

Subject: Studies in the News: (January 29, 2010)



Studies in the News for



California Department of Mental Health

Introduction to Studies in the News

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CONTENTS IN THIS ISSUE

CHILDREN AND ADOLESCENTS

[Emotional Training Helps Kids Fight Depression](#)
[Whole Child Intervention and Prevention Program among Youths](#)
[Mental Health in Children with Chronic Illness](#)

DISCRIMINATION

[Discrimination and Mental Health Problems among Homeless](#)

HEALTH CARE REFORM

[Americans Divided about Health Reform but More Supportive When Told about Key Provisions](#)

HOMELESS

[Influences on Job Retention among Homeless Persons](#)

LOSS AND MENTAL ILLNESS

[Dimensions of Loss from Mental Illness](#)

MENTAL HEALTH IN THE WORKPLACE

[Mental Fitness for Work in a Sample of Mentally Ill Patients.”](#)

MENTAL HEALTH MORTALITY RATES

[Trend in Mental Health-Related Mortality Rates in Australia 1916-2004](#)

MENTALLY ILL OFFENDERS

[Characteristics of Mentally Ill Offenders from 100 Psychiatric Court Reports](#)

MILITARY

[Telemental Health for Soldiers: A Brief Review and a New Pilot Program](#)

STIGMA

[Negative Attitudes towards Help Seeking for Mental Illness](#)

SUICIDE PREVENTION

[Risk for Suicide Following a Prostate Cancer Diagnosis](#)
[A Paradigm for the Telephonic Assessment of Suicidal Ideation](#)
[Study of the Outcome of Suicide Attempts](#)

TRAUMA AND PTSD

[Trauma, Exposure, and World Reconstruction](#)

VETERANS

[An Evaluation of an Initiative to Improve Veterans' Mental Health Services](#)

CONFERENCES, MEETINGS, WEBINARS

***[California Working Families Summit](#)
[Call for Papers for 15th Annual Conference on Advancing School Mental Health](#)
[Empowering School Counselors Conference Re: LGBTQI Youth Conference](#)
[23rd Annual Children's Mental Health Research Conference](#)
[40th National Mental Health and Addictions Conference and Expo](#)
[43rd American Association of Suicidology Annual Conference](#)

CHILDREN AND ADOLESCENTS

“Emotional Training Helps Kids Fight Depression.” By Allison Aubrey, National Public Radio. (January 18, 2010) pp. 1-2.

[“A growing body of evidence shows that resilience training, which teaches strategies to young children on combating stress and negative feelings, can help prevent or buffer the onset of depression. Jane Gilham of the Penn Resiliency Program, a behavioral therapy program at the University of Pennsylvania, reviewed 17 published studies on the effects of resilience training. One of those studies evaluated the effectiveness of training on grade school students two years after the program ended. About 22 percent of those who in the resilience training group had symptoms of depressive or negative thinking, which was 50 percent lower than those who didn’t go through the training. ([NPR](#), 1/18/10)”]

Full text at:

<http://www.npr.org/templates/story/story.php?storyId=122526518>

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

“Impact of a Comprehensive Whole Child Intervention and Prevention Program among Youths at Risk of Gang Involvement and Other Forms of Delinquency.” By Stephen Koffman, LA Unified School District and others. In: Children & Schools, vol. 31, no. 4 (October 2009) pp. 239-245.

[“Youths in gang-ridden neighborhoods are at risk for trauma-related mental health disorders, which are early indicators of likely school failure and delinquency. Such youths rarely seek out services for these problems. The Juvenile Intervention and Prevention Program, a school-based gang intervention and prevention program in Los Angeles targets at-risk students by using a systemic, whole child approach—a holistic perspective in which all aspects of a child are treated and supported. JIPP instills positive change in students’ behavior, academic performance, and family interactions and builds psychosocial and emotional coping skills. The program takes into consideration three macro areas of the students’ lives: family, education, and community. These macro areas are broken down into four micro areas of intervention: psychosocial-emotional, academic, biobehavioral, and family system support. These four micro areas are supported with specific interventions designed to address the whole child. The macro goal is to provide clear, coherent, and supportive interventions that will enable students to experience success in school, in the home, and in the community. The micro goals are to reduce suspension rates, behavioral referrals, dropout rates, truancy, and gang activity.”]

