

Subject: Studies in the News: (July 9, 2009)



Studies in the News for



California Department of Mental Health

Introduction to Studies in the News

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NEW CONFERENCES

CHILDREN AND ADOLESCENTS

“Positive Association between Attention-Deficit/ Hyperactivity Disorder Medication Use and Academic Achievement during Elementary School.” By Richard M. Scheffler, University of California at Berkeley, and others. IN: *Pediatrics*, vol. 123, no. 5 (May 2009) pp. 1273-1279.

[“A new study from the University of California, Berkeley, has found evidence that grade schoolers with ADHD who take medications can actually improve their long-term academic achievement, and make greater gains in standardized math and reading scores than students with ADHD who do not take medications.

‘Our study found that the children with ADHD who used the medication were several months ahead of their non-medicated peers in reading and math, which is significant because early progress in school is critical to ongoing academic success,’ said Richard Scheffler, distinguished professor of health economics and public policy at UC Berkeley’s School of Public Health and director of the campus’s Nicholas C. Petris Center on Health Care Markets and Consumer Welfare.”]

Full text at: <http://www.petris.org/Docs/adhd-schooluse.pdf>

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Mental Health Needs of Low-income Children with Special Health Care Needs. By Karen VanLandeghem and Cindy Brach, *Child Health Insurance Research Initiative. Issue Brief. No. 9* (Agency for Healthcare Research and Quality, Rockville, Maryland) April 2009. 6 p.

[“Children with special health care needs (CSHCN) comprise 13.9 percent of all children in the United States. Nearly 22 percent of households with children include at least one child with a special health care need. Low income and minority CSHCN have higher rates of mental health problems yet are less likely than their counterparts to receive mental health services.

Early intervention has been shown to minimize the impact of mental health problems in children and significantly reduce the need for more costly interventions. Early identification of mental health needs in children, particularly CSHCN, is critical to obtaining mental health services. Families play a crucial role in obtaining and coordinating care for CSHCN, including mental health screening, diagnosis, and treatment.

This Issue Brief summarizes a Child Health Insurance Research Initiative (CHIRI™) study that compared the prevalence of mental health problems among CSHCN to family perceptions of mental health needs. Researchers found:

- Mental health issues (e.g., attention and behavior disorders) were second only to asthma as the top health problems in CSHCN, as reported by their families.

- More than one third of CSHCN had a mental health problem, but only one quarter of caregivers recognized the need for mental health services.
- Families underestimated the need for mental health services in young children with special health care needs but slightly overestimated this need in adolescents with special health care needs.
- White families of CSHCN were more than twice as likely as their black counterparts to perceive a need for mental health services, although there was no difference in the prevalence of mental health problems.”]

Full text at: <http://www.ahrq.gov/chiri/chiribrf9/chiribrf9.pdf>

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HEALTH CARE REFORM

Consumer Issues in Health Care Reform. By the Bazelon Center for Mental Health Law. A Health Care Reform Issue Brief. (The Center, Washington, DC) May 27, 2009. 3 p.

[“Congress is currently engaged in the first serious attempt at reforming the health care system since the early 1990s. This debate is focused both on the need for universal coverage and related financing issues and on re-design of the healthcare delivery system. In this context the paradigm of recovery, and many of its essential features, has relevance for the healthcare discussion overall. The Bazelon Center’s proposals, as articulated in our issue briefs, incorporate many principles of recovery. The issue briefs address many of the components that have been proposed for healthcare generally and show how these relate, or should be adapted, to meet the needs of people with serious mental illnesses. Our recommendations on health reform are consistent with our aims for advancing a recovery oriented mental health system. However, the word ‘recovery’ as it applies to mental health care is unlikely to appear in legislation reforming the health system. Other mechanisms will be needed to reform public mental health systems and refocus them on a recovery-oriented vision in which consumers make their own decisions about their care and can access an array of supports to enable them to live fulfilling lives. Yet, importantly, certain principles of recovery and opportunities for consumers to access the health services they want can be part of health reform. In this issue brief, we discuss consumer-oriented issues in health reform and the Bazelon Center’s recommendations on these issues.”]

Full text at: <http://www.bazelon.org/issues/healthreform/issuepapers/Recovery.pdf>

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Health Care Reform Priorities. By the American Psychological Association. (The Association, Washington, DC) April 2009. 3 p.

