITARY AND MENTAL HEALTH

“Risk of Incarceration between Cohorts of Veterans with and without Mental Illness Discharged from Inpatient Units.” By Steven K. Erickson, Yale University, and others. IN: Psychiatric Services, vol. 59, no. 2 (February 2008) pp. 178-183.

[“This study examined the risk of incarceration among cohorts of veterans treated in the Department of Veteran’s Affairs (VA) Connecticut Healthcare System. Incarceration rates of persons with and without mental illness were compared and adjusted for various clinical and service utilization variables. Data were compared before and after the closure of over 80% of the Connecticut inpatient beds in 1996....

Alcohol and drug problems appeared to account for much of the risk of incarceration among hospitalized veterans during the study period. Unlike in previous studies, schizophrenia and related psychotic disorders were not independently associated with an increased risk of incarceration.” **NOTE: Article may be obtained from the CA State Library.]**

OTHER MENTAL HEALTH ISSUES

“Safety and Security in Small-Scale Recovery Housing for People with Severe Mental Illness: An Inner-City Case Study.” By Rob Whitley, Dartmouth University, and others. IN: Psychiatric Services, vol. 59, no. 2 (February 2008) pp. 165-169.

[“The authors examined the lived experience of residents with severe mental illness in a small-scale recovery-housing building in the inner city. They attempted to identify and understand factors that influenced adjustment and stability....

Safety and security were the most prominent issue raised by residents. Serious concerns about this issue could be divided into three categories: threats raised by the behavior of other residents (and their associated), threats raised by strangers, and threats related to the loss of self-control. A related theme involved ongoing tension between residents’ desire for communal connections and their conflicting desire for a bounded private life.

Conclusions reached indicated that ongoing attention to the issue of safety and security should be a key component of recovery-oriented housing in inner-city residential areas. Further research may need to compare the experience of safety and security among

residents living in recovery housing with the experience of those in independent scatter-site housing and traditional congregate housing.” **NOTE: Article may be obtained at California State Library.]**

RISK OF VIOLENCE IN PSYCHIATRIC PATIENTS

“Risk of Violence by Psychiatric Patients: Beyond the ‘Actuarial versus Clinical’ Assessment Debate.” By Alec Buchanan, Yale University. IN: Psychiatric Services, vol. 59, no. 2 (February 2008) pp. 184-190.

[“Recently adopted statistical approaches improve researchers’ ability to describe what is and what is not, possible in the prediction of violence by psychiatric patients. At the base rates of violence routinely encountered in outpatient settings, current assessment methods would require hospital admission of large numbers of patients who are potential offenders in order to prevent the actual offending of a few. Suggestions that substantially greater accuracy is possible for short-term predictions, for particular symptom clusters, and for particular offenses have yet to be tested and confirmed. Further research may improve this state of affairs, for instance, by concentrating on particular patient groups. There reasons to that any improvement will be limited.” **NOTE: Article may be obtained from the CA State Library.]**

SUBSTANCE ABUSE AND MENTAL HEALTH

State Estimates of Substance Use from the 2005-2006 National Surveys on Drug Use and Health. By Arthur Hughes and others, Substance Abuse and Mental Health Services Administration (SAMHSA). (SAMHSA, Rockville, Maryland) February 2008. 64 p.

[“A new report providing analyses of substance use and mental health patterns occurring in each state reveals that there are wide variations among the states in problems like illicit drug use and underage drinking, but that no state was immune from these problems. For example, past month use of alcohol among persons aged 12 to 20 (underage use of alcohol) ranged from a low of 21.5 percent in Utah to a high of 38.3 percent in Vermont. Yet Utah had the highest level of people age 18 or older reporting serious psychological distress in the past year (14.4 percent), while Hawaii had the lowest level (8.8 percent).

The report by the Substance Abuse and Mental Health Services Administration (SAMHSA) shows that although there are some differences in the patterns of substance use and mental health problems experienced among states and regions, all parts of the country are seriously affected by these problems.

State Estimates of Substance Use is based on the 2005-2006 National Survey on Drug Use and Health (NSDUH) and provides state-level estimates for 23 measures of substance use and mental health problems, including underage drinking, use of illicit drugs, serious psychological distress, major depression, and tobacco use. These estimates

are based on combined data collected from 136,110 respondents surveyed in 2005 and 2006 (the most recent data available). The report also reveals statistically significant changes that have occurred within each state between 2004-2005 and 2005-2006.”]

Full text at: <http://www.oas.samhsa.gov/2k6state/2k6state.pdf>

SUICIDE PREVENTION

“Broad and Narrow Personality Traits as Markers of One-Time and Repeated Suicide Attempts: A Population-Based Study.” By Jelena Brezo, McGill Group for Suicide Studies, Montreal, and others. IN: BMC Psychiatry, vol. 8, no. 15 (March 8, 2008) pp. 1-31.

[“Studying personality traits with the potential to differentiate between individuals engaging in suicide attempts of different degrees of severity could help us to understand the processes underlying the link of personality and nonfatal suicidal behaviours and to identify at-risk groups. One approach may be to examine whether narrow, i.e., lower-order personality traits may be more useful than their underlying, broad personality trait dimensions.

The authors investigated qualitative and quantitative differences in broad and narrow personality traits between one-time and repeated suicide attempters in a longitudinal, population-based sample of young French Canadian adults using two multivariate regression models.

