

Subject: Studies in the News: (August 4, 2009)



Studies in the News for



California Department of Mental Health

Introduction to Studies in the News

Studies in the News (SITN): California Department of Mental is a service provided to the Department of Mental Health by the California State Library. This service features articles focusing on mental health issues. Prior lists can be viewed from the California State Library's Web site at [California State Library - Studies in the News](#)

How to Obtain Materials Listed in SITN:

- When available on the Internet, the URL for the full-text of each item is provided.
- **California State Employees** may contact the Information Resources and Government Publications (916-654-0261; csinfo@library.ca.gov) with the SITN issue date and title of article.
- All other interested individuals should contact their local library-the items may be available there, or may be borrowed by your local library on your behalf.

CONTENTS OF THIS ISSUE

BULLYING

[Peer victimization and psychotic symptoms](#)

CHILDREN AND ADOLESCENTS

[American's Children: key national indicators of well-being, 2009](#)

[Mental health practice guidelines for child welfare](#)

[Mental health services and the child welfare system](#)

FOSTER CARE

[Extending foster care to age 21](#)

HOMELESSNESS

[Annual homeless assessment report to Congress, 2008](#)

[Homelessness and leaving foster care](#)

PHYSICAL ACTIVITY

[Association between physical activity, mental health and quality of life](#)

SUBSTANCE ABUSE

[Alcohol and suicide among racial/ethnic populations](#)

[Father's alcohol use and substance use among adolescents](#)

[Substance use treatment need and receipt among Hispanics](#)

VETERANS

[Mental health diagnoses among Iraq and Afghanistan veterans](#)

WORKPLACE AND MENTAL HEALTH

[Severe mental health/substance abuse disorders and business activity](#)

[Employee personal finance distress and how employers can help](#)

[Employee work engagement: best practices for employers](#)

[Sickness absence records and future depression in a working population](#)

[CONFERENCES, MEETINGS AND PODCASTS](#)

BULLYING

“Prospective Study of Peer Victimization in Childhood and Psychotic Symptoms in a Nonclinical Population at Age 12 Years.” By Andrea Schreier, Warwick Medical School, and others. IN: Archives of General Psychiatry, vol. 66, no. 5 (May 2009) pp. 527-536.

[“Children who are consistently bullied by peers appear more likely to develop psychotic symptoms such as hallucinations, delusions, and thought disorders in early adolescence, according to a study by scientists from England and Australia (Schreier A et al. *Arch Gen Psychiatry*. 2009; 66[5]:527-536). The study involved 6437 young adolescents who were part of the Avon Longitudinal Study of Parents and Children. About 46% of participants were categorized as targets of bullying at either ages 8 or 10 years. At follow-up, 13.7% of them had ‘broad’ psychotic symptoms (1 or more symptoms either suspected or definitely present), 11.5% had ‘intermediate’ symptoms (1 or more suspected or definitely present symptoms at times other than during transitions between wakefulness and sleep, fever, or just after substance use), and 5.6% had ‘narrow’ symptoms (1 or more symptoms definitely present).

The risk of psychotic symptoms was approximately doubled among children bullied at age 8 or 10 years, independent of other psychiatric illness, family difficulties, or the child’s IQ. The association was even stronger when bullying was severe or chronic. Reducing stressful bullying ‘could be a worthwhile target for prevention and early intervention efforts for common mental health problems and psychosis,’ the authors said. (JAMA June 17, 2009)”] **NOTE: Please contact the California State Library for a paper or electronic copy of this article.**

[\[Back to Top\]](#)

CHILDREN AND ADOLESCENTS

American’s Children: Key National Indicators of Well-Being, 2009. By the Federal Interagency Forum on Child and Family Statistics. (The Forum, Washington, DC) July 2009. 216 p.

