

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



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California Department of Mental Health

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CHILDREN AND ADOLESCENT MENTAL HEALTH

Monitoring and Assessing the Use of External Quality Review Organizations to Improve Services for Young Children: A Tool Kit for State Medicaid Agencies. By Tara Krissik, Mathematica Policy Research and others. (The Commonwealth Fund, New York, New York) July 2008. 35 p.

[“Federal regulations encourage state Medicaid agencies to use external quality review organizations (EQROs) to help implement strategies for assessing and improving the quality of medical services provided to beneficiaries enrolled in managed care plans. However, many states have not availed themselves of this opportunity and may lack guidance on how to do so. This report provides agencies with specifications for developing a scope of work that will lead to conceptually and methodologically sound studies of the quality of preventive and developmental services for young children enrolled in Medicaid. Among other recommendations, the authors note that states may

require EQROs to conduct activities like determining compliance with federal Medicaid managed care regulations, measuring performance in terms of preventive and developmental services; and recommending and evaluating performance improvement projects. Creating an infrastructure to monitor the quality of care will have a lasting impact on the health of children, their families, and society.”]

Full text at:

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

Related article: Adolescent care. Part 1: Are family physicians caring for adolescents’ mental health?

Full text:

<http://www.pubmedcentral.nih.gov/articlerender.fcgi?tool=pubmed&pubmedid=17279202>

Related article: Adolescent care. Part 2: Communication and referral practices of family physicians caring for adolescents with mental health problems

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<http://www.pubmedcentral.nih.gov/articlerender.fcgi?tool=pubmed&pubmedid=17279203>

Related article: Using External Quality Review Organizations to Improve the Quality of Preventive and Developmental Services for Children.

Full text at:

http://www.commonwealthfund.org/usr_doc/814_Ireys_EQROsimprovequality.pdf?section=4039

“Prevention of Depression in Youth: A Qualitative Review and Future Suggestions.”
By Jonathon M. Sutton, Northwestern University. IN: Clinical Psychology Review, vol. 27, no. 5 (June 2007) pp. 552-571.

[“Since 1990, significant efforts have been made towards developing interventions to prevent depression in youth. Meta-analyses of preventive interventions have consistently yielded small but significant effect sizes in the short-term prevention of depression. However, the maintenance of intervention effects over extended follow-ups ranging from 6 months to 3 years has not been consistently demonstrated. In this qualitative review, significant methodological issues that continue to be of concern are discussed. Illustrative studies are described to highlight the accomplishments and limitations of interventions to date. Particular areas in need of attention include the implementation of booster sessions, use of appropriate statistical analyses, examination of multiple outcome variables, augmentation of protective factors, and exploration of mediators and moderators of intervention effects. Future directions for the field of depression prevention are outlined.”]

Full text at:

<http://www.pubmedcentral.nih.gov/picrender.fcgi?artid=1952210&blobtype=pdf>

Related article: “Developmental and Behavioral Needs and Service Use for Young Children in Child Welfare.”

Full text at:

<http://www.pubmedcentral.nih.gov/picrender.fcgi?tool=pmcentrez&artid=1550707&blobtype=pdf>

Related article: “The Physical, Developmental, and Mental Health Needs of Young Children in Child Welfare by Initial Placement Type.

Full text at:

<http://www.pubmedcentral.nih.gov/picrender.fcgi?tool=pmcentrez&artid=1550710&blobtype=pdf>

“Transitions of Care from Child and Adolescent Mental Health Services to Adult Mental Health Services (TRACK Study): A Study of Protocols of Greater London.” By Swaran P. Singh, Warwick Medical School, and others. IN: BMC Health Services Research, vol. 8, no. 135 (June 23, 2008) pp. 1-7.

[“Although young people's transition from Child and Adolescent Mental Health Services (CAMHS) to Adult Mental Health Services (AMHS) in England is a significant health issue for service users, commissioners and providers, there is little evidence available to guide service development. The TRACK study aims to identify factors which facilitate or impede effective transition from CAHMS to AMHS. This paper presents findings from a survey of transition protocols in Greater London.”]

Full text at:

<http://www.pubmedcentral.nih.gov/articlerender.fcgi?tool=pmcentrez&artid=2442433>

COMMUNITY-BASED PROGRAMS

“Does Community Care Work? A Model to Evaluate the Effectiveness of Mental Health Services.” By Emiliano Monzani, Department of Mental Health, Milan, Italy, and others. IN: International Journal of Mental Health Systems, vol. 2, no. 10 (July 5, 2008) pp. 1-31.