[“The determinants of health include a complex array of biological, behavioral, psychological, socio-cultural, and environmental factors, as well as an individual’s

coping resources and access to health care. In fact, modifiable behavioral factors such as smoking, improper diet, lack of physical activity, and excessive alcohol consumption, among others, are *the* leading causes of chronic health problems and mortality in the United States from conditions such as heart disease, diabetes, and many forms of cancer. These behavior-linked illnesses account for nearly 75% of health care spending. In addition, mental illness, especially depression, is one of the primary causes of disease burden around the world, given its association with premature mortality and years of chronic suffering. As a consequence, new and successful models of health care practice include the integration of psychosocial and behavioral assessments and interventions with medical treatments. Thus, psychology, as the science of behavior, has much to contribute to improving the health status of our nation and is integral to health care reform. Health care reform must go beyond covering the uninsured to include changes in the way health care is delivered in this country.”]

Full text at: <http://www.apa.org/ppo/news/reform-priorities.pdf>

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IMMIGRANTS

Addressing the Mental Health Problems of Border and Immigrant Youth. By Luis Flores and Arline Kaplan, National Center for Child Traumatic Stress. (The Center, Los Angeles, California) January 2009. 21 p.

[“For health care professionals on the front lines of providing mental health and trauma care to Latino children and families in the United States–Mexico border region, it is crucial to understand the diverse cultural, socioeconomic, environmental, and political factors that daily impact the lives of their clients/patients. Equally important, such clinicians need to implement culturally competent care while simultaneously addressing the families’ misconceptions and knowledge gaps about the causes of mental health problems and their treatment.

Along the nearly 2,000-mile long border region of the United States and Mexico, the cultures of Mexico and the United States frequently collide. In *Distant Neighbors*, author Alan Riding (1984) states, ‘Probably, nowhere in the world do two neighbors understand each other so little. More than by levels of development, the two countries (United States and Mexico) are separated by language, religion, race, philosophy, and history.’ As a result, borderlanders (*fronterizos*) may experience ‘mental and emotional states of perplexity’ (Anzaldúa, 1987, p. 78) and frequently face ‘physical isolation, frontier conditions, transnational frictions, ethnic rivalries and a sense of separation from heartland area’ (Martinez, 1994, p. 303.)

Yet, the border region is an area where an estimated 12 million borderlanders live and grow in close interdependence and where a ‘dynamic transnational interaction’ occurs (Martinez, 1994). The border region is characterized by 14 twin city complexes on both sides of the international boundary, such as San Diego, California, paired with Tijuana, Baja California, and El Paso, Texas, paired with Ciudad Juarez, Chihuahua. The border crossings are among the busiest in the world, with more than half a million people moving legally in both directions each day pursuing jobs, commerce, housing, the arts,

and health care (United States-Mexico Border Health Commission [USMBHC], 2005). That interdependence also involves shared problems. San Diego's mayor Jerry Sanders alluded to this circumstance when describing how crime affects both San Diego and Tijuana. He said, 'What affects one side affects the other. We're literally one region with a fence down the middle' (Welch, 2007, p. A3.)

In the midst of the pull of interdependence and the push of colliding cultures, borderlanders face identity concerns, challenging socioeconomic and environmental conditions, vulnerability to trauma, stress, substance abuse disorders, depression, and other psychiatric disorders, and multiple barriers to obtaining needed treatment.”]

Full text at: http://www.nctsn.org/nctsn_assets/pdfs/BorderlandersSpecialReport_Final_0.pdf

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Understanding Immigrant Families from around the World: Introduction to the Special Issue. By Susan S. Chuang, University of Guelph, and Uwe P. Gielen, Saint Francis College. IN: Journal of Family Psychology, vol. 23, no. 3 (June 2009) pp. 275-278.

[“A recent surge in immigration rates has led psychologists to study how these families are coping and thriving in their adopted countries. In a special June issue of the *Journal of Family Psychology*, published by the American Psychological Association, researchers report that close family ties are crucial for immigrants' successful transition to their new country.

‘The articles in this issue examine the psychological experiences of a diverse set of immigrant families and their children who arrive in North America, Europe and Israel from many corners of the world,’ said Susan S. Chuang. ‘This research helps us to better understand the profound impact the immigration experience has on family relationships.’ Recent census data show that the number of immigrant children in the United States is growing rapidly. They account for approximately 20 percent of the child population, and that number is expected to increase to 30 percent by the year 2015. Asians are one of the fastest-growing ethnic minority groups in the United States, and several of the issue's articles focused on these families and their struggles. This recent surge in immigration rates means more and more families are finding themselves struggling to adapt to new countries and cultures. These families and their children face a host of challenges, including discrimination, isolation and financial stresses, say psychologists who contributed to this special issue.”]

