

Subject: Studies in the News: (June 30, 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

“Achieving Quality Health Services for Adolescents.” By the Committee on Adolescence, American Academy of Pediatrics. IN: Pediatrics, vol. 121, no. 6 (June 2008) pp. 1263-1270.

[“In recent years, there has been an increased national focus on assessing and improving the quality of health care. This statement provides recommendations and criteria for assessment of the quality of primary care delivered to adolescents in the United States. Consistent implementation of American Academy of Pediatrics recommendations (periodicity of visits and confidentiality issues), renewed attention to professional quality-improvement activities (access and immunizations) and public education, and modification of existing quality-measurement activities to ensure that quality is delivered are proposed as strategies that would lead to improved care for youth.”]

Full text at: <http://aappolicy.aappublications.org/cgi/reprint/pediatrics;121/6/1263.pdf>

Related article: “The state of mental health services for children and adolescents: An examination of programs, practices, and policies.”

Full text at:

<http://search.ebscohost.com/login.aspx?direct=true&db=mnh&AN=12809384&site=ehost-live>

COMMUNITY-BASED PROGRAMS

“Outcome of community-based rehabilitation program for people with mental illness who are considered difficult to treat.” By Angelo Barbato, Mario Negri Institute, Milan Italy, and others. IN: *Journal of Rehabilitation Research*, vol. 44, no. 6 (November 2007) pp. 775-783.

[“This observational study investigated the outcomes of a community-based rehabilitation program that was designed to enhance social functioning, social inclusion, and well-being of people with mental illness who were considered treatment failures by psychiatric professionals in Italy. Of the 144 patients who entered the program, 131 started the program and 109 completed either 12 or 18 months of treatment. Illness severity was assessed by the Health of the Nation Outcome Scales (HoNOS) and social functioning, by the Social and Occupational Functioning Assessment Scale (SOFAS).

On the HoNOS, 33% of patients showed reliable change. On the SOFAS, 27% showed reliable change, although the change was substantial for few patients. Over time, patients showed moderate but significant improvements on the HoNOS and SOFAS. The HoNOS subscales concerning interpersonal relationships and social inclusion showed significant change. Very isolated people with mental illness gained some advantages from this rehabilitation program that was based on a close relationship with a key worker, however the program duration may have been inadequate to produce substantial changes. Our findings warrant further research based on controlled studies.”]

Full text at:

<http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=31955201&site=ehost-live>

Related brochure: **Mental Illness and Community-Based Treatment: Alleviating Neighborhood Concerns.**

Full text at: <http://www.ombudmhm.state.mn.us/reports/communitybasedbrochure.pdf>

CULTURAL COMPETENCE

Cultural Competence in Treating Mental and Addition Disorders. By the National Council for Community Behavioral Healthcare. (The Council, Rockville, Maryland) January 2007. 26 pages.

[“One of the most critical issues facing the addictions and mental health communities in the 21st century is how to meet the needs of an increasingly diverse population. America’s rapidly changing demographics present an enormous challenge for today’s healthcare leaders to redesign the organization and delivery of care to accommodate people who now represent every language, culture, and religious belief in the world.

A clarion call for cultural competence must be sounded among our ranks so that ethnic and racial minorities can share in the hope of the remarkable scientific advances that will be made in understanding and treating addictions and mental disorders.

Statistics from the Census Bureau are a startling reminder of just how quickly the face of America is changing. By the year 2050, today’s “majority” of non-Hispanic white people will comprise barely half of the U.S. population. Meanwhile, the Latino population will grow to more than 25% and people of Asian origin will increase to over 9%.”]

Full text at: <http://www.thenationalcouncil.org/galleries/NCMagazine-gallery/NC%20Magazine%20Diversity%20Final.pdf%20>

Related article: “Gender differences in patients’ perceptions of physicians’ cultural competence in health care interactions.”

Full text at:

<http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=31441866&site=ehost-live>

DISPARITIES

Addressing Disparities in Health and Health Care: Issues for Reform. Testimony before the Congress of the United States of Marsha Lilly-Blanton, Henry J. Kaiser Family Foundation. (The Foundation, Menlo Park, California) June 10, 2008. 16 p.

[“Marsha Lillie-Blanton, Dr.P.H., Kaiser senior advisor on race, ethnicity and health care, testified before the House Ways and Means Health Subcommittee about the role of health insurance in reducing disparities in health care and in health status. The testimony is part of an ongoing health reform hearing series.”]

