

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



Studies in the News for



California Department of Mental Health

Introduction to Studies in the News

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NEWPODCASTS

NEWWEBINAR

CHILDREN AND ADOLESCENT MENTAL HEALTH

“American Kids take more Psych Meds than Europeans.” By the School Library Journal Staff. (The Journal, New York, New York) pp. 1-1.

[“U.S. kids are three times more likely to be prescribed psychotropic medications for conditions such as attention deficit hyperactivity disorder (ADHD) and bipolar disease than children in Europe—and they’re also three times more likely to use antidepressants and stimulants than children in Germany and the Netherlands, says a new study.”]

Full text at:

<http://www.schoollibraryjournal.com/article/CA6599564.html?nid=2413&rid=&>

Link to cited article: <http://www.capmh.com/content/pdf/1753-2000-2-26.pdf>

Exploring the Relationship among Cultural Discontinuity, Psychological Distress, and Academic Outcomes with Low-Income, Culturally Diverse Students. By Blaire Cholewa and Cirecie West-Olatunji, University of Florida. IN: Professional School Counseling (October 2008) pp. 1-4.

[“School counselors and educators tend to focus on the symptoms of cultural discontinuity and often view these symptoms as root causes for underachievement. In this article we use an ecosystemic paradigm to explore the relationship among cultural discontinuity, psychological distress, and academic achievement. Recommendations include ways in which school counselors can use macrosystemic interventions to forge partnerships between low-income, culturally diverse students' home culture and that of the school. The U.S. education system is failing our nation's low-income, culturally diverse students. The persistent achievement gap between low-income African American and Latino American students, in particular, and their middle and upper income White peers has been the focus of investigation by educational researchers (Bazon, Osher, & Fleischman, 2005; Garcia, 1993; Lovelace & Wheeler, 2006; Nieto, 2004).”]

Full text at:

http://www.redorbit.com/news/education/1581690/exploring_the_relationship_among_cultural_discontinuity_psychological_distress_and_academic/

Use of Mental Health Services in the Past 12 Months by Children Aged 4-17 Years: United States, 2005 – 2006. By Gloria A. Simpson and others, Centers for Disease Control and Prevention. National Center for Health Statistics Data Brief Number 8. (The Center, Hyattsville, Maryland) September 2008. 8 p.

[“Mental health, which includes emotional and behavioral areas of health, is a critical component of child well-being. It may impact children’s physical health, relationships, and learning. Appropriate treatment and intervention for children with emotional or behavioral difficulties has been shown to lessen the impact of mental health problems on school achievement, relationships with family members and peers, and risk for substance abuse. Early mental health screening and the availability and use of appropriate mental health services are among the goals of the President’s New Freedom Commission on Mental Health.”]

Full text at: <http://www.cdc.gov/nchs/data/databriefs/db08.pdf>

Related article: Challenges and Opportunities in Children’s Mental Health. (July 2006)

Full text at: <http://www.aecf.org/upload/publicationfiles/mental%20health.pdf>

DISPARITIES

“Latino Disparities in Child Mental Health Services.” By Cintia Lopez, Chicago Public Schools, and others. Journal of Child & Adolescent Psychiatric Nursing, vol. 21, no. 3 (August 2008) pp.137-145.

[“TOPIC: Access and utilization of mental health services for Latino children. PURPOSE: As Latino children may experience higher rates of unmet needs, this article examines the current literature for the reasons for the disparity and the barriers to the utilization of mental health services for Latino children. SOURCES: An integrative literature review was undertaken from child psychiatry and nursing. CONCLUSIONS: The literature confirmed a pattern of underutilization of mental health services by Latino children, but did not completely address the reasons for the disparity. Suggested barriers were language and cultural issues. Gaps in the literature include a lack of agreement for definition of a mental health problem and the tools to identify these, insufficient studies into the barriers for Latino children in the access and utilization of mental health services, and cultural and language issues related to Latino research.”]

Full text at:

<http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=33325507&site=ehost-live>

Related article: “Latino Adults’ Access to Mental Health Care: A Review of Epidemiological Studies.” (May 2006)

Full text at:

<http://www.pubmedcentral.nih.gov/picrender.fcgi?tool=pmcentrez&artid=2551758&blobtype=pdf>

QuickStats: Percentage of Persons Aged ≥ 12 Years with Depression, by Race/Ethnicity and Poverty Status -- National Health and Nutrition Examination Survey, United States, 2005 – 2006. By the Centers for Disease Control and Prevention. Morbidity and Mortality Weekly Report. (The Centers, Atlanta, Georgia) October 3, 2008. 2 p.