For more description and links to some articles: <http://www.apa.org/releases/immigrant-child.html>

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OLDER ADULTS

“Are Sedatives and Hypnotics Associated with Increased Suicide Risk of Suicide in the Elderly?” By Anders Carlsten and Margda Waern, Gothenburg University, Gothenburg, Sweden. IN: BMC Geriatrics, vol. 9, no. 20 (June 4, 2009) 6 p.

[“*Background:* While antidepressant-induced suicidality is a concern in younger age groups, there is mounting evidence that these drugs may reduce suicidality in the elderly. Regarding a possible association between other types of psychoactive drugs and suicide, results are inconclusive. Sedatives and hypnotics are widely prescribed to elderly persons with symptoms of depression, anxiety, and sleep disturbance. The aim of this case-control study was to determine whether specific types of psychoactive drugs were associated with suicide risk in late life, after controlling for appropriate indications.

Methods: The study area included the city of Gothenburg and two adjacent counties (total 65+ population 210 703 at the start of the study). A case controlled study of elderly (65+) suicides was performed and close informants for 85 suicide cases (46 men, 39 women mean age 75 years) were interviewed by a psychiatrist. A population based comparison group (n = 153) was created and interviewed face-to-face. Primary care and psychiatric records were reviewed for both suicide cases and comparison subjects. All available information was used to determine past-month mental disorders in accordance with DSM-IV.

Results: Antidepressants, antipsychotics, sedatives and hypnotics were associated with increased suicide risk in the crude analysis. After adjustment for affective and anxiety disorders neither antidepressants in general nor SSRIs showed an association with suicide. Antipsychotics had no association with suicide after adjustment for psychotic disorders. Sedative treatment was associated with an almost fourteen-fold increase of suicide risk in the crude analyses and remained an independent risk factor for suicide even after adjustment for any DSM-IV disorder. Having a current prescription for a hypnotic was associated with a four-fold increase in suicide risk in the adjusted model.

Conclusion: Sedatives and hypnotics were both associated with increased risk for suicide after adjustment for appropriate indications. Given the extremely high prescription rates, a careful evaluation of the suicide risk should always precede prescribing a sedative or hypnotic to an elderly individual.”]

Full text at: <http://www.biomedcentral.com/content/pdf/1471-2318-9-20.pdf>

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POLICY AND RESEARCH

Connecting the Dots for Better Mental Health. By Karen Garinger, Indiana University. Research and Creative Activity. (The University, Bloomington, Indiana) Spring 2009. 3 p.

[“As mental-health treatment has changed over the past few decades, sociologists have tried to measure what these changes have meant to individuals with mental illnesses and their social networks. One of the most sweeping trends has been the closing of large inpatient mental hospitals and the shift to outpatient or residential care provided through community mental-health centers. Bernice Pescosolido was co-principal investigator of

one such transition, working with Eric Wright; John McGrew, professor of psychology at IUPUI; and a team of researchers, consumers, and policy makers in Indiana. For 10 years, they analyzed the aftermath of the 1992 closing of Indiana's Central State Hospital. Called the Central State Hospital Discharge and Tracking Study, the project was based on interviews with Central State patients, members of their families and communities, and former hospital employees.

'We found that for the first six or eight years, the former Central State patients did no better or worse than they had when they were living at the hospital,' Pescosolido says. 'But then their networks of families and friends began to burn out under the strain of caring for them.'

'Large mental hospitals certainly needed to be reformed, but in many cases, we've replaced them with a 'revolving-door' approach,' she continues. 'We're not asking individuals enough about what kinds of support systems they now have, and we're not creating those support systems. I think that a lot of classic problems in medicine — such as low utilization of treatment, poor adherence to doctors' orders — are less effectively addressed by encouraging individual patients alone than by encouraging and supporting those around them as well.'”]

Full text at:

http://research.indiana.edu/magazine/images/stories/v31n2/PDFs/rca_spring09_23-25.pdf

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“Designing a Knowledge Transfer and Exchange Strategy for the Alberta Depression Initiative: Contributions of Qualitative Research with Key Stakeholders.” By Craig Mitton, University of British Columbia, and others. IN: **International Journal of Mental Health Systems**, vol. 3, no. 11 (June 12, 2009) 31 p.