[“America’s Children: Key National Indicators of Well-Being, 2009 is a compendium of indicators illustrating both the promises and the difficulties confronting our Nation’s young people. The report presents 40 key indicators on important aspects of children’s lives. These indicators are drawn from our most reliable statistics, easily understood by broad audiences, objectively based on substantial research, balanced so that no single area of children’s lives dominates the report, measured regularly so that they can be updated to show trends over time, and representative of large segments of the population rather than one particular group.

This year’s report continues to present key indicators grouped by the seven sections identified in the restructured 10th anniversary report (2007): family and social environment, economic circumstances, health care, physical environment and safety,

behavior, education, and health. The report incorporates several modifications that reflect the Forum's ongoing efforts to improve its quality and comprehensiveness: updates to data sources and substantive expansions or clarifications have been made for several indicators; a regular indicator on adolescent depression has been added, addressing an ongoing data gap on the mental health of children; and a special feature, Children with Special Health Care Needs, has been included." Docuticker (July 12, 2009)]

Full text at: http://childstats.gov/pdf/ac2009/ac_09.pdf

[\[Back to Top\]](#)

Mental Health Practice Guidelines for Child Welfare: Context for Reform [Special Issue.] Edited by Peter S. Jensen and others. Child Welfare: Journal of the Child Welfare League of America. Vol. 88, No. 1. (Child Welfare League of America, Arlington, Virginia) 2009.

[“Developed at the 2007 Best Practices for Mental Health in Child Welfare Consensus Conference, organized by The REACH Institute, with support from Casey Family Programs and The Annie E. Casey Foundation, these guidelines provide expert recommendations for child welfare stakeholders on mental health screening and assessment, psychosocial interventions, psychopharmacological interventions, parent support, and youth empowerment. For more information about the Guidelines for Mental Health in Child Welfare and the associated Toolkit, contact Lisa Hunter Romanelli at lisa@thereachinstitute.org.

Table of Contents for this special issue

- Mental Health Services for Children Placed in Foster Care: An Overview of Current Challenges
- Identification of Mental Health Service Need Among Youth in Child Welfare
- Psychosocial Interventions for Children and Adolescents in Foster Care: Review of Research Literature
- The Use of Psychotropic Medication for Children in Foster Care
- Engaging Parents in Child Welfare Services: Bridging Family Needs and Child Welfare Mandates
- Dissemination of a Multilevel Evidence-Based System of Parenting Interventions with Broad Application to Child Welfare Populations
- Enhancing the Empowerment of Youth in Foster Care: Supportive Services
- Best Practices for Mental Health in Child Welfare: Screening, Assessment, and Treatment Guidelines
- Best Practices for Mental Health in Child Welfare: Parent Support and Youth Empowerment Guidelines.”] **NOTE: Please contact the California State Library for a paper or electronic copy of these articles.**
-

Full text of abstracts for selected articles at:

<http://www.cwla.org/articles/cwjabstracts.htm#0901>

[\[Back to Top\]](#)

“A Preliminary Analysis of the Receipt of Mental Health Services Consistent With National Standards among Children in the Child Welfare System.” By Ramesh Raghavan, Washington University, St. Louis, and others IN: American Journal of Public Health. Published online ahead of print July 16, 2009.

[“*Objectives:* We sought to examine the extent to which children in the child welfare system receive mental health care consistent with national standards.

Methods: We used data from 4 waves (3 years of follow-up) of the National Survey of Child and Adolescent Well-Being, the nation’s first longitudinal study of children in the child welfare system, and the Area Resource File to examine rates of screening, assessment, and referral to mental health services among 3802 youths presenting to child welfare agencies. Weighted population-averaged logistic regression models were used to identify variables associated with standards-consistent care.

Results: Only half of all children in the sample received care consistent with any national standard, and less than one tenth received care consistent with all of them. Older children, those exhibiting externalizing behaviors, and those placed in foster care had, on average, higher odds of receiving care consistent with national standards.