[“The aim of this paper is to evaluate the effectiveness of community Mental Health Departments in Lombardy (Italy), and analyse the eventual differences in outcome produced by different packages of care. The survey was conducted in 2000 on 4,712 patients treated in ten Mental Health Departments. Patients were assessed at least twice in a year with HoNOS (Health of the Nation Outcome Scales). Data on treatment packages

were drawn from the regional mental health information system, which includes all outpatient and day-care contacts, as well as general hospital and inpatient admissions provided by Mental Health Departments. Multilevel growth models were used for outcomes statistical analysis, expressed in terms of change of the total HoNOS score. On the whole, Mental Health Departments were effective in reducing HoNOS scores. The main predictor of improvement was treatment, while length of care, gender and diagnosis were weaker predictors. After severity adjustment, some packages of care proved more effective than others. Appropriate statistical methods, comprehensive treatment descriptions and routine outcome assessment tools are needed to evaluate the effectiveness of community mental health services in clinical settings.”]

Full text at: <http://www.ijmhs.com/content/pdf/1752-4458-2-10.pdf>

Related article: Developing a Family-Based Depression Prevention Program in Urban Community Mental Health Clinics: A Qualitative Investigation

Full text at:

<http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=20753696&site=ehost-live>

Related article: Combining Creativity and Community Partnership in Mental Health Clinical Experiences.

Full text at:

<http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=31618513&site=ehost-live>

CULTURAL COMPETENCY

“Assessing Psychosocial Stressors among Hispanic Outpatients: Does Clinician Ethnicity Matter?” By Luis R. Torres, Washington University of St. Louis, and others. IN: Psychiatric Services, vol. 59, no. 6, (June 2008) pp. 690-692.

[“*Objective:* Psychosocial and environmental stressors are a well documented factor in the etiology, progression, and maintenance of psychiatric disorders. Clear guidelines on identifying them are lacking. When the patient and provider are of different cultures, the clinician may not properly understand and identify stressors. This study explored clinician ethnicity and identification of stressors. *Methods:* A total of 88 adult Hispanic outpatients in a community clinic were separately evaluated by pairs of clinicians (Hispanic and non-Hispanic) drawn from a pool of 47, as part of a larger study. Axis IV data are reported here. *Results:* Clinicians identified few psychosocial stressors. Non-Hispanic clinicians identified significantly more problems related to the primary support group and educational problems than Hispanic clinicians. *Conclusions:* Clinician ethnicity played a role in identification of psychosocial and environmental problems. Because stressors often affect the presenting problem and course of treatment, failure to properly identify and address them in treatment may influence service outcomes. **NOTE:**

Journal is available for loan or contact the State Library for an electronic copy of the article.”]

Language Access: Understanding the Barriers and Challenges in Primary Care Settings. Perspectives from the Field. By Susan E. Barrett, Consultant to the Association of Clinicians for the Underserved, and others. (The Association, McLean, Virginia) May 2008. 27 p.

[“This report offers a glimpse into the language challenges identified by safety net providers in primary health care clinics and the strategies they employ to meet the care needs of LEP patients. It provides constructive insights for interim measures that can be undertaken until the larger issue of limited resources available to safety net providers can be addressed.

In addition, the report provides a foundation for the development of organizational policies and procedures to ensure access to care, further evaluation of language access strategies, and application of these tools in similar practice settings. The findings also promote the development of language appropriate educational materials and videos, and the use of telephone language lines and training for interpreters and clinic staff to facilitate meaningful communication between all members of the care team and LEP patients. Lastly, this report supports the need to develop reimbursement strategies and additional funding to support the cost of providing care to LEP patients.”]

Full text at: [http://www.healthlaw.org/library/item.198372-Language Access Understanding the Barriers and Challenges in Primary Care S](http://www.healthlaw.org/library/item.198372-Language%20Access%20Understanding%20the%20Barriers%20and%20Challenges%20in%20Primary%20Care%20S)

VA Health Care: Facilities have Taken Action to Provide Language Access Services and Culturally Appropriate Care to a Diverse Veteran Population. By the U.S. Government Accountability Office. Report to Congressional Requestors. (The Office, Washington, DC) May 2008. 24 p.

[“(VA) faces challenges in bridging language and cultural barriers as it seeks to provide quality health care services to an increasingly diverse veteran population in terms of race, ethnicity, sex, and age. To meet the needs of veterans with limited English proficiency (LEP), VA issued an LEP Directive that provides guidance for medical centers in assessing language needs and, if needed, developing language access services designed to ensure effective communication between English-speaking providers and those with LEP. In addition, VA is also challenged to deliver health care services in ways that are culturally appropriate—that is, respectful of and responsive to the cultural values of a diverse veteran population. In light of these challenges, GAO was asked to discuss the (1) actions VA has taken to implement its LEP Directive and the status of veterans’ utilization of language access services, and (2) efforts VA has made to provide culturally appropriate health care services.”]