[“*Background:* Depressive disorders are highly prevalent and of significant societal burden. In fall 2004, the 'Alberta Depression Initiative' (ADI) research program was formed with a mission to enhance the mental health of the Alberta population. A key expectation of the ADI is that research findings will be effectively translated to appropriate research users. To help ensure this, one of the initiatives funded through the ADI focused specifically on knowledge transfer and exchange (KTE). The objectives of this project were first to examine the state of the KTE literature, and then based on this review and a set of key informant interviews, design a KTE strategy for the ADI.

Methods: Face to face interviews were conducted with 15 key informants familiar with KTE and/or mental health policy and programs in Alberta. Interviews were transcribed and analyzed using the constant comparison method.

Results: This paper reports on findings from the qualitative interviews. Respondents were familiar with the barriers to and facilitators of KTE as identified in the existing literature. Four key themes related to the nature of effective KTE were identified in the data analysis: personal relationships, cultivating champions, supporting communities of practice, and building receptor capacity. These recommendations informed the design of a contextually appropriate KTE strategy for the ADI. The three-phased strategy involves preliminary research, public workshops, on-going networking and linkage activities and rigorous evaluation against pre-defined and mutually agreed outcome measures.

Conclusion: Interest in KTE on the part of ADI has led to the development of a strategy for engaging decision makers, researchers, and other mental health stakeholders in an on-going network related to depression programs and policy. A similarly engaged process might benefit other policy areas.”]

Full text at: <http://www.ijmhs.com/content/pdf/1752-4458-3-11.pdf>

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PRIMARY CARE

“Are Adolescents Being Screened for Emotional Distress in Primary Care?” By Elizabeth M. Ozer, University of California, San Francisco, and others. IN: Journal of Adolescent Health, vol. 44, no. 6 (June 2009) pp. 520-527.

[“About one-third of California teenagers report being screened for emotional distress during a visit with their primary care provider,” state the authors. In addition to the dearth of studies on the rates of screening for depression in primary care, there are also several limitations to the current data. The article presents findings from a study to address gaps in the literature on screening adolescents for depression in primary care. The main focus of the study was to assess health professionals' rates of discussing emotional health among clinic-based and population-based samples in California. A secondary analysis assessed the degree to which health professional screening rates varied if an adolescent endorsed symptoms of distress.

Data for the study were drawn from two large independent datasets: (1) adolescent data collected in outpatient pediatric clinics within a large managed care organization and (2) adolescent data collected from the 2003 California Health Interview Survey (CHIS). The managed care-pediatric clinic sample comprised 1,089 adolescents ages 13 to 17 who completed a survey about health professional screening behavior when exiting a clinic well visit. The CHIS 2003 sample was restricted to a total of 899 adolescents ages 13 to 17 who reported that they had a physical examination within the past 3 months. In addition to an assessment of health professional screening, the CHIS dataset included a measure of depressive symptoms completed by all adolescents. The measure used an eight-item depression scale modified from the Center for Epidemiologic Studies Depression Scale. The analysis examined rates of health professional screening for emotional distress in the pediatric clinic and CHIS samples and, for the CHIS sample, whether rates varied by adolescent distress. The authors conclude that this translates to close to 49,000 distressed adolescents who ‘missed’ talking with their provider. Primary care clinicians-systems need to better utilize the opportunity to positively influence the health of adolescents.”]

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“Improving Mental Health Services in Primary Care: Reducing Administrative and Financial Barriers to Access and Collaboration.” By the American Academy of Child and Adolescent Psychiatry, Committee on Health Care Access and

Economics, Task Force on Mental Health. IN: Pediatrics, vol. 123, no. 4 (April 2009) pp. 1248-1251.