NOTE: Please contact the California State Library for a copy of this article.

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

“Is there a Protective Effect of Normal to High Intellectual Function on Mental Health in Children with Chronic Illness?” By Hylde K. Ryland, University of

Bergen, Bergen, Norway, and others. IN: Child and Adolescent Psychiatry and Mental Health, vol. 4, no. 3 (January 20, 2010) pp. 1-24.

[“High intellectual function is considered as a protective factor for children's mental health. Few studies have investigated the effect of intellectual function on mental health in children with chronic illness (CI). The aim of the present study was twofold: First, we asked if normal to high intellectual function (IQ) has a protective effect on mental health in children with CI, and secondly, if this effect is more substantial than in their peers (NCI).

Methods

The participants were selected among children who participated in the Bergen Child Study (BCS): 96 children with CI (the CI-group) and 96 children without CI (the NCI-group). The groups were matched on intellectual function as measured by the WISC-III by selecting the same number of children from three levels of the Full Scale IQ Score (FSIQ): "very low" (<70), "low" (70 to 84), or "normal to high" (>84). CI was reported by parents as part of a diagnostic interview (Kiddie-SADS-PL) that also generated the mental health measures used in the present study: the presence of a DSM-IV psychiatric diagnosis and the score on the Children's Global Assessment Scale.

Results

The risk of a psychiatric diagnosis was significantly lower for children with a normal to high FSIQ-level than for children with a very low and low FSIQ-level in the CI-group as well as in the NCI-group. The group differences were statistically non-significant for all three FSIQ-levels, and the effect of the interaction between the group-variable (CI/NCI) and the FSIQ-level was non-significant on both measures of mental health.

Conclusion

The present study showed a protective effect of normal to high intellectual function on children's mental health. This protective effect was not more substantial in children with CI than in children without CI.”]

Full text at:

<http://www.capmh.com/content/pdf/1753-2000-4-3.pdf>

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

DISCRIMINATION

“Discrimination and Mental Health Problems among Homeless Minority Young People.” By Norweeta G. Milburn, Department of Psychiatry and Biobehavioral Sciences, University of California, Los Angeles, and others. IN: Public Health Reports, vol. 125 (January-February 2010) pp. 61-67.

[“We examined the associations among perceived discrimination, racial/ethnic identification, and emotional distress in newly homeless adolescents.

Methods. We assessed a sample of newly homeless adolescents (*n*5254) in Los Angeles, California, with measures of perceived discrimination and racial/ ethnic identification. We assessed emotional distress using the Brief Symptom Inventory and used multivariate

linear regression modeling to gauge the impact of discrimination and racial identity on emotional distress.

Results. Controlling for race and immigration status, gender, and age, young people with a greater sense of ethnic identification experienced less emotional distress. Young people with a history of racial/ethnic discrimination experienced more emotional distress.

Conclusion. Intervention programs that contextualize discrimination and enhance racial/ethnic identification and pride among homeless young people are needed.”]

NOTE: Please contact the California State Library for a copy of this article.

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

HEALTH CARE REFORM

Americans are Divided about Health Reform Proposals Overall, but the Public, Including Critics, Becomes More Supportive When Told about Key Provisions. (Kaiser Family Foundation, Menlo Park, California) January 22, 2010. 3 p.

[“A new Kaiser Family Foundation poll finds that Americans are divided over congressional health reform proposals, but also that large shares of people, including skeptics, become more supportive after being told about many of the major provisions in the bills.

