

Subject: Studies in the News: (December 24, 2008)



Studies in the News for



California Department of Mental Health

Introduction to Studies in the News

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AMERICANS WITH DISABILITIES

Americans with Disabilities: 2005. Current Population Reports. By Matthew W. Brault. US Census Bureau. (US Department of Commerce, Washington, D. C.) December 2008. 24 p.

[“About one in five U.S. residents - 19 percent - reported some level of disability in 2005, according to a U.S. Census Bureau report released today. These 54.4 million Americans are roughly equal to the combined total populations of California and Florida....

Among those with a disability, 35 million, or 12 percent of the population, were classified as having a severe disability, according to Americans with Disabilities: 2005 [PDF]....

Other important findings:

* Among people 15 and older, 7.8 million (3 percent) had difficulty hearing a normal conversation, including 1 million being unable to hear at all. Although not part of the definition of disability used in the report, 4.3 million people reported using a hearing aid.

* Roughly 3.3 million people, or 1 percent, age 15 and older used a wheelchair or similar device, with 10.2 million, or 4 percent, using a cane, crutches or walker.

* Nearly 7.8 million people age 15 and older had difficulty seeing words or letters in ordinary newspaper print, including 1.8 million being completely unable to see.

* More than 16 million people had difficulty with cognitive, mental or emotional functioning. This included 8.4 million with one or more problems that interfere with daily activities, such as frequently being depressed or anxious, trouble getting along with others, trouble concentrating and trouble coping with stress.”]

Full text at: <http://www.census.gov/prod/2008pubs/p70-117.pdf>

CHILDREN AND ADOLESCENT MENTAL HEALTH

“Experiences of Asian American Parents in a Group Intervention for Youth with Schizophrenia.” By Michael G. Kennedy, University of Washington School of Nursing, and others. IN: Journal of Child & Adolescent Psychiatric Nursing, vol. 21, no. 4 (November 2008) pp. 220-227.

[“Schizophrenia, which frequently strikes during adolescence or young adulthood, can have devastating effects on the family. Parents, who are primary caregivers for mentally ill adolescents, often lack the information and skills necessary to cope with the multiple and complex consequences of a major psychiatric disorder. Moreover, parents are ill-prepared to help their other children cope with the unpredictable changes that accompany having a mentally ill sibling. Asian American parents face similar issues in dealing with their schizophrenic adolescents. However, there is limited information available about this population.

The purpose of this qualitative study was to examine the experiences of four Asian American parents who participated in a community-based, family-centered, self-management intervention program for youth with schizophrenia. Participants were interviewed using semistructured interviews and language interpreters. Data were analyzed utilizing content analysis. Four themes were identified: (a) same, but different; (b) sharing and learning; (c) using skills learned; and (d) working with interpreters.

Results indicate that Asian American parents valued their participation in the group intervention and emphasized their similarities with non-Asian American families who have a mentally ill youth.”]

Full text at:

<http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=34975919&site=ehost-live>

Mental Health in Youth and Education: A Consensus Paper. By E. Jane-Llopis and F. Braddick, Luxembourg, European Communities. (Directorate-General for Health and Consumers, Luxembourg, Belgium) 2008. 25 p.

[“The foundation for good mental health is laid in the early years and society as a whole benefits from investing in children and families. Good mental health in childhood is a prerequisite for optimal psychological development, productive social relationships, effective learning, and ability to care for oneself, good physical health and effective economic participation as adults. There is growing evidence on the long-term value of promoting the positive mental health of children and young people, for example through the shaping of early childhood experience, through positive parenting, and through more effective educational services and school programmes.

Although most children report a high level of mental well being, at present in Europe between 10 and 20% of young people have mental health problems. Schools and the community can play an important role in reaching youth and determining their level of mental health. Effective mental health promotion in educational and community settings in turn strengthens the core objectives of education and the youth sector.”]