Full text at: <http://www.kff.org/minorityhealth/upload/7780.pdf>

Healthy People 2010: A 2007 Profile of Health Status in the San Joaquin Valley. By Marlene Bengiamin and others, California State University, Fresno. (Central Valley Health Policy Institute, Fresno, California) 2008. 43 p.

[“In 1979, Healthy People: The Surgeon General’s Report on Health Promotion and Disease Prevention provided national goals for reducing premature deaths and preserving independence for older adults. In 1980, another report, Promoting Health/Preventing Disease: Objectives for the Nation set forth 226 targeted health objectives designed as goals to improve the health status of residents of the United States over the following 10 years. In 1990, the U.S. Department of Health and Human Services released Healthy People 2000. This document set 22 priority areas for health in the United States. Under each of these priorities were specific health objectives to be met by the year 2000. Healthy People 2000 provided the foundation for Healthy People 2010, which builds on initiatives pursued over the past two and one-half decades”]

Full text at:

http://www.calendow.org/uploadedFiles/Publications/By_Topic/Disparities/General/Healthy%20People%202010.pdf

Minority Health. By the Kaiser Family Foundation. (The Foundation, Menlo Park, California) 2008. 2 p.

[“The Kaiser Family Foundation's Commission on Medicaid and the Uninsured (KCMU) has been producing annual chart books on the uninsured population and health coverage for nearly a decade, examining how many Americans lack coverage, who the uninsured are and how health insurance coverage is changing. This year, the *Health Insurance Coverage in America* chart book has been reformatted as a web-based information resource including charts and tables to provide a more comprehensive profile of the uninsured population and health insurance coverage more generally.

The chart book is part of Kaiser Fast Facts, a new component of the kff.org Web site, featuring Quick Takes, an inventory of facts-at-a-glance on our health system and a variety of health policy topics, and Kaiser Slides, a tool which allows users to view, download, save or print charts and tables for use in individual presentations or at meetings.”]

Full text at: <http://facts.kff.org/results.aspx?view=slides&topic=70>

“New Evidence Regarding Racial and Ethnic Disparities in Mental Health: Policy Implications.” By Thomas G. McGuire, Harvard University, and Jeanne Miranda, University of Southern California, Los Angeles. IN: Health Affairs, vol. 27, no. 2 (March/April 2008) pp. 293-403.

[“Minorities have, in general, equal or better mental health than white Americans, yet they suffer from disparities in mental health care. This paper reviews the evidence for mental health and mental health care disparities, comparing them to patterns in health.

Strategies for addressing disparities in health care, such as improving access to and quality of care, should also work to eliminate mental health care disparities. In addition, a diverse mental health workforce, as well as provider and patient education, are important to eliminating mental health care disparities.”]

Full text at:

<http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=31273402&site=ehost-live>

Related article: “Health inequalities among Latinos: What do we know and what can we do?”

Full text at:

<http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=32185553&site=ehost-live>

JUSTICE SYSTEM AND MENTAL HEALTH

Improving Responses to People with Mental Illness: The Essential Elements of Specialized Law Enforcement-Based Program. By Matt Schwartzfeld and others, Council of State Governments Justice Center. (The Council, New York, New York) 2008 13 p.

[“Law enforcement officers throughout the country regularly respond to calls for service that involve people with mental illnesses—often without needed supports, resources, or specialized training. These encounters can have significant consequences for the officers, people with mental illnesses and their loved ones, the community, and the criminal justice system. Although these encounters may constitute a relatively small number of an agency’s total calls for service, they are among the most complex and time-consuming calls officers must address. At these scenes, front-line officers must stabilize a potentially volatile situation, determine whether the person poses a danger to him- or herself or others, and effect an appropriate disposition that may require a wide range of community supports.

In the interests of safety and justice, officers typically take approximately 30 percent of people with mental illnesses they encounter into custody— for transport to either an emergency room, a mental health facility, or jail....

In response, jurisdictions across the country are exploring strategies to improve the outcomes of these encounters and to provide a compassionate response that prioritizes treatment over incarceration when appropriate. These efforts took root in the late 1980s, when the crisis intervention team (CIT) and law enforcement–mental health co-response models, first emerged. Since that time, hundreds of communities have implemented these programs; some have replicated the models, and others have adapted features to meet their jurisdiction’s unique needs. Although this number represents only a small fraction

of all U.S. communities, there are many indications that the level of interest in criminal justice–mental health collaborative initiatives is surging.”]