[“Depression was measured using the Patient Health Questionnaire (PHQ-9), a nine-item screening instrument that asks questions about the frequency of symptoms of depression during the preceding 2 weeks. Response categories "not at all," "several days," "more than half the days," and "nearly every day" were given a score ranging from 0 to 3. Depression was defined as a total score of 10 or higher on the PHQ-9. This cut point has been well validated and is commonly used in clinical studies that measure depression with the PHQ-9.”]

Full text at:

http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5739a10.htm?s_cid=mm5739a10_e

Racial/Ethnic Disparities in Self-Rated Health Status among Adults with and without Disabilities—United States, 2004-2006. By the Centers for Disease Control and Prevention. *Morbidity and Mortality Weekly Report*. (The Centers, Atlanta, Georgia) October 3, 2008. 4 p.

[“Self-rated health status has been found to be an independent predictor of morbidity and mortality (1), and racial/ethnic disparities in self-rated health status persist among the U.S. adult population (2). Black and Hispanic adults are more likely to report their general health status as fair or poor compared with white adults (2). In addition, the prevalence of disability has been shown to be higher among blacks and American Indians/Alaska Natives (AI/ANs) (3). To estimate differences in self-rated health status by race/ethnicity and disability, CDC analyzed data from the 2004 -- 2006 Behavioral Risk Factor Surveillance System (BRFSS) surveys.

This report summarizes the results of that analysis, which indicated that the prevalence of disability among U.S. adults ranged from 11.6% among Asians to 29.9% among AI/ANs. Within each racial/ethnic population, adults with a disability were more likely to report fair or poor health than adults without a disability, with differences ranging from 16.8 percentage points among Asians to 37.9 percentage points among AI/ANs. Efforts to reduce racial/ethnic health disparities should explicitly include strategies to improve the health and well being of persons with disabilities within each racial/ethnic population.”]

Full text at:

http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5739a1.htm?s_cid=mm5739a1_e

“Social Capital in an Impoverished Minority Neighborhood: Emergence and Effects in Children’s Mental Health.” By Carole A. Hanks, University of Rochester. *IN: Journal of Child & Adolescent Psychiatric Nursing*, vol. 21, no. 3 (August 2008) pp. 126-136.

[“This study aims to describe and analyze neighborhood effects on children's mental health, focusing on the emergence and effects of Social Capital or informal social control. **METHOD:** Focus groups of Hispanic and African American families raising children in a low-income, minority neighborhood. **FINDINGS:** Parents’ alienation from and distrust of public sources of formal social control, such as policemen, prevented the emergence of positive informal social control. **CONCLUSION:** Psychiatric nurses and nurse practitioners must utilize public health and individual therapeutic approaches to prevent and treat children's mental health problems in disorganized, violent neighborhoods.”]

Full text at:

<http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=33325508&site=ehost-live>

JUVENILE OFFENDERS AND MENTAL ILLNESS

“Comorbid Substance Use and Mental Disorders among Offending Youth.” By David L. Hussey and others, Kent State University. IN: Journal of Social Work Practice in the Addictions, vol.7, vol. 1-2 (2007) pp. 117-138.

[“This study examines the offense, substance use, and mental illness characteristics for a subset of adolescent juvenile detainees receiving services through a federally funded system of care initiative. Findings indicate that 65% of these youth were comorbid for both mental and substance use disorders. Female detainees were at greater risk on almost every measure of mental health impairment and dual substance use and mental disorders. This study examines the offense, substance use, and mental illness characteristics integrated treatment models that can serve youth involved in multiple child-serving systems, and addresses the challenging constellation of comorbid conditions faced by many juvenile offenders.”]

Full text at:

<http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=25812805&site=ehost-live>

Related article: Psychiatric Disorders of Youth in Detention. (April 2006)

Full text at: <http://www.ncjrs.gov/pdffiles1/ojdp/210331.pdf>

Related article: Uniform Mental Health Screening for Juvenile Offenders-State of Virginia. (October 2002)

Full text at: <http://www.inbar.org/content/committees/standing/CROC/78-Uniform%20Mental%20Health%20Screening%20for%20Juvenile%20Offenders.pdf>

POLICIES AND PROCEDURES

“Transformation of the California Mental Health System: Stakeholder-Driven Planning as a Transformational Activity.” By Cheryl Cashin, University of California at Berkeley, and others. IN: Psychiatric Services, vol. 59, no. 10 (October 2008) pp. 1107-1114.

[“This study describes strategies developed by California counties to transform their mental health systems under the 2004 Mental Health Services Act (MHSA). This voter initiative places a 1% tax on annual incomes over \$1 million; tax monies are earmarked to transform county-operated mental health services into systems that are oriented more toward recovery. MHSA implementation itself can be considered "transformational" by balancing greater standardization of mental health service delivery in the state with a locally driven planning process.