Conclusions: Adverse consequences of childhood disadvantage cannot be reduced unless greater collaboration occurs between child welfare and mental health agencies. Current changes to Medicaid regulations that weaken entitlements to screening and assessment may also worsen mental health disparities among these vulnerable children.”] **NOTE: Please contact the California State Library for a paper or electronic copy of this article.**

[\[Back to Top\]](#)

FOSTER CARE

Extending Foster Care to Age 21: Weighing the Costs to Government against the Benefits to Youth. By C.M. Peters and others, Chapin Hall at the University of Chicago. Chapin Hall Issue Brief. (Chapin Hall, Chicago, Illinois) June 2009. 10 p.

[“Allowing foster youth to remain in care until age 21 could lead to a significant increase in educational attainment, which in turn would result in significantly higher lifetime earnings. Although we have drawn on the best available data, we recognize that our analysis has several limitations. Our estimates are largely based on observed differences between what happens in one state (Illinois), which allows young people to remain in care until age 21, and what happens in two other states (Iowa and Wisconsin), where foster youth do not have this option. Not only might the experiences of foster youth in other states be different, but in addition, the between-state differences in postsecondary educational attainment that we observed in participants at age 21 may reflect more than this one difference in state policy.... We conclude that if states adopt a policy of allowing young people to remain in foster care until their 21st birthday—an option that will soon be much less of a financial burden on states as a result of the Fostering Connections to Success and Increasing Adoptions Act—the potential benefits to foster youth and society will more than offset the costs to government. This conclusion should be helpful to child welfare administrators and policymakers as states consider extending foster care to age

21 as a way to better address the needs of this vulnerable population during its transition to adulthood.”]

Full text at:

http://www.chapinhall.org/sites/default/files/publications/Issue_Brief%2006_23_09.pdf

[\[Back to Top\]](#)

HOMELESSNESS

The 2008 Annual Homeless Assessment Report to Congress. By Jill Khadduri, Abt Associates, Dr. Dennis Culhane, University of Pennsylvania, and others. Prepared for the U.S. Department of Housing and Urban Development. (The Department, Washington, DC) July 2009. 168 p.

[“Several years of progress in reducing the number of chronically homeless people ended last year, according to this study. While the numbers of individual homeless people remained relatively flat, the number of people in families that were homeless rose by 9 percent from Oct. 1, 2007, to Sept. 30, 2008, the report found.

Last year, the Bush administration reported a decrease of nearly 30 percent in the number of chronically homeless from 2005 to 2007, in part because of financing intended to provide housing for homeless people with addictions and disabilities. Family homelessness also decreased almost 20 percent during that time.

This report showed that 1.6 million people lived in transitional housing or in a shelter in 2008, slightly more than in the previous year. But families now make up about one-third of that number.

“So I guess the good news is that homelessness didn’t go way up,” said Nan Roman, president of the National Alliance to End Homelessness, a nonprofit group. “The bad news is that since it had been going down, this is a change in the wrong direction.”

The department released \$1.2 billion of stimulus money on Thursday to be used for services like rent relief and housing relocation for the homeless. The report also found that the percentage of homeless people who used residential programs in suburban areas increased to 32 percent in 2008 from 23 percent in 2007.” New York Times (July 9, 2009)]

Full text at: <http://www.hudhre.info/documents/4thHomelessAssessmentReport.pdf>

[\[Back to Top\]](#)

“Pathways to and from Homelessness and Associated Psychosocial Outcomes among Adolescents Leaving the Foster Care System.” By Patrick J. Fowler, Wayne State University, and others. IN: American Journal of Public Health, vol. 99, no. 8 (August 2009) pp. 1453-1458.