[“Mental Health: A Report of the Surgeon General’ (1999) documents the high prevalence of mental health needs of America’s youth. Although almost 1 in 5 children in the United States suffers from a diagnosable mental disorder, only 20% to 25% of affected children receive treatment. This is a troubling statistic, especially when considering that treatment of many mental disorders has been deemed highly effective. The Surgeon General’s report highlights the challenges of gaining access to mental health services in a complex and often fragmented system of health care. Without intervention, child and adolescent psychiatric disorders frequently continue into adulthood. For example, research shows that when children with coexisting depression and conduct disorders become adults, they tend to use more health care services and have higher health care costs than other adults. If the system does not appropriately screen and treat them early, these childhood disorders may persist and lead to a downward spiral of school failure, poor employment opportunities, and poverty in adulthood. No other illnesses damage so many children so seriously. On the other hand, early identification and treatment of children with mental health problems has the potential to reduce the burden of mental illness and its many consequences. Furthermore, data from a number of sources have demonstrated that enhanced access to outpatient mental health services is cost-effective. The American Academy of Pediatrics (AAP) and the American Academy of Child and Adolescent Psychiatry (AACAP) have created this joint position paper to ensure the mental health and wellness of our children and adolescents. With the implementation of the federal mental health parity law, many more children may be seeking mental health treatment. Shortages of children’s mental health professionals will make the coordination of care between pediatricians and child and adolescent psychiatrists even more necessary. By addressing the administrative and financial barriers that primary care clinicians and children’s mental health professionals face in providing behavioral and mental health services to children and adolescents, we hope to improve access, collaboration, and coordination for pediatric mental health care. The National Business Group on Health has endorsed this document.”]

Full text at: <http://www.aap.org/mentalhealth/docs/Special%20Article-%20April%202009.pdf>

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STIGMA

“Stigma: Alive and Well.” By Sadie F. Dingfelder. IN: Monitor on Psychology, vol. 40, no. 6 (June 2009) 7 p.

[“Despite decades of public information campaigns costing tens of millions of dollars, Americans may be as suspicious of people with mental illness as ever. New research by Bernice Pescosolido, published in the *Journal of Health and Social Behavior* (Vol. 41, No. 2), finds that 68 percent of Americans do not want someone with a mental illness marrying into their family and 58 percent do not want people with mental illness in their workplaces.

Some attitudes have gotten worse over time: For instance, people are twice as likely today than they were in 1950 to believe that mentally ill people tend to be violent. Of course, the vast majority of people with mental illness are not violent—though they are 2.5 times more likely to be victims of violence than members of the general population, according to a study published in 2001 in the *International Journal of Law and Psychiatry* (Vol. 24, No. 6). And a new study, published in February in the *Archives of General Psychiatry* (Vol. 66, No. 2) finds that mental illness alone does not increase the chances that a person will become violent.

‘Since that fear of violence is not based in fact, it may stem from media portrayals of mental illness—particularly in the news,’ says Patrick Corrigan, a psychology professor at the Illinois Institute of Technology and head of the Chicago Consortium for Stigma Research.

‘Every time something really bad happens, people think it must be because of mental illness,’ says Corrigan. ‘If a woman drowns her children, people speculate—the news media speculates—that she must be off her medication.’

‘In addition to being inaccurate and unfair, such beliefs come at a major cost to society,’ Pescosolido notes. An estimated one in four adults has a diagnosable mental illness, according to the National Institute of Mental Health. ‘That’s about 76 million Americans who live with the fear that others may find out about their disorder and think less of them or even keep them from getting jobs or promotions,’ she says. ‘And many people often avoid treatment due to the all-too-reasonable worry they’ll be found out and discriminated against,’ Pescosolido says.

The good news: After decades of well-meaning but largely ineffective efforts to change public opinion, researchers are now working to understand the underpinnings of stigma and are even beginning to turn the tide of public opinion in American and abroad.”]

Full text at: http://www.indiana.edu/~icmhsr/docs/Dingfelder_Stigma-Alive%20&%20Well_Monitor%20On%20Psychology_June%202009.pdf

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“Stigma and Discrimination in Mental Illness: Time to Change.” By Claire Henderson and Graham Thornicroft, King’s College, London. IN: *The Lancet*, vol. 373, no. 9679 (June 6, 2009) pp. 1928-1930.

[“On Jan 21, 2009, the largest ever program in England to reduce stigma and discrimination against people with mental health disorders was launched, called Time to Change.¹ The initiative is funded with £18 million from the Big Lottery Fund and Comic Relief to run until September, 2011, and is being run by three charities: Mental Health Media, MIND, and Rethink. The evaluation partner is the UK’s Institute of Psychiatry at King’s College London. Here we describe this program and how it is being evaluated.”]

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SUBSTANCE ABUSE

State Estimates of Substance Use from the 2006–2007 National Surveys on Drug Use and Health. By Arthur Hughes, Neeraja Sathe, and Kathy Spagnola, RTI International. NSDUH Series H-35, HHS Publication No. SMA 09-4362. (Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, Rockville, Maryland) May 2009. 64 p.