The January Kaiser Health Tracking Poll, conducted before the Massachusetts Senate vote, finds opinion is divided when it comes to the hotly debated legislation, with 42 percent supporting the proposals in the Congress, 41 percent opposing them and 16 percent withholding judgment. However, a different and more positive picture emerged when we examined the public’s awareness of, and reactions to, major provisions included in the bills. Majorities reported feeling more favorable toward the proposed legislation after learning about many of the key elements, with the notable exceptions of the individual mandate and the overall price tag.

For example, after hearing that tax credits would be available to small businesses that want to offer coverage to their employees, 73 percent said it made them more supportive of the legislation. Sixty-seven percent said they were more supportive when they heard that the legislation included health insurance exchanges, and 63 percent felt that way after being told that people could no longer be denied coverage because of pre-existing conditions. Sixty percent were more supportive after hearing that the legislation would help close the Medicare “doughnut hole” so that seniors would no longer face a period of having to pay the full cost of their medicines. Of the 27 elements of the legislation tested in the poll, 17 moved a majority to feel more positively about the bills and two moved a majority to be more negative.

In some cases elements of the legislation were popular enough to prompt a majority of skeptics to soften their opposition, including the tax credits for small businesses (62% of current opponents said it made them more supportive), the fact that most people’s

existing insurance arrangements would not change (59%), and the stipulation that no federal money would go to abortion (55%).

A smaller number of provisions cut the other way. When told that nearly all Americans would be required to have health coverage, for instance, 62 percent of people said it made them less likely to support the legislation and 51 percent said they were less likely to support the reform package after learning it will cost at least \$871 billion over 10 years.”]

Full text at:

<http://www.kff.org/kaiserpolls/kaiserpolls012210nr.cfm>

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

HOMELESS

“Influences on Job Retention among Homeless Persons with Substance Abuse or Psychiatric Disabilities.” By Russell K. Schutt, University of Massachusetts, Boston, and Norman C. Hursh, Boston University. IN: Journal of Sociology & Social Welfare, vol. 36, no. 4 (December 2009) pp. 53-73.

[“Job retention is an important psychosocial rehabilitation goal, but one that is not often achieved. We investigate facilitators of and barriers to employment retention among *homeless* individuals with psychiatric and substance abuse diagnoses who were re-interviewed eight or more years after participating in a traditional vocational rehabilitation program. Most program graduates who maintained employment had secured social support from a variety of sources; personal motivation was also a critical element in job retention and compensated in some cases for an absence of social support. Both the availability of social support contacts and personal motivation influenced likelihood of maintaining sobriety. Physical health problems prevented continued employment for several individuals despite social support and desire to work, while receipt of disability benefits seemed to reduce work motivation.”]

Full text at:

<http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=45154951&site=ehost-live>

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

LOSS AND MENTAL ILLNESS

“Dimensions of Loss from Mental Illness.” By Amy E.Z. Baker and others. University of South Australia. IN: Journal of Sociology & Social Welfare, vol. 36, no. 4 (December 2009) pp. 25-52.

[“This review explores the nature, scope and consequences of loss resulting from *mental illness*. Losses are described within four key themes: self and identity, work and employment opportunities, relationships, and future-oriented losses. In reflecting upon review findings, several assumptions about loss are illuminated. Findings are situated within the cornerstones of recent *mental* health reform, specifically a recovery-oriented approach and social inclusion. Particular attention is directed towards notions of risk and responsibility and tensions in realizing the impact of loss within an individualized recovery framework. Implications and recommendations for policy and practice are highlighted.”]

Full text at:

<http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=45154950&site=ehost-live>

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

MENTAL HEALTH IN THE WORKPLACE

“Factors affecting mental fitness for work in a sample of mentally ill Patients.” By Yasser A Elsayed*, Mohamed A Al-Zahrani and Mahmoud M Rashad, Al-Amal Complex for Mental Health, Dammam, 31422, Saudi Arabia. IN: **International Journal of Mental Health Systems**, vol. 3, no. 25 (November 2009) pp. 1-9.