A qualitative content analysis of the three-year plans submitted by 12 counties to receive funds under MHSA was conducted to identify common themes, as well as innovative approaches. These 12 (out of 58) counties were chosen to represent both small and large counties, as well as geographic diversity, and they represent 62.3% of the state

population. This analysis showed that the state guidelines and local planning process generated consistency across counties in establishing full-service partnerships with a "whatever it takes" approach to providing goal-directed services and supports to consumers and their families. There was, however, little convergence around the specific strategies to achieve this vision, reflecting both the local planning process and a relative lack of clear policy and guidance on evidence-based practices.

There are many obstacles to the successful implementation of these ambitious plans. However, the state-guided, but stakeholder-driven, transformation in California appears to generate innovative approaches to recovery-oriented services, involve consumers and family members in service planning and delivery, and build community partnerships that create new opportunities for consumers to meet their recovery goals.”]

Full text at: <http://ps.psychiatryonline.org/cgi/reprint/59/10/1107>

Related article: “Why Focus on Mental Health systems?” (August 2007)

Full text at:

<http://www.pubmedcentral.nih.gov/picrender.fcgi?tool=pmcentrez&artid=2222681&blobtype=pdf>

PREVENTION AND EARLY INTERVENTION

“A Comparison of Clinician, Youth, and Parent Beliefs about Helpfulness of Interventions for Early Psychosis.” By Anthony F. Jorm and others, University of Melbourne. IN: Psychiatric Services, vol. 59, no. 10 (October, 2008) pp. 1115-1120.

[“This study explored whether there are gaps between the beliefs of clinicians and those of young people and their parents about the appropriate interventions for early psychosis.

Postal surveys of 105 Australian general practitioners, 155 psychiatrists, 183 psychologists, and 106 mental health nurses asked about the likely helpfulness of a wide range of potential interventions, covering helping professions, medications, psychological interventions, complementary interventions, and self-help. The results from these clinicians were compared with data from a national telephone survey of 968 Australian youths (ages 12–25 years) and 531 of their parents.

Young people and their parents were less likely than the clinicians to endorse the helpfulness of seeing a psychiatrist, using mental health services, and taking antipsychotic medication. On the other hand, young people and their parents were more likely to endorse informal social supports, generic counseling, and general stress reduction methods. The gap in intervention beliefs may be a contributor to delays in seeking professional help and adherence to treatment. Efforts are needed to improve public knowledge about psychosis treatment and to change mental health services so that they better meet consumer expectations.”]

Full text at: <http://ps.psychiatryonline.org/cgi/reprint/59/10/1115>

SUICIDE PREVENTION

“Bridge Directors Vote for Net to Deter Suicides.” By Michael Cabanatuan, Chronicle Staff Writer. IN: San Francisco Chronicle (Saturday, October 11 2008) pp. A1-A1.

[“Golden Gate Bridge directors voted decisively Friday to try to stop people from jumping to their deaths from the landmark bridge by hanging nets along the sides of the span.”]

Full text at: <http://www.sfgate.com/cgi-bin/article.cgi?f=/c/a/2008/10/10/BASH13F0MH.DTL>

A Center Quick Training Aid: Suicide Prevention. By the School Mental Health Project, Department of Psychology, UCLA. (The Project, Los Angeles, California) 2007. 49 p.

[“Periodically, windows of opportunity arise for providing in-service in schools about mental health and psychosocial concerns. When such opportunities appear, it may be helpful to access one or more of our Center's *Quick Training Aids*. Each of these offers a brief set of resources to guide those providing an in-service session. (They also are a form of quick self-tutorial and group discussion.) Most encompass key talking points for a short training session; a brief overview of the topic; facts sheets; tools; and, a sampling of other related information and resources. In compiling resource material, the Center tries to identify those that represent "best practice" standards. If you know of better material, please [let us know](#) so that we can make improvements.”]

Full text at:
<http://www.smhp.psych.ucla.edu/pdfdocs/quicktraining/suicideprevention.pdf>

The Effect of Gun Shows on Gun-Related Deaths. By Mark Duggan, University of Maryland, and others. Research Paper. Center for Local, State, and Urban Policy. Gerald R. Ford School of Public Policy. (University of Michigan, Ann Arbor, Michigan) September 2008. 1-49 p.

[“Thousands of gun shows take place in the U.S. each year. Gun control advocates argue that because sales at gun shows are much less regulated than other sales, such shows make it easier for potential criminals to obtain a gun. Similarly, one might be concerned that gun shows would exacerbate suicide rates by providing individuals considering

suicide with a more lethal means of ending their lives. On the other hand, proponents argue that gun shows are innocuous since potential criminals can acquire guns quite easily through other black market sales or theft. In this paper, we use data from *Gun and Knife Show Calendar* combined with vital statistics data to examine the effect of gun shows. We find no evidence that gun shows lead to substantial increases in either gun homicides or suicides. In addition, tighter regulation of gun shows does not appear to reduce the number of firearms-related deaths.”]

