

Subject: Studies in the News: (March 15, 2009)



Studies in the News for



California Department of Mental Health

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CHILDREN AND ADOLESCENT MENTAL HEALTH

Mental Health Screenings for Teens: What Role do States Play? By Robin Richardson, National Conference of State Legislatures. (The Conference, Washington, D.C.) March 2, 2009. 4 p.

[“Many adolescents experience depression and anxiety as they transition from children into adults. In an effort to distinguish between "normal" teenage angst and serious mental health disorders, a number of states are screening adolescents for mental health disorders.

Screenings—or mental health "checkups"—are part of a public health approach to the early identification and treatment of behavioral health problems. The process generally involves giving a teen a list of questions to determine if he or she is at risk for depression or other mental health disorders. If the answer is "yes," the provider can follow diagnostic protocol and refer the patient to treatment if necessary.

To date, the majority of screenings have taken place in schools; however, physicians and other providers are increasingly screening teens in clinics and other primary-care settings. The mental health checkups are "universal"—that is, they are given to all the teens in a grade, school or other subgroup; individuals who may be at risk of an illness are not singled out. The checkups are not a diagnosis, but a tool to identify possible symptoms of a larger problem.”]

Full text at: <http://www.ncsl.org/programs/health/shn/2009/sn534a.htm>

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CRIMINAL JUSTICE SYTEM AND MENTAL ILLNESS

Beyond Punishment: Helping Individuals with Mental Illness in Baltimore Criminal Justice System. By National Alliance on Mental Illness: Metropolitan Baltimore. (The Alliance, Baltimore, Maryland) 2009. 72 p.

[“Mental illnesses are brain disorders. The symptoms are behavioral and cyclical. Often those behaviors require intervention. When an individual has a mental illness, it is likely that, at some time, there will be a psychiatric crisis. Despite everyone’s best efforts, the crisis may lead to a situation that requires police assistance or intervention, and may even result in arrest. This book will help you understand what happens if the individual becomes involved with the criminal justice system, and what you can do to help.”]

Full text at:

<http://consensusproject.org/downloads/namidoc.pdf>

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CULTURAL COMPETENCE

“Cultural Competence in Mental Health Practice.” By Jonathon Livingston, North Carolina Central University in Durham, and others. IN: Best Practice in Mental Health: An International Journal, vol. 4, no. 2(Summer 2008) pp. 1-14.

[“Given the continued increase in mental health-related problems among African American and Latino populations and the increased and continued immigration of Latino, Asian/Pacific Islander, Southeast Asian, and Middle Eastern communities, there is a clear

need to reevaluate the applicability of Western psychology and a need for continued training among professionals in all allied healing professions in an effort to adequately meet the mental health needs of ethnic minority families. Thus, the purpose of this article is to reevaluate our understanding of culture and promote cultural competence to provide a conceptual framework that will move the psychologist, counselor, and human service professional from a surface-level understanding of difference to a deeper appreciation of cultural and ethnic differences. This article proposes a need for training social scientists to understand the deep structural level of culture, the cultural continuum, and the intersection of ecology, race, and ethnicity. Such training is critical if psychologists trained in Western institutions are to be effective in healing and addressing the needs of non-Western populations.”]

Full text at:

<http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=35343889&site=ehost-live>

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ETHNIC GROUPS

Latinos and Mental Health: Examining our Needs, Exploring our Resources. By the Latino Coalition for a Healthy California. (The Coalition, Sacramento, California) June 2008. 4 p.

[“Mental health is a leading cause of disability, incarceration, and lost productivity, and is as disabling as cancer or heart disease. Almost a third of all Americans have had a serious mental health disorder in their life. One out of every two children born in the state is born to a Latina mother, and the Department of Finance predicts that by 2042, Latinos will represent a full majority of California’s population.”]

Full text at: http://www.lchc.org/events/documents/FINAL_MHBrief_June2008.pdf

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"Psychotropic Medication Non-adherence among United States Latinos: A Comprehensive Literature Review." By Nicole M. Lanouette and others, University of California, San Diego. IN: Psychiatric Services, vo. 60, no.2 (February 2009) pp. 157-174.