[“Mental fitness for work is the ability of workers to perform their work without risks for themselves or others. Mental fitness was a neglected area of practice and research. Mental ill health at work seems to be rising as a cause of disablement. Psychiatrists who may have had no experience in relating mental health to working conditions are increasingly being asked to undertake these examinations. This research was done to explore the relationship of mental ill health and fitness to work and to recognize the differences between fit and unfit mentally ill patients.

Methods: This study was cross sectional one. All cases referred to Al-Amal complex for assessment of mental fitness during a period of 12 months were included. Data collected included demographic and clinical characteristics, characteristics of the work environment and data about performance at work. All data was subjected to statistical analysis.

Results: Total number of cases was 116; the mean age was 34.5 ± 1.4 . Females were 35.3% of cases. The highly educated patients constitute 50.8% of cases. The decision of the committee was fit for regular work for 52.5%, unfit for 19.8% and modified work for 27.7%. The decision was appreciated only by 29.3% of cases. There were significant differences between fit, unfit and modified work groups. The fit group had higher level of education, less duration of illness, and better performance at work. Patients of the modified work group had more physical hazards in work environment and had more work shift and more frequent diagnosis of substance abuse. The unfit group had more duration of illness, more frequent hospitalizations, less productivity, and more diagnosis of schizophrenia.

Conclusion: There are many factors affecting the mental fitness the most important are the characteristics of work environment and the most serious is the overall safety of patient to self and others. A lot of ethical and legal issues should be kept in mind during such assessment as patient's rights, society's rights, and the laws applied to unfit people.”]

Full text at:

<http://www.ijmhs.com/content/pdf/1752-4458-3-25.pdf>

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

MENTAL HEALTH MORTALITY RATES

“The trend in mental health-related mortality rates in Australia 1916-2004: implications for policy.” By Darrell P. Doessel, Australian Institute for Suicide Research and Prevention, Griffith University, Mt. Gravatt, Australia, and others. IN: Australia & New Zealand Health Policy, vol. 7, no. 3 (January 2010) pp. 1-29.

[“This study determines the trend in mental health-related mortality (defined here as the aggregation of suicide and deaths coded as "mental/behavioural disorders"), and its relative numerical importance, and to argue that this has importance to policy-makers. Its results will have policy relevance because policy-makers have been predominantly concerned with cost-containment, but a re-appraisal of this issue is occurring, and the trade-off between health expenditures and valuable gains in longevity is being emphasised now. This study examines longevity gains from mental health-related interventions, or their absence, at the population level. The study sums mortality data for suicide and mental/behavioural disorders across the relevant ICD codes through time in Australia for the period 1916-2004. There are two measures applied to the mortality rates: the conventional age-standardised headcount; and the age-standardised Potential Years of Life Lost (PYLL), a measure of premature mortality. Mortality rates formed from these data are analysed via comparisons with mortality rates for All Causes, and with circulatory diseases, cancer and motor vehicle accidents, measured by both methods.

Results

This study finds the temporal trend in mental health-related mortality rates (which reflects the longevity of people with mental illness) has worsened through time. There are no gains. This trend contrasts with the (known) gains in longevity from All Causes, and the gains from decreases achieved in previously rising mortality rates from circulatory diseases and motor vehicle accidents. Also, PYLL calculation shows mental health-related mortality is a proportionately greater cause of death compared with applying headcount metrics.