One broad (Compulsivity) and one narrow personality trait (anxiousness) differentiated between individuals with histories of repeated and one-time suicide attempts. Affective instability and anxiousness, on the other hand, differentiated between nonattempters and one-time suicide attempters.

Emotional and cognitive dysregulation and associated behavioural manifestations may be associated with suicide attempts of different severity. While findings associated with narrow traits may be easier to interpret and link to existing sociobiological theories, larger effect sizes associated with broad traits such as Compulsivity may be better suited to objectives with a more clinical focus.”]

Full text at: <http://www.biomedcentral.com/content/pdf/1471-244x-8-15.pdf>

“Narcissism in Patients Admitted to Psychiatric Acute Wards: Its Relation to Violence, Suicidality, and other Psychopathology.” By Marit F. Svendseth, National University of Science and Technology, Trondheim, Norway, and others. IN: BMC Psychiatry, vol. 8, no. 13 (February 27, 2008) pp. 1-11.

[“The objective was to examine various aspects of narcissism in patients admitted to acute psychiatric wards and to compare their level of narcissism to that of an age- and gender-matched sample from the general population (NORM).

This cross-sectional study interviewed 186 eligible acute psychiatric patients with the Brief Psychiatric Rating Scale (BPRS) and the Global Assessment of Functioning (GAF). The patients filled in the Narcissistic Personality Inventory-21 item version (NPI-21), The Hospital Anxiety and Depression Scale (HADS) and the Rosenberg Self-Esteem Scale. High and low narcissism was defined by the median of the total NPI-21 score. An age- and gender-matched control sample from the general population also scored the NPI-21 (NORM).

Being male, involuntary admitted, having diagnosis of schizophrenia, higher self-esteem, and severe violence were significantly associated with high narcissism, and so were also low levels of suicidality, depression, anxiety and GAF scores. Severe violence and high self-esteem were significantly associated with high narcissism in multivariable analyses. The NPI-21 and its subscales showed test-retest correlations ≥ 0.83 , while the BPRS and the HADS showed lower correlations, confirming the trait character of the NPI-21. Depression and suicidality were negatively associated with the NPI-21 total score and all its subscales, while positive association was observed with grandiosity. No significant differences were observed between patients and NORM on the NPI-21 total score or any of the NPI subscales.

Narcissism in the psychiatric patients was significantly associated with violence, suicidality and other symptoms relevant for management and treatment planning. Due to its trait character, use of the NPI-21 in acute psychiatric patients can give important clinical information. The similar level of narcissism found in patients and NORM is in need of further examination.”]

Full text at: <http://www.biomedcentral.com/content/pdf/1471-244X-8-13.pdf>

“Suicide by Jumping and Accessibility to Bridges: Results from a National Survey in Switzerland.” By T. Reisch, University Hospital of Psychiatry, Bern, Switzerland, and others. IN: Suicide & Life-Threatening Behavior, vol. 37, no. 6 (December 2007) pp. 681-687.

[“Rates of suicide by jumping show large regional differences. Barriers on bridges may prevent suicides but also may lead to a substitution of jumping site or method. The aim of our study was to compare suicide data from regions with and without suicide bridges and to estimate the effects on method and site substitution if bridges were to be secured. In a national survey, suicide data for the years 1990 to 2003 were collected. Regions with high rates of bridge suicides were identified and compared with regions with low rates, and the analysis revealed that only about one third of the individuals would be expected to jump from buildings or other structures if no bridge was available. The results suggest no method substitution for women. For men, a trend of a substituting jumping by overdosing in regions without suicide bridges was found. We conclude that restricted

access to suicide bridges will not automatically lead suicidal individuals to choose another jumping site or suicide method. The results support the notion that securing bridges may save lives.”]

Full text at:

<http://search.ebscohost.com/login.aspx?direct=true&db=mnh&AN=18275374&site=ehost-live>

NEW! CONFERENCES ON SPECIAL NEEDS CHILDREN-APRIL 2008

April 2008

2--4 *Kids Included Together: 4th Annual National Conference on Inclusion* — San Diego

www.kitconference.org/index.php)

3--5 *CA Association for the Education of Young Children 2008 Annual Conference and Expo* —Long

Beach (<http://caeyc.org/main/page/conference>)

3--6 *AAP CA Chapter 2, 19th Annual Las Vegas Postgraduate Pediatric Meeting - "Advances in Pediatrics"*

— Las Vegas <http://www.aapca2.org/futureevents.htm>

10--12 2008 National Conference in Child Health Psychology

— Miami Beach, FL <http://www.psy.miami.edu/departments/announcements.html>

14 Emergency Preparedness and Disaster Planning for Children with Special Health Care Needs —

Los Angeles (for information, contact Yolanda Casillas, ycasillas@chla.usc.edu/323-361-1187)

14--16 *ACEP Advanced Pediatric Emergency Medicine Assembly* — San Diego

<http://meetings.acep.org/meetings/peds>

NEW! CONFERENCES ON MENTAL HEALTH-MAY 2008

May 2008

6--9 2008 California Mental Health Advocates for Children and Youth Pacific Grove

<http://www.cmhacy.org/>

**29--30 2008 CA Mental Health Directors Association: 7th Annual Older Adults
System of Care---Napa**
[http://www.cimh.org/Portals/0/Documents/conferences/CMHDA-SaveDate-
OlderAdultSOC-Conf.pdf](http://www.cimh.org/Portals/0/Documents/conferences/CMHDA-SaveDate-OlderAdultSOC-Conf.pdf)