["Psychotropic medication non-adherence is a major public health problem, but few studies have focused on Latinos. The authors systematically reviewed the literature on rates of and factors influencing antipsychotic, antidepressant, and mood stabilizer non-adherence among U.S. Latinos. ...Rates of non-adherence to psychotropic medications were found to be higher for Latinos than for Euro-Americans. Further investigation is needed to understand the potentially modifiable individual and society-level mechanisms

of this discrepancy. Clinical and research interventions to improve adherence should be culturally appropriate and incorporate identified factors."]

Full text at: <http://psychservices.psychiatryonline.org/cgi/reprint/60/2/157>

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EVIDENCE-BASED PRACTICES AND ETHNIC COMMUNITIES

“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>

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Related Article: “Explaining Mental Health Treatment Disparities: Ethnic and Cultural Differences in Family Involvement.” (2007)

Full text at:

<http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=27258433&site=ehost-live>

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POLICIES AND PROCEDURES

“Competition and the Mental Health System.” By Allison Evans Cuellar, Columbia University, and Deborah Haas-Wilson, Smith College. IN: *American Journal of Psychiatry*, vol. 166, no. 3 (March 2009) pp. 278-283

[“In the 1970s, mental health services were largely both publicly funded and publicly provided, but today service provision has shifted toward the private sector (1). As a result, the mental health care system increasingly relies on competition to allocate health care resources. In 2003, mental health services constituted 6.2% of all U.S. health spending or \$100 billion (2). Competition for consumers—whether among insurers, hospitals, physicians, or others—largely determines which mental health services are produced, how they are produced, and at what prices they are produced. Below we discuss three notable features of the competitive mental health care market and their policy implications.”]

Full text at: <http://ajp.psychiatryonline.org/cgi/reprint/166/3/278>

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Developing Statewide Consumer Networks. By Laverne D. Miller and Latrease R. Moore, Policy Research Associates. IN: *Psychiatric Services*, vol. 60, no. 3 (March 2009) pp. 291-293.

[“Statewide consumer networks (SCNs) that provide direct services, advocacy, and technical assistance to smaller consumer-operated services have emerged over the past 15 years. As states seek to include the “consumer voice” in systems transformation and to support consumer-operated services, the expertise, community-organizing, and advocacy skills offered by networks are assets to all stakeholders. This column examines models currently in use by SCNs in six states. It compares their developmental histories and organizational, leadership, and decision-making models to provide guidance to other states that wish to develop strategies for organizing, supporting, and sustaining SCNs.”]

Full text at: <http://psychservices.psychiatryonline.org/cgi/reprint/60/3/291>

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RESEARCH RISK FOR PEOPLE WITH MENTAL ILLNESS

“Research Risk for Persons with Psychiatric Disorders: A Decisional Framework to Meet the Ethical Challenge.” By Philip T. Yanos, City University of New York, and others. IN: *Psychiatric Services*, vol. 60, no. 3 (March 2009) pp. 374-383.

[“There is a lack of consensus on how to evaluate the risk of research studies conducted with persons who have psychiatric disorders. The authors reviewed research on

vulnerability, risk, and procedures to mitigate risk in studies with this population to help inform evaluation of such research. *Methods:* Searches of MEDLINE (1966–2006), PsycINFO (1967–2006), and Google Scholar used combinations of the terms mental illness, vulnerable, psychiatric, schizophrenia, and depression combined with terms such as research risk, vulnerability, research harm, capacity, risk, and mitigation of risk. Articles were identified from reference lists, and additional searches used terms from identified articles. *Results:* Evidence for two types of vulnerability—capacity based and power based—is presented, which supports the notion of vulnerability as a state, rather than a trait, among persons with psychiatric disorders. Three categories of risk are described—minimal risk, minor increment over minimal risk, and greater than minor increment. Evidence shows that many common types of studies pose risk in the first two categories when conducted with this population. The literature also describes procedures for reducing vulnerability and mitigating risk that should be considered in study evaluations. The authors offer a framework for evaluating the category of risk posed by a study. *Conclusions:* Although more research is needed, there is sufficient evidence that many common types of research present minimal risk or only a minor increment over minimal risk for large segments of the population of persons with psychiatric disorders, as they do for persons in the general population.”]