Full text at: <http://consensusproject.org/downloads/le-essentialelements.pdf>

Related article: “Critical factors in mental health programming for juveniles in corrections facilities.”

Full text at:

<http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=21388606&site=ehost-live>

Related article: “Detecting mental disorder in juvenile detainees: Who receives services?”

Full text at:

<http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=18461129&site=ehost-live>

Related article: Mental health problems of prison and jail inmates.

Full text at: <http://www.ojp.usdoj.gov/bjs/pub/pdf/mhppji.pdf>

POLICY AND PROCEDURES

“Caring for Children with Mental Disorders: Do State Parity Laws Increase Access to Treatment?” By Colleen L. Barry and Susan H. Busch, Yale University School of Medicine. IN: *The Journal of Mental Health Policy and Economics*, vol. 11, no. 2 (June 2008) pp. 57-66.

[“High prevalence rates of mental health disorders in childhood have garnered increased public attention in recent years. Yet among children diagnosed with serious mental health problems, a majority receives no treatment. Improving access to mental health services for children with behavioral and emotional disorders constitutes an important policy concern.

The aims of this study was investigate whether living in a state that has implemented a mental health parity law affects a child’s use of outpatient mental health services....State mental health parity policies aim to improve equity in private insurance coverage for mental health care and could provide a mechanism for reducing unmet need among children with mental health care disorders. Yet, our results suggest these policies do little to affect rates of use.

Parity policies do not appear to represent a sufficient strategy for addressing access to mental health care among children and adolescents.” **NOTE: This journal is available for loan from the California State Library or a hard-copy of the article can be obtained, as from the California State Library.]**

Related article: “An international perspective on worker mental health problems: Who bears the burden and how are costs addressed?”

Full text at:

<http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=25923782&site=ehost-live>

SCHOOL-BASED PROGRAMS AND MENTAL HEALTH

“Empirically-Based School Interventions Targeted at Academic and Mental Health Functioning.” By Kimberly E. Hoagwood and others. IN: *Journal of Emotional and Behavioral Disorders*, vol. 15, no. 2 (Summer 2007) pp. 66-92.

[“This review examines empirically based studies of school-based mental health interventions. The review identified 64 out of more than 2,000 articles published between 1990 and 2006 that met methodologically rigorous criteria for inclusion. Of these 64 articles, only 24 examined both mental health and educational outcomes. The majority of school-based mental health intervention studies failed to include even rudimentary measures of school-related outcomes. Analysis of the 24 studies yielded several key findings: The types of mental health outcomes most frequently assessed included self-, peer-, teacher-, or parent-reported measures of social competence, aggression, or problem behaviors. Academic scores and school attendance were the types of educational outcomes most frequently assessed. The majority of interventions focused on elementary students, had a preventive focus, and targeted prosocial, aggressive, and antisocial behaviors. Only 15 of the 24 studies demonstrated a positive impact on both educational and mental health outcomes, 11 of which included intensive interventions targeting both parents and teachers. The studies that had an impact only on mental health outcomes tended to be less intensive with more limited family involvement. This review discusses the implications of these findings for school-based mental health services and identifies directions for future research.”]

Full text at:

<http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=25241838&site=ehost-live>

Related article: “Bringing evidence-based child mental health services to the schools: General issues and specific populations.”

Full text at:

<http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=21817245&site=ehost-live>

Related article: “Back to school: Advancing school-based mental health care in Texas.

Full text at: <http://www.dshs.state.tx.us/mhservices/pdf/statePlanExecutiveSummary.pdf>

Related article: “School-based mental health program development: A case study of interorganizational collaboration.”

Full text at:

<http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=3851494&site=ehost-live>

STIGMA

“Experiences of stigma and discrimination endured by people suffering from schizophrenia.” By Santosh Loganathan and R. Srinivasa Murthy, National Institute of Mental Health and Neurosciences, Bangalore, India. IN: Indian Journal of Psychiatry, vol. 50, no 1 (2008) pp. 39-46.

[“Objective: It is important to understand stigma in India, given its varied culture and mixture of rural and urban populations. Information from western literature cannot be applied without considering the sociocultural differences. Aims: The research aimed to study the subjective experiences of stigma and discrimination undergone by people suffering from schizophrenia in rural and urban environments in India.