Full text at: <http://www.gao.gov/new.items/d08535.pdf>

Related article: Cultural competency: From philosophy to research and practice

Full text at:

<http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=19704144&site=ehost-live>

EMERGENCY ROOM AND PSYCHIATRIC SERVICES

“Some Psych Patients Wait Days in Hospital ERs” By David Caruso, Associated Press. (July 4, 2008) pp. 1-2.

[“When staffers at a Brooklyn hospital spotted a middle-aged woman lying face-down on a waiting room floor last month, it hardly seemed like cause for alarm. The sight, after all, was common in the psychiatric emergency room at Kings County Hospital Center. The unit is so routinely backed up with people waiting hours, or even days, for services that patients often spend the night nodding in chairs or sprawled in a corner.

It took an hour before a nurse realized the prone woman was in trouble. By then, she was dead....Emergency rooms, they say, have become all-purpose dumping grounds for the mentally ill, with patients routinely marooned a day or more while health care workers try to find someone to care for them.”]

Full text at:

<http://ap.google.com/article/ALeqM5iIoYnxXq8yJWvhmQn9RgKNgh2fIAD91MJRN80>

Related article: Survey of Emergency Department Medical Directors Regarding Psychiatric Services.

Full text at:

http://www.acep.org/uploadedFiles/ACEP/Advocacy/federal_issues/PsychiatricBoardingStudyResults.pdf

HOMELESSNESS AND MENTAL ILLNESS

“Predictors of Homelessness among Street Living Youth.” By Natasha Slesnick and others, Ohio State University. IN: Journal of Youth and Adolescence, vol. 37, no. 4 (June 2008) pp. 465-474.

[“While few studies have identified predictors of exiting homelessness among adults, even fewer studies have attempted to identify these predictors among homeless youth. The current study explored predictors of change in homelessness among 180 homeless youth between the ages of 14 and 22, recruited through an urban drop-in center. All youth were assessed at baseline, 3 and 6 months. The sample included 118 males and the reported ethnicity included Latino ($n = 54$), Anglo ($n = 73$), Native American ($n = 24$), African American ($n = 6$) and mixed ethnicity or “other” ($n = 23$). Four distinct patterns

of change in homelessness were identified among youth which included those who (1) had fairly low rates of homelessness at each follow-up point, (2) started in the mid-range of homelessness, increased at 3 months and sharply declined at 6-months (MHL), (3) reported high rates of homelessness at baseline and low rates at each follow-up point (HLL), and finally, (4) remained consistently homeless across time (HMH). These patterns of change were most strongly predicted by social connections and engagement in HIV risk behaviors. The findings from this study suggest that developing trust and linkages between homeless youth and service providers may be a more powerful immediate target of intervention than targeting child abuse issues, substance use and mental health problems.”]

Full text at:

<http://www.pubmedcentral.nih.gov/articlerender.fcgi?tool=pmcentrez&artid=2440723>

Related article: Ability of the behavioral model to predict utilization of five services by individuals suffering from severe mental illness and homelessness.

Full text at:

<http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=23221093&site=ehost-live>

STIGMA

“Perceived Stigma and Mental Health Care Seeking.” By Ezra Golberstein and others, University of Michigan. IN: Psychiatric Services, vol. 59, no. 4 (April 2008) pp. 392-399.

[“There is limited empirical evidence on the extent to which perceived public stigma prevents individuals from using mental health services, despite substantial recent policy interest in this issue. This study investigated associations between perceived public stigma and mental health care seeking. *Methods:* This study used cross-sectional survey data from a representative sample of undergraduate and graduate students (N=2,782) at one university. A five-item scale was used to assess perceived public stigma toward mental health service use. Perceived need for help in the past 12 months and current presence of depressive and anxiety disorders were also assessed. *Results:* Perceived stigma was higher among males, older students, Asian and Pacific Islanders, international students, students with lower socioeconomic status backgrounds, and students with current mental health problems. Perceived stigma was also higher among those without any family members or friends who had used mental health services and among those who believed that therapy or medication is not very helpful. Perceived stigma was negatively associated with the likelihood of perceiving a need for mental health services, but only among younger students. Among those with probable depressive or anxiety disorders, there was no evidence that perceived stigma was associated with service use. *Conclusions:* These results suggest that, at least in this population, perceived stigma may not be as important a barrier to mental health care as the mental health policy discourse currently assumes.”]