Full text at:

http://ec.europa.eu/health/ph_determinants/life_style/mental/docs/consensus_youth_en.pdf

DISPARITIES

“Evidence-Based Practice in *Mental Health* Care to Ethnic Minority Communities: Has Its Practice Fallen Short of Its Evidence?” By Eugene Aisenberg, University of Washington. IN: *Social Work*, vol. 53, no.4 (October 2008) pp. 297-306.

[“Evidence-based practice (EBP) has contributed substantially to the advancement of knowledge in the treatment and prevention of adult *mental health* disorders. A fundamental assumption, based on documented evidence of effectiveness with certain populations, is that EBP is equally effective and applicable to all populations. However, small sample sizes of ethnic minority populations in randomized clinical trials prevent strong and clear conclusions about the effectiveness and generalizability of EBP with regard to people of color. In addition, the appropriateness of EBPs to ethnic minority communities has rarely been investigated. This article critically examines the applicability and dissemination of adult *mental health* EBP to diverse ethnic minority populations. It highlights limitations of EBP rooted in its epistemological narrowness, exclusion of communities of color, and lack of cultural competence and examines whether the practice of EBP has overstepped its evidence. This article presents a framework characterized by pathways of epistemological partnership and substantive

inclusion of racial and ethnic minority groups to facilitate the promotion of culturally responsive EBPs and to inform *mental health* practice and *policy* implementation.”]

Full text at:

<http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=34765371&site=ehost-live>

“The Health Impact of Resolving Racial Disparities: An Analysis of US Mortality Data.” By Steven H. Woolf, Virginia Commonwealth University, Richmond. IN: *American Journal of Public Health*, vol. 98, Supplement (September 2008) pp. S26-S28.

[“The US *health* system spends far more on the "technology" of care (e.g., drugs, devices) than on achieving equity in its delivery. For 1991 to 2000, we contrasted the number of lives saved by medical advances with the number of deaths attributable to excess mortality among African Americans. Medical advances averted 176633 deaths, but equalizing the mortality rates of Whites and African Americans would have averted 886202 deaths. Achieving equity may do more for *health* than perfecting the technology of care.”]

Full text at:

<http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=34060833&site=ehost-live>

FIRST INCIDENT PSYCHOSIS

“Detection of Psychosis by Mental Health Care Services: A Naturalistic Cohort Study.” By Nynke Boonstra, University Medical Center Groningen, Groningen, the Netherlands, and others. IN: *Clinical Practice and Epidemiology in Mental Health*, vol. 4, no. 29 (December 16, 2008) pp. 1-10.

[“**Background:** Detection of psychotic disorders is an important issue, since early treatment might improve prognosis. Timely diagnosis of psychotic disorders depends on recognition of psychotic symptoms and their interpretation. The aim of this study is to examine to what extent reported psychotic symptoms are accounted for in clinical diagnosis. **Methods:** The medical files of all patients who had a first contact with one of two mental health care services (N = 6477) were screened for reported psychotic symptoms and subsequent clinical diagnosis. Patients who reported psychotic symptoms and who were diagnosed with a psychotic disorder were followed-up for two years to register prescription of antipsychotic treatment and continuity of care. **Results:** In the files of 242 (3.7%) patients specific psychotic symptoms were recorded. 37% of these patients were diagnosed with a nonaffective psychotic disorder, 7% with other psychotic disorders and 56% with non-psychotic disorders or no diagnosis at all. About 90% of the patients diagnosed with a psychotic disorder did receive any prescription of antipsychotics, and about 50% were in continuous care during the first 2 years.

Conclusions: Relatively large proportions of patients presenting with psychotic symptoms were diagnosed with a non-psychotic diagnosis or not diagnosed at all. This applies also to patients reporting at least two or more psychotic symptoms. Although we did not verify the appropriateness of clinical diagnosis, these findings are an indication that psychotic disorders may be under detected. Improving the diagnostic process in mental health care services may be the most obvious way to promote early intervention in psychosis.”]