Full text at: <http://www.closup.umich.edu/research/workingpapers/papers/gunshows-sept08-final.pdf>

“An Evaluation of Suicide Gatekeeper Training for School Counselors and Teachers.” By Carli Reis and Dewey Cornell, University of Virginia. IN: Professional School Counseling, vol. 11, no.6 (August 2008) pp. 386-394.

[“The study in this article compared counselors and teachers on measures of suicide knowledge and prevention practices after participation in a statewide training program in student suicide prevention using the "Question, Persuade, and Refer" program. Follow-up surveys conducted an average of 4.7 months after training indicated that trainees (73 counselors and 165 teachers) demonstrated greater knowledge of suicide risk factors and reported making more no-harm contracts than did controls (74 counselors and 98 teachers). In comparison to teachers, counselors demonstrated greater knowledge of risk factors and reported questioning more potentially suicidal students and making more contracts and outside referrals. These findings support the value of gatekeeper training for both counselors and teachers and substantiate the important role of counselors in suicide prevention.”]

Full text at:

<http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=34072391&site=ehost-live>

“High School Youth and Suicide Risk: Exploring Protection Afforded Through Physical Activity and Sport Participation.” By Lindsay A. Taliaferro and others, University of Florida. IN: Journal of School Health, vol. 78, no. 10 (October 2008) pp. 545-553.

[“Background: Suicide ranks as the third leading cause of death for adolescents. Recent data from the Centers for Disease Control and Prevention (CDC) indicate that the adolescent suicide rate increased 18% between 2003 and 2004. Sport may represent a promising protective factor against adolescent suicide. This study examined the relative risk of hopelessness and suicidality associated with physical activity and sport participation. Methods: Data from the CDC’s 2005 Youth Risk Behavior Survey were analyzed. Logistic regression modeling was used to compare the odds of hopelessness and suicidality in students who engaged in various levels of physical activity to inactive students. Similar analyses were performed comparing risks of athletes to nonathletes, and

the risks of highly involved athletes to nonathletes. Results: Findings showed that frequent, vigorous activity reduced the risk of hopelessness and suicidality among male adolescents. However, low levels of activity actually increased the risk of feeling hopeless among young females. Yet, for both males and females, sport participation protected against hopelessness and suicidality. Conclusion: These findings indicate that involvement in sport confers unique psychosocial benefits that protect adolescents against suicidality. Findings suggest that mechanisms other than physical activity contribute to the protective association between sport and reduced suicidality. Social support and integration may account for some of the differences found in suicidality between athletes and nonathletes.”]

Full text at:

<http://search.ebscohost.com/login.aspx?direct=true&db=hch&AN=34375830&site=ehost-live>

“A Preliminary Investigation of Suicidality in Psychiatrically Hospitalized Veterans with Traumatic Brain Injury.” By Peter M. Gutierrez, University of Colorado, Denver, and others. IN: Archives of Suicide Research, vol. 12, no. 4 (October 2008) pp. 336-343.

[“The objective of this study was to explore suicidal behaviors documented at time of discharge from acute psychiatric hospitalization. Data from 114 acute psychiatric admissions were reviewed for 22 veterans with a history of traumatic brain injury (TBI). Information extracted included presence of suicidal ideation, nature of suicide attempts, and TBI characteristics. The Lethality of Suicide Attempt Rating Scale was used to classify veterans' non-lethal self-harm behavior. Post-TBI, 6 patients (27.3%) made a total of 14 suicide attempts. Half of those attempts required wounds being sutured, stomach lavage, or other medical attention. Clinicians and researchers are strongly encouraged to focus increased attention on suicide prevention in those with a history of TBI.”]

Full text at:

<http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=34555466&site=ehost-live>

NEWPODCASTS

Investing in Children’s Health and Development.

[“The Assuring Better Child Health and Development initiative was designed to improve the delivery of developmental services through policy and practice change in selected states. In Iowa, a focus on screening, as well as on the mental health of the family and

referrals to appropriate providers for treatment, has led to more comprehensive care.”]
Produced by the Commonwealth Fund.

<http://www.commonwealthfund.org/podcasts/>

NEWWEBINAR

Webinar: Law Enforcement and People with Mental Illnesses

Free: Space is Limited!

Tuesday, October 28, 2008, 2:00 PM Eastern Time

Duration: Approximately One Hour with Q and A

Registration is free but is limited to the first 1,000 registrants.

To register, go to <http://www2.eventsvc.com/nationalcouncil/>, select the law enforcement/mental health event, and enter the coupon code COUNCIL at checkout. If registering for a webinar for the first time, create a profile with the email and password of your choice. A confirmation with webinar access information will be sent to the email address you enter.

Participation will require Internet access and a phone line. Participants from the same location are encouraged to use a single phone line - one individual may register and get access information for the whole group.