Settings and Design: Patients were selected from the outpatient services of six adult psychiatric units of the National Institute of Mental Health and Neurosciences (NIMHANS), India, and from the six outreach centers located in rural areas. Materials and Method: Two hundred patients diagnosed with schizophrenia were selected from rural and urban areas. The experiences of stigma and discrimination were assessed using a semi-structured instrument.

Statistical Techniques: Both quantitative and qualitative analyses were done. Results: Significant differences were seen between rural and urban respondents. Urban respondents felt the need to hide their illness and avoided illness histories in job applications, whereas rural respondents experienced more ridicule, shame, and discrimination. The narratives provide direct views of patients, supporting the key findings. Conclusion: Mental health programs and policies need to be sensitive to the consumers' needs and to organize services and to effectively decrease stigma and discrimination.”]

Full text at:

<http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=31704998&site=ehost-live>

Related article: “Concerns about career stigma by military parents of children with psychiatric illness.”

Full text at:

<http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=18333488&site=ehost-live>

SUICIDE PREVENTION

Means Matter: Suicide, Guns, and Public Health. By Harvard School of Public Health. (The School, Cambridge, Massachusetts) 2008. 2 p.

[“Most efforts to prevent suicide focus on *why* people take their lives. But as we understand more about *who* attempts suicide and *when* and *where* and *why*, it becomes increasingly clear that *how* a person attempts--the means they use--plays a key role in whether they live or die.

"Means reduction" (reducing the odds that an attempter will use highly lethal means) is an important part of a comprehensive approach to suicide prevention.”]

Full text at: <http://www.hsph.harvard.edu/means-matter/>

“Youth Suicide Prevention.” By Stanley P. Kutcher, Dalhousie University. IN: **Canadian Medical Association Journal**, vol. 178, no.3 (January 28, 2008) pp. 282-285.

[“The article discusses the prevention strategies for youth suicidal, which is considered as an important public health issue in Canada that is associated to psychiatric disorders or depression. The intervention approach is proven effective to reduce suicide rates, but it is associated with substantial methodological problems such as limited to nonrandomization, and short duration of evaluation. The suicide awareness curricula are often used as part of school-based suicidal prevention strategies which are considered to be effective including peer helper programs and post-vention.”]

Full text at:

<http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=28794530&site=ehost-live>

Related article: “Evidence-based suicide prevention screening in schools.”

Full text at:

<http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=30762051&site=ehost-live>

SYSTEMS OF CARE

Evidence-Based Practices and Systems of Care: Implementation Matters. By Nathaniel Israel and others, Research and Training Center for Children’s Mental Health. Issue Brief #4 (University of South Florida, Tampa, Florida) January 2007. 2 p.

[“Over the past ten years there has been increasing professional and academic attention to the use of Evidence-Based Practices (EBPs) for children and youth with, or at risk for,

mental health challenges. Driven in part by studies that demonstrated that usual care is not effective for children and youth, there is a continuing push to see EBPs implemented in children's service systems. This is observed in increased or preferential funding for EBPs and in regulatory and contract clauses requiring the use of EBPs. All EBPs exist within administrative systems that provide sets of values, norms, training experiences, and personnel that monitors and carries out treatment practices. The goal of this issue brief is to discuss findings regarding the role of EBPs in systems of care, which are particular interagency, collaborative administrative systems with specific values and principles guiding service delivery.”]

Full text at: <http://rtckids.fmhi.usf.edu/rtcpubs/study02/IssueBrief4EBP.pdf>

What Works: System Development Strategies Across Communities. By Kathleen Ferreira and others, Research and Training Center for Children's Mental Health. Issue Brief #5. (University of South Florida, Tampa, Florida) April 2008. 4 p.

[“What works?’ ‘How do stakeholders create a system of care?’ ‘How are systems working in other places?’ These are frequently asked questions from communities attempting to implement a system of care. Communities contemplating system-of-care implementation find that there are no clear-cut answers to these deceptively simple questions. The purpose of *Case Studies of System Implementation* is to understand how factors affecting system implementation contribute to the development of local systems of care for children with serious emotional disturbance (SED) and their families (Research and Training Center for Children's Mental Health, 2004). A key goal of this research study is to understand how these factors interact in the development of a local system of care. This issue brief will provide cross-site analyses of critical system implementation factors identified by stakeholders within each of the six exemplary communities participating in this research study, and will offer clues around common themes identified at each study site. “]

Full text at: <http://rtckids.fmhi.usf.edu/rtcpubs/study02/IssueBrief5.pdf>

Quality Improvement Strategies that Work. By Sharon Kukla-Acevedo and others, Research and Training Center for Children's Mental Health. Issue Brief #6. (University of South Florida, Tampa, Florida) April 2008. 4 p.