Conclusions

There are several factors that could reverse this trend. First, improved access to interventions or therapies for mental disorders could decrease the mortality analysed here. Second, it is important also that new efficacious therapies for various mental disorders be developed. Furthermore, it is also important that suicide prevention strategies be implemented, particularly for at-risk groups. To bring the mental health sector into parity with many other parts of the health system will require knowledge of the causative factors that underlie mental disorders, which can, in turn, lead to efficacious therapies. As

in any case of a knowledge deficit, what is needed are resources to address that knowledge gap. Conceiving the problem in this way, i.e. as a knowledge gap, indicates the crucial role of research and development activity. This term implies a concern, not simply with basic research, but also with applied research. It is commonplace in other sectors of the economy to emphasise the dichotomy of invention, innovation and diffusion of new products and processes. This three-fold conception is also relevant to addressing the knowledge gap in the mental health sector.”]

Full text at:

<http://www.anzhealthpolicy.com/content/7/1/3/abstract>

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

MENTALLY ILL OFFENDERS

“Characteristics of Mentally Ill Offenders from 100 Psychiatric Court Reports.” By Yasser A Elsayed, Institute of Psychiatry, World Health Organization, and others. IN: *Annals of General Psychiatry*, vol. 9 (January 14, 2010) pp. 1-22.

[“There is an increasing probability that the psychiatrist will, willingly or not, come into contact with mentally ill offenders in the course of their practice. There are increasing rates of violence, substance abuse and other psychiatric disorders that are of legal importance. Therefore, the aim of this work was to investigate the rates of different mental disorders in 100 court reports and to investigate the characteristics of mentally ill offenders.

Methods

All cases referred from different departments of the legal system to the forensic committee for assessment of legal accountability over 13-months duration were included. A specially designed form was prepared for data collection. Cases were classified into five groups: murder, robbery, financial offences, violent and simple offences and a group for other offences. Data were subjected to statistical analysis and comparisons between different groups of subjects were performed by analysis of variance (ANOVA).

Results

Men constituted 93% of cases. In all, 73% of offenders were younger than 40 years old. Schizophrenia cases made up 13% of the total, substance related cases constituted 56% and amphetamine cases alone made up 21%; 10% of cases were antisocial personality disorders, and 51% of cases were classified as having a low education level. Unemployment was found in 34% of cases. The final decision of the forensic committee was full responsibility in 46% of cases and partial responsibility in 11% of cases, with 33% considered non-responsible. A total of 58% of cases had had contact with psychiatric healthcare prior to the offence and in 9% of cases contact had been in the previous 12 weeks. A history of similar offences was found in 32% of cases. In all, 14% of the offences were murders, 8% were sexual crimes, and 31% were violent/simple crimes.

Conclusions

The ability of the legal system to detect cases was good, while the ability of the healthcare system to predict crimes and offences was weak, as 58% of cases had had previous contact with the healthcare system previously. Substance abuse, especially amphetamine abuse, played an important role.”]

Full text at:

<http://www.annals-general-psychiatry.com/content/pdf/1744-859x-9-4.pdf>

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

MILITARY

“Telemental Health for our Soldiers: A Brief Review and a New Pilot Program.” By J. Edwin Nieves, VA Hampton Medical Center, and others. IN: Military Medicine, vol. 174, no. 12 (December 2009) pp. 1241-1241.

[“The article examines the effectiveness of a telemental *health* clinic launched by the U.S. Veterans *Health* Administration (VHA) and the Department of Defense (DoD) in post deployment primary *care* post-traumatic stress disorder (PC-PTSD) screening. Out of 54 active duty service members who were found positive in PC-PTSD, 26 of them were diagnosed with mood disorders. About 76.1% of 21 soldiers diagnosed with anxiety disorders showed signs of PTSD. Seven of them were diagnosed with traumatic brain injury, attention deficit disorder and adjustment disorders.”]

Full text at:

<http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=47191208&site=ehost-live>

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

STIGMA

“Negative Attitudes towards Help Seeking for Mental Illness in 2 Population-Based Surveys from the United States and Canada.” By Amit Jagdeo, University of Manitoba, and others. IN: The Canadian Journal of Psychiatry, vol. 54, no. 11 (November 2009) pp. 757-766.

[“To determine the prevalence and sociodemographic correlates of negative attitudes toward help seeking for mental illness among the general population in the United States and Ontario.