[“*Objective:* We evaluated the prevalence and nature of housing problems among adolescents leaving foster care because of their age to provide evidence that can inform public and programmatic policies designed to prevent homelessness. *Methods:* Housing and psychosocial outcomes in a sample of 265 adolescents who left the foster care system

in 2002 and 2003 in a large midwestern metropolitan area were evaluated over a 2-year follow-up period. Analyses focused on identifying latent housing trajectory categories across the first 2 years after participants' exit from foster care. *Results:* Findings revealed 4 latent housing classifications. Most participants (57%) had experienced stable housing situations since their exit from foster care. Those in the remaining 3 categories endured housing problems, and 20% were chronically homeless during the follow-up period. Housing instability was related to emotional and behavioral problems, physical and sexual victimization, criminal conviction, and high school dropout. *Conclusions:* Adolescents in foster care are at considerable risk of homelessness. Preventive initiatives can reduce homelessness in this population by implementing improved foster care programming and developing empirically informed interventions targeting foster care adolescents.”] **NOTE: Please contact the California State Library for a paper or electronic copy of this article.**

[\[Back to Top\]](#)

PHYSICAL ACTIVITY

The Association between Physical Activity, Mental Health and Quality of Life: A Population-based Study. By Christine Demont-Heinrich, Colorado Department of Public Health and Environment. Health Watch. No. 71. (The Department, Denver, Colorado) May 2009. 4 p.

[“Physical activity offers numerous health benefits. Being physically active can help individuals maintain a healthy weight and therefore reduce the risk for obesity. Physical activity is also associated with a lowered risk for developing heart disease, type 2 diabetes, certain cancers, high blood pressure, and osteoporosis. It has also been suggested that physical activity may improve mental health and quality of life. Experimental studies have demonstrated that exercise interventions relieve symptoms of depression and anxiety. Physical activity has also been used as a treatment for people with psychiatric diseases and as treatment to improve quality of life in both people with and without mental health disorders. Faulkner and Taylor suggested that physical activity can improve quality of life in individuals who have mental health disorders and physical health problems. Does this association between physical activity and mental health translate to the general population? Epidemiologic studies have demonstrated associations between physical activity and mental health but these studies included only certain subpopulations. Population-based studies that look at both sexes and include a wide age range are scarce. The aim of this paper is to examine the association between physical activity and mental health and the association between physical activity and quality of life using a population-based surveillance system (The Behavioral Risk Factor Surveillance System (BRFSS).”]

Full text at: <http://www.cdphe.state.co.us/hs/pubs/physicalactivity.pdf>

[\[Back to Top\]](#)

SUBSTANCE ABUSE

Alcohol and Suicide among Racial/Ethnic Populations – 17 States, 2005-2006. By Centers for Disease Control and Prevention. Morbidity and Mortality Weekly Report. Vol. 58. No. 23 (The Centers, Atlanta, Georgia) June 19, 2009. pp. 637-641.

[“Researchers have proposed various mechanisms regarding the role of acute or chronic alcohol use in suicidal behavior. These include alcohol’s effect on promoting depression and hopelessness, promoting disinhibition of negative behavior and impulsivity, impairing problem solving, and contributing to disruption in interpersonal relationships. Although numerous studies show that alcohol use often plays a role in suicide, the association can vary from population to population. The results of this analysis indicate that alcohol intoxication likely was present in nearly one quarter of the tested suicide deaths recorded by NVDRS in 17 states during 2005–2006; especially among non-Hispanic AI/ANs and Hispanics. Racial/ethnic differences in the prevalence of problem drinking cannot explain the pattern in alcohol-associated suicides. Data from the Behavioral Risk Factor Surveillance System that examined binge drinking among different racial/ethnic populations showed that the highest percentage occurred among Hispanics.” Docuticker June 24, 2009.]

Full text at:

[http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5823a1.htm?s_cid=mm5823a1_x\](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5823a1.htm?s_cid=mm5823a1_x)

[\[Back to Top\]](#)

Father’s Alcohol Use and Substance Use among Adolescents. By Substance Abuse and Mental Health Services Administration (SAMHSA.) The NSDUH Report (National Survey on Drug Use and Health.) June 18, 2009. 4 p.

[“Alcohol dependence or abuse among fathers living with adolescents (youths aged 12 to 17) may increase the risk of alcohol or illicit substance use among their children according to a new national study. The study shows that the rate of past year alcohol use was dramatically higher among adolescents living with a father with an alcohol use disorder than those living with a father who had not used alcohol in the past year (38.8 percent versus 21.1 percent.)”]