[“There is a critical need for systems of care to dedicate resources to self-evaluation and monitoring activities. There is a twofold purpose behind this endeavor. First, systems have a genuine desire to continually improve their service delivery to children with serious mental health challenges and their families. Second, as is the case with all public and non-profit organizations, there is increasing pressure from the government and other funders to demonstrate programmatic results and assessments of system effectiveness. The goal of this issue brief is to discuss findings regarding the types of data and data collection procedures systems use to evaluate and monitor their performance. The brief highlights the evaluation activities that systems rely on to continually improve

the quality of mental health service delivery to children with serious mental health challenges.”]

Full text at:

<http://rtckids.fmhi.usf.edu/rtcpubs/study02/IssueBrief6.pdf>

Related article: “Use and predictors of out-of-home placements within systems of care.”

Full text at:

<http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=31689399&site=ehost-live>

YOUNG ADULTS AND MENTAL ILLNESS

Young Adults with Serious Mental Illness: Some States and Federal Agencies are taking Steps to Address Their Transition Challenges. By the United States Government Accountability Office. Report to Congressional Requestors. (The Office, Washington, DC) June 2008. 88 p.

[“GAO estimates that at least 2.4 million young adults aged 18 through 26—or 6.5 percent of the non-institutionalized young adults in that age range— had a serious mental illness in 2006, and they had lower levels of education on average than other young adults. The actual number is likely to be higher than 2.4 million because homeless, institutionalized, and incarcerated persons were not included in this estimate—groups with potentially high rates of mental illness. Among those with serious mental illness, nearly 90 percent had more than one mental disorder, and they had significantly lower rates of high school graduation and postsecondary education. GAO also found that about 186,000 young adults received SSA disability benefits in 2006 because of a mental illness that prevented them from engaging in substantial, gainful activity.

Young adults with serious mental illness can have difficulty finding services that aid in the transition to adulthood, according to researchers, public officials, and mental health advocates. Because available mental health, employment, and housing services are not always suited for young adults with mental illness, these individuals may not opt to receive these services. They also can find it difficult to qualify for adult programs that provide or pay for mental health services, disrupting the continuity of their treatment. Finally, navigating multiple discrete programs that address varied needs can be particularly challenging for them and their families.”]

Full text at: <http://www.gao.gov/cgi-bin/getrpt?GAO-08-678>

Related article: Transitioning to adulthood for young adults with mental health issues.

Full text at:

<http://www.transad.pop.upenn.edu/downloads/mental%20health%20formatted.pdf>

NEW WEBCASTS

National Federation of Families for Children's Mental Health.

Youth-Guided Care (2 Part Series)

Definition of Youth-Guided Care: August 20: 11:30am-1:00pm EST

Ladder of Youth Involvement August 27: 11:30am-1:00pm EST

Webcast: <http://www.ffcmh.org/webinarseries.pdf>

NEW CALENDAR

July, 2008

16-20 Georgetown University Training Institutes 2008: Developing Local Systems of Care for Children and Adolescents with Mental Health Needs and their Families – Nashville, TN (http://gucchd.georgetown.edu/programs/ta_center/TrainingInstitutes/)

17-19 Lucile Packard Children's Hospital at Stanford

16th Annual Pediatric Update – Stanford

(<http://www.lpch.org/CMECourses/CME16AnnualPediatricUpdate.html>)

25-26 Treuman Katz Center for Pediatric Bioethics, Predicting Our Future: Genetic Testing in Children and Their Families – Seattle, WA

<http://bioethics.seattlechildrens.org/events>

31 Kids Included Together Informational Forum for Providers – Los Angeles,

California http://www.lanterman.org/training/documents/Inclusionforums708_2_.pdf

August, 2008

7-8 MIND Institute UC Davis Summer Institute on Neurodevelopmental Disorders – Sacramento (http://www.universityofcalifornia.edu/cme/listing.php?event_id=605)

9-10 “Back to School” Autism/Aspergers Conference– Pasadena

(<http://www.autism-conferences.com/upcomingevents.html>)

NEW PODCASTS

New Directions in Health Podcast

Podcast instructions and access: <http://www.commonwealthfund.org/podcasts/>