Methods: Two contemporaneous population-based surveys (aged 15 to 54 years) were analyzed: the US National Co morbidity Survey (NCS) ($n = 5877$) and the Ontario Health Survey (OHS) ($n = 6902$). Multiple logistic regression analyses were used to examine the correlates of a derived negative attitudes composite variable obtained from questions assessing probability, comfort, and embarrassment related to help seeking for mental illness.

Results: Negative attitudes toward help seeking for mental illness were prevalent in both countries. Fifteen percent of OHS and 20% of NCS respondents stated they probably or definitely would not seek treatment if they had serious emotional problems. Almost one-half of recipients in both surveys stated they would be embarrassed if their friends knew about their use of mental health services. Negative attitudes toward help seeking were highest among socioeconomically challenged young, single, lesser-educated men in Ontario and the United States. In both countries, substance abuse or dependence and antisocial personality disorder were associated with greater negative attitudes, as was not having sought treatment in the past.

Conclusions: Negative attitudes toward mental health service use are prevalent in Ontario and the United States. They are most common in young adults, especially those with lower education and socioeconomic resources, and those with substance abuse or dependence problems. This information can be used to target educational efforts aimed at improving willingness to seek care for mental health problems.”]

Full text at:

<http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=47434333&site=ehost-live>

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

SUICIDE PREVENTION

“Immediate Risk for Cardiovascular Events and Suicide Following a Prostate Cancer Diagnosis: Prospective Cohort Study.” By Katja Fall, Karolinska Institutet, Stockholm, Sweden, and others. IN: *PLoS Medicine*, vol. 6, no. 12 (December 15, 2009) pp. 1-8.

[“Stressful life events have been shown to be associated with altered risk of various health consequences. The aim of the present study was to investigate whether the emotional stress evoked by a prostate cancer diagnosis increases the immediate risks of cardiovascular events and suicide.

Methods and Findings

We conducted a prospective cohort study by following all men in Sweden who were 30 y or older ($n = 4,305,358$) for a diagnosis of prostate cancer ($n = 168,584$) and their subsequent occurrence of cardiovascular events and suicide between January 1, 1961 and December 31, 2004. We used Poisson regression models to calculate relative risks (RRs) and 95% confidence intervals (CIs) of cardiovascular events and suicide among men who had prostate cancer diagnosed within 1 y to men without any cancer diagnosis. The risks of cardiovascular events and suicide were elevated during the first year after prostate cancer diagnosis, particularly during the first week. Before 1987, the RR of fatal cardiovascular events was 11.2 (95% CI 10.4–12.1) during the first week and 1.9 (95% CI 1.9–2.0) during the first year after diagnosis. From 1987, the RR for cardiovascular events, nonfatal and fatal combined, was 2.8 (95% CI 2.5–3.2) during the first week and 1.3 (95% CI 1.3–1.3) during the first year after diagnosis. While the RR of cardiovascular events declined, the RR of suicide was stable over the entire study period: 8.4 (95% CI

1.9–22.7) during the first week and 2.6 (95% CI 2.1–3.0) during the first year after diagnosis. Men 54 y or younger at cancer diagnosis demonstrated the highest RRs of both cardiovascular events and suicide. A limitation of the present study is the lack of tumor stage data, which precluded possibilities of investigating the potential impact of the disease severity on the relationship between a recent diagnosis of prostate cancer and the risks of cardiovascular events and suicide. In addition, we cannot exclude residual confounding as a possible explanation.

Conclusions

Men newly diagnosed with prostate cancer are at increased risks for cardiovascular events and suicide. Future studies with detailed disease characteristic data are warranted.”]