Full Text at: <http://oas.samhsa.gov/2k9/108/FatherAlcUseHTML.pdf>

[\[Back to Top\]](#)

Substance Use Treatment Need and Receipt among Hispanics. By the Office of Applied Studies, SAMHSA, and RTI International. The NSDUH Report. (The Office, Washington, DC) July 16, 2009. 4 p.

[“Nearly 8.3 percent of all Americans of Hispanic origin ages 12 or over were classified as needing treatment in the past year for alcohol disorders according to a new national study. The study by the Substance Abuse and Mental Health Services Administration (SAMHSA) also reveals that only 7.7 percent of these over 2.6 million Hispanic

Americans with drinking disorders received the help they needed at a specialty treatment facility.

The study also showed 3.4 percent of the Hispanic American population (1.1 million people) age 12 or older were in need of treatment for illicit drug use, and that only 15.1 percent of them had received treatment at a specialty facility.

Among different Hispanic American groups there were notable differences in the rates of treatment need and receipt. For example, the prevalence of alcohol treatment need for Hispanic Americans of Mexican origin was higher (9.2 percent) than for those of Puerto Rican (7.7 percent), Central or South American (6.8 percent), or Cuban origin (5.2 percent). However, the need for treatment for illicit drug use was higher for Hispanic Americans of Puerto Rican background (6.1 percent) than Hispanics with Cuban (3.6 percent), Mexican (3.3 percent), or Central or South American origins (2.2 percent). Hispanic Americans of Puerto Rican background in need of treatment had considerably higher levels for receiving specialized treatment than other Hispanic groups — for alcohol disorders (16.6 percent) and illicit drug use (27.9 percent). By contrast, among those of Central or South American descent, only 3.2 percent of those needing alcohol treatment received it at a specialized facility and only 6.6 percent needing illicit drug treatment received it at a specialty facility. “[

Full text at: <http://oas.samhsa.gov/2k9/164/HispanicsHTML.pdf>

[\[Back to Top\]](#)

VETERANS

“Trends and Risk Factors for Mental Health Diagnoses among Iraq and Afghanistan Veterans Using Department of Veterans Affairs Health Care, 2002-2008.” By Karen H. Seal, University of California, San Francisco and the San Francisco VA Medical Center, and others. IN: American Journal of Public Health, (published online on July 16, 2009) vol. 99, no. 9 (September 2009) 8 p.

["This study has found that more than one-third of Iraq and Afghanistan war veterans who enrolled in the veterans health system after 2001 received a diagnosis of a mental health problem, most often post-traumatic stress disorder or depression. The study also reports that the number of veterans found to have mental health problems rose steadily the longer they were out of the service. The study was based on the department health records of 289,328 veterans involved in the two wars who used the veterans health system for the first time from April 1, 2002, to April 1, 2008."

The researchers found that 37 percent of those people received mental health diagnoses. Of those, the diagnosis for 22 percent was post-traumatic stress disorder, or PTSD, for 17 percent it was depression and for 7 percent it was alcohol abuse. One-third of the people with mental health diagnoses had three or more problems, the study found. The increase in diagnoses accelerated after the invasion of Iraq in 2003, the researchers found. Among the group of veterans who enrolled in veteran's health services during the first three months of 2004, 14.6 percent received mental health diagnoses after one year. But after four years, the number had nearly doubled, to 27.5 percent. The study's principal author,

Dr. Karen H. Seal, attributed the rising number of diagnoses to several factors: repeat deployments; the perilous and confusing nature of war in Iraq and Afghanistan, where there are no defined front lines; growing public awareness of PTSD; unsteady public support for the wars; and reduced troop morale.” New York Times. To whom correspondence should be addressed. E-mail: karens@itsa.ucsf.edu] **NOTE: Please contact the California State Library for a print or paper copy of this article**

[\[Back to Top\]](#)

WORKPLACE AND MENTAL HEALTH

Costs, Consequences, and Cures!!!: An Assessment of the Impact of Severe Mental Health and Substance Abuse Disorders on Business Activity in Texas and the Anticipated Economic and Fiscal Return on Investment in Expanded Mental Health Services. By The Perryman Group. (The Group, Waco, Texas) May 2009. 86 p.