Full text at: <http://ps.psychiatryonline.org/cgi/reprint/60/3/374>

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STIGMA

"Dual Psychological Processes Underlying Public *Stigma* and the Implications for Reducing *Stigma*." By Glen D. Reeder and John B. Pryor, Illinois State University. IN: *Mens Sana Monographs*, vol. 6 (January 2008) pp. 175-186.

People with serious illness or disability are often burdened with social stigma that promotes a cycle of poverty via unemployment, inadequate housing and threats to mental health. Stigma may be conceptualized in terms of self-stigma (e.g., shame and lowered self-esteem) or public stigma (e.g., the general public's prejudice towards the stigmatized). This article examines two psychological processes that underlie public stigma: associative processes and rule-based processes. Associative processes are quick and relatively automatic whereas rule-based processes take longer to manifest themselves and involve deliberate thinking. Associative and rule-based thinking require different assessment instruments, follow a different time course and lead to different effects (e.g., stigma-by-association vs. attribution processing that result in blame). Of greatest importance is the fact that each process may require a different stigma-prevention strategy

<http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=32059803&site=ehost-live>

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“Reducing Stigma by Meeting and Learning from People with Mental Illness.” By Amy B. Spagnoto and others, University of Medicine and Dentistry of New Jersey. IN: Psychiatric Rehabilitation Journal, vol. 31, no. 3 (Winter 2008) pp. 186-193.

[“This study examines the effects of a public education program, developed in large part by consumers of mental health services, on the attitudes of high school students toward people with mental illnesses. Methods: Four hundred and twenty-six students were provided an informational session delivered by consumers and a faculty member from the University of Medicine and Dentistry of New Jersey (UMDNJ). The content of these sessions included facts about mental illness, characteristic symptoms, recovery strategies, and personal stories told by the consumer presenters. The students' attitudes were assessed pre- and post-session using the Attribution Questionnaire-Short Form for Children. Independent samples t-tests were used to assess changes in attitudes from pre- to post-assessment. Results: After viewing these presentations, students reported less stigmatizing views toward people with mental illness on seven of the nine factors and the total scale score. Conclusions: A 1-hour informational session developed and facilitated by consumers of mental health services can significantly affect the attitudes of adolescents toward people with major mental illnesses. Future studies will evaluate the sustainability of attitude changes as the result of these presentations, as well as the effects of demographic and socioeconomic differences on attitude change.”]

Full text at:

<http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=28522032&site=ehost-live>

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SUICIDE PREVENTION

“Are Patients With Depression at Heightened Risk of Suicide as They Begin to Recover?” By Vikrant Mittal, Yale University, and others. IN: Psychiatric Services, vol. 60, no. 3 (March 2009) pp. 384-386.

[“It has long been taught and believed that patients with depression and suicidal tendencies are at heightened risk of suicide as they begin to recover and their energy and motivation return. What are the data behind this enduring belief? More than a century ago, eminent clinicians noted that some patients with depression committed suicide just as their depression seemed to be improving. The clinicians went on to warn that early recovery carries a high risk of suicide. Although no studies have tracked suicide along with symptomatic change in depression, recent large-scale studies of suicide and phase of treatment do not indicate that suicide is more likely to occur early in recovery than at other times. Our forebears helpfully pointed out that patients with depression may commit suicide as they are beginning to recover. But the idea that these patients are at particular risk of suicide at this time, intuitively plausible as it is, remains to be substantiated.”]