Full text at:

[http://www.plosmedicine.org/article/info%3Adoi%2F10.1371%2Fjournal.pmed.1000197?utm_source=feedburner&utm_medium=feed&utm_campaign=Feed%3A+plosmedicine%2FNewArticles+\(PLoS+Medicine%3A+New+Articles\)](http://www.plosmedicine.org/article/info%3Adoi%2F10.1371%2Fjournal.pmed.1000197?utm_source=feedburner&utm_medium=feed&utm_campaign=Feed%3A+plosmedicine%2FNewArticles+(PLoS+Medicine%3A+New+Articles))

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

“A Paradigm for the Telephonic Assessment of Suicidal Ideation.” By Brent L. Halderman, New Directions Behavioral Health, and others. IN: Suicide and Life-Threatening Behavior, vol. 39, no. 6 (December 2009) pp. 639-647.

[“A three-stage paradigm for telephonically assessing suicidal risk and triaging suicidal callers as practiced in an Employee Assistance Program Call Center was investigated. The first hypothesis was that the use of the procedure would increase the probability that callers would accept the clinician’s recommendations, evidenced by fewer police interventions. The second hypothesis was that there would be an increase in confirmed appointments with providers. Samples involved three separate 6-month periods. Results indicate the effectiveness of the paradigm with both hypotheses supported. Follow-up data for the year after completion of this study yielded similar results.”] **NOTE: Please contact the California State Library for a copy of this article.**

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

“Study of the Outcome of Suicide Attempts: Characteristics of Hospitalization in a Psychiatric Ward Group, Critical Care Center Group, and Non-Hospitalized Group.” By Kaoru Kudo and others, Iwate Medical University, Morioka, Japan. IN: BMC Psychiatry, vol. 10, no. 4 (January 2010) pp. 1-24.

[“The allocation of outcome of suicide attempters is extremely important in emergency situations. Following categorization of suicidal attempters who visited the emergency room by outcome, we aimed to identify the characteristics and potential needs of each group.

Method

The outcomes of 1348 individuals who attempted suicide and visited the critical care center or the psychiatry emergency department of the hospital were categorized into 3 groups, "hospitalization in the critical care center (HICCC)", "hospitalization in the psychiatry ward (HIPW)", or "non-hospitalization (NH)", and the physical, mental, and social characteristics of these groups were compared. In addition, multiple logistic analysis was used to extract factors related to outcome.

Results

The male-to-female ratio was 1:2. The hospitalized groups, particularly the HICCC group, were found to have biopsychosocially serious findings with regard to disturbance of consciousness (JCS), general health performance (GAS), psychiatric symptoms (BPRS), and life events (LCU), while most subjects in the NH group were women who tended to repeat suicide-related behaviors induced by relatively light stress. The HIPW group had the highest number of cases, and their symptoms were psychologically serious but physically mild. On multiple logistic analysis, outcome was found to be closely correlated with physical severity, risk factor of suicide, assessment of emergent medical intervention, and overall care.

Conclusion

There are different potential needs for each group. The HICCC group needs psychiatrists on a full-time basis and also social workers and clinical psychotherapists to immediately initiate comprehensive care by a medical team composed of multiple professionals. The HIPW group needs psychological education to prevent repetition of suicide attempts, and high-quality physical treatment and management skill of the staff in the psychiatric ward. The NH group subjects need a support system to convince them of the risks of attempting suicide and to take a problem-solving approach to specific issues.”]

Full text at:

<http://www.biomedcentral.com/content/pdf/1471-244x-10-4.pdf>

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

TRAUMA AND PTSD

“Trauma, Exposure, and World Reconstruction.” By Raymond M. Bergner, Illinois State University. IN: American Journal of Psychotherapy, vol. 63, no. 3 (2009) pp. 267-282.

[“This article presents a reconceptualization of trauma in terms of the damage it inflicts on the patient's conception of his or her world. The article includes (1) an analysis of how this view renders the symptoms of posttraumatic stress disorder (PTSD) intelligible, (2) a demonstration of how it integrates research findings on who is most vulnerable to PTSD, (3) a critique of the currently dominant "reprocessing of maladaptive memory structures" accounts of how exposure therapy works, and (4) a reanalysis of how exposure therapies achieve their salutary results.”]