[“Mental health and substance abuse disorders are pressing challenges across the nation. While these problems can clearly take an enormous toll on individuals, they also involve sizable costs for society as a whole. For those without private insurance, problems can be particularly acute. Given funding challenges, dealing with these issues increasingly requires innovative approaches to maximize the return on investment in services. Even beyond the quality of life and other human costs, mental health disorders can be expensive in terms of treatment. With inadequate treatment, overall costs, such as comorbidities, loss of wages and productivity, incarceration, homelessness, and mortality, can notably escalate. Approximately 60 million adults suffer from a diagnosable mental disorder in the US each year. While expenditures for treatment are relatively easy to quantify, there are numerous spillover effects which can be and typically are far greater that contribute to the overall burden to society. Funding is a significant issue in states across the country when it comes to mental health. National trends show that health care spending continues to rise, though the share dedicated to mental health and substance abuse spending is decreasing as needs escalate. The situation is leading to significant economic losses on many fronts, particularly in areas such as Texas, which ranks near the bottom of the country in per capita public spending for treatment. The Perryman Group (TPG) was asked to evaluate the economic returns on spending for mental health and the benefits of such outlays for the state’s economy. As a part of this effort, the overall costs to business activity in Texas associated with severe mental illness and substance abuse were estimated. The current report presents the findings from this investigation.”]

Full text at:

http://www.caction.org/research_reports/reports/PerrymanMentalHealthReport.pdf

[\[Back to Top\]](#)

Employee Personal Financial Distress and How Employers Can Help: The Issue and Why it’s Important to Business. By the Partnership for Workplace Mental Health. Research Works. Vol. 1, No. 1. (The Partnership, Arlington, Virginia) February 2009. 10 p.

[“According to the Federal Reserve Board, in 2008 Americans amassed over 2.5 trillion dollars in personal consumer debt – an average of \$8,565 per household. This level of personal debt is up 22 percent from year 2000. This debt is in part due to high interest rates (the average credit card interest rate in 2007 was 19.1%), higher costs for education loans, unregulated home mortgage lending practices and a lack of increase in inflation adjusted income among many employees. Thus, it is widely recognized that more and more workers in the U.S. are experiencing financial difficulties. It is important for employers to understand and respond to these kinds of problems facing their workers. This research brief summarizes why and how.”]

Full text at: http://www.workplacementalhealth.org/Money_RW_0210.pdf

[\[Back to Top\]](#)

Employee Work Engagement: Best Practices for Employers: The Issue and Why it is Important to Business. By the Partnership for Workplace Mental Health. Research Works. Vol. 1, No. 2. (The Partnership, Arlington, Virginia) June 2009. 12 p.

[“Employers recognize that business success depends on the human capital that drives and supports company objectives. But what happens when the individuals who comprise the human capital – employees – aren’t meaningfully engaged in their work? Research studies in the last decade show that only about one in every five workers is highly engaged. These findings mean that upwards of 80 percent of workers are not bringing their best effort to the job. For example, a 2005 Conference Board survey of employees found that two-thirds of workers do not identify with or feel motivated to drive their employer’s business goals; 40 percent of workers feel disconnected from their employers; and another 25 percent of employees are just “showing up to collect a paycheck.” The Gallup organization estimates that disengaged employees cost U.S. employers a significant amount of money – between \$250 and \$350 billion a year. The implications of these human capital management problems are not lost on corporate leadership. Indeed, according to a survey conducted a decade ago of over 600 CEOs from countries around the world, engaging employees is one of the top five most important challenges facing management.