Full text at: <http://psychservices.psychiatryonline.org/cgi/reprint/59/4/392>

Related article: “Challenging Two Mental Illness Stigmas: Personal Responsibility and Dangerousness.”

Full text at: <http://schizophreniabulletin.oxfordjournals.org/cgi/reprint/28/2/293>

Related article: “Stigma of Mental Illness and Ways of diminishing it.”

Full text at: <http://apt.rcpsych.org/cgi/reprint/6/1/65>

SUICIDE PREVENTION

“The Five Item Brief-Symptom Rating Scale as a Suicide Ideation Screening Instrument for Psychiatric Inpatients and Community Residents.” By For-Wey Lung, National Defense Medical Center, Taiwan, and Ming-Been Lee, National Taiwan University College of Medicine. IN: BioMed Central Psychiatry, vol. 8, no. 53 (July 2, 2008) pp. 1-26.

“An efficient screening instrument which can be used in diverse settings to predict suicide in different populations is vital. The aim of this study was to use the five-item Brief Symptom Rating Scale (BSRS-5) as a screening instrument for the prediction of suicide ideation in psychiatric, community and general medical settings.

Methods

Five hundred and one psychiatric, 1,040 community and 969 general medical participants were recruited. The community participants completed a structured telephone interview, and the other two groups completed the self-report BSRS-5 questionnaire.

Results

The logistic regression analysis showed that the predictors of suicide ideation for the psychiatric group were depression, hostility and inferiority ($p < 0.001$, $p = 0.016$, $p = 0.011$), for the community group, inferiority, hostility and insomnia ($p < 0.001$, $p < 0.001$, $p = 0.003$), and for the general medical group, inferiority, hostility, depression and insomnia ($p < 0.001$, $p = 0.001$, $p = 0.020$, $p = 0.008$). The structural equation model showed the same symptom domains that predicted suicide ideation for all three groups. The receiver operating characteristic curve using the significant symptom domains from logistic regression showed that for the psychiatric group, the optimal cut-off point was 4/5 for the total of the significant dimensions (positive predictive value [PPV]=78.01%, negative predictive value [NPV]=79.05%), for the community group, 7/8 (PPV=68.75%, NPV=96.09%), and for the general medical group, 12/13 (PPV=92.86%, NPV=88.48%).

Conclusions

The BSRS-5 is an efficient tool for the screening of suicide ideation-prone psychiatric inpatients, general medical patients, and community residents. Understanding the discriminative symptom domains for different groups and the relationship between them can help health care professionals in their preventative programs and clinical treatment.”

Full text at: <http://www.biomedcentral.com/content/pdf/1471-244X-8-53.pdf>

“Have Broad-Based Community and Professional Education Programs Influenced Mental Health Literacy and Treatment Seeking of Those with Major Depression and Suicidal Ideation.” By Robert D. Goldney, University of Adelaide, and Laura J. Fisher, Adelaide Clinic. IN: *Suicide & Life-Threatening Behavior*, vol. 38, no. 2 (April 2008) pp. 129-142.

“Mental health literacy is the knowledge and beliefs about mental disorders that aid in their recognition, management, or prevention; it is also a determinant of help seeking. As such, it is presumed to be important in community suicide prevention programs. In Australia there have been a number of government, professional, and charitable organizations as well as pharmaceutical company suicide prevention initiatives which have been designed to enhance public and professional knowledge about mental disorders, particularly depression. This naturalistic study conducted between 1998 and 2004 in a random and representative population sample examined the changes in mental health literacy and treatment seeking of those with major depression, both with and without suicidal ideation, and those who were neither depressed nor suicidal. Results indicated that there was marked improvement in mental health literacy for all three groups, although there was less change for those most in need of intervention (i.e., those with major depression and suicidal ideation). Furthermore, there were fewer changes in appropriate treatment seeking in those with major depression and suicidal ideation. These findings are consistent with literature reporting limited problem solving and decision making in those who are suicidal, and indicate that there are limits to broad based community education programs. More focused suicide prevention initiatives are required, specifically for those who are depressed and suicidal.”

Full text at:

<http://search.ebscohost.com/login.aspx?direct=true&db=a9h&an=32008178&site=ehost-live>

Related article: Suicide Prevention Strategies: A Systematic Review.

Full text at: <http://jama.ama-assn.org/cgi/reprint/294/16/2064>

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