Full text at: <http://www.cpementalhealth.com/content/pdf/1745-0179-4-29.pdf>

JUVENILE JUSTICE

“Examining the Impact of Gender, Race/Ethnicity, and Family Factors on Mental Health Issues in a Sample of Court-Involved Youth.” By Stephen M. Gavazzi, Ohio State University, and others. IN: *Journal of Marital & Family Therapy*, vol. 34, no. 3 (July 2008) pp. 353-368.

[“Faced with anywhere between one half and two thirds of its youth having a diagnosable mental illness, the identification and treatment of mental health concerns is a critically important endeavor for professionals working with youth who have contact with the juvenile justice system. In addition, the literature suggests that factors related to both the family and to the gender of the adolescent must be incorporated into any approach to assessment and intervention within this special population. Further, prior work that has documented the interaction of gender and family issues with adolescent race/ethnicity warrants further empirical attention, as does the intermediary role that the family may play in the development of both internalizing and externalizing behaviors.

The present study extends this literature by examining factors related to gender, race/ethnicity, family factors, and mental health issues in a sample of 2,549 Caucasian and African American youth coming to the attention of juvenile courts. Multivariate analysis of variance results indicated significant main effects for gender and race/ethnicity, as well as a significant gender \times race/ethnicity interaction for the family and externalizing variables. A multiple group structural equation modeling procedure was employed in order to test the hypothesis that family environment mediates the relationship between gender and mental health problems, as well as to test for potential differences in these relationships as a function of race/ethnicity. Results indicated support for the mediation model in the sample of African American youth but not in the sample of Caucasian youth.

Full text at:

<http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=33246382&site=ehost-live>

MENTAL HEALTH COURTS

Outcomes from the Last Frontier: An Evaluation of the Anchorage Mental Health Court. By Andrew Ferguson, Hornby Zeller Associates, and others. (Alaska Mental Health Trust Authority, Anchorage, Alaska) May 2008. 79 p.

[“It is well documented that people with mental illness and cognitive impairments are over-represented in the criminal justice system compared to their prevalence in society. Over the last thirty years, there have been widespread efforts aimed at diverting this population from incarceration into community-based mental health services, with some diversionary efforts showing promise and others not. Among the most recent innovations are mental health courts, spearheaded by such programs as the Anchorage Coordinated Resources Project (ACRP), in operation since 1998 and one of the first mental health courts established in the United States....

Notwithstanding, the growth and expansion of mental health court programs has spawned a great deal of interest among policy makers and community stakeholders. With limited resources, policy-makers are interested in whether mental health court programs “work” and researchers have been pressed to identify the relative merits of these programs. Today, the broader and sustained impact of these programs on the criminal justice system and on the individuals participating in these programs is just starting to be explored. Do mental health courts help reduce crime? What is the impact of mental health courts on the quality of life of those who participate? Are mental health courts cost-effective? To answer these questions, the Alaska Mental Health Trust Authority (AMHTA) in conjunction with the Alaska Court System commissioned a study to provide an in-depth analysis of the ACRP – the Anchorage Mental Health Court – on a wide variety of individual and system-level outcomes.”]

Full text at: <http://www.mhtrust.org/documents/ACRP%20Report%20FINAL1.pdf>

SIBLINGS OF ADULTS WITH MENTAL ILLNESS

“Siblings of Adults with Mild Intellectual Deficits or Mental Illness: Differential Life Course Outcomes.” By Julie Pounds Taylor, University of Wisconsin-Madison and others. IN: *Journal of Family Psychology*, vol. 22, no 6 (April 2008) pp. 905-914.

[“The present study contrasted the later life sibling relationships, patterns of family formation, and psychological distress and well-being of siblings of adults with disabilities to a nondisabled normative group. The authors identified 268 siblings of adults with mild intellectual deficits (ID) and 83 siblings of adults with mental illness (MI) from the Wisconsin Longitudinal Study (R. M. Hauser & W. H. Sewell, 1985; R. M. Hauser, J. Sheridan, & J. R. Warren, 1998), a prospective longitudinal study that followed participants from age 18 years to age 64 years. Compared with the norm ($n = 791$), siblings of adults with mild ID had more contact with family members and were more likely to live in the same state as the sibling with the disability but reported less affective

closeness. Siblings of adults with MI reported more psychological distress, less psychological well-being, and less adaptive personality characteristics compared with the norm, particularly for siblings of men with MI. There were no differences between groups in the patterns of marriage and childbearing.”]