The concept of employee work engagement describes the extent to which workers are involved with, committed to, and passionate about their work. The following brief report provides a research-based review of contemporary issues on how to measure and promote employee engagement, why it matters to employers, action steps employers can take to optimize employee engagement, the role that mental health may play, and corporate case studies on promoting engagement.”]

Full text at: <http://www.workplacementalhealth.org/pdf/Engagement20090604.pdf>

[\[Back to Top\]](#)

“Using Sickness Absence Records to Predict Future Depression in a Working Population: Prospective Findings from the GAZEL Cohort.” By Maria Melchior, National Institutes of Health and Medical Research, Villejuif, France, and others. IN: American Journal of Public Health, vol. 99, no. 8 (August 2009) pp. 1417-1422.

[“*Objectives:* We tested the hypothesis that sickness absence from work predicts workers' risk of later depression.

Methods: Study participants (n = 7391) belonged to the French GAZEL cohort of employees of the national gas and electricity company. Sickness absence data (1996–1999) were obtained from company records. Participants' depression in 1996 and 1999 was assessed with the Center for Epidemiologic Studies–Depression (CES-D) scale. The analyses were controlled for baseline age, gender, marital status, occupational grade, tobacco smoking status, alcohol consumption, sub-threshold depressive symptoms, and work stress.

Results: Among workers who were free of depression in 1996, 13% had depression in 1999. Compared with workers with no sickness absence during the study period, those with sickness absence were more likely to be depressed at follow-up (for 1 period of sickness absence, fully adjusted odds ratio [OR] = 1.53, 95% confidence interval [CI] = 1.28, 1.82; for 2 or more periods, fully adjusted OR = 1.95, 95% CI = 1.61, 2.36). Future depression was predicted both by psychiatric and nonpsychiatric sickness absence (fully adjusted OR = 3.79 [95% CI = 2.81, 5.10] and 1.41 [95% CI = 1.21, 1.65], respectively).

Conclusions: Sickness absence records may help identify workers vulnerable to future depression.”] **NOTE: Please contact the California State Library for a paper or electronic copy of this article.**

[\[Back to Top\]](#)

CONFERENCES, MEETINGS AND PODCASTS

American Academy of Child and Adolescent Psychiatry.

October 27 – November 1, 2009
Honolulu, Hawaii

For more information and registration: <http://www.aacap.org/cs/AnnualMeeting/2009>

Mental Health Issues for Primary Care with a Focus on Drugs and Behavior: Cruise Conference

November 15-22, 2009
Ft. Lauderdale, Florida

For more information and registration:
http://www.continuingeducation.net/coursedetails.php?program_number=696

Depression and Bipolar Support Alliance (DBSA) 2009 National Conference: *Connect with Education, Inspiration and Hope at Peer-Centered Mental Health Conference*

September 10-13, 2009
Indianapolis, Indiana

For more information and registration:

http://www.dbsalliance.org/site/PageServer?pagename=events_conference2009

Briefing: *Healing Mind and Body: Behavioral Health and Reform*

The **Alliance for Health Reform**, the **Robert Wood Johnson Foundation** and the **Open Society Institute** co-sponsored this event to examine how mental health and substance abuse disorder services fit into the health reform discussion.

Held July 17, 2009

[“As the health reform debate has heated up, little of the discussion has focused on the area of mental health and substance use disorders. More than 33 million Americans are treated annually for such disorders. The passage of the Wellstone-Domenici Mental Health Parity and Addiction Equity Act in 2008 indicated that access to mental health and substance use disorder services is a priority. Yet there are concerns that the cost of accessing this care could rise. What mental health and substance use disorder provisions are included in the health reform proposals? How do the quality and cost of these services, including those available for addiction disorders, fit into the discussion? How might reform legislation affect mental health parity?”]

Kaiser Family Foundation has provided the videos and podcast of this event:

<http://www.kff.org/ahr071709video.cfm>

[\[Back to Top\]](#)