Full text at: <http://ps.psychiatryonline.org/cgi/reprint/60/3/384>

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**Related article: Income, Employment and Suicidal Behavior. (December, 2007)
The Journal of Mental Health Policy and Economics. Hard copy of this article can
be obtained from the CA State Library.**

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**“Sudden Improvement Among High-Risk Suicidal Patients: Should It Be Trusted?”
By Robert Simon, Georgetown University, and Thomas G. Gutheil, Harvard
Medical School. IN: Psychiatric Services, vol. 60, no. 3 (March 2009) pp. 387-389.**

[“There is a long-standing belief that patients with depression and suicidal tendencies are particularly vulnerable to suicide when their depression shows signs of improvement. The authors discuss the clinical challenges of distinguishing real from feigned signs of recovery. Whereas genuine clinical improvement is a process, sudden patient improvement is a suspect event. The authors discuss clinical indicators that distinguish the two. They emphasize the importance of gathering corroborating evidence through communications with staff and the patient’s family. Suicide risk assessment is necessary throughout the patient’s illness and recovery.]

Full text at: <http://ps.psychiatryonline.org/cgi/reprint/60/3/387>

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VETERAN’S AND MENTAL ILLNESS

**Invisible Wounds: Predicting the Immediate and Long-Term Consequences of
Mental Health Problems in Veterans of Operation Enduring Freedom and
Operation Iraqi Freedom. By Benjamin R. Karney and others, RAND Corporation.
(RAND, Santa Monica, California) April 2008. 182 p.**

[“...As service members begin to return from Afghanistan and Iraq, those with physical wounds and impairments may be easily identified and assigned to treatment. Yet the scars of battle are not always physical. Increasingly, military leaders and policy-makers have been acknowledging the fact that exposure to combat can damage the mental, emotional, and cognitive faculties of service members, even if their physical integrity remains intact. Between the mental and emotional problems associated with exposure to combat and the cognitive impairments associated with traumatic brain injuries, substantial numbers of returning service members may suffer from significant wounds that are invisible to the eye. Although there is an emerging consensus that mental health problems stemming from service in OEF and OIF are likely to have severe and broad consequences if left

untreated, allocating resources toward particular treatments and interventions requires a detailed understanding of what the consequences of these problems are likely to be.”]

http://rand.org/pubs/working_papers/2008/RAND_WR546.pdf

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Invisible Wounds of War: Psychological and Cognitive Injuries, Their Consequences and Services to Assist Recovery. By Terrie Tanielian and Lisa H. Jaycox, Editors, RAND Corporation. (RAND, Santa Monica, California) 2008. 499 p.

[Since October 2001, approximately 1.64 million U.S. troops have been deployed for Operations Enduring Freedom and Iraqi Freedom (OEF/OIF) in Afghanistan and Iraq. Early evidence suggests that the psychological toll of these deployments—many involving prolonged exposure to combat-related stress over multiple rotations—may be disproportionately high compared with the physical injuries of combat. In the face of mounting public concern over post-deployment health care issues confronting OEF/OIF veterans, several task forces, independent review groups, and a President’s Commission have been convened to examine the care of the war wounded and make recommendations....

RAND conducted a comprehensive study of the post-deployment health-related needs associated with post-traumatic stress disorder, major depression, and traumatic brain injury among OEF/OIF veterans, the health care system in place to meet those needs, gaps in the care system, and the costs associated with these conditions and with providing quality health care to all those in need. This monograph presents the results of that study. These results should be of interest to mental health treatment providers; health policymakers, particularly those charged with caring for our nation’s veterans; and U.S. service men and women, their families, and the concerned public. All the research products from this study are available at <http://veterans.rand.org>.”]

Full text at: http://www.rand.org/pubs/monographs/2008/RAND_MG720.pdf

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[NEW CONVENTIONS](#)

[Oakland, CA –Oakland Marriott City Center –April 16-19. 2009 Annual Convention](#)

[“Join your fellow psychologists at the California Psychological Association's 2009 Annual Convention in Oakland, California (San Francisco Bay Area).

The theme of the convention is "Psychology-A Leadership Profession" and you're sure to find speakers and sessions that will interest you!

Information at:

<http://www.cpapsych.org/associations/6414/files/events/convention09/index.htm>

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National Alliance on Mental Illness; 2009 National Convention, San Francisco, CA July 6-9, 2009.

Information at:

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