Full text at: <http://www.apa.org/journals/releases/fam226905.pdf>

SUICIDE PREVENTION

“Suicidal risk in young adult offspring of mothers with bipolar or major depressive disorder: a longitudinal family risk study.” By Bonnie Klimes-Dougan, University of Minnesota, and others. IN: *Journal of Clinical Psychology*, vol. 64, no. 4 (April 2008) pp. 531-540.

[“Recent evidence has highlighted suicidal risk associated with bipolar disorder (BD). Using a family risk approach, the goal of this study was to evaluate suicidal thoughts and behaviors longitudinally from childhood to young adulthood in children of mothers with BD, Major depressive disorder (MDD), and well mothers. Few group differences were found for cross-sectional assessments of suicidal thoughts and behavior in young adulthood; the offspring of MDD demonstrate an earlier onset and more persistent suicidality than other groups, but by young adulthood, BD offspring appear to be comparable to MDD offspring in their rates of suicidality. The longitudinal assessments reveal a pattern of higher suicidal risk in MDD offspring, more intermediate risk in BD offspring, and lower risk in well offspring. Precursors and correlates of suicidal thoughts and behaviors were also examined. These findings suggest diverse developmental trajectories based on family risk and have implications for planning preventive intervention.”]

Full text at:

<http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=31416230&site=ehost-live>

TRAUMA AND PTSD

“Risk Factors Predict Post-Traumatic Stress Disorder Differently in Men and Women.” By Dorte M Christiansen and Ask Elklit, University of Aarhus, Denmark. IN: *Annals of General Psychiatry*, vol. 7, no. 24 (November 18, 2008) pp. 1-12.

[**“Background:** About twice as many women as men develop post-traumatic stress disorder (PTSD), even though men as a group are exposed to more traumatic events.

Exposure to different trauma types does not sufficiently explain why women are more vulnerable. **Methods:** The present work examines the effect of age, previous trauma, negative affectivity (NA), anxiety, depression, persistent dissociation, and social support on PTSD separately in men and women. Subjects were exposed to either a series of explosions in a firework factory near a residential area or to a high school stabbing incident. **Results:** Some gender differences were found in the predictive power of well known risk factors for PTSD. Anxiety predicted PTSD in men, but not in women, whereas the opposite was found for depression. Dissociation was a better predictor for PTSD in women than in men in the explosion sample but not in the stabbing sample. Initially, NA predicted PTSD better in women than men in the explosion sample, but when compared only to other significant risk factors, it significantly predicted PTSD for both men and women in both studies. Previous traumatic events and age did not significantly predict PTSD in either gender. **Conclusion:** Gender differences in the predictive value of social support on PTSD appear to be very complex, and no clear conclusions can be made based on the two studies included in this article.”]

Full text at: <http://www.annals-general-psychiatry.com/content/pdf/1744-859X-7-24.pdf>

VETERAN’S MENTAL HEALTH

A Long Road to Recovery: Battling Operational Stress Injuries. By Mary McFadyen, Interim Ombudsman, National Defence and Canadian Forces. (The Ombudsman, Ottawa, Canada) December 2008. 62 p.

[“The Interim Ombudsman for the Department of National Defence and the Canadian Forces, Ms. Mary McFadyen, today released a special report, entitled [A Long Road to Recovery: Battling Operational Stress Injuries](#). Accompanying the report is a [case study on the state of mental health services at Canadian Forces Base \(CFB\) Petawawa in Ontario](#).

This investigation is the second follow-up review of an Ombudsman report released in 2002 evaluating the Department of National Defence and Canadian Forces’ systemic treatment of military members with operational stress injuries.”]

Full text at: <http://www.ombudsman.forces.gc.ca/rep-rap/sr-rs/osi-tso-3/doc/osi-tso-3-eng.pdf>

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