Full text at:

<http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=44499071&site=ehost-live>

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

VETERANS

“An Evaluation of an Initiative to Improve Veterans Health Administration Mental Health Services: Broad Impacts of the VHA’s Mental Health Strategic Plan.” By Greg A. Greenberg and Robert A. Rosenheck, Yale University. IN: *Military Medicine*, vol. 174, no. 12 (December 2009) pp. 1263-1269.

[“In federal fiscal year (FY) 2005 the Department of *Veterans* Affairs (VA) implemented the comprehensive *Mental* Health Strategic Plan (MHSP). This study used performance measures from six broad domains to examine changes in the overall delivery of *mental* health services in the VA since the implementation of the MHSE Performance measures from fiscal year 2004, the year before implementation of the MHSE were compared with measures from fiscal years 2005, 2006, and 2007, the first 3 years of MHSP implementation. We combined heterogeneous performance measures within domains through the use of standardized scores or "z-scores." An overall improvement of 0.32 standardized units was observed from FY 2004 to FY 2007, representing moderate to large changes by conventional standards. The domains with the greatest improvement (>1.0 standard deviation units) from FY 2004 to FY 2007 were population coverage/access, outpatient care quality, economic performance (primarily efficiency}, and global functioning. There was a 0.3 standard deviation decline in inpatient satisfaction and a slight increase in reliance on inpatient care. Overall improvement in VA *mental* health care was thus substantial and continuing.”]

Full text at:

<http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=47191212&site=ehost-live>

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

CALIFORNIA WORKING FAMILIES POLICY SUMMIT Special Presentation from Labor Secretary Hilda Solis and a Video Message to Working Families from First Lady Michelle Obama

February 25, 2010
Sacramento Convention Center
Sacramento California

Registration available on January 15, 2010 at:
www.ccrwf.org

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

REQUEST FOR PROPOSALS: 15TH ANNUAL CONFERENCE ON ADVANCING SCHOOL MENTAL HEALTH

Proposals are now being accepted for the 15th Annual Conference on Advancing School Mental Health to be held **October 7-9, 2010** at the *Hyatt Regency Albuquerque, Albuquerque, New Mexico*. The Conference is sponsored by the Center for School Mental Health (CSMH) and the IDEA Partnership (funded by the Office of Special Education Programs (OSEP), sponsored by the National Association of State Directors of Special Education). The theme of this year's conference is School Mental Health and Promoting Positive School Culture. The conference features twelve specialty tracks plus a specialty strand on School Mental Health for Culturally Diverse Youth and offers numerous opportunities to network and advance knowledge and skills related to school mental health practice, research, training, and policy.

The deadline for submissions is **February 6, 2010**--all proposals must be submitted online, <http://csmh.umaryland.edu>.

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

Breaking the Silence: Empowering School Counselors & and Lesbian Gay Bi-Sexual Transgender Queer/Questioning & Intersex (LGBTQI) Youth. Center for Excellence in School Counseling and Leadership

February 5-7, 2010
San Diego, California

For more information and registration:
<http://www.cescal.org/documents/SaveTheDateLGBTQI-2.pdf>

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

23rd Annual Children's Mental Health Research and Policy Conference

March 7-10, 2010
Tampa, Florida

For more information:
<http://rtckids.fmhi.usf.edu/cmhconference/>

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

40th National Mental Health and Addictions Conference and Expo: *Experience the Magic.*

March 15-17, 2010
Orlando, Florida

For more information and registration:

http://www.thenationalcouncil.org/cs/2010_registration_rates

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

43rd American Association of Suicidology Annual Conference: *Families, Community Systems and Suicide*

April 21st - 24th, 2010
Orlando, Florida

For more information: <http://www.suicidology.org/web/guest/education-and-training/annual-conference>

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