[“A new report providing state-by-state analyses of substance abuse and mental illness patterns reveals that there are wide variations in the levels of problems like illicit drug use found among the states, but that every state suffers from these problems. For example, among those aged 12 and older, Iowa had less than half the current illicit drug use rate of Rhode Island (5.2 percent vs. 12.5 percent) – yet Iowa’s population aged 12 and older also had one of the nation’s highest levels of people experiencing alcohol dependence or abuse in the past year (9.2 percent).

Among the report’s other notable findings:

- Vermont had the nation’s highest incidence rate of marijuana use among people aged 12 and older (2.5 percent) while Utah had the lowest (1.6) percent.
- The District of Columbia had the nation’s highest rate of past year cocaine use among those aged 12 and older (5.1 percent) while Mississippi had the lowest (1.6 percent).
- Utah had the nation’s lowest rate of current underage drinking (17.3 percent) while North Dakota had the highest (40 percent).
- Tennessee had the nation’s highest rate of people aged 18 and older experiencing a major depressive episode in the past year (9.8 percent) while Hawaii had the lowest (5.0 percent).”]

Full text at: <http://oas.samhsa.gov/2k7/state/TOC.cfm>

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VETERANS

“The Impact of Repression, Hostility, and Post-Traumatic Stress Disorder on All-Cause Mortality: A Prospective 16-Year Follow-up Study.” By Joseph A. Boscarino and Charles R. Figley. IN: *Journal of Nervous and Mental Disease*, vol. 197, no. 6 (June 2009) pp. 461-466.

[“A different approach to managing PTSD suggests that for some people repressing rather than exposing the traumatic memories may be better for an individual’s health... In this study, Drs. Boscarino and Figley examined the long-term mortality rates of Vietnam veterans who were evaluated in 1985 with follow-up in 2000. By studying the death certificates and records of a random sample of more than 4,000 veterans 30 years after military service, the researchers found that having PTSD along with a repressive personality trait does not necessarily lead to premature death.

The researchers say this is an important finding because exposure therapy is a prevailing practice in psychiatry, a technique that encourages patients to relive painful or traumatic

events. Yet, for some patients, this therapy may inadvertently cause a resurfacing of PTSD symptoms and psychological distress, putting that patient at risk for health problems.”]

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Improving Mental Health Care for Returning Veterans. By M. Audrey Burnam and others. Research Brief. (RAND Center for Military Health Policy Research, Santa Monica, California) June 2009. 1 p.

[“A substantial number of the 1.7 million military service members returning from the conflicts in Iraq and Afghanistan may face mental health problems. A comprehensive study conducted by RAND in 2008 found that an estimated 18.5 percent of those back from deployment reported symptoms consistent with a diagnosis of post-traumatic stress disorder (PTSD) or depression. The study also examined veterans’ access to quality mental health treatment. It identified gaps in the military and veterans health care systems and opportunities for improvement. A large infusion of new funds into the Department of Defense (DoD) and the Veterans Health Administration (VHA) in recent years is supporting their continuing efforts to improve care. However, many returning veterans also seek care in community settings as they reintegrate into civilian life. As part of the *Invisible Wounds of War* project, <http://www.rand.org/multi/military/veterans/>, a RAND team published additional results identifying key challenges to the provision of mental health care that cut across community, VHA, and DoD health care settings.”]

Full text at: http://www.cgi.rand.org/pubs/research_briefs/2009/RAND_RB9451.pdf

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NEW CONFERENCES

**Extending Foster Care to Age 21: Benefits, Costs, and Opportunities for States
Chapin Hall at the University of Chicago.**

July 15, 2009
Chicago, Illinois

Web Conference: <http://www.chapinhall.org/events/governing/extending-foster-care-age-21-benefits-costs-and-opportunities-states>

Show Me You Care About Suicide Prevention Conference 2009

July 30–31, 2009
Jefferson City, Missouri

For more information and registration: <http://www.dmh.missouri.gov/cps/issues/suicide/conference/2009/index.htm>

American Psychological Association Convention

August 6-9, 2009
Toronto, Canada

For more information and registration:

http://www.apa.org/convention09/?utm_medium=email&utm_source=National%20Academies%20Press&utm_campaign=NAP+mail+new+06.16.09&utm_content=Downloader&utm_term

U.S. Psychiatric and Mental Health Congress 2009

Las Vegas, Nevada
November 2-5, 2009

For more information and registration:

<http://www.cmellc.com/psychcongress/?cid=1503612>

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